

(b) Make arrangements and assist clients to follow through with diagnosis and treatment; and

(c) Refer clients, upon request, to the appropriate local agencies for transportation assistance.

(56) "EPSDT provider" means a provider certified under s. HSS 105.37 to provide EPSDT health assessment and evaluation services.

(57) "Evaluation in physical therapy" means one or more of the tests or measures indicated in s. HSS 107.16 (1) (b).

(58) "Exempt assets" means assets which are not considered in the determination of financial eligibility for medical assistance.

(59) "Exempt income" means income which is not considered when determining financial eligibility for medical assistance.

(60) "Explanation of benefits notice" means the monthly report sent by the department to a recipient containing a summary of the department's record of MA claims paid on the recipient's behalf during that month.

(61) "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.

(62) "Fair hearing" has the meaning prescribed in s. PW-PA 20.18 (2) (b) [ch. HSS 225].

(63) "Fair market value" means the market value of the property on the date of the transaction.

(64) "Fiscal agent" means the organization under contract to the department to process claims for services provided under MA.

(65) "Fiscal test group" means all members of the medical assistance group and all persons who are financially responsible for members of the medical assistance group who live in the same household as the person for whom they are legally responsible and who are not SSI or AFDC recipients.

(66) "Functional ability" means the skill to perform activities in a normal or acceptable manner with minimal dependence on devices, persons or environment.

(67) "Functional status" means the recipient's skill in performing activities of daily living in a normal or acceptable manner.

(68) "Group occupational therapy treatment" means the delivery of occupational therapy treatment procedures in a group setting, with up to 6 patients supervised by one qualified occupational therapist and more than 6 but no more than 12 patients supervised by 2 qualified occupational therapy staff members one of whom is a registered occupational therapist.

(69) "Group speech/language pathology treatment" means the delivery of speech/language pathology treatment procedures limited to the areas of expressive language, receptive language, and hearing/auditory training (auditory training, lip reading, and hearing-aid orientation), in a group setting for up to 4 MA recipients.

(70) "Health maintenance organization" or "HMO" means a public or private organization organized under ch. 185, 611 or 613, Stats., which makes available to enrolled participants, in consideration of predetermined periodic fixed payments, comprehensive health care services provided by providers who are selected by the organization or who have entered into a referral or contractual arrangement with the organization and which is certified under s. HSS 105.47.

(71) "Home health agency" means a public agency or private organization, or a subdivision of the agency or organization, which is primarily engaged in providing skilled nursing services and other therapeutic services to a recipient at the recipient's place of residence.

(72) "Home health aide" means an individual employed by or under contract to a certified home health agency to provide home health aide services, as defined in s. HSS 133.02 (5), under the supervision of a registered nurse.

(73) "Home health service" means any covered home health service enumerated in s. HSS 107.11 (1) (a) and provided by a health worker on the staff of a home health agency or by a health worker under contract or another arrangement with the home health agency.

(74) "Home health visit" means a period of time during which home health services are provided through personal contact in the recipient's place of residence for the purpose of providing a covered home health service, by a health worker on the staff of the home health agency or by a health worker under contract or by other arrangement with the home health agency. The visit includes time spent on record-keeping, travel time to and from the recipient's residence and actual in-home service time.

(75) "Homestead" or "home" means a place of abode and lands used or operated in connection with the place of abode.

Note: 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, in which case the land on both sides is considered part of the homestead.

(75m) "Hospice" means a public agency or private organization or a subdivision of either which primarily provides palliative care to persons experiencing the last stages of terminal illness and which provides supportive care for the family and other individuals caring for the terminally ill persons. This care is provided in a homelike environment, and includes short-term inpatient care as necessary to meet the individual's needs. Services provided by a hospital, long-term care facility, outpatient surgical center or home health agency do not constitute a hospice program of care unless that entity establishes a free-standing or distinct hospice unit, or has a distinct hospice program including staff, facility and services certified under s. HSS 105.50 to provide hospice care.

(76) "Hospital" has the meaning prescribed in s. 50.33 (2), Stats., except that it excludes those facilities exempted by s. 50.39 (3), Stats.

(77) "Hospital visit" means at least an overnight stay by a nursing home recipient in a certified hospital.

(78) "Hysterectomy" means a medical procedure or surgery to remove the recipient's uterus.

(79) "Income disregard" means an earned or unearned income which is not considered in one or more financial tests of eligibility.

(80) "Income limit" means the limit against which budgetable income is compared to determine financial eligibility.

