

FORWARDHEALTH PERSONAL CARE SCREENING TOOL (PCST) COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program members and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the member, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

ForwardHealth requires persons who are requesting authorization for personal care (PC) services to complete and submit the Personal Care Screening Tool (PCST), F-11133, as instructed. The PCST may be completed using a Web-based format that may be accessed at <https://www.dwd.state.wi.us/desltc/>, or providers may print and complete the paper format from the Forms page of the ForwardHealth Portal.

The use of this form is mandatory when requesting PA for PC services. If more space is needed than is provided in the comment section, include the additional information on the Personal Care Addendum, F-11136. Provide enough information for ForwardHealth to make a determination about the request.

Providers are required to submit either the PCST Summary Sheet, F-11133SS, or a completed paper version of the PCST and other documents as directed by ForwardHealth PC policy when requesting PA for PC services. Providers may submit PA documents by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. The provision of services that are greater in number or significantly different from those authorized may result in nonpayment of the billing claim(s).

GENERAL INSTRUCTIONS

Although ForwardHealth permits the PCST to be completed for a variety of reasons, the PCST is not supported for any purpose other than to request PA. The amount of time the PCST allocates is based on the frequencies the provider indicates it will provide physician-ordered and Medicaid-covered PC services at a level of need that is medically necessary for a personal care worker (PCW) to provide.

The PCST is a tool that collects information on an individual's ability to accomplish activities of daily living (ADL), medically oriented tasks (MOT), and the member's needs for PCW assistance with these activities in the home. The screener may not include services provided to the member by informal, unpaid supports such as family or friends or MOTs that are not delegated to the PCW by a registered nurse (RN). Whether the provider is using the Web-based or paper PCST, the PCST must be completed based on a face-to-face evaluation of the individual in the member's home. The screener must directly observe the member performing the activity before selecting the member's level of need for assistance in the home. Personal care services should not be substituted for alternate techniques or assistive devices that could be used to assist in obtaining/maintaining independence. Only an authorized Adult Long Term Care Functional Screen (LTC FS) screener or agency-designated RN may complete the PCST. Clerical entry of information into the PCST may be done by users to whom the Department of Health Services has granted access; however, the information entered by clerical staff should not deviate from the authorized LTC FS screener or agency-designated RN's face-to-face in-home visit.

Plan of Care and Physician Orders Required for Prior Authorization

Select the PCST completed for requesting PA for PC, only the activities and frequencies included in the plan of care (POC) as ordered (orally or in writing) by the physician. Subsequent requests for PA may be submitted to ForwardHealth before the provider obtains the physician signed and dated orders if all of the following conditions are met:

- The provider is requesting units in an amount equal to or less than the amount allocated by the PCST.
- The provider requesting PA is currently authorized to provide PC to the member.

- The date ForwardHealth receives the new PA request is before the current PA for PC services ends.
- The member's needs for assistance with PC are not changed and the selections on the PCST are the same selections as were made on the PCST completed for the current PA.
- The activities selected on the PCST for the current PA are in the current POC and are ordered by the physician.
- The provider requesting PA assures that the supervising RN completes the tasks as required by the Personal Care Prior Authorization Provider Acknowledgement, F-11134.

Time to Perform a Task

Regardless of the time it takes the member to perform the task safely, with or without the use of an assistive device, the screener should select the response that indicates the member is able to perform the task (i.e., is independent with the task). Do not select the response indicating the need for "partial physical assistance" with a task when the only assistance needed is for help performing the task more quickly.

Assistive Devices

The member may be independent or less dependent on a PCW for assistance with performing activities if the member uses assistive devices. Providing PCW assistance with PCs cannot replace less expensive alternatives that can be used to maintain the member in his or her home. Observe the member using available assistive devices to perform activities. Assistance from a PCW with an activity is not medically necessary if the member can perform the activity safely with the use of an assistive device; therefore, the PC service is not a covered service per DHS 107.02(3), 107.03(5) and (9), Wis. Admin. Code. ForwardHealth covers a variety of assistive devices. The member may need an occupational therapy and/or physical therapy evaluation and prescription for one or more assistive devices before the PCST is completed.

Level of Help and Frequencies

When completing the elements in the ADL section, only one response should be selected when indicating the level of help needed (Elements 19 – 26) with an exception for Element 25 (Toileting). In Element 25, the screener should indicate all responses that apply. When completing elements in the ADL section, the screener should first determine if medically necessary assistance from a PCW with a task is needed on at least a weekly basis. If assistance is needed at least weekly, the screener should select the most appropriate level of help from the choices listed in the element for that ADL. If the level of help varies, select the level of help that represents the level most often needed.

The screener should enter frequencies that represent only the services that the PCW will provide to the member in the member's home.

Constant Supervision by a Personal Care Worker

Select "constant supervision" for the level of help needed *only* if the member cannot perform the activity without continuous direction from a PCW *and* if the PCW will physically intervene to ensure the member performs the activity safely. The PCW must be actively involved in *directing* the member during the execution of the activity *and physically participate* in one or more steps of the activity the member is performing. Watching the member executing the task by him or herself without physical intervention is not "constant supervision."

Personal Care Case Sharing Arrangements

When one or more agencies will be sharing the case, the screener should enter frequencies that represent only the PCW services the case-sharing providers will provide and indicate on the summary report that PC services will be provided under a case sharing arrangement.

Age-Appropriate Responses for Activities of Daily Living

Typically, children age 5 and younger require the assistance of an adult to complete many ADL. For those tasks that have an age range associated with them (i.e., bathing, dressing, grooming, eating, mobility, toileting, and transfers) and the child's age falls within the stated range, the "age appropriate" response should be selected. If it is determined that the task requires more assistance than an adult would typically provide to a child of that age, *and* the weekly number of units allocated do not meet the total needs, submit the following to ForwardHealth for nurse consultant review:

- An explanation in the comment section for the reason that more PCW assistance is needed with that ADL.
- The Personal Care Addendum (including the POC).

