

B Q A Quarterly Information Update

February 2006

Bureau of
Quality Assurance

Otis Woods, Director

<http://dhfs.wisconsin.gov>

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Rhineland Office Move

As of January 12th, 2006, BQA staff in the Northern Regional Office (Rhineland) have moved to a new address:

Bureau of Quality Assurance
2187 Stevens Street, Suite #C
Rhineland, WI 54501-8036

This information has been updated on the appropriate Internet pages. Phone numbers will remain the same.

As always, if you need up-to-date contact information for any BQA office, please visit http://dhfs.wisconsin.gov/rl_DSL/, select the appropriate provider type, and then "Contacts."

BQA Personnel Changes

The Bureau has experienced a number of changes in its field supervisory staff in recent months. In Milwaukee Regional Field Operations Director (RFOD) Pat Benesh has been replaced by Katherine (Kitty) Friend, who had served as a Regional Field Operations Supervisor (RFOS) for some years before taking leave from state service. Pat is now working in BQA's Provider Regulation

and Quality Improvement section as BQA's Rules and Regulations Coordinator.

After helping out in Milwaukee, Paul Peshek has now taken up his permanent appointment as RFOD in the Southern Regional Office based in Madison.

Dolores Zwiers returns to BQA as an RFOS in Green Bay, while Connie Kuczarski has been moved from Green Bay to a new RFOS position created in Rhineland.

Save the Date for FOCUS 2006 Conference

Plan now to attend BQA's 6th Annual Focus 2006 Conference for providers and Bureau of Quality Assurance staff on August 30, 2006. The emphasis of the conference sessions will be on culture change and person-directed care. This year's conference will feature opening remarks by Helene Nelson, DHFS Secretary, and keynote speaker, Steve Shields, Chief Executive Officer (CEO) and architect of long term care culture change at Meadowlark Hills.



There will also be a pre-conference session on August 29. Holly Ramsey-Klawnsnick and Pam Teaster, nationally recognized researchers and trainers on elder abuse, will present data gathered on incidents of elder sexual abuse occurring in Wisconsin facilities. They will provide promising practice recommendations, and will detail the skills staff need to ensure a victim's physical and emotional safety. Attendees will come away with an increased awareness of how to sensitively and appropriately handle any report of sexual assault.

This conference will be beneficial to staff from assisted living facilities, nursing homes, facilities serving people with developmental disabilities, adult day services, and Bureau of Quality Assurance staff.

The Conference and pre-conference events will be held in Appleton, WI, at the Radisson Paper Valley Conference Center.

Additional information will be provided on the BQA Internet Training Information site at http://dhfs.wisconsin.gov/rl_DSL/Training/index.htm and in upcoming BQA Quarterly Updates. A complete conference brochure will be mailed out in late May or early June 2006.

Reminder to All Nurse Aides

The Wisconsin Nurse Aide Registry must be kept informed of nurse aides' current addresses and name changes. Staff should notify the Registry by completing a *Change or Correction* form. This form is available on the internet at www.promissor.com, or call the Registry at 1-877-329-8760.

If you or your staff have questions regarding their registry information, you may call or write the Wisconsin Nurse Aide Registry at:

Promissor
Wisconsin Nurse Aide Registry
P.O. Box 13785
Philadelphia, PA 19101-3785
1-877-329-8760

CMS Internet Site Address Changes

The Centers for Medicare and Medicaid Services (CMS) have once again updated their Internet site at www.cms.hhs.gov, changing many addresses in the process. A number of sites that used to be available are not accessible at this time. We have updated as many links as possible on our Internet pages, but others have had to be removed. We will continue to check the CMS site on a regular basis and will update our pages when links become operable again or are replaced by more appropriate material.

Centers for Medicaid and Medicare Services (CMS) Webcasts

In 2005, CMS produced several webcasts on a variety of topics. If you are interested in viewing any of them, you may access them at <http://surveyortraining.cms.hhs.gov/>. Webcasts are available at this website for one year after the initial release date.

| Date | Title of Webcast |
|-------------|--|
| 3-18-05 | Making Sense of Data |
| 4-29-05 | Facilitating Communication in Individuals with Neurological Disease |
| 7-22-05 | Delivery of Care to a Diverse Population |
| 7-29-05 | Hospice/End of Life Issues |
| 8-12-05 | Hospitalization and Death |
| 9-8-05 | Nursing Home Immunization |
| 9-23-05 | Reducing the Use of Seclusion and Restraints in Psychiatric Facilities |
| 10-21-05 | 2005 Survey & Certification's LTC Policy Year in Review |
| 11-4-05 | Medicare Part D Impact on Nursing Home Surveys |
| 12-9-05 | Medical Aspects of Neglect |

Redesigned National Provider Identifier (NPI) Page on CMS Website

The Centers for Medicare and Medicaid Services (CMS) recently announced the redesigned web page (www.cms.hhs.gov/NationalProvIdentStand/) dedicated to providing all the latest NPI news for health care providers. This page also contains a section for Medicare Fee-For-Service (FFS) providers with helpful information on the Medicare NPI implementation. A new fact sheet with answers to questions that health care providers may have regarding the NPI is now available on the web page. Bookmark this page, as new information and resources will continue to be posted.

