

Important Telephone Numbers

The table below lists frequently used services and their telephone numbers. You may obtain recipient information and ask questions by utilizing these services.

Service	Information available	Telephone number	Hours
Automated Voice Response (AVR) System (Recorded information)	Checkwrite Information Claim Status Prior Authorization Status Recipient Eligibility*	(800) 947-3544 (608) 221-4247	24 hours/7 days a week
Commercial Eligibility Software and Forward Card Magnetic Stripe Readers	Recipient Eligibility*	Call Provider Services for a list of software and card reader vendors.	24 hours/7 days a week
Provider Services (Correspondents)	Checkwrite Information Claim Status Prior Authorization Status Provider Certification Recipient Eligibility*	(800) 947-9627 (608) 221-9883	Policy/eligibility/ billing: 8:30-4:30 (M, W-F) 9:30-4:30 (T) Pharmacy: 8:30-9:00 (M, W-F) 9:30-9:00 (T) 9:00-5:00 (Sat.)
Direct Information Access Line with Updates for Providers (Dial-Up)	Checkwrite Information Claim Status Prior Authorization Status Recipient Eligibility*	Call (608) 221-4746 if you would like more information.	7:00-6:00 (M-F)

*Recipient eligibility information includes:

- Lock-in status.
- Medicare coverage.
- Medicaid managed care program name and telephone number.
- Privately-purchased managed care or other commercial health insurance coverage.
- Limited benefit information.

Order Form

Use this form to order additional complete copies of the Personal Care Handbook or separate handbook sections. You may also use this form to order a three-ring binder to hold your handbook(s).

Handbook Name	Quantity	Amount	Total
Personal Care Handbook, complete set		\$34.50	
General Information section		\$ 7.00	
Covered Services section		\$ 6.25	
Prior Authorization section		\$11.75	
Billing section		\$ 9.50	
Wisconsin Medicaid Binder		\$ 5.00	
Subtotal			\$ _____
5% Sales Tax			\$ _____
1/2% County Sales Tax (if applicable)			\$ _____
TOTAL ENCLOSED			\$ _____

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If applicable, tax exempt number: _____

Company or organization: _____

Mailing address: _____

Contact person: _____

Telephone number: _____

Send this form and a check or money order (made payable to EDS) for the full amount, including sales tax, to:
 Medicaid Provider Maintenance
 6406 Bridge Road
 Madison, WI 53784-0006

Download Medicaid handbooks from the web

Wisconsin Medicaid handbooks are also available on the Internet. To download this handbook or its sections free of charge from the worldwide web, visit the Handbooks area of the Provider Publications section of the Medicaid web site at www.dhfs.state.wi.us/medicaid.

Ordering Wisconsin State Statutes & Wisconsin Administrative Code

You may purchase a copy of HFS 101-108, Wis. Admin. Code, and Wisconsin State Statutes from the address or telephone number at right.

To order from Document Sales:

Write:
 Document Sales
 Integrated Document Services
 Department of Administration
 P.O. Box 7840
 Madison, WI 53707

Or call:
 (608) 266-3358

T Table of Contents

Preface	3
Provider Information	5
Provider Certification	5
Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies	5
Application for Certification	5
Provider Responsibilities	6
Business Operations	6
Record Maintenance	6
Agency Records	6
Recipient-Related Records	7
Employee Records	7
Personnel Management	7
Consumer Responsiveness	8
Documentation	8
Documentation Required	8
Documentation of Training	8
Optional Documentation Forms	9
Change of Ownership	9
Scope of Service	9
Advisory Committees	9
Personal Care Agency Personnel	10
Contracting for Personal Care Services	10
Qualifications for Registered Nurse Supervisors	10
Qualifications for Personal Care Workers	10
Personal Care Worker Training	10
Personal Care Equivalent Experience	11
Registered Nurse Supervisory Duties	11
Plan of Care	12
Personal Care Worker Duties	13
Reimbursement	13
Case Sharing	13
Recipient-Related Information	15
Eligibility for Wisconsin Medicaid and BadgerCare	15
Recipient Eligibility Verification	15
Recipient Copayments	15
Recipients Enrolled in Wisconsin Medicaid-Contracted Managed Care Programs	15
Recipient Rights	15

Appendix	17
1. Optional Documentation Form to Document PCW Experience	19
2. Optional Documentation Form for Travel Time and Time of Service	21
3. Completed Example of Optional Documentation Form for Travel Time and Time of Service	23
4. Optional Employee/Recipient Roster	25
Glossary of Common Terms	27
Index	29

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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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Provider Information

If you are seeking certification as a Wisconsin Medicaid personal care provider, you are required to complete and submit a certification application.

