

Chapter HSS 101

INTRODUCTION AND DEFINITIONS

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HSS 101.01 Authority and purpose. Pursuant to s. 49.45 (10), Stats., the rules of this chapter are adopted for the purpose of administering the medical assistance program in Wisconsin.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.

HSS 101.02 Applicability. The rules apply to all recipients of, providers of, and all persons engaged in the administration of the medical assistance program.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.

General Definitions

Note: For ease of reference, some definitions have been grouped together under broad category headings (e.g., definitions of terms specific to one coverage area or subject, or definitions of terms which have specific meanings within the context of a section). Definitions of terms which appear with more frequency throughout the rule (e.g., "provider," "recipient") and definitions of terms which appear in only one spot in the rule have been placed together under the category General Definitions.

HSS 101.03 Definitions. (1) **ACCREDITED.** "Accredited" means approved by a national accrediting agency or association which has been recognized by the U.S. commissioner of education.

(2) **AMBULATORY.** "Ambulatory" means able to walk independently, without assistance.

(3) **ANSI.** "ANSI" means American national standards institute.

(4) **BORDER-STATUS PROVIDER.** "Border-status provider" means a provider located outside of Wisconsin which regularly gives service to Wisconsin recipients and which is certified to participate in the Wisconsin program.

(5) **BUREAU.** "Bureau" means the bureau of health care financing in the department of health and social services.

(6) **"BUREAU OF HEALTH CARE FINANCING.** "Bureau of health care financing" means the bureau within the division responsible for administration of the medical assistance program.

(7) **CFR.** "CFR" means the Code of Federal Regulations.

(8) **CHRISTIAN SCIENCE NURSE.** "Christian science nurse" means a nurse who meets the requirements of section HSS 105.18.

(9) **CLAIM.** "Claim" means a request from a provider on an approved claim form for payment for services to a recipient.

(10) **CLINICAL NOTE.** "Clinical note" means a dated written notation of contact with a patient by a member of a health team. The clinical note

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contains a description of sign and symptoms, treatment or drug given, or both, the patient's reaction, and any changes in physical or emotional conditions.

(11) **CONSULTATION.** "Consultation" means communication between 2 or more providers concerning the diagnosis or treatment in a given case (e.g., history-taking examination of the patient, rendering an opinion concerning diagnosis or treatment, offering service, assistance, or advice, etc.).

(12) **CONTROL INTEREST OR OWNERSHIP.** A person with an ownership or control interest for purposes of disclosure under sections HSS 105.01 (2) and 105.01 (3) means a person who:

(a) Possesses a direct or indirect interest in 5% or more of the issued shares of stock in a corporate entity, or 5% or more of other evidences of ownership in an entity, corporate or otherwise.

(b) Is the owner of an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by an entity or any of the property or assets thereof; or

(c) Is an officer or director of an entity if the entity is organized as a corporation; or

(d) Is a partner in a partnership if the entity is organized as a partnership.

(13) **CORRECTIVE SHOES.** "Corrective shoes" means:

(a) Surgical straight case shoes for metatarsus adductus.

(b) Any shoe attached to a brace for prosthesis. (Arch supports are not considered a brace).

(c) Mismatched shoes involving a difference of a full size or more.

(d) Shoe modifications for a discrepancy in limb length or a rigid foot deformation.

(14) **COVERED SERVICES.** "Covered services" means services, supplies, or items provided or performed by a provider or under a provider's supervision to an eligible recipient of medical assistance, for which medical assistance reimbursement may be made.

(15) **COUNTY AGENCY.** "County agency" means the county department of social services or public welfare.

(16) **DEPARTMENT.** "Department" means the department of health and social services.

(17) **DISPENSARY PROVIDERS.** "Dispensary providers" means providers who dispense drugs or medical supplies and equipment upon a prescription or order from a prescriber authorized under state law to prescribe such items. Examples of dispensary providers are pharmacies, durable medical equipment suppliers, providers of vision care supplies, etc.

(18) **DIVISION.** "Division" means the division of health within the department.

(19) **DRUG DISPENSING.** "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a patient or for a service unit of the facility.

(20) **DRUGS IN SCHEDULES II, III, IV AND V.** "Drugs in schedules II, III, IV and V" means those drugs listed in schedules II, III, IV and V of subch. II of the Controlled Substances Act, ss. 161.17 through 161.24, Stats.

(21) **DURABLE MEDICAL EQUIPMENT.** "Durable medical equipment" means 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 (e.g., wheelchairs, hospital beds, and side rails).

(22) **EMERGENCY SERVICES.** "Emergency services" means those services which are necessary to prevent the death or serious impairment of the health of the individual.

(23) **ENROLLED RECIPIENT.** "Enrolled recipient" means a recipient who has entered into an agreement to receive services from a provider reimbursed under the terms of a prepaid capitation contract with the department.

(24) **EPISODE OF ILLNESS (FOR CHIROPRACTIC).** "Episode of illness" means either the acute onset of a new condition or an exacerbation of a pre-existing condition which limits the functional ability of a person and requires a sequence of chiropractic adjustments to rectify.

(25) **EPSDT SCREENING CLINIC.** "EPSDT screening clinic" means a provider certified to provide EPSDT screening services and meeting the requirements of section HSS 105.37 (2).

(26) **EYEGLASSES.** "Eyeglasses" means lenses, including frames where necessary, and other aids to vision prescribed by a physician skilled in diseases of the eye or by a licensed optometrist.

(27) **FISCAL AGENT.** "Fiscal agent" means the organization under contract to the department to process claims for services provided under the medical assistance program.

(28) **HEALTH CARE PROJECT GRANT CENTER.** "Health care project grant center" means an organization, supported in whole or in part by federal project grant financial assistance, which provides or arranges for medical services to an enrolled population and receives payment for services to eligible recipients through contract with the department.

(29) **HEALTH MAINTENANCE ORGANIZATION (HMO).** "Health maintenance organization" means a legal entity determined by the department to meet the following conditions:

(a) The entity provides to its enrolled recipients: inpatient and outpatient hospital services, laboratory and x-ray services, family planning services and supplies, physicians' services and home health care services.

(b) The entity provides the services in (a) above in a manner prescribed in section 1301 (b) of the Public Health Service Act.

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(c) The entity is organized and operated in the manner prescribed by section 1301 (c) of the Public Health Service Act.

(30) **HOSPITAL.** "Hospital" has the same meaning as that in s. 50.33 (1), Stats. but excluding those facilities exempted by s. 50.39 (3), Stats.

(31) **INSTITUTIONALIZED.** "Institutionalized" means being a patient in a medical institution or a resident of an intermediate care facility.

(32) **INSTITUTIONAL PROVIDER.** "Institutional provider" means a hospital, nursing home, health maintenance organization, home health agency, 51.42 board-operated facility, or other comparable facility meeting the requirements of section HSS 105.01 (5) (a).

(33) **LABORATORY.** "Laboratory" means a laboratory certified pursuant to section HSS 105.43 or 105.48 (1) (c).

(34) **MEDICAL ASSISTANCE PROGRAM.** "Medical assistance program" means the programs operated by the department of health and social services under Title XIX of the federal social security act, related federal regulations, and ch. 49, Stats.

(35) **MEDICARE.** "Medicare" means the program operated by the U.S. department of health, education and welfare under Title XVIII of the federal social security act and related federal regulations.

