Chapter HSS 105

PROVIDER CERTIFICATION

Note: Chapter HSS 105 as it existed on February 28, 1986 was repealed and a new chapter HSS 105 was created effective March 1, 1986.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

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(a) Technicians or support staff for a provider, including:

1. Dental hygienists;

2. Medical record librarians or technicians;

3. Hospital and nursing home administrators, clinic managers, and administrative and billing staff;

4. Nursing aides, assistants and orderlies;

5. Home health aides;

6. Dieticians;

7. Laboratory technologists;

8. X-ray technicians;

9. Patient activities coordinators;

10. Volunteers; and

11. All other persons whose cost of service is built into the charge submitted by the provider, including housekeeping and maintenance staff; and

(b) Providers employed by or under contract to certified institutional providers, including but not limited to physicians, therapists, nurses and provider assistants. These providers shall meet certification standards applicable to their respective provider type.

(6) NOTIFICATION OF CERTIFICATION DECISION. Within 60 days after receipt by the department or its fiscal agent of a complete application for certification, including evidence of licensure or medicare certification, or both, if required, the department shall either approve the application and issue the certification or deny the application. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; r. (2) (b) and (c), (5) (a) 6., renum. (2) (d) and (5) (a) 7. to 12. to be (2) (b) and (5) (a) 6. to 11., Register, February, 1988, No. 386, eff. 3-1-88.

HSS 105.02 Requirements for maintaining certification. Providers shall comply with the requirements in this section in order to maintain MA certification.

(1) CHANGE IN PROVIDER STATUS. Providers shall report to the department in writing any change in licensure, certification, group affiliation, corporate name or ownership by the time of the effective date of the change. The department may require the provider to complete a new provider application and a new provider agreement when a change in status occurs. A provider shall immediately notify the department of any change of address but the department may not require the completion of a new provider application or a new provider agreement for a change of address.

(2) CHANGE IN OWNERSHIP. (a) *Non-nursing home provider.* In the event of a change in the ownership of a certified provider, except a nursing home, the provider agreement shall automatically terminate, except that the provider shall continue to maintain records required by subs.

(4), (6) and (7) unless an alternative method of providing for maintenance of these records has been established in writing and approved by the department.

(b) *Nursing home provider.* In the event of a change in the ownership of a nursing home, the provider agreement shall automatically be assigned to the new owner.

(3) RESPONSE TO INQUIRIES. A provider shall respond as directed to inquiries by the department regarding the validity of information in the provider file maintained by the department or its fiscal agent.

(4) MAINTENANCE OF RECORDS. Providers shall prepare and maintain whatever records are necessary to fully disclose the nature and extent of services provided by the provider under the program. Records to be maintained are those enumerated in subs. (6) and (7). All records shall be retained by providers for a period of not less than 5 years from the date of payment by the department for the services rendered, unless otherwise stated in chs. HSS 101 to 108. In the event a provider's participation in the program is terminated for any reason, all MA-related records shall remain subject to the conditions enumerated in this subsection and sub. (2).

(5) PARTICIPATION IN SURVEYS. Nursing home and hospital providers shall participate in surveys conducted for research and MA policy purposes by the department or its designated contractors. Participation involves accurate completion of the survey questionnaire and return of the completed survey form to the department or to the designated contractor within the specified time period.

(6) RECORDS TO BE MAINTAINED BY ALL PROVIDERS. All providers shall maintain the following records:

(a) Contracts or agreements with persons or organizations for the furnishing of items or services, payment for which may be made in whole or in part, directly or indirectly, by MA;

(b) MA billings and records of services or supplies which are the subject of the billings, that are necessary to fully disclose the nature and extent of the services or supplies; and

(c) Any and all prescriptions necessary to disclose the nature and extent of services provided and billed under the program.

(7) RECORDS TO BE MAINTAINED BY CERTAIN PROVIDERS. (a) *Specific types of providers.* The following records shall be maintained by hospitals, skilled nursing facilities (SNFs), intermediate care facilities (ICFs) and home health agencies, except that home health agencies are not required to maintain records listed in subds. 5, 11 and 14, and SNFs, ICFs and home health agencies are not required to maintain records listed in subd. 4:

1. Annual budgets;

2. Patient census information, separately:

a. For all patients; and

b. For MA recipients;

3. Annual cost settlement reports for medicare;

4. MA patient logs as required by the department for hospitals;

5. Annual MA cost reports for SNFs, ICFs and hospitals;

6. Independent accountants' audit reports;

7. Records supporting historical costs of buildings and equipment;

8. Building and equipment depreciation records;

9. Cash receipt and receivable ledgers, and supporting receipts and billings;

10. Accounts payable, operating expense ledgers and cash disbursement ledgers, with supporting purchase orders, invoices, or checks;

