



PERSONAL CARE ASSISTANT SERVICE

Rainbow Home Healthcare, Inc. provides PCA services that help a person with a day-to-day activities in their home and community. Personal Care Assistant (PCA) services may be available to eligible clients who enrolled in a Minnesota Health Care Program.

WHO MAY RECEIVE PCA SERVICES? YOU MUST:

1. Enroll with Medical Assistance (MA), MinnesotaCare expanded benefits, Alternative Care Program or a waiver program.
2. Request a PCA assessment from your local county agency or tribe (PDF) or your health plan member services to see if you eligible to receive PCA services.
3. Make decisions about your care or have someone to make decisions for you.
4. Provide for your own health and safety or have a responsible party that is able to do so.
5. Live in a home or apartment, not in an institution.
6. Meet access criteria.

WHAT ARE SERVICES ARE AVAILABLE FOR ME? PCAs provide services and support to help you with:

1. Activities of daily living – bathing, grooming, eating, toileting, transfers, mobility, and positioning..
2. Health related procedures and tasks – assistance with self-administered medications.
3. Observation and redirection of behaviors – making sure to keep you safe at home.
4. Instrumental Activities of daily living – light housekeeping, meal preparation, and completing errand shops.

HOW DO I SCHEDULE AN ASSESSMENT? You must have an evaluation of your needs to see if PCA Services are right for you. An assessor visits your home and reviews your daily needs and health. Depending on what health care program you are with, different people do the assessment. Your assessment should happen within 30 days of contacting one of the following.

1. If you are on state plan Medical Assistance (MA), Alternative Care (AC) or a waiver program, you should contact your local County Agency or tribe.

2. If your county has contracted with a managed care organization (MCO), contact your assigned case manager.
3. If you are enrolled in a health plan, you must contact your health plan member services. Please call the toll free number on the back of your health insurance member card.

IF I HAVE A RESPONSIBLE PARTY, DOES MY RESPONSIBLE PARTY HAVE TO BE THERE?

If you are under 18 years old or need directing your own care, you need a responsible party. A responsible party has to attend your assessments. If the assessor thinks you need a responsible party person, you need to reschedule your assessment for a time your responsible party can attend.

WHAT CAN I EXPECT AT THE ASSESSMENT?

An assessor visits your home and reviews your daily needs and health. During the evaluation, the assessor completes the PCA Assessment and Service Plan. The assessment usually takes about one hour. The assessment includes questions:

1. About the types of help you need on an average day
2. About your medications
3. About your health
4. About your behavior

WHAT CAN I EXPECT AT THE ASSESSMENT?

1. You will get a copy of your PCA assessment and service plan within 10 days.
2. You will also receive a service authorization letter that tells you how much PCA time you can get.
3. At this time, you will need to choose your provider agency and schedule your services.

If you have any question regarding PCA services, please call us at 651-778-0562.

Or visit us at: www.rainbowhhc.com

Rainbow Home Healthcare, Inc.
1358 7th Street East
Saint Paul, MN 55106

REQUEST INITIAL PCA ASSESSMENT

MA: Ramsey County 651-266-3613 - **Hennepin County** 612-348-4111 Then Opt Language then Opt #0
Washington County 651-430-6484 **Dakota County** 651-554-6336
Scott County 952-496-8577 – **Anoka County** 763-422-6970
UCare 612-676-6705 **Option #2, #4; Health Partners** 952-883-5000 **MHP** 612-596-1504 **Blue Plus** 651-662-5540
Meidca: 1-800-458-5512 Option #1 then Option #2, then option#2 and Option #3.

Interpreter needed: Yes or No (If Yes what language: _____)

Name of person calling: _____ Relation to client: _____

Member Name: _____ DOB: _____

Language spoken: _____

MA# (Medical Assistance #) _____

Health Plan _____ Health Plan # _____

House Address: _____

House Phone #: _____ Cell Phone: _____

Responsible Party: _____ Phone # _____

Family Doctor Name & Address: _____

Reason needing PCA Services: _____

Primary Diagnosis (If known) _____

Requesting following services:

I'm calling for my _____ (son, daughter, father, mother, cousin, aunt, uncle, friend)

His/Her Name: _____ His/Her Birthday: _____

His/Her Medical: MA# _____ Health care# _____

He/she needs PCA Services

He/She needs help with: _____

