

**To:** Personal Care Agencies, HMOs and Other Managed Care Programs

## Documenting Personal Care Worker Services

This *BadgerCare Plus Update* reminds providers that documentation for personal care worker services indicated on the Personal Care Screening Tool, HCF 11133 (05/07), should match the frequencies on the Prior Authorization Request Form, HCF 11018 (10/03), physician orders, and the plan of care.

### Frequencies Indicated on the Personal Care Screening Tool and Requested on the Prior Authorization Request Form

Providers are reminded that documentation for personal care worker (PCW) services indicated on the Personal Care Screening Tool (PCST), HCF 11133 (05/07), should match the frequencies on the Prior Authorization Request Form (PA/RF), HCF 11018 (10/03), physician orders, and the plan of care (POC).

For example, if the screener indicated on the PCST that PCW services would be provided five days per week, then the same frequency must be included in the following documents:

- Prior Authorization Request Form. The provider must request the number of units needed to provide services for the member five days per week.
- Physician orders. The physician orders must clearly indicate that medically necessary services are ordered five days per week.
- Plan of care. The POC must state that services are to be provided five days per week.

It is imperative that medical records accurately reflect the correlation among the physician orders, POC, PCST, and the daily documentation for PCW services. During an audit, Division of Health Care Access and

Accountability staff will check frequencies on the PCST, the PA/RF, the physician orders, the POC, and daily documentation to verify that the frequencies match or have been prorated according to the services provided.

In addition, the frequencies indicated on the PCST should also reflect the frequencies per day and per week that the agency providing personal care services will provide. For example, if services indicated on the PCST are to be provided five days per week, the provider may not then use the total weekly allocation for less than five days per week.

The PCST allocates weekly and annual units based on the information the screener enters into the tool. When the provider requests PA for personal care services, BadgerCare Plus will not authorize units that are requested in excess of what the PCST allocates without sufficient additional documentation. The PCST already factors in more time for behaviors and medical conditions if more time is needed.

The PCST increases the amount allocated if the screener indicates that the member exhibits behavior(s) more than once per week that make activities of daily living (ADL) and medically oriented tasks (MOTs) more time consuming for the PCW to complete. The PCST also increases the amount allocated if the screener indicates that the member has a medical condition that makes ADL and MOTs more time consuming for the PCW to complete. For those occasional deviations when the member's condition requires more time to complete the tasks in the week, the provider should make use of authorized pro re nata (PRN) units.

If additional time is requested to accommodate the delegated services identified in Part III of the Medically Oriented Tasks section of the PCST, BadgerCare Plus will adjudicate the PA request and authorize additional time for the PCW to complete those activities as appropriate.

When the personal care screener correctly completes the PCST, the PCST allocates time for medically necessary tasks in amounts that should be sufficient for a PCW to complete the tasks.

### ***Services Based on Medical Necessity***

Among the reasons for PA of personal care services, is the need to promote the most effective and appropriate use of available services and to determine if less expensive alternative care is available, as stated in HFS 107.02(3)(b), Wis. Admin. Code. BadgerCare Plus authorizes time for personal care services based on the member's need for medically necessary covered personal care services; the time authorized is not based on the needs and abilities of the PCW(s) assigned by the provider.

The personal care provider is responsible for hiring and training the PCW assigned to the BadgerCare Plus member. Medicaid-certified personal care providers are responsible for assuring that their PCWs efficiently complete their assigned activities. How long a worker takes to perform a particular task for a member generally depends upon the skill and the efficiency of the worker and the needs of the particular member. The PCST allocates an amount of time sufficient for a qualified worker to perform a task.

### **Allocation Based on Frequencies Indicated in the Personal Care Screening Tool**

The PCST instructions require the provider to indicate the frequency a PCW will be providing the service-specific activity. When BadgerCare Plus authorizes the number of units/week as allocated by the PCST, the

provider may not use all the units without providing the services as frequently as was indicated on the PCST.

Refer to the Attachment of this *BadgerCare Plus Update* for the personal care activity time. Providers should use the allocation table to assist in prorating time for the services when services are provided less frequently than indicated on the PCST. The table does not include the time added when more time is requested due to the member's medical condition or behaviors that make it more time consuming for the PCW to complete the assigned task. If "Yes" is checked in Elements 36, 37, or 38A (with "Yes" for interventions) of the PCST, the total time for ADL and MOTs is multiplied by a factor of 1.25.

Also, if ADL and MOT services are provided less frequently than the documentation indicates, the time for services incidental to ADL and MOTs should be reduced proportionately.

For more information on services incidental to ADL and MOTs, refer to the May 2007 *Update* (2007-37), titled "Significant Changes to the Personal Care Screening Tool."

### ***Billing Requirements***

For each date of service (DOS), the provider is required to bill only for the amount of time it actually takes to complete the tasks. For each day and for all personal care services provided (regardless of the number of PCWs assisting the member each day), the provider is to add up the time and round it to the nearest unit for billing the DOS. The number of units billed for the week should not exceed the number authorized for the week.

The provider should reduce the amount of time billed if time was authorized for tasks that were not provided as indicated on the PCST. The reduced amount should be proportionate to the amount allocated by the PCST and authorized by BadgerCare Plus. Authorized services that are provided less often than indicated on the PCST (i.e.,

number of times per day or days per week) may be recouped.

### **BadgerCare Plus Benchmark Plan**

Personal care services are not covered under the BadgerCare Plus Benchmark Plan.

### **Information Regarding BadgerCare Plus HMOs**

BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. For managed care policy, contact the appropriate managed care organization.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhs.wisconsin.gov/medicaid/](http://dhs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Personal Care Activity Time Allocation Table

Activity	Response Selected	*Time in (Minutes)	Max/Day Frequencies	Max/Week Frequencies	Limitations
Bathing	A, B, and F	0	1	7	Allowed when the only service provided is bathing.
	C, D, and E	30	1	7	
	C, D, and E	60	1	7	
Dressing – Upper	A, B, and E	0	2	7	
	C and D	10	2	7	
Dressing – Lower	A, B, and E	0	2	7	
	C and D	10	2	7	
Placement of Prostheses	Yes	10	1	7	Time allocated includes the placement and the removal of prosthetic items.
Grooming	A, B, and G	0	2	7	
	D	5	2	7	
	C, E, and F	15	2	7	
Eating	O, A, and B	0	3	7	
	C	5	3	7	
	D, E, F, and G	20	3	7	
Mobility	O, A, B, and E	0	1	7	
	C, D	20	1	7	
Toileting	A, B, and G	0	0	7	Regardless of the combination of selections and frequencies, the daily maximum is 90 minutes.
	C and D	10	0-9	7	
	E	15	0-6	7	
	F	5	0-18	7	
Transfers	A, B, and G	0	1	7	Maximum daily allocation. This daily amount is in addition to time allocated for transfers with bathing and toileting.
	C and D	30	1	7	
	E	45	1	7	
	F	60	1	7	
Medication Assistance	O, A, B, and C	0	6	7	
	D	5	6	7	
Glucometer Readings	Yes	5	4	7	
Skin Care	Yes	5	2	7	
Catheter Site Care	Yes	5	2	7	
G-Tube Site Care	Yes	5	2	7	
Complex Positioning	Yes	5	6	7	

\*The amounts of time indicated in the above chart do not include additional time allocated for behaviors, medical conditions, and services incidental to activities of daily living and medically oriented tasks.