Medical Necessity

Include on the PCST only services that are medically necessary for a PCW to provide. Medically necessary services must meet the requirements under DHS 101.03(96m), Wis. Admin. Code. A medically necessary service is required to prevent, identify, or treat the member's illness, injury, or disability and meet specific standards including, but not limited to, the following:

- Is consistent with the member's symptoms or with prevention, diagnosis or treatment of the member's illness, injury or disability.
- Is of proven medical value or usefulness and, consistent with DHS 107.035, Wis. Admin. Code, is not experimental in nature.
- Is not solely for the convenience of the member, the applicant's family, or a provider.
- Is not duplicative with respect to other services being provided to the member.
- Is the most appropriate supply or level of a service that can safely and effectively be provided to the member.

Place of Service

Include on the PCST only PC services that will be provided in the home. If the member participates in regularly scheduled activities outside the home and will not be receiving PC services in the home on some days, adjust the frequencies per day and/or per week as necessary to reflect the average weekly amount of PC services a PCW will provide in the home.

Delegated Nursing Tasks

If an RN delegates MOTs to a PCW, the delegating RN is responsible for supervising the provision of the delegated nursing acts as required under N 6, Wis. Admin. Code, Board of Nursing and DHS 133.18, Wis. Admin. Code. In Parts I, II, and III of Section V (Medically Oriented Tasks — Delegated Nursing Acts), indicate a frequency for MOT only for the task(s) the supervising RN will delegate to the PCW(s) and will provide the appropriate level of supervision required for the member's situation (basic or complex as defined under N 6, Wis. Admin. Code, Board of Nursing)

WEB-BASED PERSONAL CARE SCREENING TOOL DISCLAIMER (WEB-BASED VERSION ONLY)

Providers who wish to use the Web-based PCST are required to read the following Web-Based PCST Disclaimer:

Although ForwardHealth permits the PCST to be completed for a variety of reasons, the PCST is not supported for any purpose other than to request PA. The amount of time the PCST allocates is based on the frequencies the provider indicates it will provide physician-ordered and Medicaid-covered PC services at a level of need that is medically necessary for a PCW to provide. The PCST must be completed face-to-face with the member and in the member's home.

The Web-based PCST contains language that is abbreviated from the paper PCST. Instructions for the paper PCST provide guidance to the authorized screener responding to questions in the paper and the Web-based PCST formats. The authorized screener should refer to the paper PCST and to the PCST instructions for complete details. The responses selected when completing the Web-based PCST should not be different from those that would be selected if the authorized screener were to complete the paper PCST.

By completing the Web-based PCST, you are acknowledging that you have read the above, understand the limitations of the Web-based PCST, and agree to the use of the PCST subject to the above terms.

SECTION I — BASIC INFORMATION — SCREENER

Element 1a — Name — Screening Agency

Enter the name of the agency that will complete the PCST for the member.

Element 1b — Telephone Number — Screening Agency

Enter the telephone number, including area code, when submitting the paper PCST.

Element 2 — Screen Completion Date

Enter the date of the face-to-face evaluation of the member in MM/DD/CCYY format. The face-to-face evaluation must be completed no more than 90 days before the requested start date.

Element 3a — Name — Screener

Enter the name of the authorized adult LTC FS screener or agency-designated RN completing the PCST for the member.

Element 3b — Qualifications — Screener

Check the box identifying the screener's qualifications and enter the RN license number of the agency-designated RN screener if the screener is an RN. The screener may be an RN employed by or under contract with the Medicaid-certified PC agency requesting PA or an experienced professional who has taken an online training course, passed a certification exam, and is able to access and administer the LTC FS.

SECTION II — BASIC INFORMATION — MEMBER

Element 4 — Name and Title — Member

Enter the title (e.g., Mr., Mrs., Ms., Dr.), first name, middle name, and last name of the member being screened for PC services. The member's middle initial and title are optional.

Element 5 — Gender — Member

Check the appropriate box to indicate the member's gender.

Element 6 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 7 — Social Security Number — Member

Enter the member's Social Security number.

Element 8 — Living Situation — Member

Check the box that best describes the member's living situation. If "other" is selected, an explanation must be entered in the "other" box. The PCST must be completed face-to-face with the member in the location selected. The location selected must be the residence in which the PC services will be provided. The response selected accurately reflects the structure of the member's place of residence, the household composition, and level of independence. Do not select "Alone" if the residence agreement includes housekeeping services for any private space (e.g., apartment, bedroom, and bathroom) of the member's home.

Element 9 — Address — Member

Enter the member's home (not postal) address, including street (and apartment unit if applicable), city, state, and ZIP code.

Element 10 — Telephone Number — Member (Optional)

Enter the member's telephone number(s), including area code.

Element 11 — County / Tribe of Residence — Member

Enter the name of the county or tribe's borders in which the member resides.

Element 12 — County / Tribe of Responsibility — Member

Enter the name of the county or tribe that is responsible for the member's benefits.

SECTION III — INSURANCE AND CONTACT INFORMATION — MEMBER

Element 13 — Medical Insurance

Check all appropriate boxes to indicate the type(s) of insurance the member holds. *The member's ForwardHealth identification number is required when submitting a request for PA.*

Element 14 — Responsible Party Contact if Not "Member" (Optional)

Check the box that describes the responsible party's relationship to the member. Do not complete if the responsible party is the member.

Element 15 — Name — Responsible Party (Optional)

Enter the responsible party's first name, middle initial, and last name.

Element 16 — Telephone Numbers — Responsible Party (Optional)

Enter the responsible party's telephone number(s) and best time(s) to call.

Element 17 — Address — Responsible Party (Optional)

Enter the responsible party's address including street, city, state, and ZIP+4 code.

SECTION IV — ACTIVITIES OF DAILY LIVING

Element 18 — Scheduled Activities Outside the Residence

Check the appropriate box to indicate if the member regularly attends scheduled activities outside his or her residence. If "Yes" is checked, enter the number of days per week that regularly scheduled activities occur. A detailed schedule of the member's regularly attended activities must be included in the member's medical file. Examples of scheduled activities include, but are not limited to, school, work, social functions, medical appointments, and physical exercise.

