Personal Care Screening Tool (PCST) Instructions

ForwardHealth requires certain information to be able to authorize and pay for members' medical services.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims. Per Wis. Admin. Code § DHS 104.02(4), this information should include enrollment status, name, address, and member ID.

Under Wis. Stat. § 49.45(4), personally identifiable information about members is confidential and is used for ForwardHealth administration, such as determining eligibility, processing prior authorization (PA) requests, and processing provider claims for reimbursement. ForwardHealth may deny PA or payment for services if the provider doesn't fill out this form or provide sufficient information.

ForwardHealth requires providers requesting authorization for personal care services to submit the Personal Care Screening Tool (PCST), F-11133. This form is required when requesting PA for personal care services. If providers need more space, they can include the additional information on the Personal Care Addendum, F-11136.

Providers can fill out the PCST online at https://fsia.wisconsin.gov/ or print and fill out the paper version from the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms.

ForwardHealth may not pay claims for services that are greater or significantly different services from what is authorized.

General instructions

The PCST is a tool that collects information on a member's ability to accomplish activities of daily living (ADL) and medically oriented tasks (MOTs), and the member's needs for PCW assistance with these activities. Although providers may use the PCST for a variety of reasons, the purpose of the PCST is to request PA in Wisconsin. The amount of time the PCST allocates is based on how frequently the provider indicates Medicaid-covered personal care services ordered by a primary care provider (PCP) at a level of need that is medically necessary for a personal care worker (PCW) to provide. 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).

The PCST must be completed based on an **in-person evaluation of the member in their home**. The screener must **directly observe** the member performing the activity before selecting the member's level of need for assistance.

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 who have received access from the Wisconsin Department of Health Services; however, the information entered by clerical staff should not be different from the authorized LTC FS screener or agency-designated RN's in-person in-home visit.

Plan of care and prescriber orders required for PA

Responses on the PCST should be consistent with only the activities and frequencies included in the plan of care as ordered in writing by the PCP. ForwardHealth will not authorize personal care services for a date before the PCP's signature date on the plan of care. The PA request may be selected for a clinical review. For clinical reviews, an RN consultant will make sure that criteria are met for medical necessity. This RN consultant

will need to review the complete plan of care, PCST, Personal Care Addendum, and recent clinic notes. They may also request hospital discharge notes and occupational therapy (OT) or physical therapy (PT) evaluations. ForwardHealth requires additional documentation for members under age 18.

Before the provider requests PA, the supervising RN should complete the tasks as required by the Personal Care Prior Authorization Provider Acknowledgement, F-11134.

Time to perform a task

The screener should select the response that indicates the member's functional ability to independently perform the 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 not select the response indicating the need for partial physical assistance with a task when the member only needs help completing the task more quickly.

Assistive devices

Personal care services should not be substituted for alternate techniques or assistive devices that the member could use to obtain or maintain independence. The member may be independent or less dependent on a PCW for assistance with performing activities if the member uses assistive devices. PCWs may not replace appropriate, less expensive alternatives.

Prior to screening, members must have the assistive device(s) necessary to promote maximum independence in place. The screener should observe the member using available assistive devices to perform activities. ForwardHealth covers a variety of assistive devices. The member may need an OT or PT evaluation and prescription for one or more assistive devices before the PCST is completed.

PCW assistance with an activity is not medically necessary if the member can perform the activity safely with the use of an assistive device. Therefore, personal care services are not covered services in that circumstance per Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

Level of help and frequencies

When completing the elements in the ADL section, the screener should select only one response when indicating the level of help needed (Elements 19–26), except 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 the member needs medically necessary assistance from a PCW with a task at least weekly. If the member needs assistance 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, the screener should select the level of help that represents the level most often needed.

The screener should only enter how frequently the PCW provides services to the member during scheduled visits.

Constant supervision by a PCW

The screener should select "constant supervision" for the level of help needed **only** if the member cannot perform the activity without continuous direction (that is, step-by-step instructions) from a PCW, **and** the PCW must **physically participate** in one or more steps. Observing the member doing the task by themselves without physical intervention is not constant supervision. An example of when constant supervision is appropriate is when a member with cognitive deficits requires step-by-step instructions to eat (for example, pick up your fork, now scoop up some food, now bring the fork to your mouth).

