

Personal Care Worker (PCW) Provider Guide

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I. Submission Guidelines for PCW Prior Authorization Requests

To ensure timely and accurate processing of PCW service requests, the following guidelines must be followed:

1. Verify Documentation Before Submission

- All required documentation must be **current, complete, and accurate**.
- Incomplete or outdated submissions may result in **delays or denial** of authorization.

2. Consistency Across Documents

- All submitted documents must reflect the **same medical need**.
- **Contradictory information** will lead to processing delays or denial.

3. Diagnosis Requirement

- Clinical documentation must include an **active diagnosis** that directly supports the member's need for PCW services.

4. Authorization Renewal Timeline

- Authorizations must be **resubmitted prior to the expiration date**.

5. Processing Time for Requests

- Properly submitted requests will be **processed within 7 calendar days** of receipt.

6. Provider Requirements

- PCW services must be provided by an **iCare contracted provider**.

7. Supervision and Staffing Standards

- PCW services must be performed under the **supervision of a registered nurse**.
- The personal care worker must meet the qualifications outlined in [DHS 105.17\(3\)](#) and be employed by or contracted with a **certified provider** under **DHS 105.17**.

8. Fraud, Waste, or Abuse Reporting

- Any suspected instances of fraud, waste, or abuse will be reported to the Prior Authorization Manager, Compliance Officer, or Chief Medical Officer.

II. Required Documentation for New PCW Requests

The **PCW Agency** must submit the following documentation **by fax** for any **new request**:

1. Completed PCW Prior Authorization (PA) Request Form

- Must include number of PCW units requested, supervisory visits, and travel time (if applicable)

2. Plan of Care (POC) with Provider Order

- Must be written according to Wis. Admin. Code § [DHS 107.112\(3\)\(b\)](#)
- Must be **signed and dated within 60 days** of the authorization request
- Developed by a **registered nurse** based on **physician orders**

3. Supporting Clinical Documentation

- **For New Requests:**
 - Comprehensive documentation from the ordering provider who has **seen and evaluated the member in person within the last 6 months.**
- **For Renewals/Extensions:**
 - Clinical documentation may be up to **6 months old**
 - Members must see their provider **annually**, unless requesting increased units.
- **For Requests for Increased Services:**
 - Members must be **seen in person within 60 days** of the request.
- **Required Content:**
 - Description of the member's **physical limitations**, connection to an **active diagnosis**, and clear explanation of the **PCW service need.**
 - Documentation from relevant **specialist visits**, such as:
 - Physical, occupational, respiratory, or speech therapy
 - Cardiology, orthopedics, rheumatology, neurology, pain management
 - Behavioral health (BH)
- **For BH Diagnoses:**
 - Documentation must show how the BH diagnosis relates to the PCW need.
 - Submit **current BH clinicals.**
 - Required if requesting an **extra time multiplier.**
- **Additional Requirements:**
 - List of current medications

All clinical documentation must support the POC/order and PCST. iCare will not authorize services for dates prior to the date on the POC/provider order.

4. Completed Personal Care Screening Tool (PCST)

To ensure compliance with Wisconsin DHS requirements, the following guidelines must be followed when completing and submitting the PCST:

- **Follow Official Instructions**
 - The PCST must be completed according to **ForwardHealth PCST instructions**.
 - Initial requests of **three or more hours** daily must have a **personal needs assessment** completed by a **personal needs assessor** (refer to the *Personal Needs Assessment Vendor List Contact Information*) prior to submission.
- **In-Person Home Evaluation Required**
 - The assessment must be conducted **in person** at the member's home.
 - The screener must **directly observe** the member performing each activity before determining the level of assistance needed.
- **Durable Medical Equipment (DME) Requirements**
 - If the member requires DME, it must be **present during the PCST assessment**.
 - Assessments conducted **without the prescribed DME** will not be accepted.
 - Examples of required DME include nebulizers, CPAP machines, Ted hose stockings, braces, etc.
- **Authorized Personnel Only**
 - The PCST must be completed by an **authorized Adult Long-Term Care Functional Screen (LTCFS) screener** or an **agency-designated Registered Nurse (RN)**.
- **Consistency Across Documentation**
 - Responses on the PCST must align with the **Plan of Care (POC)**, the **provider's clinical documentation**, and the **frequency and type of services requested**.
- **Timeliness of Assessment**
 - The PCST must be completed **within 60 days** of the request.
 - The date on the PCST must reflect the **actual date of the in-person assessment**.

5. Additional Documentation Requirements

- **Form F-02717 – EVV Live-In Worker Identification**
 - Required if the PCW caregiver is a **live-in caregiver** seeking exemption from **Electronic Visit Verification (EVV)**.
 - Must include **proof of residency**.
- **Travel Time Documentation**
 - If travel time is requested, submit a **map showing the travel route and estimated time** (e.g., Google Maps).