11. Records, by department, of the use of support services such as dietary, laundry, plant and equipment, and housekeeping;

12. Payroll records;

13. Inventory records;

14. Ledger identifying dates and amounts of all deposits to and withdrawals from MA resident trust fund accounts, including documentation of the amount, date, and purpose of the withdrawal when withdrawal is made by anyone other than the resident. When the resident chooses to retain control of the funds, that decision shall be documented in writing and retained in the resident's records. Once that decision is made and documented, the facility is relieved of responsibility to document expenditures under this subsection; and

15. All policies and regulations adopted by the provider's governing body.

(b) *Prescribed service providers.* The following records shall be kept by pharmacies and other providers of services requiring a prescription:

1. Prescriptions which support MA billings;

2. MA patient profiles;

3. Purchase invoices and receipts for medical supplies and equipment billed to MA; and

4. Receipts for costs associated with services billed to MA.

(8) PROVIDER AGREEMENT DURATION. The provider agreement shall, unless terminated, remain in full force and effect for a maximum of one year from the date the provider is accepted into the program. In the absence of a notice of termination by either party, the agreement shall automatically be renewed and extended for a period of one year.

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

HSS 105.03 Participation by non-certified persons. (1) REIMBURSEMENT FOR EMERGENCY SERVICES. If a resident of Wisconsin or of another state who is not certified by MA in this state provides emergency services to a Wisconsin recipient, that person shall not be reimbursed for those services by MA unless the services are covered services under ch. HSS 107 and:

(a) The person submits to the fiscal agent a provider data form and a claim for reimbursement of emergency services on forms prescribed by the department;

(b) The person submits to the department a statement in writing on a form prescribed by the department explaining the nature of the emergency, including a description of the recipient's condition, cause of emergency, if known, diagnosis and extent of injuries, the services which were provided and when, and the reason that the recipient could not receive services from a certified provider; and

(c) The person possesses all licenses and other entitlements required under state and federal statutes, rules and regulations, and is qualified to provide all services for which a claim is submitted.

(2) REIMBURSEMENT PROHIBITED FOR NON-EMERGENCY SERVICES. No non-emergency services provided by a non-certified person may be reimbursed by MA.

(3) REIMBURSEMENT DETERMINATION. Based upon the signed statement and the claim for reimbursement, the department's professional consultants shall determine whether the services are reimbursable.

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

HSS 105.04 Supervision of provider assistants. Provider assistants shall be supervised. Unless otherwise specified under ss. HSS 105.05 to 105.49, supervision shall consist of at least intermittent face-to-face contact between the supervisor and the assistant and a regular review of the assistant's work by the supervisor.

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

HSS 105.05 Certification of physicians and assistants. (1) PHYSICIANS. For MA certification, physicians shall be licensed to practice medicine and surgery pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 1, 2, 3, 4, 5, and 14.

(2) PHYSICIAN ASSISTANTS. For MA certification, physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14.

Note: For covered physician services, see s. HSS 107.06.

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

HSS 105.06 Certification of dentists. For MA certification, dentists shall be licensed pursuant to s. 447.05, Stats.

Note: For covered dental services, see s. HSS 107.07.

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

HSS 105.07 Certification of general hospitals. For MA certification, hospitals shall be approved pursuant to s. 50.35, Stats., and ch. HSS 124, shall either have a medicare provider agreement or be accredited by the joint commission on the accreditation of hospitals (JCAH), and shall have a utilization review plan that meets the requirements of 42 CFR 405.1035. In addition:

(1) Hospitals providing outpatient psychotherapy shall meet the requirements specified in s. HSS 105.22 (1) (2) and (3);

(2) Hospitals providing outpatient alcohol and other drug abuse services shall meet the requirements specified in s. HSS 105.23;

(3) Hospitals providing day treatment services shall meet the requirements specified in s. HSS 105.24;

(4) Hospitals participating in the peer review organization (PRO) review program shall meet the requirements of 42 CFR 405.1035 and any additional requirements established under state contract with the PRO.

Note: For covered hospital services, see s. HSS 107.08.

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

HSS 105.08 Certification of skilled nursing facilities. For MA certification, skilled nursing facilities shall be licensed pursuant to s. 50.03, Stats., and ch. HSS 132.

Note: For covered nursing home services, see s. HSS 107.09.

