

## Service Addendum: Nursing Home

The provision of contracted, authorized, and provided services shall be in compliance with the provisions of this agreement, the service description and requirements of this section and, if applicable, state certification and licensing criteria.

### Service Definition and Description

Lakeland Care, Inc (LCI) follows the standards, guidelines, and descriptions for Nursing Homes outlined within the Wisconsin DHS Family Care Contract, and Wisconsin Administrative Codes DHS Chapter 132 and Chapter 50. A Nursing Home is a state licensed facility under Wisconsin Statutes Section 50.01(3), subject to all the provisions of Wisconsin Administrative Rule DHS 132, except for those provisions that apply only to licensure categories, and except for those nursing homes regulated by DHS 134. Nursing homes include those owned and operated by the state, counties, municipalities, or other public bodies. Nursing homes are also subject to the provisions in Wisconsin Statutes Chapter 50 and Wisconsin Administrative rules Comm. 61 to 65, except s. 61.31 (3). Federally certified nursing homes are also subject to the provisions contained in 42 CFR 483.5, 42 CFR 483.10 through 483.75 ([Code of Federal Regulations](#)).

**Nursing home-** a place where five or more persons who are not related to the operator or administrator reside, receive care or treatment and, because of their mental or physical condition, require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care or skilled nursing services.

Nursing home services may be authorized to provide skilled nursing or rehabilitation services aimed at helping a member regain the ability to live more independently in his or her home. Long term nursing home services may only be authorized when:

- The member's LTC outcomes cannot be cost-effectively supported in the member's home, or when the members' health and safety cannot be adequately safeguarded in the member's home; or
- When nursing home services are a cost effective option for meeting the member's long-term care needs. For persons needing respite who require skilled nursing care for a period of 28 days or less.

### **Scope of Services**

A contract for residential services with Lakeland Care, Inc. (LCI) incorporates the services and supports listed below. This list is not all encompassing, but a listing of general categories and examples of costs typically incurred in each category. Nursing Home settings include the following items and supports:

### **Physical Environment**

1. Physical Space – sleeping accommodations in compliance with facility regulations including access to all areas of facility and grounds.
2. Furnishing – all common area and bedroom furnishings including all of the following: bed, mattress with pad, pillows, bedspreads, blankets, sheets, pillowcases, towels and washcloths, window coverings, floor coverings.

3. Equipment – all equipment that becomes a permanent part of the facility, such as grab bars, ramps and other accessibility modifications, door alarms, pull-stations and/or call lights.
4. Housekeeping services – including laundry services, household cleaning supplies, and bathroom toilet paper and paper towels.
5. Building Maintenance – including interior and exterior structure integrity and upkeep, pest control, and garbage and refuse disposal.
6. Grounds Maintenance – including lawn, shrub, and plant maintenance, snow and ice removal.
7. Building Protective Equipment – carpet pads, wall protectors, baseboard protectors, etc.
8. Building Support Systems – including heating, cooling, air purifier, water and electrical systems installation, maintenance and utilization costs.
9. Fire and Safety Systems – including installation, inspection and maintenance costs.
10. Food – 3 meals plus snacks, including any special dietary accommodations, supplements, and thickeners, and consideration for individual preferences, cultural or religious customs of the individual resident.
11. Telephone and Media Access – access to make and receive calls and acquisition of information and news (e.g. television, newspaper, internet).
12. Medications – including over-the-counter medications.
13. Personal Hygiene Supplies – including toothpaste, shampoo, soap, feminine care products.

