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Preface

The Wisconsin Medicaid Personal Care Handbook is issued to personal care providers who participate in Wisconsin Medicaid. It contains information that applies to *fee-for-service* Medicaid providers. The information in this handbook applies to services provided to both Medicaid and BadgerCare recipients.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing (DHCF) is directly responsible for managing Wisconsin Medicaid and BadgerCare. BadgerCare extends Medicaid coverage to uninsured children and parents with incomes below 185% of the federal poverty level and who meet other program requirements. BadgerCare recipients receive the same health benefits as Wisconsin Medicaid recipients and their health care is administered through the same delivery system.

Medicaid and BadgerCare recipients enrolled in Medicaid HMOs are entitled to at least the same benefits as Medicaid fee-for-service recipients; however, HMOs may establish their own requirements regarding coverage limitations, prior authorization, billing, etc. If you are a Medicaid HMO network provider, contact your managed care organization regarding its requirements. Information contained in this and other Medicaid publications is used to resolve disputes regarding covered benefits under managed care arrangements.

The Personal Care Handbook consists of the following sections:

- General Information.
- Covered Services.
- Prior Authorization.
- Billing.

In addition to the Personal Care Handbook, each Medicaid-certified provider is issued a copy of the All-Provider Handbook. The All-Provider Handbook includes the following subjects:

- Claims Submission.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Prior Authorization.
- Provider Certification.
- Provider Resources.
- Provider Rights and Responsibilities.
- Recipient Rights and Responsibilities.
- Response to Claims Submission.

The Provider Rights and Responsibilities section of the All-Provider Handbook identifies specific responsibilities of a Wisconsin Medicaid provider. Refer to this section for detailed information regarding fair treatment of the recipient, maintenance of records, recipient requests for noncovered services, services rendered to a recipient during periods of retroactive eligibility, grounds for provider sanctions, and additional state and federal requirements.

Important:

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

Wisconsin regulation and law

- Regulation: Wisconsin Administrative Code, Rules of Health and Family Services, Chapters HFS 101 - 108.
- Law: Wisconsin Statutes: Sections 49.43 - 49.497 and 49.665.

Federal regulation and law

- Regulation: Title 42 CFR Parts 430 - 456 -- Public Health.
- Law: United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.

Wisconsin Medicaid handbooks and updates further interpret and implement these laws and regulations.

Wisconsin Medicaid handbooks and updates, maximum allowable fee schedules, helpful telephone numbers and addresses, and much more information are available at Wisconsin Medicaid's web site at: www.dhfs.state.wi.us/medicaid.

The DHFS contracts with a fiscal agent to provide health claims processing, communications, and other related services.

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Covered Services

Wisconsin Medicaid Covers Personal Care Services

As specified in HFS 107.112, Wis. Admin. Code, Wisconsin Medicaid covered personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community.

Personal care services are covered when provided by a Medicaid-certified personal care provider to an eligible Wisconsin Medicaid recipient according to the policies and procedures in this handbook.

Covered services are required to have written orders of a physician and a written Plan of Care (POC). All covered personal care services provided must be supervised by a registered nurse (RN) supervisor. The services must be medically necessary and be provided by individuals who are trained in a manner that is in compliance with licensing and certification requirements.

Medical Necessity

Medical necessity is the basic requirement for all Wisconsin Medicaid services, including personal care services, according to HFS 106.02(5), Wis. Admin. Code.

According to HFS 101.03(96m), Wis. Admin. Code, “medically necessary” means a medical assistance service under ch. HFS 107, Wis. Admin. Code, that is required to prevent, identify or treat a recipient’s illness, injury or disability, and meets the following standards:

1. Is consistent with the recipient’s symptoms or with prevention, diagnosis or treatment of the recipient’s illness, injury or disability.

2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
3. Is appropriate with regard to generally accepted standards of medical practice.
4. Is not medically contraindicated with regard to the recipient’s diagnoses, the recipient’s symptoms or other medically necessary services being provided to the recipient.
5. Is of proven medical value or usefulness and, consistent with s. HFS107.035, is not experimental in nature.
6. Is not duplicative with respect to other services being provided to the recipient.
7. Is not solely for the convenience of the recipient, the recipient’s family or a provider.
8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient.
9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Covered Personal Care Services

According to HFS 107.112(1)(b), Wis. Admin. Code, Wisconsin Medicaid will reimburse a personal care provider for the following medically necessary services. Refer to the Limitations to Covered Services chapter of this section for information on limitations to covered services.