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

HSS 105.09 Medicare bed requirement. (1) DEFINITION. In this section, "sufficient number of medicare-certified beds" means a supply of beds that accommodates the demand for medicare beds from both the home county and contiguous counties so that no dual eligible recipient is denied access to medicare SNF benefits because of a lack of available beds. In this subsection, "dual eligible recipient" means a person who qualifies for both medical assistance and medicare.

(2) MEDICARE BED OBLIGATION. Each county shall have a sufficient number of skilled nursing beds certified by the medicare program pursuant to ss. 49.45 (6m) (g) and 50.02 (2), Stats. The number of medicare-certified beds required in each county shall be at least 3 beds per 1000 persons 65 years of age and older in the county.

(3) PENALTY. (a) If a county does not have sufficient medicare-certified beds as determined under sub. (1), each SNF within that county which does not have one or more medicare-certified beds shall be subject to a fine to be determined by the department of not less than $10 nor more than $100 for each day that the county continues to have an inadequate number of medicare-certified beds.

(b) The department may not enforce penalty in par. (a) if the department has not given the SNF prior notification of criteria specific to its county which shall be used to determine whether or not the county has a sufficient number of medicare-certified beds.

(c) If the number of medicare-certified beds in a county is reduced so that the county no longer has a sufficient number of medicare-certified beds under sub. (1), the department shall notify each SNF in the county of the number of additional medicare-certified beds needed in the county. The department may not enforce the penalty in par. (a) until 90 days after this notification has been provided.

(4) EXEMPTIONS. (a) In this subsection, a "swing-bed hospital" means a hospital approved by the federal health care financing administration to furnish skilled nursing facility services in the medicare program.

(b) A home or portion of a home certified as an ICF/MR is exempt from this section.

(c) The department may grant an exemption based on but not limited to:

1. Availability of a swing-bed hospital operating within a 30 mile radius of the nursing home; or

2. Availability of an adequate number of medicare-certified beds in a facility within a 30 mile radius of the nursing home.

(d) A skilled nursing facility located within a county determined to have an inadequate number of medicare-certified beds and which has less than 100 beds may apply to the department for partial exemption from the requirements of this section. An SNF which applies for partial exemption shall recommend to the department the number of medicare-certified beds that the SNF should have to meet the requirements of this section based on the facility's analysis of the demand for medicare-certified beds in the community. The department shall review all recommendations and issue a determination to each SNF requesting a partial exemption.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; renum. (1), (2), (3) (a) and (b) to be (2), (3), (4) (a) and (b) and am. (2) and (4) (b), cr. (1), (4) (c) and (d), Register, February, 1988, No. 386, eff. 7-1-88.

HSS 105.10 Certification of SNFs and ICFs with deficiencies. If the department finds a facility deficient in meeting the standards specified in s. HSS 105.08, 105.09, 105.11 or 105.12, the department may nonetheless certify the facility for MA under the conditions specified in s. HSS 132.21 and 42 CFR 442, Subpart C.

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

HSS 105.11 Certification of intermediate care facilities. For MA certification, intermediate care facilities shall be licensed pursuant to s. 50.03, Stats., and ch. HSS 132.

Note: For covered nursing home services, see s. HSS 107.09.

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

HSS 105.12 Certification of ICFs for mentally retarded persons or persons with related conditions. For MA certification, institutions for mentally retarded persons or persons with related conditions shall be licensed pursuant to s. 50.03, Stats., and ch. H 34 [HSS 134].

Note: For covered ICF/MR services, see HSS 107.09.

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

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, a home health agency shall be certified to participate in medicare as a home health agency, 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, or both, which are performed by a registered nurse,

(2) For MA certification, an independent licensed practical nurse shall be licensed pursuant to s. 441.10, Stats.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; r. and recr. Register, January, 1991, No. 421, eff. 2-1-91.

HSS 105.20 Certification of nurse practitioners. (1) QUALIFICATIONS. For MA certification, a nurse practitioner shall be licensed as a registered nurse pursuant to s. 441.06, Stats., and fulfill one of the following requirements:

(a) If practicing as a pediatric nurse practitioner, be currently certified by the American nurses' association or by the national board of pediatric nurse practitioners and associates;

(b) If practicing as any family nurse practitioner, be currently certified by the American nurses' association; or

(c) If practicing as any other primary care nurse practitioner or as a clinical nurse specialist, be currently certified by the American nurses' association, the national certification board of pediatric nurse practitioners and associates, or the nurses' association of the American college of obstetricians and gynecologists' certification corporation, or have a master's degree in nursing from a school accredited by a program designed to prepare a registered nurse for advanced clinical nurse practice.

