**Department of Health Services State of Wisconsin**

Office of the Inspector General Page 1 of 4

# Payment Integrity Review Checklist for Wisconsin Medicaid Personal Care Agency Providers

Instructions: This checklist is an optional, self-help tool for personal care agency providers. You should:

* Use it to prevent common billing errors identified through the Payment Integrity Review (PIR) program.
* Not use it as legal advice or an exhaustive resource for complying with Medicaid rules and regulations.
* Keep the completed checklist for recordkeeping purposes. You do not need to submit it with claims.
* Call Provider Services at 800-947-9627 or contact your [**DHS Field Representative**](https://c/Users/spragmc/Downloads/fieldrepguide%20%281%29.pdf) with billing questions before submitting claims.

### Personal Care Screening Tool ([F-11133](https://www.forwardhealth.wi.gov/kw/html/PCST.html))

You must submit the member’s completed Personal Care Screening Tool (PCST). Review PCST Completion Instructions ([F-11133A](https://www.dhs.wisconsin.gov/forms/f1/f11133a.pdf)) and ForwardHealth Portal Handbook [All Topics](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=3&c=565) on PCST for more information.

[ ]  Verify all pages of the member’s PCST are accurate and complete.

[ ]  Be sure to submit the PCST Summary Sheet with the PCST. Refer to Section VII of the PCST Completion
 Instructions ([F-11133A](https://www.dhs.wisconsin.gov/forms/f1/f11133a.pdf)) and the ForwardHealth Portal’s [Sample PCST Summary Sheet](https://www.forwardhealth.wi.gov/kw/pdf/PCSTSummarySheetSample.pdf) for guidance.

### Personal Care Addendum ([F-11136](https://www.forwardhealth.wi.gov/kw/html/PersonalCareAddendum.html))

You must submit the member’s completed Personal Care Addendum. For more information, review Personal Care Addendum Completion Instructions ([F-1136A](https://www.dhs.wisconsin.gov/forms/f1/f11136a.pdf)) and ForwardHealth Handbook Topics [#3174](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=47&s=3&c=565&nt=An+Overview+of+the+Personal+Care+Screening+Tool) and [#3182](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=3&c=12&nt=Personal+Care+Addendum&adv=Y).

[ ]  Ensure the Personal Care Addendum aligns with the member’s assessed abilities, PCST, Plan of Care (POC),
 and weekly service frequencies listed on the Prior Authorization Request Form [PA/RF ([F-11018](https://www.dhs.wisconsin.gov/forms/f1/f11018.pdf))].

[ ]  Confirm all sections of the member’s Personal Care Addendum are accurate and complete, such as:

* **Section IV – Social Information, Question 13:** Scheduled activities outside the member’s residence are detailed and complete. The table specifies the time of day for each activity.
* **Section VI – Staffing Schedule, Question 15:** The member’s full staffing schedule is detailed and complete. The table features all providers, levels of care, case-sharing agencies, and other workers.

### Plan of Care

You must submit the member’s current and completed POC for the date of service (DOS) on the claim.
Review ForwardHealth Handbook Topics [#2460](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=3&c=183&nt=An+Overview&adv=Y), [#1122](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=29&s=3&c=183&nt=Completing+the+Plan+of+Care&adv=Y), [#T4826](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=4&c=20&nt=Frequencies+Indicated+on+the+Personal+Care+Screening+Tool+and+Requested+on+the+PA%2fRF&adv=Y), and [#11257](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=4&c=13&nt=Physician+Orders+and+Plan+of+Care+Requirement&adv=Y) for more information.

[ ]  Ensure the POC accurately reflects the member’s current needs for services and aligns with the member’s
 current PCST and daily records of care.

[ ]  Include documentation to validate the RN supervisor developed the POC based on prescriber orders in
 collaboration with the member or member’s family and a nursing assessment was conducted in the
 member’s home.

[ ]  Verify the POC lists the frequency of services provided by the Personal Care Worker (PCW) and matches
 the frequency of services listed in the PCST, including hours per day and days per week.

[ ]  Confirm the POC was signed and dated by the prescriber before the DOS on the claim, and the
 prescriber’s name matches the prescriber listed on the PA.

[ ]  Make sure the Registered Nurse (RN) Supervisor signed and dated the POC.

### Record of Care

You must submit the member’s completed Record of Care for each DOS on the claim. Review ForwardHealth Handbook Topic [#2500](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=1&c=2&nt=Personal+Care+Worker+Guidelines+for+Completing+a+Record+of+Care) for more information.

[ ]  Ensure documentation for each DOS on the claim is legible, including:

* The actual start and end time of personal care.
* The actual time spent providing Medicaid covered tasks, not the time estimated by the agency or on the PCST, POC, or Care Plan, which is known as RN delegated tasks.
* The service(s) provided to the member.

[ ]  Verify each service/task provided to the member is documented using one of the following methods:

* A checkmark is placed next to each completed task.
* Each task is entered into the EVV system.
* The number of minutes spent on each task is recorded.
* The time each task started and ended is recorded.

[ ]  Confirm the PCW and member signed and dated the completed record for each DOS.

### Medically Oriented Tasks and Services Incidental to Activities of Daily Living

You must ensure Medically Oriented Tasks (MOTs) and incidental services to Activities of Daily Living (ADL) are present, consistent, and clearly detailed in the member’s documentation. Review ForwardHealth Handbook Topics [#2471](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=2&c=61&nt=Delegation+of+Medically+Oriented+Tasks&adv=Y), [#3167](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=3&c=565&nt=Services+Incidental+to+Activities+of+Daily+Living+and+Medically+Oriented+Tasks&adv=Y), [#11377](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=2&c=8&nt=Delegated+Nursing+Tasks+That+Are+Not+Covered&adv=Y), and [#11477](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=3&c=565&nt=Medically+Oriented+Tasks&adv=Y) for more information.