Personal care services are covered when provided by a Medicaid-certified personal care provider to an eligible Wisconsin Medicaid recipient according to the policies and procedures in this handbook.

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Assistance with Activities of Daily Living

These tasks are:

- Assistance with getting in and out of bed.
- Toileting, including use and care of bedpan, urinal, commode, or toilet.
- Assistance with bathing.
- Assistance with feeding.
- Teeth, mouth, denture, and hair care.
- Assistance with dressing and undressing.
- Care of eyeglasses and hearing aids.
- Assistance with mobility and ambulation, including use of walker, cane, or crutches.
- Simple transfers, including bed-to-chair or wheelchair and reverse.
- Skin care, excluding wound care.

Supervision, cueing, or prompting of a recipient, when that is the only service provided, is not separately reimbursable.

Assistance with Housekeeping Activities

The following activities are covered services:

- Changing the recipient's bed and laundering the bed linens and the recipient's personal clothing.
- Light cleaning in essential areas of the home used during personal care service activities.
- Meal preparation, food purchasing, and meal serving. Wisconsin Medicaid reimburses for the time it takes a personal care worker (PCW) to go to and from the recipient's home for groceries and supplies. The time spent for this is considered a personal care service, not travel time, for prior authorization (PA) and billing purposes.

Accompanying the Recipient to Medical Appointments

The PCW may accompany the recipient to physician or therapy appointments for diagnosis or treatment. Time spent by the PCW accompanying the recipient to a medical appointment is considered personal care, not travel time.

Assistance with Medically Oriented Tasks

Medically oriented tasks generally are those tasks supportive of nursing care that require special medical knowledge or skill. These tasks are covered personal care services according to HFS 107.112(2)(b), Wis. Admin. Code. Medically oriented tasks must be delegated to a trained PCW by an RN. Criteria for delegating tasks are located in Appendix 1 of this handbook section. Examples of medically oriented tasks are located in Appendix 2.

Travel Time

Wisconsin Medicaid reimburses personal care providers for *reasonable* travel time of the PCW. This is never more than the actual time, rounded to the nearest 30-minute increment, that the PCW spends traveling to and from the recipient's residence and one of the following locations:

- The previous or following personal care appointment.
- The PCW's residence.
- The provider's office.

Regardless of the transportation chosen (walking, biking, taking the bus, etc.), reasonable travel time for a PCW is always defined as the average time it would take to drive the shortest possible distance by car. Wisconsin Medicaid does not cover excessive travel time due to an individual worker's transportation choices, such as a lengthy bus ride.

Wisconsin Medicaid does not reimburse for travel time of the PCW between appointments when separate appointments are in the same building.

Providers should not bill twice for the same trip, even if the reimbursement comes from separate payment sources.

Multiple round trips to a single recipient's home in a day are not covered unless it is medically necessary to provide the care at

Supervision, cueing, or prompting of a recipient, when that is the only service provided, is not separately reimbursable.

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separate intervals and the PCW must physically leave the home between those intervals.

Providers are required to schedule PCW visits to minimize travel time so that the service is delivered in the most cost-effective manner, according to HFS 101.03(96m), Wis. Admin. Code.

Registered Nurse Supervisory Visits

Wisconsin Medicaid will reimburse personal care providers for an RN supervisor to supervise the PCW every 60 days. To allow flexibility in scheduling, a supervisory visit is reimbursable every 50 to 60 days per provider, per recipient. Refer to the General Information section of this handbook for more information on supervisory visits.

Exception to RN Supervision Every 60 Days

In uncommon instances, there may be medically necessary reasons for conducting RN supervisory visits of the PCW more often than once every 60 days if the recipient is medically unstable and receiving skilled care. For Medicaid reimbursement, these visits must be medically necessary. Reimbursement for these RN supervisory visits is limited to one visit per month, per provider, per recipient according to HFS 107.112(3)(d), Wis. Admin. Code.

