



Minnesota Health Care Programs (MHCP)

MA Home Care Technical Change Request

Complete and fax this form to 651-431-7447 to request a technical change to an existing approved home care (non-PCA) service authorization for your agency. Use MN-ITS Authorization Request (278) to submit requests for temporary and long term requests for these services.

Request Type (select one) Change/Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_
[ ] Provider Change (select one):
[ ] New provider
[ ] Cancel SA
[ ] Decrease
[ ] Adjust PDN units (when no increase)
[ ] Other (Use Treatment Plan/Additional Information to explain)
[ ] Recipient change (MHCP ID, name, etc.)
[ ] Duplicate copy of SA \_\_\_\_\_

Recipient Information

LAST NAME FIRST NAME MI SUBSCRIBER ID DATE OF BIRTH

Services

Table with 4 columns: Type of service, Total for dates requested, Start/Change date, End date. Rows include T1030 SKILLED NURSE (SNV), T1030 GT TELEHOMECARE (SNV), T1021 HOME HEALTH AIDE (HHA), LPN (T1003 - LPN REGULAR, T1003 - TG LPN COMPLEX, T1003 - TT LPN SHARED), and RN (T1002 - RN REGULAR, T1002 - TG RN COMPLEX, T1002 - TT RN SHARED).

Provider Agency Information

PROVIDER NAME PROVIDER NPI/UMPI
NAME/TITLE OF REQUESTOR PHONE NUMBER FAX NUMBER

Additional Information/Treatment Plan

Large empty box for Additional Information/Treatment Plan.

Recipient/Responsible Party - Required only when "New Provider" change requested

NAME (please print) RELATIONSHIP TO RECIPIENT DATE CHANGE IS REQUESTED DATE CURRENT PROVIDER WAS NOTIFIED
SIGNATURE OF RECIPIENT/RESPONSIBLE PARTY DATE

# MA Home Care Technical Change Request

## Purpose of Home Care Technical Change Request

To request technical changes and corrections to existing SAs for:

- Skilled Nurse (SN)
- Home Health Aide (HHA)
- Private Duty Nursing (PDN)

## Eligibility

Verify MA eligibility using MN-ITS or call 651-431-4399 or 800-657-3613.

## Third Party Payers

MA is the payer of last resort. Information regarding other payers is available through EVS.

## Form Instructions

### Request Type

Check one box to indicate the type of request. Enter the Change/Start and End Dates.

### Recipient Information

- Enter complete legal name
- Enter the 8 digit Subscriber ID number (also known as MA number and recipient ID)
- Enter the date of birth

## Services

- Check appropriate box to indicate the requested service(s)
- For each service you request:
  - Enter the total number of visits. (Note: DHS is not able to authorize more than two SN visits or more than one HHA visit per day)
  - Enter the start of service/change date
  - Enter the end of service date

## Provider Agency Information

- Enter the provider name
- Enter provider NPI/UMPI
- Enter name and title of the person submitting the request
- Enter the provider phone number
- Enter the provider fax number

## Additional Information/Treatment Plan

Enter additional information regarding the request or treatment plan.

## Recipient/Responsible Party Signatures

Required when “New Provider” request type.

ADA1 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-2670, toll-free 800-657-3739, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

**651-431-2670 or 1-800-657-3739**

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.