

CR 93-61

CERTIFICATE

STATE OF WISCONSIN )  
 ) SS  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

I, Gerald Whitburn, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to provision of prenatal care coordination services under the Medical Assistance program were duly approved and adopted by this Department on May 4, 1994.

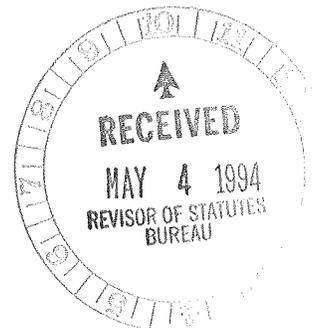
I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 4th day of May, 1994.



SEAL:

\_\_\_\_\_  
Gerald Whitburn, Secretary  
Department of Health and Social Services



7-1-94

ORDER OF THE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
CREATING RULES

To create HSS 105.52 and 107.34, relating to provision of prenatal care coordination services under the Medical Assistance program.

Analysis Prepared by the Department of Health and Social Services

Session law 1991 Wisconsin Act 39 created s. 49.46(2)(b)12, Stats., which makes care coordination for women with high risk pregnancies a covered benefit under the Medical Assistance program.

This rulemaking order establishes prenatal care coordination provider certification standards in s. HSS 105.52. Prenatal care coordination providers can be community-based agencies or organizations, county, city or combined local public health agencies, county departments of human services or social services, family planning agencies, federally qualified health centers (FQHC), health maintenance organizations (HMO), independent physician associations (IPA), hospitals, physician offices and clinics, independent certified nurses or nurse practitioners, rural health clinics, tribal agency health care centers, private case management agencies, and Women, Infants, and Children (WIC) programs. The rules cover qualifications of a provider's employees and requirements for documentation and recordkeeping.

This order also creates s. HSS 107.34 relating to covered prenatal care coordination services. The population which will be helped by these services consists of pregnant women who are at high risk of having a preterm birth, a low birth-weight baby or other negative birth outcome or who may have difficulty obtaining proper medical care. Services that the program will pay for include outreach, risk assessment, care planning, on-going care coordination, perinatal health education and nutritional counseling. The rules clarify how services are to be delivered and by whom. The rules also identify limitations on services and specify non-covered services.

The Department's authority to create these rules is found in s. 49.45(10), Stats. The rules interpret s. 49.46(2)(b)12, Stats.

SECTION 1. HSS 105.52 is created to read:

HSS 105.52 CERTIFICATION OF PRENATAL CARE COORDINATION PROVIDERS.

(1) AGENCY. For MA certification, an agency that provides prenatal care coordination services under s. HSS 107.34(1) may be:

(a) A community-based health organization;

- (b) A community-based social services agency or organization;
- (c) A county, city, or combined city and county public health agency;
- (d) A county department of human services under s. 46.23, Stats., or social services under s. 46.215 or 46.22, Stats.;
- (e) A family planning agency certified under s. HSS 105.36;
- (f) A federally qualified health center (FQHC) as defined in 42 CFR 405.2401(b);
- (g) A health maintenance organization (HMO);
- (h) An independent physician association (IPA);
- (i) A hospital;
- (j) A physician's office or clinic;
- (k) A private case management agency;
- (l) A certified nurse or nurse practitioner;
- (m) A rural health clinic certified under s. HSS 105.35;
- (n) A tribal agency health center; or
- (o) A women, infants, and children (WIC) program under 42 USC 1786.