(36) **NON-COVERED SERVICE.** "Non-covered service" means a service, item or supply for which MA reimbursement shall not be made (e.g., services for which prior authorization has been denied, services listed as non-covered in chapter HSS 107, services considered by consultants to the department to be not medically necessary or unreasonable or inappropriate.)

(37) **NONPROFIT AGENCY.** "Nonprofit agency" means an agency exempt from federal income taxation under section 501 of the internal revenue code of 1954.

(38) **PERSON.** "Person" means an individual, corporation, partnership, association, trustee, governmental unit or other entity.

(39) **PORTABLE X-RAY SERVICE.** "Portable x-ray service" means a service certified pursuant to section HSS 105.44.

(40) **PRACTICAL NURSE.** "Practical nurse" means a person who is licensed as a practical nurse by the state in which practicing.

(41) **PREPAID HEALTH PLAN.** "Prepaid health plan" means a health care provider that is not a health maintenance organization, and that provides medical services to enrolled recipients under contract with the department on a prepaid capitation basis. This includes the entities that meet the criteria of section 1903 (m) (b) (i) or (ii) of the social security act.

(42) **PRESCRIPTION.** "Prescription" means a written order (or an oral order later reduced to writing) by a practitioner for a service for a particular patient, which specifies the date of its issue, the name and address of the practitioner prescribing the service, the name and address of the patient, the specific service prescribed including quantity, duration and

other characteristics, directions or explanations for carrying out the prescribed service, and, in case of a written order, the signature of the practitioner.

(43) **PRIMARY PROVIDER.** "Primary provider" means a provider as defined in s. 49.43 (11), Stats., providing health care service in the area wherein the recipient resides and designated as the primary provider by the recipient with the concurrence of the provider.

(44) **PRIOR AUTHORIZATION.** "Prior authorization" means the written authorization issued by the department to a provider for the provision of a specified covered service.

(45) **PROVIDER.** "Provider" means a person who has been certified by the department to provide services to recipients and receive reimbursement under the Medical Assistance Program.

(46) **PROVIDER AGREEMENT.** "Provider agreement" means the contract between a provider and the department which sets forth conditions of participation and reimbursement.

(47) **PROVIDER CERTIFICATION.** "Provider certification" means the process and approval of a provider for participation in the program, as specified in section HSS 105.01.

(48) **PROVIDER'S ELIGIBILITY DATE.** "Provider's eligibility date" means the first date on which a provider may begin participation in medical assistance, and shall be no earlier than (and may be later than) the initial date of a signed written application.

(49) **PROVIDER'S INITIAL DATE OF APPLICATION.** "Provider's initial date of application" means either:

(a) The date on which the department received a telephone call or letter from a person requesting an application to be a provider; or

(b) The date on which the department receives an unsolicited application form from a person wishing to become a provider; or

(c) The date on which the department receives a person's rejected claim which was rejected due to an invalid provider number.

(50) **PSRO.** "PSRO" or "Professional standards review organization" means the organization under contract with the department of health, education, and welfare, which makes determinations of medical necessity and reviews quality of services received by recipients of medical assistance, medicare and maternal and child health programs when such recipients are hospitalized.

(51) **PUBLIC AGENCY.** "Public agency" means an agency operated by a state or local government.

(52) **PUBLIC HEALTH AGENCY.** "Public health agency" means an official agency established by a state or local government, the primary function of which is to maintain the health of the population served by performing environmental health services, preventive medical services, and in certain cases, therapeutic services.

(53) **PUBLIC HEALTH NURSE.** "Public health nurse" means a registered nurse who has completed a baccalaureate degree program approved by

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the national league for nursing for public health nursing preparation or post-registered nurse study which includes content approved by the national league for nursing for public health nursing preparation.

(54) **RECIPIENT.** "Recipient" means a natural person who is entitled to receive benefits under the medical assistance program.

(55) **REGISTERED NURSE.** "Registered nurse" means a nurse who is registered with the appropriate licensing agency in the state in which practicing.

(56) **RURAL HEALTH CLINIC.** "Rural health clinic" means a clinic that is located in a rural area designated as a shortage area, either as a shortage of personal health services under section 1302 (7) of the Public Health Services Act or a shortage of primary medical care under section 332 of that act; is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other appropriate regulations.

(57) **RURAL SHORTAGE AREA.** "Rural shortage area" means a defined geographic area that is not delineated as an urbanized area by the bureau of the census, and that is designated by the department as having either:

(a) A shortage of personal health services (under section 1302 (7) of the Public Health Service Act), or

(b) A shortage of primary medical care personnel (under section 332 of the Public Health Service Act).

(58) **SEMI-PRIVATE ROOM.** "Semi-private room" means the lowest cost, multiple-bed accommodation in the section of the hospital appropriate for treatment of the recipient's condition, which is available at the time of admission.

(59) **SERVICE.** "Service" means any health care service, supply or item.

(60) **SPECIALIZED MEDICAL TRANSPORTATION SERVICE.** "Specialized medical transportation service" means service provided by a specialized medical transportation vehicle or by an ambulance, to a recipient who is non-ambulatory and requires a wheelchair, or whose condition contraindicates use of ordinary transportation service.

(61) **SUPERVISION.** Unless indicated otherwise in this rule, "supervision" means at least intermittent face-to-face contact between supervisor and assistant and a regular review of the assistant's work by the supervisor.

(62) **TIME OUT.** "Time out" means the time out from positive reinforcement; a behavior modification procedure in which, contingent upon undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

(63) **TREATMENT UNIT.** "Treatment unit" is a term used for purposes of reimbursement which means the time spent in both direct treatment services to the individual patient as well as in related activities preparatory and subsequent to such treatment. Such activities as preparation of the patient for treatment, preparation of the treatment area, and preparing the patient for return are considered to be within the unit of

treatment. Activities not associated with the treatment of the individual patient, such as end of the day clean-up of the treatment area are not considered part of the treatment unit.

(64) **WISCONSIN DRUG FORMULARY.** "Wisconsin drug formulary" means the formulary compiled by the department with the advice of its drug quality council and contained in Wis. Adm. Code, chapter H27.

(65) **WISCONSIN MEDICAL ASSISTANCE UNIFORM CODE ON DENTAL PROCEDURES AND NOMENCLATURE.** "Wisconsin medical assistance uniform code on dental procedures and nomenclature" means the procedure code and nomenclature used by the medical assistance program for the purpose of billing, prior authorization and reimbursement for dental services. The uniform code is a modified adaptation of the current uniform code on dental procedures and nomenclature of the American Dental Association. (Published in Journal ADA; Vol 92; Mar. 1976; p. 647).

(66) **X-RAY FACILITY.** "X-ray facility" means a facility certified pursuant to section HSS 105.44.

Home Health/Personal Care

(67) **ADMINISTRATOR, HOME HEALTH AGENCY.** "Administrator, home health agency," means a person who:

- (a) Is a licensed physician; or
- (b) Is a registered nurse; or

(c) Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health programs.

(68) **BRANCH OFFICE.** "Branch office" means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.

(69) **BYLAWS OR EQUIVALENT.** "Bylaws or equivalent" means a set of rules adopted by a home health agency for governing the agency's operation.

