MassHealth Application

to Request Prior Authorization for PCA Services

MassHealth

THE COMMONWEALTH OF MASSACHUSETTS Executive Office of Health and Human Services

Personal care management (PCM) agencies must complete this application in full when requesting prior authorization (PA) for PCA services, and submit it via the MassHealth Provider Online Service Center (POSC) along with the completed and signed MassHealth PCA Evaluation form (PCA-2) or the MassHealth PCA Revealuation (No Change) form (PCA-R), as appropriate. Include all relevant supporting documentation and attach a separate sheet if needed.

PCM agency name:		PCM ID no.:	
ECTION II: Consumer Information			
Consumer name and address:			Consumer phone:
Birth date:	Age:	Date of evaluation:	MassHealth ID-no.:
Does the consumer have a legal guardial If yes: Consumer's legal guardian's nam	e and address and telephone nur	nber:	
Site of in-person evaluation (Check one		facility if applicable.):	
Home	Address:	facility if applicable.):	
☐ Home ☐ Nursing facility (NF)	Address: Address:	facility if applicable.):	
Home	Address:	facility if applicable.):	
Home Nursing facility (NF) Hospital	Address: Address: Address: Address: ervices provided while the con		other inpatient facility. Include
Home Nursing facility (NF) Hospital Other (describe): Other MassHealth cannot pay for PCA sescharge date for consumers in a facility	Address: Address: Address: Address: ervices provided while the con		other inpatient facility. Include

Masshealth Provider Application Form

RJ Shavelson

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