(81) "Independent provider of service" means an individual or agency which is eligible to provide health care services to nursing home recipients, to have a provider number, and to submit claims for reimbursement under MA. "Independent provider of service" includes: a physician, dentist, chiropractor, registered physical therapist, certified occupational therapist, certified speech therapist, certified audiologist, psychiatrist, pharmacist, ambulance service agency, specialized medical vehicle service agency, psychologist, x-ray clinic and laboratory.

(82) "Indirect services" means nursing home services that benefit patient recipients on a group basis rather than an individual basis, including 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 nonbillable services, nonmedical services or nonprofessional services.

(83) "Individual occupational therapy treatment" means delivery by one therapist to one recipient of occupational therapy treatment procedures as prescribed in the individual patient's plan of care for the purpose of restoring, improving or maintaining optimal functioning.

(84) "Individual speech/language pathology treatment" means delivery by one therapist to one recipient of speech/language pathology treatment procedures, as prescribed in the individual recipient's plan of care, for the purpose of restoring, improving, or maintaining optimal speech and language functioning.

(85) "Inmate of a public institution" means a person who has resided for at least a full calendar month in an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control and has received treatment or services there that are appropriate to his or her requirements.

(85m) "Institution for mental disease" or "IMD" means an institution that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services, as determined by the department or the federal health care financing administration. An institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental disease.

(86) "Institutionalized" means being a patient in a medical institution or a resident of an intermediate care facility or skilled nursing facility.

(87) "Institutionalized individual" means an individual who is:

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

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

(88) "Institutional provider" means a hospital, home health agency, county department operated facility, rehabilitation agency, portable x-ray provider, independent clinical laboratory, rural health clinic, skilled nursing facility, intermediate care facility, case management agency provider, personal care provider, ambulatory surgical center or hospice which is:

(a) Composed of more than one individual providing services;

(b) Eligible to receive payment only as a certified group or organization, rather than as individuals providing services within a facility or agency; and

(c) Required by the department to establish that its personnel who provide services meet the applicable certification criteria contained in ch. HSS 105, although they need not be separately certified by the department.

(89) "Intermediate care facility" or "ICF" means a facility that:

(a) Provides, 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 that can be made available only through institutional facilities;

(b) Is certified under s. HSS 105.11 as an intermediate care facility provider; and

(c) Is licensed pursuant to s. 50.03, Stats., and ch. HSS 132 or H 34 [HSS 134].

(90) "Intermediate care services" means services provided by an intermediate care facility.

(91) "Intermittent nursing services" means nursing services provided to a recipient who has a medically predictable recurring need for skilled nursing services. In most instances, this means that the recipient requires a skilled nursing visit at least once every 60 days.

(92) "Laboratory" or "clinical laboratory" means a facility for the microbiological, serological, chemical, hematological, radiobiassay 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.

(a) "Independent laboratory" means a laboratory performing diagnostic tests which is independent both of an attending or consulting physician's office and of a hospital.

(b) "Hospital laboratory" means a laboratory operated under the supervision of a hospital or its organized medical staff that serves hospital patients.

(c) "Physician's office laboratory" means a laboratory maintained by a physician for performing diagnostic tests for his or her own patients.

Note: A physician's office laboratory which accepts at least 100 specimens in any category during any calendar year on referral from other physicians is considered an independent laboratory.

(93) "Legally responsible" means liable for the support of a person as specified in s. 52.01, Stats.

(94) "Legend drug" means, for the purposes of MA, any drug requiring a prescription under 21 USC 353 (b).

(95) "Medical assistance" or "MA" means the assistance program operated by the department under ss. 49.43 to 49.497, Stats., any services or items under ss. 49.45 to 49.47 and 49.49 to 49.497, Stats., and this chapter and chs. HSS 102 to 108, or any payment or reimbursement made for these services or items.

(96) "Medical assistance group" or "MA group" means all persons listed on an application for MA who meet nonfinancial eligibility requirements, except that each AFDC recipient, SSI recipient, and each child with no legally responsible relative comprises a separate MA group.

(97) "Medically needy" means the group of recipients who meet the non-financial eligibility conditions for AFDC or SSI, but whose income exceeds the financial eligibility limits for those programs.

(98) "Medicare" means the health insurance program operated by the U.S. department of health and human services under 42 USC 1395 and 42 CFR subchapter B.

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

(100) "Net income" means the amount of the applicant's income that is left after deductions are made for allowable expenses and income disregards.

