

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Personal Care Assistance (PCA) Technical Change Request

Complete and fax this form to 651-431-7447 to request a technical change to an existing approved PCA service authorization (SA) for the member. Complete and fax the [Referral for Reassessment for PCA Services](#) to the lead agency to request a new authorization or report a change in condition.

Request Type (request for your agency only)

CHANGE START DATE	END DATE
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- Provider change (select one)
 - New provider (requires Member or Responsible party signature below)
 - Discontinuing provider – Total number of units to release _____
- Other (Explain in the additional information section)
 - Report change in Responsible Party
 - Reprocess SA due to update in eligibility, living arrangement or enrollment record
 - Partial release of units due to multiple providers
 - Reconsideration
- Duplicate copy of SA
- Health Plan Disenrollment (MCO lapse). Diagnosis:
(Attach a copy of the managed care organization (MCO) authorization letter. Do not attach the PCA assessment.)

Member Information

LAST NAME	FIRST NAME	MI	MEMBER ID	DATE OF BIRTH
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- PCA Traditional PCA Choice

Provider Agency Information

PROVIDER NAME (if consolidated, enter taxonomy code or provider type)			AGENCY NPI or UMPI	
NAME OF REQUESTOR	TITLE OF REQUESTOR	PHONE NUMBER	FAX NUMBER	

Additional Information

Member or Responsible Party – Required only when "New Provider" change requested

NAME OF PERSON SIGNING (please print)	RELATIONSHIP TO MEMBER	CHANGE START DATE	DATE CURRENT PROVIDER WAS NOTIFIED
SIGNATURE OF MEMBER OR RESPONSIBLE PARTY			DATE

Personal Care Assistance (PCA) Technical Change Request

Purpose of PCA Technical Change Request

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

Eligibility

Verify Medical Assistance (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 Eligibility Verification System (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.

Member Information

- Enter complete legal name
- Enter the 8-digit member ID number
- Select PCA Traditional or PCA Choice
- Enter the date of birth

Provider Agency Information

- Enter the PCA agency name
- Enter PCA agency National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (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.

Member or Responsible Party Signatures

Required when "New Provider" request type.

651-431-2670 or 800-657-3739

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

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

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

ဟံသူတို့ဟံသးဘဉ်တက့၊ ဝဲန့မုၢ်လိၣ်ဘဉ်တၢ်မၤတၢ်ကၤလီၤတၢ်ကၤကျိးထံဝဲဒၣ်လီၤ တီၤလီၤမိၤတၢ်အံၤန့ၣ်,ကိးဘဉ်လီၤဝဲစိၣ်နီၢ်ဂံၢ်လၢဝဲးအံၤန့ၣ်တက့၊

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.


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.

LB2 (8-16)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. ADA1 (2-18)