



INDEPENDENT CARE HEALTH PLAN  
*iCare is a wholly-owned subsidiary of Humana*

Dear PCW Agency,

Thank you for partnering with *iCare* to provide PCW services to our members. As part of our ongoing efforts to ensure efficient and timely processing of Personal Care Worker (PCW) Prior Authorization (PA) requests, we would like to remind you of the necessary steps and documentation required for submission.

Also, as part of our Care Management responsibilities, we are required to complete Health Risk Screenings for our members. However, we occasionally encounter difficulties in connecting with members telephonically. To ensure these screenings are completed timely, *iCare* Care Management may reach out to your agency to request assistance in facilitating contact with our members.

Under HIPAA regulations, a covered entity (PCW Agency) may disclose protected health information to another covered entity (*iCare*) without informed consent if the disclosure is for the purposes of the health care operations activities of the entity that receives the information, and if each entity has or had a relationship with the individual who is the subject of the information being requested.

## Prior Authorization information

### **Questions regarding authorizations should be directed to:**

- General authorization questions: Phone: 414-299-5539; Fax: 414-231-1026
- PA status: Customer Service at 414-223-4847
- Do **not** provide personal contact information for *iCare* Prior Authorization RNs to members.

### **Submission of PCW Request:**

1. Before the PCW Agency submits the PA request form, the agency should ensure the required documentation is current, complete, and accurate, or the prior authorization may be delayed or denied due to lack of information.
2. All documentation must indicate the same need, documents that contradict each other will result in delays or denial.
3. Clinicals must indicate an active diagnosis that relates directly to the members PCW needs.
4. Authorizations require resubmission every 6 months unless notified differently by *iCare*.
5. A contracted provider must provide PCW services.

6. Personal care services shall be performed under the supervision of a registered nurse by a personal care worker who meets the requirements of the Department of Health Services s. [DHS 105.17 \(3\)](#) and who is employed by or is under contract to a provider certified under s. DHS 105.17.
7. Non-urgent requests, if properly submitted, will be determined within 14 calendar days of receipt.
8. Any instances where fraud, waste, or abuse are suspected, the Prior Authorization Manager, the Compliance Officer, or the Chief Medical Officer will be notified.

### **Required documentation:**

The PCW Agency must submit to iCare, by fax, the following required documentation for any new request.

**1. A completed PCW Prior Authorization (PA) Request form:**

- i. The request must include the number of PCW units, supervisory visits, and travel time being requested.

**2. Plan of Care (POC) with Provider order**, written according to Wis. Admin. Code § [DHS 107.112\(3\)\(b\)](#), that is signed and dated within 30 days of the authorization request.

- i. The POC is developed by a registered nurse based on physician orders

**3. Supporting clinical documentation:**

- i. For **Initial requests**: comprehensive clinical documentation from the ordering provider who has seen and evaluated the member, in person, within 3 months prior to requesting PCW services.
- ii. For authorization **Renewal/Extension**: clinicals may be up to 6 months old; members are required to see Provider annually unless there is an increase in units requested.
- iii. If there is a request for increase in services member must be seen in person for an examination and assessment within 30 days of increase.
- iv. Providers documentation must describe members physical limitations, related it to an active diagnosis, and describe what the PCW need is.
- v. Documentation from visits to any specialist must be included. Examples of specialists include physical therapy, occupational therapy, respiratory therapy, speech therapy, cardiology, orthopedics, rheumatology, neurology, pain management and behavioral health (BH).
- vi. If a member has a BH diagnosis and any of the PCW needs are related to that diagnosis, or if an extra time multiplier is requested, the documentation must specifically show how the BH diagnosis relates to the need. Current BH clinicals should be submitted.
- vii. A list of current medications.

- viii. All clinical documentation must directly support the POC/order and PCST.
- ix. iCare will not authorize personal care services for dates before the date on the POC/Provider order.

#### **4. Completed Personal Care Screening Tool (PCST)**

- i. Must be completed according to the Forward Health PCST instructions.
- ii. The screening must be based on an in-person evaluation of the member in their home. The screener must directly observe the member performing the activity before determining the member's level of need for assistance.
- iii. If a member requires Durable Medical Equipment (DME), it must be present during the PCST assessment, per DHS instructions.
  - (1) Providers should ensure that any member needing DME has it available at the time of the PCST.
  - (2) Assessments conducted without the recommended/prescribed DME will not be accepted.
  - (3) This includes items such as nebulizers/CPAP/Ted hose stockings, and braces.
- iv. Only an authorized Adult Long-Term Care Functional Screen (LTCFS) screener or agency-designated Registered Nurse (RN) may complete the PCST.
- v. Responses on the PCST should be consistent with the activities and frequencies included in the POC/order and the Providers clinical documentation.
- vi. PCST must be completed within 30 days of the request. Date on PCST must reflect date the in-person assessment was completed.

#### **5. A completed f02717 form** (Electronic Visit Verification Live-In Worker Identification) is required if the PCW caregiver is a live-in caregiver and is seeking an exemption from [Electronic Visit Verification](#) (EVV) as mandated by the State of Wisconsin's Department of Health Services (DHS). [\(additional information\)](#)

- i. Proof of residency must be submitted with form.

#### **6. If travel time** is required, a map showing travel route and time (MapQuest).

### **Authorization Renewals (extension):**

1. Renewal/extension requests should be submitted every six months.
2. To prevent a lapse in coverage or reimbursement for ongoing services, all renewal PA requests must be received by iCare **30 days (or more) prior** to the expiration date of the previous authorization.