[ ]  Include all below if MOTs are requested:

* The PCST indicates the member requires assistance with MOTs and specifies particular needs.
* The POC includes required MOTs, how to perform required MOTs, and prescriber orders for MOTs.
* The Care Plan RN tasks delegated to the PCW, including specific conditions and how to perform tasks.
* The Record of Care includes all covered MOTs completed and performed under specific conditions on the DOS.

 **Glucometer Check Example:** A member has been identified for independently managing their
 glucometer checks. The POC and RN Care Plan indicate the PCW can complete covered MOTs for
 conducting a repeat glucometer check and calling the RN supervisor when the member’s completed
 self-check had a result of less than 45. In this example, the following conditions must be met for
 ForwardHealth to cover glucometer support for any DOS on the Record of Care:

* The PCST, POC, and RN Care Plan align with the specific delegated tasks.
* The PCW conducts only the covered repeat glucometer check activity and calls the RN Supervisor
on a DOS when the member’s self-check was less than 45.

[ ]  Verify all below if medication management is a necessary MOT:

* Medication administration is listed as a necessary MOT in the PCST and POC.
* All medications to be administered are listed on the signed and dated POC.
* The Record of Care indicates the name of the medication, dosage, route of administration, time of administration, and identifies the person administering the medication.

[ ]  Confirm all below for services incidental to ADL:

* The PCST indicates the member’s need for incidental services.
* Service billings comply with program rules and regulations, including policies related to covered amounts for members living alone or not living alone.
* Record of Care documentation.

### RN Supervisor Visits

You must submit the member’s most recent RN Supervisor visit records. Review ForwardHealth Handbook Topics [#2464](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=5&c=30&nt=Registered+Nurse+Supervision+of+Personal+Care+Worker&adv=Y) and [#3644](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=1&c=2&nt=Registered+Nurse+Visit) for more information.

[ ]  Ensure documentation indicates the RN supervisor:

* Directly observed the PCW providing services to the member as specified in Wis. Admin. Code §
[DHS 105.17(1n)(d)1.](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.17%281n%29%28d%291.)
* Reviewed and evaluated the member’s medical condition based on the written POC to determine the
current level, frequency, and duration of services continue to be appropriate.
* Discussed and documented any POC changes with the member’s physician or prescriber of services.
* Reviewed the PCW’s daily Records of Care.

[ ]  Verify documentation includes a list of all meetings with the member or member’s representative to
 discuss provided services.

### Travel Time for Personal Care Services

You must submit documentation to substantiate reimbursement of travel time for each DOS. Review ForwardHealth Handbook Topic [#2509](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&s=1&c=3&nt=Personal+Care+and+Travel+Time) for more information.

[ ]  Ensure the following are included for each DOS on the claim:

* The member’s name and address.
* Where and when travel started and ended.
* When each period of personal care started and ended.
* Where and when return travel started and ended.

[ ]  Verify all below are listed for each DOS on the claim if using a computer-generated mileage program:

* The member’s name and address.
* The addresses for which “to” and “from” travel occurred.
* The shortest distance between “to” and “from” addresses in both miles and minutes.
* An established routine itinerary for each PCW.
* Any stops the PCW made between authorized locations does not differ from the routine itinerary.
* Any routine itinerary changes the PCW made are documented and a new itinerary was created.
* The DOS, start and end times, and personal care provided.

### Billing to Waive Electronic Visit Verification for Power or System Outage

You must submit documentation to prove an electronic visit verification (EVV) entry could not be entered due to a power or system outage. Review ForwardHealth Handbook Topic [#22860](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47&filterInd=&adv=Y&searchString=22860&currentPage=1) for more information.

[ ]  Ensure UC modifier billings include:

* Acceptable proof of a power outage, such as documentation from a local utility or public database.
* Acceptable proof of an EVV system outage, such as a full screen shot of the outage on the
[DHS EVV home page](https://www.dhs.wisconsin.gov/evv/index.htm) if using Sandata or documentation from the private system vendor.

### Additional Resources

Review the following resources to learn more about program rules and regulations.

[ ]  All ForwardHealth Handbook Topics pertaining to [Personal Care](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=47).

[ ]  ForwardHealth [Provider-specific Resources](https://www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/HomeHealth/resources_05.htm.spage) for personal care agencies.

[ ]  ForwardHealth Handbook Topic [#22798](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=47&s=4&c=20&nt=Payment+Integrity+Review+Program) on PIR and provider requirements.

[ ]  ForwardHealth Handbook Topic [#22797](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=47&s=4&c=13&nt=Payment+Integrity+Review+Supporting+Documentation) on submitting supporting documentation with claims under PIR.

[ ]  OIG’s PIR [training video](https://www.forwardhealth.wi.gov/WIPortalSC/StaticContent/Provider/Training/oig_pirp/video_player.html) on the ForwardHealth [Trainings](https://www.forwardhealth.wi.gov/WIPortal/cms/page/trainings/home) page.

[ ]  OIG’s Fraud, Waste, and Abuse training modules on the Forward Health [Trainings](https://www.forwardhealth.wi.gov/WIPortal/cms/page/trainings/home) page.