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EMAIL SUBSCRIPTION SERVICES

https://www.dhs.wisconsin.gov/regulations/listserv-signup.htm

NEW THIS ISSUE

Nurse Aide Registry Renewals

Office of Caregiver Quality

Federal and state regulations require that, in order for a nurse aide to renew their certification, the nurse aide must have performed at least eight hours of nursing or nursing-related services for pay under the supervision of an RN or LPN in the past 24 months. The Wisconsin Nurse Aide Registry Renewal Form, located at http://www.asisvcs.com/publications/pdf/075005.pdf, is used to report the nurse aide’s employment history in order to maintain eligibility to work in certain federally
Failure to report the most recent date of employment to the Registry will affect employment eligibility.

If the nurse aide has provided nurse aide services for at least eight hours for pay during the 24 months before their registration expiration date, the employing facility is required to enter the date the individual most recently worked as a nurse aide in a nursing-related service. Paid work in the following direct patient care settings under the supervision of an RN or LPN may be considered: clinics, community-based residential facilities (CBRFs), emergency centers, home health agencies, hospices, hospitals, intermediate care facilities for persons with intellectual disabilities (ICFs/IID), nursing homes, and county or school nursing.

The current or most recent health care employer should enter the name, type of health care facility, full address, and telephone number of the facility and indicate whether the nurse aide is a direct employee or a contracted pool aide. A representative of the health care facility must sign his/her name and date the form, verifying that an RN or LPN is supervising the nurse aide’s nursing-related duties.

Note: If the individual is employed by a temporary or pool agency, a representative of the health care facility must verify the nurse aide’s duties. The temporary or pool agency representative may not complete this section.

Questions? Contact the DQA Office of Caregiver Quality at:

- Telephone: 608-261-8319
- Fax: 608-264-6340
- Email: DHSCaregiverIntake@dhs.wisconsin.gov

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**Change in Information Presented at Exit Conferences**

**Bureau of Nursing Home Resident Care**

Beginning with exit conferences conducted on February 1, 2015 and later, nursing home surveyors will no longer identify the specific F-tag numbers they are considering citing or the scope/severity level of those citations (with the exception of immediate jeopardy).

Surveyors, for example, will indicate that, pending supervisory review, they will be citing a deficiency related to the development of pressure ulcers. They will not indicate that they will be citing F314, nor will they indicate the scope/severity of the citation. CMS has provided the following references to support this change.

**2724 - Exit Conference, 2724C - Presentation of Findings (Rev. 1, 05-21-04)**

In presenting findings, avoid reading your findings or referring to them by their data tag number. Explain why the findings are a violation of Medicare requirements. If the provider asks for the regulatory basis, provide it. Under no circumstances should you make general statements such as, “Overall the facility is very good.” Stick to the facts. Do not rank requirements. Treat requirements as equally as possible. Cite problems that clearly violate regulatory requirements. Avoid statements such as, “The condition was not met,” or “The standard was not met.”

(continued)
SOM, Appendix P, Task 7 - Exit Conference

A. General Objective

The general objective of the exit conference is to inform the facility of the survey team’s observations and preliminary findings.

B. Conduct of Exit Conference

Provide information in a manner that is understandable to those present, e.g., say the deficiency “relates to development of pressure sores,” not “Tag F314.”

Describe the team’s preliminary deficiency findings to the facility and let them know they will receive a report of the survey which will contain any deficiencies that have been cited (Form CMS-2567). If requested, provide the facility with a list of residents included in the standard survey sample. Do not give the team’s Roster/Sample Matrixes to the facility, because they contain confidential information.

NRO Quarterly Communication Meeting

Bureau of Nursing Home Resident Care (Northern Regional Office)

Jessica Radtke, Regional Field Operations Director, will meet with facility staff from throughout the Northern Region in an informal communication forum. Everyone is encouraged to participate and there is no charge to attend. The meeting will be held:

   Wednesday, January 28, 2015
   10:00 a.m. – 12:00 p.m.

   Lincoln County Services Center
   801 North Sales Street
   Merrill, WI 54452

If there are specific topics you would like discussed at the upcoming meeting, contact Jessica Radtke at Jessica.Radtke@dhs.wisconsin.gov.

SRO Quarterly Communication Meeting

Bureau of Nursing Home Resident Care (Southern Regional Office)

“My thanks are extended to all who came to the meetings in 2014. I look forward to having even more participation in 2015.” --- Pat Virnig

In 2015 Pat Virnig, SRO Regional Field Operations Director, and Ann Angell, SRO Regional Field Operations Supervisor, will again meet with facility staff from throughout the Southern Region in an informal communication format.