(101) "Net market value" means for the purposes of divestment the fair market value of the resource on the date it was disposed of less the reasonable costs of the transaction on the open market.

(102) "Non-billing performing provider number" means the provider number assigned to an individual who is under professional supervision in order to be an eligible provider. A non-billing provider is not directly reimbursed for services rendered to an MA recipient.

(103) "Non-covered service" means a service, item or supply for which MA reimbursement is not available, including a service for which prior authorization has been denied, a service listed as non-covered in ch. HSS 107, or a service considered by consultants to the department to be medically unnecessary, unreasonable or inappropriate.

(104) "Non-financial eligibility" means those eligibility conditions enumerated in s. HSS 103.03.

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(105) "Non-institutional provider" means a provider, eligible for direct reimbursement, who is in single practice rather than group practice, or a provider who, although employed by a provider group, has private patients for whom the provider submits claims to MA.

(106) "Non-legally responsible relative case" or "NLRR case" means a case in which there is no legally responsible caretaker relative in the home for a dependent child defined under s. 49.19 (1) (a), Stats., but where the caretaker of the child is a qualified relative under s. 49.19 (1) (a), Stats.

(107) "Nonprofit agency" means an agency exempt from federal income taxation under s. 501 of the internal revenue code of 1954, as amended.

(108) "Nurse practitioner" means a registered nurse who meets the requirements of s. HSS 105.20 (2).

(109) "Nursing home" has the meaning prescribed in s. 50.01 (3), Stats.

(110) "Nursing home payment formula" means the prospective payment system for nursing home care established annually by the department.

(111) "Occupational therapist" or "OTR" means a person who meets the requirements of s. HSS 105.28 (1), is the primary performing provider of occupational therapy services, is responsible for and signs all billings for occupational therapy services, and is not required to be supervised.

(112) "Occupational therapy procedure" means treatment, with or without equipment, which requires the continuous personal attendance of a registered occupational therapist or a certified occupational therapist assistant.

(113) "Outpatient facility" has the meaning prescribed for outpatient treatment facility in s. 632.89 (1) (a), Stats.

(114) "Outpatient physical therapy services" means physical therapy services furnished by a provider of these services, a rehabilitation agency or by others under an arrangement with and supervised by the provider or rehabilitation agency, to an individual on an outpatient basis, which may include services to correct a pathological condition of speech.

(114m) "Palliative care" means treatment provided to persons experiencing the last stages of terminal illness for the reduction and management of pain and other physical and psychosocial symptoms of terminal illness, rather than treatment aimed at investigation and intervention for the purpose of cure. "Palliative care" will normally include physician services, skilled nursing care, medical social services and counseling.

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

(116) "Personal care services" means those services enumerated in s. HSS 107.11 (1) (b) when provided by a provider meeting the certification requirements for a home health agency under s. HSS 105.16.

(117) "Personal care worker" means an individual employed by a home health agency certified under s. HSS 105.16 or under contract to the home health agency to provide personal care services under the supervision of a registered nurse.

(118) "Personal needs allowance" means that amount of monthly unearned income identified in s. 49.45 (7) (a), Stats., which may be retained for the personal needs of an institutionalized person.

(119) "Persons with related conditions" means individuals who have epilepsy, cerebral palsy or another developmental disability.

(120) "Physical therapist" means a person who meets the requirements of s. HSS 105.27 (1).

(121) "Physical therapy aide" means a person who provides services under s. HSS 107.16 (1) (e).

(122) "Physical therapist assistant" means a person who meets the requirements of s. HSS 105.27 (2).

(122m) "Physically or sensory disabled" means a condition which affects a person's physical or sensory functioning by limiting his or her mobility or ability to see or hear, is the result of injury, disease or congenital deficiency, and significantly interferes with or limits one or more major life activities and the performance of major personal or social roles.

(123) "Physician" means a person licensed under ch. 448, Stats., to practice medicine and surgery, including a graduate of an osteopathic college who holds an unlimited license to practice medicine and surgery.

(124) "Physician assistant" means a person certified by the department to participate in MA who holds the minimum qualifications specified in s. HSS 105.05 (2).

(125) "Portable x-ray service" means a service provided by a provider certified pursuant to s. HSS 105.44.

(126) "Practical nurse" means a person who is licensed as a practical nurse under ch. 441, Stats., or, if practicing in another state, is licensed as a practical nurse by that state.

(127) "Prepaid health plan" or "PHP" means a plan made available by a provider, other than a health maintenance organization, that provides medical services to enrolled recipients under contract with the department on a capitation fee basis.