(70) **HOME HEALTH AGENCY.** "Home health agency" means a public agency or private organization, or a subdivision of such an 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.

(71) **HOME HEALTH AIDE.** "Home health aide" means an individual employed by or under contract with a certified home health agency to provide home health aide (including personal care) services under the supervision of a registered nurse.

(72) **PARENT HOME HEALTH AGENCY.** "Parent home health agency" means the agency that develops and maintains administrative controls of subunits or branch offices or both.

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(73) **PERSONAL CARE SERVICES.** "Personal care services" means those services enumerated in section HSS 107.11 when provided by a provider meeting the requirements of section HSS 105.16.

(74) **PERSONAL CARE WORKER.** "Personal care worker" means an individual employed by a certified home health agency or other agency approved by the department pursuant to section HSS 105.16, to provide personal care services under the supervision of a registered nurse.

(75) **PRIMARY HOME HEALTH AGENCY.** "Primary home health agency" means the agency that is responsible for the service rendered to patients and for implementation of the plan of treatment.

(76) **PROPRIETARY AGENCY.** "Proprietary agency" means a private profit-making agency licensed by the state.

(77) **SOCIAL WORK ASSISTANT.** "Social work assistant" means a person who:

(a) Has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a health care setting; or

(b) Has 2 years of appropriate experience as a social work assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved or sponsored by the U.S. Public Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as a social work assistant after December 31, 1977.

(78) **SUBDIVISION.** "Subdivision" means a component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, which independently meets the conditions of participation for home health agencies. A subdivision which has subunits or branches or both is regarded as a parent agency.

(79) **SUBUNIT.** "Subunit" means a semi-autonomous organization, which serves patients in a geographic area different from that of the distance between it and the parent agency. The subunit by virtue of the distance between it and the parent agency is judged incapable of sharing administration, supervision, and services on a daily basis with the parent agency and must, therefore, independently meet the conditions of participation for home health agencies.

Laboratories

(79g) **CLINICAL LABORATORY.** "Clinical laboratory" means a clinical laboratory—with a director at the doctoral level—of a hospital, a health department, university, medical research institution or military installation of the United States government; or a clinical laboratory licensed under the Clinical Laboratories Improvement Act of 1967; for the provision of microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological or other examination of materials derived from the human body, for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or assessment of a medical condition.

(79p) **DIRECTOR AT THE DOCTORAL LEVEL.** "Director at the doctoral level" means a person having the qualification described in section HSS 105.43 (1) (b) except for section HSS 105.43 (1) (b) 5.b., c., and d.

(80) **HISTOCOMPATIBILITY TESTING.** "Histocompatibility testing" means laboratory test procedures which determine a potential donor or organ transplant recipient.

(81) **INDEPENDENT LABORATORY.** "Independent laboratory" means one which is independent both of the attending or consulting physician's office and of a hospital. A laboratory is not an independent laboratory if it is located in a hospital or, if outside the hospital, is operated under the supervision of the hospital or its organized medical staff, and serves the hospital's patients. Out-of-hospital laboratories under the direction of a physician such as a pathologist, are considered to be independent laboratories if the physician holds the physician's services and office facilities out to other physicians as being available for the performance of diagnostic tests. A laboratory maintained by a physician for performing diagnostic tests for that physician's own patients is not an independent laboratory unless such laboratory accepts at least 100 specimens in any category during any calendar year on referral from other physicians. For purposes of this definition a category shall be one of the following: microbiology and serology; clinical chemistry; immunohematology; hematology; pathology; radiobioassay.

(82) **PERSONAL AND DIRECT SUPERVISION.** "Personal and direct supervision" means that a qualified general supervisor or supervisory cytotechnologist, where applicable, is present in the immediate bench area when laboratory procedures are being performed.

(83) **PROFICIENCY TESTING PROGRAM.** "Proficiency testing program" means a program which:

(a) Is either operated or approved by the department and

(b) Meets at a minimum the requirements for a proficiency testing program acceptable to the department.

(84) **RADIOBIOASSAY.** "Radiobioassay" means

(a) An examination to identify radionuclides or determine and quantify body levels of radionuclides which are taken in by chronic or acute absorption, ingestion, or inhalation; and

(b) Following the administration of a radioactive material to a patient, the subsequent analysis of a body fluid, or excreta in order to evaluate body function.

(85) **SUBSEQUENT TO GRADUATION.** "Subsequent to graduation" means laboratory training and experience acquired after receipt of the degree specified. However for purposes of section HSS 105.43 (3) and (4) experience as a technologist in an approved clinical laboratory, which was gained prior to acquiring such degree, may be substituted on an equivalency basis of 1.5 years of such experience for every one year of post-degree training and experience. Experience as a general supervisor in an approved clinical laboratory which was gained prior to acquiring such degree, may be substituted on a one-for-one basis.

(86) **SUBSTITUTION OF EDUCATION FOR EXPERIENCE.** "Substitution of education for experience" means that a minimum of 30 semester hours of credit from an approved school of medical technology, or towards a bachelor's degree from an accredited institution with a chemical, physical, or biological science as the major subject is considered equivalent to 2 years of experience. Additional education is equated at the rate of 15 semester hours of credit for one year of experience.

(87) **TECHNICIAN TRAINEE.** "Technician trainee" means a high school graduate or equivalent who is gaining the required 2 years of clinical laboratory on-the-job experience to qualify as a technician, and is participating in a structured training program approved by the department designed to provide the trainee with a broad range of laboratory procedures of progressive technical difficulty.

Mental Health Services

(88) **ACTIVE TREATMENT.** "Active treatment" means implementation and administration of a professionally developed and supervised individual plan of care, which plan shall be developed and implemented no later than 14 days after admission to the facility. Active treatment must be reasonably expected to improve the recipient's condition to the extent that inpatient care is no longer necessary. The plan of care shall be designed to achieve the recipient's discharge from inpatient status at the earliest possible time.

(89) **AODA TREATMENT SERVICES.** "AODA treatment services" means those services provided by a provider certified pursuant to sections HSS 105.22 or 105.23 of this rule, to inform, motivate, guide and assist alcoholics and drug abusers, and those persons affected by problems related to the abuse of alcohol or drugs. Examples of AODA services include but are not limited to client evaluation, orientation and motivation, treatment planning, consultation and referral, client education, individual counseling, group counseling, and crisis intervention.

(90) **BOARD.** "Board" means a community mental health board established under s. 51.42, Stats., a developmental disabilities board established under s. 51.437, Stats., or a community human services board established under s. 46.23, Stats.

(91) **DAY TREATMENT.** "Day treatment" means a non-residential program that provides case management, medical care, psychotherapy, other therapies and follow-up, to alleviate problems related to mental illness or emotional disturbances. Such services are delivered in a medically supervised setting and are provided by an interdisciplinary team on a routine, continuous basis for a scheduled portion of a 24-hour day. Day treatment may also provide structural rehabilitative activities including training in basic living skills, interpersonal skills, and problem solving skills.

(92) **DIFFERENTIAL DIAGNOSTIC EXAMINATION.** "Differential diagnostic examination" means an examination and assessment of the person's emotional and social functioning which shall include one or more of the following: neurologic studies, psychological tests and psycho-social assessments of the recipient's functioning.

