

B Q A Quarterly Information Update

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Wisconsin Department of Health & Family Services
Division of Disability and Elder Services

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Bureau of
Quality Assurance

Otis Woods, Director

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Last Hard Copy Issue!

This will be the last hard copy of the BQA Quarterly Update mailed out to entities regulated by our office. Per BQA memo 05-013, we will now mail postcards announcing the latest issue and giving the Internet address to access the latest Quarterly. Review this and other BQA items via http://dhfs.wisconsin.gov/ri_DSL/Publications/BQAnodMems.htm.

New BQA Director, Deputy Director

As of September 10, 2005, Cris Ros-Dukler has taken an administrative health-care position based in Milwaukee. The former Deputy Director, Otis Woods, has been appointed to replace her as the new director for the Bureau of Quality Assurance (BQA). His replacement as Deputy Director is Jane Walters, former chief of BQA's Health Services Section.

Otis Woods has a strong background in surveying and certifying health facilities, financial management, and budget and policy analysis. He has worked for the Department of Health and Family Services since 1990. In 1999, Otis began serving as a Quality Assurance Manager and oversaw provider compliance in community programs. He has been the Deputy Director of BQA since 2001.

Otis will continue to pursue the goals the Department has set for protecting the health and

safety of residents in health care settings. He is an effective leader who will continue to improve Bureau regulation policies and practices throughout all of our regions.

In addition to his many administrative accomplishments, Otis was selected as a member of the Association of Health Facilities Survey Agencies in 2003. As part the AHFSA Budget

Workgroup, Otis advised the federal government on resource allocations to state agencies. This work has resulted in a complete revision of how the federal government distributes funds to states for survey and certification activities.

Jane Walters holds a Masters Degree in Public Administration and a Bachelor of Science in nursing degree from the University of Wisconsin-Oshkosh. As Section Chief of the Health Services Section in the Bureau of Quality Assurance, she was responsible for the survey, federal certification, and state licensure of Wisconsin non-long term care providers, including hospitals, home health agencies, renal dialysis centers, medical laboratories, and mental health and drug treatment programs. In addition, she oversaw engineers' inspections of construction projects and reviews of health facility construction plans.

Before joining BQA in January 2000, Jane served for more than 15 years as Assistant Director of Nursing, nursing supervisor, and staff nurse at Winnebago Mental Health Institute (WMHI). In her role as Assistant Director of Nursing, she was responsible for personnel matters involving the 325+ nursing department employees, including nursing policy and procedure development, supervision of the staffing office and house nursing supervisors, and chaired various committees with WMHI.

Save the Date for FOCUS 2006 Conference

Plan now to attend the 6th Annual Bureau of Quality Assurance (BQA) Joint Provider/Surveyor Conference, FOCUS 2006, on Wednesday, August 30, 2006. A pre-conference session on elder abuse and sexual assault will also be held on Tuesday, August 29, 2006. Both events will be held in Appleton, WI at the Radisson Paper Valley Conference Center.

Caregivers and management from assisted living facilities, nursing homes, and intermediate care facilities serving people with mental retardation will benefit from attending the 2006 conference. Additional information will be provided in the future in upcoming BQA Quarterly Updates and on the BQA web site at http://dhfs.wisconsin.gov/rl_DSL/Training/index.htm.

A complete conference brochure will be mailed out in late May or early June 2006.

Enrolling Nursing Home and Assisted Living Residents in Medicare Prescription Drug Program (Part D)

The Wisconsin Board on Aging and Long Term Care has issued a press release on the Medicare Part D Prescription Drug Program in a public service effort to provide facility residents with accurate and timely information to help them to make wise choices for their future health care needs. View the press release at <http://longtermcare.wi.gov/section.asp?linkid=1417&locid=123>.

Influenza Update

Efficacy and Effectiveness of Inactivated Influenza Vaccine

The main purpose for influenza vaccination is to prevent complications in those people at highest risk. The effectiveness of inactivated influenza vaccine depends primarily on the age and immunocompetence of the vaccine recipient, and the degree of similarity between the viruses in the vaccine and those in circulation.