If a provider bills Wisconsin Medicaid for a supervisory visit more frequently than every 50 to 60 days, the provider is required to document in the medical record the medical necessity for the visit. Refer to the Billing section of this handbook for the appropriate procedure code to use when billing personal care supervisory visits.

Case Sharing

In instances of case sharing, each personal care provider is responsible for supervision of its own PCW(s) by an RN supervisor. Each provider may be reimbursed by Wisconsin Medicaid for RN supervisory visits according to the above guidelines.

Disposable Medical Supplies

Disposable medical supplies (DMS) are medically necessary items, which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable. These supplies are covered services only when prescribed by a physician according to HFS 107.24, Wis. Admin. Code.

All DMS primarily serve a medical purpose and are not useful to a person without an illness or injury. The item must be necessary and reasonable for treating an illness or injury, or for improving the function of a malformed body member, and must be suitable for use in the recipient's place of residence.

When providing DMS, take note of the following guidelines:

- Personal care providers may be reimbursed for DMS, but not for durable medical equipment (DME) or nutritional food supplements. Refer to the DMS Index for Medicaid-covered DMS and monthly limitations.
- Any Medicare-covered DMS for Wisconsin Medicaid recipients who are eligible for Medicare must first be billed to Medicare.
- All Occupational Safety and Health Administration-mandated and other infection-control supplies are included in the Wisconsin Medicaid reimbursement for personal care services. These costs may not be reimbursed separately or billed to the recipient.

Wisconsin Medicaid will reimburse personal care providers for an RN supervisor to supervise the PCW every 60 days.

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Limitations to Covered Services

General

The following requirements must be met for Wisconsin Medicaid reimbursement of covered personal care services.

Prior Authorization

Services must meet prior authorization (PA) requirements as defined in the Prior Authorization section of this handbook.

Medically Oriented Tasks

According to HFS 107.112(2)(b), Wis. Admin. Code, medically oriented tasks must meet the following conditions:

- The tasks are safely delegated to the personal care worker (PCW) by a registered nurse (RN).
- The PCW is trained and supervised by the provider to provide the tasks.
- The recipient, parent, or responsible person is permitted to participate in the training and supervision of the PCW.

Refer to appendices 1 and 2 for more information on the delegation of medically oriented tasks.

Place of Service

Although the recipient does not need to be confined to the home to receive personal care services, the services must be provided in the home (which is the place where the recipient lives and sleeps). Authorization for services in a recipient's temporary residence is handled on a case-by-case basis through PA. The only exceptions to services provided in the home allow the PCW reasonable time to:

- Accompany the recipient to medical appointments for diagnosis and treatment.
- Leave the home to purchase groceries and medical supplies or prescriptions for a recipient who is unable to

perform these activities. The recipient does not accompany the PCW on these trips.

Housekeeping Activities

No more than one-third of the total weekly time spent by a PCW may be in performing housekeeping activities *for the recipient* according to HFS 107.112(3)(e), Wis. Admin. Code. Housekeeping activities reimbursed by Wisconsin Medicaid must be incidental to medically oriented covered tasks or activities for daily living.

Examples of housekeeping activities may include changing the recipient's bed, cleaning medical equipment, laundering of the recipient's bed linens and personal clothing, light cleaning in essential areas of the home used during personal care services, purchasing of food, and preparation of the recipient's meals and cleaning recipient's dishes.

These housekeeping activities may not be provided for the benefit of any other member of the household, even if some of the one-third time allotment remains.

Supervision

Services must be performed under the supervision of an RN by a PCW who meets Wisconsin Medicaid qualifications and who is employed by or under contract to a Medicaid-certified provider. Licensed home health agencies should refer to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of the General Information section of this handbook for more information.

Plan of Care

Services must be performed according to a written Plan of Care (POC). Refer to the Plan of Care portion of the General Information

No more than one-third of the total weekly time spent by a PCW may be in performing housekeeping activities *for the recipient*.

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section of this handbook for detailed information on the POC.

