

Personal Care Attendant (PCA) UM Notification



Please Note: This form is to be completed by Care Management and forwarded to UM. UM will then enter authorization and notify provider(s) and member. Prescription from PCP is required upon completion of a plan. Please include first and last names for all appropriate fields.

Member Information (please print information clearly)

Your WellSense Member ID number:

DOB:

Member name:

Request Details

PCA services requested by:

Member

AOR

Date requested:

GSSC

PCP

CM

6-month assessment/ongoing

Assessment completed by:

Assessment date:

Surrogate name:

Care manager name:

Surrogate contact number:

Surrogate email:

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Provider Information

Fiscal intermediary name (Agency-paying PCA):

PCM name:

- | | |
|--|---|
| <input type="checkbox"/> Bristol Elder Services 161743 | <input type="checkbox"/> Coastline 161476 |
| <input type="checkbox"/> Ethos 142686 | <input type="checkbox"/> Greater Springfield Senior Services 161477 |
| <input type="checkbox"/> Highland Valley Elder Services 161478 | <input type="checkbox"/> Old Colony Elder Services 161749 |

Additional Information Request Date (for UM): _____

Is there a current PCA auth (PCA T1019)? Yes No

Enter Auth # if there is an existing auth:

Hours/weeks

Day:

Night:

Change request type

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> New service | <input type="checkbox"/> Extend existing service | <input type="checkbox"/> Increase |
| <input type="checkbox"/> Reduce | <input type="checkbox"/> Deny request for service | <input type="checkbox"/> Terminate |
| <input type="checkbox"/> Suspend | <input type="checkbox"/> Cancellation by Member | |

Hours/weeks

Day:

Night:

New start date for change request:

New end date:

Rationale: medical/surgery, ses, functional/cognitive status, other reason (please explain):

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FOR UM ONLY

The following codes/services are included in approval of PCA services:

T1019	PCA Services	
T1020	ADM Fee	\$1.94/day
T2022	Skills training/Case Management	1x/quarter; 4x/yr
99509-U3	Intake and Orientation (for individuals working first time as PCA)	\$51 per unit
99509-U1	Sick days (upon approval by consumer)	\$4.25/hour; same as T1019 rate
T1019-TV	Holidays	