Comments

The screener should enter comments any time a response of "C" or greater is selected. Comments should include a description of the member's functional impairments with the applicable ADL, a description of the

hands-on interventions that the PCW will provide, and any DME that is used. Use the comments sections to accurately describe the member's condition for the nurse consultant to determine medical necessity.

Personal care case sharing arrangements

When one or more agencies will be providing care in the home, the screener should only enter information that represents the personal care services. When there is a case share, the screener must submit the Personal Care Addendum with the schedule in Section III showing which other providers are involved and their scheduled visits.

Age-appropriate responses for ADL

Typically, children aged 5 years and younger require the assistance of an adult to complete many ADL. For tasks that have an age range associated with them (that is, bathing, dressing, grooming, eating, mobility, toileting, and transfers) when the child's age falls within the stated range, the screener should select the age-appropriate response.

If the screener determines that the task requires more assistance than an adult would typically provide to a child of that age, the screener should submit the following to ForwardHealth for nurse consultant review:

- An explanation in the comment section for why personal care assistance is needed with that ADL
- The plan of care, Personal Care Addendum, and the Individualized Education Program or Birth to 3 Program service plan

Medical necessity

The screener should only include services that are medically necessary for a PCW to provide. Medically necessary services must meet the requirements under Wis. Admin. Code § DHS 101.03(96m). To be medically necessary, a service must be:

- Consistent with the member's symptoms or with prevention, diagnosis, or treatment of the member's illness, injury, or disability.
- Of proven medical value or usefulness and, consistent with Wis. Admin. Code § DHS 107.035, is not experimental in nature.
- Not solely for the convenience of the member, the applicant's family, or a provider.
- Provided consistent with standards of acceptable quality of care applicable to the type of service and the type of provider.
- Not duplicative to other services being provided to the member.
- The most appropriate supply or level of service that can safely and effectively be provided to the member.
- Cost-effective compared to an alternative medically necessary service that is reasonably accessible to the member.

Place of service

Personal care services, as defined by Wis. Admin. Code § DHS 107.112(1)(b), can be provided in the member's home and community, including a temporary residence. Personal care services may not be duplicative of other services where ADL or instrumental ADL support is provided and funded through other means (for example, personal care support provided in schools or day care settings). If the member participates in regularly scheduled activities outside the home and will not be receiving personal care services on some days, adjust the frequencies per day or per week to reflect the average weekly amount of personal care services a PCW will provide.

Delegated nursing tasks

If an RN delegates MOTs to a PCW, the delegating RN is responsible for supervising the delegated nursing acts as required under Wis. Admin. Code ch. N 6 and Wis. Admin. Code § DHS 105.17(1n)(d)1. In Parts 1, 2, and 3 of Section 5 (Medically Oriented Tasks – Delegated Nursing Acts) of the PCST, indicate a frequency for MOTs only for the tasks the supervising RN will delegate to the PCWs and will provide the appropriate level of

supervision required for the member's situation—either basic or complex as defined under Wis. Admin. Code ch. N 6.

Web-based PCST disclaimer (Web-based version only)

Providers who choose to use the web-based PCST must read the following web-based PCST disclaimer:

> Although providers may use the PCST for a variety of reasons, the purpose of the PCST is to request PA in Wisconsin. The amount of time the PCST allocates is based on how frequent the provider indicates Medicaid-covered personal care services ordered by a PCP are at a level of need that is medically necessary for a PCW to provide. The screener must complete the PCST during an in-person visit with the member.
>
> The web-based PCST contains language that is abbreviated from the paper PCST. The instructions for the paper PCST help 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 be the same as 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 1 – Basic information – Screener

Element 1a – Name – Screening agency

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

Element 1b – Phone number – Screening agency

Enter the phone number of the agency that will complete the PCST for the member, including the area code.

Element 2 – Screen completion date

Enter the date of the in-person evaluation of the member in mm/dd/ccyy format. The in-person evaluation must be completed no more than 90 days before the requested start date of personal care services.

Element 3a – Medicaid billing provider ID

Enter the billing provider number.

