

Member Name: **Lauren Beauregard** CCAID: **5365890207** Assessment Date: **12.31.25**

## Section VII. PCA Provider Summary Form

### Commonwealth Care Alliance

**(Only for initial evaluations and significant changes of 14 or more hours)**

You are receiving this form because your patient is requesting a Prior Authorization (PA) for Personal Care Attendant (PCA) services from Commonwealth Care Alliance (CCA). The information below represents the number of PCA hours being requested following a recent clinical assessment of the Member's functional needs.

As an important part of your patient's Interdisciplinary Care Team, we ask that you review the information contained within this form. If you have concerns, questions or additional information you believe would be helpful to CCA as the request for PCA services is being reviewed, complete the sections highlighted below, and fax the completed form to Commonwealth Care Alliance (CCA) at 855-341-0720. **If you do not have any concerns, questions or additional information, you do not need to fax the form.**

#### A. Member Information

Member Name:	Lauren Beauregard
Member DOB:	11.22.1990
Member CCA ID:	12.31.25

#### B. Assessor Information

Date of Assessment:	12.31.25
Assessor Organization:	Tri-Valley, Inc.
Assessor Organization:	Tri-Valley, Inc.
Assessor Name:	Angela Rasys
	irondeau@tves.org &
Assessor Email:	swebster@tves.org

#### C. Activities of Daily Living (ADLs) Assessment Information

ADL	Total day/evening hours/week	Total night hours/week
A. Mobility	0.00	0.00
B. Range of Motion (ROM)	0.00	0.00
C. Bathing	3.50	0.00
D. Grooming	1.00	0.00
E. Dressing / Undressing	1.75	0.00
F. Eating	0.00	0.00
G. Toileting	0.00	0.00
H. Assistance with Medications	0.33	0.00
I. Other Healthcare Needs	0.00	0.00

#### D. Instrumental Activities of Daily Living (IADLs) Assessment Information

IADL	Total day/evening hours/week
A. Meal Preparation	8.75

Clinician: Clinician, Agency

Signature:

Date: 1/6/2026

B. Laundry (15-90 mins per week)	0.75
C. Housekeeping (30-90 mins per week)	0.75
D. Shopping (15-90 mins per week)	0.75
E. Special Needs	0.00
F. Medical Transportation	0.23

**E. Total PCA Hours Requested**

Category	Total Requested PCA Hours Per Week
<b>Day / Evening (6:00 AM through 11:59 PM)</b> Rounded to the nearest 15-minute increment (.25 = 15 minutes)	<b>18.00</b>
<b>Night (12:00 AM through 5:59 AM)</b> Rounded up to the nearest hour; Minimum 2 hours per night for Members requiring night hours	<b>0</b>
<b>Total</b>	

**F. Provider Feedback (Optional)**

In accordance with PCA program requirements, a member must have a long-term, chronic disability that results in a need for cueing and monitoring, or physical assistance with two or more of the following activities of daily living: (1) mobility; (2) assistance with medications; (3) bathing or grooming; (4) dressing/undressing, (5) passive range of motion; (6) eating; and (7) toileting.

*If you have concerns, questions or additional information you believe would be helpful to CCA as the request for PCA services is being reviewed, complete the sections highlighted below.*

Yes	No	Question
		1. The Member has a long-term, chronic disability that meets the above requirements
		2. I agree with the recommended total PCA hours per week. *If "no" is checked, please explain in Comments section below.
Comments / Additional Information:		

*If you are faxing this form to CCA, complete the sections highlighted below.*

Provider Printed Name:		Date:	
<i>*A "provider" may be the patient's physician, nurse practitioner, or physician assistant</i>			
Provider NPI:			
Provider Address:			
Provider Phone Number:			

**Please fax completed form to Commonwealth Care Alliance (CCA) at 855-341-0720.**

Clinician: Clinician, Agency

Signature:

Date: 1/6/2026