Element 19 — Bathing

"Bathing" means cleansing *all* surfaces of the body and bathing includes assistance with changing clothing, getting in and out of the tub or shower; wetting, soaping, and rinsing skin; shampooing hair, drying body, applying lotion to the skin, applying deodorant and routine catheter care. Do not select bathing for activities that are grooming, washing hands and face only, and clean-up following incontinence and meals.

Bathing includes all transfers related to bathing. For example, the member needs to be physically transferred to a shower chair.

Select the response, A-F, that best describes the level of function the member possesses when bathing. For children age 5 or younger, select response "F." If the child requires more assistance with bathing than an adult would typically provide to a child of that age, explain in the comment section why more PCW assistance is medically necessary.

Indicate the number of days per week PCW assistance is medically necessary with bathing in the home is medically necessary. Do not count days in which unpaid caregivers will be providing the care, or when care is provided outside the home.

Examples for each level of bathing are included in the following bullets.

- A. Member is able to bathe him- or herself in the shower or tub with or without an assistive device:
- Member requires use of a shower chair but is able to complete bathing safely without any assistance from another person.
 - Member is able to bathe him- or herself without any assistance from another person.

- B. Member is able to bathe him- or herself in the shower or tub but requires the presence of another person intermittently for supervision or cueing:
- Member needs intermittent cueing to shower, gather towel, wash, etc., and to turn on water so scalding does not occur. He or she is then safe alone in the shower so the person cueing can leave.
 - Member needs occasional reminders to stay on task.
 - Member requires supervision intermittently to ensure personal safety.
- C. Member is able to bathe him- or herself in the shower or tub but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for a least one step of the activity during the performance of the task. If “C” is selected, enter in the space provided for comments the reason this level of assistance from a PCW is medically necessary..
- D. Member is able to bathe in shower, tub, or bed with partial physical assistance from another person:
- Member is able to complete upper body bathing but needs physical assistance with lower body bathing and application of lotion.
 - Member needs physical assistance in and out of the tub but can bathe self.
 - Member requires a bed bath. Member is able to bathe upper body but needs physical assistance from another person to complete bathing of the lower body and provide routine care of an indwelling catheter.
- E. Member is unable to effectively participate in bathing and is totally bathed by another person:
- Member is unable to assist with any aspect of bathing.
 - Member is able to hold washcloth but is unable to effectively participate in washing body.
- F. Member’s ability is age appropriate for a child age 5 or younger:
- Child is five years old or younger.

Element 20 — Dressing

“Dressing” means the ability to dress and undress (with or without an assistive device) as necessary. Dressing assistance does not include only activities related to garment closures (e.g., zippers, buttons, etc.) at the back of the garment. Typical clothing changes are from sleepwear to daywear and from daywear to sleepwear.

Do not include dressing related to urinary or bowel incontinence. Dressing related to toileting or incontinence episodes is included as part of toileting assistance.

For both the Upper Body and Lower Body categories, complete the following:

- Select the response, A-F, that best describes the level of function the member possesses when dressing. For children age 5 or younger, select response “F.” If the child requires more assistance with dressing than an adult would typically provide to a child of that age, explain in the comment section why more PCW assistance is medically necessary.
- Indicate the time of day when PCW assistance in the home is medically necessary.
- Indicate the number of days per week PCW assistance with dressing in the home is medically necessary. Do not count days in which unpaid caregivers will be providing the care, or when care is provided outside the home.

Examples for each level of dressing are provided in the following bullets.

Upper Body

- A. Member is able to dress upper body without assistance or is able to dress him- or herself if clothing is laid out or handed to the person:
- Member is independent in dressing upper body and does not need assistance.
 - Member is able to dress upper body independently if clothing is placed in front of him or her.
 - Member is able to dress upper body independently but needs someone to choose appropriate clothes.
- B. Member is able to dress upper body by him- or herself, but requires the presence of another person intermittently for supervision or cueing:
- Member can dress upper body independently but needs someone to remind him or her to button the blouse and adjust the collar.
 - Member requires cueing/instructing to fasten buttons on front of shirt.
- C. Member is able to dress upper body by him- or herself but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If “C” is selected, enter in the space provided for comments the reason this level of assistance from a PCW is medically necessary.
- D. Member needs partial physical assistance from another person to dress the upper body:
- Member can put on shirt, but cannot physically button it.
 - Member needs assistance pulling the shirt over the head.

- E. Member depends entirely upon another person to dress the upper body:
- Member needs total assistance with dressing the upper body and is unable to effectively assist.
- F. Member's ability is age appropriate for a child age 5 or younger:
- Child is 5 years old or younger.

Lower Body

Lower body dressing includes dressing activities related to garments covering the torso from the waist and below the waist (e.g., pants, underpants, skirt). Assistance with footwear is included with lower body dressing activities.

- A. Member is able to dress the lower body without assistance or is able to dress him- or herself if clothing and shoes are laid out or handed to the person:
- Member is independent in dressing the lower body and does not need assistance.
 - Member is able to dress the lower body without assistance if clothing is placed in front of or handed to him or her.
- B. Member is able to dress the lower body by him- or herself but requires the presence of another person intermittently for supervision or cueing:
- Member can dress the lower body independently but needs to be reminded intermittently by another person to button and/or zip pants.
 - Member only needs intermittent verbal instruction to complete lower body dressing.
 - Member requires supervision intermittently to ensure personal safety. Member has a history of falls.
- C. Member is able to dress the lower body by him- or herself but requires presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If "C" is selected, enter in the space provided for comments the reason this level of assistance from a PCW is medically necessary.
- D. Member needs partial physical assistance to dress the lower body:
- Member can pull on pants but cannot button and/or zip them.
 - Member needs assistance pulling up pants.
- E. Member depends entirely upon another person to dress the lower body:
- Member needs total assistance with dressing the lower body and is not able to effectively assist.
- F. Member's ability is age appropriate for a child age five or younger:
- Child is 5 years old or younger.