For more information on private industry NPI outreach, visit the Workgroup for Electronic Data Interchange (WEDI) NPI Outreach Initiative website at www.wedi.org/npioi/index.shtml.

BQA Numbered Memos November 2005 – January 2006

| Memo | Title | Providers Affected |
|---|---|--|
| 05-014 | Wisconsin Coalition for Person-Directed Care | Nursing Homes |
| 05-015 | Names Removed from Wisconsin Nurse Aide Registry | Adult Family Homes, Certified Mental Health and AODA Treatment Programs, Community Based Residential Facilities, Facilities Serving People with Developmental Disabilities, Home Health Agencies, Hospices, Hospitals, Nurse Aide Training Programs, Nursing Homes, Residential Care Apartment Complexes, Rural Health Clinics |
| 05-016 | ICFs/MR Updates | Facilities Serving People with Developmental Disabilities |
| 06-001 | Written Policies and Safety Precautions for Entities that Transport Clients, Residents or Patients Outside the Facility | Adult Day Care, Adult Family Homes, Ambulatory Surgery Centers, Certified Mental Health and AODA Treatment Programs, Community Based Residential Facilities, End Stage Renal Dialysis, Facilities Serving People with Developmental Disabilities, Home Health Agencies, Hospices, Hospitals, Nurse Aide Training Programs, Nursing Homes, Residential Care Apartment Complexes |
| Upcoming Memos: | | |
| “Sharing of Toilet Facilities Between Sexes” (nursing homes) | | |
| “Variance of Chapter 124, WI Administrative Code: Authentication of Physician Orders” (hospitals) | | |
| “Life Safety Information Release (citing policies for engineers)” | | |

Access these memos via http://dhfs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm, or from individual providers' publications pages via http://dhfs.wisconsin.gov/rl_DSL/.

The following BQA memo has been **made obsolete**:

- 04-010, “Bureau Personnel Changes & Communication with Bureau Senior Management”

Governor's Health Care Facilities Stakeholder Summit

On January 18, 2006, the Governor's Health Care Facilities Stakeholder Summit was held at Mendota Mental Health Institute. Topics covered included emergency management, pandemic influenza, hospital preparedness, mass evacuation planning, and identification of current gaps and needs in emergency planning. Presenters included state officials responsible for disaster planning from the Division of Public Health and Wisconsin Emergency Management, among others.

Morning and afternoon webcasts (three hours viewing time apiece) of the summit are available on the Internet at no charge via <http://dhfs.wisconsin.gov/katrina/governorssummit.htm>.

Assisted Living Section Announces New Procedure for Determining Financial Stability and Fit/Qualified Status of Licensees

On January 1, 2006, the Assisted Living Section implemented a new procedure for determining if license applicants and licensees are fit and qualified and exhibit financial stability. This procedure will be used for all applicants for initial community based residential facility (CBRF) and adult family home (AFH) licensure, and may also be applied to existing CBRF and AFH licensees.

The Assisted Living Section developed this procedure to address growing concerns about providers who do not meet existing fit and qualified criteria, and/or do not exhibit sound financial stability. It is the goal of the Assisted Living Section to ensure that providers are better prepared to sustain a successful business, deliver quality services, and provide a stable, secure home with sufficient resources to meet the needs of vulnerable adults.

Information and requirements related to the new procedure have been included on the Department's website. Questions related to the implementation of this new procedure should be directed to the appropriate Assisted Living Section regional office.

Assisted Living Survey Guide Resource List on the Web

The Assisted Living Section is pleased to announce the Assisted Living Survey Guide Resources List is now available online. The Resource List, which was previously handed out by surveyors, contains a list of useful Internet websites, including Department of Health and Family Services websites. The list is available from Providers pages via http://dhfs.wisconsin.gov/rl_DSL, or can be accessed directly via http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm.

Emergency/Involuntary Discharge

Within the past several years the Bureau has noted an increase in the number of emergency/involuntary discharges involving assisted living consumers. This increase in discharges highlights the need for facilities to complete thorough assessments at the time of admission to ensure proper placement, and thorough reassessments to determine appropriate program services to meet their on-going needs. The failure to do so, may adversely affect the quality of life for the consumer, as well as others living in the facility. Please review the following Community Based Residential Facility (CBRF), Adult Family Home (AFH), and Residential Care Apartment Complexes (RCAC) administrative codes regarding emergency/involuntary discharges:

Community Based Residential Facility (CBRF)

HFS 83.04(23) Emergency discharge means the release of a resident from a facility without a 30-day notice, because of the resident's unanticipated hospitalization or a situation that creates an imminent risk of serious harm to the health or safety of the resident, other residents or to staff members.

