



DQA Quarterly Information Update JULY 2015

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New York Street with Moon, 1925, Georgia O'Keeffe

NEW THIS ISSUE

Egg Shortage: Now what?

Bureau of Education Services and Technology

Over the last several months, there have been confirmed reports of a highly pathogenic avian influenza in commercial flocks in the Midwest, including Wisconsin. Because of this avian influenza, there are reports of egg shortages. Sysco, a primary food distributor, has released a public statement. An excerpt follows; the full Reuters article

can be found at: <http://www.reuters.com/article/2015/05/16/us-health-birdflu-usa-sysco-idUSKBN0O02AD20150516>

Exclusive: Sysco sees U.S. bird flu hurting egg supply up to 18 months
By Anjali Athavaley, New York, 05/17/15

Food distributor Sysco Corp said on Friday that a record U.S. outbreak of avian flu would limit its supply of eggs and chickens that lay them for nine to 18 months, based on information provided to the company by its suppliers.

Sysco is the biggest U.S. food distributor, whose clients include restaurants, hotels and hospitals. The company is discussing options with its customers, including creating alternative menu items during the period, a Sysco spokesman said in an email.

It is too soon to tell whether the supply squeeze will have a material impact on financial results, spokesman Charley Wilson said. Eggs represent a small portion of the company's dairy products segment, which accounted for 11 percent of revenue in 2014.

The U.S. poultry and egg industry is grappling with the country's biggest outbreak on record of avian influenza, which has proven highly infectious and deadly for poultry. Governors in Nebraska, Wisconsin, Minnesota and Iowa have declared a state of emergency and the outbreak has shown few signs of waning.

One result of this egg shortage has been a misunderstanding among providers relating to pasteurized eggs. Some facilities might have a “pasteurized only” egg policy; however, this is **not** a regulatory requirement. Professional standards of practice for food safety, such as the Food and Drug Administration (FDA) Food Code and the Wisconsin Food Code (not all-inclusive), require pasteurized eggs to be used when a request is made for a **raw or undercooked egg and** when using raw or undercooked eggs in certain dressings or sauce recipes.

Populations (to include the elderly, children and individuals with compromised immune systems) are extremely vulnerable to foodborne illness, such as Salmonella, that could potentially be present in eggs. Unpasteurized eggs may be used, but the egg must be **fully cooked**.

The following are additional resources that may be helpful:

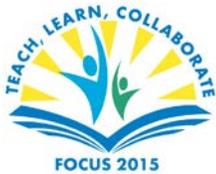
- **Avian Influenza and Food Safety**
Wisconsin Department of Agriculture, Trade and Consumer Protection, Division of Animal Health
<http://datcp.wi.gov/uploads/Animals/pdf/AI%20and%20Food%20Safety.pdf>
- **Key Messages for Avian Influenza**
US Department of Agriculture
http://www.usda.gov/documents/AI_Scenario1.pdf
- **Questions and Answers: Food Safety and Avian Influenza**, April 2015
US Department of Agriculture,
<http://www.usda.gov/documents/avian-influenza-food-safety-qa.pdf>
- **2013 Food Code**
US DHHS, Public Health Service, Food and Drug Administration
<http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf>

- **Wisconsin Food Code**
Department of Health Services DHS 196 Appendix; published under Wis. Stat. § 35.93.
http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/196_.pdf
- **Avian Influenza Information**
Egg Safety Center
<http://www.eggsafety.org/>
- **Incredible Egg**
<http://www.incredibleegg.org/>
- **Davidson's Safest Choice Pasteurized Eggs**
<http://www.safeeggs.com/>

If there are any other questions or concerns, contact Vickie Bergquist, MS, RDN, CD, Dietitian Consultant, at vickie.bergquist@wisconsin.gov or 414-313-9557

FOCUS 2015

Bureau of Education Services and Technology



The Wisconsin Department of Health Services, Division of Quality Assurance (DQA), is pleased to announce the 14th annual FOCUS Conference for health care providers and DQA staff. FOCUS 2015 is being developed in collaboration with DQA staff, health care providers, and provider association representatives and will be held on November 18 and 19 at the Kalahari Convention Center in Wisconsin Dells. Registration for FOCUS will begin in early September. Watch your DQA list serve for the date, save the dates, and stay tuned for more information!

Special Session – Wednesday, November 18, 2015

Theme: *The Art and Science of Successful Care Transitions*

This year's special session will address a variety of topics related to successful care transitions.

Keynote: *The Policy Landscape and Transitions of Care*

Cheri Lattimer, RN, BSN, is Executive Director of Case Management Society of America (CMSA) and National Transitions of Care Coalition (NTOCC).

FOCUS 2015 Conference – Thursday, November 19, 2015

Theme: *Teach, Learn, Collaborate*

This year's conference will address a variety of healthcare-related topics.