**Program Services**

1. Supervision – adequate qualified staff to meet the scheduled and unscheduled needs of members.
2. Personal Care, Assistance with Activities of Daily Living and Daily Living Skills Training.
3. Activities, Socialization and Access to Community Activities – including facility leisure activities, community activities information and assistance with accessing, and assistance with socialization with family and other social contacts.
4. Health Monitoring – including coordination of medical appointments and accompanying members to medical service when necessary.
5. Medication Management – including managing or administering medications and the cost associated with delivery, storage, packaging, documenting and regimen review.
6. Behavior Management – including participation with the MCO in the development and implementation of Behavioral Support Plans and Behavioral Intervention Plans.
7. Facility Supplies and Equipment – including first aid supplies, gauze pads, blood pressure cuffs, stethoscopes, thermometers, cotton balls, medication and specimen cups, gait belts, etc. Other equipment, such as wheelchairs with brakes, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, walkers, trapeze frames, transfer boards, parallel bars, reciprocal pulleys, suction machines, patient lifts, and Stryker or Foster frames, shall be used as needed for the care of the residents.

Disposal Medical Supplies (DMS) and Durable Medical Equipment (DME) providers may reference the Wisconsin Medical Assistance DMS or DME Index at <https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/maxFee/maxFeeDownloadsPdfVersions.htm.spage>

- a. LCI will allow providers to dispense DMS which would normally be authorized by Medicaid with a physician’s prescription without prior authorization (i.e. ostomy).
- b. DME not included in the index does require coordination of care and prior authorization from the IDT Staff (i.e. oxygen usage).
- 8. Personal Protective Equipment for staff use – including gloves, gowns, masks, etc.
- 9. OSHA and Infection Control Systems – including hazardous material bags, sharps disposal containers, disposable and/or reusable wash cloths, wipes, bed pads, air quality - free of unpleasant odors and second hand smoke, etc.
- 10. Resident Funds Management – assistance with personal spending funds, not including representative payee services.

The following costs are *not typically provided* by a facility and are costs incurred by the individual member:

- Member Clothing – shirts, pants, underclothes, socks, shoes, coats.
- Costs associated with community recreational activities – event fees, movie tickets, other recreational activities of the member’s individual choosing.

**Rate Setting and Billable Units**

The services for which Lakeland Care, Inc. (LCI) is contracting with your organization are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract.

Through the use of the Resource Allocation Decision method (RAD), the LCI IDT staff shall assess the member’s needs and outcomes to determine the amount of services to be authorized. The LCI IDT staff shall exchange pertinent information with the provider at the time the referral is made to assure all health and safety needs are provided during the services. This information exchange shall include the assessed needs and amount of authorized units as it relates to services.

All aspect of services shall be discussed between the LCI IDT staff, member or legal representative, and provider to ensure proper collaboration. The LCI team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.

**Coding:**

0169	NURSING HOME- HOSPICE
0185	NURSING HOME BEDHOLD
0022	NURSING HOME DAILY RATE
0190	NURSING HOME SUBACUTE CARE (DD)
0199	NURSING HOME SUBACUTE CARE (Brain Injury)
0946	NURSING HOME VENT CARE

**HIPPS Rates:**

- Nursing Home rates will be determined using the Minimum Data Set (MDS) Nursing home rate methodology in effect for the dates of service, including any retroactive adjustments.

- Minimum Data Set (MDS) is part of a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. The MDS determines the HIPPS/PDPM score for the resident, which then determines the rate.
- LCI applies nursing home retroactive rate adjustments within 90 days of DHS posting an updated rate for the nursing home, utilizing provider submitted member acuity information.
- Nursing homes are paid at the appropriate rate for the member specific Health Insurance Prospective Payment System (HIPPS) code.
  - LCI reserves the right to audit the appropriateness and accuracy of claims for LCI Members.
  - To access the rates and Facility PopID, go to: <https://myersandstauffer.com/> click on Provider Resources found in the top right corner, once on Provider Resources select Wisconsin. The PopID can be found for each facility along the top of the Provider Resources Excel right below the header and above the facility name.
- Provider must complete a Member HIPPS Notification Form on our website at: <https://www.lakelandcareinc.com/providers/forms-and-materials/> for all new placements, enrollments in placement, and any changes.
- If a member leaves the Nursing Home or passes away prior to an assessment occurring, providers must bill using the default HIPPS code of ZZZZZ.
- If a member experiences a change in condition, Provider must submit the form with the updated HIPPS to update the rate in the billing portal.