(93) **INMATE.** "Inmate of a public institution" means a person who has resided for a full calendar month in an institution that is the responsibility of a governmental unit, or over which a governmental unit exercises administrative control, to participate in the living arrangement and to receive treatment or services provided there which are appropriate to the person's requirements.

(94) **INPATIENT PSYCHIATRIC FACILITY.** "Inpatient psychiatric facility" means an inpatient facility which meets the requirements of section HSS 105.21.

(95) **INSTITUTION FOR MENTAL DISEASES.** "Institution for mental diseases" means a mental hospital, a psychiatric facility, and a skilled nursing or intermediate care facility that primarily cares for mental patients.

(96) **OUTPATIENT FACILITY.** "Outpatient facility" means a facility licensed or approved by the department under s. 632.89, Stats.

(97) **PRESCRIPTION.** "Prescription" means an order by a physician for treatment for a particular person. The order shall be in writing and shall include the date of the order, the name and address of the physician, the physician's medical assistance provider number, the name and address of the recipient, the recipient's medical assistance eligibility number, the nature of the recommended treatment based on the diagnostic exam in the case of psychotherapy, and the physician's signature.

(98) **PSYCHIATRIC FACILITY.** "Psychiatric facility" means a psychiatric program as defined in HSS 107.13 (1) (b).

(99) **PSYCHIATRIC HOSPITAL.** "Psychiatric hospital" means an institution which is primarily engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

(100) **PSYCHOTHERAPY.** "Psychotherapy" means treatment of an individual with mental illness or medically significant emotional or social dysfunctions by psychological or interpersonal means. The treatment is a planned and structured program which is based on information from a differential diagnostic examination and which is directed at the accomplishment of specified goals. The treatment goals may include removing, modifying, or retarding existing symptoms, mediating disturbed patterns of behavior, and promoting positive personal growth and development by enhancing the ability to adapt and cope with internal and external stresses.

(101) **PSYCHOTHERAPY PROVIDER.** "Psychotherapy provider" means a person certified by the department to participate in the medical assistance program with the following minimum qualifications:

(a) A licensed physician who has completed a residency in psychiatry, or

(b) A licensed psychologist who is listed or eligible to be listed in the National Register of Health Services Providers in Psychology; or

(c) An outpatient facility operated by a "board" as defined in chapter one of this rule which is certified under PW-MH 60.65 (and 60.72 if applicable) Wis. Adm. Code and s. 632.89 (1) (a), Stats.; or

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(d) An outpatient facility operated by a provider hospital which is certified under PW-MH 60.65 (and 60.72 if applicable), Wis. Adm. Code and s. 632.89 (1) (a), Stats. or which is accredited by JCAH, Accreditation Program for Psychiatric Facilities; or

(e) At the discretion of the department, an outpatient facility under contract to a "board" as defined in chapter one of this rule which is certified under PW-MH 60.65 (and 60.72 if applicable), Wis. Adm. Code and s. 632.89 (1) (a), Stats. and which has made substantial effort to comply with the requirements for accreditation by JCAH Accreditation Program for Psychiatric Facilities; or

(f) Clinics certified under rules promulgated by the department to govern s. 632.89, Stats.

Nursing Homes

(102) **ANCILLARY COST.** "Ancillary cost" means an extraordinary and unique cost incurred by a nursing home or other qualified provider of services or materials furnished to a resident, which cost is not included in calculating the nursing home's daily rate, and for which the medical assistance program is authorized to reimburse separately.

(103) **CHARGE NURSE.** "Charge nurse" means a person who is:

(a) Licensed by the state as a:

1. Registered nurse; or
2. Practical nurse.

(b) A licensed practical nurse, when performing as charge nurse, may practice only within the scope of licensure.

(104) **CHIEF EXECUTIVE OFFICER.** "Chief executive officer" means the individual appointed by the governing body of a facility to act in its behalf in the overall management of the facility. Job titles may include, but are not limited to, superintendent, director, and administrator.

(105) **DAILY NURSING HOME RATE.** "Daily nursing home rate" means the amount reimbursed to a nursing home under the medical assistance program for providing routine, day-to-day health care services to a patient recipient, determined in accordance with s. 49.45 (6m) (a), Stats.

(106) **DEPARTMENT-APPROVED OCCUPANCY RATE.** "Department-approved occupancy rate" means a rate of occupancy established by the department and communicated to providers which is used for purposes of determining whether bed-hold payment may be made to a nursing home.

(107) **DIETETIC SERVICE SUPERVISOR.** "Dietetic service supervisor" means a person who:

(a) Is a qualified dietician; or

(b) Is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American dietetic association; or

(c) Is a graduate of a state-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietician; or

(d) Has training and experience in food service supervision and management in a military service equivalent in content to the program in paragraph (b) or (c) above.

(108) DIETICIAN. "Dietician" means a person who:

(a) Is eligible for registration by the American dietetic association under its requirements in effect on January 17, 1974; or

(b) has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has one year of supervisory experience in the dietetic service of a health care institution and participates annually in continuing dietetic education.

(109) DIRECTOR OF NURSING SERVICES. "Director of nursing services" means a registered nurse who is licensed by the state in which practicing, and has one year of additional education or experience in nursing service administration, as well as additional education or experience in such areas as rehabilitative or geriatric nursing, and participates annually in continuing nursing education.

(110) DIRECT SERVICES. "Direct services" mean those services that tend to benefit patient recipients on an individual basis, as opposed to a group basis, and include but are not limited to: physician visits to patients, therapy modalities, drug dispensing, radiology or laboratory services provided by a certified radiology or laboratory unit, oral exams, and physical examinations. Direct services are often referred to as billable services, medical services, or professional services.

(111) DISTRICT. For purposes of section HSS 105.105, "district" means each Wisconsin county, with the exception of multi-county districts as periodically defined by the department. Juneau and Wood; Menominee and Shawano; and Bayfield and Douglas counties are current multi-county districts.

(112) DRUG ADMINISTRATION. "Drug administration" means an act in which a single dose of prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual doses to the proper patient, and promptly recording the time and dose given.

(113) ELDERLY POPULATION. For purposes of section HSS 105.105, "elderly population" means the population of those aged 65 and over who reside in a district, as determined annually on July 1, by the department using the latest available published data.

(114) EXISTING BUILDINGS. "Existing buildings" for the purposes of ANSI standard no. A117.1 and minimum patient room size in skilled nursing facilities or parts thereof means buildings whose construction

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plans are approved and stamped by the department before the date these regulations become effective.

(115) **FACILITY.** "Facility" for purposes of section HSS 105.12, means an intermediate care facility for the mentally retarded or persons with related conditions.

(116) **HOSPITAL VISIT.** "Hospital visit" means at least an overnight stay by a patient recipient in a certified hospital.

(117) **GOVERNING BODY.** "Governing body" means the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

(118) **INDIRECT SERVICES.** "Indirect services" mean those services that tend to benefit patient recipients on a group basis, as opposed to an individual basis, and include but are not limited to: consulting, in-service training, medical direction, utilization review, and the services of unlicensed or uncertified assistants who are not under direct supervision. Indirect services are often referred to as non-billable services, non-medical services, or non-professional services.

