



INDEPENDENT CARE HEALTH PLAN

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## PCW Prior Authorization Provider Checklist

**Please complete and return with PA request form**

**Completed PCW Prior Authorization (PA)  
Request form**

**Plan of Care with Provider order**

- Signed and dated within 30 days of request

**Supporting clinical documentation**

- New requests include in person Provider visit within last 30 days.
- Renewal/Extension include clinicals no older than 6 months
- Documentation from any specialists (therapy, respiratory therapy, speech, cardiology, pain management, Behavioral Health, etc.)

**Completed Personal Care Screening Tool  
(PCST)**

- Must be completed within 30 days of the request
- Date on PCST must reflect date the in-person assessment was completed

**Completed EVV form (f02717)**

- Required if the PCW caregiver is a live-in caregiver
- Must submit proof of residency

**Travel Time**

- If travel time is required, a map showing travel route and time (MapQuest).