Provider Certification

Providers may be eligible for Wisconsin Medicaid personal care certification through various routes. According to HFS 105.17(1), Wis. Admin. Code, the following are eligible for personal care certification:

- A home health (HH) agency licensed under s. 50.49, Wis. Stats., and HFS 133, Wis. Admin. Code.
- A county department of social services or human services established under s. 46.215, 46.22, or 46.23, Wis. Stats.
- A county department of mental health or developmental disabilities services established under s. 51.42 or 51.437, Wis. Stats., which has the lead responsibility in the county for administering the Community Options Program under s. 46.27, Wis. Stats.
- An independent living center as defined in s. 46.96(1)(ah), Wis. Stats.
- A local public health agency may request a waiver, according to HFS 106.13, Wis. Admin. Code, of the qualifying personal care provider eligibility requirements listed in HFS 105.17(1), Wis. Admin. Code. The waiver requested will be considered by the Department of Health and Family Services (DHFS) if a county or city has no county- or city-operated personal care provider.
- According to s. 20.002(13), Wis. Stats., federally recognized tribal governing bodies may apply for Wisconsin Medicaid certification as a personal care provider. Tribes are subject to the same conditions and restrictions that apply to other Wisconsin Medicaid personal care providers.

Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies

Licensed HH agencies that are Medicaid certified to provide personal care services are required to comply with applicable federal and state licensing and certification requirements, which include:

- Wisconsin HH agency licensing requirements in s. 50.49, Wis. Stats., and HFS 133, Wis. Admin. Code. The Bureau of Quality Assurance (BQA) establishes and administers these regulations. Contact the BQA for further information. For general questions, call the Health Services Section at (608) 266-8084 or the Provider Regulation and Quality Improvement section at (608) 264-9896. For licensure information, call (608) 266-7782.
- Wisconsin Caregiver Background Check Law in ss. 46.685 and 50.065, Wis. Stats., and HFS 12, Wis. Admin. Code, and Reporting Abuse, Neglect, and Misappropriation in s. 146.40, Wis. Stats., and HFS 13, Wis. Admin. Code. For further information, access the DHFS web site at www.dhfs.state.wi.us or contact BQA at (608) 261-7650.
- Federal Medicare Conditions of Participation in 42 CFR 484. These regulations are also monitored by the BQA.
- Wisconsin Medicaid home health certification requirements in HFS 101-108, Wis. Admin. Code. Refer to the Home Health Handbook for more information.

Application for Certification

If you are seeking certification as a Wisconsin Medicaid personal care provider, you are required to complete and submit a certification application. You are required to document that you meet certification requirements in the application. You can obtain an application by calling Provider Services at (800) 947-9627 or

(608) 221-9883. For more information on certification, refer to the All-Provider Handbook.

Existing certification as a home health, case management, or mental health provider is not sufficient to be reimbursed for personal care services provided to Wisconsin Medicaid recipients. Providers are required to apply to Wisconsin Medicaid for separate certification to receive Wisconsin Medicaid reimbursement for personal care services.

Separate certification is *not* necessary for a Medicaid-certified personal care agency to be reimbursed for disposable medical supplies (DMS). Upon certification as a personal care agency, providers automatically receive applicable Wisconsin Medicaid policy and billing information for DMS. Wisconsin Medicaid does *not* reimburse personal care providers for durable medical equipment (DME) or nutritional supplements.

Provider Responsibilities

Medicaid-certified personal care providers are required to meet the following standards of business operations, record maintenance, personnel management, consumer responsiveness, and documentation according to HFS 105.17, Wis. Admin. Code.

Business Operations

The Medicaid-certified provider is responsible to:

- Possess the capacity to enter into a legally binding contract.
- Document the following in the certification application:
 - √ Cost effective provision of services.
 - √ Adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days.
 - √ A written plan of operation describing the entire process from referral

through delivery of services and follow-up.

- Document a financial accounting system that complies with generally accepted accounting principles.
- Bill Wisconsin Medicaid for personal care and travel time services, registered nurse (RN) supervisory visits, and DMS to receive Wisconsin Medicaid reimbursement.

Record Maintenance

Medicaid-certified personal care providers have the responsibility to maintain all agency, recipient-related, and employee records listed in HFS 105.17 and HFS 106.02(9), Wis. Admin. Code.

This responsibility can be satisfied if the Medicaid-certified provider maintains the records on premises. If you contract for services, you may require your subcontractor to maintain records. However, the Medicaid-certified provider retains all responsibility to assure compliance with requirements. Refer to HFS 106.02(9), Wis. Admin. Code, for general information on record keeping, including record retention.

