

Chapter HSS 105

MEDICAL ASSISTANCE: PROVIDER CERTIFICATION

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Note: Chapter HSS 105 as it existed on February 28, 1986 was repealed and a new chapter HSS 105 was created effective March 1, 1986.

HSS 105.01 Introduction. (1) **PURPOSE.** This chapter identifies the terms and conditions under which providers of health care services are certified for participation in the medical assistance program (MA).

(2) **DEFINITIONS.** In this chapter:

(a) "Group billing provider" means an entity which provides or arranges for the provision of medical services by more than one certified provider.

(b) "Provider assistant" means a provider such as a physical therapist assistant whose services must be provided under the supervision of a certified or licensed professional provider, and who, while required to be certified, is not eligible for direct reimbursement from MA.

(3) GENERAL CONDITIONS FOR PARTICIPATION. In order to be certified by the department to provide specified services for a reasonable period of time as specified by the department, a provider shall:

(a) Affirm in writing that, with respect to each service for which certification is sought, the provider and each person employed by the provider for the purpose of providing the service holds all licenses or similar entitlements as specified in chs. HSS 101 to 108 and required by federal or state statute, regulation or rule for the provision of the service;

(b) Affirm in writing that neither the provider, nor any person in whom the provider has a controlling interest, nor any person having a controlling interest in the provider, has, since the inception of the medicare, medicaid, or title 20 services program, been convicted of a crime related to, or been terminated from, a federal-assisted or state-assisted medical program;

(c) Disclose in writing to the department all instances in which the provider, any person in whom the provider has a controlling interest, or any person having a controlling interest in the provider has been sanctioned by a federal-assisted or state-assisted medical program, since the inception of medicare, medicaid or the title 20 services program;

(d) Furnish the following information to the department, in writing:

1. The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;

2. The names and addresses of all persons who have a controlling interest in the provider; and

3. Whether any of the persons named in compliance with subd. 1 or 2, is related to another as spouse, parent, child or sibling; and

(e) Execute a provider agreement with the department.

(4) PROVIDERS REQUIRED TO BE CERTIFIED. The following types of providers are required to be certified by the department in order to participate in the MA program:

(a) Institutional providers;

(b) Non-institutional providers;

(c) Provider assistants; and

(d) Group billing providers.

(5) PERSONS NOT REQUIRED TO BE INDIVIDUALLY CERTIFIED. The following persons are not required to be individually certified by the department in order to participate in the MA program:

HSS 105.15 Certification of pharmacies. For MA certification, pharmacies shall meet the requirements for registration and practice enumerated in ss. 450.02 and 450.04, Stats., and chs. Phar 1 to 6.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

HSS 105.16 Certification of home health agencies. For MA certification, home health agencies shall be certified to participate in medicare, be licensed pursuant to ch. HSS 133 and meet the requirements of this section as follows:

(1) **HOME HEALTH AGENCY SERVICES.** For MA certification, a home health agency shall provide at least part-time or intermittent skilled nursing services, home health aide or personal care services, and medical supplies and equipment, on a visiting basis, in a place of residence used as a patient's home. The home health agency or qualified professionals under contract to the home health agency may provide physical therapy, occupational therapy, speech pathology services, home health aide and personal care services. Home health services shall be provided in accordance with orders from the recipient's physician in a written plan of care that the physician reviews every 60 days.

(2) **HOME HEALTH AIDES.** (a) *Assignment and duties.* Home health aides shall be assigned to particular patients by a registered nurse. Written instructions for patient care shall be prepared by a registered nurse or therapist as appropriate. Duties shall include but are not limited to the performance of simple procedures as an extension of therapy services, ambulation and exercise, activities of daily living, assistance with medications that are ordinarily self-administered, reporting changes in the patient's condition and need and completing appropriate records. No more than 25% of the time spent by the aide may be on non-personal care activities.

(b) *Supervision.* The registered nurse or appropriate professional staff member when other services are provided shall make a supervisory visit to the patient's residence at least once every 60 days, either to observe and assist when the home health aide is present or, when the aide is absent, to assess relationships and determine whether goals are being met.

(3) **PERSONAL CARE WORKERS.** (a) Personal care workers may be employed by the home health agency or by an agency under contract to the home health agency. Personal care workers shall work under the direction of the home health agency.

(b) Each personal care worker shall be trained in the provision of personal care services. Training shall consist of a minimum of 40 classroom hours, 25 of which shall cover personal and restorative care subjects. Training shall emphasize techniques and aspects of caring for the target population.

(c) The home health agency shall:

1. Provide the personal care worker with the basic materials and equipment to deliver personal care services;

2. Maintain time sheets documenting, by funding source, the types and duration of services provided by the personal care worker;

3. Maintain on file at the home health agency a copy of the written contract between the home health agency and the contracting agency if the home health agency is contracting for personal care workers;

4. Cooperate with other health and social service agencies in the area and with interested community referral groups in an attempt to avoid duplication of services and to provide the best possible coordination of personal care services to area recipients; and

5. Develop an appropriate time and services reporting mechanism for the personal care worker and instruct the personal care worker in the use of the reporting mechanism.

(d) The supervisor shall:

1. Give written instructions, or if necessary a demonstration to the personal care worker, of the services to be performed;

2. Teach or arrange for the teaching of personal care services to family members, if available and appropriate;

3. Confer with the home health agency staff, the personal care worker, the physician and other involved professionals in regard to the recipient's progress;

4. Judge the competency of the personal care worker to perform the personal care services; and

5. Review the plan of care and perform an evaluation of the patient's condition not less frequently than every 60 days. The evaluation shall include at least one visit to the patient's home and a review of the personal care worker's daily record, and discussion with the physician of any need for changes in type or level of care or discontinuance of care. If a change in type or level of care is necessary and cannot be provided by the home health agency or the contracted agency, appropriate referrals shall be made.

(e) The personal care worker may not be a responsible relative under s. 52.01 (1) (a), Stats., or a child of the client receiving services.

(f) The personal care worker shall:

1. Perform tasks assigned by the registered nurse for which appropriate training has been received;

2. Record each visit with the recipient on the medical record, including observations made and activities carried out and not carried out;

3. Report in writing to the supervising registered nurse on each assignment;

4. Report promptly to the registered nurse any changes in the recipient's condition; and

5. Confer with the registered nurse regarding the recipient's progress.

Note: For covered home health agency services, see s. HSS 107.11.

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