



## PERSONAL CARE ASSISTANCE (PCA) COMMUNICATION FORM

Incomplete, illegible, or inaccurate forms will be returned to sender. All applicable information must be included for timely processing of the request. Please allow up to 14 calendar days for processing of this request.

**Form must be completed by UCare Care Coordinator.**



Fax form and relevant documentation to:  
612-884-2094



For questions, call: 612-676-6705  
(To reach a representative, choose option 2 and then option 4)



E-Mail: [ucarepca@ucare.org](mailto:ucarepca@ucare.org)

### MEMBER INFORMATION:

Name:	Date of Birth:
Member ID:	PMI:

### CARE COORDINATOR INFORMATION:

Care Coordinator Name:	
Phone:	Fax:
Email:	

### COPY OF RECENT PCA ASSESSMENT:

<input type="checkbox"/> Fax to Care Coordinator	<input type="checkbox"/> Secure Email to Care Coordinator
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### PCA SERVICES REQUESTED:

New or Current LTC/ EW Date Span:	TO
Service Description:	
ICD-10 Code(s):	
Approved PCA Units Daily:	Home Care Rating:
Start Date:	End Date:
PCA Agency Name:	PCA Agency UMPI/ NPI #:
Phone:	Fax:

Detailed description of reasons for request (e.g. current XX hours daily, increase by XX hours to Total XX hours daily x 45 days, 2nd PCA agency information). **If the assessment results in a reduction, termination, or denial of services, please provide a detailed description below. \* i.e., member no longer meets a dependency in an ADL, Complex Health, or Behavior.**

**CHANGE OF PCA PROVIDER/ NEW PROVIDER NOTIFICATION:**

Current PCA Agency Name:	PCA Agency UMPI/ NPI #:
New PCA Agency Name:	PCA Agency UMPI/ NPI #:
Start/ Transfer/ Change Date:	
Additional description for request:	

**PCA GUIDELINES:**

**PCA services** This section is used for when submitting a completed MnCHOICES PCA assessment and to request and/or deny/terminate/reduce PCA services (E.g. 45 Day Temp Start/Increase, Reduce/Term PCA services, PCA Extended services). Please also use this section to report inability to complete PCA assessment due to member refusal/unable to reach or denial of an early PCA reassessment.

- Provide LTC/EW date span.
- Service description – select from most commonly used.
- \*45 day temp authorizations cannot exceed 45 days and cannot be used to cover gap in services.
- Service frequency – should indicate the amount TOTAL of PCA services (E.g. Current XX hours daily, increase by XX hours to TOTAL XX hours daily x 45 day).
- List provider’s name and UCare's UMPI/ NPI #.
- To better understand your request, provide a detailed description.

**Copy of recent PCA assesment details**

If a copy of the most recent PCA assessment is requested, please select check box fax or secure email.

**When completing a PCA legacy form (DHS- 3428D)**

The Care Coordinator and entity responsible to conduct the PCA Assessment, Page 9 of the Supplemental PCA Assessment should be completed at the time of the face to face PCA Assessment to request/recommend less PCA hours (than assessed) in lieu of other waiver services.

In the event a reduction or termination in PCA is being requested after the PCA Assessment has already taken place (days or months later); use this section to reduce/ terminate PCA services as requested by the member.

**When completing MnCHOICES assessment for PCA Services**

Please include copies of the the following MnCHOICES Documents:

- Assessment Result: Functional Needs Summary
- Supplemental Summary Chart

**Change of PCA provider** The member has the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, and medical assistance, or other health program (Mn Home Care Bill of Rights/Mn Statute 144A.44).

- We recommend an allowance of an advance 14 day transfer date to change to new PCA provider.
- PCA Providers are required to communicate these changes with one another to prevent duplicate and overlapping services.
- UCare’s PCA Team will provide an official end date notice to the current (old) provider.
- If an advance transfer date cannot be provided, a detailed explanation and description must be included.

**Notification of chosen provider**

If member did not identify a PCA provider at the time of the assessment and now has chosen one, use this section to report the chosen provider.