Agency Records

According to HFS 105.17(4), Wis. Admin. Code, the Medicaid-certified personal care provider or its subcontractor(s) is required to maintain the following agency records:

- Written personnel policies.
- Written job descriptions.
- A written plan of operations indicating the entire process of recipient care, from making referrals through delivery of services and follow-up.
- A written statement defining the scope of personal care services provided, including the population being served, service needs, and service priorities.
- Workers' time sheets.
- Health care records of recipients.

The Medicaid-certified provider retains all responsibility to assure compliance with requirements.

Medicaid-certified personal care providers are responsible to ensure that the PCWs they hire or contract with meet the background information requirement.

- Contracts with contract workers and other agencies.

Recipient-Related Records

According to HFS 105.17(1)(g), Wis. Admin. Code, the Medicaid-certified provider or its subcontractor(s) is required to maintain the following recipient records:

- The nursing assessment, signed physician orders, and Plan of Care (POC) for the recipient.
- The personal care worker’s (PCW) assignment, record of all assignments, and record of RN supervisory visits.
- The record of all visits by the PCW, including observations and assigned activities, completed and not completed.
- A copy of written agreements between the personal care provider and RN supervisor, if applicable.

Employee Records

The Medicaid-certified provider or its subcontractor(s) is required to maintain the following records:

- Employee information including name, address, salary, job qualifications, job title, and dates of employment.
- The PCWs’ qualifications, including the 40 hours of training or six months of equivalent experience.
- Personal care worker in-service training, if appropriate.
- Records of supervisory visits and performance evaluations.
- Background information to demonstrate that the PCW has not been convicted of a crime which directly relates to the occupation of providing personal care or other health care services, according to HFS 105.17(3)(a)4, Wis. Admin. Code.

Medicaid-certified personal care providers are responsible to ensure that the PCWs they hire or contract with meet the background information requirement. To evaluate the employee’s background, providers may

complete and submit a Department of Justice Record Request Form and access the Circuit Court Automation Program at ccap.courts.state.wi.us/InternetCourtAccess/. If a conviction or arrest record is found, providers should take steps to determine what the record is for and take this information into account when hiring a PCW. Personal care providers that are also licensed HH agencies should refer back to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of this section for more information.

Personnel Management

The Medicaid-certified provider is required to:

- Document a system of personnel management if more than one PCW is employed.
- Employ or contract with PCWs to provide personal care services.
- Document in the certification application that employees possess knowledge, training, and experience with the special needs of the recipient groups receiving services, including independent living needs.
- Employ trained workers, train the workers, or arrange and pay for training of employed or subcontracted PCWs as necessary.
- Employ or contract with at least one qualified RN.
- Supervise the provision of personal care services.
- Ensure that qualifications and requirements of the RN supervisor and PCW are met or are being met.
- Perform all functions and provide all services specified in a written personal care provider contract between the personal care provider and PCWs under contract, and maintain a copy of that contract on file. Document performance of PCWs under contract by maintaining time sheets of PCWs that show the types and duration of services provided, by funding source.

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- Provide the PCW with the basic materials and equipment needed to deliver personal care services.
- Evaluate and document each PCW's work performance on a periodic basis.

Consumer Responsiveness

The Medicaid-certified provider is required to:

- Give full consideration to a recipient's preferences for service arrangements and choice of PCW(s).
- Document a grievance mechanism to resolve recipients' complaints about personal care services, including a personal care provider's decision not to hire a recipient's choice of a PCW.
- Document a quality assurance mechanism and quality assurance activities.
- Cooperate with other health and social service agencies in the area and with interested community referral groups to avoid duplication of services and provide coordination of personal care services to recipients.

Documentation

Medicaid-certified providers are required to document the nature and scope of all services provided and reimbursed according to Wisconsin Medicaid rules. Documentation is required to show the provider's compliance with legal, fiscal, clinical, regulatory, and other requirements. According to HFS 106.02(9)(f), Wis. Admin. Code, covered services are not reimbursable under Wisconsin Medicaid unless the documentation and medical record keeping requirements are met. Documentation is monitored during the audit process.

Documentation Required

According to HFS 106.02(9)(a), Wis. Admin. Code, all providers are required to maintain truthful, accurate, complete, legible, and concise documentation. Providers are required to document:

- The full name of the recipient on each page of the medical record.
- The date of service (month, day, and year). The start and end times of each period of care must be provided.
- The quantity, level, and supply of service provided.
- The place where the service was provided.
- The signature and title of the person who provided the service to the recipient. If a flow sheet is used, check marks can be used if the worker signs each page. Initials can be used in the body of the flow sheet to indicate completion of a task if the worker's signature and title are on file in the medical record.
- The purpose of, and need for, the services.
- The pertinent financial records.

Provider records must support that all time billed to Wisconsin Medicaid is actual (within rounding guidelines), necessary, and reasonable. Providers will only be reimbursed by Wisconsin Medicaid for personal care time and travel time actually provided (within rounding guidelines), even if prior authorization (PA) allows for additional time.

