

Minnesota Health Care Programs (MHCP)

Personal Care Assistance (PCA) Technical Change Request

Complete and fax this form to 612-677-6222 to request a technical change to an existing approved PCA service authorization (SA) for your agency. Complete and fax the [Referral for PCA Services](#) to the PHN to request a new authorization or report a change in condition.

Request Type (request for your agency only) **Change/Start Date** / / **End Date** / /

<input type="checkbox"/> Provider Change (select one): <input type="checkbox"/> New provider (requires Recipient/Responsible party signature below) <input type="checkbox"/> Discontinuing provider – Total number of units to release _____ <input type="checkbox"/> Other (Explain in the additional information section): <input type="checkbox"/> Report change in Responsible Party <input type="checkbox"/> Reprocess SA _____ due to update in eligibility or living arrangement Partial <input type="checkbox"/> Release of Units due to multiple providers <input type="checkbox"/> Reconsideration <input type="checkbox"/> Reinstate as enrollment record update _____ <input type="checkbox"/> Duplicate copy of SA _____ <input type="checkbox"/> Health Plan Disenrollment (PMAP lapse). Diagnosis: _____ (Attach a copy of the MCO authorization)
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Recipient Information

LAST NAME	FIRST NAME	MI	SUBSCRIBER ID	DATE OF BIRTH
				/ /
<input type="checkbox"/> PCA Traditional <input type="checkbox"/> PCA Choice				

Provider Agency Information

AGENCY NAME	AGENCY NPI/UMPI	
NAME/TITLE OF REQUESTOR	PHONE NUMBER	FAXNUMBER

Additional Information

Recipient/Responsible Party – Required only when “New Provider” change requested

NAME (please print)	RELATIONSHIP TO RECIPIENT	DATE CHANGE IS REQUESTED	DATE CURRENT PROVIDER WAS NOTIFIED
		/ /	/ /
SIGNATURE OF RECIPIENT/RESPONSIBLE PARTY			DATE
			/ /

Personal Care Assistance (PCA) Technical Change Request

Purpose of PCA Technical Change Request

To request technical changes and corrections to existing SAs for some Personal Care Assistance (PCA) services.

Eligibility

Verify MA eligibility using MN-ITS or call 651-431-4399 or 800-657-3613.

Third Party Payers

MA is the payer of last resort. Information regarding other payers is available through EVS.

Form Instructions

Request Type

Select the type of change or correction you are requesting. Refer to Authorization Requirements in the PCA section of the MHCP Provider Manual for additional information.

Enter the Change/Start and End Dates.

Recipient Information

- Enter complete legal name
- Enter the 8 digit Subscriber ID number (also known as MA number and recipient ID)
- Select PCA Traditional or PCA Choice
- Enter the date of birth

Provider Agency Information

- Enter the PCA Agency name
- Enter PCA Agency NPI/UMPI
- Enter name and title of the person submitting the request
- Enter the PCA Agency phone number
- Enter the PCA Agency fax number

Additional Information

Enter additional information regarding the request.

Recipient/Responsible Party Signatures

Required when "New Provider" request type.

Hennepin Health 612-596-1036

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

ຄຳມອບຄຳສອນ ຈຳ ເປັນສູງສຸດສຳລັບການຮຽນຄຳຄວາມເຮົາເປັນພາສາອື່ນ ລູກເຮົາຈະຮຽນສຳລັບທ່ານເອງເຮົາ ຈຳ

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntaub no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລິ, ຈົ່ງໂທສຳລັບທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0001 (3-13)

This information is available in other forms to people with disabilities by calling 1-800-647-0550 (toll free), or 1-800-627-3529 (TTY), or 711, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, Voice, ASCII, hearing carry over) or 1-877-627-3848 (speech-to-speech).

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Hennepin Health will accept all eligible Recipients who select or are assigned to Hennepin Health without regard to physical or mental condition, health status, need for or receipt of health care services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, political beliefs, familial status, membership or activity in a local commission, or public assistance status. Hennepin Health will not use any policy or practice that has the effect of such discrimination.