

WV Personal Care Dual Services Request

Personal Care for Persons Receiving Waiver Services

A copy of this Prior Authorization Request must be maintained in the member record.

Required Documentation: If this form is not complete, it cannot be processed and will be returned.

Please mark attachments for the appropriate level request.

Name of Personal Care Provider (who holds CON)		Personal Care – Medicaid Provider Number	
Provider Address			
Contact Person Name		Contact Person Telephone Number	
Date of Submission			

FYI: Authorizations for Personal Care services will only be sent to email addresses validated by the UMC-and only to the agency that holds the Certificate of Need for Personal Care services. The Personal Care agency of record is responsible to communicate authorizations to any contracted entities.

Member Information

Member Name		Member Medicaid Number	
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Level of Personal Care Services Requested

Selecting a Level below satisfies the Policy Manual requirements to indicate “number of hours requested.”

Personal Care Level 1

Personal Care Level 2

PC and IDWW | Fax to APS 866-212-5053 |

For questions, call 800-982-6334 Option 3 or 304-346-9864 Option 3

Aged and Disabled Waiver (ADW)

- Member receives ADW at Service Level D
- Current ADW PAS
- ADW Member Assessment (N/A for Personal Options)
- ADW Participant-Directed Service Plan (N/A for Traditional)
- Personal Care Plan of Care – completed by PC RN

Intellectual/Developmental Disabilities Waiver (IDWW)

- Member is utilizing maximum number of Direct Care service hours available
- PAS – completed by PC RN
- ICAP results as completed by APS Healthcare
- Personal Care Plan of Care – completed by PC RN

PC and TBIW | Fax to APS 866-607-9903 |

For questions, call 866-385-8920 or 304-380-0617

Traumatic Brain Injury Waiver (TBIW)

- Member needs more than max Personal Attendant services hours available through TBIW
- Current TBIW PAS
- TBIW Member Assessment
- Personal Care Plan of Care – completed by PC RN
- TBIW Service Plan

Member/Legal Representative Signature

Date

PA/Homemaker RN Signature

Date

Personal Care RN Signature

Date

CM/RC Signature

Date