(119) **INDEPENDENT PROVIDER OF SERVICE.** "Independent provider of service" means an individual or agency which, in its own right, is eligible to provide health care services to patient recipients, to have a provider number, and to submit claims for reimbursement under the medical assistance program. Independent providers of service include, but are not limited to: physicians, dentists, chiropractors, podiatrists, registered physical therapists, certified occupational therapists, certified speech therapists, certified audiologists, psychiatrists, pharmacists, ambulance service agencies, specialized medical vehicle service agencies, psychologists, x-ray clinics and laboratories. Independent providers of service may provide either direct or indirect services.

(120) **INTERMEDIATE CARE FACILITY SERVICES, OTHER THAN IN INSTITUTIONS FOR TUBERCULOSIS OR MENTAL DISEASES.** (a) "Intermediate care facility services, other than in an institution for tuberculosis or mental diseases" means services provided in a facility that:

1. Fully meets the requirements for a state license to provide, on a regular basis, health-related services to individuals who do not require hospital or skilled nursing facility care, but whose mental or physical condition requires services that are above the level of room and board; and can be made available only through institutional facilities;

2. Has been certified to meet the requirements of HSS 105.10 (19) as evidenced by a valid agreement between the department and the facility for providing intermediate care facility services and making payments for services under the plan; and

3. Meets the conditions of HSS 105.11.

(b) "Intermediate care facility services" include services:

1. Considered appropriate by the department and provided by a Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Mass.; or

2. Provided by a facility located on an Indian reservation that:

- a. Furnishes, on a regular basis, health-related services; and
- b. Is certified to meet the standards in HSS 105.11.

(c) "Intermediate care facility services" may include services in an institution for the mentally retarded or persons with related conditions if:

1. The primary purpose of the institution is to provide health or rehabilitation services for mentally retarded individuals or persons with related conditions;
2. The institution meets the standards in HSS 105.11; and
3. The mentally retarded recipient for whom payment is requested is receiving active treatment as defined in HSS 101.103.

(d) "Intermediate care facility services" may include services provided in a distinct part of a facility other than an intermediate care facility if the distinct part:

1. Meets all requirements for an intermediate care facility;
2. Is an identifiable unit, such as an entire ward or contiguous ward, a wing, floor, or building;
3. Consists of all beds and related facilities in the unit;
4. Houses all recipients for whom payment is being made for intermediate care facility services, except as provided in paragraph (e) of this section;
5. Is clearly identified; and
6. Is approved in writing by the department.

(e) If a state includes as intermediate care facility services those services provided by a distinct part of a facility other than an intermediate care facility, it may not require transfer of a recipient within or between facilities if, in the opinion of the attending physician, it might be harmful to the physical or mental health of the recipient.

(121) **LARGE SKILLED NURSING FACILITY.** For purposes of section HSS 105.105, "large skilled nursing facility" means skilled nursing facility with 100 beds or more.

(122) **LIVING UNIT.** "Living unit" means a resident-living unit that includes sleeping areas and may additionally include dining and activity area.

(123) **MEDICAL RECORD PRACTITIONER.** "Medical record practitioner" means a person who:

(a) Is eligible for certification as a registered record administrator (RRA), or an accredited record technician (ART), by the American medical record association under its requirements in effect on the date these regulations become effective; or

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(b) Is a graduate of a school of medical record science that is accredited jointly by the council on medical education of the American medical association and the American medical record association.

(124) **MOBILE NON-AMBULATORY.** "Mobile non-ambulatory" means unable to walk independently or without assistance, but able to move from place to place with the use of devices such as walkers, crutches, wheel chairs, or wheeled platforms.

(125) **NON-AMBULATORY.** "Non-ambulatory" means unable to walk independently, without assistance.

(126) **NON-MOBILE.** "Non-mobile" means unable to move from place to place.

(127) **NURSING HOME.** "Nursing home" means a health care and treatment facility as defined in s. 50.01 (3), Stats.

(128) **PATIENT ACTIVITIES COORDINATOR.** "Patient activities coordinator" means a person who:

(a) Is a qualified therapeutic recreation specialist; or

(b) Has 2 years of experience in a social or recreational program within the last 5 years, one year of which was full-time in a patient activities program in a health care setting; or

(c) Is an occupational therapist or occupational therapy assistant.

(129) **PERSONAL CARE SERVICES (AS A COMPONENT OF INSTITUTIONAL NURSING CARE SERVICES).** "Personal care services" when provided as part of nursing care in a hospital, nursing home or other institutional setting, means services which do not require the skills of qualified professionals, except for services provided under section HSS 107.09 (3) (e) 3.

(130) **PERSONS WITH RELATED CONDITIONS.** "Persons with related conditions" means those individuals who have epilepsy, cerebral palsy, or other developmental disabilities as defined pursuant to Part C of the Developmental Disabilities Services and Facilities Construction Act (PL 91-517).

(131) **PROGRESS NOTE.** "Progress note" means a dated, written notation by a member of the health team summarizing facts about care and the patient's response during a given period of time.

(132) **QUALIFIED THERAPIST.** "Qualified therapist" means:

(a) In the case of a physical therapist, a person who meets the qualifications of section HSS 105.27.

(b) In the case of an occupational therapist, a person who meets the qualifications of section HSS 105.28.

(c) In the case of a speech pathologist, a person who meets the qualifications of section HSS 105.30.

(133) **QUALIFIED MENTAL RETARDATION PROFESSIONAL.** "Qualified mental retardation professional" means a person who has specialized training or one year of experience in treating or working with the mentally retarded and is one of the following:

- (a) A psychologist with a master's degree from an accredited program.
- (b) A physician licensed under state law to practice medicine or osteopathy.
- (c) A social worker with a bachelor's degree in social work from an accredited program, or a bachelor's degree in a field other than social work and at least 3 years social work experience under the supervision of a qualified social worker.
- (d) A physical or occupational therapist who meets the requirements of HSS 105.27 or 28.
- (e) A speech pathologist or audiologist who meets the requirements of HSS 105.30 or 31.
- (f) A registered nurse.
- (g) An educator with a degree in education from an accredited program.
- (h) A therapeutic recreation specialist who is a graduate of an accredited program.
- (i) A rehabilitation counselor who is certified by the committee on rehabilitation counselor certification.

(134) **RESIDENT-LIVING.** "Resident-living" means pertaining to residential services provided by an ICF/MR.

(135) **RESIDENT RECIPIENT (ALSO, PATIENT RECIPIENT).** "Resident recipient" (or "patient recipient") means a person who is residing in a nursing home and is eligible to receive or is receiving benefits under the medical assistance program.

(136) **SKILLED NURSING OR SKILLED REHABILITATION SERVICES.** "Skilled nursing or skilled rehabilitation services" means those services furnished pursuant to physician orders which require the skills of technical or professional personnel, e.g., registered nurse, licensed practical nurse, physical therapist, occupational therapist, speech pathologist, or audiologist; and which are provided either directly by or under the supervision of such professional personnel. Examples of services which could qualify as either skilled nursing or skilled rehabilitation services include, but are not limited to:

(a) Overall management and evaluation of care plan. The development, management, and evaluation of a patient care plan, based on the physician's orders constitute skilled services when in terms of the patient's physical or mental condition, such development, management, and evaluation necessitate the involvement of technical or professional personnel to meet needs, promote recovery, and actuate medical safety. This would include the management of a plan involving only a variety of personal care services where in light of the patient's condition the aggregate of such service necessitates the involvement of technical or professional personnel. Skilled planning and management activities are not always specifically identified in the patient's clinical record. In light of this, where the patient's overall condition would support a finding that recovery or safety could be assured only if the total care required is

planned, managed, and evaluated by technical or professional personnel, it would be appropriate to infer that skilled services are being provided.

