SUBJECT: PERSONAL CARE WORKER SERVICES

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
  - Care4Kids Program

- Individual and Family
  - Commercial
  - Marketplace

PURPOSE OR DESCRIPTION:
This policy defines how CCHP determines the medical necessity of requests for Personal Care Worker (PCW) services.

CCHP generally follows the criteria and approach described in ForwardHealth Update 2011-02. This entails the use of the Personal Care Screening Tool (PCST) in making an assessment of the need for PCW services. Only a WI DHS authorized Long Term Care Functional Screen (LTC FS) screener may complete the PCST.

A rigorous assessment of the member's needs regarding PCW services is essential to making the correct determination of what quantity of these services, if any, is appropriate. As such,

- CCHP requires a physical therapy and/or occupational therapy assessment to determine the member’s level of functioning; documentation from these physical therapy and/or occupational therapy assessments must be included with the prior authorization request for PCW services. The physical therapy and/or occupational therapy assessment must address the member’s limitations relevant to the PCW services being requested.
- In addition, CCHP will at its discretion conduct its own in-home assessment of member needs as part of our prior approval process.
As stated in the ForwardHealth Update, supervision, cueing or prompting of a recipient, when that is the only service, is not separately reimbursable. Also, personal care services must not be substituted for alternative techniques and assistive devices that the member can use to obtain or maintain independence or require less assistance. The screener must observe the member using available assistive devices to perform the activities. The member may need an occupational therapy and/or physical therapy evaluation and prescription for one or more assistive devices before the PCST can be completed. The screener should not indicate a need for assistance if the member refuses to use an appropriate assistive device or alternative technique to perform the activity.

REFERENCES
1. ForwardHealth Portal
   https://www.forwardhealth.wi.gov/WIPortal/Subsystem/SW/content/provider/updates/year/publist2011.htm.spage
2. PCW Screening Tool
   https://www.dhs.wisconsin.gov/forms/f0/f00366.pdf
3. WI DHS authorized LTC FS screener must possess certificate of completion from the Adult Long Term Care Functional Screen Certification Course
   https://wss.ccdet.uwosh.edu/stc/dhsfunctscreen/psciis.dll?linkid=279552&mainmenu=DHSFUNCTSCREEN&top_frame=1