(2) QUALIFIED PROFESSIONALS. (a) Definition. In this subsection, "qualified professional" means and is limited to any of the following:

1. A nurse practitioner licensed as a certified nurse pursuant to s. 441.06, Stats., and currently certified by the American nurses' association, the national board of pediatric nurse practitioners and associates or the nurses' association of the American college of obstetricians and gynecologists' certification corporation;
2. A nurse midwife certified under s. HSS 105.201;
3. A public health nurse meeting the qualifications of s. HSS 139.08;

4. A physician licensed under ch. 448, Stats., to practice medicine or osteopathy;

5. A physician assistant certified under ch. 448, Stats;

6. A dietician certified or eligible for registration by the commission on dietetic registration of the American dietetic association with at least 2 years of community health experience;

7. A certified nurse with at least 2 years of experience in maternity nursing or community health services or a combination of maternity nursing and community health services;

8. A social worker with at least a bachelor's degree and 2 years of experience in a health care or family services program; or

9. A health educator with a master's degree in health education and at least 2 years of experience in community health services.

(b) Required qualified professionals. To be certified to provide prenatal care coordination services that are reimbursable under MA, the prenatal care coordination agency under sub. (1) shall:

1. Employ at least one qualified professional with at least 2 years of experience in coordinating services for at-risk or low income women;

2. Have on staff, under contract or available in a volunteer capacity a qualified professional to supervise risk assessment and ongoing care coordination and monitoring; and

3. Have on staff, under contract or available in a volunteer capacity one or more qualified professionals with the necessary expertise, based on education or at least one year of work experience, to provide health education and nutrition counseling.

(3) SUFFICIENCY OF AGENCY CERTIFICATION. Individuals employed by or under contract with an agency that is certified to provide prenatal care coordination services under this section may provide prenatal care coordination services upon the department's issuance of certification to the agency. The agency shall maintain a list of all persons who provide or supervise the provision of prenatal care coordination services. The list shall include the credentials of each named individual who is qualified to supervise risk assessment and ongoing care coordination under sub. (2)(b)2 and to provide health education or nutrition counseling under sub. (2)(b)3. Upon the department's request, an agency shall promptly report to the department in writing the names of persons hired to provide prenatal care coordination services under MA and the termination of employees who have been providing prenatal care coordination services under MA.

(4) ADMINISTRATIVE RECORDS AND REQUIRED DOCUMENTATION. To be certified to provide prenatal care coordination services reimbursable under MA, the prenatal care coordination agency under sub. (1) shall comply with s. HSS 106.02(9) and shall submit a plan to the department documenting:

(a) That the agency is located in the area it will serve;

(b) That the agency has a variety of techniques to identify low-income pregnant women;

(c) That, at a minimum, the agency has the name, location and telephone number of the following resources in the area to be served:

1. Women, infants, and children (WIC) programs;

2. Maternal and child health services;

3. The county, city, or combined city and county public health agency;

4. Child day care services;
5. Mental health and alcohol or other drug abuse prevention and treatment agencies;
6. The county protective service agency;
7. Domestic abuse agencies;
8. Translator and interpreter services including services for the hearing-impaired;
9. Family support services;
10. Transportation services; and
11. MA-certified primary care and obstetric providers, including health maintenance organizations participating in the medical assistance program's HMO program.

(d) That the agency, if located in a county with health maintenance organizations (HMO) participating in the medical assistance HMO program, has on file a signed copy of a memorandum of understanding with each HMO participating in the medical assistance HMO program in the county;

(e) That the agency has contacted in writing MA-certified primary and obstetric care providers in its area and has identified the types of services the prenatal care coordination agency provides. These contacts and this information shall be documented and the documentation retained in the agency's administrative records;

(f) That the agency has the ability and willingness to deliver services in a manner that is sensitive to the particular characteristics of the racial or ethnic group or groups with which it intends to work. Documentation of that ability shall be maintained and kept up to date. Documentation shall consist of one or more of the following at all times:

1. Records showing the racial and ethnic composition of the population served in

the past;

2. Records showing that the agency has developed, implemented and evaluated programs specifically targeted toward the racial or ethnic group or groups;

3. Records showing that the agency has provided health care services in a geographic area where a significant percentage of the population was the same as the agency's targeted racial or ethnic group or groups;

4. Evidence that the agency's board or administration has a significant amount of representation from the targeted group or groups;

