

MHCP Provider Education
Personal Care Provider Agencies

PCA Services

“Steps for Success” Workshop

Agenda

Day Two

MHCP PCA Provider Agency Enrollment

MHCP PCA Provider Agency Requirements &
Responsibilities

MHCP Screening and Revalidation

Individual PCA Enrollment

PCA Agency Enrollment

Initial Enrollment

Attend SFS

Pay the MHCP application Fee

Submit all enrollment documents

Pass and complete the unannounced site visit

After completion of all requirements MHCP:

- Approves

- Denies

If approved - welcome letter and instructions to register for MN-ITS

MHCP Provider Enrollment

Types of PCA Provider Agencies

Personal Care Provider Organization (PCPO)

PCA Choice Provider

Home Health Agency has both:

Medicare-certification for Home Health Care

A Class A License through MDH

Enrollment Processes

Initial Enrollment of PCA Providers

- Register and attend SFS

- Pay the MHCP Application Fee

- Submit all enrollment documents

Revalidation

- Currently enrolled PCA Provider Agencies

Annual Review

- Currently enrolled PCA Provider Agencies

Initial Enrollment Requirements

PCA Agency must complete the following for successful enrollment:

Step 1: Attend Steps for Success

Step 2: Pay the Minnesota Health Care Programs Application Fee

Step 3: Submit and complete all enrollment documents

New PCA Agency Enrollment

Step 1: Attend Training

Steps for Success

For all involved with the Day-to-day operations of PCA services:

- Owners

- Managing Employees

- Supervisory Employees (Qualified Professional)

Successful Completion

- Prior to enrollment

- When hire with new agency (unless completed in the last 3 years)

Qualified Professional (QP)

One-day workshop:

- First day of the Three-day Steps for Success

- Live in-person

- Online workshop

Required for

- New Agency enrollment

- New hire with agency unless have taken successfully completed within the last 3 years

Questions



New PCA Agency Enrollment

Step 2: Pay MHCP Application Fee

MHCP Application Fee



MHCP Provider Screening Fee Collections System

Enter your Federal or Employer Identification Number (FEIN) (also known as a Federal Tax Identification Number).

FEIN: *
Confirm FEIN: *

Beginning October 1, 2014, MHCP will implement the Centers for Medicare and Medicaid Services (CMS) final federal provider screening regulations that went into effect March 25, 2011.

MHCP will collect fees:

For new applications received on or after October 1, 2014

Current provider part of the re-enrollment or revalidation process

Review the [Provider Screening Requirements](#) to determine whether you are required to pay a fee.

Next

Cancel

* Indicates required field

Initial Enrollment Requirements

Unsuccessful completion of step 1:

If all owners, managing employees, or QP's have not attended SFS your application will be denied

Unsuccessful completion of step2:

If you do not pay the MHCP application fee your application will be denied. If you wish to reapply you must pay the MHCP application fee again

New PCA Agency Enrollment

Step 3: Complete Enrollment
Documents

MHCP PCA Provider Agency Enrollment Checklist

About DHS	Aging	Partners & Providers	Children	Disabilities	Economic Supports	Health Care	Publications	Licensing
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> [Partners and Providers](#) > [MHCP enrolled providers](#)

MHCP enrolled providers

- MHCP provider toolbox
- Billing resources
- Communication
- Enrollment
- Industry Initiatives
- Manual
- Prescription drug information

Adolescent services

Adult mental health

Aging services

Alcohol and drug abuse

Child and Teen Checkups

Child care providers

Child support

Children's mental health

County redesign

Disability services

Employment services manual

Food support outreach

Grants and RFPs

IEP providers

Managed care organizations

MHCP Enrolled Providers – PCA Provider Agency Enrollment Checklist

[Initial Enrollment](#)
[Annual Review](#)
[Ongoing Reporting Requirements](#)

[MHCP Data Privacy Notice \(DHS-6287\)](#)

Initial Enrollment

Your initial PCPO/PCA Choice application must include all items listed under Initial Application in this checklist. Owners, managing employees and qualified professionals are required to attend PCA agency training before completing the enrollment process. Any additional business sites/locations must also submit a complete application.

1. Submit the following information to apply as a PCPO/PCA Choice provider agency **before** training:
 - [MHCP PCPO/PCA Choice Agency Enrollment Application \(DHS-4022\)**](#)
 - [Disclosure of Ownership and Control Interest \(DHS-5259\)](#)
 - [Qualified Professional \(QP\) Acknowledgement \(DHS-4022C\)](#)
 - [Background Study \(see Instructions for DHS Background Studies/Included with DHS-4022\)](#)

Related Pages

- [MN-ITS](#)
- [MHCP Provider Directory](#)
- [NDC Search](#)
- [PERM](#)
- [Cultural Competency](#)
- [eXchange](#)
- [Incarcerated Rates](#)

Related Links

- [Spoken Language Health Care Interpreter Roster](#)
- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)

Initial Enrollment Request

Required Forms - Phase I

Complete Application Packet includes:

[PCPO/PCA Choice Application](#)

[Process and directions for initiating an Agency ID to use when submitting background studies](#)

[Setting up EFT](#)

Agreements

[MHCP Provider Agreement](#) – required for all MHCP Enrolled Providers

[PCPO Addendum](#) – when applicable

[PCA Choice Addendum](#) - when applicable

Enrollment Packet

DHS-4022-ENG 1-10



Minnesota Department of **Human Services**

Dear Potential PCPO or PCA Choice Provider:

Thank you for your interest in becoming a Personal Care Provider Organization (PCPO) or Personal Care Assistant (PCA) Choice provider with Minnesota Health Care Programs (MHCP).

Providers doing business in Minnesota are required to comply with all state and federal laws regulating Minnesota businesses. Refer to 'A Guide to Starting a Business in Minnesota,' published by the Minnesota Department of Employment and Economic Development, and available on their Web site at www.deed.state.mn.us.