(2) PROTOCOLS. A written protocol covering a service or delegated medical act that may be provided and procedures that are to be followed for provision of services by nurse practitioners shall be developed and maintained by the nurse practitioner and the delegating licensed physician according to the requirements of s. N 6.03 (2) and the guidelines set forth by the board of nursing. This protocol shall include, but is not limited to, explicit agreements regarding those delegated medical acts which the nurse practitioner or clinical nurse specialist is delegated by the physician to provide. A protocol shall also include arrangements for communication of the physician's directions, consultation with the physician, assistance with medical emergencies, patient referrals and other provisions relating to medical procedures and treatment.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; r. and recr. Register, January, 1991, No. 421, eff. 2-1-91.

HSS 105.201 Certification of nurse-midwives. For MA certification, a nurse midwife shall be certified as a registered nurse under s. HSS 105.19 (1) and shall be certified as a nurse midwife under ch. N 4.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91.

HSS 105.21 Certification of psychiatric hospitals. (1) REQUIREMENTS. For MA certification, psychiatric hospitals shall:

(a) Be approved pursuant to s. 50.35, Stats., and ch. HSS 124, and either be certified for participation in medicare or accredited by the joint commission on the accreditation of hospitals (JCAH);

(b) Have a utilization review plan that meets the requirements of 42 CFR 405.1035, 405.1037 and 405.1038;

(c) If participating in the PRO review program, meet the requirements of that program and any other requirements established under the state contract with the PROs;

(d) If providing outpatient psychotherapy, comply with s. HSS 105.22;

(e) If providing outpatient alcohol and other drug abuse services, comply with s. HSS 105.23; and

(f) If providing day treatment services, comply with s. HSS 105.24.

(2) WAIVERS AND VARIANCES. The department shall consider applications for waivers or variances of the requirements in sub. (1) if the requirements and procedures stated in s. HSS 106.11 are followed.

Note: For covered mental health services, see s. HSS 107.13.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; correction in (1) (a) made under s. 13.93 (2m) (b) 7, Stats., Register, June, 1990, No. 414.

HSS 105.22 Certification of psychotherapy providers. (1) TYPES OF PSYCHOTHERAPY PROVIDERS. For MA certification, psychotherapy providers shall be one of the following:

(a) A physician meeting the requirements of s. HSS 105.05 (1) who has completed a residency in psychiatry. Proof of residency shall be provided to the department. Proof of residency shall either be board-certification from the American board of psychiatry and neurology or a letter from the hospital in which the residency was completed;

(b) A psychologist licensed under ch. 455, Stats., who is listed or eligible to be listed in the national register of health services providers in psychology;

(c) A board-operated outpatient facility certified under ss. HSS 61.91 to 61.98; or

(d) An outpatient facility certified under ss. HSS 61.91 to 61.98, which provides MA services under contract to a board.

(2) AGREEMENT WITH BOARD. All providers certified under sub. (1) (a), (b), or (d) shall have a written agreement with a board to be eligible for reimbursement for psychotherapy services.

(3) STAFFING OF OUTPATIENT FACILITIES. (a) To provide psychotherapy reimbursable by MA, personnel employed by an outpatient facility deemed a provider under sub. (1) (d) shall be individually certified and shall work under the supervision of a physician or psychologist who meets the requirements of sub. (1) (a) or (b). Persons employed by a board-operated or hospital outpatient psychotherapy facility need not be individually certified as providers but may provide psychotherapy services upon the department's issuance of certification to the facility by which they are employed. In this case, the facility shall provide a list of the names of persons employed by the facility who are performing psychotherapy services for which reimbursement may be claimed under MA. This listing shall certify the credentials possessed by the named persons which would qualify them for certification under the standards spec-

ified in this subsection. A facility, once certified, shall promptly advise the department in writing of the employment or termination of employes who will be or have been providing psychotherapy services under MA.

(b) A person eligible under this subsection to provide psychotherapy services as an employe of a board-operated or hospital outpatient psychotherapy facility shall be one of the following:

1. A person with a master's degree in social work from a graduate school of social work accredited by the council on social work education, with course work emphasis in case work or clinical social work and who is listed in or eligible to be listed in either the national association of social workers (NASW) register of clinical social workers or the national registry of health care providers in clinical social work;

2. A person with a master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the national league for nursing;

3. A person with any of the following master's degrees and course work emphasis in clinical psychology: counseling and guidance, counseling psychology, clinical psychology, psychology or school psychology, if the person has met the equivalent of the requirements for registration in the national registry of health care providers in clinical social work or in the NASW register of clinical social workers; or

4. A physician meeting the requirements of sub. (1) (a) or a psychologist meeting the requirements of sub. (1) (b).

(c) Providers defined by par. (b) 1 to 3 shall also have 3,000 hours of supervised experience in clinical practice subsequent to the acquisition of an acceptable masters degree. In this paragraph, "supervised" during the 3,000 hour period means a minimum of one hour a week of face-to-face supervision by another person meeting the minimum qualifications to be a provider.