(b) Observation and assessment of the patient's changing condition. When the patient's condition is such that the skills of a nurse or other technical or professional person are required to identify and evaluate the patient's need for possible modification of treatment and the initiation of additional medical procedures until the patient's condition is stabilized, such services constitute skilled services. Patients who in addition to their physical problems, exhibit acute psychological symptoms such as depression, anxiety, or agitation, etc., may also require skilled observation and assessment by technical or professional personnel to assure their safety and the safety of others, i.e., to observe for indications of suicidal or hostile behavior. In such cases, special services required must be documented by physician's orders or nursing or therapy notes.

(c) Patient education services. In cases where the use of technical or professional personnel is necessary to teach a patient self-maintenance, such teaching services would constitute skilled services.

(d) Examples of services which would qualify as skilled nursing services include, but are not limited to:

1. Intravenous, intramuscular, or subcutaneous injections and hypodermoclysis or intravenous feeding;
2. Levin tube and gastrostomy feedings;
3. Nasopharyngeal and tracheotomy aspiration;
4. Insertion and sterile irrigation and replacement of catheters;
5. Application of dressings involving prescription medications and aseptic techniques;
6. Treatment of extensive decubitus ulcers or other widespread skin disorder;
7. Heat treatments which have been specifically ordered by a physician as part of active treatment and which required observation by nurses to adequately evaluate the patient's progress;
8. Initial phases of a regimen involving administration of medical gases;
9. Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment, e.g., the institution and supervision of bowel and bladder training programs.

(e) Examples of services which would qualify as skilled rehabilitation services include, but are not limited to:

1. Ongoing assessment of rehabilitation needs and potential. Services concurrent with the management of a patient care plan, including tests and measurements of range of motion, strength, balance, coordination, endurance, functional ability, activities of daily living, perceptual deficits, speech and language or hearing disorders, sensory integrative abilities;

2. Therapeutic exercises or activities: Therapeutic exercises or activities which, because of the type of exercises employed or the condition of the patient, must be performed by or under the supervision of a qualified physical therapist or occupational therapist to ensure the safety of the patient and the effectiveness of the treatment;

3. Gait evaluation and training: Gait evaluation and training furnished to restore function in a patient whose ability to walk has been impaired by neurological, muscular, or skeletal abnormality;

4. Range of motion exercises; Range of motion exercises which are part of the active treatment of a specific disease state which has resulted in a loss of, or restriction of, mobility (as evidenced by a therapist's notes showing the degree of motion lost and the degree to be restored).

5. Sensory integrative evaluation and training: Sensory integrative evaluation and training which, because of the type of training or the condition of the patient must be performed by or under the supervision of a qualified occupational therapist or physical therapist or other appropriate licensed health care provider to ensure the safety of the patient and the effectiveness of the treatment.

6. Preventive therapy: Preventive therapy utilizes the principles or techniques of minimizing further debilitation in the areas of energy preservation, joint protection, edema control, positioning, etc. and requires the specialized knowledge and judgment of a qualified occupational or physical therapist.

7. Maintenance therapy: Maintenance therapy, when the specialized knowledge and judgment of a qualified therapist is required to design and establish a maintenance program based on an initial evaluation and periodic reassessment of the patient's needs, and consistent with the patient's capacity and tolerance.

8. Ultrasound, shortwave, and microwave therapy treatments by a qualified physical therapist;

9. Hot pack, hydrocollator, infrared treatments, paraffin baths, and whirlpool: Hot pack, hydrocollator, infrared treatments, paraffin baths, and whirlpool, in particular cases where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications, and the skills, knowledge, and judgment of a qualified physical therapist are required;

10. Therapeutic adaptations: Therapeutic adaptations include the following: orthotics, splinting, prosthetics and assistive or adaptive equipment prescribed by a physician and provided by a qualified occupational or physical therapist;

11. Services of a speech pathologist or audiologist when necessary for the restoration of function in speech or hearing.

(137) SKILLED NURSING FACILITY SERVICES FOR INDIVIDUALS AGE 21 OR OLDER (OTHER THAN SERVICES IN AN INSTITUTION FOR TUBERCULOSIS OR MENTAL DISEASES). (a) "Skilled nursing facility services for individuals age 21 or older, other than services in an institution for tuberculosis or mental diseases," means services that are:

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1. Needed on a daily basis and required to be provided on an inpatient basis;
2. Provided to by a facility or distinct part of a facility that is certified to meet the requirements for participation under HSS 105.10; and
3. Ordered by and under the direction of a physician.

(b) Skilled nursing facility services includes services provided by any facility located on an Indian reservation and certified by the department as meeting the requirements of HSS 105.10.

(138) SOCIAL WORKER (QUALIFIED CONSULTANT). For purposes of the nursing home sections of this rule, "social worker" means a person who is a graduate of a school of social work accredited or approved by the council on social work education, and who has one year of social work experience in a health care setting.

(139) SUMMARY REPORT. "Summary report" means a compilation of the pertinent factors from the clinical notes and progress notes regarding a patient, which is submitted as a summary report to the patient's physician.

(140) THERAPEUTIC/REHABILITATIVE PROGRAM. "Therapeutic/rehabilitative program" means a formal or structured activity which is, or whose sponsoring group is, certified or approved by a recognized standard-setting or certifying organization when such an organization exists, and which is designed to contribute to the mental, physical or social development of its participants.

(141) THERAPEUTIC VISIT. "Therapeutic visit" means at least an overnight visit by a patient recipient with relatives or friends.

(142) TRAINING AND HABILITATION SERVICES. For the purposes of section HSS 105.12 (12), "Training and habilitation services" means the facilitation of the intellectual, sensorimotor, and emotional development of the individual.

(143) VOCATIONAL SPECIALIST. "Vocational specialist" means a person who has a baccalaureate degree and:

(a) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, state employment service agency, etc., or

(b) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and one year of experience in vocational counseling in a rehabilitation setting; or

(c) A master's degree in vocational counseling.

Occupational Therapy

(144) DIRECT, IMMEDIATE, ON-PREMISES SUPERVISION. "Direct, immediate, on-premises supervision" means supervision with face-to-face contact between the supervisor and the person being supervised, when necessary. The supervisor is physically present in the same building when the service is being performed by the person being supervised.

(145) **GROUP OCCUPATIONAL THERAPY TREATMENT.** "Group occupational therapy treatment" means the delivery of occupational therapy treatment procedures as established in a group setting. A group of up to but no more than 6 patients shall be supervised by one qualified occupational therapist. If the group consists of more than 6 but no more than 12 patients, at least 2 qualified occupational therapy staff members, one of whom must be a registered occupational therapist, shall meet with the group to carry out the designated treatment goals. Group treatment using acceptable principles of group dynamics is an appropriate means of delivering the procedures of social-interpersonal and psychological intrapersonal skills. A development gross motor exercise group program using the techniques of sensory integration as developed by Lorna Jean King is an appropriate means of service delivery of the procedure sensorimotor integration. Any other form of group treatment is not appropriate for any of the reimbursable procedures.