Element 3b – Name – Screener

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

Element 3c – Qualifications – Screener

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

Section 2 – Basic information – Member

Element 4 – Name and title – Member

Enter the title (for example, Mr., Mrs., Ms., Dr.), first name, middle initial, and last name of the member being screened for personal care 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, the screener must enter an explanation in the space provided. The PCST must be completed in-person with the member in the location selected. The response selected should accurately reflect the structure of the member's place of residence, household composition, and level of independence. Do not select "Alone" if the residence agreement includes housekeeping services for any private space (for example, apartment, bedroom, or 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 – Phone number – Member (Optional)
Enter the member's phone number(s), including area code.

Element 11 – County / Tribe of residence – Member
Enter the name of the county or Tribe's borders where the member lives.

Element 12 – County / Tribe of responsibility – Member
Enter the name of the county or Tribe that is responsible for the member's benefits.

Section 3 – Insurance and contact information – Member

Element 13 – Medical insurance
Check all appropriate boxes to indicate the types of insurance the member holds. **The member's ForwardHealth ID number is required when submitting a PA request.**

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 – Phone numbers – Responsible party (Optional)
Enter the responsible party's phone number and best time to call.

Element 17 – Address – Responsible party (Optional)
Enter the responsible party's address including street, city, state, and ZIP+4 code.

Section 4 – Activities of daily living (ADL)

Element 18 – Scheduled activities outside the residence

Check the appropriate box to indicate if the member regularly attends scheduled activities outside the 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 Personal Care Addendum schedule in Section III, Element 7. Examples of scheduled activities include school, work, social functions, medical appointments, and physical exercise.

Element 19 – Bathing

"Bathing" means cleansing **all** surfaces of the body and includes assistance with getting undressed; 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; routine catheter care; and getting dressed. Do not select bathing for activities that are grooming, washing hands and face only, or clean-up following incontinence and meals.

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

Select the response, A–F, that best describes the member's level of function when bathing. For children aged 5 years 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 with bathing is medically necessary. Do not count days that unpaid caregivers will be providing the care.

Examples for each level of bathing:

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

B. Member is able to bathe themselves 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, or wash, and help to turn on water so scalding does not occur. Member 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 themselves in the shower or tub but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

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 themselves.
- 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.

If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

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 a washcloth but is unable to effectively participate in washing body.

If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member's ability is age appropriate for a child aged 5 years or younger. The child is 5 years old or younger.

Element 20 – Dressing

"Dressing" means the ability to dress and undress (with or without an assistive device). Typical clothing changes are from sleepwear to daywear and from daywear to sleepwear. It is not expected for a member to make two dressing changes during one PCW visit.

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 member's level of function when dressing. For children aged 5 years 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 is medically necessary. As a reminder, one episode of dressing is included with bathing. For this reason, only select A.M. or P.M., whichever is **not** the time of day the member bathes.
- Indicate the number of days per week PCW assistance with dressing is medically necessary. Do not count days that unpaid caregivers will be providing the care.

Examples for each level of dressing:

Upper Body

A. Member is able to dress their upper body without assistance or is able to dress themselves if clothing is laid out or handed to the member:
- 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 them.
- Member is able to dress upper body independently but needs someone to choose appropriate clothes.

B. Member is able to dress the upper body by themselves but requires the presence of another person intermittently for supervision or cueing:
- Member can dress upper body independently but needs a reminder from someone to button the blouse and adjust the collar.
- Member requires cueing or instructing to fasten buttons on front of shirt.
- Member requires cueing or instructing to put on a shirt correctly.

C. Member is able to dress upper body by themselves but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

D. Member needs partial physical assistance from another person to dress their upper body:
- Member can put on shirt but cannot physically fasten it.
- Member needs assistance pulling the shirt over their head.

If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member depends entirely upon another person to dress their upper body. The member needs total assistance with dressing their upper body and is unable to effectively assist. If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member's ability is age appropriate for a child aged 5 years or younger. The child is 5 years old or younger.

Lower Body
Lower body dressing includes dressing activities related to garments covering the torso from the waist down (for example, pants, underpants, skirt, socks, and shoes). Assistance with footwear is included with lower body dressing activities.

A. Member is able to dress their lower body without assistance or is able to dress themselves if clothing and shoes are laid out or handed to them:
- Member is independent in dressing their lower body and does not need assistance.
- Member is able to dress their lower body without assistance if clothing is placed in front of or handed to them.

B. Member is able to dress the lower body by themselves 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 fasten 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 themselves but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for at least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

D. Member needs partial physical assistance from another person to dress their lower body:
- Member can pull on pants but cannot button or zip them.
- Member needs assistance pulling up pants.