For each date of service billed to Wisconsin Medicaid, the following must be documented:

1. Where and when travel started and ended.
2. When each period of personal care started and ended.
3. When and where return travel started and ended.

Refer to the Covered Services section of this handbook for reasonable travel time criteria.

Documentation of Training

Providers are required to maintain documentation of the PCW's qualifications according to HFS 105.17(4)(e), Wis. Admin. Code. Refer to the Personal Care Worker Training portion of this section for more information on PCW training. Documentation of an individual worker's personal care training and experience should include at least one of the following:

Medicaid-certified providers are required to document the nature and scope of all services provided and reimbursed according to Wisconsin Medicaid rules.

The Home Care Advisory Committee and the Home Care Consumer Advisory Committee advise the DHFS and act as a communication link between the DHFS, providers, and recipients.

- Certificate of completion of a PCW training program that meets the criteria outlined in the Personal Care Worker Training portion of this section.
- Verification of experience, including dates of equivalent experience, description of tasks performed, and population served.

Optional Documentation Forms

In appendices 1 through 4 of this section there are forms that some agencies have found helpful to document PCW experience, personal care service provided, and travel time. You are not required to use these forms, but you may find them helpful for record keeping. If you choose to duplicate and use these forms or adapt them to fit your agency’s specific needs, you should have them reviewed by your legal counsel and make sure they conform to your agency’s policies. Refer to:

- Appendix 1 for an optional form to document PCW experience.
- Appendix 2 for an optional documentation form for travel time and time of service. This form is not detailed enough to be a PCW assignment sheet.
- Appendix 3 for an example of an optional documentation form for travel time and time of service to use as a reference.
- Appendix 4 for an optional employee/recipient roster form to record information about an employee and the recipients for whom he or she provides care.

Change of Ownership

Providers are required to report in writing any change in licensure, certification, group affiliation, corporate name, or ownership before the effective date of the change according to HFS 105.02(1), Wis. Admin. Code. Changes of ownership include mergers, consolidations, and other legal transactions that meet the state or federal definitions of a change of ownership.

The Department of Health and Family Services (DHFS) may require the provider to

complete a new provider application and a new provider agreement when a change in status occurs. Refer to the All-Provider Handbook for more information on change of ownership.

Licensure of an HH agency per s. 50.49, Wis. Stats., does not transfer. Contact the BQA at (608) 266-7782 for additional licensure information. Licensed HH agencies should also refer back to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of this section.

Scope of Service

The policies in this Personal Care Handbook govern personal care services provided within the scope of the practice of the profession as defined in s. 49.46(2)(b)6.j., Wis. Stats., and HFS 105.17 and 107.112, Wis. Admin. Code, and professional services provided within the scope of practice of professional nursing and medicine as defined in ss. 441.04, 441.05, 441.06, 441.11(4), 448.07, Wis. Stats., HFS 105.17 and 107.112, Wis. Admin. Code, and Wisconsin Board of Nursing Administration Code N6. Refer to the Covered Services section of this handbook for specific information on covered personal care services.

Advisory Committees

The Home Care Advisory Committee and the Home Care Consumer Advisory Committee advise the DHFS and act as a communication link between the DHFS, providers, and recipients. Personal care providers and recipients are represented on the committees. Information on the advisory committees is available by writing to the Division of Health Care Financing (DHCF) at:

Division of Health Care Financing
 1 W. Wilson St., Room 350
 PO Box 309
 Madison, WI 53701-0309

Personal Care Agency Personnel

Medicaid-certified personal care agencies may employ or contract with RN supervisors and PCWs according to HFS 105.17(1), Wis. Admin. Code. Licensed HH agencies should refer back to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of this section for more information.

Contracting for Personal Care Services

If a Medicaid-certified personal care agency contracts for services, it is required to do the following:

- Enter into a written contract for any personal care services provided by any outside personnel for which it bills Wisconsin Medicaid and maintain a copy of the contract on file according to HFS 105.17(1)(p), Wis. Admin. Code.
- Retain both legal and fiscal responsibility for contracted agencies and personnel to monitor events to assure compliance with all applicable licensing and certification requirements according to HFS 106.02(9)(e), Wis. Admin. Code.
- Be responsible for sharing Medicaid information with its contracted agencies and personnel, including the Wisconsin Administrative Code, handbooks, and Wisconsin Medicaid Updates.

Qualifications for Registered Nurse Supervisors

HFS 105.17(2)(a), Wis. Admin. Code, requires an RN supervisor under contract with or employed by a Medicaid-certified personal care agency to meet all of the following qualifications:

- Be licensed in Wisconsin pursuant to s. 441.06, Wis. Stats.
- Be a public health nurse or be currently or previously employed by an HH agency, an independent living center, or a hospital rehabilitation unit.