All providers choosing to enroll to deliver services to MHCP recipients must complete an enrollment packet, provider agreement and meet requirements per MN Statute 256B.0659, subd. 21, 22. Refer to the enclosed checklist and other documents for complete details. If the packet is not completed properly or is illegible, DHS will return the packet to you to complete or correct. Additional information is required annually and when changes occur. Refer to "Ongoing Reporting Responsibilities of a Personal Care Provider Organization."

Provider agreements must be signed personally by the individual applying for the Unique Minnesota

MHCP Provider Agreement

Clear Form



Minnesota Department of **Human Services**



DHS-4138-ENG

11-10

Minnesota Health Care Programs (MHCP)

Provider Agreement

As a participating provider (Provider) in Minnesota Health Care Programs (MHCP) administered by the Minnesota Department of Human Services (DHS), the Provider agrees to:

1. Furnish DHS, the Secretary of the U.S. Department of Health and Human Services (DHHS), or the Minnesota Medicaid Fraud Control Unit (MFCU) with such information as it may request regarding payments claimed for services provided under these programs.
2. Comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services.
3. Provide to DHS its National Provider Identifier (NPI) and include its NPI on all claims, if Provider is eligible for an NPI.
4. Comply with all provisions of Minnesota Statutes [62J.536](#), which requires electronic transmission of claims, eligibility and other transactions, using DHS' secure, HIPAA-compliant, automated transaction tool MN-ITS.
5. Accept as payment in full, amounts paid in accordance with schedules established by DHS, except where payment by the recipient has been authorized by DHS.
6. Enroll in electronic funds transfer (EFT) if Provider is a pay-to provider and if requested by DHS.

Provider Agreement Addendum PCPO

Clear Form Data
FILLABLE FORM



Minnesota Department of **Human Services**



Minnesota Health Care Programs

Provider Agreement Addendum PCPO

As a participating provider in Minnesota Health Care Programs, the organization agrees to the terms and conditions as set forth below.

- 1) To provide replacement or back-up personal care services to a recipient when a routinely scheduled personal care assistant is ill, on vacation, reassigned or terminated by the organization. (This obligation is based on a standard of reasonableness, and is comparable to the standard for replacement services by a Medicare certified Home Health Agency under similar circumstances.)
- 2) To obtain, and maintain at all times during the terms of this agreement all the following:
 - A. A surety bond in the amount of at least \$50,000 or 10% of the provider's PCA payments from Medicaid in the previous year, whichever is less;
 - B. A fidelity bond in the amount of at least \$20,000;
 - C. Worker's Compensation insurance coverage;
 - D. Liability insurance.

Provider Agreement Addendum

PCA Choice Provider

Clear Form Data
FILLABLE FORM



Minnesota Department of **Human Services**



DHS-4022B-ENG

1-10

Minnesota Health Care Programs

Provider Agreement Addendum PCA Choice Provider

As a participating provider in Minnesota Health Care Programs, the provider agrees to the terms and conditions as set forth below.

- 1) To enter into a written agreement as specified in MS 256B.0659, subd. 20(a) (1) - (6) (b), with the recipient or responsible party, personal care assistant, and qualified professional, before services are started.
- 2) To not be related (parent, child, sibling, spouse) to the recipient, qualified professional, or personal care assistant. (MS 256B.0659 subd. 19 (b) (3))
- 3) To be the employer of the personal care assistant and the qualified professional to the extent specified in MS 256B.0659, subd. 19 (c) (1).
- 4) To fulfill the duties specified in MS 256B.0659, subd 19.
- 5) To obtain and maintain at all times during the terms of this agreement all the following:
 - A. A surety bond in the amount of at least \$50,000 or 10% of the provider's PCA payments from Medicaid in the previous year, whichever is less;

Initial Enrollment Request

Required Forms - Phase I (continued)

Disclosure of Ownership and Control Interest
Statement for Participating Providers

Qualified Professional (QP) Acknowledgement

PCA Agency Personnel List & Affiliation

Disclosure of Ownership and Control Interest

Clear Form



Minnesota Department of Human Services



DHS-5259-ENG

1-12

Minnesota Health Care Programs (MHCP)

Disclosure of Ownership and Control Interest

Disclosing Entity Identifying Information/Structure

LEGAL NAME ACCORDING TO IRS []		DOING BUSINESS AS (DBA) []	
ADDRESS []			NPI/UMPI []
CITY []	STATE []	ZIP CODE []	OFFICE PHONE NUMBER ([]) []
FEDERAL EMPLOYER ID (FEIN) []		MN TAX ID []	
CHECK THE ENTITY TYPE THAT DESCRIBES THE ENROLLING PROVIDER:			
<input type="checkbox"/> Sole Proprietorship 2	<input type="checkbox"/> Partnership 6	<input type="checkbox"/> Corporation, LLC 7	<input type="checkbox"/> Non-Profit 1
<input type="checkbox"/> Hospital Based 3	<input type="checkbox"/> State 4	<input type="checkbox"/> Public 5	<input type="checkbox"/> Professional Association 9
<input type="checkbox"/> Other X (i.e., LP, LLP, LLLP) SPECIFY TYPE:		[]	

Each provider entity must complete the following section for any person, business or organization that meets any of the following criteria:

- Has an ownership or control interest of 5% or more in this disclosing entity
- Has an ownership or control interest in a subcontractor in which this disclosing entity has a direct or indirect ownership interest of 5% or more
- Is a managing employee

For a person: Must include SSN; address must be a residence

Disclosure of Ownership & Control Interest Statement

Complete for all:

Owners

Managing and Supervisory Employees

Must update as changes occur

Qualified Professional (QP) Acknowledgment

Clear Form Data
FILLABLE FORM



Minnesota Department of **Human Services**



DHS-4022C-ENG

1-10

Minnesota Health Care Programs

Qualified Professional (QP) Acknowledgement

PCA Agency: Use this form to notify DHS of each of your QPs and whenever a QP change occurs. By signing below you certify that this QP meets the definition of a QP.

Qualified Professional: Complete this form as your acknowledgement of responsibilities and obligations of a QP for the PCA program.