Element 21 — Prescription Prosthetics, Braces, Splints, and/or Anti-Embolism Hose (Prescribed)

Select "Yes" if it is medically necessary for a PCW to assist the member with placement or removal of a prescribed Medicaid-covered prosthetic, brace, splint, and/or anti-embolism hose. In the space for comments, identify the item(s) the PCW is placing and/or removing. Do *not* check "yes" if the member needs assistance with placement or removal of any of the following items: hearing aids, eyeglasses, or dentures.

Indicate the number of days per week PCW assistance is needed with placement and/or removal of a prosthetic, brace, splint, and/or anti-embolism hose. If the member does not need assistance, select "No."

Element 22 — Grooming

"Grooming" means the ability to tend to personal hygiene needs. Grooming activities including washing face, hands, and feet; combing/brushing hair, shaving, nail care, applying deodorant, and oral or denture care. For the number of days when assistance with bathing is also indicated in Element 19, indicate the frequency as "Not Required" for grooming if the only grooming activities to be provided can be performed during the bathing (e.g., washing face, feet and hands, and deodorant application).

Select the response, A-G, that best describes the level of function the member possesses when grooming. For children age 5 or younger, select response "G." If the child requires more assistance with grooming than an adult would typically provide to a child of that age, explain in the comment section why more PCW assistance in the home is medically necessary.

Indicate the time of day when PCW assistance with grooming is needed. Indicate the number of days per week PCW assistance with grooming is medically necessary. Do not count days in which unpaid caregivers will be providing the care or when care is provided outside the home.

Examples for each level of grooming are provided in the bullets.

- A. Member is able to groom him- or herself, with or without the use of assistive devices or adapted methods:
- Member needs a chair placed due to being unsteady when standing but can groom self if able to sit during the task.
 - Member can groom him- or herself with specially adapted devices.

- B. Member is able to groom him- or herself but requires the presence of another person intermittently for supervision or cueing:
- Member needs to be cued to place toothpaste and brush teeth but can physically perform task by him- or herself.
 - Member needs to be supervised intermittently to ensure proper completion of tasks.
- C. Member is able to groom him- or herself but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If “C” is selected, enter in the space provided for comments about the reason this level of assistance from a PCW is medically necessary.
- Member needs constant cueing to complete all tasks related to grooming, but can groom him- or herself. The caregiver is required to be continually present. If continuous cues were not provided, the caregiver would be required to physically assist with grooming.
- D. Member needs physical assistance to set up grooming supplies but can groom him- or herself. Member needs assistance putting toothpaste on toothbrush but is able to complete other grooming by him- or herself.
- E. Member needs partial physical assistance to groom him- or herself:
- Member is able to brush teeth and apply deodorant but needs assistance combing hair and shaving.
 - Member is able to partially complete the task but requires assistance to fully complete grooming.
 - Member is able to initiate tooth brushing but is not able to effectively complete the task without the assistance of another person.
- F. Member depends entirely upon another person for grooming:
- Member needs total assistance with all aspects of grooming.
- G. Member’s ability is age appropriate for a child age 5 or younger:
- Child is 5 years old or younger.

Element 23 — Eating

“Eating” means the ability to use conventional or adaptive utensils to ingest meals by mouth. Do not select eating if only assistance with meal preparation is needed. Time for meal preparation is included with time for services incidental to ADL. Refer to Element 30 for time for meal preparation.

Select the response, 0 or A-H, that best describes the level of function the member possesses when eating. If the member’s nutritional needs are met primarily through tube feedings or intravenously, select response “0” and also complete Daily Tube Feedings in Element 29 (Part III) for delegated nursing acts as appropriate. For children age 3 or younger, select response “H”. If the child requires more assistance with eating than an adult would typically provide to a child of that age, explain in the comment section why more assistance in the home from a PCW is medically necessary.

Select the meals (breakfast, lunch, dinner) for which assistance from a PCW is medically necessary. Indicate only the number of days per week PCW assistance with eating will be provided in the home. Do not count days in which unpaid caregivers will be providing the cares or when care is provided outside the home. For example, a member requires partial feeding at lunch and is in a day program for five days per week. Because PC may not be provided outside the home, only two days of PCW assistance with lunch should be marked.

Examples for each level of eating are provided in the following bullets.

0. Member is fed via tube feedings or intravenously:
- Member receives nutrition only through tube feedings or intravenously and is not fed orally.
- A. Member is able to feed him- or herself, with or without use of an assistive device or adapted methods:
- Member is able to feed him- or herself with the use of adapted utensils.
 - Member is able to feed him- or herself.
- B. Member is able to feed him- or herself but requires the presence of another person intermittently for supervision or cueing:
- Member is able to feed him- or herself but requires occasional cueing to keep on task.
 - Member needs to be reminded to use portion control as well as what types of food are appropriate for a special diet.
 - Member needs to be reminded to eat.
- C. Member is able to feed him- or herself, but requires physical assistance with meal setup. (Assistance with eating does *not* include cutting, spreading, and stirring foods. Activities such as cutting, spreading, and stirring foods are included with meal preparation.)
- Member needs assistance to set up adaptive utensils, and/or tray.
 - Member needs assistance with placing and removing protective bib.

- D. Member is able to feed him- or herself but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If “D” is selected, enter in the space provided for comments about the reason this level of assistance from a PCW is medically necessary. Do not select “D” for a member who requires monitoring to assure member does not overeat or “play” with food, or for a member who requires a special diet.
- E. Member has a recent history of choking or the potential for choking, based on documentation. Make this selection only if the member has a diagnosis for a permanent medical condition supporting this selection. If “E” is selected, enter in the space provided for comments about the supporting medical diagnosis and state the reason this level of assistance from a PCW is medically necessary.
- F. Member needs partial physical feeding from another person:
- Member is able to feed him- or herself for a short period of time before being no longer able to do so. Assistance is needed to finish eating.
 - Member is able to drink from an adapted cup by him- or herself, but requires someone to feed him or her solid foods.
- G. Member needs total feeding from another person.
- Member depends entirely on someone else for feeding.
- H. Member’s ability is age appropriate for a child age 3 or younger.
- Child is 3 years old or younger.