HFS 83.20 (1)(b) A resident temporarily transferred to a hospital or nursing home for treatment not available from the CBRF shall not be involuntary discharged from the CBRF when the resident's absence is for 21 days or less.

HFS 83.20(2)(b) Initiated by a CBRF. 1. *The following applies to both involuntary discharges and emergency discharge.* ...the licensee shall provide to the resident or the resident's guardian, designated representative, or agent an explanation of the need for, or possible alternatives to, the transfer or discharge, and shall provide assistance in relocating the resident. A living arrangement suitable to meet the needs of a resident shall be located prior to the transfer of the resident.

HFS 83.20(2)(d) Department Review of Discharge or Transfer. A resident or his or her guardian, agent, or designated representative may request the department to review an involuntary discharge or transfer decision. **Every notice of discharge or transfer under par. (b) to a resident or the resident's guardian, agent or designated representative shall be in writing and include all of the following: 1-5** (appeals and department review procedure).

Adult Family Home (AFH)

HFS 88.08 A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the placing agency, if any, and the designated representative, if any, 30 days written notice. Termination of a placement shall be consistent with the service agreement under s. HFS 88.06 (2)(c)7. The 30-day notice is not required for an emergency termination necessary to prevent harm to the resident or other household members.

Residential Care Apartment Complex (RCAC)

HFS 89.29(3)(c)1b. Notice of termination shall include the ground for termination and information about how to file a grievance consistent with the termination and grievance policies and procedures contained in the service agreement.

HFS 89.29(3)(c)2 No 30-day notice is required in an emergency. In this subdivision, emergency means an immediate and documented threat to the health or safety of the tenant or of others in the facility.

If the facility determines after a thorough assessment that the discharge of a consumer is appropriate, the facility needs to provide sufficient preparation and orientation to the consumer to ensure a successful discharge. It is the responsibility of the facility to work with the consumer, the consumer's placing agency, if any, the designated representative, if any, and the receiving facility to ensure the consumer's move is a success. Having a consumer admitted to a hospital as a means to discharge a consumer from an assisted living facility is not appropriate.

Hospitals regulations require any person seeking emergency medical treatment to receive an initial medical screening. If this medical screen does not reveal that an emergency medical condition exists, the hospital is only then required to stabilize, treat, or transfer the patient. There are no hospital regulations requiring inpatient admission if that level of service is not determined necessary by medical professionals.

Revisions to the RAI Manual 2.0

The November and December 2005 Revisions to the RAI Manual 2.0 are now available on the CMS MDS 2.0 website. Updates can be viewed and downloaded at <http://cms.hhs.gov/quality/mds20> (alternate address www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp?). The revisions contain many changes associated with the transition from the 44 RUG-III Groups to the 53 RUG-III Group Version 5.2, as well as a new website address.

MDS QI/QM Reports in CASPER

The data on the MDS QI/QM reports in CASPER is calculated on a weekly basis to add MDS assessment records that were submitted by nursing homes the previous week. The calculations are performed early every Monday morning. Keep in mind that MDS submissions received by the State MDS System one week are not reflected in the MDS QI/QM reports until the following week.

CMS added a new feature in CASPER to allow multiple PDF reports to be combined into one PDF report that can be printed. The new Merge PDFs button is located in the Folders tab of CASPER. A user would select the completed PDF reports that they would like combined by using their mouse to click on the boxes under the Select column in the Folders tab. The user would then click on the new Merge PDFs button in the lower right-hand corner of the screen. Adobe software will open all of the PDF reports that were selected, and these reports will be merged into one file that can then be viewed and printed. This new feature is especially beneficial in allowing the user to combine several QI/QM reports into one print file instead of having to print each QI/QM report separately. Note that these reports will remain as separate files in the Folders tab of CASPER.

Hospice Medicare Conditions of Participation

On November 22, 2005, CMS released the final rule on Subparts B, F, and G of the Medicare Hospice Conditions of Participation. These are sections of the Conditions of Participation proposed for change in November of 2002.

Subpart B is specific to hospice admission criteria, certification of terminal illness, revocation and discharge. Subpart F references covered services, and subpart G references payment for hospice care. The majority of these newly released regulations were updates from those changes in the law by the Balanced Budget Act of 1997 (BBA '97), the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA), and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA).

The final rule goes into effect on January 23, 2006.

You may access this rule at <http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-23078.pdf>.

NOTE: These regulations are NOT the proposed Hospice Conditions of Participation published in May of 2005. Release of the final Hospice Conditions of Participation, Subparts C and D is not expected until spring of 2008.