Older persons (aged >65 years) with certain chronic diseases might develop lower post-vaccination antibody titers than healthy young adults, and thus, can remain susceptible to influenza-related upper respiratory tract infection. Because of the relatively low efficacy of the vaccine in preventing influenza illness among the residents, it is important to remember that confirmed cases among vaccinated residents should NOT be considered vaccine failures. For older persons residing in nursing homes, influenza vaccine can be:

- 50%–60% effective in preventing hospitalization or pneumonia, and
- 80% effective in preventing death, but only
- 30% to 40% effective in preventing influenza illness

Algorithm for Long Term Care Facilities

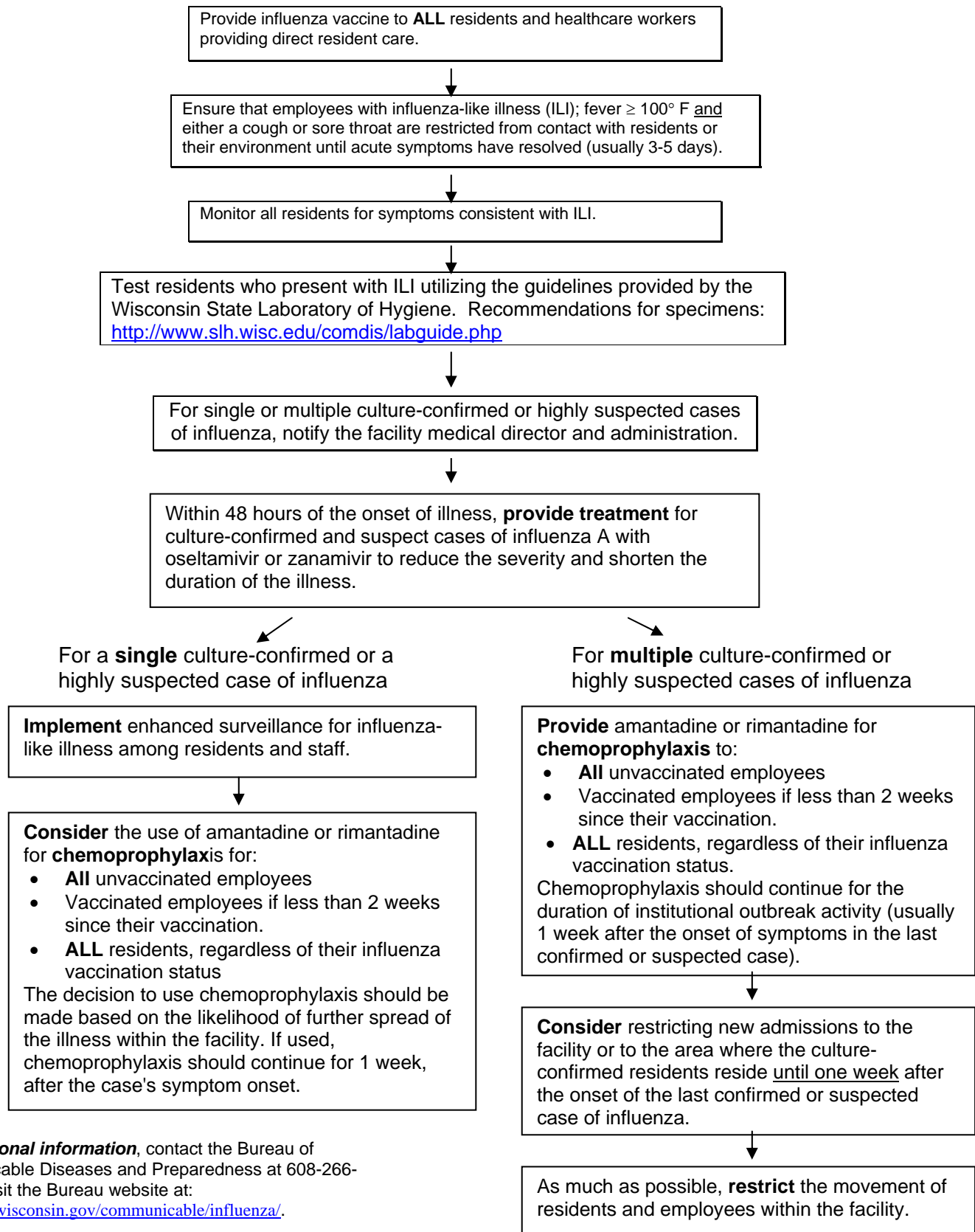
The Wisconsin Division of Public Health (DPH) developed an algorithm, “Prevention and Control of Influenza in Long-Term Care Facilities,” to be followed when influenza cases are identified in a facility. (See page 4.) The purpose of this algorithm is to simplify the response to confirmed cases of influenza within the facility including the use of antivirals for treatment and prophylaxis. This algorithm is the official recommendation of the DPH and should be shared with health care staff, including the Medical Director of the facility.