NAME OF PCA AGENCY (PRINT OR TYPE BUSINESS NAME)		PCA AGENCY NPI/UMPI	
ADDRESS			
CITY		STATE	ZIP CODE
AGENCY REPRESENTATIVE NAME	AGENCY REPRESENTATIVE SIGNATURE		DATE

By signing below, I acknowledge and certify all the following:

Qualified Professional

Works for Agency

Agency ensures the QP:

- Meets qualifications to be a QP

- Understands their Role & Responsibilities

Passes a background study prior to:

 - Initial enrollment of the PCA Provider agency

 - Providing services

Completes Steps for Success training

Enrollment Requirements

Office of Inspector General (OIG):

All MHCP enrolled providers

All employees at least monthly

NETStudy - Background studies through DHS Licensing for all PCA agency:

Owners

Managing/supervisory employees

Qualified Professionals

Individual PCA providers

Enrollment Requirements

Background Studies

Background Studies must be complete prior to enrollment

Not Disqualified

Disqualified with a set aside

Required for all:

Owners

Managing/supervisory employees

Qualified Professionals

Background Study Information and DHS Licensing



Minnesota Department of **Human Services**

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MHCP enrolled providers

- MHCP provider toolbox
- Billing resources
- Communication
- Enrollment
- Industry Initiatives
- Manual
- Prescription drug information

Adolescent services

Adult mental health

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MHCP Enrolled Providers – PCA Provider Agency Enrollment Checklist

- [Initial Enrollment](#)
- [Annual Review](#)
- [Ongoing Reporting Requirements](#)

[MHCP Data Privacy Notice \(DHS-6287\)](#)

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[MHCP PCPO/PCA Choice Agency Enrollment Application \(DHS-4022\)**](#)

[Disclosure of Ownership and Control Interest \(DHS-5350\)](#)

Related Pages

- [MN-ITS](#)
- [MHCP Provider Directory](#)
- [NDC Search](#)
- [PERM](#)
- [Cultural Competency](#)
- [eXchange](#)
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Related Links

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- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)

Background Study Information DHS Licensing

Navigation Menu: About DHS | Aging | Partners & Providers | Children | Disabilities | Economic Supports | Health Care | Publications | **Licensing**

> Licensing

General information
Licensing lookup
DHS licensed programs
Licensed program lists
Background studies
Investigations
FAQs

What's new for: Licensing information

New phone numbers for DHS Licensing Division now in effect

- The main phone and fax numbers for the Licensing Division and the phone number to report suspected maltreatment of a vulnerable adult have changed as of Nov. 21, 2011. For a limited time, calls to the old numbers will be transferred automatically to the new numbers.
- The phone-tree options (on the main number) were revised to assist callers in reaching certain staff directly, including background studies staff.
- All phone numbers for staff have changed. These numbers will not be transferred automatically. There will be a recording on their old phone (for a limited time) with their new number.
- A toll-free number will also be available soon for people calling from outside the metropolitan area.

The phone numbers are:

- DHS Licensing Division: (651) 431-6500, formerly (651) 296-3971
- DHS Maltreatment Intake and Licensing Complaints: (651) 431-6600, formerly (651) 297-4123. To report maltreatment of a vulnerable adult continue to call your local [county Common Entry Point](#).
- DHS Maltreatment fax: (651) 431-7601 (no change)
- DHS Background Studies Unit: (651) 431-6620, formerly (651) 296-3802

Quick Links

- [DHS Dashboard](#)
- [MHCP provider directory](#)
- [MHCP enrolled providers](#)
- [Bulletins](#)
- [Child support](#)
- [Child support online calculator](#)
- [Continuing care and other provider rate changes](#)
- [Health care programs](#)
- [Minnesota RxConnect](#)
- [MinnesotaHelp.info](#)
- [Online payments](#)
- [Veterans information](#)

Language Links

- اللغة العربية
- **English**
- Hrvatski
- Lus Hmoob
- ໄຊຊຽງ
- ລາວ
- Oromo
- Русский
- Soomaali
- Español
- Tiếng Việt

Background Study Information DHS Licensing & NETStudy

The authority for conducting adult foster care (AFC) and family adult day services (FADS) background studies transfers from County agencies to the Department of Human Services (DHS) effective July 1, 2009. A fee of \$20 per AFC and FADS background study also becomes effective July 1, 2009.

- [INDIVIDUAL Adult Foster Care & Family Adult Day Services Background Study Training](#)
- [CORPORATE Adult Foster Care Background Study Training](#)

New background study forms

- [Initial Adam Walsh background study ID form](#)
- [Consent for release of information from FBI national crime information databases to private child placing agency \(required for background studies from private child placing agencies only\)](#)
- [Supplement to Application Form – DHS 3324 \(CFC, AFC, FADS\)](#)
- [Consent for release of information from child abuse and neglect registry when background study subject resided outside Minnesota within last five years](#)

[NETStudy training now available](#)

- [General](#)
- [Who must have a background study](#)
- [Submitting background studies](#)
- [Fees for background studies](#)
- [Results of background studies](#)
- [Disqualification](#)
- [Request for reconsideration](#)
- [Data regarding individuals and disqualifications that are set](#)

[U.S. Consumer Product
Safety Commission](#)

PCA Agency Personnel List and Affiliation

Clear Form



Minnesota Department of Human Services



DHS-6041-ENG

9-11

Minnesota Health Care Programs (MHCP)

PCA Agency Personnel List and Affiliation

AGENCY NAME	NPI/UMPI

Attach a list of all owners, board of directors, managers, personal care assistants and other employees. The list must include the following information for each person:

- Legal name: last, first, middle
- Agency role/title
- Residential address: physical street location address, city, state, ZIP code
- Social Security Number
- Date of birth: MM/DD/YYYY
- Date of hire: MM/DD/YYYY
- Individual NPI/UMPI
- If this person is related to (indicate the relationship):
 - anyone else on this list
 - a recipient for whom this person is providing services

If a person is affiliated with one or more home care services agencies other than the agency named above, list for that person the following affiliation:

