Care Wisconsin Community Partners Since 1976	Prior Authorization Guide: **Medicaid Personal Care Services**	Applies to members enrolled in the following Care Wisconsin Medicaid health plan products: **SSI Managed Care**

Coverage rationale:

Personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. These services shall be provided upon written orders of a physician by a provider certified under s. DHS 105.17 and by a personal care worker employed by the provider or under contract to the provider who is supervised by a registered nurse according to a written plan of care. The personal care worker shall be assigned by the supervising registered nurse to specific recipients to do specific tasks for those recipients for whom the personal care worker has been trained. The personal care worker's training for these specific tasks shall be assured by the supervising registered nurse. The personal care worker is limited to performing only those tasks and services as assigned for each recipient and for which he or she has been specifically trained and are covered services as defined by DHS 107.112.

Medicaid Coverage Rationale:

The following are basic conditions that must always be met before services provided by a Personal Care agency can be covered under Medicaid for members enrolled in SSI Managed Care. Requests for personal care services for Family Care and Partnership members are processed directly through the Member's Care Team. If you require assistance in connecting with the Member's Care Team, contact the Care Wisconsin Customer Service Center at 1-800-963-0035.

- The patient is an active member of Care Wisconsin's SSI Managed Care;
- Services are provided by an agency certified under s. DHS 105.17;
- Medicaid is the appropriate payer;
- A physician has ordered the service with a signed order included in the Plan of Care
- The Personal Care Screening Tool (PCST) has been completed no more than 90 days prior to the start of services and is completed at least annually;
- The services billed are not excluded from payment.

Personal Care Service	Procedure Code	Prior Authorization Requirements
Personal care services, per 15 minutes	T1019	Prior authorization required
Personal care services, per 15 minutes, Travel time	T1019 U3	Prior authorization required
Registered Nurse home visit for assistance with activities of daily living and personal care (per visit)	99509 TD	Prior authorization required

Requests for PRN "as needed" visits: Providers may request PRN, or "as needed," visits only when service is likely to vary due to changes in the member's need for services. If the use of PRN visits is anticipated, the specific number of PRN visits must be included with rationale in the plan of care. PRN visits are not to exceed 96 units per year.

Requesting prior authorization:

- Complete the Medicaid Personal Care Worker Prior Authorization Form

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- Include current PCST, physicians order, and documentation supporting current personal care activities (PCW logs, RN 50-60 day assessment), if requesting mileage, please include map demonstrating total mileage
- Fax to 608-210-4050

Exclusions:

- Personal care services provided in a hospital or a nursing home or in a community-based residential facility, as defined in s. 50.01 (1), Stats., with more than 20 beds;
- Homemaking services and cleaning of areas not used during personal care service activities, unless directly related to the care of the person and essential to the recipient's health;
- Personal Services directly related to a terminal illness in the presence of Hospice;
- Personal care services provided by a responsible relative under s. 49.90, Stats including spouse;
- Services that have been historically provided by informal supports are excluded, except when the informal support is able to demonstrate a significant change in circumstances that impact their ability to continue in this capacity;
- Transportation to medical appointments. Medicaid provides a transportation benefit;
- Supervision when the member is able to perform the activity of daily living without intervention;
- Services that are not medically necessary defined by DHS 101.03(96m);
- The cost of routine DMS used by home health providers, personal care providers, and NIP while caring for the member, including routine DMS mandated by OSHA, is covered in the reimbursement rate for the service provided and is not separately billable;
- For prior authorization of Personal Care services for Partnership and Family Care members, contact the Member's Care Team. If you require assistance in connecting with the Member's Care Team, contact the Care Wisconsin Customer Service Center at 1-800-963-0035.