



AUTHORIZATION GUIDE

Family Care

Text in Red Revisions for 7/1/2026

Pre-Service Authorization (PS): Services which require contact with the **Interdisciplinary Team Staff (IDTS)** are not prior authorizations. They instead require the IDTS to complete the Resource Allocation Decision (RAD) process with the member/Legal Decision Maker prior to any services/supports being provided. If the IDTS contacts are unknown, **call 1-866-992-6600** to be connected to the appropriate IDTS. All services and supports for which Family Care is the primary funder require a pre-service authorization. This general prior authorization list is not a comprehensive benefit list, therefore if there are any questions, please contact us below.

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 pre-service authorizations are required. Please see "Benefit Notes" for additional information regarding coverage or authorization. For detailed descriptions see the current Family Care contract: <https://www.dhs.wisconsin.gov/familycare/mcos/contract.htm>

Authorization Requirements Table of Contents:

Page 3. Home and Community Based Waiver & Long-Term Care Services

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRE-SERVICE AUTHORIZATION REQUIRED?

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*	* In all settings, excluding hospital-based or physician provided, as not covered
Alcohol and Other Drug Abuse (AODA) Services	Yes*	Yes*	* Excluding in-patient or physician provided, as not covered.
Assistive Technology	Yes	Not Covered	
Communication Assistance	Yes	Not Covered	
Community Support Program	Yes*	Yes*	* Excluding physician provided, as not covered.
Competitive Integrated Employment (CIE) Exploration	Yes	Not Covered	
Consultative Clinical and Therapeutic Services for Caregivers	Yes	Not Covered	
Consumer Directed Supports (Self-Directed Supports) Broker	Yes	Not Covered	
Consumer Education and Training	Yes	Not Covered	
Counseling and Therapeutic Resources	Yes	Not Covered	
Daily Living Skills Training	Yes	Not Covered	

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRE-SERVICE AUTHORIZATION REQUIRED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Day Habilitation (Day Services)	Yes	Not Covered	
Disposable Medical Supplies (DMS)	Yes*	Yes*	* 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.
Durable Medical Equipment (DME)	Yes*	Yes*	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.
Environmental Accessibility Adaptations (Home Modifications)	Yes	Not Covered	
Financial Management Services	Yes	Not Covered	
Health and Wellness	Yes	Not Covered	
Home Delivered Meals	Yes	Not Covered	

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRE-SERVICE AUTHORIZATION REQUIRED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Home Health Services	Yes*	Yes*	* 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.
Housing Counseling	Yes	Not Covered	
Mental Health Day Treatment	Yes	Yes	
Mental Health Services	Yes*	Yes*	*Excluding inpatient or physician provided or comprehensive community services, as not covered. *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 (including respiratory care, intermittent and private duty nursing)	Yes	Yes*	* 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*	* Nursing Home Level of Care: IMD not covered for residents between ages 22-64. * Non-Nursing Home Level of Care: 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

PRE-SERVICE AUTHORIZATION REQUIRED?

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>* In all settings except inpatient hospital, as not covered.</p> <p>* 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>* 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 (PERS)	Yes	Not Covered	
Physical Therapy	Yes*	Yes*	<p>* In all settings except inpatient hospital, as not covered.</p> <p>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	Not Covered	

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

PRE-SERVICE AUTHORIZATION REQUIRED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Residential Services: <ul style="list-style-type: none"> • 1-2 bed Adult Family Homes (AFH) • 3-4 bed Adult Family Homes • Community-Based Residential Facility (CBRF) • Residential Care Apartment Complexes (RCAC) 	Yes	Not Covered	
Respite	Yes	Not Covered	
Self-Directed Personal Care Services	Yes	Not Covered	
Skilled Nursing Services (RN/LPN)	Yes	Not Covered	* 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	* 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*	* In all settings excluding hospital inpatient, as not covered. 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

PRE-SERVICE AUTHORIZATION REQUIRED?

Service	Family Care: Nursing Home Level of Care - Waiver	Family Care: Non-Nursing Home Level of Care - Base	Benefit Notes
Supported Employment Services – Individual and Small Group Employment Support	Yes	Not Covered	
Supportive Home Care (SHC)	Yes*	Not Covered	* 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.
Training Services for Unpaid Caregivers	Yes	Not Covered	
Transportation (Specialized Transportation) Community Transportation	Yes*	Yes*	Transportation services or items that enable a member to engage in the community.
Transportation (Specialized Transportation) Other Transportation – Self-Directed Supports	Yes	Not Covered	Transportation to receive non-emergency, Medicaid-covered medical services for a member who elects to self- direct.
Transportation	Yes*	Yes*	Transportation to receive non-emergency, Medicaid-covered medical services * Excludes ambulance, as not covered. 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.
Vehicle Modifications	Yes	Not Covered	
Vocational Futures Planning and Support (VFPS)	Yes	Not Covered	