5. Letters of support from minority health service organizations which represent the targeted group or groups; or

6. Evidence of the agency's ability to address pertinent cultural issues such as cultural norms and beliefs, language, outreach networking and extended family relationships;

(g) That the agency has the ability to arrange for supportive services provided by other funding sources such as county transportation, county protective services, interpreter services, child care services and housing. This description shall include the methods, techniques and contacts which will be used to offer and provide assistance in accessing those services;

(h) That the agency has the capability to provide ongoing prenatal care coordination monitoring of high-risk pregnant women and to ensure that all necessary services are obtained; and

(i) That the agency has on staff, under contract or available in a volunteer capacity, individuals who are qualified professionals under sub. (2)(a) with the expertise required

under sub. (2)(b).

(5) RECIPIENT RECORD. The prenatal care coordination agency shall maintain a confidential prenatal care coordination file for each recipient receiving prenatal care coordination services, which includes the following items required or produced in connection with provision of covered services under s. HSS 107.34(1):

(a) Verification of the pregnancy;

(b) Completed risk assessment document;

(c) Care plan;

(d) Completed consent documents for release of information;

(e) A written record of all recipient-specific prenatal care coordination monitoring which includes, but is not limited to: the dates of service, description of service provided, the staff person doing the monitoring, the contacts made and the results;

(f) Referrals and follow-up; and

(g) All pertinent correspondence relating to coordination of the recipient's prenatal care.

SECTION 2. HSS 107.34 is created to read:

HSS 107.34 PRENATAL CARE COORDINATION SERVICES. (1) COVERED SERVICES. (a) General. 1. Prenatal care coordination services covered by MA are services described in this section that are provided by an agency certified under s. HSS 105.52 or by a qualified person under contract with an agency certified under s. HSS 105.52 to help a recipient and, when appropriate, the recipient's family gain access to medical, social, educational and other services needed for a successful pregnancy outcome.

Nutrition counseling and health education are covered services when medically necessary to ameliorate identified high-risk factors for the pregnancy. In this subdivision, "successful pregnancy outcome" means the birth of a healthy infant to a healthy mother.

2. Prenatal care coordination services are available as an MA benefit to recipients who are pregnant, from the beginning of the pregnancy up to the sixty-first day after delivery, and who are at high risk for adverse pregnancy outcomes. In this subdivision, "high risk for adverse pregnancy outcome" means that a pregnant woman requires additional prenatal care services and follow-up because of medical or nonmedical factors, such as psychosocial, behavioral, environmental, educational or nutritional factors that significantly increase her probability of having a low birth weight baby, a preterm birth or other negative birth outcome. "Low birth weight" means a birth weight less than 2500 grams or 5.5 pounds and "preterm birth" means a birth before the gestational age of 37 weeks. The determination of high risk for adverse pregnancy outcome shall be made by use of the risk assessment tool under sub. (c).

(b) Outreach. Outreach is a covered prenatal care coordination service. Outreach is activity which involves implementing strategies for identifying and informing low-income pregnant women who otherwise might not be aware of or have access to prenatal care and other pregnancy-related services.

(c) Risk assessment. A risk assessment of a recipient's pregnancy-related needs is a covered prenatal care coordination service. The assessment shall be performed by an employe of the certified prenatal care coordination agency or by an employe of an agency under contract with the prenatal care coordination agency. The assessment shall be completed in writing and shall be reviewed and finalized in a face-to-face contact with the

recipient. All assessments performed shall be reviewed by a qualified professional under s. HSS 105.52(2)(a). The risk assessment shall be performed with the risk assessment tool developed and approved by the department.