3. Requests submitted less than 30 days in advance will be reviewed on a case-by-case basis.
4. Failure to submit renewal requests 30 days prior to the end of authorization may result in a lapse in coverage.
5. Each provider is solely responsible for the timely submission of PA renewal requests.
6. Renewal requests will not be backdated for continuation of ongoing service.
7. Required documentation for an authorization renewal (extension) should include all the documentation necessary for a new request.
8. Members whose condition and the number of units requested remain unchanged, are only required to have an in-person examination by their provider annually.
9. Notes from RN supervisory visits.

**Continuity of Care (COC) request:**

1. Request is made when a member has enrolled in *iCare* from another HMO or from a Fee-For-Service (FFS) payer source, allowing the member to maintain their services immediately upon enrollment with *iCare*.
2. It is the sole responsibility of the PCW Agency to request COC coverage.
3. COC requests should be sent to *iCare* immediately upon enrollment to ensure timely notification of approval can be provided to the PCW Agency.
4. To process a request as COC it must be clearly indicated on the PCW PA request form that continuity of care is being requested.
5. If it is not indicated requests will be processed as new requests and may lead to a delay in approval or a gap in PCW service.
6. At the time of enrollment, the member will be able to maintain their PCW service, for the first 90 days, at the same number of units approved by last HMO/FFS.
7. The 90 days begin on the date of enrollment, not on the date the PCW agency receives approval notification.
8. The Continuity of Care request must include:
  - i. A copy of the approved authorization from the previous HMO or FFS payor.
  - ii. A completed PCW Prior Authorization form indicating COC.
  - iii. A POC/ Provider order signed within the last 6 months.
  - iv. Comprehensive clinical documentation from the ordering provider who has seen and evaluated the member, in person, within the last 6 months.
  - v. Clinical documentation must directly support the POC and PCST.
  - vi. If proper documentation is not submitted notification of authorization approval may be delayed.

9. Requests received after 30 days of enrollment, or after a gap in services, are not considered continuity of care and should be submitted as a new PA request.
10. After 90 days, any documentation submitted with the COC request that did not meet the required timelines outlined in Required Documentation, will need to be updated and a new authorization will be entered.
11. If during the 90 days, the member requires an increase in services the request will be treated as a Change in Condition request and the required documentation for change in condition must be submitted.
12. If a member transfers to a new PCW agency at the time of enrollment and the new agency requests an increase in units, this is not considered a continuity of care request. The PA request should be submitted as a new request and the 90-day approval for continuity of care does not apply.

### **Change in condition:**

1. **Temporary Changes:** An acute change in condition for a member that results in an increased need for services.
  - i. Intended for short-term, acute needs for extra services for members already receiving PCW services.
  - ii. Temporary authorizations will be for 60 days or less.
  - iii. The PCW Agency must submit the new request as soon as the need is identified. Requests older than 30 days will be reviewed on a case-by-case basis and may lead to denial of increased services.
2. The agency must submit the following documentation.
  - i. A new PCW Prior Authorization request form that indicates the increased number of units, the associated dates of service (60 days or less), and any increase in travel time.
  - ii. A new PCST that indicates the need for increased time.
  - iii. A completed Personal Care Addendum
  - iv. New Plan of care and Provider order for the increase in time. Both must be signed, dated, and less than 30 days old.
  - v. Current comprehensive clinical documentation from the ordering provider that support the change in condition, the need for increased services, and describes the new deficit. The provider must have seen and evaluated the member, in person or via telehealth, since the change in condition.
3. **Temporary changes that become permanent:**
  - i. If a temporary increase in services becomes a long-term need the PCW Agency must notify iCare, 15 days before the end of the temporary authorization, by submitting a new PCW Prior Authorization request.
  - ii. The request should be for a 6-month period and include supervisory visits and travel time.

- iii. If the member was seen via telehealth for the temporary authorization the member must be seen by the ordering provider and have an in-person examination for the permanent authorization. The documentation from the in-person visit must be submitted.
- iv. Other documentation submitted for the temporary request can be used unless otherwise notified by *iCare*.

### **Registered Nurse Oversight:**

1. At least once every 60 days, the agency RN must visit each member's home and complete the following activities based on Wis. Admin. Code DHS 107.12:
  - i. Medical Condition Review: assess and evaluate the member's medical condition and needs according to the written POC during the period in which care is being provided.
  - ii. Service Evaluation: determine if the current level of services, including frequency and duration of service, continue to be appropriate for members' medical conditions.
  - iii. Physician Consultation: discuss with the physician any changes necessary to the POC.
  - iv. Discuss and review with the member or representative, as appropriate, the services provided by PCW and the member's needs and preferences.
  - v. Review the worker's daily record.
  - vi. Document each supervisory visit in the member's medical record

### **Travel time:**

1. Should be indicated on the PA form as travel time (T1909 modifier KX)
2. 15 minutes equals 1 unit; rounded to the nearest 15-minute increment
3. *iCare* reimburses for time that the PCW spends traveling to and from the member's residence and one of the following locations:
  - i. The previous or following personal care appointment
  - ii. The PCW's residence
  - iii. The provider's office
4. Appropriate documentation for travel time such as MapQuest should be submitted with the PCW PA request.

Thank you for your attention to these requirements. If you have any questions or need further clarification, please do not hesitate to contact us.