(128) "Prescription" means an order for a service for a particular patient, written in accordance with s. HSS 107.06 (4) (a)2.

(129) "Presumptive disability" means a non-financial eligibility condition determined under s. HSS 103.03 (1) (e).

(129m) "Presumptive eligibility" means eligibility of a pregnant woman for MA coverage of ambulatory prenatal care and other services, as determined under s. 49.465 (2), Stats., prior to application and determination of MA eligibility under ss. 49.46 (1), and 49.47 (4), Stats., and ch. HSS 103.

(130) "Preventive or maintenance occupational therapy" means occupational therapy procedures which are provided to forestall deteriora-

tion of the patient's condition or to preserve the patient's current status. Preventive or maintenance occupational therapy makes use of the procedures and techniques of minimizing further deterioration in areas including, but not limited to, the treatment of arthritic conditions, multiple sclerosis, upper extremity contractures, chronic or recurring mental illness and mental retardation.

(131) "Preventive or maintenance physical therapy" means 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 or maintenance physical therapy makes use of the procedures and techniques of minimizing further deterioration in areas including, but not limited to, daily living skills, mobility, positioning, edema control and other physiological processes.

(132) "Primary person" means the person whose name is listed first on the application form as the person applying for MA.

(133) "Primary provider" means a provider who provides health care service in the area in which the recipient resides and is designated by the recipient, with the concurrence of the designated provider, to be the recipient's primary provider.

(134) "Prior authorization" means the written authorization issued by the department to a provider prior to the provision of a service.

Note: Some services are covered only if they are authorized by the department before they are provided. Some otherwise covered services must be prior authorized after certain thresholds have been reached.

(135) "PRO" or "peer review organization" means the organization under contract to the department which makes determinations of medical necessity and reviews quality of services received by recipients of MA, medicare and maternal and child health programs when these recipients are hospitalized.

(136) "Procedure" means a treatment that requires the therapist's personal attendance on a continuous basis.

(137) "Provider" means a person who has been certified by the department to provide health care services to recipients and to be reimbursed by MA for those services.

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

(139) "Provider assistant" means a provider whose services must be performed under the supervision of a certified or licensed professional provider. A provider assistant, while required to be certified, is not eligible for direct reimbursement from MA.

(140) "Provider certification" means the process of approving a provider for participation in the MA program, as specified in s. HSS 105.01.

(141) "Provider handbook" means a publication developed by the department for the use of providers which outlines program policies and includes instructions on claim filing and other aspects of participation in MA.

(169) "SSI" means supplemental security income, the assistance program under Title XVI of the Social Security Act of 1935, as amended, and s. 49.177, Stats.

(170) "SSI-related person" means a person who meets the requirements of s. HSS 103.03 (1) (c).

(171) "Stepparent case" means an MA case consisting of a family in which a legal parent, a stepparent and a child under age 18 reside in the home.

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

(173) "Supervision," unless otherwise indicated in chs. HSS 101 to 108, means at least intermittent face-to-face contact between supervisor and assistant and a regular review of the assistant's work by the supervisor.

(174) "Tape billing service" means a provider or an entity under contract to a provider which provides magnetic tape billing for one or more providers.

(175) "Therapeutic/rehabilitative program" means a formal or structured medical or health care activity which is designed to contribute to the mental, physical or social development of its participants, and is certified or approved, or its sponsoring group is certified or approved, by a national standard-setting or certifying organization when such an organization exists.

(176) "Therapeutic visit" means a visit by a resident recipient to the home of relatives or friends for at least an overnight stay.

(177) "Three-generation case" means an MA case in which there are 3 generations living in the home and the second generation is a never-married minor parent.

(178) "Time out" means time away from positive reinforcement. It is a behavior modification technique in which, in response to undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

(179) "Treatment unit" means, for purposes of reimbursement for therapy services, the time spent in direct treatment services to the individual patient. Time spent in activities not associated with the treatment of the individual patient such as preparation of the patient for treatment, preparation of the treatment area and preparation of the patient for return from the treatment area, otherwise known as "preparation time", shall also be reimbursable for up to 15 minutes per patient per treatment day. Time spent in other activities which are not associated with the treatment of the individual patient, including end of the day clean-up of the treatment area, paperwork, consultations, transportation time and training, is not reimbursable.

(180) "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.

(181) "Usual and customary charge" means the provider's charge for providing the same service to persons not entitled to MA benefits.

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