- Agency name
- Agency NPI/UMPI
- Agency address: physical street location address, city, state, ZIP code

Questions



New Agency Enrollment

Submit proof of Insurances & Bonds

Submit Assurance Statement

Billing Training

Agency Enrollment Requirements

Proof of Coverage

Liability Insurance

Worker's Compensation Insurance

\$50,000 Surety Bond **if :**

Brand new PCA agency enrollment

**PCA revenue (PCA and QP services) under
300,000**

**\$100,000 Surety Bond if previous year PCA
revenue over \$300,000**

Fidelity Bond \$20,000

Bonds

Surety – bond ensuring a benefit to the State of Minnesota if the provider fails to comply with program rules

Fidelity - a bond that covers the employer against fraudulent acts of its employees

May be called different names

PCA Agency Surety Bond

Clear Form



Minnesota Department of **Human Services**



DHS-6033-ENG

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Minnesota Health Care Programs (MHCP)

PCA Agency Surety Bond

This form is an example of the surety bond, required for enrollment of a PCA agency with MHCP to assist the surety in drafting the bond. It outlines the minimum required elements of the bond and contains the recommended bond language. Any changes to the recommended language or to the terms and conditions of the bond must be approved by MHCP before submission of the bond for enrollment.

PCA AGENCY NAME		AGENCY TYPE (CORPORATION, LLC, ETC.)	
STREET ADDRESS		CITY	STATE
			ZIP CODE
NAME OF SURETY			

KNOW ALL PERSONS BY THESE PRESENTS: That agency named above with business office at address above as PRINCIPAL and Surety named above, a corporation duly organized under the laws of the State of [redacted], which is authorized to engage in the business of insurance in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Department of Human Services of the State of Minnesota in the sum of \$ [redacted] [Fifty thousand dollars for newly enrolling PCA agencies; fifty thousand dollars or ten percent of a provider's PCA payments from Medicaid in the previous year, whichever is less, for currently enrolled providers). Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally.

Questions



PCA Agency Applicant Assurance Statement

Clear Form



Minnesota Department of **Human Services**



Minnesota Health Care Programs (MHCP)

PCA Agency Applicant Assurance Statement

AGENCY NAME	NPI/UMPI
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This Assurance Statement is an Addendum to provider's MHCP Provider Agreement.

By initialing each requirement and signing below, I, on behalf of the above named agency, assure that the agency:

- Will **not** provide PCA services in residential settings in which it owns or controls the living arrangements except for live in PCAs, family foster care where the recipient lives with the license holder, or unless related to the recipient by blood, marriage or adoption
- Does not allow an individual PCA or qualified professional to provide PCA services prior to receiving a completed background study notice stating the individual PCA or qualified professional is not disqualified or has a set aside to a disqualification
- Uses 72.5% of the revenue generated by the medical assistance rate for personal care assistance services for individual PCA's personal care assistant wages and benefits
- Does not engage in any agency-initiated direct contact or marketing in person, by phone, or other electronic means to potential recipients, guardians, or family members. Documents agency marketing and advertising materials and marketing activities and costs
- Complies with all requirements in the Home Care Bill of Rights

PCA Agency Applicant Assurance Statement

Assures Agencies follow all required rules of the
PCA program

Not provide PCA in provider controlled housing except as
allowed

Comply with Background Study requirements

Uses 72.5% of PCA revenue for individual PCA wages and
benefits

Follows Marketing Practice requirements

Provider Home Care Bill of Rights

Assurance Statement (continued)

Reports suspected neglect & maltreatment

Maintains required documentation

Will follow PCA provider agency general duties

Documents policies, procedures and agency templates as described

Maintains surety bond coverage

Provider Controlled Housing

Assure agency is not both the PCA provider & in control of recipients' housing

Does not use or enforce agreements, requirements or non-compete clauses keeping PCA from working with recipient or other agency

Wage and Benefit Compensation

72.5% of PCA revenue to direct care staff

Includes both wages and benefits

Wage & Benefit Compensation

72.5% Includes

PCA Wages

Payroll Taxes Associated with PCAs:

e.g., FICA, FUTA, SUTA, workers compensation

Payroll Benefits for PCAs:

e.g., vacation, sick, health, dental

Wage & Benefit Compensation *27.5% Includes*

General and Administrative

e.g., Management salaries, taxes and benefits, liability insurance, office expenses

Program Related Expense

e.g., Program staff salaries, taxes and benefits, advertising, training expenses, supplies

Questions



Policies & Procedures

Marketing Practices

Must document and keep on file:

Practices

Materials

Costs

Not Allowed

Agency initiated direct contact

Direct Marketing

In person

Telephone

Electronic Means

US mail

Home Care Bill of Rights

Give to all recipients receiving home care services

Before services begin

At the time they agree to a service agreement

Give to recipient/RP written notice of acknowledgment of receipt or document reason why unable to give

Obtain a copy of acknowledgement of receipt

Specific Text Required

Home Care Bill of Rights

Minnesota Home Care Bill of Rights

PER MINNESOTA STATUTES, SECTION 144A.44. TO BE USED BY PROVIDERS OF HOME CARE SERVICES *EXEMPTED* FROM LICENSURE UNDER MINNESOTA STATUTE 144A.46, SUBD.2.