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N Noncovered Services

Under HFS 107.112,(4), Wis. Admin. Code, Wisconsin Medicaid does not cover the following:

- Personal care services provided in a hospital, nursing home, or community-based residential facility (CBRF) with more than 20 beds.
- Homemaking services and cleaning of areas not used during personal care services, unless directly related to the care of the person and essential to the recipient's health.
- Personal care services not documented in the Plan of Care (POC).
- Personal care services provided by a legally responsible relative, defined as a spouse or parent of a child under 18 years of age.
- Personal care services provided in excess of 50 hours per calendar year without prior authorization (PA).
- Skilled therapy and nursing services (these may be covered under the home health benefit when provided by a Medicaid-certified home health agency).
- Medically oriented tasks performed by a personal care worker but not delegated by a registered nurse.

Wisconsin Medicaid does not cover Personal care services provided in a hospital, nursing home, or community-based residential facility (CBRF) with more than 20 beds.

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Duplicative Services

All providers are responsible for coordinating services to avoid duplicate billing.

As specified in HFS 101.03(96m)(b)(6), Wis. Admin. Code, medically necessary services cannot duplicate other services being provided to the recipient. All providers are responsible for coordinating services to avoid duplicate billing. The following information assists providers in determining if services are duplicative.

Informal Support Systems

Wisconsin Medicaid supplements the personal care services provided by informal support systems, including other members of a recipient's household. Wisconsin Medicaid will not reimburse services furnished by the provider when family and other household members provide the medically necessary services without reimbursement. However, this informal participation is not a condition of coverage.

In assessing the recipient's needs for supplemental personal care, the provider is required to:

- Ask members of the household about the extent that they are willing and able to provide medically necessary covered services for the recipient and document the answers in the recipient's medical record.
- List the care family members can provide.
- Document if no member of the household can provide care. A Community Options Program (COP) assessment or narrative reflecting possible informal support systems meets this requirement.
- Indicate all care, formal and informal, on the Wisconsin Medicaid Home Care Assessment Form. Refer to Appendix 1 of the Prior Authorization section of this handbook for instructions on how to complete the Wisconsin Medicaid Home Care Assessment Form. Refer to Appendix 2 for the Wisconsin Medicaid Home Care Assessment Form.

Care in Group Settings

Recipients may reside in alternate group living settings, such as community-based residential facilities (CBRF), residential care apartment complexes (RCAC), adult family homes (AFH), etc. Any personal care service provided in a CBRF with more than 20 beds is not covered under the personal care benefit.

Alternate living facilities often provide some personal care as part of their contract with the recipient's county. This care often includes housekeeping, meal preparation, grocery shopping, and laundry.

Medically necessary personal care over and above that provided by the alternate living facility may be covered by Wisconsin Medicaid. Personal care providers are responsible for coordinating services to avoid duplication of those services the facility is required to provide under its licensure and contract with the county. Duplicative care will be monitored through audits.

Care provided in group settings is required to meet all Medicaid requirements, including registered nurse (RN) supervision.

Two Caregivers Providing Care for a Recipient at the Same Time

When it is medically necessary, Wisconsin Medicaid may reimburse a personal care worker (PCW) to assist an RN, licensed practical nurse, home health aide, or another PCW to provide care simultaneously to a recipient when a primary caregiver is not available. If two providers are caring for a recipient simultaneously, one provider must be a PCW.

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The situations in which a PCW may assist are:

- Periodic changing of the entire tracheotomy tube.
- Periodic transfer or repositioning of a recipient when a two-person transfer is required because all other transfer devices have failed.

The RN supervisor is required to document on the plan of care the reason that two caregivers are required.

Personal Care to Multiple Recipients at a Single Location

When personal care services are provided to more than one recipient at a single location, providers are required to consolidate care for tasks such as cleaning, laundry, travel time, and meal preparation.

Refer to the Billing for Multiple Recipients at a Single Location portion of the Billing Section of this handbook for examples and more information.

When personal care services are provided to more than one recipient at a single location, providers are required to consolidate care for tasks such as cleaning, laundry, travel time, and meal preparation.

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Appendix 1

Delegation of Medically Oriented Tasks

Medically oriented tasks are covered personal care services when delegated by a registered nurse (RN) under HFS 107.112(2)(b), and N6, Wis. Admin. Code.

