LAKELAND CARE
Together, we build better lives.

Service Addendum: Private Duty Nursing

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.

Section 1. Service Definition and Description

Nursing (including intermittent and private duty) Nursing as defined in Wis. Admin. Code DHS § 107.11, and § 107.12 (including intermittent and private duty).

RN/LPN is "professional nursing" as defined in Wisconsin's Nurse Practice Act. Wis. Stats, Chapter 441. Nursing services are those medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse or a licensed practical nurse working under the supervision of a registered nurse.

Private Duty Nursing is skilled nursing care available for members with medical conditions requiring more continuous skilled care than can be provided on a part-time, intermittent basis. Only members requiring 8 or more hours of skilled nursing care that is authorized to be received in the home setting may make use of the approved hours outside of that setting during those hours when normal life activities take them outside of that setting. Private duty nursing may be provided according to the requirements under Wisc. Admin. Code DHS DHS 105.16 and 105.19 when the written plan of care specifies the medical necessity for this type of service. Private duty nursing services delivered by a Certified Registered Nurse in Independent Practice (CRN-IP) are those prescribed by a qualified healthcare provider acting within their legal scope of practice. These services fall within the definition of professional nursing as outlined in s. 441.001(4), Stats., and s. N 6.03. Similarly, private duty nursing services performed by a Certified Licensed Practical Nurse (LPN) align with the practice of practical nursing as defined in s. 441.001(3), Stats., and s. N 6.04. LPNs may carry out private duty nursing tasks delegated by a Registered Nurse (RN), in accordance with Chapter N 6 and the guidelines established by the State Board of Nursing.

These services may be provided only when prescribed by a provider acting within their professional scope, and only if the prescription requires a level of care that the nurse is both licensed and competent to deliver.

Providers are subject to the same qualifications as providers under the Medicaid State Plan as defined in Wisconsin State Statute 1915 (c) Home and Community-Based Waiver services waivers #0367.90 and #0368.90 required under § 46.281 (1) (c).

Scope of Services: A written plan of care must be created within 72 hours of starting care, including goals, treatments, medications, and a functional assessment. It must be signed by the provider within 20 working days and reviewed at least every 62 days. The

Updated: 05/01/25
DHS Approved: 07/25/25

plan must reflect the patient's needs and be coordinated by an RN if multiple nurses are involved.
Only licensed nurses can provide care as ordered by the provider. Oral orders must be documented immediately and signed by the provider within 10 days. Only direct, medically necessary care time is reimbursed—travel, supervision, and recordkeeping are not.
Prior authorization is required for all services. Requests must name supervising RNs or physicians, especially when multiple nurses are needed.
Limitations include:

- Discharges must follow official procedures.
- LPNs must be regularly supervised by an RN.
- Nurses must document all care provided.
- Services not in the care plan, provided by a parent/spouse of a child under 21, or undocumented are not covered.

Work hour limits: No more than 12 hours/day or 60 hours/week per nurse, and at least 8 hours off between shifts—unless an exception is approved due to urgent medical need.
Before providing services, the nurse must give the Member and/or guardian a written statement of the Member's rights, which include but are not limited to:

a) The right to be fully informed of all applicable rules and regulations.
b) The right to receive clear information about the services the nurse will provide.
c) The right to understand their own health condition—unless medically inadvisable—and to participate in care decisions.
d) The right to refuse treatment within legal limits and be informed of any potential medical consequences.
e) The right to privacy, including confidential handling of personal and medical records, with the option to approve or deny their release.
f) The right to have personal property treated with respect.
g) The right to voice complaints about care received—or not received—and to pursue resolution without fear of retaliation.

Section 2. Rate Setting and Billable Units

Billable Units: This service is a service provided by a Registered Nurse for the observation or care of a member for the maintenance of health or prevention of illness that requires substantial skill, knowledge or training based on biological, physical, and social sciences.

Service Code	Description	Units
S9123	Nursing care, in the home; by registered nurse	Per hour
S9124	Nursing care, in the home; by licensed practical nurse	Per hour
99504	Home visit for mechanical ventilation care	per hour

*Additional modifiers based on individual rate agreements

Units of service are made in visits authorized. All visits shall be authorized in writing by the Managed Care Organization. Failure to have proper authorization from the MCO will be cause for non-payment of services during the unauthorized time period. If a skilled visit and a medication administration visit is on the same day, Provider will only bill skilled visit. The provider will also verify from IDT that a Home Health Agency denied serving member.

The services for which Lakeland Care, Inc. (LCI) are contracted with Provider organizations are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract. 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 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. All aspects of services shall be discussed between the LCI IDT staff, members or legal representative, and provider to ensure proper collaboration.

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.

Family Care services administered by LCI are funded by state and federal tax dollars though 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. LCI reserves the right to request verification documentation from Providers. This could include but is not limited to' case notes, files, documentation, and records. LCI may require Providers to present evidence of sufficient financial reserves to operate home and meet member needs for at least 30 days without receiving payment for services rendered.

Section 3. Electronic Visit Verification

Section 12006(a) of the 21st Century Cures Act mandates that EVV be used for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider.

Electronic Visit Verification (EVV) is a technological system designed to confirm the provision of authorized services. Through EVV, staff delivering hands on care services transmit visit data to an EVV vendor at the start and conclusion of each visit using various methods, including mobile applications, home phones (landline or fixed Voice over Internet Protocol [VoIP]), or fixed devices.

Alternate EVV systems must be secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA).

CSL agencies must use Electronic Visit Verification (EVV) to report member visits tied to specific service codes that require the use of EVV. The data collected through EVV will be used to verify that the reported service codes align with approved authorizations during the claims adjudication process.