Outbreaks of influenza should be reported to the local public health agency. Questions about the algorithm should be addressed to Thomas Haupt at the DPH. He can be reached at 608-266-5326, or by e-mail at hauptte@dhfs.state.wi.us

You can find additional useful information about influenza at these sites:

- Division of Public Health, “Influenza – Information for Providers” at <http://dhfs.wisconsin.gov/communicable/influenza/Provider.htm>
- BQA, “Prevention and Control of Influenza and Pneumococcal Disease - 2005-2006 Season” at http://dhfs.wisconsin.gov/rl_DSL/Providers/influenza.htm

PREVENTION AND CONTROL OF INFLUENZA IN LONG TERM CARE FACILITIES



For additional information, contact the Bureau of Communicable Diseases and Preparedness at 608-266-6769 or visit the Bureau website at: <http://dhfs.wisconsin.gov/communicable/influenza/>.

Wisconsin Immunization Registry

Health care providers have a valuable tool available to them with the Wisconsin Immunization Registry, which provides assistance in ensuring adults and children are on track with their recommended immunizations.

The Wisconsin Immunization Registry (WIR) is a computerized Internet database application developed by the Bureau of Communicable Diseases and Preparedness, Division of Public Health, to track immunization dates of Wisconsin's children and adults. Over 1,100 state-wide immunization providers use the WIR, implemented in May, 2000, including physician's offices, local public health departments, schools, home health agencies, and other health care facilities.

Registries are important tools for ensuring that people receive their immunizations according to recommended schedules. Registries will help prevent over-immunizing, which may occur when health care providers are unaware of immunizations given by other providers.

The WIR, which received the "Connect Award" earlier this year, is recognized by the Centers for Disease Control and Prevention (CDC) as a national model for immunization registries. Health care providers can use the WIR to track immunizations for patients, residents, clients and staff. The WIR is provided by the State of Wisconsin at no cost. For more information, visit <http://dhfs.wisconsin.gov/immunization/WIR.htm>.

Nursing Homes Required to Vaccinate Residents Against Influenza, Pneumococcal Disease

On October 7, 2005, the Centers for Medicare and Medicaid Services (CMS) announced that nursing homes are required to provide immunizations against influenza and pneumococcal disease to all residents if they want to continue serving Medicare and Medicaid patients. This requirement is contained in a final rule published in the Federal Register at <http://edocket.access.gpo.gov/2005/pdf/05-19987.pdf>

As a condition of participation in the two programs, nursing homes will be required to ensure that residents received the immunizations. The resident or the resident's family can, however, refuse the shots. Also, residents who cannot receive the vaccines for medical reasons are exempted. Under the final rule, nursing homes will also be required to educate the resident and/or the resident's family about the advantages and possible disadvantages of receiving the vaccines. See the press release at www.cms.hhs.gov/media/press/release.asp?Counter=1688.

An archived satellite broadcast, titled "Nursing Home Immunizations," is available at <http://cms.internetstreaming.com>. This program provides information regarding medical evidence for nursing home immunization vaccination, the new MDS influenza and pneumococcal questions, and the importance of staff vaccinations to protect residents. For more information on influenza, pneumococcal disease, and vaccinations, see http://dhfs.wisconsin.gov/rl_DSL/Providers/influenza.htm.

ICF/MRs: Follow up to Vail Hospital Bed Article

The May 2005 BQA Quarterly Update had an article about the FDA alert on the use of Vail 500, 1000 and 2000 Enclosed Bed Systems. Federal and state regulations prohibit the use of any type of barred bed in an intermediate-care facility serving people with mental retardation (ICF/MR), not just the Vail bed model numbers specified in the FDA alert.

Federal regulation at 42 CFR 483.450(d) (7) discuss “barred enclosures.” This regulation prohibits any bed with bars greater than three feet in height and any bed with a top. Wisconsin Administrative Code section HFS 134.60(5)(a)2 defines “physical restraint,” and specifies that any totally enclosed crib or barred enclosure is a physical restraint.