- Provide documentation of experience in the provision of personal care services in the home.

Qualifications for Personal Care Workers

Medicaid-certified providers are responsible for assuring that the PCWs they employ or contract with meet the following requirements according to HFS 105.17(3)(a), Wis. Admin. Code. A PCW:

- Is required to have documented training in the provision of personal care services for the population served, (e.g., persons with developmental disabilities or physical disabilities, older adults, etc.) with whom he or she works.
- Cannot be a legally responsible relative of the recipient under s. 49.90(1), Wis. Stats. A legally responsible relative is defined as a spouse or the parent of a child under 18 years of age.
- Cannot be a person who has been convicted of a crime that directly relates to the occupation of providing personal care or other health care services. For more information on employee backgrounds, see the Employee Records portion of this section. Licensed HH agencies should also refer back to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of this section.

Medicaid-certified personal care agencies are required to employ trained PCWs or train or arrange and pay for training of employed or contracted PCWs.

Personal Care Worker Training

Medicaid-certified personal care agencies are required to employ trained PCWs or train or arrange and pay for training of employed or contracted PCWs according to HFS 105.17(1)(i), Wis. Admin. Code.

The costs to personal care agencies for PCW training are administrative and are not separately reimbursable by Wisconsin Medicaid.

HFS 105.17(3)(a)1, Wis. Admin. Code, requires personal care training to consist of a minimum of 40 classroom hours, at least 25 of which shall be devoted to personal and

restorative care, or six months of equivalent experience. Training should emphasize the techniques of caring for the special needs of the population the PCW will serve.

The PCW training should be conducted by one of the following:

- Registered nurse supervisor of PCWs.
- Vocational, technical, and adult education system instructor.
- Home health agency RN.

The content and adequacy of the training program are the responsibility of the provider. Training programs do not require approval of the DHFS. Licensed HH agencies should refer back to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of this section for more information.

Personal Care Equivalent Experience

Providers are encouraged to have all employees complete a 40-hour personal care training course. However, a worker may qualify as a PCW with six or more months of equivalent experience providing personal care. The provider is responsible for assuring that the equivalent experience is commensurate with the amount, variety, and scope of care that the PCW will be providing. Common examples of experience considered equivalent to the classroom experience include:

- Six months of full-time or one year of half-time employment as a nursing home or hospital aide, attendant, medical day treatment aide, or HH agency worker.
- Six months previous experience providing personal care services for a relative if the worker will continue to provide the same care as an employee of a personal care agency. However, if a relative has not previously cared for the recipient but wants to do so under Wisconsin Medicaid, the 40-hour training requirement must be satisfied.

If a PCW's experience has been confined to a limited range of tasks (e.g., bathing or dressing) or a specific population (e.g., persons with physical disabilities or children), the agency is required to limit the worker's assignments to similar tasks or population. If the duties are not equivalent to the PCW's experience, the 40-hour training course must be completed.

Registered Nurse Supervisory Duties

To assure quality of care, Wisconsin Medicaid requires an RN supervisor to evaluate, coordinate, and supervise personal care services for each recipient. According to HFS 105.17(2)(b) and HFS 107.112(3), Wis. Admin. Code, an RN supervisor is required to:

- Evaluate the recipient's needs and preferences for service and make referrals to other services as appropriate.
- Secure signed and written orders from the recipient's physician. Orders are to be renewed every three months unless one of the following situations occurs:
 - √ The physician specifies that orders covering a period up to one year are appropriate.
 - √ The recipient's needs change.

Licensed HH agencies must follow the more stringent requirements for obtaining physician's orders in HFS 133, Wis. Admin. Code.

- Manage the POC by performing the following:
 - √ Develop the POC, giving full consideration to the recipient's preferences for service arrangements and choice of PCWs (for more information on the POC, see the Plan of Care portion of this section).
 - √ Interpret the POC to the PCW.
 - √ Assure that a copy of the POC, including the dated and signed physician orders, is filed in the recipient's medical record.

To assure quality of care, Wisconsin Medicaid requires an RN supervisor to evaluate, coordinate, and supervise personal care services for each recipient.

