

To:  
Nurse  
Practitioners  
Nurses in  
Independent  
Practice  
HMOs and Other  
Managed Care  
Programs

## Change in Requirements for Retaining Certification to Provide Private-Duty Nursing Services After Certification to Provide Respiratory Care Expires

This *Wisconsin Medicaid and BadgerCare Update* describes a change in the requirements for nurses in independent practice for retaining Wisconsin Medicaid certification to provide private-duty nursing services after certification for providing respiratory care to ventilator-dependent recipients expires.

### Letter of Intent No Longer Required

Effective immediately, nurses in independent practice (NIP) *who have a private-duty nursing (PDN) affidavit on file with Wisconsin Medicaid* are no longer required to submit a letter of intent to retain their Wisconsin Medicaid certification for PDN services when their respiratory care services certification expires.

Previously, when NIP failed to complete the training necessary to continue providing respiratory care to ventilator-dependent recipients, Wisconsin Medicaid also terminated their certification to provide PDN if no letter of intent was received.

### Completed Affidavit Required

Nurses in independent practice who intend to continue providing PDN after their respiratory care services certification expires are required to submit a PDN affidavit if one is not already on file. The Attachment of this *Wisconsin Medicaid and BadgerCare Update* contains a copy of the PDN affidavit, which may be photocopied for use. Providers may also find the PDN affidavit on the Medicaid Web site, [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/), on the Provider Certification Packets page of the Providers section. Providers should refer to the Independent Nurse certification packet.

### Requirements for Providing Private-Duty Nursing Respiratory Care to Ventilator-Dependent Recipients

To be eligible for reimbursement by Wisconsin Medicaid for providing PDN with respiratory care to ventilator-dependent recipients, nurses are required to:

- Be an NIP certified by Wisconsin Medicaid to provide respiratory care.
- Send the following to Wisconsin Medicaid before the retraining deadline:
  - ✓ A current copy of their respiratory care services training certificate(s) from an accredited Joint Commission of Health

Care Organizations hospital or a nursing home state-approved for ventilator care. Nurses in independent practice are required to undergo retraining every 24 months.

- ✓ A current copy of their valid cardiopulmonary resuscitation (CPR) card (Basic Life Support for Health Care Providers Program from the American Red Cross or American Heart Association).
- ✓ A completed Declaration of Skill Acquisition — Respiratory Care Services form. This form is located in the Wisconsin Medicaid Independent Nurse Certification Packet; a certification packet can be obtained by calling Provider Services at (800) 947-9627 or (608) 221-9883 or by downloading a copy from the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

Nurses in independent practice will receive confirmation of the receipt of these materials and approval from Wisconsin Medicaid.

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Private-Duty Nursing Affidavit

Nurses in independent practice who intend to continue providing private-duty nursing (PDN) services after their respiratory care services certification expires are required to submit a PDN affidavit if one is not already on file. Nurses in independent practice who have not completed and filed the PDN affidavit with Wisconsin Medicaid will continue to have their PDN certification expire when their certification for respiratory care expires.

(A copy of the Private-Duty Nursing Affidavit is located on the following page.)



DIVISION OF HEALTH CARE FINANCING  
 WISCONSIN MEDICAID AND BADGERCARE  
 PROVIDER SERVICES  
 6406 BRIDGE ROAD  
 MADISON WI 53784

Jim Doyle  
 Governor

Telephone: 800-947-9627  
 608-221-9883

Helene Nelson  
 Secretary

**State of Wisconsin**

Department of Health and Family Services

dhfs.wisconsin.gov/medicaid  
 dhfs.wisconsin.gov/badgercare

**WISCONSIN MEDICAID PROGRAM  
 PRIVATE DUTY NURSE (PDN) PROVIDERS**

**AFFIDAVIT**

Prior Authorization (PA) approval is required for individual PDN-certified providers. PA is a separate process that follows the certification process. If you are applying for initial Medicaid certification, you will need your provider number to send your request for PA. When you receive your Medicaid approval letter and provider number, immediately send your PA request. Medicaid cannot ensure payment of any services which are provided before the PA is received and approved. If you start services before the PA is approved, they may not be covered or payable Medicaid services.

**SIGNATURE**

I certify that I fully understand the contents of this Affidavit and other Certification/recertification documents and that the information I have provided in all documents for this application/ recertification is accurate. I have read the attached Wisconsin Administrative Code, s. HFS 105.19 certification regulations and s. HFS 107.12 covered private duty nursing services regulations, and understand that as an individual PDN-certified provider, I must meet these and all Medicaid rules on a continuous basis.

I attest that I meet/will meet all of the certification requirements under HFS 105.19, Wis. Adm. Code, and will meet all regulations as are now in effect or as may later be amended, on a continuous and ongoing basis.

If the Department of Health and Family Services finds that I have falsified or misrepresented any facts relating to my application/recertification to provide PDN services to Medicaid recipients, I understand that my certification as a Medicaid provider will be terminated and Medicaid payments I have received will be paid back.

\_\_\_\_\_  
 (Print) Last Name First Name MI Maiden Name (if applicable)

\_\_\_\_\_  
 Home Address: Street City State Zip ( ) Home Phone Number

\_\_\_\_\_  
 Signature Date Medicaid Prov. #  
 (New Applicants Skip)

“The Wisconsin Medicaid program requires information to enable the Medicaid program to certify providers and to authorize pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for those services.”