Criteria for Delegation of Medically Oriented Tasks

According to HFS 107.112(2)(b), Wis. Admin. Code, a personal care worker (PCW) of a Medicaid-certified personal care agency may perform a medically oriented task under the delegation of an RN according to Chapter N6, Wis. Admin. Code, and the guidelines of the Board of Nursing. When delegating medically oriented tasks, the following conditions should be met:

1. The agency has policies and procedures designed to provide for safe and accurate performance of the delegated tasks. These policies shall be followed by personnel assigned to perform these tasks.
2. The RN provides written delegation of the nursing act.
3. Documentation supports the educational preparation of the caregiver who performs delegated tasks.
4. For medication administration, documentation should also include the name of the medication, the dose, the route of administration, the time of administration, and identification of the person administering the medication.
5. Teaching and supervisory oversight is provided by the RN.
6. Recipients are informed, prior to the delivery of service, that unlicensed personnel will administer their medications and other treatments/procedures.
7. The supervision and direction of the delegated nursing act meets the requirements of Chapter N6, Wis. Admin. Code.
8. The recipient, parent, or responsible person is permitted to participate in the training and supervision of the PCW.

To assure that services are competently and safely provided, and the needs of the recipient are being met, an RN must provide the following supervision and direction of the delegated nursing acts:

- Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- Provide direction and assistance to those supervised.
- Observe and monitor the activities of those supervised.
- Evaluate the effectiveness of acts performed under supervision.

The supervising RN must document that the above requirements are met when medically oriented tasks are delegated to PCWs. Documentation must include that the PCW has been appropriately trained to provide the medically oriented task safely for the specific recipient and competency has been evaluated.

Tasks that Cannot be Delegated

According to the Board of Nursing, the following are two principal exceptions to the RN's ability to delegate tasks to unlicensed personnel:

1. Nursing assessment and evaluation cannot be delegated. Licensed practical nurses and less-skilled assistants may assist the RN in these functions but may not perform them in their entirety.
2. Performance of intravenous (IV) therapy, including starting peripheral IV lines, adding medication to the IV fluids, monitoring IV fluids which carry medication, and monitoring IV fluids for hydration purposes require direct, on-site supervision.

Responsibility for Delegation

Though agencies may suggest which nursing acts should be delegated, it is the supervising RN who makes the decision on whether and under what circumstances the delegation occurs. When an RN delegates another person to perform a task, the RN assumes responsibility and liability under his or her license for the proper performance of that task. The RN should only delegate tasks that can be performed appropriately or safely by the PCW.

The PCW is not required to accept a delegated act. However, the PCW should immediately inform the RN supervisor if he or she refuses to accept the delegation.

Questions Regarding Delegation

The Department of Regulation and Licensing standards in Chapter N6, Wis. Admin. Code, define a nurse's responsibility when delegating nursing acts. Further questions regarding the interpretation of this code and the delegation of nursing acts, should be directed to:

Department of Regulation and Licensing,
Board of Nursing
P.O. Box 8935
Madison, WI 53708-8935

E-mail address: Dorl@mail.state.wi.us
Telephone number: (608) 266-0145

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Appendix 2

Examples of Medically Oriented Tasks That May be Delegated to PCWs

Usual personal care worker (PCW) activities include assistance with activities of daily living (ADL), assistance with housekeeping activities, and accompanying the recipient to medical appointments. In addition to these tasks, PCWs may provide assistance with medically oriented tasks which are delegated by a registered nurse (RN).

The following are examples of tasks that may be considered medically oriented tasks. This list of medically oriented tasks is not intended to be all-inclusive.

Active Seizure Intervention

Active seizure intervention, including safety measures, reporting seizures, and administration of medication at the time of the active seizure, etc., may be a medically oriented task. Active seizure intervention may be medically necessary when the recipient has had active seizures, requiring active intervention, within the past 62 days.

Application of Prosthesis or Orthosis

This may be a medically oriented, medically necessary task when part of a serial splinting program or when the recipient has a demonstrated problem with frequent skin breakdowns that must be closely monitored.

