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ForwardHealth UPDATE
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Your First Source of ForwardHealth Policy and Program Information

REQUIRED PRIOR AUTHORIZATION DOCUMENTATION FOR PERSONAL CARE SERVICES

Providers must include relevant clinical records as supporting documentation for all prior authorization (PA) requests for personal care services. Under Wis. Admin. Code § DHS 106.02(9)(e)1, providers must include supporting documentation to justify the requested services.

ForwardHealth will deny incomplete and inaccurate PA requests for personal care services.

PA Requirements for Personal Care Services

To ensure a timely and accurate review, **providers must submit complete documentation for all personal care services PA requests**. Not submitting required forms or supporting documentation can delay the approval process or cause a denial.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
Home Health Agencies, Personal Care Agencies, HMOs and Other Managed Care Programs

QUICK LINKS
- Supporting Clinical Documentation topic #449
- Documentation Required for Requesting Prior Authorization topic #3183

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 106.02(9)(e)1.

WISCONSIN DEPARTMENT of HEALTH SERVICES

Review the following information to verify that all mandatory forms and clinical assessments are completed and included with every PA submission.

Forms

The ForwardHealth Portal (the Portal) will automatically prompt providers to fill out these forms:

- Prior Authorization Request Form (PA/RF), F-11018 (04/2026)
- Personal Care Prior Authorization Provider Acknowledgment form, F-11134 (07/2012)

Required Documentation

In addition to the automatically generated forms, providers must also upload additional documents, including:

- A Personal Care Screening Tool (PCST), F-11133 (11/2024).
- A Personal Care Addendum, F-11136 (10/2008).
- A plan of care with orders from a prescribing provider.
- Supporting clinical documentation, as described in Wis. Admin. Code § DHS 106.02(9)(e)1.
- A travel map, if applicable.
- Electronic Visit Verification Live-In Worker Identification form, F-02717 (04/2023), and proof of personal care worker (PCW) residency, as applicable.

Required Documentation Guide

Providers should gather all required documentation before submitting a PA request on the Portal.

Providers must submit clinical records showing objective physical limits with daily activities to get a personal care PA request approved.

Supporting clinical documentation must include:

- Specific physical limitations in performing daily activities like bathing, dressing, or eating.
- Records from the member's primary care provider or specialist. Note: Medical records should be dated within 12 months of the requested start date of personal care services. At a minimum, providers must submit a comprehensive annual physical exam.
- Functional impairments that prove the need for personal care.

THE KEY MESSAGE

Providers must include relevant clinical records as supporting documentation for all PA requests for personal care services.

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Establishing Medical Necessity

Providers must clearly document the clinical rationale for why the services are medically necessary. A letter from a prescribing provider requesting a specific number of personal care hours does not, on its own, establish medical necessity. Approval requires objective clinical exam findings detailing physical limitations and functional impairments that impact the member's activities of daily living.

> **Providers must clearly document the clinical rationale for why the services are medically necessary.**

Common Reasons for Denial

PA requests for personal care services must include supporting clinical documentation, or they may be modified or denied. Common reasons for denial include:

- Submitting only a letter from a provider stating a specific number of hours needed.
- Failing to include clinical notes that prove medical necessity.
- Missing records.

Required Documentation Reference Materials

Providers can refer to these attachments to this ForwardHealth Update for additional information about personal care documentation requirements:

- Attachment A—Provides required documentation for personal care services PA submissions.
- Attachment B—Provides examples of clinical documentation used to support medical necessity of personal care services.
- Attachment C—Provides a visual guide to documentation requirements.

Documentation Providers Must Maintain on File

Providers must maintain all of these documents on file to support reimbursement for personal care services in the event of a Wisconsin Department of Health Services (DHS) audit:

- Copies or the originals of all documents submitted with the PA request to ForwardHealth.
  - Providers must maintain the full PCST on file, not just the PCST Summary Sheet.
- The plan of care.

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- Signed and dated orders from a provider acting within the scope of their practice indicating the number of hours per day and days per week that personal care services are to be provided.
  - Providers must write the orders as hours per day, days per week, and include a list of specific services.
- The nursing assessment.
  - Standards of practice for registered nurses (RNs), Wis. Admin. Code § N 6.03(1), defines the nursing assessment as the "systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis."
  - Nursing assessment forms are created by the provider. ForwardHealth doesn't require a specific format for nursing assessments.
- A record of all PCW assignments for the member and of the RN supervisory visits.
- The time and activity records of all visits by PCWs, including observations and assigned activities completed and not completed.
- Documentation of travel time, if claimed for reimbursement.
- A list of the member's medications, regardless of the involvement with medication administration assistance.
- A list of the member's regularly scheduled activities outside the home.
- A copy of written agreements between the PCWs and the RN supervisor, if applicable.
- Clear documentation of the clinical rationale making the services medically necessary.