Latest CMS Survey & Certification Letters

Below is a list of selected Survey and Certification (S&C) Letters distributed by CMS during the last quarter. Titles pertaining only to state agency operations are omitted. If you have questions about individual letters, contact Susan Hesperen of BQA at (608) 266-0582, or e-mail hesperesj@dhfs.state.wi.us. Please note that the CMS Internet site for all S&C letters has been changed to www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp.

| Title | Number | Date |
|---|--------|----------|
| Nursing Home Immunization Requirement | 06-03 | 11/14/05 |
| Location and Relocation of Critical Access Hospitals (CAHs) and Relocation of Necessary Provider CAHs | 06-04 | 11/14/05 |
| Use of Foreign Acquired Drugs in Long-Term Care Facilities | 06-06 | 11/14/05 |

58 Critical Access Hospitals (CAHs) in Wisconsin

A program created by Congress in the Balanced Budget Act of 1997 (BBA) established a new provider type (Critical Access Hospital or CAH) that gave rural hospitals the opportunity to operate under reduced federal hospital regulations, and to receive cost-based reimbursement while downsizing to a maximum of 15 acute care beds, with an optional 10 additional swing beds. Wisconsin certified the first CAH in October 1999; as of January 1, 2006, 57 additional hospitals located throughout rural Wisconsin have transitioned to certified CAH status. The CAH program has been responsible for saving some rural hospitals threatened by financial difficulty and for preserving health care for rural Wisconsin citizens.

The Department of Health and Family Services, Bureau of Quality Assurance staff partnered with the Wisconsin Office of Rural Health staff to implement the CAH program in the state. They organized a CAH coalition to develop a Wisconsin Rural Health Plan, including protocol for CAH eligibility. This plan specified the criteria used to determine “necessary provider designation.” A necessary provider designation permits a waiver of a federal CAH statutory requirement that a CAH be located 35 miles from another hospital or CAH. Fifty-five of the 58 CAHs in Wisconsin have necessary provider designation. Bureau staff worked at a fast pace with the CAH application and approval process while implementing numerous federal regulatory enhancements of the program.

Currently, CAH regulations permit up to a maximum of 25 beds, plus optional prospective payment system-excluded distinct part units of 10 beds each for rehabilitation and psychiatric services. The state’s authority to issue necessary provider designation has been eliminated as of December 31, 2005. Refer to S&C 06-04 for current CMS CAH location information and the methodology to be used by CMS regional offices for determination of continued CAH certification with any proposed relocation. The Internet address is a zipped file at www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter06-04.zip, containing two Word documents and a PDF file. Follow the instructions to open or save the files, then you will find them loaded onto your computer’s temporary or permanent drives, as you select.

Administrative Rules Update

HFS 83 – “Community Based Residential Facilities”

The HFS 83 re-write workgroup has finalized the draft of the proposed rules for Chapter 83. The goal of the workgroup is to eliminate excessively prescriptive language and improve readability and organization. The proposed rule clarifies medication administration requirements and revises staff training standards, establishing a more cost effective system for providers. The Rule Summary and draft rule are currently under review with the DHFS Office of Legal Council. For more information, you may view the Statement of Scope of proposed rules on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 124 – “Hospitals”

The Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter 124 on April 1, 2005. The Department is planning to update Chapter 124 to eliminate overly prescriptive regulations, clarify the Department's enforcement authority, and make the rule more consistent with the federal Medicare requirements. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 132 - “Nursing Homes”

BQA convened an internal workgroup to update HFS 132 to reflect standards of care and practice, and to eliminate duplicative state regulations that are already in Wisconsin Statutes, Chapter 50, and the federal nursing home regulations. The intent is to streamline the code by eliminating regulations that provide unnecessary specificity and adopt the applicable federal regulatory language. The proposed rule changes are currently under review by interested stakeholders. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 133 – “Home Health Agencies”

The HFS 133 re-write workgroup continue to work with the advisory committee, consisting of providers, consumers, and association representatives, to develop proposed rules to amend HFS 133. The goal of the committee is to amend the rule to make the requirements more consistent with federal regulations and to reflect current terminology. A final draft of the proposed rule for submission to DHFS Office of Legal Council for review is anticipated by February 2005. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 148 – “Cancer Drug Repository Program”

The Wisconsin Register published a Statement of Scope of proposed rules to amend HFS 148 to include prescription drugs and supplies for chronic disease in addition to cancer drugs. Comments are being solicited from current participating facilities and members of the original advisory committee. We anticipate public hearings will be held the first week of April. For additional information, you may view the Statement of Scope of proposed rules on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

For additional information, you may view the BQA Cancer Drug Repository website at <http://dhfs.wisconsin.gov/bqaconsumer/cancerdrugreposy.htm>.