Assistance with Activities that are Directly Supportive of Skilled Therapy Services

This includes activities that do not require the skills of a therapist to be safely and effectively performed. Activities may include routine maintenance exercises, e.g., range of motion exercises and repetitive speech routines. In order to be medically necessary, the activities must be ordered in conjunction with an active therapy program or as a result of a therapy evaluation signed by a therapist. The therapist may screen the client and recipient as often as medically necessary to verify the continuing medical necessity of activities supportive of therapy, such as range of motion (ROM), repetitive speech drills, and other routine exercise programs. A full therapy evaluation by a therapist is needed when there is a change in client condition or when the home exercise program is not accomplishing its goals.

Complex Repositioning

This is specialized positioning, including positioning required to:

- Reduce spasticity.
- Be part of a therapy treatment in a home exercise program (e.g., placing a recipient in a specialized position for “X” amount of time to accomplish a specific goal).
- Properly apply a brace or splint so it will be effective and not harm the recipient.
- Prevent skin breakdowns when the recipient has demonstrated problems with frequent skin breakdowns.

Complex Transfers

These are transfers that require the use of special devices when there is an increased likelihood that a negative outcome would result if the transfer were not done correctly or when a special technique is used as part of a complex therapy program. The following transfer techniques are part of the suggested personal care curriculum and do not qualify as complex transfers: stand-pivot transfer, sliding board, and transfer belts. Complex transfers may be medically necessary when the recipient has no volitional movement below the neck or when simple transfer techniques have been demonstrated to be ineffective and unsafe.

Feeding

This may be a medically oriented task and necessary when there is a high risk for aspiration and the physician orders special procedures or techniques that must be utilized to effect safe feeding. Examples include thickening of liquids, small bolus of food positioned in a special section of the mouth, or a chin tuck.

Feeding via a gastrostomy tube may be a medically oriented task when it is deemed appropriate and when delegated by the registered nurse.

Glucometer Reading

Taking glucometer readings and reporting them to the supervising nurse whenever they are outside of parameters established for the recipient by the physician may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of readings outside of established parameters. High blood sugars due to the noncompliance of a competent adult do not justify glucometer tests as medically necessary tasks.

Medication Administration

May be provided by personal care workers when delegated by an RN under N6, Wis. Admin. Code.

Simple Dressing Changes

These are dressing changes that do not require the skills of a licensed nurse. Wounds or ulcers that show redness, edema, and induration, at times with epidural blistering or desquamation, do not ordinarily require skilled nursing care. Simple dressing changes may be medically necessary when the physician orders them for the treatment of a wound or sore and no primary caregiver is willing or able to provide the care.

Skin Care

Skin care may be a medically oriented task and medically necessary when legend solutions, lotions, or ointments are ordered by the physician due to skin breakdown, wounds, open sores, etc. PRN ("as needed" hours) or prophylactic skin care is an activity of daily living task, not a medically oriented task.

Vital Signs

Taking vital signs may include taking the recipient's temperature, blood pressure, and pulse and respiratory rates, and reporting them to the supervising nurse whenever they are outside of the parameters established for the recipient by the physician. Taking vital signs may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of an exacerbation and the physician establishes parameters at which point a change in treatment may be required.

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Glossary of Common Terms

Activities of daily living (ADL)

Activities of daily living are activities relating to the performance of self care, including dressing, feeding or eating, grooming and mobility.

Adult family homes (AFH)

An adult family home is a place where three or four adults who are not related to the operator reside and receive care, treatment, or services that are above the level of room and board and that may include up to seven hours of nursing care per week, per resident. These homes are licensed under chapter HFS 88, Wis. Admin. Code.

Community-Based Residential Facility (CBRF)

A community-based residential facility is a place where five or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment, or services. These would be services above the level of room and board but that include no more than three hours of nursing care per week, per resident. Refer to s. 50.01(1g), Wis. Stats., and HFS 83.03, Wis. Admin. Code, for more information.

Covered service

A covered service is a service, procedure, item or supply for which Medicaid reimbursement is available, provided to a Medicaid recipient by a Medicaid-certified provider qualified to provide the particular service, procedure, item or supply or under the supervision of a certified and qualified provider.