If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member depends entirely upon another person to dress their lower body. The member needs total assistance with dressing their lower body and is not able to effectively assist. If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member's ability is age appropriate for a child aged 5 years or younger. The 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, transcutaneous electrical nerve stimulation (TENS) unit, or anti-embolism hose, such as thrombo-embolus deterrent (TED) stockings. In the space for comments, identify the items the PCW is placing or removing. Do **not** check "Yes" if the member needs assistance with placement or removal of hearing aids, eyeglasses, or dentures. These are included under incidental services.

As a reminder, prescription prosthetics, braces, splints, TENS units, and anti-embolism hose are not included under Dressing. If "Yes" is selected on the PCST, the submitted plan of care should include a specific order for assistance with prescription prosthetics, braces, splints, TENS unit, and/or anti-embolism hose (TED stockings).

Indicate the number of days per week PCW assistance is needed with placement or removal of a prosthetic, brace, splint, TENS unit, 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 and hands; combing, brushing, and shampooing hair; shaving; nail care; applying deodorant; and oral or denture care. Washing face and hands, applying lotion, and applying deodorant are included in assistance with bathing (Element 19).

Select the response, A–G, that best describes member's level of function when grooming. For children aged 5 years 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 is medically necessary.

Indicate the time of day when PCW assistance with grooming is scheduled. Indicate the number of days per week PCW assistance with grooming is medically necessary. Do not count days that unpaid caregivers will be providing the care.

Styling or cutting hair are not covered services.

For members with textured hair that requires additional grooming care, indicate this in Element 4 of the Personal Care Addendum.

Examples for each level of grooming:

A. Member is able to groom themselves, 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 themselves if able to sit during the task.
- Member can groom themselves with specially adapted devices.

B. Member is able to groom themselves 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 the task by themselves.
- Member needs to be supervised intermittently to make sure the tasks are properly completed.

C. Member is able to groom themselves but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

   Member needs constant cueing to complete all tasks related to grooming but can groom themselves. The caregiver is required to be continually present. If continuous cues (for example, step-by-step instructions) 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 themselves. Member needs assistance putting toothpaste on toothbrush but is able to complete other grooming by themselves. If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member needs partial physical assistance to groom themselves:
- 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.

   If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member depends entirely on another person for grooming. The member needs total assistance with all aspects of grooming. If "F" is selected, use the comments section to describe what actions the PCW takes to assist the member.

G. Member's ability is age appropriate for a child aged 5 years or younger. The 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 the member only needs assistance with meal preparation. Time for meal preparation (for example,

food preparation, cooking, cutting, spreading, stirring, opening containers, or serving) and clean-up is included with time for services incidental to ADL. Refer to Element 30 for information related to incidental services.

Select the response, 0 or A–H, that best describes the member's level of function when eating. If the member's nutritional needs are met primarily through tube feedings or intravenously, select response "0" and complete Daily Tube Feedings in Element 29 (Part 3), delegated nursing acts to be performed by a PCW as appropriate. For children aged 3 years or younger, select response "H" in this element. 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 from a PCW is medically necessary. Include comments for any selections from C–H.

Select the meals (breakfast, lunch, dinner) where assistance from a PCW is medically necessary. Indicate only the number of days per week PCW assistance with eating will be provided. Do not count days that unpaid caregivers will be providing the care.

Examples for each level of eating:

0. Member is fed via tube feedings or intravenously and is not fed orally.

A. Member is able to feed themselves, with or without the use of an assistive device or adapted methods:
- Member is able to feed themselves with the use of adaptive utensils.
- Member is able to feed themselves.

B. Member is able to feed themselves but requires the presence of another person intermittently for supervision or cueing:
- Member is able to feed themselves 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 themselves 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 under incidental services.
- Member needs assistance to set up adaptive utensils.
- Member needs assistance with placing and removing protective bib. Member needs to have a diagnosis that is supportive of needing a protective bib, such as a pertinent neurological condition or developmental delay.

If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

D. Member is able to feed themselves but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. If "D" is selected, use the comments section to describe the reason this level of assistance from a PCW is medically necessary. Do not select "D" for a member who eats a special diet.

Select "D" for a member who has a recent history of putting too much food in their mouth and is at risk for choking or vomiting. The member depends entirely on someone else to remain within arm's reach and to monitor how much food is in their mouth.

