

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

## DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

## INFORMATION CURRENTLY COLLECTED:

Social security number  
Training/competency evaluation program number  
Date of Birth  
Name  
Address  
Date of program completion

If the individual is listed on the Registry, then information about the Individual's eligibility for employment as an aide for the various health care providers will be disclosed.

If the individual is not listed on the Registry, then this fact will be disclosed.

TN No. 92-0025  
Supersedes  
TN No. NEW

Approval Date 11/16/92Effective Date 7-1-92

HCFA ID:

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## COLLECTION OF ADDITIONAL REGISTRY INFORMATION

## INFORMATION THAT WILL BE ADDED TO THE REGISTRY

Information will be added to the Registry, if and only if, there is a finding of a substantiated allegation against an aide of abuse or misappropriation of a resident's property. This information will only indicate that there is or is not a finding of abuse or misappropriation of property against the aide. Anyone who needs further information will need to speak to a designated staff person in the Department's Bureau of Quality Compliance, who may disclose information. The findings of the investigation will include:

The date of the incident

The name of the health care provider where the incident occurred

A description of the incident and evidence supporting the occurrence and the involvement of the aide (note: information that identifies clients/residents will not be included in the disclosed findings of the investigation).

Other relevant information

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