



Molina Healthcare of Wisconsin
 Phone Number: 1 (855) 326-5059
 Fax Number: 1 (877) 708-2117

Medicaid- Personal Care Services Request Form

MEMBER INFORMATION			
Member Name:		DOB:	
Medicaid Plan ID#:		Phone:	
PCW Name:		PCW Phone:	
Service Type:	<input type="checkbox"/> Elective/Routine (14 day turnaround time)	<input type="checkbox"/> Expedited/Urgent* (72 hour turnaround time)	

* Definition of Urgent /Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

PERSONAL CARE SERVICE TYPE REQUESTED			
<input type="checkbox"/> New Request		<input type="checkbox"/> Continuation of Care Original Start Date: _____	
Diagnosis Code(s) & Description:			
Date of Service Requested:	From: / / to / / * Please note only up to 26 weeks of service approved per request		
CPT/HCPC Code	Description	# of units (per week)	Total Units

PROVIDER INFORMATION			
Requesting Provider Name:		NPI#	
		TIN#	
Servicing Provider or Facility:		NPI#	
		TIN#	
Contact at Requesting Provider's Office:			
Phone Number:		Fax Number:	

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.

REQUIRED DOCUMENTATION TO ACCOMPANY AUTHORIZATION REQUEST**The following documentation needs to accompany all NEW PCW requests:**

- Physician's orders for personal care services, signed and dated within the past 90 days by member's primary care physician; physician orders are required to be expressed as hours per day, days per week.
- Personal Care Screening Tool (PCST) completed no more than 90 days before the requested PA start date, signed and dated
- Form 485 Plan of Care, signed and dated within the past 90 days by SAME physician who ordered PCW services
- Documentation of expected travel time, if being requested (estimates not accepted). Documentation can be in the form of a mapped trip with trip time indicated.
- Most recent Physician clinical office visit notes or reports that support and justify the medical necessity for personal care services being requested, dated within the past 6 months. The clinical rationale making the PCW services medically necessary must be clearly documented.

The following documentation needs to accompany all CONTINUATION PCW requests:

- Physician's orders for personal care services, signed and dated within the past year. These orders are to be renewed once every 6 months unless the physician specifies that orders covering a period of time up to one year are appropriate, or when the client's needs change, whichever occurs first.
- Personal Care Screening Tool (PCST) completed no more than 90 days before the requested PA start date, signed and dated
- Form 485 Plan of Care, signed and dated within the past year by SAME physician who ordered PCW services
- Records from previous 30 days of all PCW assignments for the member, and the time and activity records of all visits by PCWs, including observations and assigned activities, completed and not completed.
- Records from previous 30 days of documented travel time if claimed for reimbursement.

Submission of all the above requested documentation at the time of authorization request will allow Molina to process your request in a timely fashion. Omission of documents may result in a delay of processing authorization request as Molina will need to request documentation from PCW agency and await receiving information before determination is rendered.