**State of Wisconsin County Skilled Nursing Facilities Only:**

- Supplemental Payment Expenditure (SPE)
  - LCI will pay the current SPE portion of the additional reimbursement due to the State of Wisconsin County owned skilled nursing facilities.
  - The SPE will be paid to the State of Wisconsin County Skilled Nursing Facilities only within thirty (30) days after the date that LCI receives the payment.

**Bed Hold Policy:**

- Nursing Homes are contractually obligated to adhere to Medicaid regulations when billing LCI for bed holds, and therefore will bill LCI when they are at eligible census according to MA regulations.
- Providers must contact the member's IDT staff when a member leaves the NH and the NH meets the requirements for a bed hold. LCI NH Providers are required to submit verification to the LCI Network Relations Division in order for the bed hold claim to be paid.
- If a provider bills and receives the bed hold payment and verification was not submitted, LCI will request the money be returned as Provider did not follow the Medicaid NH Bed Hold Criteria. LCI will hold all future payments until money is returned to LCI.
- Bed hold charges will be paid per the LCI Service Provider contract only when there is agreement on the part of LCI and the provider that the member is expected to return to their current room.

- The bed hold days will begin on the first day following the day the member last slept in the original facility. LCI will pay for 15 days at 85% of the daily rate.

**Billing:**

- HIPPS codes are to be entered in the HCPCS field in the WPS claims spreadsheet, not in the comments field.
- Please utilize the HCPCS field on the UB04 claim form.
- Claims that do not include a valid HIPPS code in the appropriate field will be denied payment.
- Change in a member's HIPPS code requires a new authorization effective on the date of the change, and a new claim line with the new authorization number.
- Exact dates of service are needed on the claim line.

**Transportation:**

Reimbursement for non-emergency medical transportation (NEMT) is separately billable and will be reimbursed to Skilled Nursing Facilities (SNF) when transportation is provided by either the facility or a common carrier. NEMT is coordinated by a SNF, through use of facility vehicle/staff and/or a common carrier, requires authorization for reimbursement. SNF Providers must contact Lakeland Care's Transportation Associates to request prior authorization for transport of LCI Members. Transportation Associates (TAs) will review the member's EMR per normal practice to determine if a member-specific transportation placeholder is already in place. If not, TAs will contact the IDT staff, who will then use the RAD process to make a decision and complete appropriate next steps (authorization or NOA). The following codes are used for NEMT through SNFs:

- A0120: Med Ride Non-ER
- S0215: Med Miles Non-ER Start Mile 1

Provider rates for provision of services will incorporate all administrative and business functions related to the provision of service. Contracted rates include the provision of administrative functions necessary for services and are not billable beyond units provided to each authorized member.

Providers should reference the Rates and Service Codes chart of the contract for contract units and rates. Providers should use increments as listed in the rates and service codes chart to bill LCI up to the authorized number of units for the member. Providers can only bill for services rendered to the member. Provider will refund LCI the total amount of any/all units billed without services rendered to LCI member.

Providers are required to provide for all identified care needs during the provision of services and are specifically prohibited from billing fraudulently for additional services during the provision of these services.

Family Care services administered by LCI are funded by state and federal tax dollars through the Medical Assistance program. As a publicly funded system, LCI strives to maintain the integrity of the program by ensuring that all services are billed as authorized by LCI, and as rendered to members. LCI ensures this protection, by regularly conducting random reviews of claims submitted by its contracted providers. LCI reserves the right to request verification

documentation from providers. This could include but is not limited to providers' case notes, files, documentation and records.

### **Standards of Service**

Providers of services shall meet the standards of this agreement; and if applicable, agrees to retain licensing in good standing during contract period.

