



PRIOR AUTHORIZATION REQUIREMENT

Family Care

Text in Red Revisions for 5/1/2026

Prior Authorization (PA): The following PA requirements, unless indicated, for services, procedures or durable medical equipment /supplies (DME/DMS) are applicable under each specific Community Care, Inc. (CCI) program. All services, whether PA is required or not are subject to CCI member eligibility, benefit coverage and medical necessity. Please note the additional PA requirements in the benefit note section of the individual section. When an authorization is needed, it will come from CCI's Interdisciplinary Team Staff (**IDTS**) assigned to that member or from the Utilization Management Department only when indicated. The presence of a code does not guarantee coverage. Prior authorization is not a guarantee of payment for services. CCI will not retro-authorize any service rendered prior to the determination of prior authorization. Benefits are available as long as the Member is eligible at the time service is provided.

This general prior authorization list is not a comprehensive benefit list, therefore if there are any questions, please contact us below.

Authorization: Some acute/inpatient services require authorization for payment. However, the authorization may occur after the admission has occurred.

Notification: Some services may require notification for payment but no authorization is need.

Out-of-Network: All non-network providers require prior authorization. All referrals for second and third opinions as well as out-of-state providers require prior authorization.

Coordination of Benefits (COB): Coordination of Benefits (COB) will apply for all programs. Review your contract to determine the maximum amount of payment you will receive.

Please note: Under no circumstances are you able to seek payment from the member or the member's family for the cost of services exceeding the total amount(s) authorized by Community Care, Inc.

Provider Hotline

Toll Free: 1-866-937-2783

Monday - Friday

8:00 AM to 4:30 PM (Central Time)

Contact our Claims Department regarding eligibility under option number 1

Contact our Provider Management Department under option number 2

Contact Care Team first (Option number 3), then by regional office phone number (provider handbook)

Leave a detailed message and your call will be returned within two (2) business days

Below is a list of covered and non-covered services and whether prior authorization is required for all in-network providers. Please see "Benefit Notes" for additional information regarding coverage or authorization.

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HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Adult Day Care	Yes	Not Covered	
Alcohol and Other Drug Abuse (AODA) Day Treatment Services	Yes*	Yes*	* Family Care: In all settings, excluding hospital-based or physician provided.
Alcohol and Other Drug Abuse (AODA) Services	Yes*	Yes*	* Family Care: In all settings, excluding hospital-based or physician provided.
Assistive Technology	Yes	Not Covered	
Communication Assistance	Yes	Not Covered	
Community Support Program	Yes*	Yes*	* Family Care: Excluding physician provided.
Competitive Integrated Employment (CIE) Exploration	Yes	Not Covered	
Consultative Clinical and Therapeutic Services for Caregivers	Yes	Not Covered	
Consumer Directed Support Broker	Yes	Not Covered	
Consumer Education and Training	Yes	Not Covered	
Counseling and Therapeutic Services	Yes	Not Covered	
Daily Living Skills Training	Yes	Not Covered	

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Day Habilitation	Yes	Not Covered	
Durable Medical Equipment and Disposable Medical Supplies (DME/DMS)	Yes*	Yes*	* Family Care: Excluding hearing aids, prosthetics, and family planning supplies. An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Financial Management Services	Yes	Not Covered	
Health and Wellness	Yes	Not Covered	
Home Delivered Meals	Yes	Not Covered	
Home Health	Yes*	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Home Modifications	Yes	Not Covered	
Housing Counseling	Yes	Not Covered	
Mental Health Day Treatment Services	Yes*	Yes*	* Family Care: In all settings

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Mental Health Services	Yes*	Yes*	* Family Care: Except inpatient or physician provided. The following providers can perform mental health services; Medicaid-enrolled psychiatrist, Ph.D. Psychologist, APNP (Advanced Practice Nurse Prescriber) with Psychiatric specialty, or a licensed Psychotherapist (referred to as licensed mental health professional in Wisconsin Law.) An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance. Also see Telehealth below.
Nursing (including respiratory care, intermittent and private duty nursing)	Yes	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Nursing Home, including intermediate care facility for individuals with intellectual disabilities (ICF-IID) and institute for mental disease (IMD)	Yes*	Not Covered*	* Family Care Waiver: IMD not covered for residents between ages 22-64. * Family Care Base: If Non-NH LOC member requires nursing home admission, contact your care team to determine if level of care has changed.

**HOME AND COMMUNITY BASED WAIVER
& LONG-TERM CARE SERVICES**

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Occupational Therapy	Yes*	Yes*	<p>*Family Care: In all settings except inpatient hospital.</p> <p>*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.</p>
Personal Care	Yes*	Yes*	<p>*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.</p>
Personal Emergency Response System Services	Yes	Not Covered	
Physical Therapy	Yes*	Yes*	<p>*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.</p>
Prevocational Services	Yes	Not Covered	
Relocation Services	Yes	Not Covered	
Remote Monitoring and Support	Yes	Yes	

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Residential Care: <ul style="list-style-type: none"> • Adult Family Homes of 1-2 beds, • Adult Family Homes of 3-4 beds, • Community-Based Residential Facility (CBRF) • Residential Care Apartment Complex (RCAC) 	Yes	Not Covered	
Respite Care	Yes	Not Covered	
Self-Directed Personal Care	Yes	Not Covered	
Skilled Nursing	Yes	Not Covered	<u>Skilled Nursing when not covered under the State Plan.</u> *Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Specialized Medical Equipment and Supplies	Yes*	Not Covered	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Speech and Language Pathology Services	Yes*	Yes*	*Family Care: In all settings excluding hospital inpatient. An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRIOR AUTHORIZATIONS & AUTHORIZATIONS NEEDED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Supported Employment Services – Individual Employment Support and Small Group Employment Support	Yes	Not Covered	
Supportive Home Care (SHC)	Yes*	Not Covered	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Telehealth Services for Mental Health	Yes*	Yes*	Change Mental Health services only 1/1/2026 * Family Care: As of <u>7/1/2024</u> , all mental health services will require Prior Authorization from CCI’s IDT Staff. Telehealth Services - https://www.forwardhealth.wi.gov/WIPortal/cms/public/covid19/telehealth-expansion-resources
Training Services for Unpaid Caregivers	Yes	Not Covered	
Transportation to receive non-emergency medical care (excludes ambulance)	Yes*	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Transportation (Specialized Transportation) Community and Other Transportation	Yes	Not Covered	
Vehicle Modifications	Yes	Not Covered	
Vocational Futures Planning and Support (VFPS)	Yes	Not Covered	