(4) REIMBURSEMENT FOR OUTPATIENT PSYCHOTHERAPY SERVICES. Outpatient psychotherapy services shall be reimbursed as follows:

(a) For the services of any provider working in a certified outpatient facility, reimbursement shall be to the facility; and

(b) For the services of any provider in private practice who is licensed and certified according to sub. (1) (a) or (b), reimbursement shall be to that provider.

(5) REIMBURSEMENT FOR INPATIENT PSYCHOTHERAPY SERVICES. Reimbursement shall be made to providers defined in sub. (1) (a) and (b) who provide psychotherapy services to a recipient while the recipient is an inpatient in a general or acute care hospital or in a psychiatric facility. Psychotherapy services provided to inpatients in general hospitals or in psychiatric facilities shall be reimbursed as follows:

(a) For the services of a provider who is a physician under sub. (1) (a) or a psychologist under sub. (1) (b) employed by or under contract to an outpatient facility, reimbursement shall be to the facility; and

(b) For the services of any provider who is a physician under sub. (1) (a) or a psychologist under sub. (1) (b) in private practice, reimbursement shall be to the physician or psychologist.

Note: For covered mental health services, see s. HSS 107.13.

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

HSS 105.23 Certification of alcohol and other drug abuse (AODA) treatment providers. (1) TYPES OF PROVIDERS. For MA certification, an outpatient alcohol and other drug abuse (AODA) treatment provider shall be:

(a) An outpatient facility operated by a board and certified under ss. HSS 61.50 to 61.68;

(b) An outpatient facility under contract to a board, certified under ss. HSS 61.50 to 61.68; or

(c) A provider under s. HSS 105.05 (1) or 105.22 (1) (b) who has a written agreement with a board or a facility under sub. (1) (a) or (b), if the recipient being treated is enrolled in an AODA program at the facility.

(2) STAFFING REQUIREMENTS. (a) To provide AODA services reimbursable under MA, personnel employed by an outpatient facility under sub. (1) (a) or (b) shall:

1. Meet the requirements in s. HSS 105.22 (3) or 105.05 (1); or

2. Be an AODA counselor certified by the Wisconsin alcoholism and drug abuse counselor certification board and work under the supervision of a provider who is a licensed physician or licensed psychologist and employed by the same facility.

Note: Certification standards of the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board may be obtained by writing the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board, Inc., 416 East Main Street, Waukesha, WI 53186.

(b) The facility shall provide the department with a list of persons employed by the facility who perform AODA services for which reimbursement may be claimed under MA. The listing shall identify the credentials possessed by the named persons which would qualify them for certification under the standards specified in par. (a). A facility, once certified, shall promptly advise the department in writing of the employment or termination of employes who will be or have been providing AODA services under MA.

(3) REIMBURSEMENT FOR AODA SERVICES. Reimbursement for outpatient AODA treatment services shall be as follows:

(a) For the services of any provider employed by or under contract to a certified AODA facility, reimbursement shall be made to the facility; and

(b) For the services of any provider who is a physician or licensed psychologist defined under sub. (1) (c) in private practice, reimbursement shall be to the physician or psychologist.

Note: For covered alcohol and other drug abuse treatment services, see HSS 107.13 (3).

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

HSS 105.24 Certification of day treatment or day hospital service providers. (1) REQUIREMENTS. For MA certification, a day treatment or day hospital service provider shall:

(a) Be either:

1. A medical program operated by a board and certified under s. HSS 61.75; or

2. A medical program under contract to a board and certified under s. HSS 61.75; and

(b) Meet the following personnel and staffing requirements:

1. A registered nurse and a registered occupational therapist shall be on duty to participate in program planning, program implementation and daily program coordination;

2. The day treatment program shall be planned for and directed by designated members of an interdisciplinary team that includes a social worker, a psychologist, an occupational therapist and a registered nurse or a physician, physician's assistant or another appropriate health care professional;

3. A written patient evaluation involving an assessment of the patient's progress by each member of the multidisciplinary team shall be made at least every 60 days; and

4. For the purposes of daily program performance, coordination guidance and evaluation:

a. One qualified professional staff member such as an OTR, masters degree social worker, registered nurse, licensed psychologist or masters degree psychologist for each group, or one certified occupational therapy assistant and one other paraprofessional staff person for each group; and

b. Other appropriate staff, including volunteer staff.