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- √ Review the POC at least every 60 days and update as necessary.
- Develop appropriate time and service reporting mechanisms for PCWs and instruct the PCWs on their use.
- Assure the competency of the PCW and perform the following:
 - √ Assign the PCW to a specific recipient to perform specific tasks.
 - √ Interpret the POC to the PCW(s).
 - √ Give the PCW written instructions about the services to be performed and demonstrate how to perform the services.
 - √ Evaluate and document the competency of the PCW to perform necessary services before the worker provides these services.
- Conduct supervisory visits and perform all of the following at each visit:
 - √ Make a supervisory visit to the recipient's home as often as necessary, but at least every 60 days, to observe the worker providing care (refer to the Covered Services section for more information on Wisconsin Medicaid reimbursement for RN supervisory visits). When more than one PCW is assigned to care for a single recipient, observe a different worker at every visit, eventually observing all workers actually performing services.
 - √ Review and evaluate the recipient's medical condition and medical needs according to the written POC during the period in which care is being provided.
 - √ Determine whether the current level of services, including frequency and duration of service, continue to be appropriate to treat the recipient's medical condition.
- √ Discuss with the physician any changes necessary to the POC.
- √ Discuss and review with the recipient or representative, as appropriate, the services provided by the worker and the recipient's needs and preferences.
- √ Review the worker's daily written record.
- √ Document each supervisory visit in the recipient's medical record.

Plan of Care

According to HFS 107.112(3)(b), Wis. Admin. Code, the purpose of the POC is to:

- Provide necessary and appropriate services.
- Allow appropriate assignment of a PCW.
- Set standards for personal care activities.
- Give full consideration to the recipient's preferences for service arrangements and choice of PCWs.

The POC is developed by an RN supervisor based on physician orders in collaboration with the recipient/family and is approved by the physician. The POC is based on a visit to the recipient's home and includes all of the following:

- 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.
- The frequency and anticipated duration of service.

The POC is developed by an RN supervisor based on physician orders in collaboration with the recipient/family and is approved by the physician.

Providers may not discriminate against Wisconsin Medicaid recipients by charging a higher fee for the services than is charged to non-Medicaid patients.

Personal Care Worker Duties

According to HFS 105.17(3)(b), Wis. Admin. Code, the PCW:

- Performs tasks for which he or she is trained that are assigned by the RN supervisor.
- Reports in writing to the RN supervisor on each assignment.
- Reports any changes in the recipient's condition to the RN supervisor.
- Confers, as required, with the RN supervisor regarding the recipient's progress.

Reimbursement

Wisconsin Medicaid reimburses personal care providers for PCW service, travel time, and RN supervisory visits at the lesser of:

- The provider's usual and customary charge.
- The maximum allowable fee established by the DHFS based on the budget established by the legislature.

Providers are required to bill their usual and customary charges for the actual number of personal care and travel time hours and personal care supervisory visits provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. Providers (i.e., governmental agencies) who do not have a usual and customary charge should bill the estimated cost for services provided.

For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

According to Medicaid home and community-based waiver requirements, providers are required to bill Medicaid fee-for-service services prior to utilizing Medicaid waiver funds for services available under fee-for-service in the state plan [Medicaid (MA)

Community Waivers Manual, Chapter 1, section 1.08(11)].

Providers may not discriminate against Wisconsin Medicaid recipients by charging a higher fee for the services than is charged to non-Medicaid patients.

Case Sharing

If more than one Medicaid-certified home care provider provides care to a recipient, the case becomes a shared case. Personal care providers sharing a case with other personal care agencies, HH agencies, or nurses in independent practice should document their communication with the other providers regarding recipient needs, POC, and scheduling. This will ensure coordination of services and continuity of care, while also preventing duplication of services being provided to a recipient.

The Prior Authorization section of this handbook describes what information case-sharing providers are required to include in their prior authorization requests.

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Recipient-Related Information

Wisconsin Medicaid providers should verify recipient eligibility and any limitations to the recipient's coverage *before* providing service.

Eligibility for Wisconsin Medicaid and BadgerCare

Wisconsin Medicaid issues identification cards to recipients who meet eligibility criteria and are enrolled in Wisconsin Medicaid and BadgerCare. Identification cards are mailed to recipients when they become eligible for these programs. Each recipient has his or her own card.

Recipient Eligibility Verification

Wisconsin Medicaid providers should verify recipient eligibility and any limitations to the recipient's coverage *before* providing service. Providers can verify eligibility by accessing the Eligibility Verification System (EVS) for Wisconsin Medicaid recipients. The five eligibility verification methods include:

1. A card reader that may be purchased through a commercial eligibility verification vendor.
2. Personal computer software that may be purchased through a commercial eligibility verification vendor.
3. Wisconsin Medicaid's Automated Voice Response (AVR) system.
4. Wisconsin Medicaid Provider Services.
5. The Direct Information Access Line with Updates for Providers (Dial-Up).

See the All-Provider Handbook for more detailed information on EVS and eligibility for Wisconsin Medicaid. For telephone numbers regarding recipient eligibility, refer to the page of Important Telephone Numbers at the beginning of this section.