(146) **INDIVIDUAL OCCUPATIONAL THERAPY TREATMENT.** "Individual occupational therapy treatment" consists of one-to-one delivery of occupational therapy treatment procedures as established in the individual patient's plan of care for the purpose of restoring, improving or maintaining optimal functioning.

(147) **OCCUPATIONAL THERAPIST.** "Occupational therapist" means a person who meets the requirements of section HSS 105.28.

(148) **OCCUPATIONAL THERAPIST ASSISTANT.** "Occupational therapist assistant" means a person who meets the requirements of section HSS 105.285.

(149) **OCCUPATIONAL THERAPY PROCEDURE.** "Occupational therapy procedure" means treatment (with or without equipment or apparatus) which requires the personal continuous attendance of a registered occupational therapist, or a certified occupational therapist assistant or a student occupational therapist. Both COTA and student occupational therapist work under the direct, immediate on-the-premises supervision of a registered occupational therapist.

(150) **OCCUPATIONAL THERAPY TREATMENT UNIT.** "Occupational therapy treatment unit" for the purposes of reimbursement, includes the time spent in both direct treatment services to the patient(s) as well as up to 15 minutes per patient per treatment day spent in the related activities preparatory and subsequent to such treatment. Such activities as preparation of the patient(s) for treatment, preparation of the treatment area, and preparing the patient for return are considered to be within the treatment unit. Such activities not associated with treatment of the patient(s), such as end-of-day clean-up of the treatment area, are not considered part of the time of treatment for reimbursement purposes.

(151) **PREVENTIVE/MAINTENANCE OCCUPATIONAL THERAPY.** "Preventive/maintenance occupational therapy" means procedures which are provided to forestall deterioration of the patient's condition or to preserve the patient's current status. Preventive/maintenance occupational therapy utilizes the procedures and techniques of minimizing further deterioration in areas such as, but not limited to the treatment of arthritic conditions, multiple sclerosis, upper extremity contractures, chronic or recurring mental illness and mental retardation.

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(152) **QUALIFIED OTR AND COTA.** A medical assistance qualified OTR means the primary performing provider of services who is responsible for and signs all billings. No supervision is required. A medical assistance qualified COTA is defined as a non-billing performing provider of services who must be under the direct immediate, on-premises supervision of a medical assistance qualified OTR. A non-billing performing provider cannot bill directly. The non-billing performing provider's services must be billed under the performing provider number of the supervisor. Reimbursement goes directly to the supervisor or facility or other payee designated by the supervisor.

(153) **RESTORATIVE OCCUPATIONAL THERAPY.** "Restorative occupational therapy" means the use of procedures for the purpose of achieving maximum reduction of a physical disability or the establishment of a patient at the best functional level. Restorative occupational therapy includes but is not limited to those techniques which increase motor skills, sensory integrative functioning, cognitive skills, activities of daily living, social interpersonal skills and psychological intrapersonal skills. Restorative occupational therapy also includes those procedures provided to relieve pain, to improve cardio pulmonary function and adaptations of orthotic, prosthetic, assistive and adaptive appliances or devices and training in their use.

Physical Therapy

(158) **EVALUATION.** "Evaluation" means one or more of the tests or measures indicated in section HSS 107.16 (1) (a).

(159) **MODALITY.** "Modality" means a treatment involving physical therapy equipment or apparatus that does not require the physical therapist's personal continuous attendance during the periods of use but that does require setting up, frequent observations, and evaluation of the treated body part prior to and after treatment.

(160) **OUTPATIENT PHYSICAL THERAPY SERVICES.** "Outpatient physical therapy services" means physical therapy services furnished by a provider of services, a clinic, a rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient. The term "outpatient physical therapy services" also includes speech pathology services furnished by a provider of services, a clinic, rehabilitation agency, or by a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient, subject to the conditions prescribed in this rule.

(161) **PHYSICAL THERAPIST.** "Physical therapist" means a person who meets the requirements of section HSS 105.27.

(162) **PHYSICAL THERAPIST ASSISTANT.** "Physical therapist assistant" means a person who meets the requirements of section HSS 105.275.

(163) **PREVENTIVE/MAINTENANCE PHYSICAL THERAPY.** "Preventive/maintenance physical therapy" means those physical therapy modalities and procedures which are provided to forestall the patient's condition from deteriorating or to preserve the patient's current physical status. Preventive/maintenance physical therapy utilizes the procedures

and techniques of minimizing further deterioration in areas such as but not limited to daily living skills, mobility, positioning, edema control and other physiological processes.

(164) **PROCEDURE.** "Procedure" means a treatment with or without equipment or apparatus that requires the physical therapist's personal continuous attendance.

(165) **RESTORATIVE PHYSICAL THERAPY.** "Restorative physical therapy" means the use of physical therapy modalities and procedures which are provided for the purpose of achieving maximum reduction of a physical disability or the establishment of the patient at the best possible functional level. Restorative physical therapy includes but is not limited to exercises to increase range-of-motion, strength, tolerance, coordination, and activities of daily living. Restorative physical therapy also includes those physical therapy modalities and procedures provided to relieve pain, to promote wound healing, to improve cardio pulmonary function and adaptation of orthotic, prosthetic, assistive and adaptive appliances or devices and training in their use.

(166) **TREATMENT UNIT.** "Treatment unit" is a term used for purposes of reimbursement which means the time spent in both direct treatment services to the individual patient as well as in related activities preparatory and subsequent to such treatment. Such activities as preparation of the patient for treatment, preparation of the treatment area, and preparing the patient for return are considered to be within the unit of treatment. Activities not associated with the treatment of the individual patient, such as end of day clean-up of the treatment area are not considered part of the treatment unit.

Physician Services—Sterilization

(167) **HYSTERECTOMY.** "Hysterectomy" means a medical procedure or operation for the purpose of removing the uterus.

(168) **INSTITUTIONALIZED INDIVIDUAL.** "Institutionalized individual" means an individual who is:

(a) Involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness; or

(b) Confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness.

(169) **MENTALLY INCOMPETENT INDIVIDUAL.** "Mentally incompetent individual" means an individual who has been declared mentally incompetent by a federal, state, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization.

(170) **STERILIZATION.** "Sterilization" means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

(171) **PHYSICIAN.** "Physician" means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which such function or action is performed.

Recipients (Eligibility, Fair Hearing etc.)

(172) **APPLICANT.** "Applicant" means a person who has directly, or through an authorized representative (or where incompetent or incapacitated, through someone acting responsibly for the applicant), made application for medical assistance with the social security administration or the local county department of social services.

(173) **APPLICATION.** "Application" means the process of completing and signing a department-approved application form by which action a person indicates in writing to the agency authorized to accept the application a desire to receive medical assistance.

(174) **CATEGORICAL ASSISTANCE.** "Categorical assistance" means Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) both of which are cash payment programs.

(175) **CONCURRENT REVIEW.** As it pertains to fair hearings, "concurrent review" means the department's informal review (including an investigation into the facts) of a recipient's request for a fair hearing whereby the department attempts to achieve an informal resolution acceptable to the recipient before the fair hearing takes place. Such review shall not in any way preclude the recipient's right to a fair hearing.

(176) **EARNED INCOME.** "Earned income" means income received in the form of wages, salary, commissions or profits from activities in which the applicant or recipient is engaged as an employe or as a self-employed person.

