

# **PCW Prior Authorization Provider Checklist**

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).