(continued)
The **dates** for 2015 are:

- Wednesday, January 14
- Wednesday, April 22
- Wednesday, July 15
- Wednesday, October 21

The **time** for all meetings is:

1:00 – 3:00 in the afternoon

The **location** of the meetings will again be:

Iowa County Health and Human Services Building
Community Room
303 W. Chapel St.
Dodgeville, WI 53533.

There is **no cost** to participants and there is **no need to confirm** attendance prior to the meeting. Reminder or updated information will be put in the DQA Quarterly so that all can plan accordingly.

If there are questions or specific topics you would like addressed at an upcoming meeting, contact Pat or Ann so that they can ensure the agenda reflects the needs of those attending.

Pat Virnig: Patricia.Virnig@dhs.wisconsin.gov
Ann Angell: Ann.Angell@dhs.wisconsin.gov

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**Assisted Living Resident Centered Care Workshop**

Bureau of Assisted Living

Are you a leader in assisted living who is passionate about the people you serve? Are you looking for strategies to maintain regulatory compliance? Join us for a powerful and impactful workshop that will assist assisted living communities in understanding how to achieve resident centered outcomes while maintaining regulatory compliance.

**Resident Centered Care (Back to the Basics Workshop)**

January 21, 2015
9:00 a.m. - 1:00 p.m.

Bethany Riverside Faith and Life Center
2575 S. Seventh St.
Lacrosse, WI 54601

Register Online at:
REGULAR FEATURES

Changes in DQA Staff

Hired: Kelly Terrab – Quality Assurance Program Specialist - Senior (ASU / Central Office)

Kelly Terrab began her position as the new Quality Assurance Program Specialist - Senior in the DQA Administrative Services Unit on November 17th. Kelly has been employed as a Nurse Consultant 1 surveyor with the Bureau of Nursing Home Resident Care since 2010. Her prior experience includes working as a Registered Nurse in a hospital setting, clinical rotations in a variety of healthcare settings, employment as a transportation representative with DOT, and as an employment specialist with DWD. Kelly holds a Bachelor of Science in Nursing as well as a Bachelor of Business Administration, both from the University of Wisconsin, Madison. In her new role, Kelly will lead the review and analysis of the federal performance measures, oversee the Division’s strategic plan, and provide policy and data analysis to recommend changes in operating procedures. Kelly’s background, training, experience with regulations, and communication skills will be an asset in this position.

Hired: Leona Magnant, Regional Field Office Director (BNHRC / NERO)

Leona Magnant is the new Regional Field Office Director (RFOD) for the Bureau of Nursing Home Resident Care in the Northeastern Regional Office in Green Bay. Leona has a 17-year career in DQA where she started work as a Nurse Consultant 1 surveyor. Leona went on to become the Regional Field Office Supervisor (RFOS) of the Northeastern region and has now accepted the challenge of being the RFOD. Leona will be a tremendous member of our management team.

Hired: Adrienne Ramirez, Executive Staff Assistant (AO / CO)

Adrienne Ramirez began her new assignment as the Executive Staff Assistant in the DQA Administrator’s Office on January 12, 2015. Adrienne comes to DQA from the Wisconsin Legislature where she has accumulated an extensive background in both the Senate and the Assembly over 34 years in many capacities serving our elected officials. She possesses a strong knowledge of the legislative process, has a proven history in policy research involving both staff mentoring and constituent relations. She presents with many years managing the schedule of executive level individuals including committee chair persons, functioning independently in that capacity, engaging in significant constituent relations, performing committee support functions of coordinating meetings, scheduling speakers to appear before the committee members, and directing all support functions relating to committee activities.

DQA Numbered Memos (October, November, December)


No DQA Memos were issued during the fourth quarter of 2014.

CMS Survey & Certification Letters (October, November, December)

Listed below are Survey and Certification (S&C) Letters distributed by The Centers for Medicare and Medicaid Services (CMS) since our last issue was published. The CMS Internet site for reviewing all S&C