Element 24 — Mobility in the Home

“Mobility in the home” means the ability to move about the member’s living environment, including the kitchen, living room, bathroom, and sleeping area. *This excludes basements, attics, yards, and any equipment used outside the home.*

Select the response, 0 or A-E, that best describes the level of function the member possesses when moving between locations in the home, *with or without help from an assistive device*. Assistive devices include, but are not limited to, canes, crutches, walkers, scooters, and wheelchairs. If the member remains bedfast, select response “0.” For children age 18 months or younger, select response “E.” If the child requires more assistance with mobility than an adult would typically provide to a child of that age, explain in the comment section why more assistance in the home from a PCW is medically necessary.

Indicate the number of days per week PCW assistance with mobility in the home is medically necessary. Do not count days in which unpaid caregivers will be providing the care or when care is provided outside of the home.

Examples for each level of mobility are provided in the following bullets.

0. Member remains bedfast:
- The member remains bedfast and does not get out of bed.
- A. Member is able to move about by him- or herself:
- Member is able to move about independently with the use of a cane or walker.
 - Member is able to move wheelchair independently.
- B. Member is able to move about by him- or herself but requires presence of another person intermittently for supervision or cueing:
- Member needs to be reminded to stand up straight when using a walker.
 - Member needs to be cued to move a wheelchair to a specific location.
- C. Member is able to move about by him- or herself, but requires the constant presence of a PCW to *provide* immediate physical intervention during the performance of the task. If “C” is selected, enter in the space provided for comments about the reason this level of assistance from a PCW is medically necessary.
- D. Member needs physical help from another person:
- Member needs physical assistance with moving a manual wheelchair within his or her home.
 - Member needs physical assistance from one person plus a gait belt to assist with ambulation.
 - Member needs hands-on physical assistance when ambulating.
- E. Member’s ability is age appropriate for a child 18 months or younger.
- Child is 18 months old or younger.

Element 25 — Toileting

Toileting refers to bowel and bladder evacuation activities. Toileting includes transfers on and off the toilet or other container for collecting waste, cleansing affected body surfaces, changing of personal hygiene products used for incontinence, emptying ostomy and catheter bags, and adjusting clothes. Toileting includes all transfers related to toileting. Toileting does not include a bowel program.

Select the responses, A-G, that best describe the level of function the member possesses when toileting. **Select all responses that apply.**

For children age 4 or younger, select response "G." If the child requires more assistance with toileting than an adult would typically provide to a child of that age, explain in the comment section why more assistance in the home from a PCW is medically necessary.

When toileting assistance is needed *only* for the bowel program, the screener should indicate assistance needed with the bowel program in Element 29 and not in the toileting section.

Indicate the number of days per week PCW assistance with toileting is medically necessary. Do not count days in which unpaid caregivers will be providing the care or when care is provided outside the home.

Examples for each level of toileting are provided in the following bullets.

- A. Member is able to toilet him- or herself or provide his or her own incontinence care, with or without an assistive device:
- Member needs a raised toilet seat and, when using it, can toilet him- or herself.
 - Member is incontinent but can change his or her own incontinence product.
- B. Member is able to toilet him- or herself or provide his or her own incontinence care, with or without an assistive device, but requires the presence of another person intermittently for supervision or cueing:
- Member needs to be reminded to wipe him- or herself and wash his or her hands but can toilet him- or herself.
 - Member requires cueing/instruction to pull his or her pants up after toileting.
 - Member needs to be intermittently supervised while in the bathroom to ensure proper completion of toileting.
- C. Member is able to toilet him- or herself or provide his or her own incontinence care but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If "C" is selected, enter in the space provided for comments about the reason this level of assistance from a PCW is medically necessary.

When estimating frequency, if the member is both constantly supervised during toileting and provided incontinence care during the same episode, then the episode should be counted under the incontinence frequency total. Do not separately count constant supervision with toileting and incontinence care if both activities occur during the same episode.

For example, the member is constantly supervised during toileting, generally six times per day. On average, the member is found incontinent two out of the six toilettings. The frequency should be indicated as constant supervision four times per day and incontinent two times per day.

- D. Member needs physical help from another person to use toilet and/or change personal hygiene product:
- Member needs assistance pulling up and buttoning his or her pants.
 - Member needs assistance with pulling down his or her pants, wiping, and washing his or her hands.
 - Member needs physical assistance to change a personal hygiene product (such as Depends.)
 - Member has stress incontinence and needs physical help changing a personal hygiene product.

When estimating frequency, if the member is both toileted and provided incontinence care during the same episode, then the episode should be counted under the incontinence frequency total. Do not total both toileting and incontinence care during the same episode.

For example, the member requests to be toileted but was also incontinent. This would be totaled as one episode of incontinence. In another example, the member is generally toileted six times a day, but may be discovered to be incontinent two out of the six toilettings. This would be totaled as four episodes of toileting and two episodes of incontinence.

- E. Member needs physical help from another person for incontinence care. (Does not include stress incontinence.) Member needs assistance changing incontinence product, providing peri-care, and assisting with an occasional change of clothes.

When estimating frequency, if the member is both toileted and provided incontinence care during the same episode, then the episode should be counted under the incontinence frequency total. Do not separately count toileting and incontinence care if both activities are provided during the same episode.

For example, the member requests to be toileted but was also incontinent. This would be counted as one episode of incontinence. In another example, the member is generally toileted six times a day but may be discovered to be incontinent two out of the six toilettings. This would be counted as four episodes of toileting and two episodes of incontinence.