(2) BILLING AND REIMBURSEMENT. (a) Reimbursement for medical day treatment or day hospital services shall be at a rate established and approved by the department.

(b) Reimbursement payable under par. (a) shall be subject to reductions for third party recoupments. For day treatment or day hospital services provided under MA, the board shall be responsible for 10 percent of the amount reimbursable under par. (a).

(c) Billing submitted for medical day treatment or day hospital services shall verify that the service has been approved by the board, except in the case of billing for services at state-operated facilities.

Note: For covered day treatment and day hospital services, see s. HSS 107.13 (4).

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

HSS 105.25 Certification of alcohol and other drug abuse (AODA) day treatment providers. (1) TYPES OF PROVIDERS. For MA certification, an alcohol and other drug abuse (AODA) day treatment provider shall be certified under ss. HSS 61.61 and 105.23.

(2) STAFFING REQUIREMENTS. (a) An alcohol and drug counselor certified as provided in s. HSS 61.06 (14) shall be on duty during all hours in which services are provided to participate in treatment planning and implementation and daily program coordination.

(b) A treatment plan for each participating recipient shall be developed, directed and monitored by designated members of an interdisciplinary treatment team which includes an alcohol and drug counselor II or III, certified as provided in s. HSS 61.06 (14), a physician or licensed psychologist, and other health care professionals. The treatment team

shall maintain a written record of each recipient's treatment and progress toward meeting the goals described in the recipient's plan of care.

(c) All treatment shall be coordinated and provided by at least one qualified professional staff member who has demonstrated experience in delivering direct treatment to persons with alcohol and other drug abuse problems. Other staff members, such as an AODA counselor I who has filed for certification with the Wisconsin alcoholism and drug counselor certification board, inc., may assist in treatment under the supervision of a qualified professional staff member.

History: Emerg. cr. eff. 3-9-89; cr. Register, December, 1989, No. 408, eff. 1-1-90.

HSS 105.255 Certification of community support programs. (1) GENERAL REQUIREMENTS. For MA certification, a community support program (CSP) service provider shall meet the requirements under ss. HSS 63.06 to 63.17 and this section. The department may waive a requirement in ss. HSS 63.06 to 63.17 under the conditions specified in s. HSS 63.05 if requested by a provider. Certified providers under this section may provide services directly or may contract with other qualified providers to provide all or some of the services described in s. HSS 107.13 (6).

(2) MENTAL HEALTH TECHNICIAN. (a) In this subsection, "mental health technician" means a paraprofessional employe of the CSP who is limited to performing the services set out in s. HSS 63.11 (3) (c) and (4).

(b) Except as provided in par. (c), a mental health technician shall have at least 1,000 hours of supervised work experience with long-term mentally ill persons and meet at least one of the following conditions:

1. Has satisfactorily completed the educational curriculum developed by the department;

2. Is certified by the American occupational therapy association as an occupational therapy assistant;

3. Is a practical nurse (LPN) licensed under s. 441.10, Stats.;

4. Has satisfied the training requirements under s. HSS 133.17 (4) for a home health aide;

5. Is included in the registry of persons under ch. HSS 129 who have completed a nurse's assistant training and testing program or only a testing program; or

6. Has satisfied the requirements under s. HSS 105.17 (3) (a) 1 to provide personal care services and has completed an additional 1000 hours of supervised work experience with long-term mentally ill persons.

(c) A mental health technician providing CSP services who does not meet the requirements of par. (b) shall meet the requirements of s. HSS 63.06 (4) (a) 9 and shall in addition meet the requirements of par. (b) within one year following the effective date of the provider's MA certification or the technician's date of employment by the CSP, whichever is later.

(3) DOCUMENTATION OF EMPLOYE QUALIFICATIONS. Providers shall maintain current written documentation of employe qualifications required under s. HSS 63.06 (4) and this section.

History: Cr. Register, September, 1990, No. 417, eff. 10-1-90.

(d) The name and signature of the provider or a person authorized to act on behalf of the provider; and

(e) A notarization.

Note: For covered transportation services, see s. HSS 107.23.

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

HSS 105.40 Certification of durable medical equipment and medical supply vendors. (1) Except as provided in sub. (2), vendors of durable medical equipment and medical supplies shall be eligible to participate in the MA program.