The physical description of a barred bed enclosure has changed over time. In 1988, when current state and federal regulations were put in place, the model was a crib with bars. Today, there are additional types of enclosed bed designs available, such as beds with mesh sides and zippers. The regulations prohibit the use of any bed that physically disallows egress and is intended to confine a client inside the bed in an ICF/MR. This is the case even when safeguards of assessment, specially constituted committee approval of individualized program plans, and informed consent are in place.

If any type of barred bed is currently in use for a client, it is expected that a plan be immediately put in place to safely move a client into a non-barred bed. Contact your BQA Regional Field Operations Director if you have any questions.

Reminder for Informal Dispute Resolution

Staff from the Michigan Peer Review Organization (MPRO) have asked that the Bureau of Quality Assurance send a reminder to all nursing homes and facilities for the developmentally disabled that supporting documentation for Informal Dispute Resolution (IDR) review may not be faxed to MPRO. MPRO has taken this position for the following reasons.

1. Faxed documents often include medical records. While the resident's name may be blocked out, often the resident's family, physician and staff's names, or other identifiers are legible. This may be interpreted as not being compliant with HIPAA standards.
2. Often facilities do not confirm receipt of faxed documents. If they have entered the number incorrectly, they have no assurance that it has been received by the intended recipient.
3. The number of pages and documents being faxed is often prohibitively large.

Per BQA memo 04-20, supporting documentation should be mailed to MPRO at 22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: IDR Review Specialist. Thank you in advance for complying with the MPRO policy.

BQA Numbered Memos August-October 2005

Memo	Title	Providers Affected
05-009	Nurse Aides and Topical Medication Administration	Nursing Homes
05-010	Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders	Hospitals
05-011	Security Issues in Psychiatric Treatment Facilities	Hospitals
05-012	UPDATE: Nursing Home Reporting Requirements for Alleged Incidents of Abuse, Neglect, & Misappropriation	Nursing Homes
05-013	New Procedure for Disseminating BQA Information	Adult Day Care, Adult Family Homes, Ambulatory Surgery Centers, Certified Mental Health and AODA Treatment Programs, Community Based Residential Facilities, End Stage Renal Dialysis Units, Facilities Serving People with Developmental Disabilities, Home Health Agencies, Hospices, Hospitals, Nurse Aide Training Programs, Nursing Homes, Outpatient Rehabilitation Facilities, Residential Care Apartment Complexes, Rural Health Clinics
Upcoming Memo: "Wisconsin Coalition for Person-Directed Care," for nursing homes		

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 memos have been **made obsolete**:

- 00-015, "Variance of Chapter HFS 124: Authentication of Physician Orders" – replaced by [memo 05-010](#)
- 00-013, "Security Issues in Psychiatric Treatment Facilities" – replaced by [memo 05-011](#)
- 98-055, "Management of Patients with Antibiotic Resistant Organisms in a Variety of Health Care Settings" – Guideline has been revised (Division of Public Health), see [article page 9](#)

National Provider Identifier – Medlearn Article

A Medlearn Matters article (SE0005) entitled "Medicare's Implementation of the National Provider Identifier (NPI): The Second in the Series of Special Edition Medlearn Matters Articles on NPI-Related Activities," is now available at www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0555.pdf.

The information covered in this article affects providers and suppliers who conduct HIPAA standard transactions, such as claims and eligibility inquiries. In addition, organizations and associations that represent providers and plan to obtain NPIs for those providers should take note of this article.

In addition, CMS will soon launch a dedicated Medlearn webpage for Medicare fee-for-service providers on NPI.

Federal Caregiver Background Check Pilot

The Department of Health and Family Services (DHFS) received more than \$2.3 million to participate in a pilot program focused on reducing the incidence of abuse, neglect, and misappropriation of resident funds through increased background checks and abuse and neglect prevention training. Funding for the pilot was included in the Federal Medicare Modernization Act of 2003. United States Senator Kohl, a long time advocate of a national caregiver registry, was an important supporter of the pilot. The pilot is administered by the Centers for Medicare and Medicaid Services (CMS) in consultation with the U.S. Department of Justice.