Recipient Copayments

Personal care services reimbursed by Wisconsin Medicaid do not require recipient copayment. However, disposable medical supplies (DMS) reimbursed by Wisconsin

Medicaid do require recipient copayment. Refer to DMS publications, the All-Provider Handbook, and the Wisconsin Medicaid web site at www.dhfs.state.wi.us/medicaid for more information.

Recipients Enrolled in Wisconsin Medicaid-Contracted Managed Care Programs

Wisconsin Medicaid requires providers to verify the recipient's current eligibility for Wisconsin Medicaid-contracted managed care program coverage before providing services. Wisconsin Medicaid denies claims submitted for services covered by Medicaid-contracted managed care programs.

Personal care claims must be submitted to the managed care program if the recipient is enrolled in a managed care program. The contract between the managed care program and the certified provider establishes all conditions of payment and prior authorization for personal care services.

Providers should refer to the Wisconsin Medicaid Managed Care Guide for additional information about noncovered services, emergency services, and hospitalizations in managed care.

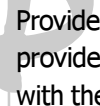
Recipient Rights

Personal care recipients have the same rights afforded to all Wisconsin Medicaid recipients as detailed in HFS 104, Wis. Admin. Code. According to HFS 105.17(1), Wis. Admin. Code, personal care providers are also required to:

- Document a grievance mechanism to resolve recipients' complaints about personal care services, including a personal care provider's decision not to hire a recipient's choice of a personal care worker (PCW).

- Document a quality assurance mechanism and quality assurance activities.
- Give full consideration to a recipient's preferences for service arrangements and choice of PCW(s).

Providers should provide recipients with the Wisconsin Medicaid telephone number available to them for assistance. Recipient Services can be reached at (800) 362-3002 or (608) 221-5720.



Providers should provide recipients with the Wisconsin Medicaid telephone number available to them for assistance.

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Appendix 1

Optional Documentation Form to Document PCW Experience

AGENCY NAME: _____
ADDRESS: _____ PHONE NO. _____

PERSONAL CARE WORKER EXPERIENCE CHECK

Client Name: _____ Applicant Name: _____
Address: _____ Address: _____

DESCRIPTION OF PERSONAL CARES PERFORMED BY APPLICANT:

Duties performed: _____

Dates: from _____ to _____

Years: _____

Months: _____

How well did the applicant perform his/her duties? _____

Did the applicant respect your property? _____

Was the applicant always on time? _____

Did the applicant get along with other family members? _____

Were the cares provided standard or would you consider them to be exceptional? _____

Explain: _____

Would you recommend the applicant as an excellent care giver? _____

If not, please give the reasons: _____

Comments: _____

Signature: _____ Date _____

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Appendix 2

Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

HHA/PCW Charting Form

Client's Name _____

YEAR _____
Client # _____

TRAVEL TIME									
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles
			Time Begin	Time End	Total Miles	Time Begin	Time End		
SAT									
SUN									
MON									
TUE									
WED									
THUR									
FRI									
			Weekly Total =			Weekly Total =			

TIME OF SERVICE	SAT	SUN	MON	TUE	WED	THUR	FRI	Weekly Total
Date:								
Dress/Undress								
TEDS Stocking								
Tub Bath								
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo								
Oral Care								
Preventive Skin Care								
Shaving								
Nail Care								
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting								
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises								
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen								
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: _____

PCW/HHA Signature

Print HHA/PCW Name

Empl. #

Client Signature

RN Signature

Review Date

Appendix

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Appendix 3

Example of Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

HHA/PCW Charting Form

Client's Name I.M Recipient YEAR 1999
Client # 10xs

TRAVEL TIME										
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles	
			Time Begin	Time End	Total Miles	Time Begin	Time End			
SAT	2/1/99	HOME	7:30am	7:55am	6	10:05am	10:30am	OFFICE	6	
SUN										
MON										
TUE										
WED										
THUR										
FRI										
Weekly Total =						Weekly Total =				

TIME OF SERVICE	8-10am	SUN	MON	TUE	WED	THUR	FRI	Weekly Total
Date:	SAT	SUN	MON	TUE	WED	THUR	FRI	
Dress/Undress								
TEDS Stocking								
Tub Bath	* ✓							
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo	✓							
Oral Care	✓							
Preventive Skin Care	✓							
Shaving	✓							
Nail Care	✓							
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting	✓							
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises	✓							
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen	✓							
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y <u>N</u>	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: _____

I.M. Caregiver I.M. Caregiver xxxxxxx
 PCW/HHA Signature Print HHA/PCW Name Empl. #

Client Signature I.M. Recipient RN Signature I. M. Nurse Review Date xxxxxx

* Agencies utilizing multiple funding sources for extended visits may want to indicate minutes of care provided instead of check marks for each date of service.