Documentation Retention

As a reminder, providers must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

DOCUMENT CHECKLIST

- ✓PA/RF, F-11018 (04/2026)
- ✓Personal Care Prior Authorization Provider Acknowledgment form, F-11134 (07/2012)
- ✓PCST, F-11133 (11/2024)*
- ✓Personal Care Addendum, F-11136 (10/2008)*
- ✓A plan of care with orders from a prescribing provider
- ✓Supporting clinical documentation*, as described in Wis. Admin. Code § DHS 106.02(9)(e)1
- ✓Electronic Visit Verification Live-In Worker Identification form, F-02717 (04/2023)*, and proof of PCW residency as applicable

*Document must be uploaded.

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Information Regarding Managed Care Organizations

This ForwardHealth Update applies to personal care services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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ATTACHMENT A
Required Documentation for Personal Care Services Prior Authorization Submissions

Providers must submit all required forms, attachments, and supporting documentation for a personal care prior authorization (PA) request to be considered complete and ready for review. Only complete PA requests may be reviewed. Failure to submit all required documentation will result in a modified or denied PA request.

PROCESS TYPE	FORMS	SUPPORTING DOCUMENTATION
121—Personal Care Services (Age 18+)	• Prior Authorization Request Form (PA/RF)*, F-11018 (04/2026) • Personal Care Prior Authorization Provider Acknowledgment*, F-11134 (07/2012) • Personal Care Screening Tool (PCST), F-11133 (11/2024) • Personal Care Addendum, F-11136 (10/2008)	Personal care PA requests require: • Plan of care. • Supporting clinical documentation. • Travel map for requests with more than 28 units per week of travel time.
121—Personal Care Services (Age 18+ with electronic visit verification [EVV] exemption)	• PA/RF*, F-11018 (04/2026) • Personal Care Prior Authorization Provider Acknowledgment*, F-11134 (07/2012) • PCST, F-11133 (11/2024) • Personal Care Addendum, F-11136 (10/2008) • Electronic Visit Verification Live-In Worker Identification, F-02717 (04/2023)	Personal care PA requests require: • Plan of care. • Supporting clinical documentation. • Travel map for requests with more than 28 units per week of travel time. • Proof of residency documentation as noted in Element 5 on the Electronic Visit Verification Live-In Worker Identification form.

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PROCESS TYPE	FORMS	SUPPORTING DOCUMENTATION
121—Personal Care Services (Age 0–17)	• PA/RF*, F-11018 (04/2026) • Personal Care Prior Authorization Provider Acknowledgment*, F-11134 (07/2012) • PCST, F-11133 (11/2024) • Personal Care Addendum, F-11136 (10/2008)	Personal care PA requests require: • Plan of care. • Supporting clinical documentation. • Parent or guardian's home and work schedule. • Statement explaining why the parent or guardian needs help to assist the member with activities of daily living (ADLs). • Member's school schedule. • Individualized Education Plan (IEP). • Travel map for requests with more than 28 units per week of travel time.
121—Personal Care Services (Age 0–17 with EVV exemption)	• PA/RF*, F-11018 (04/2026) • Personal Care Prior Authorization Provider Acknowledgment*, F-11134 (07/2012) • PCST, F-11133 (11/2024) • Personal Care Addendum, F-11136 (10/2008) • Electronic Visit Verification Live-In Worker Identification, F-02717 (04/2023)	Personal care PA requests require: • Plan of care. • Supporting clinical documentation. • Parent/guardian's home and work schedule. • Statement explaining why the parent or guardian needs help to assist the member with ADLs. • Member's school schedule. • IEP. • Travel map for requests with more than 28 units per week of travel time. • Proof of residency documentation as noted in Element 5 on the Electronic Visit Verification Live-In Worker Identification form.

* The ForwardHealth Portal will pre-populate these forms for providers.

ATTACHMENT B
Examples of Supporting Clinical Documentation for Personal Care Services Prior Authorization Requests

Supporting clinical documentation is required for prior authorization (PA) requests for personal care services and must be submitted on the ForwardHealth Portal. The supporting clinical documentation must provide:

- Medical records from the past 12 months that support the services requested on the plan of care.
- A wellness or physical exam from within the past 12 months.
- Evidence of the medical necessity for personal care services.