III. Authorization Renewals (Extension)

1. **Renewal/extension requests must be submitted prior to the expiration of the existing PA.**
2. To prevent a lapse in coverage or reimbursement for ongoing services, all renewal PA requests must be **received by iCare 30 days (or more) prior to the expiration date** of the previous authorization.
3. Requests received less than 30 days prior to the expiration date will be reviewed on a case-by-case basis and may result in a lapse in coverage.
4. Each provider is solely responsible for the timely submission of PA renewal requests.
5. **Renewal requests will not be backdated for the continuation of ongoing service.**
6. Required documentation for an authorization renewal (extension) request must include all the documentation necessary for a new request.
7. Members whose condition and the number of units requested remain unchanged are only required to have an in-person examination by their provider annually.
8. Authorization renewal (extension) requests must include notes from RN supervisory visits.

IV. Continuity of Care (COC) Requests

1. Request is made when a member has enrolled in iCare from another HMO or from a Fee-For-Service (FFS) payer source, allowing the member to maintain their services immediately upon enrollment with iCare.
2. It is the sole responsibility of the PCW Agency to request COC coverage.
3. COC requests should be sent to iCare immediately upon enrollment to ensure timely notification of approval can be provided to the PCW Agency.
4. **To process a request as COC, it must be clearly indicated on the PCW PA Request Form that continuity of care is being requested.**

5. If it is not indicated on the PCW PA Request Form, the **request will be processed as a new request and may lead to a delay in approval or a gap in PCW service.**
6. At the time of enrollment, the member will be able to maintain their PCW service, for the first 90 days, at the same number of units approved by last HMO/FFS.
7. The 90 days begin on the date of enrollment, not on the date the PCW agency receives approval notification.
8. **The Continuity of Care request must include:**
 - A copy of the approved authorization from the previous HMO or FFS payor.
 - A completed PCW PA form indicating COC.
 - A POC/ provider order signed within the last 6 months.
 - Comprehensive clinical documentation from the ordering provider who has seen and evaluated the member, in person, within the last 6 months.

Clinical documentation must directly support the POC and PCST. If proper documentation is not submitted, notification of authorization approval may be delayed.

9. **Requests received after 30 days of enrollment**, or after a gap in services, are **not** considered continuity of care and should be submitted as a new PA request.
10. **After 90 days**, any documentation submitted with the COC request that did not meet the required timelines outlined in *Required Documentation for New PCW Requests (Section II)*, will need to be updated and a new authorization will be entered.
11. **If the member requires an increase in services during the 90 days**, the request will be treated as a change in condition request and the required documentation for COC must be submitted.
12. If a member transfers to a new PCW agency at the time of enrollment and the new agency requests an increase in units, this is not considered a continuity of care request. The PA request should be submitted as a new request and the 90-day approval for continuity of care does not apply.

V. Change in Condition

1. **Temporary Changes:** An acute change in condition for a member that results in an increased need for services.
 - Intended for short-term, acute needs for extra services for members already receiving PCW services.
 - Temporary authorizations will be for 60 days or less.
 - The PCW Agency must submit the new request as soon as the need is identified. Requests older than 30 days will be reviewed on a case-by- case basis and may lead to denial of increased services.

2. **The agency must submit the following documentation:**
 - A new PCW Prior Authorization request form that indicates the increased number of units, the associated dates of service (60 days or less), and any increase in travel time.
 - A new PCST that indicates the need for increased time.
 - A completed Personal Care Addendum.
 - New Plan of care and Provider order for the increase in time. Both must be signed, dated, and less than 60 days old.
 - Current comprehensive clinical documentation from the ordering provider that supports the change in condition, the need for increased services, and describes the new deficit. The provider must have seen and evaluated the member, in person or via telehealth, since the change in condition.

3. **Temporary changes that become permanent:**
 - If a temporary increase in services becomes a long-term need the PCW Agency must notify *iCare*, 15 days before the end of the temporary authorization, by submitting a new PCW Prior Authorization request.
 - **The request should be for a 6-month period and include supervisory visits and travel time.**

If the member was seen via telehealth for the temporary authorization the member must be seen by the ordering provider and have an in-person examination for the permanent authorization. The documentation from the in-person visit must be submitted.

- Other documentation submitted for the temporary request can be used unless otherwise notified by *iCare*.

VI. Registered Nurse Oversight

1. At least once every 60 days, the agency RN must visit each member's home and complete the following activities based on Wis. Admin. Code DHS 107.12:
 - **Medical Condition Review:** assess and evaluate the member's medical condition and needs according to the written POC during the period in which care is being provided.
 - **Service Evaluation:** determine if the current level of services, including frequency and duration of service, continue to be appropriate for members' medical conditions.
 - **Physician Consultation:** discuss with the physician any changes necessary to the POC.
 - Discuss and review with the member or representative, as appropriate, the services provided by PCW and the member's needs and preferences.
 - Review the worker's daily record.
 - Document each supervisory visit in the member's medical record.

VII. Travel Time

1. **Should be indicated on the PA form as travel time (T1019 modifiers U3 & KX)**
2. 15 minutes equals 1 unit; rounded to the nearest 15-minute increment
3. iCare reimburses for time that the PCW spends traveling to and from the member's residence and one of the following locations:
 - The previous or following personal care appointment
 - The PCW's residence
 - The provider's office
4. Appropriate documentation for **travel time** such as **Google Maps** should be submitted with the PCW PA request.