Affected Counties and Start Dates

The pilot affects the following counties over the identified time period:

- Dane County: March 1, 2006–September 30, 2007
- Kenosha County: January 1, 2006–September 30, 2007
- La Crosse County: February 1, 2006–September 30, 2007
- Shawano County: March 1, 2006–September 30, 2007

Affected Caregivers

The pilot affects all newly hired caregivers in the following provider types with hiring offices in the pilot counties:

- Community based residential facilities with 9 beds and up,
- Facilities serving persons with developmental disabilities/intermediate care facilities serving people with mental retardation,
- Home health agencies,
- Hospices,
- Long-term care (swing bed) hospitals,
- Medicaid-funded personal care worker agencies, and
- Nursing homes.

The pilot uses Wisconsin's existing definition of a caregiver. Former employees and employees under the age of 18 are included in the pilot. Not included in the pilot are existing staff, staff required to complete their 4-year Caregiver Background Check renewal, volunteers, and students.

New Background Check Process

As part of the pilot, all newly hired caregivers are required to complete an expanded background check process. The employer can stop the background check process at any point if disqualifying information is found. The process includes the following steps:

1. Caregiver completes the form HFS-64 Background Information Disclosure (BID) and Authorization for Release of Federal Bureau of Investigation (FBI) Information.

2. Employer checks free Registries to see if caregiver has any substantiated incidents of abuse or neglect, including:
 - a. Wisconsin Caregiver Misconduct Registry,
 - b. Office of Inspector General (OIG) Exclusion List, and
 - c. Other state Misconduct Registry, if appropriate.
3. Employer completes name-based Caregiver Background Check, which includes:
 - a. Response from the Department of Justice Wisconsin Criminal History Record Request name search, and
 - b. A letter from the Department of Health and Family Services that reports the status of a person's administrative findings or licensing restrictions.
4. Employer makes arrangements for the caregiver to be fingerprinted.
5. Caregiver attends fingerprint appointment.
6. Fingerprints are checked against Wisconsin's criminal records and FBI criminal records.
7. Fingerprint results are sent back to the employer via DOJ's Criminal History Record Request website.
8. Employer makes hiring decision.

Wisconsin is using pilot funds to cover the added fees associated with the fingerprint background check. Affected providers will continue to pay the fee for the name-based Caregiver Background Check, with the exception of Medicaid-funded personal-care-worker-only agencies.

Abuse and Neglect Prevention Training

The pilot also includes abuse and neglect prevention training. This training will be provided free of charge in each of the pilot counties. Unlike the background check process, which only affects newly hired caregivers, the training will be open to all caregivers. The training will include experiential training, which will give participants a unique opportunity to learn by "walking in the shoes" of another member of the long-term care community. In addition, workshops will provide strategies for behavior and interventions related to abuse and neglect prevention.

For more information about the pilot, see <http://dhfs.wisconsin.gov/caregiver/fedBCpilot.htm>.

Revised Guidelines for Prevention, Control of Antibiotic-Resistant Organisms

The Wisconsin Bureau of Communicable Diseases and Preparedness (BCDP) has revised its guidelines for managing patients with antibiotic resistant organisms, in order to include updated information. The new publication, entitled "Guidelines for Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings," replaces the 1998 manual, "Management of Patients with Antibiotic Resistant Organisms in a Variety of Health Care Settings." The revised guidelines are at http://dhfs.wisconsin.gov/communicable/resources/pdf/AROGuidePPH42513_0905.pdf

MDS Automation Provider Training Opportunity

BQA is sponsoring a provider training program for MDS automation issues. The program will be held on December 8, 2005, at the Comfort Inn in Madison. This program will include instructions for electronically submitting MDS assessment records to State MDS System, printing and interpreting MDS validation reports, the MDS Correction Policy, and accessing CASPER reports including the new QM/QI reports. A brochure regarding this training, including registration information, has been mailed to all WI nursing homes, and this brochure is also posted under the Bulletins area of the State MDS System Welcome page.

Revisions to the RAI Manual 2.0

The August 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>. The revisions include the new Section W, which consists of the National Provider ID and Influenza and Pneumococcal Immunization items. A second release is expected in November, deploying the new RUGS 53 grouper.

MDS QM/QI Reports

This is a reminder that the MDS QI reports have been moved to the CASPER System. Nursing homes access CASPER using a link on the State MDS Welcome Page. Training material regarding the new MDS QM/QI reports can be obtained from the State MDS Welcome Page and from the QIES Technical Support Office Website under the MDS link at <http://www.qtso.com>.

