



PCA/CFSS COMMUNICATION FORM INSTRUCTIONS

Basic Instructions

The PCA/CFSS Communication Form is to be completed by the UCare care coordinator to authorize PCA/CFSS related services and to DTR (deny, terminate, reduce) services. MnCHOICES documents are to be attached to the initial submission for the service span and emailed to pca_cfss@ucare.org. When the CC is submitting subsequent PCA/CFSS Communication Forms for the same member in the same service span, the CC does not need to provide UCare PCA/CFSS Intake with the documents below.

MnCHOICES documents to be included with the initial PCA/CFSS Communication Form submission to UCare:

1. Supplemental Summary Chart
2. Assessment Results

Clear Service Information (top right corner): Use this function to clear service information throughout the document. The Member Information and Care Coordinator Information will remain completed on the form and all other service information will clear.

Member Information

Complete all areas:

1. Name: Member first and last name
2. Date of Birth: Member date of birth
3. Member ID: UCare ID number
4. PMI: Enter PMI/MA number
5. MnCHOICES Assessment Date: Enter the date the MnCHOICES Assessment was completed with the member
6. MnCHOICES/EW Date Span: Include the start and end date of the new/current service year

Care Coordinator Information

Complete all areas:

1. Care Coordinator Name: CC first and last name
2. Phone/Fax: CC phone and fax number
3. Email: CC full email address

Reason for request- select all that apply

This section is used to indicate the reason for the request and action to be taken by UCare PCA/CFSS Intake. Select one or more options (as applicable) and proceed to the "Description of request" section to provide a description of the service request(s). Options include:

1. Approve
2. Deny
3. Terminate
4. Reduce
5. Change in model
6. Reduced in lieu of waiver services
7. Change in service provider
8. Deny early reassessment

Description of request - required

This section is required for all service requests and should be used to provide a description of the reason for the request(s) that were selected above. A description of the request helps UCare process your request quickly and accurately. If services are being denied, terminated, or reduced, provide a detailed description of the reason. If a member receives CFSS from 2 provider agencies for split personal care time, include the 2nd agency information in this section.

PCA Services – 6 month transition (T1019)

This section is used to authorize the six-month continuance of PCA at the time of reassessment for existing members who had a previous PCA authorization within the last 60 days. PCA 6 month transition PCA hours are authorized based on the new MnCHOICES assessment. PCA provider agency must be in-network with UCare and located on the [Provider Search Tool](#).

Care Coordinators must send in a request for authorization within 10 business days of the assessment.

1. Provider Name: Enter UCare in-network PCA agency name
2. Start Date: Enter start date of new service span
3. End Date: Enter 6 month authorization end date
4. Daily Units: Enter total daily units based on new MnCHOICES assessment results
5. Provider NPI/UMPI: Enter DHS enrolled PCA NPI/UMPI
6. Phone/Fax: Enter PCA agency phone/fax information

Consultation Services – required for CFSS (T1023)

All members utilizing CFSS services, regardless of model, must select a Consultation Services (CS) provider. CCs may authorize up to 6 units/sessions (1 unit/session = \$100) of Consultation Services (CS) over the service span. If more than 6 units/sessions are needed, the CC must receive a request from the CS provider, provide approval and document the reason for additional sessions on the PCA/CFSS Communication Form.

If a member is eligible for CFSS and does not select a CS provider within 3 months of the assessment, submit a PCA/CFSS Communication Form and select Deny for the reason to DTR CFSS until a CS provider is chosen.

1. Initial: Check this box if request is for the first 6 units/sessions
2. Additional: Check this box if request is for additional units/sessions above 6
3. Provider Name: Enter the name DHS-enrolled Consultation Services provider
4. Provider NPI/UMPI: CS Provider NPI/UMPI
5. Phone/Fax: Enter CS Provider phone/fax contacts
6. Start Date/End Date: Enter date no sooner than the start of the new authorization period through end of the new span
7. Units of service: Enter 6 units for initial authorization (above 6 requires justification)
8. Cost per unit: Enter DHS set rate of 100.00 per unit/session

Reference: [CS Provider information](#) (Provider must have “Yes” indicated in the “Enrolled” column)

Agency Model

Complete this section only if the member selected the agency model for their CFSS services. Complete each applicable section based on the member’s approved service delivery plan. CFSS services are effective the date the CC approved the service delivery plan or the date providers are chosen, whichever is later.

1. CFSS agency services: Complete provider information if member has chosen to receive CFSS through the agency model. CFSS providers must be both DHS enrolled for CFSS and in-network with UCare. Locate

providers using the [Provider Search Tool](#).

