

**DOCUMENTATION REQUIREMENTS FOR:
 Unlicensed, Independent or Group Personal Care Services Providers**

Important Notice: All supporting documentation must be submitted with the review request.

DOCUMENTATION	REQUIRED WHEN:
ADMISSION REVIEW (INITIAL AUTHORIZATION)	
Physician order for services	<p>Required with each admission review request.</p> <p>Must be a separate document.</p> <p>Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization.</p> <p>A physician must co-sign and date orders made by a PA or ARNP.</p>
Plan of Care (POC)	<p>Required with each admission (initial authorization) review request.</p> <p>Use AHCA's Personal Care Services Plan of Care form.</p> <p>Must be developed prior to requesting prior authorization. Must be signed and dated by the ordering physician.</p>
Physician monitoring evidence	<p>Required with each admission review request. Acceptable documents:</p> <ul style="list-style-type: none"> ➤ Hospital discharge summary (for request following and inpatient stay) ➤ Current H&P examination. ➤ Physician office visit progress note dated within the preceding 30 days. ➤ AHCA's Physician Visit Documentation Form.
Parent/guardian work schedule	Required for admission review when the recipient's parent(s) or guardian works.
Parent/guardian school schedule	Required for admission review when the recipient's parent(s) or guardian attends school.
Parent/guardian limitations	Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.
CONTINUED STAY REVIEW (REAUTHORIZATION)	
Physician order for services (current)	<p>Required for each continued stay review request when:</p> <ul style="list-style-type: none"> ➤ the previously submitted order is expired, or ➤ when requested by eQHealth Solutions <p>Must be current for the services and service timeframe requested.</p> <p>Must be a separate document.</p> <p>Must be signed and dated by the ordering physician before the plan of care is developed and prior to requesting authorization.</p> <p>A physician must co-sign and date orders made by a PA or ARNP.</p> <p>Are only valid for up to 180 days.</p>
Plan of Care (active/current)	<p>Required with each continued stay review request when:</p> <ul style="list-style-type: none"> ➤ the previously submitted POC is expired, or ➤ When requested by eQHealth.

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	<p>Use AHCA's Personal Care Services Plan of Care form (required.)</p> <p>The POC must be developed prior to the end of the current certification period and prior to requesting prior authorization.</p> <p>Must be signed and dated by the ordering physician.</p> <p>Are only valid for up to 180 days.</p>
Physician monitoring evidence	<p>Supporting documentation and submission timeframe may be any of the following as indicated below:</p> <ul style="list-style-type: none"> ➤ Hospital discharge summary - when an increase in service is proposed following an inpatient stay. ➤ Current H&P examination – dated within 180 days of preceding authorization request. ➤ Physician office visit progress note dated within 180 days of preceding authorization request. ➤ AHCA's Physician Visit Documentation Form.
Parent/guardian work schedule	<p>Required for continued stay review:</p> <ul style="list-style-type: none"> ➤ Because of a change in the schedule, or ➤ Because of an eQHealth request for updated information.
Parent/guardian school schedule	<p>Required for continued stay review:</p> <ul style="list-style-type: none"> ➤ Because of a change in the schedule, or ➤ Because of an eQHealth request for updated information.
Parent/guardian limitations	<p>Required for continued stay review:</p> <ul style="list-style-type: none"> ➤ Because of a change in the limitation(s), or ➤ Because of an eQHealth request for updated information.
MODIFICATION (FOR CHANGE IN CLINICAL CONDITION)	
Physician order for services (previous w/ changes)	<p>Required with each modification review request.</p> <p>The current order for the authorized period showing the changes must be submitted.</p> <p>Must be a separate document.</p> <p>Must be signed and dated by the ordering physician before the POC is developed and prior to requesting the modification.</p> <p>A physician must co-sign and date orders made by a PA or ARNP.</p>
Plan of Care (active)	<p>Required with each modification review request.</p> <p>Use AHCA's Personal Care Services Plan of Care form (required.)</p> <p>Must be developed prior to requesting the modification of services.</p> <p>The physician must sign and date the plan of care.</p>
Parent/guardian work schedule	<p>Required for a modification review if parent/guardian works:</p> <ul style="list-style-type: none"> ➤ And there is a change in the schedule, or ➤ Because of an eQHealth request for updated information.
Parent/guardian school schedule	<p>Required for a modification review if parent/guardian attends school:</p> <ul style="list-style-type: none"> ➤ And there is a change in the schedule, or ➤ Because of an eQHealth request for updated information.

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Parent/Guardian limitations	Required for a modification review: <ul style="list-style-type: none"> ➤ Because of a change in the limitation(s), or ➤ Because of an eQHealth request for updated information.
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DOCUMENTATION	REQUIRED WHEN:
RETROSPECTIVE REVIEW	
MD Order for Services-Initial	Required for retrospective review.
Plan(s) of Care - All	Required for retrospective review. Personal Care Services Plan of Care form is required. All plans of care forms for the timeframe for which approval is requested must be submitted.
Physician monitoring evidence	Required for retrospective review, if applicable. Evidence must indicate that the physician examined the recipient within 30 days preceding the start of services and that the recipient was monitored at least every 180 days.
Parent/guardian work schedule	Required for retrospective review, if applicable. Required for entire timeframe for which prior authorization is requested.
Parent/guardian school schedule	Required for retrospective review, if applicable. Required for entire timeframe for which prior authorization is requested.
Parent/guardian limitations	Required for retrospective review, if applicable. Required for entire timeframe for which prior authorization is requested.