Keynote: *Safe and Effective Pain Control*

Judith A. Paice, PhD, RN, FAAN, is the Director of the Cancer Pain Program at Northwestern University, Feinberg School of Medicine.

Regulatory Provisions for Accessibility: Water Closet Placement and Grab Bar Installation

Office of Plan Review and Inspection

Recognizing concerns recently shared by stakeholders who operate, design, and regulate the nursing home environment, it is the intent of this article to navigate the regulatory path that shapes those built environments as it pertains to accessibility and water closet placement and grab bar installation. The provision for this accessibility begins with the Americans with Disabilities Act of 1990 and the minimum expectation of compliant design in the Code of Federal Regulations (CFR), 28 CFR Part 36. It is then prescribed under the adopted model code and standard.

The Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination and ensures equal opportunity for persons with disabilities, was originally enacted in public law format and later rearranged and published in the United States Code. On July 23, 2010, Attorney General Eric Holder signed final regulations revising the Department's ADA regulations, including its ADA Standards for Accessible Design.

The revised regulations amend the Department's 1991 Title II regulation (for state and local governments), 28 CFR Part 35, and the 1991 Title III regulation (for public accommodations), 28 CFR Part 36. These final rules went into effect on March 15, 2011, and were published in the 2011 edition of the CFR. Under 28 CFR Part 36, in long term care facilities, at least 50 percent of patient bedrooms and toilets and all public use and common use areas must be designed and constructed to be accessible.

Wis. Admin. Code § SPS 361.05 adopts the 2009 International Building Code. It is that adopted model code that reflects the language specific to long term care facilities found in the CFR.

The adopted 2009 International Building Code (IBC), section 1107.5.2, provides accessibility guidance specific to both the Accessible Unit and Type B Unit in nursing homes. Per section 1107.5.2.1, at least 50 percent, but not less than one of each type of the dwelling unit and sleeping unit, shall be an Accessible Unit. The term "Accessible Unit" serves as a defined level of accessibility; subsequent defined accessible levels include Type A Unit and Type B Unit. Under the definition found in 2009 IBC section 1102.1, an Accessible Unit is a dwelling unit or sleeping unit that complies with this code and the provisions for Accessible Unit in the International Code Council A117.1.

International Code Council (ICC) A117.1-03 is adopted under the 2009 IBC. The ICC/American National Standards Institute (ANSI) A117.1-2003 section 1002, provides the criteria which establishes minimum standards for the Accessible Unit. Toilet and bathing facilities are addressed under section 1002.11, which states that toilet and bathing facilities shall comply with Sections 603 through 610. Beginning with ICC/ANSI A117.1-2003 section 604.2, we find that the centerline of the water closet shall be 16 inches minimum to 18 inches maximum from the side wall. Section 604.5 states that grab bars shall be provided on the rear wall and on the side wall closest to the water closet.

The Department has aligned its accessibility review process to be consistent with both state and federal requirements and focuses on the facility's long term compliance. Facilities and their design professionals are encouraged to align their future or new project submittals with both the state and federal accessibility requirements.

For inquiries regarding this topic, contact:

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or

David Soens, Engineer Consultant
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NRO Quarterly Communication Meeting

Bureau of Nursing Home Resident Care / Northern Regional Office - Rhinelander

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

The next meeting will be held: Wednesday, July 29
 10:00 a.m. – 12:00 p.m.
 North Central Health Care Theater
 1100 Lakeview Dr.
 Wausau, WI 54403

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 - Madison

Pat Virnig, SRO Regional Field Operations Director, and Ann Angell, SRO Regional Field Operations Supervisor, meet with facility staff from throughout the Southern Region in an informal communication format. Everyone is encouraged to attend!

The **dates** for the rest of 2015 are: Wednesday, July 15
 Wednesday, October 28 (*Please note that this is a change.*)

The **time** for the meetings is: 1:00 p.m. – 3:00 p.m.

The **location** of the meetings will be: Iowa County Health and Human Services Building
 Community Room
 303 W. Chapel St.
 Dodgeville, WI 53533

There is **no cost to participate** and **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 who attend.

patricia.virnig@dhs.wisconsin.gov

ann.angell@dhs.wisconsin.gov

2015 LTC Baseline Prevention Practices Assessment Online Survey

Bureau of Education Services and Technology

The [Wisconsin Health-Care Associated Infections \(HAIs\) in Long-Term Care \(LTC\) Coalition](#) is pleased to announce the availability of the 2015 Long Term Care Baseline Prevention Practices Assessment Online Survey. The Coalition developed this online prevention practices assessment survey based on the [CDC LTC Baseline Prevention Practices Assessment Tool](#) to evaluate the status of infection prevention and control efforts in Wisconsin nursing homes.