(177) **EXPLANATION OF BENEFITS NOTICE.** "Explanation of benefits notice" means the monthly report sent by the department to a recipient containing a summary of the department's record of medical assistance claims paid on the recipient's behalf during that month.

(178) **FAIR HEARING.** "Fair hearing" has the same meaning as that in Wis. Adm. Code PW-PA 20.18 (2) (b).

(179) **FISCAL TEST GROUP.** "Fiscal test group" means the following persons listed on an application for medical assistance, whose income and assets are compared to program eligibility limits:

(a) Persons in the medical assistance group.

(b) Non-financially eligible parents or spouses who are legally responsible for someone in the MA group, who live in the same household as the person or persons for whom they are legally responsible, and who are not SSI recipients.

(180) **HOMESTEAD (HOME).** "Homestead (home)" means a place of abode and lands used or operated in connection therewith. In urban situations the home usually consists of a house and lot. There will be situations where the home will consist of a house and more than one lot. As long as the lots adjoin one another, they are considered part of the home. In farm situations, the home consists of the house and building together with the total acreage property upon which they are located and which is considered a part of the farm. There will be farms where the land is on both sides of a road and considered a part of the homestead.

(181) **INCOME.** "Income" means any benefit received by or available to a medical assistance applicant or recipient as earnings or otherwise. Income may be earned or unearned. In family groups living together, the income of a spouse is considered available to the other spouse and the income of a parent is considered available to the parent's children under 18 years of age.

(182) **INCONSEQUENTIAL INCOME.** "Inconsequential income" means income that is usually unpredictable and irregular, and is of no appreciable effect on continuing need.

(183) **MEDICAL ASSISTANCE GROUP.** "Medical assistance group" means all persons listed on an application for MA who meet non-financial eligibility requirements except that AFDC recipients comprise a separate MA group, and each child with no legally responsible relative comprises a separate MA group.

(184) **MIGRANT.** "Migrant" means person as defined in s. 101.20, Stats.

(185) **NET INCOME.** "Net income" means the amount left after deducting allowable expenses and income disregards.

(186) **PARTICIPATION IN THE WORK INCENTIVE PROGRAM.** "Participation in the work incentive program" means being or having been registered under the work incentive program.

(187) **PROPERTY.** "Property" means a recipient's homestead and all other personal and real property in which the recipient has a legal interest.

(188) **RESIDENCE (OR ABODE).** "Residence" or "abode" means the place where a person lives and intends to remain.

(189) **RETROACTIVE ELIGIBILITY.** "Retroactive eligibility" means eligibility for medical assistance which decision has been made retroactive for up to 3 months prior to the month of application, to allow MA reimbursement for services covered by the program which were provided to the recipient before the recipient made application for medical assistance.

(190) **SPEND-DOWN.** "Spend-down" means the process by which income which exceeds the amount protected by state law for maintenance needs is reduced, according to the procedures of section HSS 103.02 (16) and s. 49.47 (4) (c) (2) Stats.

(191) **STEPPARENT FAMILY.** "Stepparent family" means a family in which a legal parent, a stepparent and a child under age 18 are residing in the home.

(192) **UNEARNED INCOME.** "Unearned income" means income which is not the direct result of labor or services performed by the individual as an employe or as a self-employed person.

Rehabilitation Agencies

(193) **ADMINISTRATOR.** "Administrator" means a person who has a bachelor's degree and either: experience or specialized training in the

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administration of health institutions or agencies; or, qualifications and experience in one of the professional health disciplines.

(194) **CLINIC.** "Clinic" means a facility established primarily for the provision of outpatient physicians' services. To meet this definition, an organization must meet the following test of physician participation:

(a) The medical services of the clinic are provided by a group of physicians (i.e., more than 2) practicing medicine together; and

(b) A physician is present in the clinic at all times during hours of operation to perform medical services (rather than only administrative services).

(195) **ORGANIZATION.** "Organization" means a clinic, rehabilitation agency or public health agency.

(196) **REHABILITATION AGENCY.** "Rehabilitation agency" means an agency which provides an integrated multi-disciplinary program designed to upgrade the physical function of handicapped, disabled individuals by bringing together as a team specialized rehabilitation personnel. At a minimum, a rehabilitation agency must provide physical therapy or speech pathology services, and a rehabilitation program which, in addition to physical therapy or speech pathology services, includes social or vocational adjustment services.

(197) **VOCATIONAL SPECIALIST.** "Vocational specialist" means a person who has a bachelor's degree and;

(a) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, state employment service agency, etc.; or

(b) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and one year of experience in vocational counseling in a rehabilitation setting; or

(c) A master's degree in vocational counseling.

Speech Pathology

(198) **INDIVIDUAL SPEECH/LANGUAGE PATHOLOGY TREATMENT.** "Individual speech/language pathology treatment" means one-to-one or the individual delivery of speech/language pathology treatment procedures as established in the individual patient's plan of care for the purpose of restoring, improving, and/or maintaining optimal speech and language functioning.

(199) **GROUP SPEECH/LANGUAGE PATHOLOGY TREATMENT.** "Group speech/language pathology treatment" means the delivery of speech/language pathology treatment procedures in a group setting. Groups may include up to 4 M.A. recipients. Billing for groups of more than 4 recipients will be suspended and sent to the medicaid speech therapy consultant to determine the validity of the billing. Claims for a recipient who is involved in a group pathology setting for more than 16 hours per 60 days per diagnosis will also be suspended for review. Group speech/

language pathology treatment is limited to the following areas: expressive language, receptive language, hearing/auditory training (auditory training, lip reading, and hearing-aid orientation).

(200) **NON-BILLING PERFORMING PROVIDER NUMBER.** "Non-billing performing provider number" means the provider number assigned to persons with a bachelors degree in speech/language pathology. In order to bill the MA program for their services, these persons must be under the supervision of an ASHA recognized and MA-certified supervisor, who is responsible and liable for the performance of delivering services. In addition, these persons cannot bill the MA program for services which they render. Their services can be billed only by the ASHA recognized and MA certified supervisor or through the performing provider number of the certified state approved speech and hearing centers. The claim form for services performed by a person with a bachelors degree must contain the performing provider number of either the state approved center or the MA certified supervisor. In the latter case, the form must also contain the provider number, name, and signature in the appropriate cells. The claim form must indicate the name of the person with the bachelors degree who performed the service.

(201) **SPEECH PATHOLOGY PERFORMING PROVIDER NUMBER.** "Performing provider number" means the provider number assigned only to ASHA recognized speech/language pathologists (granted the certificate of clinical competence or completed the equivalent educational requirements and work experience necessary for such a certificate). This number may be used to independently bill the MA program; no additional numbers or supervision is required.

(202) **TREATMENT UNIT.** "Treatment unit" for the purpose of reimbursement, includes the time spent in direct pathology treatment services to the patient(s) and, if incurred, a maximum 15 minutes per patient (or per group) per treatment day spent in activities preparatory and subsequent to such treatment. In this latter case, incurred activities such as preparation of the patient(s) treatment and preparation of the treatment area are considered appropriate for the 15 minute reimbursement maximum. Activities not associated with treatment of the patient(s), such as end-of-day clean-up of the treatment area, are not considered appropriate for reimbursement.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80.