## **Achieve Healthcare**

7850 Riverdale Drive; Suite D Ramsey, MN 55303

## To New PCA:

The Minnesota DHS is requiring all PCAs to enroll as Minnesota Health Care Providers. The process will allow the health care agencies (i.e., Achieve Healthcare) more accountability for directing the PCAs.

You will receive a provider number that will be necessary for Achieve Healthcare to bill for your services. Achieve Healthcare will submit your hours, send your paycheck to you and receive payment from the State for the PCA services that were provided.

Enclosed please find the following documents that require your review:

- Minnesota Health Care Programs Provider Agreement Individual Personal Care Assistant (PCA) PAGE 1 of 3
  - o Provide your initials in the "Provider Initials" box
  - Print your name in the "Name of PCA" space
  - Leave the UMPI space blank, unless you have already been provided with an UMPI number from previous employment as a PCA
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- o Type or Print your name in the "Name of PCA" box
- Type or Print "PCA" as your title
- o Provide your signature and date in the appropriate spaces
- Minnesota Heath Care Programs Individual PCA Enrollment Application
  - o All questions must be answered and your signature and date must be included or the state will return the application back to us as unacceptable.
- Please complete the 2011 W-4 and Authorization for Direct Deposit
  - o If you are interested in receiving your paychecks via direct deposit into your checking and/or savings account rather than a check in the mail, complete and sign the authorization form and return to Achieve Healthcare.
- Individual PCA Relationship Acknowledgement Form
- Achieve Healthcare Application for Employment
  - o Complete all questions on pages 1-3. Please include a copy of your driver's license and social security card with the application.
- Confidentiality Statement and Sexual Harassment Policy
  - o Review, sign, date and return with application paperwork.
- Mantoux Testing
  - You must provide proof of a two-step Mantoux test prior to receiving your first paycheck.
- Achieve Healthcare Agreement for PCA Choice Provider Services
  - Page 1 of 4 Please include the effective date of your employment, Consumer/Responsible Party name and your name as the PCA.
  - o Page 4 of 4 Please include the Consumer/Responsible Party name, your name as the PCA, the Effective month/date/year, and your respective signatures on the lines below.

Once the aforementioned forms are completed, please return all documents to Achieve Healthcare at the following address, via fax to 866-726-3973, or email to achieve\_health@yahoo.com:

Achieve Healthcare 7850 Riverdale Drive: Suite D Ramsey, MN 55303

If you have any questions, please feel free to contact us at 763-913-1325. Thank you!!

Dr. Jesse and Toni Ternus