<table>
<thead>
<tr>
<th>S&amp;C Memo No.</th>
<th>Affected Provider(s)</th>
<th>Title</th>
<th>Summary</th>
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</thead>
</table>
| 15-01-Hospice | Hospice             | **Impact of Nursing Shortage on Hospice Care**                      | • Extraordinary Circumstances due to Nursing Shortage: The period of time has been extended for hospices to qualify for an “extraordinary circumstance” exemption when they believe that the nursing shortage has affected their ability to directly hire sufficient numbers of nurses.  
• Extension: The effective date of this policy continues through September 30, 2016. |
|              |                      |                                                                      |                                                                                                                                                                                                         |
| 15-02-Hospitals / CAHs |             | **Information for Hospitals and Critical Access Hospitals (CAHs) Concerning Possible Ebola Virus Disease** | • Screening for Possible Ebola Virus Disease: US CDC have issued a Health Advisory Alert on Evaluating Patients for Possible Ebola Virus Disease. The CDC has also issued additional guidance, including a checklist and algorithm for patients being evaluated for Ebola Virus Disease in the USA, as well as a hospital preparedness checklist. Links to these documents are provided.  
• Hospitals and CAHs are strongly urged to review and fully adopt and implement this guidance. |
|              |                      |                                                                      |                                                                                                                                                                                                         |
| 15-03-Hospitals |                      | **Implementing the New Moratorium on Establishment of New Long-Term Care Hospitals (LTCH) or New LTCH Satellites, or Increases in LTCH Beds** | • New LTCH Moratorium: A new statutory moratorium prohibits, with certain exceptions, the establishment of new LTCHs or new LTCH satellites of existing LTCHs. Additionally, the moratorium prohibits, with no exceptions, an increase in the number of an LTCH’s certified beds. The moratorium is effective April 1, 2014 to September 30, 2017.  
• LTCH Determinations: CMS ROs will determine whether a hospital seeking to convert to LTCH status, or an LTCH seeking to add a satellite, qualifies for an exception to the moratorium. |
|              |                      |                                                                      |                                                                                                                                                                                                         |
| 15-04-ALL    |                      | **National Background Check Program (NBCP) Grant Award Updates**     | • Grantee States may apply for a fifth year no-cost grant extension. The grant period of 36 months may be extended, up to five years (60 months), as applicable.  
• Grantee States may apply for the full award amount allowed under section 6201 of the Affordable Care Act. Grantee States that did not receive the full amount may apply for the remaining amount, up to $3 million, as applicable.  
• Interested States may still apply for an award. The CMS is accepting |
| 15-05-CLIA | **Tests Subject to Clinical Laboratory Improvement Amendments (CLIA) Edits Downloadable File on the CLIA Internet Page - Informational Only**  
The Tests Subject to CLIA Edits downloadable file: Is updated on a yearly basis and information in the column labeled LABORATORY CERTIFICATION (LC) CODE is for informational purposes only. |
| 15-06-NH | **Nationwide Expansion of Minimum Data Set (MDS) Focused Survey Background**  
- MDS / Staffing Focused Surveys: In mid-2014, the CMS piloted a short-term focused survey to assess Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and its relationship to resident care in nursing homes in five states. CMS will expand these surveys in 2015 to be conducted nationwide.  
- Reported Staffing: The scope of some or all of the focused surveys will also be expanded to include an assessment of the staffing levels of nursing facilities. This assessment will aim to verify the data self-reported by the nursing home, and identify changes in staffing levels throughout the year. |
| 15-07-CLIA | **Effect on Microbiology Laboratories Due to the Removal of References to the Clinical Laboratory Standards Institute (CLSI) and to CLSI Documents**  
- Notification: CLSI document references will be removed from the upcoming revision of the Survey Procedures and Interpretive Guidelines (IGs) for Laboratories and Laboratory Services.  
- Guidance: For Clinical Laboratory Improvement Amendments of 1988 quality control compliance in each time frame. |
| 15-08-CLIA | **Information for Clinical Laboratories Concerning Possible Ebola Virus Disease**  
- Testing of Persons under Investigation for Possible Ebola Virus Disease: The US CDC has issued Interim Guidance for Specimen Collection, Transport, Testing and Submission for persons under investigation for Ebola virus disease in the US. Before collecting any specimens, coordinate with the State Public Health Laboratory (PHL)/CDC.  
- Guidance on Personal Protective Equipment (PPE) to be used by Healthcare Workers: Included is current CDC Guidance on PPE to be used by Healthcare Workers during Management of Patients with Ebola Virus Disease in US Hospitals, including Procedures for Putting On (Donning) and Removing (Doffing).  
- Occupational Safety & Health Administration (OSHA) also provides valuable Ebola Information.  
- Links to these documents, other Ebola information, and a 24/7 CDC contact number are provided. |
• Effective Training and Communication are Essential to Safety. Laboratorians and other healthcare personnel handling specimens for Ebola testing are strongly urged to review and fully adopt and implement this guidance.

• FDA Test System Information for Hospitals and Laboratories is Provided. This includes test manufacturer, methodology, quality control, and test validation.

• Surveyors are to assess compliance for only CLIA. All regulations remain in effect.

15-09-RHC

Rural Health Clinic (RHC) Location Determination Guidance Updated

RHC Eligibility Determinations:

• CMS RO Survey and Certification staff are responsible for making RHC applicant eligibility determinations related to the RHC rural location and shortage area criteria. Although SAs make preliminary assessments of eligibility when planning their survey schedule, the authority to make a determination may not be delegated to the SA or other non-CMS entities. The SA must not communicate a finding on the eligibility of the applicant’s location to the applicant. In making a determination, ROs rely upon publicly available information from the US Census Bureau and the US DHHS HRSA.