- a. Provider Name: Enter DHS enrolled agency name
 - b. Provider NPI/UMPI: Enter DHS enrolled CFSS agency NPI/UMPI
 - c. Phone/Fax number: Enter CFSS agency phone/fax contacts
 - d. CFSS personal care services (T1019 U9): Enter start date, end date and total units for dates requested based on the member's approved service delivery plan
 - e. CFSS working training and development- agency training (S5116 U9): Enter start date, end date and total cost based on the [CFSS Codes and Rates](#) set by DHS. Current DHS set annual authorization amount: \$1272.96. Do not prorate this amount. This field is required for all CFSS agency model authorizations
 - f. CFSS worker training and development- formal training (S5116 U9 UD): Enter start date, end date and total cost. A worker training plan should be included in the member's service delivery plan
 - g. Extended CFSS (T1019 U9 UC): Enter start date, end date, and total extended CFSS units for dates requested. Member must be open to Elderly Waiver and meet eligibility criteria
 - h. CFSS temp increase (T1019 U9 U6): Enter start date, end date and total units for dates requested.
 - i. CFSS 45 day temp start (T1019 U8): Enter start date, end date and total units for the 45 days temp start of CFSS. Do not authorize 45 day temp start if MnCH assessment has been completed
2. Personal emergency response system (PERS): Complete this section if member is receiving PERS under CFSS with the agency model
 - a. Provider name: Enter DHS enrolled PERS provider name
 - b. Provider NPI/UMPI: Enter DHS enrolled PERS provider NPI/UMPI.
 - c. Phone/fax number: Enter PERS provider phone and fax number.
 - d. PERS installation and testing (S5160 U9): Enter start date, end date, total units for the auth span and cost per unit of PERS installation and testing services.
 - e. PERS monthly fee (S5161 U9): Enter start date, end date, total units for the auth span and cost per unit of PERS monthly fees.
 - f. PERS purchase (S5162 U9): Enter start date, end date, total units for the auth span and cost per unit of PERS purchases.
3. Good and services (T5999 U9) includes FMS fees
 - a. FMS provider name: Enter DHS enrolled FMS provider name
 - b. FMS NPI/UMPI: Enter DHS enrolled FMS provider NPI/UMPI.
 - c. Phone/fax: Enter FMS provider phone and fax number.
 - d. Start date, end date, total dollar amount: enter the start date, end date and total dollar amount of goods and services approved in the Service Delivery Plan.
 - e. List of goods and services: Describe the goods and services outlined in the Service Delivery Plan.

Budget Model

Complete this section only if the member selected the budget model for their CFSS services. Complete each applicable section based on the member's service delivery plan. CFSS services are effective the date the CC approved the service delivery plan or the date providers are chosen, whichever is later.

1. Financial management service (FMS) provider: Complete provider information if member has chosen to receive CFSS through the budget model.
 - a. Provider Name: Enter DHS enrolled FMS agency name
 - b. Provider NPI/UMPI: Enter DHS enrolled FMS agency NPI/UMPI
 - c. Phone/Fax number: Enter FMS agency phone/fax contacts
 - d. FMS monthly fees (T2040 UB UA): Enter start date, end date, number of months and monthly fee for FMS provider's monthly fees.
 - e. CFSS personal care services (T1019 UB): Enter start date, end date and total dollar amount for dates requested based on the member's approved service delivery plan

- f. CFSS working training and development (S5116 UB): Enter start date, end date and total cost based on the [CFSS Codes and Rates](#) set by DHS. Current DHS set annual authorization amount: \$1272.96. Do not prorate this amount. This field is required for all CFSS budget model authorizations.
 - g. Good and services (T5999 UB)
 - i. Start date, end date, total dollar amount: enter the start date, end date and total dollar amount of goods and services approved in the Service Delivery Plan.
 - ii. List of goods and services: Describe the goods and services outlined in the Service Delivery Plan.
 - h. FMS failed background study (T2040 U6): Enter start date, end date, total units and total dollar amount if the FMS provider will bill for a failed background study.
 - i. Extended CFSS (T1019 UB UC): Enter start date, end date, and total extended CFSS units for entire auth span. Member must be open to Elderly Waiver and meet eligibility criteria.
 - j. CFSS temp increase (T1019 UB U6): Enter start date, end date and total units for auth span.
2. Personal emergency response system (PERS): Complete this section if member is receiving PERS under CFSS with the agency model. Complete the service options that apply.
 - a. Provider name: Enter DHS enrolled PERS provider name
 - b. Provider NPI/UMPI: Enter DHS enrolled PERS provider NPI/UMPI.
 - c. Phone/fax number: Enter PERS provider phone and fax number.
 - d. PERS installation and testing (S5160 UB): Enter start date, end date, total units for the auth span and cost per unit of PERS installation and testing services.
 - e. PERS monthly fee (S5161 UB): Enter start date, end date, total units for the auth span and cost per unit of PERS monthly fees.
 - f. PERS purchase (S5162 UB): Enter start date, end date, total units for the auth span and cost per unit of PERS purchases.

PCA Authorizations – assessment completed prior to 10/1/24 only

Members that had an assessment prior to 10/1/2024 continue to be able to change their PCA agency provider, received a 45 temporary increase of PCA services, or extended PCA services for EW members.

1. PCA services (T1019)
 - a. Enter the provider name, NPI/UMPI, phone and fax number for an in-network PCA agency.
 - b. Enter the start date, end date, total units for the auth span and home care rating for remaining PCA services
2. PCA temp increase (T1019 TG U6)
 - a. Enter the provider name, NPI/UMPI, phone and fax number for an in-network PCA agency.
 - b. Enter the start date, end date, and total units for the auth span for a 45 day temporary increase of PCA services.
3. Extended PCA (T1019 UC)
 - a. Enter the provider name, NPI/UMPI, phone and fax number for an in-network PCA agency.
 - b. Enter the start date, end date, and total units for the auth span for Extended PCA services.

References:

PERS Provider information can be located on [MinnesotaHelp.info](#)

FMS Provider information can be located on the [MinnesotaHelp.info](#) and [DHS FMS Information](#) page

In-network CFSS providers can be information can be found on the [UCare Search Network](#) page