If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member has a recent history of choking or the potential for choking, based on documentation. Select "E" only if the member has a diagnosis for a permanent medical condition supporting this selection. If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member needs partial physical feeding from another person:
- Member is able to feed themselves 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 adaptive cup or straw by themselves but requires assistance to eat solid foods.

If "F" is selected, use the comments section to describe what actions the PCW takes to assist the member.

G. Member needs total feeding from another person. The member depends entirely on someone else for feeding. If "G" is selected, use the comments section to describe what actions the PCW takes to assist the member.

H. Member's ability is age appropriate for a child aged 3 years or younger. The child is 3 years old or younger.

Element 24 – Mobility

"Mobility" means the ability to move about the member's living environment. This includes stairs to enter or leave a residence.

Select the response, 0 or A–E, that best describes the member's level of function when moving between locations, **with or without help from an assistive device**. As a reminder, assistive devices should be maximized and in place **before** PCST evaluation. Per the ForwardHealth Online Handbook Personal Care Screening Tool Visits in the Home topic #11457, the member may need an OT or PT evaluation and prescription for one or more assistive devices before the PCST can be completed. Assistive devices may include canes, crutches, walkers, scooters, and wheelchairs.

If the member remains bedfast, select response "0." For children aged 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 from a PCW is medically necessary.

Indicate the number of days per week PCW assistance with mobility is medically necessary. Do not count days that unpaid caregivers will be providing the care.

Examples for each level of mobility:

0. Member remains bedfast. The member must remain in bed and does not get out of bed.

A. Member is able to move about by themselves:
- Member is able to move about independently with the use of a cane or walker.
- Member is able to move in a wheelchair independently.

B. Member is able to move about by themselves but requires the 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 themselves but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. Watching the member executing the task by themselves without physical intervention is not constant supervision. An example of constant supervision with mobility would be a member who has dementia that needs to be told repeatedly to put one foot in front of the other, along with gently nudging the member's foot forward. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

D. Member needs physical help from another person:
- Member needs physical assistance with moving a wheelchair.
- Member needs physical assistance from one person plus a gait belt to assist with walking.
- Member needs hands-on physical assistance when walking.

If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member's ability is age appropriate for a child 18 months or younger. The 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 personal hygiene products used for incontinence, emptying ostomy and catheter bags, adjusting clothes, and changing clothes. Toileting includes all transfers related to toileting. Toileting does not include a bowel program. **Incontinence care includes toileting.**

Select the responses, A–G, that best describe the level of function the member possesses when toileting. **Select all responses that apply and include the frequency during the hours the PCW is providing care.**

For children aged 4 years 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 from a PCW is medically necessary.

When toileting assistance is needed **only** for the bowel program, the screener should indicate this 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 that unpaid caregivers will be providing the care.

Examples for each level of toileting:

A. Member is able to toilet themselves or provide their own incontinence care, with or without an assistive device:
   - Member needs a raised toilet seat and can toilet themselves when using it.
   - Member is incontinent but can change their own incontinence product.

B. Member is able to toilet themselves or provide their 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 themselves and wash hands but can toilet themselves.
   - Member requires cueing/instruction to pull pants up after toileting.
   - Member needs to be intermittently supervised while in the bathroom to make sure toileting is properly completed.

C. Member is able to toilet themselves or provide their own incontinence care but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for a least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

   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 take place 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 during two of the six toiletings. 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 pants.
   - Member needs assistance with pulling down pants, wiping, and washing 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.

   If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member needs physical help from another person for incontinence care. This does not include stress incontinence. Member needs assistance changing incontinence product, providing peri-care, and assisting with a 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.

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 of the six toiletings. This would be counted as four episodes of toileting and two episodes of incontinence.

If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

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. If "F" is selected, use the comments section to describe what actions the PCW takes to assist the member.

G. Member's ability is age appropriate for a child aged 4 years or younger. The child is 4 years old or younger.

Element 26 – Transferring

"Transferring" means physically moving from one surface to another (for example, from bed to wheelchair or from scooter to bed or usual sleeping place), transfers in and out of vehicles, and the ability to use assistive devices for simple transfers. Transferring in this section refers to transfers on and off the bed, on and off furniture, and in and out of vehicles. Transferring in this section does not include transfers related to bathing and toileting.