The MDS Monthly Quality Indicator Comparison Report has also been moved to CASPER. Previously, this report was generated on the 28th day of each month and was stored on the State MDS System in the same location as the MDS Validation Reports. Nursing homes must now use CASPER to generate the new Quality Measure/Indicator Monthly Compare Report and may specify date ranges to be included in the report. This report conforms to privacy rules for protecting the confidentiality of resident information. This is the only MDS QM/QI report that nursing homes may share with consumers. For additional information regarding this report, refer to the 2001 CMS memorandum S&C 01-17, which can be accessed at the following CMS website: www.cms.hhs.gov/medicaid/survey-cert/050301b.asp.

Changes to the CMS State Operations Manual for Home Health Agencies

On August 12, 2005, CMS published Transmittal 11 for Pub 100-07, announcing revisions to the State Operations Manual (SOM) for home health agencies (HHAs) to include current CMS policy memorandum, delete material and reference forms that are obsolete, and make minor editorial changes within Chapter 2, §2180E thru §2200F. Appendix B Interpretive Guidelines were also revised. These changes are not yet on the Internet versions, so we recommend that agencies view Transmittal 11 at www.cms.hhs.gov/manuals/pm_trans/R11SOM.pdf.

BQA Wins AHFSA Award

Wisconsin Bureau of Quality Assurance won first place for Promising Practice in the Open Category from the Association of Health Facility Survey Agencies (AHFSA). Wisconsin won for its submission, "Assisted Living Start-Up Information Available on Web." Kevin Coughlin, Section Chief, accepted the award at the AHFSA annual conference in Albuquerque, New Mexico, on October 10th.

Growth in assisted living continues at a rapid pace, and it is important to allow prospective assisted living providers easy access to important information to assist them in the development of their assisted living facility. This information is presented in the "Starting Up" pages for the various facility types accessed via http://dhfs.wisconsin.gov/rl_DSL. In addition, these pages have helped BQA streamline operations during tight budget times by allowing staff to quickly refer applicants to accessible information instead of explaining the processes themselves.

Wisconsin in National Report on Assisted Living Facilities

The National Academy for State Health Policy, of the U.S. Department of Health and Human Services, issued a report, "State Residential Care and Assisted Living Policy: 2004," which portrays Wisconsin as a progressive state with favorable funding strategies and regulatory oversight for Assisted Living/Residential Facilities.

Some highlights from the report:

1. Wisconsin continues to experience higher than average growth in assisted living facilities.
2. The survey process, including technical assistance and abbreviated survey, is highlighted.
3. The Assisted Living Forum.
4. The process used to change the regulations is mentioned (HFS 83 rewrite).
5. Wisconsin regulations include language related to assisted living philosophy and negotiated risk.
6. Wisconsin's state website.
7. Wisconsin is one of only eight states that use both Medicaid waivers and the state plan when using Medicaid to cover services in facilities.

The report can be viewed online at <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>.

Food and Drug Administration Releases 2005 Food Code

On September 23, 2005, the FDA released the 2005 edition of the "Food Code and a Summary of Changes." The Food Code has been revised every two years, with the exception of 2003, since its inception in 1993. Federal and state healthcare agencies reference the Food Code as a standard of practice for storing, preparing, distributing, and serving food under sanitary conditions to prevent the spread of food borne illness. It is online at www.cfsan.fda.gov/~dms/fc05-toc.html.

The Code provides practical, science-based guidance and manageable, enforceable provisions for mitigating risk factors known to cause foodborne illness. It contains recommendations reflecting current science, emerging food safety issues, and the 2004 Conference for Food Protection recommendations.

The Food Code 2005 Summary of Changes at www.cfsan.fda.gov/~dms/fc05-sum.html provides a synopsis of the changes made beyond the 2001 Food Code and a Food Code Supplemental of 2003.

Ensuring safe food remains an important public health priority. For some consumers, especially older adults and those with impaired immune systems, foodborne illness may have serious or long-term consequences, and may be life threatening.

The Food Code is viewed by BQA as a recognized standard of practice document. We urge all healthcare facilities to familiarize themselves with it, and use it when developing and revising food handling policies and procedures and training staff. Note that the Food Code is referenced in federal nursing home regulations at 42 CFR 483.35 (F-tag 371).

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. All S&C Letters can be viewed as PDF files at the Internet site www.cms.hhs.gov/medicaid/survey-cert/letters.asp. If you have questions about individual letters, contact Susan Hespen of BQA at (608) 266-0582, or e-mail hesperj@dhfs.state.wi.us.

