



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 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 ___/___/___

Request type options: Provider Change (New provider, Discontinuing provider), Other (Report change in Responsible Party, Reprocess SA, Partial Release of Units, Reconsideration, Reinstate as enrollment record update), Duplicate copy of SA, Health Plan Disenrollment (PMAP lapse).

Recipient Information

Recipient information fields: LAST NAME, FIRST NAME, MI, SUBSCRIBER ID, DATE OF BIRTH. Includes checkboxes for PCA Traditional and PCA Choice.

Provider Agency Information

Provider Agency information fields: AGENCY NAME, AGENCY NPI/UMPI, NAME/TITLE OF REQUESTOR, PHONE NUMBER, FAX NUMBER.

Additional Information

Large empty box for additional information.

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

Recipient/Responsible Party fields: 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.