

# Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- |                                                                  |                                                                   |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

### SUBJECT: PERSONAL CARE WORKER SERVICES

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Together with CCHP

#### 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,<sup>1</sup> which uses the Personal Care Screening Tool (PCST)<sup>2</sup> in making an assessment of the need for PCW services. Only a Wisconsin Department of Health Services (DHS) authorized Long Term Care Functional Screen (LTC FS) screener<sup>3</sup> 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

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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.

- CCHP reserves the right to conduct an independent in-home assessment of member needs, in order to verify medical necessity, as part of the 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. 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. Wisconsin Department of Health Services authorized Long Term Care Functional Screen (LTCFS) screener must possess a certificate of completion from the Adult LTCFS Certification Course  
[https://wss.ccdet.uwosh.edu/stc/dhsfunctscreen/psciis.dll?linkid=279552&mainmenu=DHSFUNCTSCREEN&top\\_frame=1](https://wss.ccdet.uwosh.edu/stc/dhsfunctscreen/psciis.dll?linkid=279552&mainmenu=DHSFUNCTSCREEN&top_frame=1)

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