This table outlines the types of clinical documentation and medical records providers can submit to support personal care service requests. Providers may use these examples as a guide for clinical documentation. PA requests without any supporting clinical documentation for the services being requested may be denied.

ACTIVITIES OF DAILY LIVING, MEDICALLY ORIENTED TASKS, AND OTHER CONSIDERATIONS	EXAMPLES OF SUPPORTING CLINICAL DOCUMENTATION
Behaviors	• Documentation of aggressive or combative behavior • The three most recent mental health notes • Individualized Education Plan within the past 12 months if the member is under age 18
Constant supervision (does not mean constant observation)	Documentation of cognitive disability or memory impairment
Bathing, dressing, grooming, prosthetics	Most recent physical therapy (PT) or occupational therapy (OT) notes or primary care provider notes that address a member's current functional abilities, strength, or limitations of upper or lower extremities, and range of motion
Eating	• Most recent swallow study or clinical documentation demonstrating swallowing, choking history, or concerns (if choosing Personal Care Screening Tool [PCST], F-11133 (11/2024), Letter E response) • Documentation of functional impairments for feeding related to dexterity, strength, and range of motion

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ACTIVITIES OF DAILY LIVING, MEDICALLY ORIENTED TASKS, AND OTHER CONSIDERATIONS	EXAMPLES OF SUPPORTING CLINICAL DOCUMENTATION
Medication assistance	• Recent clinical notes from the member's health care provider that include the member's most up-to-date prescribed medication list • Documentation that demonstrates the member has a cognitive or physical issue that limits their ability to self-administer medications
Glucometer readings, skincare, nebulizer	• Recent primary care provider or clinical visit notes that include the member's most up-to-date prescribed medication list • Documentation of functional impairments to dexterity, strength, and range of motion
Clothing protector	• Recent clinical notes from the member's health care provider with the diagnosis of neurological disorder(s) • Documentation of functional impairment and supporting diagnoses that are consistent with need for clothing protector
Mobility, transfers	• Documentation that addresses the member's current mobility, including balance and use of assistive devices • Documentation of emergency department visit or recent clinical notes for fall-related injuries
Members in current therapy or who have history of PT or OT in the past 12 months	• Initial PT or OT evaluation report • Three most recent progress notes or the therapy discharge summary
Seizures	The most recent neurology or clinical notes from the member's health care provider that describe type, frequency, and treatment of seizures
Toileting	Documentation that supports the member's functional impairments related to balance, range of motion, or urinary status (frequency, incontinence, and nephrology notes for members on hemodialysis)

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ATTACHMENT C

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Required Documentation for PA Requests of Personal Care Services

	PRN	EVV exemption	Travel time	EVV and PRN	EVV and travel time	PRN and travel time	EVV, PRN, and travel time
FOR ALL MEMBERS							
Prior Authorization Request Form (PA/RF), F-11018	✓	✓	✓	✓	✓	✓	✓
Personal Care Prior Authorization Provider Acknowledgement form, F-11134	✓	✓	✓	✓	✓	✓	✓
Complete Personal Care Screening Tool (PCST), F-11133	✓	✓	✓	✓	✓	✓	✓
Signed and dated Plan of Care	✓	✓	✓	✓	✓	✓	✓
Personal Care Addendum[1], F-11136	✓	✓	✓	✓	✓	✓	✓
Travel map (If greater than 28 units/ week requested)		✓	✓		✓	✓	✓
Electronic Visit Verification (EVV) Live-in Worker Identification form, F-02717		✓		✓	✓		✓
EVV proof of PCW residency		✓		✓	✓		✓
Plan of Care includes specific orders for PRN (Example: 24 hours per year ...)	✓			✓		✓	✓
Required clinical documentation	✓	✓	✓	✓	✓	✓	✓
FOR UNDER 18							
All of the above are required for minors under the age of 18 with the addition of: ✓ **IEP** ✓ **Parent Survey[1]** ✓ **School schedule[2]** ✓ **Parent work schedule**							

[1]Personal Care Addendum, Section IV, Element 12: Enter the parent's/guardian's home and work schedules; include a statement explaining parent's/guardian's need for help with the member's ADL. [2]Personal Care Addendum, Section IV, Element 13: Enter the member's school schedule.

KEY

✓ Required and generated on the FowardHealth Portal during PA submission only

✓ Required documentation to submit

ADL=activities of daily living; EVV=electronic visit verification; IEP=Individualed Education Plan; PCW=personal care worker; PRN=pro re nata (Latin for "as needed")

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