Providers of long-term care services are prohibited from influencing members' choice of long-term care program, provider, or Managed Care Organization (MCO) through communications that are misleading, threatening, or coercive. Lakeland Care Inc and/or the WI Department of Health Services may impose sanctions against a provider that does so. Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.

Service must be provided in a manner which honors member's rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability. Provider must incorporate practices that honor members' beliefs, being sensitive to cultural diversity and diverse cultural and ethical backgrounds, including supporting members with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members' cultural backgrounds.

### **Staff Qualifications, Training and Competency**

Providers will comply with all applicable standards and/or regulations related to caregiver background checks.

Provider shall ensure that staff providing care to members are adequately trained and proficient in both the skills they are providing and in the needs of the member(s) receiving the services.

Training of staff providing services shall include:

1. Provider agency recording and reporting requirements for documentation, critical incident reporting, and other information and procedures necessary for the staff to ensure the health and safety of member(s) receiving supports.
2. Training on recognizing abuse and neglect and reporting requirements.
3. Training on the needs of the target group for the member(s) served under this agreement.
4. Training on the provision of the services being provided.
5. Training on the needs, strengths, and preferences of the individual(s) being served.
6. Training of rights and confidentiality of individuals supported.
7. Information and provider procedure for adherence to the LCI policies below:
  - a. Incident Management System
  - b. Restraint and Seclusion Policy and Procedure
  - c. Communication Expectations
  - d. Unplanned use of Restrictive Measure
  - e. Confidentiality

Provider shall ensure competency of individual employees performing services to LCI members. Competency shall include maintaining any required certifications or licenses as well as assurance of the general skills and abilities necessary to perform assigned tasks. Provider shall review any certifications or licenses held by individual staff, and used in the care of LCI members, at regular intervals, based on expiration date, or annually if no expiration is noted.

### **Staffing Assignment and Turnover**

The provision of successful services is attributable in large part to the strength of the relationship between a member and the staff directly providing the service. Given this contributory factor, provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

In order to establish and preserve this relationship, providers must take specific precautions to establish and monitor these services. Providers must have a process in place for:

1. Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
2. Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.
3. Provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) staff to allow members to express concerns to individuals other than the individual who performs the task

Changes in staff assignments to specific members and within the organization are at the discretion of the provider. Provider agrees to take member requests for specific staff into consideration when assigning or reassigning staff to specific members and will notify LCI IDT staff in their reporting of any changes to staff providing services.

The Provider shall maintain and provide adequate staffing to meet the needs of members referred by Lakeland Care Inc and accepted by the Service Provider.

### **Staff to Member Ratio**

Provider's staff to member ratio shall be in accordance with state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract. Provider shall be adequately staffed to meet the needs of members as defined in their assessments and individual service plans.

### **Communication, Collaboration and Coordination of Care**

LCI regularly utilizes the following platforms to communicate with Providers:

1. Provider Network Advisory Committee
2. Provider Newsletter
3. LCI Website
4. Email Notifications
5. Provider Portal

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT teams, guardians, and other identified members of the interdisciplinary team for a member have

accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.

Providers shall notify the Lakeland Care Inc. Network Quality Specialist (NQS) of any visits by their licensing or other regulatory entities within 3 days from the conclusion of the visit.

- If a citation is issued, then the provider will supply LCI with a copy of the applicable plan of correction submitted to DQA concurrent with submitting to licensing.
  - Plan of correction must demonstrate a systematic change in practices that is reasonably expected to result in an ongoing correction of identified violations.
  - LCI reserves the right to require additional plan(s) of correction from providers as it adheres to this agreement and/or applicable licensing standards.Providers must update the NQS and Quality Specialist (QS) when the provider appeals the Statement of Deficiency (SOD) from DQA.

Providers will notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to the LCI interdisciplinary team.

