

MassHealth PCA Prior Authorization

Application for PCA 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 LTSS Provider Portal along with the completed and signed *MassHealth PCA Evaluation* form (PCA-2). Include all relevant supporting documentation and attach a separate sheet if needed.

Evaluation Type:	<input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Reevaluation
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Section 1: Personal Care Management (PCM) Agency

PCM Agency Name:			
PCM MassHealth Provider Number:			
Requesting Contact <i>(Name, Phone, Fax)</i>			
PA Review Type <i>If expedited, explain the necessity</i>			
<input type="checkbox"/> Standard <input type="checkbox"/> Expedited			

Section 2: Consumer Information

Consumer MassHealth ID Number:		Consumer DOB:		Age:	
Consumer Name:					
Consumer Address:		Consumer Telephone Number:			
Has the Consumer had a change in their demographic information? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please instruct the consumer to update their information through the Massachusetts Health Connector Online Portal or by calling 1-800-841-2900 (TTY: 1-800-497-4648)					
Does the consumer have a legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Consumer's Legal Guardian's Name:					
Consumer's Legal Guardian's Address:					
Consumer's Legal Guardian's Telephone:					
Address for Service Delivery: <i>Address where the consumer will be receiving PCA services. A P.O. box is not acceptable</i>					
Date of Initial Referral to PCM Agency: <i>The date that the consumer was referred to the PCM agency for PCA services</i>		Referral Source:			

Consumer Name: _____

Date Of Evaluation: _____

Event(s) that Precipitated the Request for PCA Services (new applicants only): <i>Why the consumer is being referred for PCA services at this time, including any particular event that led to the referral (such as caregiver no longer available to provide care, etc.)</i>			
Living Arrangements: (check one)	<input type="checkbox"/> Assisted living <input type="checkbox"/> Group home <input type="checkbox"/> Lives with family	<input type="checkbox"/> Lives independently <input type="checkbox"/> Nursing facility <input type="checkbox"/> Transitional living	<input type="checkbox"/> Other _____
Lives With: (select all that apply)	<input type="checkbox"/> Adult children (18+) <input type="checkbox"/> Minor children (<18) <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Other family members <input type="checkbox"/> Parent <input type="checkbox"/> Spouse (legally married)	<input type="checkbox"/> Partner (not married) <input type="checkbox"/> Siblings <input type="checkbox"/> Other _____
State/Federal Funded Residential Supports:	<input type="checkbox"/> Not applicable <input type="checkbox"/> MassHealth group adult foster care (GAFC) <input type="checkbox"/> MassHealth adult foster care (AFC) <input type="checkbox"/> Dept. of Developmental Services (DDS) residential support (less than 24/7) <input type="checkbox"/> Dept. of Children and Families (DCF) foster care <input type="checkbox"/> Dept. of Mental Health (DMH) residential <input type="checkbox"/> Mass. Rehabilitation Commission (MRC) residential rest home <input type="checkbox"/> Other state funded: _____		
Does the member live with one or more other people who receive PCA services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names of Other Persons Receiving MassHealth PCA services:	

Current PA Information (reevaluations only):			
Current PA Number:		Was the current PA authorized for 2 or more years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there an adjustment to PCA hours since the start of the current PA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Authorization Day/Evening Hours per Week:		Current Authorization Hours per Night:	

Section 3: Health-Related Services Currently Provided to the Consumer

Is the consumer receiving or about to receive any other services in his or her home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Health Aide <input type="checkbox"/> Yes <input type="checkbox"/> No	Will home health aide services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payer/Agency: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health	<input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____
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Intermittent Skilled Nursing Visits <input type="checkbox"/> Yes <input type="checkbox"/> No	Will intermittent skilled nursing visits continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Continuous Skilled Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No	Will continuous skilled nursing services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payer/Agency: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health	<input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____
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Respite <input type="checkbox"/> Yes <input type="checkbox"/> No	Will respite services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Respite Services:			
Payer/Agency: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health	<input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____
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Consumer Name: _____