• S&C-13-30, issued May 10, 2013, provided instructions to guide ROs on using the US Census Bureau’s American Fact Finder with respect to rural location. This memo provides instructions on using HRSA’s Data Warehouse with respect to shortage areas, including when it is necessary to contact HRSA for additional information. Although the instructions are meant primarily for ROs making RHC location determinations, they may be of interest to others as well.

• ROs must not provide any advance determinations on location eligibility, whether labeled preliminary or not, to any initial applicant seeking to enroll in Medicare as an RHC or to any existing RHC considering relocating.

• A determination whether an initial applicant meets the rural and shortage area eligibility criteria may not be made by the RO before it receives a recommendation for enrollment approval by the Medicare Administrative Contractor (MAC), based on the MAC’s review of the applicant’s completed Form CMS-855A. The clinic must already be open and operating before the RO may make a determination.

• Existing RHCs that relocate must submit a CMS-855A updating their location information to the appropriate MAC within 90 days after the relocation occurs. The RHC must also submit a Form CMS-29 reflecting its new location to the SA at the same time, and the SA then forwards it to the RO. After receiving notice of the relocation the RO will determine whether the RHC continues to meet the location requirements at the new location and will take action to terminate the RHC’s Medicare agreement if it does not. In addition, the RO has the discretion to require an on-site survey to confirm compliance with the other RHC Conditions for Certification at the new location.
### 15-10-Hospitals

**Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Ebola Virus Disease (Ebola)**

- **Ebola and EMTALA Requirements:** This Memorandum conveys information useful in responding to inquiries from hospitals concerning implications of Ebola for their compliance with EMTALA.

- **EMTALA Screening Obligation:** Every hospital or critical access hospital (CAH) with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having been exposed to Ebola, and regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate Ebola screening criteria when applicable, to immediately isolate individuals who meet the screening criteria to be a potential Ebola case, to contact their state or local public health officials to determine if Ebola testing is needed, and, when a decision to test is made, to provide treatment to the individual, using appropriate isolation precautions, until a determination is made whether the individual has Ebola.

- **EMTALA Stabilization, Transfer, and Recipient Hospital Obligations:** In the case of individuals who have Ebola, hospitals and CAHs are expected to consider current guidance of public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time.

- **Centers for Disease Control and Prevention (CDC) Website:** CMS strongly urges State Survey Agencies, hospitals, and CAHs to monitor the CDC website at [http://www.cdc.gov/vhf/ebola/](http://www.cdc.gov/vhf/ebola/) for the most current guidance and information concerning Ebola identification, treatment, and precautions to prevent the spread of the disease, as well as their State public health website.

### 15-11-CLIA

**Directions on the Off-Label/Modified Use of Waived Blood Glucose Monitoring Systems (BGMS)**

- **“Off-Label Use” of BGMS:** Using a test outside of its Food and Drug Administration (FDA)-approved/cleared intended use, limitations or precautions, as indicated in the manufacturer’s instructions, is considered “off-label use.” “Off-label use” applies whether the test is waived or non-waived and it means that the test is considered modified and therefore defaults to a high-complexity test under the Clinical Laboratory Improvement Amendments (CLIA) regulations. This will require all laboratories using the device for an “off label use” to meet all applicable CLIA high-complexity requirements.

- **Surveyors Will Document Off-Label Use:** If any non-compliance is identified, a written statement of deficiencies (Form CMS-2567) will be issued and followed up using standard operating procedures and timeframes found in the applicable regulations and guidance documents.

- **Frequently Asked Questions (FAQs):** Included with this memorandum are FAQs prepared by CMS and FAQs prepared by the FDA, respectively that
| 15-12-Hospitals | **Public Release of Three Hospital Surveyor Worksheets**
- Three Hospital Surveyor Worksheets Finalized: CMS has finalized surveyor worksheets for assessing compliance with three Medicare hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. The worksheets are used by State and Federal surveyors on all survey activity in hospitals when assessing compliance with any of these three CoPs.
- Final Worksheets Made Public: Via this memorandum CMS is making the worksheets publicly available. The hospital industry is encouraged, but not required, to use the worksheets as part of their self-assessment tools to promote quality and patient safety. |
| 15-13-ALL | **Clarification of Terms Implicating the Spousal Relationship in Regulations and Guidance for Medicare- and Medicaid-certified Providers and Suppliers.**
- Clarification of “Spouse” & Related Terms: CMS is clarifying that the terms “spouse,” “marriage,” “relative,” and “family,” as well as other terms that implicitly or explicitly implicate the spousal relationship, such as (but not limited to) “representative,” “support person,” “surrogate,” and “next-of-kin,” include all marriages lawful where entered into, including lawful same-sex marriages, regardless of the certified provider’s or supplier’s location or the jurisdiction in which the spouse lives.