Statement of Rights

A person who receives home care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
3. The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance of any changes in the plan of care and to take an active part in

Questions



Policies, Procedures & Templates

Written

Clearly Identify the specific policy and process

Contain all required elements & headings
specified

Policies, Procedures & Templates (*cont.*)

Employee Hiring and Termination

Grievance

PCA Service Delivery

Recipient & Employee Safety Practices

Agency Training Requirements

Employee Misconduct

Agency Templates

- Timesheet

- Care Plan

- PCA Choice Agreement

Employee Hiring & Termination Policies

Employee application:

recruitment

Employee Qualifications

Background Studies

Orientation to agency policies/procedures

Employee oversight/monitoring/evaluation

Grievance Policy

Written plan recipient receipt/appeal process

Internal policy & procedure including outside resources

Investigation/resolution timelines & procedures

Recipient communication – resolution

Grievance/Resolution record:

- Maintained by PCA agency

- Submitted to MHCP annually

PCA Service Delivery

Written internal controls and processes

PCA service delivery

Quality assurance

Remediation action

Recipient/Employee Safety Practices

Identification and prevention of communicable disease

Emergency contact and backup plans

Policies & Procedures

Agency Employee Training

All other trainings and classes the agency requires of its PCA staff

Demonstration of competence

Training timelines:

- Types of trainings, employees

- When, where and how provided or obtained

Employee Misconduct

Types of Misconduct

Types of discipline

Procedures for disciplinary actions

Supporting Documentation

Agency Business Templates

Time sheet

Care plan

PCA Choice agreement

Timesheets

PCA Time and Activity Documentation Form

Required for PCA

DHS **does not need to approve** alternates

Must be kept in the recipient file

Signed by both Recipient/Responsible Party and
Individual PCA

Monitored by both the recipient/responsible
party and PCA Agency

PCA Time & Activity Documentation (DHS-4691)

Clear Form



Minnesota Department of **Human Services**



DHS-4691-ENG

9-11

PCA Time and Activity Documentation

PCA AGENCY NAME		PHONE NUMBER
<input type="text"/>		(<input type="text"/>) <input type="text"/>
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION		
<input type="text"/>		
INDIVIDUAL PCA PROVIDER NAME	RECIPIENT NAME	
<input type="text"/>	<input type="text"/>	

Dates of Service
(in consecutive order)

MM/DD/YY						
<input type="text"/>						

Activities

Dressing						
Grooming						
Bathing						
Eating						
Transfers						
Mobility						
Positioning						
Toileting						
Health Related						

PCA Choice Agreement

Required for each PCA Choice recipients

PCA Agency Applicant Assurance Statement

Required template

Must contain all required elements

Agreement between:

Recipient

Individual PCA provider

Qualified Professional

PCA Agency

Billing Training Workshop

Required for agency Designated Biller

One day computer lab workshop:

- MHCP PCA Agency Resources

- Using MN-ITS Interactive

Open to all agency staff

Certificates of completion for all attendees

Designation of PCA Billing Person

Clear Form



Minnesota Department of **Human Services**



Minnesota Health Care Programs (MHCP)

Designation of PCA Billing Person

PCA agencies are responsible to ensure billing staff complete training about the personal care assistance program financial management. The agency owner must delegate the person within the agency who will be responsible to follow MHCP billing policies and procedures.

AGENCY NAME	OWNER	AGENCY NPI/UMPI

By signing below, I, the above named owner of the named PCA agency, am assigning the following individual as responsible and accountable for understanding my agency's billing practices related to reimbursement of MHCP claims for PCA services provided.

NAME OF RESPONSIBLE BILLING PERSON	TITLE	
DATE OF EMPLOYMENT (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	DATE OF BIRTH

Check this box if employment has ended.

Enter end date / /
MM/DD/YYYY

Agency Documentation

Required Training

Steps For Success

Billing Training

Qualified Professional Training

Individual PCA Training

All other agency required trainings and classes

Questions



MHCP Provider Screening

Revalidation

Federal Provider Enrollment Screening Requirements

Medicare & All State Medicaid Programs

Providers enrolling with MHCP for Fee-For-
Service (FFS)

Applies to:

New Enrollments

Re-enrollments (reinstatements)

Revalidation – every five years for all other providers

Screening Requirements

Ongoing review and updates of provider enrollment documentation

Fees

Verification against databases

Risk Levels Assignments

Site Visits

Criminal Background Studies (BGS) –
Fingerprints

MHCP Provider Screening

Fee Requirement

May change each Calendar year

Required for all PCA agencies when applicable, unless paid to and still enrolled, with another state's Medicaid or Medicare program for that same location and same services provided

MHCP Provider Screening: Risk Level

States follow Medicare Risk Levels

Each State assigns risk levels for non-Medicare enrolled providers by provider type

Risk Levels:

1 = Limited (Low) Risk Provider

2 = Moderate (Medium) Risk Provider

3 = High Risk Provider

MHCP Provider Screening:

Risk Level

PCA Agencies are considered **high risk** providers

High Risk providers are subject to:

verify entity and its controlling individuals against multiple databases, verify licenses and other state provider requirements, verify status of provider's enrollment with other states' Medicare and Medicaid programs.

Random unannounced site visit at each practice location
fingerprint background studies of all with a 5% or more interest (once implemented)

Site Visits

Required for all moderate and high risk providers

Required at each practice location

Visits are unannounced

MHCP must complete a site visit unless already been done and passed through MHPC or another state's Medicare or Medicaid program within the last 12 months and the practice location and ownership information is the same as it was at the time of that site visit.

Revalidation - Site Visit

High Risk Providers

Required for most currently enrolled, active providers to maintain enrollment

Can occur at anytime before the next revalidation

Required at least every 5 years for all currently enrolled FFS providers

Criminal Fingerprint Background Studies

High Risk Providers

Required for provider or person with 5% or more direct or indirect ownership interest

Future implementation date

Process to be determined

MHCP Revalidation Requests & Notices

Placed in the PRVLTR folder of provider's MN-
ITS mailbox

MHCP Revalidation Requests

Initial Revalidation:

requesting all information to complete revalidation
due 30 days from the date on the request

Request for More information (RFMI) –

requesting any incomplete or missing information to
complete revalidation

due 30 days from the date on the request

Timely response – all information requested is
complete and received by the due date

MHCP Revalidation Complete

MHCP will send a Revalidation Complete Notice to the provider after processing and approving the provider's information

Providers' assigned a moderate or high risk level may continue business even if the site visit has not yet been completed

MHCP Revalidation Incomplete

MHCP will send a Termination Notice with appeal rights – reporting the file will be terminated and categories of services ended in 60 days.