Date Of Evaluation: _____

Elder Services		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will elder services continue upon PCA approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Type:	<input type="checkbox"/> Bathing/grooming	<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Personal care		
	<input type="checkbox"/> Bill paying/checkbook management	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Respite		
	<input type="checkbox"/> Companion services	<input type="checkbox"/> Home health aide	<input type="checkbox"/> Shopping		
	<input type="checkbox"/> Dressing/undressing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Skilled nursing		
	<input type="checkbox"/> Eating	<input type="checkbox"/> Laundry	<input type="checkbox"/> Toileting		
	<input type="checkbox"/> Environmental accessibility adaptations	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Transitional assistance		
		<input type="checkbox"/> Mobility/transfers	<input type="checkbox"/> Transportation		
Which elder services will continue upon PCA approval?					
DDS Contracted		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will DDS contracted services continue upon PCA approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe all DDS Services:					
MRC Contracted		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will MRC contracted services continue upon PCA approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Type:	<input type="checkbox"/> Bathing/grooming	<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Personal care		
	<input type="checkbox"/> Bill paying/checkbook management	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Respite		
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	<input type="checkbox"/> Environmental accessibility adaptations	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Transitional assistance		
		<input type="checkbox"/> Mobility/transfers	<input type="checkbox"/> Transportation		
Which MRC services will continue upon PCA approval?					
Hospice		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will hospice services continue upon PCA approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which hospice services will continue upon PCA approval?					

Consumer Name: _____

Date Of Evaluation: _____

Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Will homemaker services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Payer/Agency: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Commercial insurance</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Early intervention program</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dept. of Children and Families</td> <td style="border: none;"><input type="checkbox"/> MA Commission for the Blind</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dept. of Developmental Services</td> <td style="border: none;"><input type="checkbox"/> MassHealth waiver services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dept. of Education</td> <td style="border: none;"><input type="checkbox"/> Medicare insurance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dept. of Mental Health</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dept. of Public Health</td> <td></td> </tr> </table>		<input type="checkbox"/> Commercial insurance	<input type="checkbox"/> Early intervention program	<input type="checkbox"/> Dept. of Children and Families	<input type="checkbox"/> MA Commission for the Blind	<input type="checkbox"/> Dept. of Developmental Services	<input type="checkbox"/> MassHealth waiver services	<input type="checkbox"/> Dept. of Education	<input type="checkbox"/> Medicare insurance	<input type="checkbox"/> Dept. of Mental Health	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dept. of Public Health										
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Meal Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	Will meal delivery continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
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<input type="checkbox"/> Dept. of Public Health																						
Adult Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated date of discharge:																					
Group Adult Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated date of discharge:																					
Adult Day Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated date of discharge:																					
Day Habilitation <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated date of discharge:																					
DMH Contracted Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Will DMH services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Service Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Bathing/grooming</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Grocery shopping</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Personal care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bill paying/checkbook management</td> <td style="border: none;"><input type="checkbox"/> Home delivered meals</td> <td style="border: none;"><input type="checkbox"/> Respite</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Companion services</td> <td style="border: none;"><input type="checkbox"/> Home health aide</td> <td style="border: none;"><input type="checkbox"/> Shopping</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dressing/undressing</td> <td style="border: none;"><input type="checkbox"/> Housekeeping</td> <td style="border: none;"><input type="checkbox"/> Skilled nursing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Eating</td> <td style="border: none;"><input type="checkbox"/> Laundry</td> <td style="border: none;"><input type="checkbox"/> Toileting</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Environmental accessibility adaptations</td> <td style="border: none;"><input type="checkbox"/> Meal preparation</td> <td style="border: none;"><input type="checkbox"/> Transitional assistance</td> </tr> <tr> <td></td> <td style="border: none;"><input type="checkbox"/> Mobility/transfers</td> <td style="border: none;"><input type="checkbox"/> Transportation</td> </tr> </table>		<input type="checkbox"/> Bathing/grooming	<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Personal care	<input type="checkbox"/> Bill paying/checkbook management	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Respite	<input type="checkbox"/> Companion services	<input type="checkbox"/> Home health aide	<input type="checkbox"/> Shopping	<input type="checkbox"/> Dressing/undressing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Skilled nursing	<input type="checkbox"/> Eating	<input type="checkbox"/> Laundry	<input type="checkbox"/> Toileting	<input type="checkbox"/> Environmental accessibility adaptations	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Transitional assistance		<input type="checkbox"/> Mobility/transfers	<input type="checkbox"/> Transportation
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	<input type="checkbox"/> Mobility/transfers	<input type="checkbox"/> Transportation																				
Which DMH services will continue upon PCA approval?	_____																					

Consumer Name: _____

Date Of Evaluation: _____

School <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ch. 766-Special Education Program:	
Hours per Day:	Days per Week:
Early Intervention <input type="checkbox"/> Yes <input type="checkbox"/> No	Will early intervention services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the other services continue upon PCA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Other Services:	
Payer/Agency:	<input type="checkbox"/> Commercial insurance <input type="checkbox"/> Dept. of Children and Families <input type="checkbox"/> Dept. of Developmental Services <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Mental Health <input type="checkbox"/> Dept. of Public Health <input type="checkbox"/> Early intervention program <input type="checkbox"/> MA Commission for the Blind <input type="checkbox"/> MassHealth waiver services <input type="checkbox"/> Medicare insurance <input type="checkbox"/> Other _____