

**WISCONSIN MEDICAID  
PRIVATE DUTY NURSING FOR MEMBERS FOR  
VENTILATOR-DEPENDENT LIFE-SUPPORT ADDENDUM**

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

**INSTRUCTIONS:** Type or print clearly.

I hereby affirm that \_\_\_\_\_  
Name – Provider of Private Duty Nursing Services for Ventilator-Dependent Members

is or employs one or more registered nurses (RNs) registered pursuant to Wis. Stat. § 441.06 or licensed practical nurses (LPNs) licensed pursuant to Wis. Stat. § 441.10, who are credentialed by the National Board of Respiratory Care and are qualified to perform the following services necessary for providing adequate care for a home ventilator-assisted member under Wisconsin Medicaid:

1. Airway management, including the following:
  - A. Tracheostomy care (types of tracheostomy tubes, stoma care, changing a tracheostomy tube, and emergency procedures for tracheostomy care)
  - B. Tracheal suctioning technique
  - C. Airway humidification
2. Oxygen therapy (operation of oxygen systems and auxiliary oxygen delivery devices)
3. Respiratory assessment (knowledge of and skills in respiratory assessment, including, but not limited to, monitoring of breath sounds, patient color, chest excursion, secretions, and vital signs)
4. Ventilator management:
  - A. Operation of positive pressure ventilator by means of tracheostomy, including, but not limited to, different modes of ventilation, types of alarms and responding to alarms, troubleshooting ventilator dysfunction, operation and assembly of ventilator circuit (delivery system) and proper cleaning and disinfection of equipment
  - B. Operation of a manual resuscitator
  - C. Emergency assessment and management, including cardiopulmonary resuscitation (CPR)
5. Other modes of ventilatory support:
  - A. Positive pressure ventilation via nasal mask or mouthpiece
  - B. Continuous positive airway pressure (CPAP) via tracheostomy tube or mask
  - C. Negative pressure ventilation (iron lung, chest shell, or pulmowrap)
  - D. Pneumobelts
  - E. Diaphragm pacing
6. Operation and interpretation of monitoring devices:
  - A. Cardio-respiratory monitoring
  - B. Pulse oximetry
  - C. Capnography
7. Knowledge of and skills in weaning from the ventilator
8. Adjunctive techniques:
  - A. Chest physiotherapy
  - B. Aerosolized medications

*Continued*



I further affirm that all ventilator-assisted members cared for at home are the following:

- Medically dependent on a ventilator for life support at least six hours per day
- Have been so dependent for at least 30 consecutive days at any point in time as an inpatient in one or more hospitals, skilled nursing facilities, or intermediate care facilities

<b>SIGNATURE</b> — Provider	Date Signed
Printed Name and Title	Provider ID