While completion of this survey is voluntary, the Wisconsin HAIs in LTC Coalition requests that each nursing home in Wisconsin, with input from the home's infection preventionist, complete the anonymous online survey **once** no later than July 31, 2015.

Survey results will be used to measure practice change(s) over time from the original survey conducted in 2012 and to assist the Coalition in planning future educational and training programs on infection prevention and control of HAIs. The aggregate results of this survey will be shared with the CDC, as well as Wisconsin's nursing home community.

The 2015 survey is located at <http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=962L5n9M> and takes approximately 15 minutes to complete. You must click on the "SAVE" button before you exit the survey or your responses will not be saved.

Results of the 2012 LTC Baseline Prevention Practices Assessment Online Survey were used to host a two-day Infection Prevention and Control Educational Conference held in September 2013. Many of the presentations from this conference were recorded and remain available for viewing on the WI HAIs in LTC Coalition website.

Moving Health Care Construction Projects Forward: Permission to Start and Initial Contact Meetings

Office of Plan Review and Inspection

DQA continues to promote and encourage the forward movement of new and additional health care construction projects. With "permission to start" opportunities and initial contact meetings, DQA can assist providers throughout the State in the successful completion of their projects.

Permission to Start

Under the commercial building code, Wis. Admin. Code § SPS 361.32, a building owner may request and the Department may grant permission to start construction for the footings and foundations upon submission of construction documents. Permission can be requested using DQA form F-62457, *Request for Permission to Start Construction for Footings and Foundations*, available online at:

<https://www.dhs.wisconsin.gov/regulations/plan-review/forms.htm>.

A building owner who has been granted permission to start construction of a project may proceed at the owner's own risk without assurance that a conditional approval for the building will be granted. In addition, the owner remains responsible for working directly with the municipality where the project will be located, knowledgeable that the permission to start action does not supersede any municipal authority, including the issuance of permits associated with the project.

NOTE: Demolition activities do not require application and permission to start action by the Division of Quality Assurance. However, demolition activities may require application to and permitting by the municipal authority having jurisdiction. Demolition activities within an occupied healthcare facility require that an assessment be made by a design professional working collaboratively with the building owner and health care provider to adequately address the applicable interim life safety measures.

Initial Contact Meeting

Recognizing the complex nature of even the smallest health care project, the Office of Plan Review and Inspection (OPRI) continues to encourage initial contact meetings. In such meetings, the role of OPRI is to facilitate from a regulatory and procedural perspective while recognizing the involvement of all parties in the success of the project. The initial contact meeting is designed to bring all stakeholders together as early as possible in the planning stages. In anticipation of a successful project, stakeholders [e.g., owner, designer(s), builder(s), local building and fire officials, and DHS] engage in detailed discussions regarding communication, expectations, roles, schedules, and processes.

With “permission to start” opportunities and initial contact meetings, the Department of Health Services is positioned to assist providers throughout the State in moving their healthcare construction projects forward. For more information, see <https://www.dhs.wisconsin.gov/regulations/plan-review/index.htm>.

What You Should Know for the 2015 – 2016 Influenza Season

Bureau of Education Services and Technology

It's not too early to start thinking about and preparing for the 2015-2016 influenza season. The Centers for Disease Control (CDC) website, “What You Should Know for the 2015-2016 Influenza Season,” provides an abundance of valuable resources about this year's upcoming flu season and the things you can do to protect yourself and those in your care. Visit the CDC website to find out everything you ever wanted to know about the upcoming flu season at: <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>

A Toolkit for Long-term Care (LTC) Providers: Increasing Influenza Vaccination among Healthcare Personnel

Bureau of Education Services and Technology

The U.S. Department of Health and Human Services (DHHS), National Vaccine Program Office (NVPO) has developed a toolkit to help LTC employers and administrators promote influenza vaccination among their workforce and to help anyone working in LTC facilities to understand the importance of influenza vaccination for LTC workers. The toolkit is available now (in both English and Spanish) to aid in early flu vaccination planning efforts! See: <http://www.cdc.gov/flu/toolkit/long-term-care/resources.htm>

Information provided within the toolkit includes but is not limited to:

- Resources for Increasing Influenza Vaccination among Healthcare Personnel in Long-term Settings
 - The Importance of Influenza Vaccination for Healthcare Personnel in Long-term Care
 - Community Best Practices – Examples of Successful Influenza Vaccination Programs in Long-term Care
 - Barriers and Strategies to Improving Influenza Vaccination among Healthcare Personnel
-

National Pressure Ulcer Advisory Panel Updates

Bureau of Education Services and Technology

On June 19, 2015, the National Pressure Ulcer Advisory Panel (NPUAP) announced the release of a new white paper entitled, “Do Lift Slings Significantly Change the Efficacy of Therapeutic Support Surfaces?” To view this and other white papers authored by the NPUAP, visit <http://www.npuap.org/resources/white-papers/>.

