



To: Agency representatives

RE: Individual Personal Care Assistant (PCA) Enrollment Application

As an agency that provides services to Minnesota Health Care Programs (MHCP) members, you must submit this enrollment application and provider agreement for each individual personal care assistant (PCA) provider. When MHCP approves your application, we will:

- Assign a Unique Minnesota Provider Identifier (UMPI) to the PCA.
- Affiliate the PCA to your agency.
- Allow you to bill MHCP for the services the PCA provides to members.

To enroll individual PCAs with MHCP, the PCA must:

1. Read and understand the [Data Privacy Notice \(DHS-6287\) \(PDF\)](#).
2. Complete and pass the Minnesota Department of Human Services (DHS) background study under each agency facility ID number. The PCA must complete a new background study if the PCA ends employment with your agency or your agency ends the PCA's affiliation and you rehire the PCA.
3. Successfully complete and pass the required [Individual PCA training and test](#).
4. Complete and sign this application or use the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) to complete an [organization to direct support worker affiliation request](#). There is a [DSW affiliation video](#) that can help guide users through the MPSE portal affiliation request process. Providers should choose between the fax option or the MPSE portal, and do not need to do both.
5. Read and sign the [Individual Support Worker \(CDCS, CSG, PCA, CFSS\) Provider Agreement \(DHS-4611\) \(PDF\)](#).

Optional training

The individual PCA may choose to complete the [Qualified Enhanced Rate training](#). Additional information related to enhanced rates and PCA agency responsibilities are on the [PCA and CSG enhanced rate/budget](#) page in the PCA Manual.

Background study

Complete a background study by logging in to the [NETStudy website](#). Follow the directions on the NETStudy website.

More information is on the MHCP provider [Background studies](#) webpage.

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Individual Personal Care Assistant (PCA) Enrollment Application

Complete all fields to enroll an individual personal care assistant or complete your request using the Minnesota Provider Screening and Enrollment (MPSE) portal. If submitting by fax, complete this form online, print and then fax to Minnesota Health Care Programs (MHCP). An incomplete form will delay processing of this application. Check one of the following:

- New hire (requires new background study and completion of individual PCA training)
- Rehire (requires new background study and completion of individual PCA training)

PREVIOUS EMPLOYMENT END DATE

- Revalidation

Individual PCA Information

PROVIDER TYPE 38 - INDIVIDUAL	SOCIAL SECURITY NUMBER	UMPI (if requesting reinstatement)
LEGAL NAME (FIRST)	FULL MIDDLE NAME	LAST NAME
DATE OF BIRTH	Is the person 18 years old or older? <input type="radio"/> Yes <input type="radio"/> No* *May affiliate with only one agency	PHONE NUMBER

Individual PCA Address

ADDRESS (RESIDENTIAL ADDRESS ONLY – DO NOT ENTER A P.O. BOX)			
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE

Individual PCA Training Information

INDIVIDUAL PCA/CFSSPCA TRAINING COMPLETION DATE	INDIVIDUAL PCA/CFSSPCA TRAINING CERTIFICATION NUMBER
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Individual PCA Background Study Information

BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID
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Individual PCA Provider Statement

I have reviewed and certify the information provided on this form is true and correct to the best of my knowledge. **I will notify the MHCP Provider Eligibility and Compliance of any additions or changes to the information.**

By signing this form, I acknowledge I have read and understand the [Data Privacy Notice \(DHS-6287\) \(PDF\)](#). I also authorize MCHP to use the information you collect about me according to the Privacy Notice.

Check if signing electronically:

I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

NAME OF INDIVIDUAL PCA (print or type)	SIGNATURE OF INDIVIDUAL PCA	DATE SIGNED

Organization Affiliation Information

You may affiliate or enroll the individual PCA named on this form if the PCA is 18 years old or older with other agencies you directly own without completing another application and agreement. Do you want to affiliate this individual PCA with any other agencies you own? Yes No (If yes, enter information.)

1.	ORGANIZATION OR AGENCY NAME	FACILITY NPI OR UMPI
BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID

2.	ORGANIZATION OR AGENCY NAME	FACILITY NPI OR UMPI
BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID

Organization Information

Check if signing electronically:

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ORGANIZATION OR AGENCY NAME	FACILITY NPI OR UMPI	
ORGANIZATION FAX NUMBER	ORGANIZATION PERSONNEL COMPLETING FORM	ORGANIZATION PERSONNEL SIGNATURE

Next Steps

Read, sign and date the [Individual Support Worker \(CDCS, CSG, PCA, CFSS\) Provider Agreement \(DHS-4611\) \(PDF\)](#) and fax it with this application to MHCP Provider Eligibility and Compliance at **651-431-7465**.

Or, complete the [organization to direct support worker affiliation request](#) in the MPSE portal and upload [DHS-4611](#) in MPSE.

MHCP will process only complete requests.