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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE

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PRIOR AUTHORIZATION ENHANCEMENTS FOR PERSONAL CARE SERVICES

ForwardHealth is enhancing the prior authorization (PA) process for personal care services.

Effective October 10, 2026, ForwardHealth has:

- Required the Wisconsin Medicaid billing provider number in the Personal Care Screening Tool (PCST), F-11133 (11/2026), online.
- Removed these fields from the last page of the PCST:
  - The billing provider name
  - The billing provider address
  - The Wisconsin Medicaid-enrolled provider number
  - The case share question

Beginning November 16, 2026, ForwardHealth will:

- Prompt providers to complete the revised Personal Care Addendum F-11136 (11/2026), directly through the ForwardHealth Portal (the Portal) rather than requiring the form as a separate document during PA submission.
- Provide information about clinical documentation.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

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

QUICK LINKS

- Retroactive Enrollment topic #280
- Backdating for Initial and Renewal Requests topic #439
- Documentation Required for Requesting Prior Authorization topic #3183
- Provider Orders and Plan of Care Requirement topic #11257

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

WISCONSIN DEPARTMENT of HEALTH SERVICES

- Allow providers to indicate whether requests for backdating PAs is due to retroactive enrollment.
- Make PA requests for personal care services on the Portal available for real-time review for members ages 11–20.
- Release a series of updated trainings about the PCST.

Revised Personal Care Addendum

Beginning November 16, 2026, providers must complete the revised Personal Care Addendum, F-11136, when requesting personal care services for members of any age. The revised form has fewer questions. The Portal will prompt providers to answer these questions and will automatically generate the form at the end of the PA submission process. This eliminates the need for providers to upload the form separately.

Required Information on the Personal Care Addendum for All Members

If providers request more time than what was calculated on the PCST, they need to explain why. Include specific details about how much time will be spent on each activity of daily living (ADL) or medically oriented task.

Providers must also include the schedule for these types of caregivers coming into the home:

- Skilled nursing
- Personal care (Include how many visits per day, and list the times when visits are scheduled.)
- Case sharing (Specify the name of the second personal care or home health agency.)
- Other (Specify other personal care or home health agency, like IRIS [Include, Respect, I Self-Direct] or other home and community-based waiver services.)

Additional Requirements for Members Under Age 18

When providers complete the Personal Care Addendum form on the Portal for members under age 18, they will be prompted to provide:

- The parent or guardian's work schedule.
- The parent or guardian's explanation for why they need help with the member's ADL.
- The member's school schedule.

An Individualized Education Program (IEP) or equivalent is also required for members who are still in school.

QUICK LINKS

- Submitting PA Requests for Personal Care Through the Portal for Real-Time Review and Approval topic #22398
- Update 2026-09 (PDF)
- Prior Authorization Process Improvements page
- Forms page
- Trainings page
- ForwardHealth Provider Portal Prior Authorization User Guide (PDF)

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The Personal Care Addendum was revised as part of the PA process changes related to the Centers for Medicare & Medicaid Services Interoperability and Prior Authorization Final Rule (CMS-0057-F). More information about the final rule can be found on the Prior Authorization Process Improvements page of the Portal.

Required Clinical Documentation

Providers are reminded that clinical documentation is required for every PA request. Refer to the ForwardHealth Online Handbook Documentation Required for Requesting Prior Authorization topic #3183 for more information.

Requests to Backdate PAs

Providers may request backdating of PAs on the Portal.

Backdated PAs **cannot** receive real-time review.

- If the requested start date is earlier than the PA submission date, providers will be asked to verify whether the start date is correct.
- If the requested start date is more than 14 days before the PA submission date, they will be asked to submit the reason for backdating. Providers will be asked to submit supporting documentation if the reason is due to retroactive enrollment.

Providers must complete the PCST and obtain signed and dated plans of care before rendering services.

For more information, refer to:

- Provider Orders and Plan of Care Requirement topic #11257.
- Backdating for Initial and Renewal Requests topic #439.
- Retroactive Enrollment topic #280.
- ForwardHealth Update 2026-09, "Prior Authorization Process Improvements: Revising the Prior Authorization Request Form, Vision Procedure Codes, and Prior Authorization Requirements."

Real-Time Review for Personal Care Services PA Requests for Members Ages 11–20

Beginning November 16, 2026, PA requests for personal care services for members ages 11–20 may be granted real-time review and approval if all applicable criteria are met. Real-time PA review can greatly reduce processing times. In some cases, providers may receive approval within seconds of submission. In others, the PA request may be sent for manual review.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

A PA request must include all required documentation on the Portal at the time of request to receive real-time review.

Required Documentation for PA Requests for Members Ages 0–20

PA requests for members ages 0–20 require more documentation than PA requests for members ages 21 and older. Questions that are specifically focused on members under age 18 are included in the revised Personal Care Addendum. Providers will answer these questions on the Portal.

For members ages 0–20, providers must submit the information in this table for personal care services.

FORMS	SUPPORTING DOCUMENTATION
• Prior Authorization Request Form (PA/RF), F-11018 (04/2026)* • Personal Care Prior Authorization Provider Acknowledgement, F-11134 (07/2012)* • PCST • Personal Care Addendum* • Electronic Visit Verification Live-In Worker Identification, F-02717 (04/2023), as applicable	Personal care PA requests require: • A plan of care. • Supporting clinical documentation. (Refer to the Documentation Required for Requesting Prior Authorization topic #3183.) • The parent/guardian's work schedule**. • A statement explaining why the parent or guardian needs help to assist the member with ADL**. • The member's school schedule if the member is in school. • The IEP if the member is in school. • A 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, as applicable.

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

** This information is specifically requested on the Personal Care Addendum. This is not required for members ages 18 and older.

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Refer to the Submitting PA Requests for Personal Care Through the Portal for Real-Time Review and Approval topic #22398 for more information about real-time review criteria.

Video trainings about how to submit PA requests via the Portal, including the electronic upload option, are available under the Prior Authorization drop-down menu on the Trainings page.

For general information about submitting PA requests on the Portal, refer to the ForwardHealth Provider Portal Prior Authorization User Guide (PDF).

DID YOU KNOW?

ForwardHealth updated a series of six video trainings about the PCST. They are available on the Trainings page under the Personal Care Screening Tool section of the Provider/Service Area Specific drop-down menu.

These trainings guide providers through best practices for using this tool, explain what types of documentation they need to support a request for personal care, and give examples of appropriate documentation. Better documentation creates more accurate time estimates and helps meet the member's needs.

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 the Wisconsin Department of Health Services (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.

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Information Regarding Managed Care Organizations

This 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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