Select the response, A–G, that best describes the member's level of function when transferring. If the member uses a mechanical lift for transfers, select response "F" **and** complete Other in Element 29 (Part 3) for delegated nursing acts. Complete Element 29 for all complex transfers. For children aged 3 years 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 from a PCW is medically necessary.

Indicate the number of days per week PCW assistance with transferring is medically necessary. Do not count days that unpaid caregivers will be providing the care.

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

A. Member is able to transfer themselves, with or without an assistive device:
- Member is able to transfer themselves to a wheelchair with the use of an assistive device.
- Member is able to transfer themselves with the use of crutches.
- Member may need to be reminded to use an assistive device.

B. Member is able to transfer themselves, with or without an assistive device, but requires the presence of another person intermittently for supervision or cueing. The member may need to be reminded not to bear weight on a fractured foot.

C. Member is able to transfer themselves, with or without an assistive device, but requires the presence of another person throughout the task for constant supervision. The member requires **physical intervention** for at least one step of the activity while the task is being completed. If "C" is selected, use the comments section to describe what actions the PCW takes to assist the member.

D. Member needs the physical help of another person but is able to participate (for example, the member can stand and bear weight). The member is able to bear weight and assist with a pivot transfer with the

physical assistance of another person. A gait belt may or may not be used. If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

E. Member needs the constant physical help from another person and is unable to participate (for example, the member is unable to stand and pivot or is unable to bear weight). If "E" is selected, use the comments section to describe what actions the PCW takes to assist the member.

F. Member needs help from another person with the use of a mechanical lift (for example, Hoyer or EZ Stand lift) when transferring. If "F" is selected, complete "Other" in Element 29.

G. Member's ability is age appropriate for a child aged 3 years or younger. The child is 3 years old or younger.

Section 5 – Medically oriented tasks – Delegated nursing acts

Element 27 – (Part 1) Medication assistance delegated to a PCW

Medication assistance from a PCW includes assistance with prescription medications that are usually self-administered (for example, 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.

Per the Delegated Nursing Tasks That Are Not Covered topic #11377, PCWs may **not** set up medication organizers or med boxes. Administration of medications to children under 18 is typically the responsibility of parents or guardians. Many easy-to-open medication dispensers are available on the market. ForwardHealth covers a variety of assistive devices.

Indicate the number of days per week PCW assistance with medication is medically necessary. Do not count days that unpaid caregivers will be providing the care.

Examples for each level of medication assistance:

0. Not applicable. The member has no medications.

A. Member is 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. Member needs reminders:
- Member is able to self-administer medications but requires another person or a device (for example, electronic medication dispenser) to provide reminders.
- Member requires instructions on how to take the medication (for example, cueing to place the medication in the mouth, take a drink, and swallow).
- Member may need another person to bring fluids to take medications.

C. Member needs the physical help of another person. A family member or friend assists the member with taking medications. (The PCW does not perform this task.)

D. Member needs the physical help of a PCW:
- Member requires PCW to place medication in hand or mouth.
- Member requires PCW to place drops (for example, in eyes or ears).

If response "D" is selected, indicate the number of times per day a PCW needs to assist the member with medications. As a reminder, PCW visit times need to correspond to the member's medication schedule. A medication list from a PCP is required to support medical necessity. Pro re nata (PRN) time is defined as services performed as needed. PRN medication assistance is not a covered service. The personal care provider is responsible for training and ongoing supervision of a PCW who assists with medication to understand the mechanism of action, intended effects, side effects, and contraindications of the member's specific medications. Include a list of current medications from a PCP's office if "D" is selected. If "D" is selected, use the comments section to describe what actions the PCW takes to assist the member.

Element 28 – (Part 2) 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 by a PCW. If the frequency per day varies, indicate the higher frequency. Do not count days that other unpaid caregivers will be providing the care.

Glucometer readings—Select this only when the member's medical condition supports the need for ongoing, frequent monitoring for the early detection of glucose readings outside the parameters established by the PCP, and the member is unable to perform this task independently due to cognitive or physical impairment. Specific parameters and interventions **must** be included on the plan of care (for example, if the blood glucose is less than 70, give three glucose tablets, and contact the PCP. If the blood glucose is greater than 300, contact the PCP). Monitoring for high blood sugars due to the noncompliance of a competent adult does not support the need for PCW assistance.