Place a payment withhold on file, effective immediately:

This pends the provider's ability to be approved on an service authorization or receive payment for claims

Outreach effort to get a hold of the provider before the termination date

MHCP Revalidation Provider Enrollment Actions

On the date MHCP sends the termination notice to a PCA agency will:

- Enter a termination status on the file, effective 60 days from the date of the notice

- End major programs effective the date the notice is sent 30 days before the provider's termination date, provider enrollment will enter an end date on the provider's categories of services, ending all services effective the date of termination

MHCP Revalidation

Provider Options before Termination

During the 60 days before the termination date the provider can:

- Submit all missing requested information to complete revalidation

- Contact the call center to request the payment withhold be removed to allow billing to continue until the date of termination

- Submit an appeal using the instructions in the notice

MHCP Revalidation

Information received before Termination

Untimely information received within the 60 days before the termination date:

- Must be complete

- Will be processed in the order received (no exceptions)

- May be processed after the provider termination date

Once processed, if complete and revalidation approved, provider enrollment will retroactively reinstate the record

MHCP Revalidation On and After Termination Date

Information received after the termination date will be treated as a termination.

PCA agencies are required to complete the revalidation process annually to comply with statutory requirements for annual review

MHCP Revalidation: PCA Agencies

Fees required only once every 5 years

Site visits required only once every 5 years and can happen at anytime

If suspended or terminated, may not reenroll with MHCP for two years

Since required to enroll with MHCP before enrolling with a MCO, if provider is terminated due to revalidation, the agency may not be able to continue to be enrolled with the MCO

Questions



Annual Review Process

30 day notice from DHS

Same documents as in initial enrollment requirements

Record of grievances & actions taken

30 days to comply

Questions



Agency Non Compliance

Termination/Suspension

Unable to enroll for two years

Includes known or discovered affiliates

Reenrollment after Termination

Meet all enrollment requirements

Probation for one year

Subject to commissioner review

Questions



Organization MHCP Provider Profile Change Form (DHS-3535A)

Clear Form



Minnesota Department of **Human Services**



DHS-3535A-ENG

1-12

Minnesota Health Care Programs (MHCP)

Organization – MHCP Provider Profile Change Form

For changes in ownership or FEIN, call MHCP Provider Enrollment at (651) 431-2700 or 1-800-366-5411.

As a Minnesota Health Care Programs (MHCP) provider, you must keep MHCP Provider Enrollment informed of your most up-to-date information. Use this form to notify MHCP of the following (check all that apply):

- Name change
- Alternate mailing address(es) change
- Facility location address change
- Terminate enrollment with MHCP

FACILITY DATA – all information required

NPI/UMPI	FEDERAL TAX ID NUMBER	MINNESOTA TAX ID
LEGAL NAME ACCORDING TO THE IRS (Do not abbreviate)		
DOING BUSINESS AS NAME	PROVIDER TYPE	
PREVIOUS NAME (If applicable)		

TERMINATE OUR ENROLLMENT PARTICIPATION WITH MHCP

Effective Date

If you terminate your MHCP enrollment, you will no longer receive MHCP payment for services after the date you indicate below.

Questions



Individual PCA Enrollment

Individual PCA Enrollment

Ensure person completed mandatory PCA training

Verify the PCA is not on the OIG exclusion prior to employment and at least monthly afterwards

Submit background study through NETstudy

Submit enrollment request AFTER receiving notice the background study is complete and the individual PCA is

- Not disqualified

- Not disqualified with a set aside

Fax “complete” request to MHCP

- Completed MHCP Individual PCA Enrollment Application (DHS-4469)

- Signed Individual PCA Provider Agreement

- (DHS-4611)

PCA Home Page

Enrollment Information

- Child care providers
- Child support
- Children's mental health
- County redesign
- Disability services
- Employment services manual
- Food support outreach
- Grants and RFPs
- IEP providers
- Managed care organizations
- RCA employment services
- State LTC profile
- HCBS partners panel

for service dates on or after September 1, 2011, although there are some exceptions. For further information about exceptions, instructions and the new service rates review:

- [2011 Minnesota Legislature authorizes rate changes for continuing care providers](#)
- [Continuing Care Program Service Rate Limits Effective 9/1/11](#)

MHCP will not automate rate changes on the service authorizations for home care and PCA services approved on a fee-for-service home care authorization. MCHP will reimburse the services at the reduced rate on the claims

- Sign up to get [e-mail notices](#) of new Provider Updates, RA messages, etc.

Enrollment Information

- [PCA Provider Agency Enrollment Checklist](#)
- [Individual PCA Providers](#)

Additional PCA Billing Resources

- [Submitting a PCA claim \(PDF\)](#)
- [MN-ITS Interactive \(COB\) Tab Field Completion Guide](#)
- [Continuing Care and Other Provider Rate Changes](#)

[Provider Updates](#)

[Authorization](#)

[PCA Portal](#)

[Resource Documents/Forms](#)

[Training for PCA Provider Agencies](#)

[Provider Manual](#)

[MN-ITS View/Access](#)

- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)

Individual PCA Enrollment

> Partners and Providers > MHCP enrolled providers

MHCP enrolled providers

- MHCP provider toolbox
- Billing resources
- Communication
- Enrollment
- Industry Initiatives
- Manual
- Prescription drug information

Adolescent services

Adult mental health

Aging services

Alcohol and drug abuse

Child and Teen Checkups

Child care providers

Child support

Children's mental health

County redesign

Disability services

Employment services manual

Food support outreach

Grants and RFPs

IEP providers

Managed care organizations

RCA employment services

State LTC profile

HCBS partners panel

MHCP Enrolled Providers – Individual PCA Enrollment Criteria

- [Initial Enrollment/Affiliation](#)
- [Processing Timelines](#)
- [Reinstating an inactive affiliation](#)
- [Reporting Changes](#)

Initial Enrollment/Affiliation

Follow the steps below to ensure the person meets all of the requirements to be enrolled as an individual PCA.