(2) Orthotists and prosthetists who develop and fit appliances for recipients shall be certified by the American board for certification in orthotics and prosthetics (A.B.C.). Certification shall be a result of successful participation in an A.B.C. examination in prosthetics, orthotics, or both, and shall be for:

(a) Certified prosthetist (C.P.);

(b) Certified orthotist (C.O.); or

(c) Certified prosthetist and orthotist (C.P.O.)

Note: For covered durable medical equipment and medical supply services, see s. HSS 107.24.

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

HSS 105.41 Certification of hearing aid dealers. For MA certification, hearing aid dealers shall be licensed pursuant to s. 459.05, Stats.

Note: For covered hearing aids and supplies, see s. HSS 107.24.

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

HSS 105.42 Certification of physician office laboratories. (1) REQUIREMENTS. For MA certification, physician office laboratories, except as noted in sub. (2), shall be licensed pursuant to s. 143.15, Stats., and ch. HSS 165.

(2) EXCEPTION. Physician office laboratories servicing no more than 2 physicians, chiropractors or dentists, and not accepting specimens on referral from outside providers, are not required to be licensed under s. 143.15, Stats., or to meet ch. HSS 165 standards. These laboratories, however, shall submit an affidavit to the department declaring that they do not accept outside specimens.

(3) MEDICARE CERTIFICATION REQUIREMENT. Physician office laboratories which accept referrals of 100 or more specimens a year in a specialty shall be certified to participate in medicare in addition to meeting the requirements under sub. (1).

Note: For covered diagnostic testing services, see s. HSS 107.25.

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

HSS 105.43 Certification of hospital and independent clinical laboratories. For MA certification, a clinical laboratory that is a hospital laboratory or an independent laboratory shall be licensed pursuant to s. 143.15, Stats., and ch. HSS 165. In addition, the laboratory shall be certified to

participate in medicare and meet the requirements of 42 CFR 405.1310 to 405.1317.

Note: For covered diagnostic testing services, see s. HSS 107.25.

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

HSS 105.44 Certification of portable x-ray providers. For MA certification, a portable x-ray provider shall be directed by a physician or group of physicians, registered pursuant to s. 140.54, Stats., and ch. HSS 157, certified to participate in medicare, and shall meet the requirements of 42 CFR 405.1411 to 405.1416.

Note: For covered diagnostic testing services, see s. HSS 107.25.

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

HSS 105.45 Certification of dialysis facilities. For MA certification, dialysis facilities shall meet the requirements enumerated in ss. H 52.05 and 52.06 [HSS 152.05 and 152.08], and shall be certified to participate in medicare.

Note: For covered dialysis services, see s. HSS 107.26.

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

HSS 105.46 Certification of blood banks. For MA certification, blood banks shall be licensed or registered with the U.S. food and drug administration and shall be approved pursuant to s. 143.15, Stats., and s. HSS 165.05.

Note: For covered blood services, see s. HSS 107.27.

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

HSS 105.47 Certification of health maintenance organizations and prepaid health plans. (1) CONTRACTS AND LICENSING. For MA certification, a health maintenance organization or prepaid health plan shall enter into a written contract with the department to provide services to enrolled recipients and shall be licensed by the Wisconsin commissioner of insurance.

(2) REQUIREMENTS FOR HEALTH MAINTENANCE ORGANIZATIONS. For MA certification, an HMO shall:

(a) Meet the requirements of 42 CFR 434.20 (c);

(b) Make services it provides to individuals eligible under MA accessible to these individuals, within the area served by the organization, to the same extent that the services are made accessible under the MA state plan to individuals eligible for MA who are not enrolled with the organization; and

(c) Make adequate provision against the risk of insolvency, which is satisfactory to the department and which ensures that individuals eligible for benefits under MA are not held liable for debts of the organization in case of the organization's insolvency.

Note: For covered health maintenance organization and prepaid health plan services, see s. HSS 107.28.

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

HSS 105.48 Certification of out-of-state providers. (1) BORDER STATUS. (a) *Border status certification.* 1. Providers enumerated in subds. 2 to 5

whose normal practice includes providing service to Wisconsin recipients may be certified as Wisconsin border status providers if they meet the requirements for certification outlined in this chapter. Certified border status providers shall be subject to the same rules and contractual agreements as Wisconsin providers.

2. Hospitals in Ironwood and Iron Mountain, Michigan, and in Winona and Red Wing, Minnesota may apply for certification as Wisconsin border status providers of inpatient and outpatient services. Hospitals in other communities listed in subd. 4 are eligible for border status certification only as hospital outpatient service providers.

