

## Prior Authorization PCA Services Form

**FYI** *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form.



**Fax** form and any relevant clinical documentation to:  
**612-884-2094.**



For questions, call: **612-676-6705**  
or **1-877-523-1515.**

P A T I E N T  I N F O R M A T I O N	Member Name _____ Member ID _____ Member Address _____ PMI _____ Member City, State, Zip _____ Date of Birth _____ Member Phone _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male ICD-10 _____
O R D E R I N G  P R O V I D E R  I N F O R M A T I O N	Attending Provider Name _____ ID/NPI Number _____ Attending Provider Address _____ Attending Provider City, State, Zip _____ Attending Provider Phone _____ Fax _____
R E S P O N S I B L E  P A R T Y	Does the member require a Responsible Party? <input type="checkbox"/> Yes <input type="checkbox"/> No <i><b>*If a Responsible Party (RP) is required, the DHS-5856 form must be completed and on file. The RP must be present during Face to Face PCA Assessment. The PCA Caregiver cannot be appointed as the RP.*</b></i> Responsible Party _____ RP Phone Number _____ Relationship _____
A S S E S S M E N T  S C H E D U L I N G	Appointment Contact _____ Relationship to Member _____ Phone _____ Best Time to Contact _____ Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Language _____

## Prior Authorization – PCA Services Form (continued)

CURRENT AUTHORIZATION INFORMATION	<input type="checkbox"/> Initial Assessment <i>(not to be used by PCA Agencies)</i>
	<input type="checkbox"/> Annual Reassessment
	<input type="checkbox"/> Early Assessment due to Change in Condition <i>(supporting medical documentation required)</i>
	Start Date _____ UCare Auth No. _____
	End Date _____ Current PCA Hours _____
	PCA Agency Name _____
	PCA Agency Phone _____ Fax _____
PCA Caregiver Name _____ UMPI # _____	
PCA Caregiver Name _____ UMPI # _____	

- Notes:**
1. PCA provider agencies may not make a referral for an initial PCA Assessment (only recipients/responsible parties (RP) may request initial PCA Assessments).
  2. For annual reassessments and/or **Personal care assistance provider agency general duties**, complete and send this form at least 60 days prior to the end of the PCA authorization. *(MN Statute 256B.0659 Subd. 24. (14) - request reassessment at least 60 days prior to the end of the current authorization for personal care assistance services, on forms provided by the commissioner.)*