1. Determine if the person meets the [personal care assistant criteria](#).
2. Request and keep a copy of the person's certificate showing successful completion of the [Individual Personal Care Assistant \(PCA\) Training](#) requirements - this is currently optional but will become mandatory.
3. Verify to ensure the person does not appear on the [Office of Inspector \(OIG\) Exclusion list](#).
4. Submit a background study to [DHS Licensing](#) through [NETStudy](#) using the Agency ID assigned to the PCA Provider Agency during the agency's enrollment with MHCP.
5. Wait to receive notice from DHS Licensing that the person is either not disqualified or has a set-aside to the disqualification before allowing the person to begin providing services as an Individual PCA. MHCP does not require the individual PCA to be enrolled/affiliated before providing PCA services.

Follow the process below to enroll/affiliate an individual PCA with a PCA provider agency.

Related Pages

- [MN-ITS](#)
- [MHCP Provider Directory](#)
- [NDC Search](#)
- [PERM](#)
- [Cultural Competency](#)
- [eXchange](#)
- [Incarcerated Rates](#)

Related Links

- [Spoken Language Health Care Interpreter Roster](#)
- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)

Forms for Enrolling Individual PCAs

Follow the process below to enroll/affiliate an individual PCA with a PCA provider agency.

1. Log in to [MN-HTS](#) and review the Provider Lists (Individual PCA's) [MHCP updates the list twice weekly] to determine if MHCP reports the individual PCA has:

a Unique Minnesota Provider Identifier (UMPI)

previous enrollment under a different name

current affiliations to any other PCA Provider agencies

2. Request enrollment/affiliation of the individual PCA to your agency by completing the following steps:

- A. Complete the following forms online and ensure all bolded fields are completed:

[Individual Personal Care Assistant \(PCA\) Provider Enrollment Application \(DHS-4469\)](#)

[Individual PCA Provider Agreement \(DHS-4611\)](#)

- B. Verify the information on the application and agreement is accurate with your agency records and is consistent with the information submitted to DHS Licensing through NETStudy.
- C. Print the forms and verify information on the forms is correct with the individual PCA.
- D. Have the individual PCA document on the application if other agency affiliations have ended, including the other agency name and affiliation end date.
- E. Have the individual PCA verify the information is correct and sign both forms.

Office of Inspector General (OIG) Exclusion List

> Partners and Providers > MHCP enrolled providers

MHCP enrolled providers

MHCP provider toolbox
Billing resources
Communication
Enrollment
Industry Initiatives
Manual
Prescription drug information

Adolescent services

Adult mental health

Aging services

Alcohol and drug abuse

Child and Teen Checkups

Child care providers

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State LTC profile

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MHCP Enrolled Providers – Individual PCA Enrollment Criteria

[Initial Enrollment/Affiliation Processing Timelines](#)
[Reinstating an inactive affiliation Reporting Changes](#)

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HHA Office of Inspector General

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U.S. Department of Health & Human Services

Office of Inspector General
U.S. Department of Health & Human Services

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[Recovery Act Oversight](#)

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List of Excluded Individuals/Entities Search

Search up to 5 names

Last Name	First Name	*or* Business Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Search

Clear

Exclusion Type

Search for Individual PCA

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List of Excluded Individuals/Entities Search

Search up to 5 names

Last Name	First Name	*or* Business Name
<input type="text" value="Smith"/>	<input type="text" value="John"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Search

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Exclusion Type

Search Results

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Search Results

Total Records: 3

Results are sorted by last name ONLY - click First Name to sort first names.

Last Name	First Name	Middle Name	Business Name	General	Specialty	Exclusion	State	SSN/EIN
SMITH	JOHN	D	N/A	MEDICAL PRACTICE, MD	GENERAL PRACTICE	1128(b)(14)	PA	Verify
SMITH	JOHN WILLIAM		N/A	MEDICAL PRACTICE, MD	PLASTIC SURGERY	1128(b)(4)	NY	Verify
SMITHEY	JOHN		N/A	NURSING PROFESSION	NURSE/NURSES AIDE	1128(b)(4)	LA	Verify

Search conducted 2/23/2012 3:14:55 PM EST on OIG LEIE Exclusions database.
Source data updated on 2/10/2012 2:28:27 PM EST

Individual PCA Provider Enrollment Application

Follow the process below to enroll/affiliate an individual PCA with a PCA provider agency.

1. Log in to [MN-ITS](#) and review the Provider Lists (Individual PCA's) [MHCP updates the list twice weekly] to determine if MHCP reports the individual PCA has:

a Unique Minnesota Provider Identifier (UMPI)

previous enrollment under a different name

current affiliations to any other PCA Provider agencies

2. Request enrollment/affiliation of the individual PCA to your agency by completing the following steps:

- A. Complete the following forms online and ensure all bolded fields are completed:

[Individual Personal Care Assistant \(PCA\) Provider Enrollment Application \(DHS-4469\)](#)

[Individual PCA Provider Agreement \(DHS-4611\)](#)

- B. Verify the information on the application and agreement is accurate with your agency records and is consistent with the information submitted to DHS Licensing through NETStudy.
- C. Print the forms and verify information on the forms is correct with the individual PCA.
- D. Have the individual PCA document on the application if other agency affiliations have ended, including the other agency name and affiliation end date.

Individual PCA Enrollment Application (DHS-4469)

DHS-4469-ENG 8-10



Minnesota Department of **Human Services**

Dear Agency Representative,

As an agency that provides services to Minnesota Health Care Programs (MHCP) recipients, you must submit this enrollment application and provider agreement for each individual PCA. This will:

- Assign a Unique Minnesota Provider Identifier (UMPI) to them
- Allow you to bill us for the services they provide

To enroll them with us, the individual PCA must have:

1. Read and understood the Privacy Notice
2. Passed the Background Study (BGS)* per PCA program requirements
3. Fully completed the application
4. Signed the application
5. Read, understood and signed the [MHCP Provider Agreement – Individual Personal Care Assistant \(PCA\)](#) (DHS-4611)

A Division of Licensing BGS must be completed and passed under each agency ID number. A new DHS BGS must be completed if the PCA has not been continuously employed with your agency.