The provider agency shall report to the LCI team whenever:

1. There is a change in service provider
2. There is a change in the member's needs or abilities
3. The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)

The provider agency shall give at least 30 days' advance notice to the LCI team when it is unable to provide authorized services to an individual member. The provider agency shall be responsible to provide authorized services during this time period. The LCI team or designated staff person will notify the provider agency when services are to be discontinued. The LCI team will make every effort to notify the provider at least 30 days in advance.

### **Member Incidents**

Provider agencies shall report all member incidents to the LCI team. Providers must promptly communicate with the LCI team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member.

- a. Changes in:
  - Condition (medical, behavioral, mental)
  - Medications, treatments, or MD order
  - Falls (with or without injury)
  - Urgent Care, Emergency Room or Hospitalization
  - Death: anticipated or unexpected
  - Any other circumstances warranting the completion of an agency incident or event report
  - Unplanned use of restrictive measure
- b. Communication/Coordination regarding:
  - Medical Equipment or Supplies
  - Plan of Care development and reevaluation
  - Transition difficulty, discharge planning



- Ongoing Care Management

Acceptable means of communicating member incidents to the LCI team would be via phone, fax, or email **within one (1) business day**.

All reported incidents will be entered into the LCI Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform LCI when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.

Note: Staff will first follow their own established in-house protocol. Staff will then inform the IDT of *any member circumstance that would warrant family or physician notification* that includes but is not limited to the above circumstances.

### **Termination of Services**

Provider may terminate service to a member after issuing to the appropriate parties (including the member/legal representative and LCI) a 30-day written notice. The provider shall collaborate with the member/guardian, IDT staff and potential provider(s) in order to ensure a smooth transition for the member, providing service until a new placement is secured. Notice is not required due to death of a resident, or when an emergency termination is necessary to prevent harm to the health and safety of the member or other household individuals.

### **Documentation**

Providers shall comply with documentation as required by this agreement, state licensure and certification requirements as expressed by ordinance, and state and federal rules and regulations applicable to the services covered by this contract.

Each LCI member shall have a developed plan of care specific to their needs which address each area of service need being provided. A copy of this care plan shall be supplied to LCI IDT staff.

Providers shall prepare and send a written report to LCI IDT staff every six months. IDT staff may request additional written and/or verbal information to enhance coordination and/or quality of care.

The written report shall include the following elements:

- Attendance
- Level of participation
- Cares provided by program staff (ADLs, IADLs, nursing assessment and intervention)
- Behavioral interventions
- Significant changes in condition to physical, mental, or emotional health

At any time, the IDT staff may request:

- A written report to enhance the coordination and/or quality of care, which includes:
  - Changes in members' activities
  - List of supportive tasks provided
  - Ongoing concerns specific to the member
- Additional documentation of the services provided

The provider agency must maintain the following documentation and make available for review by LCI upon request:

- Documentation of ongoing compliance to meet the required standards for applicable staff qualification, training, and programming.
- Verification of Caregiver Background Checks, as required by DHS Chapter 12.
- Verification of licenses or certifications held by individual staff members, issued by external agency.
- Policy and procedure related to supervision methods by the provider agency including frequency, intensity, and any changes in supervision.
- Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
- Employee time sheets/visit records which support billing to LCI.

#### **Additional Considerations**

- Services will be provided as identified and authorized by LCI IDT staff.
- Provider is required to comply with all applicable Wisconsin state law regarding Caregiver Background Checks and Wisconsin Administrative Rule DHS 12 as they pertain to services provided to LCI members.
- Providers may not limit or deny any LCI member services due to dissatisfaction with their LCI contracted rate.
- LCI pre-authorizes all its services. If provider bills for more units than authorized without prior authorization, these services may be denied.
- In the case that a LCI member cancels service, the provider must contact the LCI IDT staff. Services cancelled will not necessarily be rescheduled and should not be assumed by the provider.