(d) Care planning. Development of an individualized plan of care for a recipient is a covered prenatal care coordination service when performed by a qualified professional as defined in s. HSS 105.52(2)(a), whether that person is an employe of the agency or under contract with the agency under s. HSS 105.52 (2). The recipient's individualized written plan of care shall be developed with the recipient. The plan shall identify the recipient's needs and problems and possible services which will reduce the probability of the recipient having a preterm birth, low birth weight baby or other negative birth outcome. The plan of care shall include all possible needed services regardless of funding source. Services in the plan shall be related to the risk factors identified in the assessment. To the maximum extent possible, the development of a plan of care shall be done in collaboration with the family or other supportive persons. The plan shall be signed by the recipient and the employe responsible for the development of the plan and shall be reviewed and, if necessary, updated by the employe in consultation with the recipient at least every 60 days. Any updating of the plan of care shall be in writing and shall be signed by the recipient. The plan of care shall include:

1. Identification and prioritization of all risks found during the assessment, with an attached copy of the risk assessment under par. (c);

2. Identification and prioritization of all services to be arranged for the recipient by the care coordinator under par. (e) 2 and the names of the service providers including medical providers;

3. Description of the recipient's informal support system, including collateral as defined in par. (e)(1), and any activities to strengthen it;

4. Identification of individuals who participated in the development of the plan of care;

5. Arrangements made for and frequency of the various services to be made available to the recipient and the expected outcome for each service;

6. Documentation of unmet needs and gaps in service; and

7. Responsibilities of the recipient.

(e) Ongoing care coordination. 1. In this paragraph, "collateral" means anyone who is in direct supportive contact with the recipient during the pregnancy such as a service provider, a family member, the prospective father or any person acting as a parent, a guardian, a medical professional, a housemate, a school representative or a friend .

2. Ongoing coordination is a covered prenatal care coordination service when performed by an employe of the agency or person under contract to the agency who serves as care coordinator and who is supervised by the qualified professional required under s. HSS 105.52(2)(b)2. The care coordinator shall follow-up the provision of services to ensure that quality service is being provided and shall evaluate whether a particular service is effectively meeting the recipient's needs as well as the goals and objectives of the care plan. The amount of service provided shall be commensurate with the specific risk factors addressed in the plan of care and the overall level of risk. Ongoing care coordination services include:

a. Face-to-face and phone contacts with recipients for the purpose of determining if arranged services have been received and are effective. This shall include reassessing

needs and revising the written plan of care. Face-to-face and phone contact with collaterals are included for the purposes of mobilizing services and support, advocating on behalf of a specific eligible recipient, informing collateral of client needs and the goals and services specified in the care plan and coordinating services specified in the care plan. Covered contacts also include prenatal care coordination staff time spent on case-specific staffings regarding the needs of a specific recipient. All billed contacts with a recipient or a collateral and staffings related to the recipient shall be documented in the recipient prenatal care coordination file; and

b. Recordkeeping documentation necessary and sufficient to maintain adequate records of services provided to the recipient. This may include verification of the pregnancy, updating care plans, making notes about the recipient's compliance with program activities in relation to the care plan, maintaining copies of written correspondence to and for the recipient, noting of all contacts with the recipient and collateral, ascertaining and recording pregnancy outcome including the infant's birth weight and health status and preparation of required reports. All plan of care management activities shall be documented in the recipient's record including the date of service, the person contacted, the purpose and result of the contact and the amount of time spent. A care coordination provider shall not bill for recordkeeping activities if there was no client contact during the billable month.

(f) Health education. Health education, either individually or in a group setting, is a covered prenatal care coordination service when provided by an individual who is a qualified professional under s. HSS 105.52 (2)(a) and who by education or at least one year of work experience has the expertise to provide health education. Health education

is a covered service if the medical need for it is identified in the risk assessment and the strategies and goals for it are part of the care plan to ameliorate a pregnant woman's identified risk factors in areas including, but not limited to, the following:

1. Education and assistance to stop smoking;
2. Education and assistance to stop alcohol consumption;
3. Education and assistance to stop use of illicit or street drugs;
4. Education and assistance to stop potentially dangerous sexual practices;
5. Education on environmental and occupational hazards related to pregnancy;
6. Lifestyle management consultation;
8. Reproductive health education;
9. Parenting education; and
10. Childbirth education.