3. Out-of-state independent laboratories, regardless of location, may apply for certification as Wisconsin border status providers.

4. Non-hospital and non-nursing home providers located in the following communities may apply for certification as Wisconsin border status providers:

IOWA	ILLINOIS	MINNESOTA	MICHIGAN
Dubuque	Antioch	Duluth	Bessemer
Guttenberg	Durland	Hastings	Crystal Falls
Lansing	East Dubuque	Kingsdale	Iron Mountain
McGregor	Freeport	LaCrescent	Iron River
	Galena	Lake City	Ironwood
	Harvard	Markville	Kingsford
	Hebron	Minneapolis	Marenisco
	Richmond	Red Wing	Menominee
	Rockford	Rochester	Norway
	South Beloit	Rush City	Wakefield
	Stockton	St. Paul	Watersmeet
	Warren	Stillwater	
	Woodstock	Taylor Falls	
		Wabasha	
		Winona	
		Wrenshall	

5. Out-of-state providers at locations other than those in subd. 4 may apply to the department for border status certification, except that out-of-state nursing homes are not eligible for border status. Requests for border status shall be considered by the department on a case-by-case basis.

(b) *Review of border status certification.* The department may review border status certification annually. Border status certification may be cancelled by the department if it is found to be no longer warranted by medical necessity, volume or other considerations.

(2) LIMITATION ON CERTIFICATION OF OUT-OF-STATE PROVIDERS. (a) Providers certified in another state whose services are not covered in Wisconsin shall be denied border status certification in the Wisconsin program.

Note: Examples of provider types whose services are not covered in Wisconsin are music therapists and art therapists.

(b) Providers denied certification in another state shall be denied certification in Wisconsin, except that providers denied certification in another state because their services are not MA-covered in that state may be eligible for Wisconsin border status certification if their services are covered in Wisconsin.

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

HSS 105.49 Certification of ambulatory surgical centers. For MA certification, an ambulatory surgical center shall be certified to participate in medicare as an ambulatory surgical center under 42 CFR 416.39.

Note: For covered ambulatory surgical center services, see s. HSS 107.30.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; am. Register, February, 1988, No. 386, eff. 3-1-88.

HSS 105.50 Certification of hospices. For MA certification, a hospice shall be certified to participate in medicare as a hospice under 42 CFR 418.50 to 418.100.

History: Cr. Register, February, 1988, No. 386, eff. 3-1-88.

HSS 105.51 Certification of case management agency providers. (1) AGENCY. For MA certification, a provider of case management services shall be an agency with state statutory authority to operate one or more community human service programs. A case management agency may be a county or Indian tribal department of community programs, a department of social services, a department of human services, or a county or tribal aging unit. Each applicant agency shall specify each population eligible for case management under s. HSS 107.32 (1) (a) 2 for which it will provide case management services. Each certified agency shall offer all 3 case management components described under s. HSS 107.32 (1) so that a recipient can receive the component or components that meet his or her needs.

(2) EMPLOYED PERSONNEL. (a) To provide case assessment or case planning services reimbursable under MA, persons employed by or under contract to the case management agency under sub. (1) shall:

1. Possess a degree in a human services-related field, possess knowledge regarding the service delivery system, the needs of the recipient group or groups served, the need for integrated services and the resources available or needing to be developed, and have acquired at least one year of supervised experience with the type of recipients with whom he or she will work; or

2. Possess 2 years of supervised experience or an equivalent combination of training and experience.

Note: The knowledge required in subd. 1 is typically gained through supervised experience working with persons in the target population.

(b) To provide ongoing monitoring and service coordination reimbursable under MA, personnel employed by a case management agency under sub. (1) shall possess knowledge regarding the service delivery system, the needs of the recipient group or groups served, the need for integrated services and the resources available or needing to be developed.

(3) SUFFICIENCY OF AGENCY CERTIFICATION FOR EMPLOYED PERSONNEL. Individuals employed by or under contract to an agency certified to provide case management services under this section may provide case management services upon the department's issuance of certification to the agency. The agency shall maintain a list of the names of individuals employed by or under contract to the agency who are performing case management services for which reimbursement may be claimed under MA. This list shall certify the credentials possessed by the named individuals which qualify them under the standards specified in sub. (2). Upon request, an agency shall promptly advise the department in writing of the employment of persons who will be providing case management services under MA and the termination of employes who have been providing case management services under MA.

(4) CONTRACTED PERSONNEL. Persons under contract with a certified case management agency to provide assessments or case plans shall meet