- F. Member needs physical help from another person to empty an ostomy or catheter bag. Member is unable to release clamp on ostomy bag and needs physical assistance to empty bag.

When estimating frequency, determine the number of times per day the PCW will be assisting with emptying an ostomy or catheter bag. Do not count episodes in which the PCW will not be needed to provide the care.

- G. Member's ability is age appropriate for a child age 4 or younger:
- Child is 4 years old or younger.

Element 26 — Transferring

"Transferring" means physically moving from one surface to another (e.g., from bed to wheelchair and from scooter to bed or usual sleeping place) with or without the use of devices and/or techniques for simple transfers. Transferring excludes transfers related to bathing and toileting.

Select the response, A-G, that best describes the level of function the member possesses when transferring. If the member uses a mechanical lift for transfers, select response "F" *and* complete Other in Element 29 (Part II) for delegated nursing acts, as appropriate. Complete Element 29 for all complex transfers. For children age 3 or younger, select response "G." If the child requires more assistance with transfers than an adult would typically provide to a child of that age, explain in the comment section why more assistance in the home from a PCW is medically necessary.

Indicate the number of days per week PCW assistance with transferring is medically necessary. Do not count days in which unpaid caregivers will be providing the care or when care is provided outside the home.

Examples for each level of transferring are provided in the following bullets.

- A. Member is able to transfer him- or herself, with or without an assistive device:
- Member is able to transfer him- or herself to a wheelchair with the use of an assistive device.
 - Member is able to transfer him- or herself with the use of crutches.
- B. Member is able to transfer him- or herself, with or without an assistive device, but requires the presence of another person intermittently for supervision or cueing:
- Member needs to be reminded not to bear weight on a fractured foot.
- C. Member is able to transfer him- or herself, with or without an assistive device, but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task *and provide physical intervention* for at least one step of the activity during the performance of the task. If "C" is selected, enter in the space provided for comments about the reason this level of assistance from a PCW is medically necessary.
- D. Member needs the physical help of another person but is able to participate (e.g., member can stand and bear weight):
- Member is able to bear weight and assist with a pivot transfer with the physical assistance of another person.
- E. Member needs the constant physical help from another person and is unable to participate (e.g., member is unable to stand and pivot or is unable to bear weight):
- Member requires the assistance of another person with the use of a gait belt, and the person is unable to effectively participate.
- F. Member needs help from another person with the use of a mechanical lift (e.g., Hoyer) when transferring:
- Member needs a Hoyer lift to be transferred.
- G. Member's ability is age appropriate for a child age 3 or younger:
- Child is 3 years old or younger.

SECTION V — MEDICALLY ORIENTED TASKS — DELEGATED NURSING ACTS

Element 27 — (Part I) Medication Assistance Delegated to a PCW

Medication assistance from a PCW includes assistance with prescription medications that are usually self-administered (e.g., oral medications, nasal sprays, inhalers, and suppositories not related to a bowel program). Do not indicate a need for care if the member is able to perform the task with or without the use of an assistive device.

Indicate the number of days per week PCW assistance with medication is medically necessary. Do not count days in which unpaid caregivers will be providing the care or when care is provided outside the home.

Examples for each level of medication assistance are provided in the following bullets.

0. Not applicable:
- The member has no medications.
- A. Independent with medications with or without the use of a device:
- Member is able to self-administer medications.
 - Member is independent with medications with the use of a pill box.

- B. Needs reminders:
- Member is able to self-administer medications but requires another person or a device (e.g., electronic medication dispenser) to provide reminders.
 - Member requires instructions on how to take the medication (e.g., cueing him or her to place the medication in the mouth, take a drink, and swallow.)
- C. Needs the physical help of another person. A family member or friend assists member with taking his or her medications. (The PCW does not perform this task.)
- D. Needs the physical help of a PCW:
- Member requires assistance from a PCW to take medications.
 - Member requires PCW to place medication in his or her hand or mouth.
 - Member requires PCW to place drops (e.g., in eyes or ears).

If response "D" is selected, indicate the number of times per day a PCW needs to assist the member with his or her medications.

Element 28 — (Part II) Delegated Nursing Acts to Be Performed by a PCW

Complete this section for tasks the RN is delegating to a PCW. Select the tasks that are medically necessary for a PCW to provide. Do not indicate a need for care if the member is able to perform the task with or without the use of an assistive device.

Indicate the frequency per day and the number of days per week each task will be performed in the home by a PCW. If the frequency per day varies, indicate the higher frequency. Do not count days in which other unpaid caregivers will be providing the care or when care is provided outside the home.

Glucometer Readings. Make this selection only when the member's medical condition supports the need for ongoing, frequent monitoring and the early detection of glucose readings outside the parameters established by the physician. Monitoring for high blood sugars due to the noncompliance of a competent adult does not support the need for assistance of a PCW.

Skin Care. Do not complete this activity for application of dressings involving prescription medication and use of aseptic techniques. Skin care is the application of legend solutions, lotions, or ointments that are ordered by the physician due to skin breakdown, rashes, and other medical conditions requiring treatment. "Skin care" does not include the routine act of applying prescription or over-the-counter products (e.g., creams, lotions, powders) which are used primarily for cosmetic purposes (e.g., moisturizing dry skin). If the PCW will be providing prescribed skin care, the name of the drug and frequency prescribed must be indicated. If the member has more than one prescription ointment, indicate the one that occurs most frequently. Document other prescription ointments on the comment line. Prescription ointments related to wound care should be indicated in Element 29 under Wound Care.