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Appendix 4

Optional Employee/Recipient Roster

Employee Name: Jane Brown #40
Home Address: 6 S. Lane Rd. Hometown, WI 12345
Phone: (608) 222-2222
DOB: 05/08/61
SS#: 476-31-1111
Orient: 08/10/96

Client Name: Joe Doe
Client Address: 4 E. Troy St. Hometown, WI 12345
Time of Service: 10 AM - 12:00
Mileage to client's house: 6 miles

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

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Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Appendix

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Glossary of Common Terms

Case sharing

Case sharing occurs when more than one Medicaid-certified home care provider provides care to a recipient.

Copayment

Copayment is the portion of the provider's reimbursement that is paid by certain adult Medicaid recipients for certain medical services.

Department of Health and Family Services (DHFS)

The Wisconsin Department of Health and Family Services (also referred to as the Department) administers Medicaid. Its primary mission is to foster healthy, self-reliant individuals and families by promoting independence and community responsibility; strengthening families; encouraging healthy behaviors; protecting vulnerable children, adults, and families; preventing individual and social problems; and providing services of value to taxpayers.

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.

Division of Health Care Financing (DHCF)

The Division of Health Care Financing is the division in the DHFS responsible for administration of the Medicaid program.

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).

Eligibility Verification System (EVS)

Providers can use the Eligibility Verification System to verify if recipients are eligible for Medicaid. The EVS also tells providers if the recipient is enrolled in a Medicaid HMO, has private health insurance coverage, or is in a restricted benefit category.

Home health (HH) agency

A home health agency is a 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.

Independent living center

An independent living center is a community-based, nonresidential, private, nonprofit agency defined in s. 46.96(1)(ah), Wis. Stats., that vests power and authority in individuals with disabilities, that is designed and operated within a local community by individuals with disabilities and that provides an array of independent living services.

Medicaid

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

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 services

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 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.

Place of residence

A recipient's place of residence (or home) is where the recipient lives and sleeps. For the provision of Wisconsin Medicaid personal care services, a recipient's home may not be a hospital, nursing home, or a community-based residential facility (CBRF) with 20 or more beds. For CBRFs with fewer than 20 beds and for adult family homes, the Wisconsin Medicaid personal care provider should review the contract between the

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Glossary (continued)

recipient and the facility, and the contract between the facility and the county before providing care to avoid duplicate billing.

Plan of Care (POC)

A written plan of care for a recipient is developed by an RN supervisor 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 a home health 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 eligible to receive benefits under Medicaid and is enrolled in the Medicaid program.

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.

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.

Usual and customary charge

The usual and customary charge is the provider's charge for providing the same service to persons not entitled to Medicaid benefits.

Wisconsin Medicaid fiscal agent

The Wisconsin Medicaid fiscal agent is the company under contract to the DHFS to process claims for services provided under Medicaid. The current fiscal agent is EDS.

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Index

- Advisory committees, 9
- BadgerCare, 3, 15
- Bureau of Quality Assurance, 5, 9
- Care-giver background check, 5, 7, 10
- Case sharing, 13
- Change of ownership, 9
- Consumer responsiveness, 8
- Contracting for personal care services, 10
- Copayments, 15
- Date of service, 8
- Disposable medical supplies, 6, 15
- Documentation
 - Optional forms, 9, 19-25
 - PCW training, 8, 10
 - Required, 8
- Durable medical equipment, 6
- Eligibility, recipient
 - Verification systems, 15
 - Wisconsin Medicaid, 15
- Glossary of common terms, 27
- Home health agency, 5, 7, 9, 10, 11
- Legally responsible relative, 10
- Managed care programs, 3, 15
- Medicaid home and community-based waivers, 13
- Medicare Conditions of Participation, 5
- Nutritional supplements, 6
- Personal care equivalent experience, 11
- Personal care worker
 - Duties, 13
 - Experience, 7, 9, 10, 11, 19
- Plan of Care, 11, 12
- Provider certification
 - Application for, 5
 - County department of mental health or developmental disabilities services, 5
 - County department of social or human services, 5
 - Home health agency, 5, 7, 9, 10, 11
 - Independent living center, 5
 - Public health agency, 5
- Provider responsibility
 - Business operations, 6
 - Consumer responsiveness, 8
 - Documentation, 8
 - Personnel management, 7
 - Record maintenance, 6
- Qualifications
 - For PCWs, 10
 - For RN supervisors, 10
- Recipient rights, 15
- Record maintenance
 - Agency, 6
 - Employee, 7
 - Recipient, 7
 - Registered nurse supervisor
 - Duties, 11, 12
 - Qualifications, 10
 - Supervisory visits, 6, 11, 12
 - Reimbursement, 6, 13
- Training, 8, 10
- Travel time, 6, 8, 9, 21, 23

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