* Complete a DHS BGS by logging in to the NetStudy Web site at <https://bgs.dhs.state.mn.us/a/login.asp> and follow directions.

Provider Agreement Individual Personal Care Assistant (PCA) (DHS-4611)

Clear Form



Minnesota Department of **Human Services**



DHS-4611-ENG

8-10

Minnesota Health Care Programs

Provider Agreement – Individual Personal Care Assistant (PCA)

As a participating provider in health service programs administered by the Minnesota Department of Human Services (the Department), the Provider agrees to:

- A. Submit documentation to your employer that fully discloses the extent of services provided to individuals under these programs, in accordance with Minnesota Rules, parts 9505.2160 to 9505.2245.
- B. Furnish the Department, the Secretary of the U.S. Department of Health and Human Services (DHHS), or the Minnesota Medicaid Fraud Control Unit with such information as it may request regarding payments claimed for services provided under these programs.
- C. Comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services.
- D. Accept as payment in full, amounts paid in accordance with schedules established by the Department, except where payment by the recipient has been authorized by the Department.
- E. Make full disclosure of any convictions(s) of program crimes as required by 42 CFR §455.106.
- F. Comply with all federal statutes, implementing regulations and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability in any program or activity receiving federal financial assistance from DHHS; and to comply with the Minnesota Human Rights Act.

Request for Resubmission (DHS-5678)

Clear Form



Minnesota Department of Human Services



DHS-5678-ENG

11-11

Request for Resubmission Individual PCA Enrollment Application/Agreement

We are returning your Individual PCA enrollment/affiliation request because (Minnesota Rule 9505.0195, subp. 2):

- We did not receive the individual PCA Enrollment Application.
- You submitted an outdated application. Please use the current Individual PCA Enrollment Application (<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4469-ENG>).
- Changes to information already on file require legal documentation (driver's license, state-issued ID, Social Security card, etc.)
- Information submitted with this application does not match submitted Background Study (BGS) information.
- The BGS for this individual is incomplete (not "Done Passed" or "DQ Set Aside")
- You did not include (or we cannot read) the following information on the Individual PCA Enrollment Application:
 - Last Name
 - First Name
 - Middle Name
 - Address (a PO Box is not allowed)
 - City
 - State
 - Zip Code
 - Social Security Number
 - Date of Birth
 - 18 or Older
 - BGS Number or Request ID
 - Continuous Employment
 - Current Employer Name
 - Current Employer UMPI
 - Signature of PCA
 - Date of PCA Signature
 - Date of PCA training
 - PCA Training Certification Number
 - Agency Name
 - Agency NPI/UMPI
 - Agency Fax Number
 - Agency Personnel Completing Form
 - Agency Signature
- We did not receive the Provider Agreement.
- You submitted an outdated agreement. Please use the current Provider Agreement (<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4611-ENG>).

Helpful Hints Letter

basis.

Processing Timelines

Upon receipt of all individual PCA enrollment/affiliation requests, MHCP briefly reviews all documentation to ensure receipt of complete requests. MHCP processes only complete requests within 30 days of the receipt of the request.

If a request is incomplete, MHCP will return the request by faxing both the document used during the request and a [Request for Resubmission](#) (DHS-5678) form back to the agency fax number provided on the Individual Personal Care Assistant (PCA) Provider Enrollment Application. MHCP will not retain any documentation from an incomplete request. The Request for Resubmission form contains information explaining why the request was incomplete and returned.

Reinstating an inactive affiliation

Follow the steps for Initial Enrollment/Affiliation selecting to reactivate an individual PCA provider with your agency. If the individual PCA provider has maintained continuous employment with your agency, MHCP does not require you to do a new background study prior to reactivation.

Reporting Changes

Report changes to an individual PCA by completing and faxing the [Individual PCA Information Change Form](#) (DHS-5716) to Provider Enrollment at (651) 431-7462.

Refer to the [Helpful Hints](#) letter dated and sent to PCA provider agencies on July 15, 2009, for more information when completing the documents above.

[+] [Report/Rate this page](#)

Individual Change Form (DHS-5716)

basis.

Processing Timelines

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Individual PCA Information Change Form (DHS-5716)

Clear Form



Minnesota Department of **Human Services**



DHS-5716-ENG

9-10

Minnesota Health Care Programs

Individual PCA Information Change Form

Complete at least all **bolded** fields to update an individual PCA record. We will return incomplete forms to you. Type or print clearly. Fax completed form to (651) 431-7462. NOTE: PCA affiliation with an additional agency requires completion and submission of [Individual PCA Enrollment Application](#) (DHS-4469) and [Individual PCA Provider Agreement](#) (DHS-4611).

PCA Agency Information

AGENCY NAME [Redacted]		AGENCY NPI/UMPI [Redacted]
REMOVE PCA FROM HEALTH CARE GROUP AFFILIATION (Agency Signature Required) EFFECTIVE: ___/___/___	TERMINATE PCA FROM ENROLLMENT WITH MHCP (Agency Signature Required) EFFECTIVE: ___/___/___	COMPLETION OF PCA TRAINING (Agency or PCA signature required) EFFECTIVE: ___/___/___
AGENCY FAX NUMBER ([Redacted])	AGENCY PERSONNEL COMPLETING FORM [Redacted]	AUTHORIZED AGENCY SIGNATURE [Redacted]

- Change PCA Name – A name change request must be accompanied by court documentation, marriage license or divorce decree, current updated driver’s license or social security number, etc. (Agency or PCA signature required)
- Change PCA Address (Agency or PCA signature required)
- Term PCA (PCA signature not required)

Individual PCA Information

PREVIOUS NAME (if applicable)	CURRENT LEGAL NAME (FIRST)	MIDDLE	LAST
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Questions



Day Two

Wrap Up

Looking ahead – Day Three (3)

MN-ITS Interactive Mailbox

MN-ITS Eligibility

Surveillance & Integrity Review (SIRS) Presentation

Medicaid Fraud Control Unit – Attorney General

Service Authorization

Q & A

Day Three (3) - Begin at 9:00 AM