LAKELAND CARE
Together, we build better lives.

Service Addendum: Home Health Services

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

Home Health Nursing Services are defined in Wis. Admin. Code DHS § 107.11, 133 and 105.16 as medically oriented tasks, assistance with activities of daily living and incidental household tasks required to facilitate treatment of a recipient's medical condition or to maintain the recipient's health. These tasks are performed by a person who is an RN, LPN, home health aide, physical or occupational therapist, speech pathologist, certified physical therapy assistant or certified occupational therapy assistant. A "visit" means a period of any duration during which home health services are provided through personal contact by agency personnel of less than 8 hours a day in the recipient's place of residence for the purpose of providing a covered home health service. Services shall be delivered by a home health provider who is either employed by a home health agency, contracted with a home health agency in accordance with the requirements set forth in s. DHS 133.19, or engaged through an arrangement with a home health agency. A service visit is defined as beginning at the time the provider initiates the covered service and concluding upon completion of that service.

Definition of "Home Health Agency"
Pursuant to s. 50.49(1)(a), Wis. Stats., a *"home health agency"* is defined as an entity that:

a) Primarily provides skilled nursing and other therapeutic services.
b) Operates under policies established by a professional group that include at least one physician and one registered nurse, which governs the provision of services and ensures supervision by a physician or registered nurse; and
c) Maintains clinical records for all patients.

Definition of "Home Health Services"
"Home health services" refer to the following items and services furnished to an individual who is under the care of a physician, physician assistant (PA), or advanced practice nurse prescriber (APNP), by a home health agency or by others under arrangements made by the agency. These services must be provided under a care plan established and periodically reviewed by a physician, PA, or APNP, and must be delivered on a visiting basis in a residential setting used as the individual's home:

a) Part-time or intermittent nursing care provided by, or under the supervision of, a registered professional nurse.
b) Physical therapy, occupational therapy, or speech-language pathology services.
c) Medical social services provided under the direction of a physician.

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d) Medical supplies (excluding drugs and biologicals) and the use of medical appliances, as specified in the care plan.
e) For home health agencies affiliated with or under common control of a hospital, medical services rendered by an intern or resident-in-training as part of an approved hospital teaching program; and
f) Any of the above-listed services furnished on an outpatient basis under arrangements made by the home health agency, and provided at a hospital, extended care facility, or rehabilitation center that meets regulatory standards, in cases where the equipment or service cannot be feasibly provided in the individual's home. This does not include transportation to or from such facilities.

Service Description:

Skilled Nursing Services

a) Service Delivery: Skilled nursing services must be provided by or under the supervision of a registered nurse (RN).
b) RN Responsibilities: The RN shall:
    i. Conduct initial and regular patient evaluations
    ii. Develop and update the plan of care
    iii. Deliver specialized nursing services
    iv. Implement preventive and rehabilitative measures
    v. Document clinical and progress notes
    vi. Notify the physician, APNP, or PA of changes in the patient's condition
    vii. Coordinate with care team and provide patient/family counseling
    viii. Participate in staff training and supervise other personnel
c) Scope of Practice: Nursing duties must align with licensure limitations.
d) LPN Services: Licensed practical nurses (LPNs) may provide services not requiring an RN, under RN supervision.
e) Service Coordination: An RN is responsible for coordinating all agency services provided to the patient.
f) Contracted RN Services: Home health agencies may contract RN services per s. DHS 133.19. Contracted RNs must meet DHS 133.06(4)(a)-(d) requirements, perform licensed duties only, and may not be assigned supervisory roles.

Personal Care Services

a) Personal care services help individuals with daily living tasks to remain in their homes. These services must be ordered by a physician and provided by certified agencies, with care delivered by trained personal care workers under the supervision of a registered nurse and a written care plan.
b) Covered services include assistance with bathing, dressing, mobility, toileting, grooming, light cleaning, meal prep, and accompanying individuals to medical appointments.
c) Key requirements:
    i. Services must follow a nurse-developed care plan based on a home visit.
    ii. Nurses review care plans and supervise workers at least every 60 days.
    iii. Prior authorization is required if services exceed 50 hours per year.

iv. Housekeeping can't exceed one-third of the caregiver's time.