Catheter Site Care. Do not select this activity for insertion of catheters, routine care for an indwelling catheter, or sterile irrigation. Select catheter site care only if PCW assistance will be provided with site care of a suprapubic catheter (drainage tube that extends from a small hole in the skin just above the pubic bone). Do not confuse site care for a suprapubic catheter with catheter care for an indwelling catheter. "Catheter site care" means that special care is given to the area where the suprapubic catheter goes into the abdomen. Routine care for an indwelling catheter site usually involves cleansing the area with soap and water and is provided as a normal part of bathing

"Feeding" Tube Site Care. Do *not* select this activity if the only care provided is cleansing the site with soap and water. Cleaning a feeding tube site may be marked if the applicant requires PCW assistance with site care provided to a gastrostomy or jejunostomy site (tube that extends from a small hole in the skin from the abdomen). Gastrostomy and jejunostomy site care means that special care is given to the area where the tube goes into the abdomen. Site care usually consists of cleansing the site with soap and water; applying legend or non-legend creams or ointments to the site; and covering the cleansed site with dry gauze.

Complex Positioning. This is specialized positioning, including positioning required to change body positions while at a specific location for the purpose of maintaining skin integrity, pulmonary function, and circulation. When determining frequency, the positioning related to the tasks of bathing, dressing, and toileting are accounted in the times allotted for each specified task and are not to be counted separately.

Element 29 — (Part III) Delegated Nursing Acts to Be Performed by a PCW (ForwardHealth Review and Manual Approval May Be Required)

Complete this section for MOTs the RN is delegating to a PCW. Do not indicate any MOT that is not delegated by an RN. Select the tasks that are medically necessary for a PCW to provide. Do not indicate a need for care if the member is able to perform the task with or without the use of an assistive device. Time allocations for tasks indicated in Part III are not automated. Time for each task will be determined on a case-by-case basis by nurse consultants.

Indicate the frequency per day and the number of days per week assistance with a delegated nursing act will be performed in the home by a PCW.

For tasks indicated in this element, manual review of the PA request will be required only when the total amount of time computed by the PCST is insufficient for a PCW to provide the delegated tasks identified in this element *and* additional time is being requested for those delegated tasks. Include the Personal Care Addendum, the POC, and other documentation as directed when submitting the PA request.

Daily Tube Feedings. Daily tube feeding is the process of administering the member's daily nutrition via a tube inserted into a person's body. This may include a gastrostomy tube (g-tube), jejunostomy tube (j-tube), or a nasogastric tube (NG tube). Select this option when the member requires a PCW to administer a tube feeding. Do not select this option if the PCW is only monitoring the feeding while it is in progress. Administering includes starting and stopping the tube feeding and all tasks involved with starting or stopping a feeding, such as setting up the feeding, flushing the tube, hanging the bag, etc.

Note: If continuous or intermittent feeding is selected, explain in the comments section at the end of this element the exact process the PCW will follow.

Continuous Feeding. Select continuous feeding if the member is receiving a continuous feeding and requires a PCW to administer it. A continuous feeding is a feeding that is not given intermittently throughout the day or given by bolus.

For example, a member receives continuous feeding; the PCW sets up the formula, flushes the tube, hangs the feeding bag, and starts the feeding. The PCW does this once per day, three days per week. On the other days of the week, a family member administers the feeding. PCW frequency per day = 1, PCW days per week = 3.

Intermittent (Bolus) Feeding. Select intermittent (bolus) feeding if the member receives feedings at various times during the day and requires a PCW to administer them.

For example, a member receives bolus feedings (50cc each time) three times a day. The PCW will be administering the feeding two times per day, seven days per week. PCW frequency per day = 2, PCW days per week = 7.

Respiratory Assistance. Assistance needed with suctioning, chest physiotherapy, nebulizer treatments, or tracheostomy-related care. Check all that apply.

Tracheostomy Care. Select tracheostomy care if the member requires cleaning of the tracheostomy site, changing of the tracheostomy tube, and/or changing of the tracheostomy straps or ties that hold the tube in place and assistance of the PCW is needed. This includes application of legend and non-legend ointments.

Note: In the comments section at the end of this element, specify the care that the PCW will be providing.

Suctioning. Select suctioning if the member requires suctioning of the oral cavity, the nasal cavity, the nasopharyngeal cavity, or a tracheostomy and a PCW is performing the task.

Note: In the comments section at the end of this element, specify the type of suctioning the PCW will be performing.

Chest Physiotherapy. Select chest physiotherapy if the member requires postural drainage or chest percussion and the PCW is performing the task.

Note: In the comments section at the end of this element, specify the duration of each treatment the PCW will provide.

Nebulizer. Select nebulizer if the member requires a PCW to administer respiratory treatment via a nebulizer.

Note: In the comments section at the end of this element, explain the exact process the PCW will follow.

Bowel Program. A bowel program is a regimen prescribed by a physician to develop proper bowel evacuation. A bowel program may include the use of suppositories, enemas, or digital stimulation. Assistance with a bowel program includes assistance with related hygiene needs. Indicate which task or tasks are being performed by the PCW as well as the frequency for each task only if the task indicated in this section will be performed by the PCW at least once per week.

Note: In the comments section at the end of this element, specify the specific bowel program the PCW will be providing.

Examples

- The PCW inserts a suppository, waits 30 minutes, and then provides digital stimulation to promote proper evacuation of the colon. This is completed every three days.
- The PCW gives the member a warm water enema once a week and requires assistance with post-task hygiene.

Wound Care (excludes basic skin care). A wound is defined as a wound from a serious burn, prolonged pressure, traumatic injury, or a serious infection. Select this response if the member has documentation of a wound and requires a PCW to provide wound cleaning and/or dressing. This does not include ostomy care. Do not include application of dressings involving prescription medications and use of aseptic techniques. Positioning to prevent decubiti ulcers is not "wound care" and is addressed under "complex positioning" in Element 28 (Part II), Delegated Nursing Acts to Be Performed by a PCW.

For example, the member has a wound on the outer aspect of his or her ankle measuring 1 cm by 1 cm, red in color, and draining serosanguinous drainage. The wound is cleansed daily with normal saline and simple dry dressing (2x2) applied. The PCW will be providing wound care once per day, seven days per week. Frequency per day = 1, number of days per week = 7.

Note: In the comments section at the end of this element, include a description of the wound and explain the wound care the PCW will be performing.