Section 4. Standards of Service

Providers of services shall meet the standards of this agreement; and if applicable, agree 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 Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so. Per 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 ethnic 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.

Section 5. Staff Qualifications, Training, and Competency

Caregiver Background Checks:
Providers will comply with all applicable standards and/or regulations related to caregiver background checks in accordance with Wis. Admin. Code ch. DHS 12. This includes all staff including prospective substitute providers, and all household members who are at or over the age of 18 years.

These checks must include the following documents:

a) A completed Background Information Disclosure (BID), F-82064.
b) A criminal history search from the records of the Wisconsin Department of Justice Wisconsin Online Record Check System Wisconsin Department of Justice Wisconsin Online Record Check System (WORCS).
c) A search of the Caregiver Registry maintained by DHS.
d) A search of the status of credentials and licensing from the records of the Wisconsin Department of Regulation and Licensing, if applicable.

Background checks of people under the age of 18 are at the discretion of the certifying agency. Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

Providers shall review any certifications or licensure held by an individual staff and used in the care of LCI members. Review should occur at regular intervals based on expiration date or annually. This includes validation of driver's license and driving record if staff will be transporting members.

Training:

Providers shall ensure the competency of individuals 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.

Qualifications

Licensed as a registered nurse pursuant to s. 441.06 Stats in the state of Wisconsin
Requirements

a) Proof of Wisconsin Registered Nurse license
b) Proof of liability insurance
c) Proof of valid driver's license
d) Proof of Medicaid provider number

If applicable to service provision, training on restraint seclusion and unplanned use of restrictive measures and reporting.

Section 6. Staffing Assignment and Turnover

The 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 should be adequately staffed to meet the needs of members as defined in their assessments and individual service plans.

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,

the provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

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

To establish and preserve this relationship, providers must have a process in place for:

a) Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
b) Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.
c) The provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) to allow members to express concerns to individuals other than the individual who performs the task.
d) Ensuring staff are supervised and assessed for effective collaberation with those they serve by conducting onsite supervision and review.
e) Performance issues are addressed promptly and LCI IDT are kept informed about significant issues when members are impacted.
f) Collaboration and communication between members, IDT, and all other stakeholders.

Providers must maintain a documented contingency plan to ensure continuity of authorized services. In the event that a designated staff member is unavailable to deliver scheduled services, the provider is responsible for ensuring that the member continues to receive all authorized services without interruption.

Section 7. Communication, Collaboration, and Coordination of care

LCI regularly utilizes the following platforms to communicate with Providers:

a) Provider Network Advisory Committee
b) Provider Newsletter
c) LCI Website
d) Email Notifications
e) Provider Portal

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT, Legal Representatives, and other identified individuals identified within the members' team have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.

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.

All aspects of services shall be discussed between the LCI IDT staff, members or legal representative, and provider to ensure proper collaboration.

The provider agency shall report to the LCI team whenever:

a) There is a change in service provider
b) There is a change in the members' needs or abilities
c) 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 provider will establish an adequate backup procedure to ensure immediate health and safety needs are met regardless of staffing which may include assistive technology, paid, and/or natural support. The LCI team or designated staff 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 IDT. Providers must promptly communicate with the LCI IDT regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member. Acceptable means of communicating member incidents to the LCI team would be via phone, fax, or email within one (1) business day. The provider must include a description of the incident, factors leading up to the incident, and the actions and steps immediately taken by the provider to prevent further harm to or by the affected member(s).

Providers shall record and report:

a) Changes in:
   i. Condition (medical, behavioral, mental)
   ii. Medications, treatments, or MD order
b) Incidents or suspected incidents of:
   i. Abuse, Neglect, or exploitation
   ii. Medication Errors
   iii. Falls (with or without injury)
   iv. Urgent Care or Emergency Room visits or Hospitalization
   v. Death: anticipated or unexpected
   vi. Elopement or Missing Person
   vii. Emergency or Unapproved use of restraints or restrictive measure
   viii. Fire or other Natural Disaster affecting the home
   ix. Any other circumstances warranting an agency incident or event report including news or social media story involving the member, facility, or staff.

***Note**: Provider staff will first follow their own established in-house protocols for reporting incidents. 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*.

All reported incidents will be entered into the Adult Incident Reporting System (AIRS) 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.

Section 8. Documentation

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

The nurse shall maintain a record for each Member. The record shall be readily available and accessible to the IDT (Interdisciplinary Team), if needed. The record shall include:

a) Member name, address, and birth date
b) Diagnosis, any hospital discharge summaries, or any other pertinent information from a recent hospitalization. This can be obtained from the Interdisciplinary Team at time of referral.
c) All medical orders, including written plan of care and all interim physician's orders.
d) A medication list including start and stop dates, dosage, route of administration and frequency. This should be reviewed and updated with each nursing visit.
e) Progress notes for each visit which is dated and signed by the nurse providing service that summarizes the care given and the Member's response to that care.
f) Written summaries of the Member's care provided by the nurse to the physician at least every 62 days.

At any time, the IDT staff may request:

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

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

a) Provider meets the required standards for applicable staff qualification, training, and programming
b) Verification of criminal, caregiver and licensing background checks as required.
c) Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
d) Employee timesheets/visit records which support billing to LCI.
e) Auto insurance coverage when staff are using their vehicles with or in the service of the members.

Section 9. 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.
- 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.

Provider Tax ID: _____

Authorized Provider Name: _____

Authorized Provider Signature: _____

Date: _____

Updated: 05/01/25
DHS Approved: 07/25/25