Skin care—Skin care is the application of prescription and over-the-counter lotions, ointments, or transdermal patches that are ordered by a PCP due to skin breakdown, rashes, and other medical conditions requiring treatment. The member must not be able to apply solutions, lotions, ointments, or transdermal patches independently. "Skin care" does not include the routine act of applying prescription or over-the-counter products (for example, creams, lotions, powders) that are used primarily for cosmetic purposes (for example, moisturizing dry skin).

If the PCW will be providing prescribed skin care, the name of the medication, frequency prescribed, and location must be indicated. If the member has more than one scheduled prescription ointment, indicate the one that occurs most frequently. Record other scheduled prescription topical medications in the comments section. Prescribed topical medications applied when bathing (for example, shampoo) or washing the face during grooming are not covered. Prescription ointments related to wound care should be indicated in Element 29 under Wound care. A medication list from a PCP is required to support medical necessity.

PRN medication assistance is not a covered service. PCWs may not apply dressings involving prescription medication and the use of sterile technique.

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). Site care for a suprapubic catheter is different than 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 prescription or over-the-counter creams or ointments to the site, and covering the cleansed site with dry gauze.

Complex positioning—This is specialized positioning for the purpose of maintaining skin integrity, pulmonary function, and circulation, including positioning required to change body positions while the member

is situated in one location. Use of pillows or wedges does not constitute complex positioning. When determining frequency, note that the tasks of bathing, dressing, toileting, incontinence care, and transfers include repositioning as the last step. The standard of practice for repositioning is once every two hours. Only include complex positioning if the member is not receiving ADL such as toileting every two hours.

Element 29 – (Part 3) 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 3 are not automatically calculated. 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 by a PCW.

To be covered, tasks must be specifically included on the PCST and plan of care. Include the Personal Care Addendum, the plan of care, 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, and hanging the bag.

Note: If continuous or intermittent feeding is selected, explain what type of tube feedings are provided and the scheduled times in the comments section at the end of this element.

Continuous feeding—Select continuous feeding if the member is receiving a continuous feeding and requires a PCW to administer it. A continuous tube feeding is one that runs once per day for a defined period of time and is not a feeding that is given intermittently throughout the day or given by bolus.

For example, for a member receiving 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, five 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 = 5.

Intermittent (bolus) feeding—Select intermittent (bolus) feeding if the member receives multiple distinct and separate feedings at different times during the day, whether by syringe, feeding pump, or gravity, and requires a PCW to administer them.

For example, a member receives bolus feedings (250 mL 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—This includes assistance needed with suctioning, chest physiotherapy, nebulizer treatments, or tracheostomy-related care. Assistance with applying and removing oxygen or continuous positive airway pressure (CPAP) should be entered under the Other Program section. Check all that apply.

Tracheostomy care—Select tracheostomy care if the member requires PCW assistance with cleaning of the tracheostomy site, changing of the tracheostomy tube, or changing of the tracheostomy straps or ties that hold the tube in place. This includes application of prescription and over-the-counter ointments.

Note: It is outside the scope of practice for a PCW to independently perform tracheostomy care, change the tracheostomy tube, suction the tracheostomy, or remove the tracheostomy ties.

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 around a tracheostomy and a PCW is performing the task. PCWs may not insert a suction catheter into a tracheostomy.

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. Include the medication list from a PCP. PRN medication assistance is not a covered service.

Note: Describe the actions the PCW takes to assist the member in the comments section at the end of this element.

Bowel program—A bowel program is a regimen prescribed by a PCP 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 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 provides assistance with post-task hygiene.

Other program

Wound care (excludes basic skin care)—A wound is defined as an injury from a serious burn, prolonged pressure, traumatic injury, or serious infection. Select this response if the member has documentation of a wound and requires a PCW to provide wound cleaning or dressing. This does not include ostomy care. Do not include application of dressings involving prescription medications and the use of aseptic or sterile techniques. Positioning to prevent pressure injuries is addressed under complex positioning in Element 28 (Part 2), Delegated nursing acts to be performed by a PCW.

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

Range of motion—Range of motion (ROM) must be directly supported by the member's diagnosis and medical condition (for example, 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 completed during routine ADL. If ROM is unable to be completed during routine ADL, the screener must document why it cannot be completed during these activities. Documentation must also include a description of the ROM the PCW will be assisting with (for example, ROM to all four extremities once a day) and an explanation for why PCW assistance is required.