Range of Motion. Range of motion (ROM) must be directly supported by the member's diagnosis and medical condition (e.g., ROM to the left side due to left hemiparesis following a cerebrovascular injury). Typically, ROM that is not part of a prescribed therapy program should be able to be completed during routine ADL. If ROM is unable to be completed during routine ADL, the documentation must include information as to why it cannot be completed during these activities. Documentation must also include a description of the ROM with which the PCW will be assisting (e.g., ROM to all four extremities once a day) and an explanation as to why the ROM activities cannot be completed without the physical assistance of a PCW.

For example, the member has chronic contractures of the upper extremities and requires passive ROM to prevent further decline. In this situation, the ROM is ordered by a physician.

Note: In the comments section at the end of this element, include a description of the ROM with which the PCW will be assisting, the reason the member cannot complete ROM during routine ADL, and the reason the member cannot complete ROM without the physical assistance of a PCW. The POC with the physician's order for ROM by a PCW must also be submitted with the PA request.

Vital Signs. Vital signs include taking the member's temperature, blood pressure, pulse, and respiratory rates. The member's medical condition must support the need for a PCW to monitor vital signs for early detection of an exacerbation of the existing medical condition and when a reading outside established parameters will trigger a medical intervention or change in treatment. Do not select "vital signs" for the purpose of monitoring a noncompliant competent adult.

Other. List the MOTs prescribed by a physician that are not included among the other delegated nursing acts listed in the PCST. The tasks listed in "Other" are RN-delegated tasks to be performed by a PCW. Examples could include ostomy appliance changes and complex transfers such as transfers using a mechanical lift.

Note: When submitting a PA request for delegated nursing acts listed in "Other," include a detailed description of the delegated nursing acts to be provided by the PCW.

SECTION VI — OTHER CONSIDERATIONS

Element 30

Services incidental to the ADL and delegated nursing acts include changing the member's bed, laundering the member's bed linens and personal clothing, care of eyeglasses (also contact lenses) and hearing aids, light cleaning in essential areas of the home used during PC services, purchasing food, preparing the member's meals, and cleaning the member's dishes. (Refer to the Personal Care area of the Online Handbook of the ForwardHealth Portal.) Indicate if services incidental to the ADL and delegated nursing acts will be performed by the PCW.

Element 31 — Behaviors

Indicate if the member exhibits behavior that interferes with the PCW's assistance with ADL and delegated nursing acts and makes ADL and delegated nursing tasks more time consuming for the PCW to perform. If "Yes" is checked, list the behavior(s) and describe how the behavior(s) make the ADL and delegated nursing tasks more time consuming for the PCW to complete.

Examples

- Member hits and kicks PCW assisting with activities of bathing, dressing, and grooming.
- Member physically resists all care performed by the PCW.

Element 32 — Medical Conditions

This selection is reserved for members with rare medical conditions that present unique challenges for caregivers. The medical condition affecting performance of care for the member must be a condition that is rarely diagnosed in the population using PC services long term in the home (e.g., severe combined immunodeficiency disease, *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) 279.2; conjoined twins, ICD-9-CM 759.4; and Edwards' syndrome, ICD-9-CM 758.2).

Indicate if the member has a rare medical condition that makes assistance with ADL and delegated nursing tasks more time consuming for a PCW to perform only if it is expected to result in a long-term need for extra time and the medical condition meets one of the following criteria:

- In order to assist with an ADL, the PCW must use one or more pieces of *protective* equipment prescribed for the member (e.g., helmet and back brace).
- When performing an ADL, the PCW is required to adhere to member-specific precautions (as documented in the POC) in order to accommodate the rare medical condition.

If "Yes" is checked, list the rare medical condition and describe how it increases the amount of time needed for the PCW to perform ADL and delegated nursing acts.

Element 33 — Seizures

If the member has a diagnosis of seizures, indicate the time frame of the last seizure. Specify the seizure type, frequency, and the date of the last seizure. Specify if the PCW will provide seizure interventions and list the interventions he or she will perform.

Element 34 — Pro Re Nata (PRN)

Time needed for pro re nata (PRN) includes time to accompany the member to Medicaid-covered medical appointments and/or time for short duration episodes of acute need for PC services. Indicate if PRN is needed for a PCW to accompany the member to Medicaid-covered medical appointments and/or to provide PC services during short duration episodes of acute need for PC services. Pro re nata time is directly related to assistance with covered PC tasks specifically ordered by the physician.

Element 35 — Notes

Enter information that will enhance the nurse consultant's understanding of the member's medical condition and need for PRN time.

SECTION VII — REQUIRED PCST SUMMARY SHEET COMPLETION INFORMATION

PCST SUMMARY SHEET INSTRUCTIONS (WEB-BASED PCST ONLY)

The PCST Summary Sheet will be produced for Web-based users after all information is entered into the PCST. This summary will contain the allocation of units for the member and other important alerts and information for the provider about PA submission. At the bottom of the PCST Summary Sheet, enter the following information:

- Billing provider name.
- Billing provider address.
- Billing provider number.

Case sharing arrangements. (Providers sharing the case are required to indicate that the case is shared and to include on the Prior Authorization Request Form (PA/RF), F-11018, the names of the agencies sharing the case.)

PCST SUMMARY SHEET INSTRUCTIONS (PCST PAPER FORM ONLY)

Element 36 — Name — Billing Provider

Enter the name of the Medicaid-certified provider billing services provided to the member. Providers sharing the case are required to indicate that the case is shared and to include on the PA/RF the names of the agencies sharing the case. Check the box to indicate that the member will be served by other providers under a case-sharing arrangement.

Element 37 — Billing Provider Number

Enter the billing provider number.

Element 38 — Address — Billing Provider

Enter the billing provider's address, including street, city, state, and ZIP code.

SECTION VIII — SIGNATURE

Element 39 — SIGNATURE — Authorized Screener

The authorized screener completing this PCST is required to sign this form.

Element 40 — Date Signed — Authorized Screener

Enter the date the authorized screener completing this PCST signed the form.