Title	Number	Date
Eligibility for Conversion to Critical Access Hospital (CAH)	05-40	8/18/05
Nursing Homes - Issuance of Technical Corrections to Appendix PP, State Operations Manual (SOM), Survey Protocol for Long Term Care Facilities	05-41	8/18/05
Hospitals - Revisions to Interpretive Guidelines for Centers for Medicare & Medicaid Services Hospital Conditions of Participation 42 CFR §§482.12, 482.13, 482.27 and 482.28	05-42	8/18/05
Doctors of Optometry and/or Ophthalmology serving as Laboratory Directors under the Clinical Laboratory Improvement Amendments (CLIA)	05-44	9/22/05
Updates to the State Operations Manual (SOM) for Outpatient Rehabilitation Therapy Services (OPTs) and Comprehensive Outpatient Rehabilitation Facilities (CORFs)	05-45	9/22/05
Nursing Home Compliance with the Requirements Related to Preventing Abuse (see article below)	05-46	9/22/05
Nursing Homes: Citations of Past Noncompliance – Revised Guidance	06-01	10/20/05

Nursing Home Compliance with Abuse Prevention Requirements

S&C Letter 05-46, located at www.cms.hhs.gov/medicaid/survey-cert/sc0546.pdf, reminds all Medicare and Medicaid participating nursing homes of the federal requirements related to screening potential employees and checking with all appropriate nurse aide registries. This memorandum also provides contact information for nurse aide registries in every state.

Long-Term Care Facilities Smoke Detection Questions & Answers

These questions and answers are in response to CMS S&C Letter 05-25, on the Internet at www.cms.hhs.gov/medicaid/survey-cert/sc0525.pdf.

Q: *If my nursing home currently does not have corridor smoke detection and is not fully sprinkler protected, will I be required to install smoke detection by May 24, 2006?*

A: Yes. CMS Memo 05-25 clarifies that all nursing homes that are not fully sprinkler protected are required to install smoke detection in all common areas which includes corridors. The detectors can be at minimum, battery operated, yet the time frame until May 24, 2006 was established to encourage system connected detectors.

Q: *A nursing home is not fully sprinkler protected; explain what "common" areas entails and give a few examples?*

A: CMS Memo 05-25 states that, for not fully sprinkler protected nursing homes, additional smoke detection is required for all resident rooms and common areas. Examples of common areas include a corridor, activity space, chapel, or physical therapy type spaces. Common areas are used on a frequent basis by a large number of residents. Common areas would not be anticipated to include a staff office, staff break room, or a small resident treatment room.

Q: *A nursing home is not fully sprinkler protected; explain what additional planning is anticipated with the use of battery operated smoke detectors?*

A: Additional planning would include a maintenance program for the battery operated smoke detectors per the manufacturer's recommendations. This planning typically includes a weekly test with the batteries being changed at least semi-annually. Different frequencies may be permitted if they are in accordance with the manufacturer's recommendations.

Q: *A nursing home is not fully sprinkler protected; explain how the facility's fire plan would be modified if battery operated smoke detectors were used?*

A: The facility's fire plan should state that upon staff recognizing a battery operated smoke detector activation, the expectation is that staff shall respond by activating the facility wide fire alarm system without delay.

Administrative Rules Update

HFS 83 – “Community Based Residential Facilities”

The HFS 83 re-write workgroup, working with providers and association representatives, has finalized the draft of the proposed rules for Chapter 83. The Rule Summary and draft rule are currently under review with the DHFS Office of Legal Council. You may view the Statement of Scope of proposed rules on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov> for more information.

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 Ch. 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, view the Statement of Scope on the Wisconsin Administrative Rules website 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 duplicative 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, 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 met with an 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. The workgroup is in the process of drafting the proposed rule for submission to DHFS Office of Legal Council for review. For more information, view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 148 – “Cancer Drug Repository Program”

Governor Doyle signed Act 16 creating the Chronic Disease Repository program to include prescription drugs and supplies for chronic disease and to submit proposed rules by May 1, 2006. Assembly Bill 197 expanded HFS 148--Cancer Drug Repository Program to include prescription drugs and supplies for chronic disease. BQA staff are developing a Statement of Scope and will draft an amended proposed rule, Chapter 148, Cancer and Chronic Disease Drug Repository Program, to be effective May 1, 2006.

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