For example, a 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 PCP.

ROM is not typically covered for mobile members or members who are able to actively move all extremities independently.

Note: In the comments section at the end of this element, include a description of the ROM that the PCW will be assisting with, 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. ROM frequency must be specifically included on the plan of care.

Vital signs—Vital signs include taking the member's temperature, blood pressure, pulse, respiratory rates, or pulse oximetry. The member's medical condition must require a PCW to monitor vital signs to note when there have been changes **and** when a reading outside established parameters requires a medical intervention or change in treatment. Parameters and interventions must be noted on the plan of care (for example, if the systolic blood pressure is greater than 170 or diastolic blood pressure is greater than 95, contact the PCP).

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 personal care service is not a covered service in this instance per Wis. Admin. Code §§ DHS 107.02(3), 107.03(5), and 107.03(9). ForwardHealth covers a variety of assistive devices, including blood pressure monitors and pulse oximeters. Include the member's functional impairments that would prevent them from performing this task independently in the comments section. Do not select "vital signs" for the purpose of monitoring a noncompliant competent adult.

Other—List the MOTs prescribed by a PCP 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 6 – 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 personal care services, purchasing food, preparing the member's meals, and cleaning the member's dishes. (Refer to the Personal Care service area of the Online Handbook on the 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 ADL and/or MOT assistance and makes ADL or MOTs more time-consuming for the PCW to perform. Acts of aggression and physical resistance are covered behaviors. If "Yes" is checked, list the behaviors that make the ADL or MOTs more time-consuming for the PCW to complete. If "Yes" is indicated, behavior interventions must be specifically included on the plan of care. Additional time for frequent redirection or encouragement is not a time-allocated service.

Examples:
- Member hits and kicks PCW during bathing, dressing, and grooming.
- Member physically resists all care by blocking all attempts to reposition or transfer.

Element 32 – Rare medical conditions
This should only be used for members with rare medical conditions **and** that present unique challenges for caregivers. The medical condition must be rarely diagnosed in the Medicaid population (for example, severe combined immunodeficiency disease, conjoined twins, or Edwards' syndrome).

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:
- To assist with an ADL, the PCW must make sure the member uses one or more pieces of **protective** equipment prescribed for the member (for example, helmet and back brace).
- When performing an ADL, the PCW is required to follow member-specific precautions (as documented in the plan of care) to accommodate the rare medical condition.

If "Yes" is checked, list the rare medical condition, and describe how the PCW accommodates the rare medical condition.

Element 33 – Seizures
Indicate "Yes" for seizures on the PCST only for seizure interventions that are provided by a PCW for grand mal (tonic-clonic) seizures occurring at least once a week. Additional time is reserved for members who have a loss of consciousness or postictal period and must be specifically indicated on the plan of care. Petit mal (absence) seizures or pseudoseizures (psychogenic non-epileptic seizures) are not covered.

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 to be performed. If a member has not been having recent seizures, indicate that there are no PCW interventions.

Element 34 – Pro Re Nata (PRN)
PCST time allocations are granted for consistent, weekly needs for members. Indicate if PRN time is needed for a PCW to attend the member's Medicaid-covered medical appointments to assist with ADL or to provide additional personal care services during short duration episodes of acute need (intermittent assistance). PRN time is directly related to assistance with covered personal care tasks specifically ordered by the PCP. On days that the PCW spends additional time, increments of 15 minutes can be billed based on PRN.

As a reminder, ForwardHealth cannot authorize PRN time without PCP signed orders on the plan of care. PRN time must be written in the format of "24 hours/year for acute exacerbations of illness or attending medical appointments to assist with ADL." For more information, refer to the Requesting PRN Time topic #3176.

Element 35 – Notes
Enter information that will help describe the member's medical condition and why PRN time is needed. Use this notes section for additional comments to justify the medical necessity of the requested services. Nurse

consultants expect that members who live alone can manage mobility, toileting, and transfers independently because they must be independent when the PCW is not assisting the member. Use this notes section to explain circumstances where this is not the case.

Section 7 – Signature

Element 36 – Signature – Authorized screener
The authorized screener completing this PCST is required to sign this form.

Element 37 – Date signed – Authorized screener
Enter the date the authorized screener completing this PCST signed the form.