Therapy Services

a) Service Delivery: Physical, occupational, speech, and other therapies must be provided directly by the home health agency or through arrangements per s. DHS 133.19, in accordance with the plan of care established under s. DHS 133.20. Providers must follow duties outlined in s. DHS 133.14(2)(a), (c), (f), (h), and (i).
b) Physical Therapy: Delivered by a licensed physical therapist or a qualified therapy assistant under the supervision of a licensed physical therapist.
c) Occupational Therapy: Delivered by a licensed occupational therapist or a qualified therapy assistant under the supervision of a licensed occupational therapist.
d) Speech Therapy: Delivered by a licensed speech pathologist or audiologist.
e) Other Therapies: Must be provided by individuals licensed or trained to perform the specific therapy.

Home Health Aide Services

a) Service Delivery: Home health aide services, whether provided directly or by arrangement, must follow the plan of care established under s. DHS 133.20 and be supervised by a registered nurse or, when appropriate, a licensed therapist.
b) Home health aide services include medically necessary tasks that support skilled nursing or therapy and cannot be safely delegated to a personal care worker without special training, as determined by a registered nurse (RN).
c) Scope of Duties: Services may include:
    i. Personal care (e.g., bathing, mouth, skin, and hair care)
    ii. Assistance with mobility and prescribed exercises
    iii. Meal preparation and feeding support
    iv. Essential household tasks related to patient care
    v. Assistance with toileting and medication self-administration
    vi. Observation and reporting of patient condition changes
    vii. Completion of required documentation
    viii. Help with medications and therapy-related tasks under RN supervision.
    ix. Assistance with daily living activities (e.g., bathing, dressing, hygiene, mobility) only when paired with non-delegable medical tasks and if there's a risk of the recipient's condition worsening, as documented by the RN
d) Assignments and Supervision: Aides are assigned to patients by a registered nurse. Written care instructions, aligned with the plan of care, must be prepared and updated at least every 60 days by an RN or appropriate therapist and reviewed with aides by their supervisors.

Note: *For a further information, the provider should refer to the Wisconsin Forward Health Medical Assistance Home Health Agency Provider Handbook*

Section 2. Rate Setting and Billable Units

Billable Units: SPC 105, Home Health and SPC 710 Skilled Nursing Services are billed with the indicated code at the family care applicable MA rate.

Telehealth/Remote Service Delivery: For any services delivered remotely or via interactive telehealth, the Provider is required to include **modifier 95** when submitting claims for reimbursement

SPC	Service Code	Modifier	Description	Units
105.11	97799		Physical medicine/rehabilitation service or procedure	Per visit
105.12	97139		Therapeutic procedure	Per visit
105.13	92507		Treatment of speech, language, voice, communication, and/or auditory disorder	Per visit
105.20	99600		Skilled Nurse Initial/subsequent Visit	Per visit
710.00	T1001		Nursing assessment/evaluation	Per Visit
105.21	T1021		Home Health Aide Initial/Subsequent Visit	Per Visit
710.00	T1502		Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	Per Visit
710.00	S9123		Nursing care, in the home; by registered nurse	Per Hour
710.00	S9124		Nursing care, in the home; by licensed practical nurse	Per Hour
710.00	99504		Respiratory Vent Care	Per Hour
105.32	99509		RN Supervisory visit for personal care or assistance with ADL's	Per Visit
105.32	T1019		PCW - Pers Care Worker 15 Min	Per 15 Minutes

*Additional modifiers based on individual rate agreements

Units of service are made in authorized visits. All visits shall be authorized in writing by the Managed Care Organization. Failure to have proper authorization from the MCO will be a 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 members.

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).

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
Certified as a Home Health Agency by DHS Division of Quality Assurance.
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 collaboration 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 are 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: _____