



PCA Program

REGARDING YOUR MASSHEALTH EVALUATION

Once the Service Agreement and Consumer Assessment to Manage the PCA program have been received, it is time to prepare for your MassHealth Evaluation.

For new consumers, we also require an MD Summary.

You will receive a call from the Evaluation Department to schedule a home visit. Please note: a delay in scheduling an evaluation might either cause interruptions to your PCA services or a delay in being approved for PCA Program.

Your Prior Authorization is due to expire on _____.

The evaluation must be conducted in the consumer's home. The consumer and surrogate must be present if you have one identified on your Service Agreement.

The RN's evaluation will accurately reflect the consumer's functional abilities and need for physical hands on assistance in performing Activities of Daily Living & Instrumental Activities of Daily Living – and based on MASS HEALTH REGULATIONS and medical necessity.

The RN will discuss medication administration dosage and usage.

Please have medication available and a list.

When requesting time for help with medical appointments the RN will need the type of medical provider, name of medical provider, town & routine frequency per year. Time is not calculated for wait time at the medical provider's office.

Please note: The RN evaluator will make a recommendation of hours and forward the Evaluation to your PCP/NP. An Occupational Therapist attends the first Evaluation and may attend reevaluations. Once your PCP/NP reviews and signs the evaluation, and all supporting documentation is received, we will send the Evaluation to MassHealth who makes the final decision.

You will receive a Decision Letter from MassHealth that will give you the final Prior Authorization of hours of PCA time per week.



PCA Program

REQUESTING AN ADJUSTMENT OF YOUR PRIOR AUTHORIZATION:

1. Now that you have your MassHealth Decision Letter, it's important that you schedule the PCA based on your needs as you identified in your Evaluation. It's also important that you review your Decision letter carefully to be sure you are scheduling only those approved tasks and getting all of your care needs met according to the PCA program regulations. Your skills trainer can help you get started in your first year by scheduling quarterly reviews.
2. The hours that are determined by the Tempus Unlimited RN and/or OT are based on your medical need and functional abilities and hands on assistance needs. These hours reflect specific time based on specific needs. MassHealth approves all needs that they feel are medically necessary.
3. If you have had a change in your medical condition, functional status and living situation or other support services, and you feel that you require a change in your current hours, contact your skills trainer to review how you are currently scheduling your PCAs for your current approved hours/authorization. You will be asked for the specific need that is not being taken care of based on your change in circumstance in order for the adjustment to go forward. This process timeline is 30 days from the date of your request until we submit to MassHealth. Any delays may close the request.
4. Adjustments could present as an increase or a decrease in time on your authorization. Your needs will be reviewed by the RN Evaluator, along with any supporting documentation. Time will be requested accordingly.
5. If you are approved for additional services either in home or out of the home, contact your skills trainer right away. They will assist you in reviewing management to avoid overlapping services, which can be viewed as fraud.
6. MassHealth Adult Foster Care and MassHealth Group Adult Foster Care cannot be used at the same time you use the MassHealth Personal Care Attendant program.

Tempus Unlimited, Inc. PCA Program

Support Service List

Below is a list of those programs or services that are being provided to the consumer at this time. In order for Tempus Unlimited to proceed with the consumer's application for PCA services, contact information and schedules **must** be obtained for any program or services that are checked off below. Please review this and fill out the contact information for all agencies in place so that Tempus Unlimited can continue with your application as quickly as possible.

- | | | |
|---------------------------|--------------------------|--------------------|
| Homemaker | Private Duty Nursing | VNA Services |
| Home Health Aide Services | Hospice/ Palliative Care | Personal Care |
| Elder Services | Adult Day Health | Day Habitation |
| School | Employment | Early Intervention |

Other Specify: _____

Agency Name	Main Number	Contact Name/Title	Direct Number	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Sample Agency	800-555-1234	Jane Smith	508-555-1234	8-9am 1-3pm		5-7pm		1-3pm 5-7pm	8-9am	

When this form is complete, please contact your skills trainer, _____ at phone number _____. This form can be faxed to the number listed below. If you have any questions, please do not hesitate to call your Skills Trainer.

Fax Number: 877-867-1890

Medication Schedule

Days and (Times)	Med name and dosage	Med name and dosage	Med name and dosage	Med name and dosage	Med name and dosage
Sunday am ()					
Sunday pm ()					
Sunday nighttime ()					
Monday am ()					
Monday pm ()					
Monday nighttime ()					
Tuesday am ()					
Tuesday pm ()					
Tuesday nighttime ()					
Wednesday am ()					
Wednesday pm ()					
Wednesday nighttime ()					
Thursday am ()					
Thursday pm ()					
Thursday nighttime ()					
Friday am ()					
Friday pm ()					
Friday nighttime ()					
Saturday am ()					
Saturday pm ()					
Saturday nighttime ()					