

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 Reevaluation (No Change)* form (PCA-R), as appropriate. Include all relevant supporting documentation and attach a separate sheet if needed.

Note: Section VII does not need to be completed if the PA request is for the same number of PCA hours authorized at the start date of the PA, and the 3rd box below is checked.

Check one: ☐ Initial evaluation

☐ Reevaluation for consumer (change in PCA hours since start date of current PA)

☐ Reevaluation for consumer (no change in PCA hours since start date of current PA)

SECTION I: Personal Care Management (PCM) Agency

PCM agency name:

PCM ID no:

SECTION II: Consumer Information

Consumer name and address:

Consumer phone:

Birth date:

Age:

Date of evaluation:

MassHealth ID no.:

Does the consumer have a legal guardian? ☐ Yes ☐ No

If **yes**: Consumer's legal guardian's name and address and telephone number:

Site of in-person evaluation (Check one and provide address and name of facility if applicable.):

☐ Home

Address:

☐ Nursing facility (NF)

Address:

☐ Hospital

Address:

☐ Other (describe):

Address:

Note: MassHealth cannot pay for PCA services provided while the consumer is in a nursing facility or other inpatient facility. Include discharge date for consumers in a facility at time of evaluation:

Address for service delivery:

Date of initial referral to PCM agency:

Referral source:

For new applicants, the event(s) that precipitated the request for PCA services:

Living arrangements (Check one.): ☐ Lives with family ☐ Lives independently ☐ Assisted living ☐ Nursing facility ☐ Transitional living

State/federal funded residential supports (Check one, if applicable.):

☐ MassHealth Group Adult Foster Care (GAFC) ☐ MassHealth Adult Foster Care (AFC)

☐ Dept. of Developmental Services (DDS) residential support (less than 24/7) ☐ Dept. of Children and Families (DCF) foster care

☐ Dept. of Mental Health (DMH) residential ☐ Mass. Rehabilitation Commission (MRC) residential ☐ Rest Home

☐ Other state funded (describe):

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J Elliott



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