Disposable medical supplies (DMS)

Disposable medical supplies are medically necessary items, which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable.

Duplicative services

Duplicative services occur when a provider is performing and being reimbursed for the same service as another provider, family member, or other party.

Durable medical equipment (DME)

Durable medical equipment is equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury, and is appropriate for use

in the home (examples - wheelchairs, hospital beds, and side rails).

Home health (HH) agency

A home health agency is a Medicaid-certified public agency or private organization, or a subdivision of the agency or organization, which is primarily engaged in providing skilled nursing services and other therapeutic services to a recipient at the recipient's place of residence. Home health agencies are licensed under Chap. 50, Wis. Stats., and HFS 133, Wis. Admin. Code.

Housekeeping activities

For the purpose of Medicaid reimbursement, housekeeping activities are light cleaning in essential areas of the home used during personal care service activities (i.e., kitchen cleanup following meal preparation), meal preparation, food purchasing and meal serving, changing the recipient's bed, and laundering the bed linens and the recipient's personal clothing.

Medical necessity

Medical necessity is medical assistance service under ch. HFS 107, Wis. Admin. Code, that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability, and:
- (b) Meets the following standards:
 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability.
 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
 3. Is appropriate with regard to generally accepted standards of medical practice.
 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient.
 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
 6. Is not duplicative with respect to other services being provided to the recipient.
 7. Is not solely for the convenience of the recipient, the recipient's family or a provider.
 8. With respect to prior authorization of a service and to other prospective coverage

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Glossary (continued)

determinations made by the department, is cost-effective compared to an alternative medically necessary service, which is reasonably accessible to the recipient.

9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Medicare

Medicare is a national health insurance program for people 65 years of age and older, certain younger people with disabilities, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Personal care worker (PCW)

A personal care worker is an individual employed by a personal care provider certified under HFS 105.17, Wis. Admin. Code, or under contract to the personal care provider to provide personal care services under the supervision of a registered nurse.

Prior authorization (PA)

Prior authorization is the authorization issued by the Department of Health and Family Services to a provider before the provision of a service. Specific PA criteria are covered in the Prior Authorization section of this handbook.

Plan of Care (POC)

A written plan of care for a recipient is developed by a registered nurse based on physician orders in collaboration with the recipient/family, and approved by the physician. The purpose of the POC is to provide necessary and appropriate services, allow appropriate assignment of a PCW, set standards for personal care activities, and give full consideration to the recipient's preferences for service arrangements and choice of PCWs. The POC is based on a visit to the recipient's home and includes a review and interpretation of the physician's orders; evaluation of the recipient's needs and preferences; assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language; and the frequency and anticipated duration of service.

Provider

A personal care provider is an HH agency, county department, independent living center, tribe, or public

health agency that has been certified by Wisconsin Medicaid to provide personal care services to recipients and to be reimbursed by Wisconsin Medicaid for those services.

Recipient

A recipient is a person who is enrolled in Medicaid and is eligible to receive benefits under Medicaid.

Registered nurse (RN)

A registered nurse is a person who holds a current Wisconsin license as a registered nurse under ch. 441, Wis. Stats., or, if practicing in another state, is licensed with the appropriate licensing agency in that state.

Residential care apartment complex (RCAC)

A residential care apartment complex is a place where five or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen, including a stove, individual bathroom, sleeping and living areas and that provides to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal, and nursing services. RCACs are required to adhere to HFS 89, Wis. Admin. Code.

Supervision

Supervision of personal care services is required to be performed by a qualified RN who reviews the Plan of Care (POC), evaluates the recipient's condition, and observes the personal care worker (PCW) performing assigned tasks at least every 60 days. Supervision requires intermittent face-to-face contact between supervisor and assistant and regular review of the assistant's work by the supervisor according to HFS 101.03(173), Wis. Admin. Code. Supervisory review includes:

- A visit to the recipient's home.
- Review of the PCWs daily written record.
- Discussions with the physician of any necessary changes in the POC, according to HFS 107.112(3)(c), Wis. Admin. Code.

Travel time

Travel time is the time spent traveling to and from the recipient's residence and the previous or following personal care appointment, the PCW's residence, or the provider's office.

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