(g) Nutrition counseling. Nutrition counseling is a covered prenatal care coordination service if provided either individually or in a group setting by an individual who is a qualified professional under s. HSS 105.52(2)(a) with expertise in nutrition counseling based on education or at least one year of work experience. Nutrition counseling is a covered prenatal care coordination service if the medical need for it is identified in the risk assessment and the strategies and goals for it are part of the care plan to ameliorate a pregnant woman's identified risk factors in areas including, but not limited to, the following:

1. Weight and weight gain ;
2. A biochemical condition such as gestational diabetes;
3. Previous nutrition-related obstetrical complications;

4. Current nutrition-related obstetrical complications;
5. Psychological problems affecting nutritional status;
6. Dietary factors affecting nutritional status; and
7. Reproductive history affecting nutritional status.

(2) LIMITATIONS. (a) Reimbursement for risk assessment and development of a care plan shall be limited to no more than one each for a recipient per pregnancy.

(b) Reimbursement of a provider for on-going prenatal care coordination and health education and nutrition counseling provided to a recipient shall be limited to one claim for each recipient per month and only if the provider has had contact with the recipient during the month for which services are billed.

(c) Prenatal care coordination is available to a recipient residing in an intermediate care facility or skilled nursing facility or as an inpatient in a hospital only to the extent that it is not included in the usual reimbursement to the facility.

(d) Reimbursement of a provider for prenatal care coordination services provided to a recipient after delivery shall only be made if that provider provided prenatal care coordination services to that recipient before the delivery.

(e) A prenatal care coordination service provider shall not terminate provision of services to a recipient it has agreed to provide services for during the recipient's pregnancy unless the recipient initiates or agrees to the termination. If services are terminated prior to delivery of the child, the termination shall be documented in writing and the recipient shall sign the statement to indicate agreement. If the provider cannot contact a recipient in order to obtain a signature for the termination of services, the provider will document all attempts to contact the recipient through telephone logs and

certified mail.

(f) Reimbursement for prenatal care coordination services shall be limited to a maximum amount per pregnancy as established by the department.

(3) NON-COVERED SERVICES. Services not covered as prenatal care coordination services are the following:

(a) Diagnosis and treatment, including:

1. Diagnosis of a physical or mental illness;

2. Follow-up of clinical symptoms;

3. Administration of medications; and

4. Any other professional service, except nutrition counseling or health education, which is a covered service by an MA certified or certifiable provider under this chapter;

(b) Client vocational training;

(c) Legal advocacy by an attorney or paralegal;

(d) Care monitoring, nutrition counseling or health education not based on a plan of care;

(e) Care monitoring, nutrition counseling or health education which is not reasonable and necessary to ameliorate identified prenatal risk factors; and

(f) Transportation.

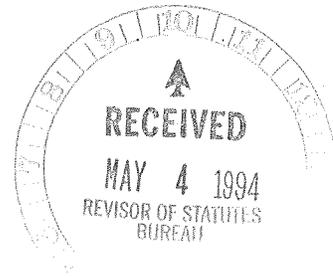
The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s.227.22(2), Stats.

Wisconsin Department of Health and  
Social Services

Date : May 4, 1994

By:   
Gerald Whitburn  
Secretary

SEAL:



Tommy G. Thompson  
Governor  
Gerald Whitburn  
Secretary



Mailing Address  
1 West Wilson Street  
Post Office Box 7850  
Madison, WI 53707-7850  
Telephone (608) 266-9622

## State of Wisconsin Department of Health and Social Services

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May 4, 1994

Mr. Bruce E. Munson  
Revisor of Statutes  
131 W. Wilson St., Suite 800  
Madison, WI 53703

Dear Mr. Munson:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of ss. HSS 105.52 and 107.34, administrative rules relating to provision of prenatal care coordination services under the Medical Assistance program.

These rules are also being submitted to the Secretary of State as required by s. 227.20, Stats.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gerald Whitburn".

Gerald Whitburn  
Secretary

Enclosure