The NPUAP has also released a new position statement entitled, “*Hand Check Method: Is it an Effective Method to Monitor for Bottoming Out?*” To view this position statement and others authored by the NPUAP, visit <http://www.npuap.org/resources/position-statements/>.

OASIS Updates

Bureau of Education Services and Technology

Next Date for “The Oasis Educational Forum”

DQA sponsors an educational venue to help Wisconsin Home Health Agencies (HHAs) keep current with evolving OASIS information. Entitled *The OASIS Educational Forum*, Wisconsin’s OASIS Education and Automation Coordinators conduct these live educational offerings on a quarterly basis, presenting the newest OASIS-related information. The next *Forum* is scheduled for **Wednesday, August 12, at 1:00 – 2:00 p.m.**

The OASIS Educational Forum utilizes an “internet meeting format” via your computer for sharing information. If you are new to this format and need the details of participating (e.g., computer requirements and a “Quick Start Guide”), read the original article in the January 2013 issue of the *DQA Quarterly Information Update* (page 4) at <https://www.dhs.wisconsin.gov/newsletters/dqa-update-2013-01.pdf>.

On the day of the broadcast, connect online to our “virtual meeting room” about 10 minutes prior to the start of training at <https://connect.wisconsin.gov/dhsdqaoasis>. Enter the on-line meeting room as a “Guest,” signing in with the name of your HHA.

To request an OASIS topic(s) or discussion of specific M-item(s) in the next *Forum’s* training, send an email to MaryJo.Sutton@wi.gov.

OASIS-C1/ICD-10 Dataset Approved for HHAs by the OMB

Medicare and Medicaid programs have required the OASIS data collection as part of the Conditions of Participation (CoPs) for home health agencies (HHAs) since 1999. OASIS is a standardized assessment dataset that HHAs *integrate into* their own patient-specific comprehensive assessment.

In anticipation of adopting ICD-10 diagnosis coding into the OASIS dataset on October 1st of this year, CMS submitted the OASIS-C1/ICD-10 dataset version to the federal Office of Management and Budget (OMB) for approval in February, then resubmitted in March due to a typographical error. In mid-June, the OMB granted approval for the use of the OASIS-C1/ICD-10 dataset version for all Medicare/Medicaid-certified HHAs.

The OASIS-C1/ICD-10 dataset will replace the five ICD-9-CM-based items in the OASIS-C1/ICD-9 data set (M1010, M1016, M1020, M1022, M1024) with the corresponding ICD-10 items (M1011, M1017, M1021, M1023, M1025). A table showing the differences between the C1/ICD-9 and C1/ICD-10 datasets can be obtained in the “Downloads” section of this web-page: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1.html>

OASIS-C1 Guidance Manuals

CMS has posted both the OASIS-C1/ICD-9 Guidance Manual and the OASIS-C1/ICD-10 Guidance Manual online for HHA providers. The C1-ICD-10 manual is dated October 2015, and is final with exception to receiving an official number from the OMB. With only a few months to go before implementation of the C1-ICD-10 dataset on October 1, 2015, HHA providers will be able to start training their staff with this resource manual, which includes an up-to-date Chapter 3 of item-by-item tips for accurate responses. Both manuals are available to HHAs in the “Downloads” section of this webpage: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

Home Health STAR Ratings

Bureau of Education Services and Technology

CMS established Home Health Compare (HHC) years ago as a tool to assist consumers in choosing a Home Health Care provider. The Affordable Care Act called for transparent, easily understood public reporting of quality measures. Now CMS is planning to add another tool for consumers, to help simplify the enormous amount of information on the HHC website. Star rating is a “visual display” of 1-5 stars that will summarize *some* of the measures already found on HHC in order to assist consumers’ decision-making. None of the current information on HHC will be removed.

Beginning in mid-July of 2015, the first of two star ratings will be posted on HHC, followed by quarterly reporting thereafter. Entitled “Quality of Patient Care Star Rating,” this visual will be based upon OASIS assessment and claims data. This star rating will consist of nine of the current 27 reported process and outcome quality measures. The nine measures include:

1. Timely initiation of care
2. Drug education on all medications provided to patient/caregiver
3. Influenza immunization received for current flu season
4. Improvement in ambulation
5. Improvement in bed transferring
6. Improvement in bathing
7. Improvement in pain interfering with activity
8. Improvement in dyspnea
9. Acute care hospitalization (claims-based)

Ratings are based upon OASIS data reported from January through December 2014, and claims data from October 2013 through September 2014. Most Medicare-certified HHAs will be eligible to receive the July star rating. Small or newer HHAs may not have enough quality episodes reported. Quality episodes are OASIS-reported episodes that begin with a start of care (SOC) or resumption of care (ROC), and end with a transfer to an inpatient facility (TIF) or discharge (DC). Episodes that end in death are excluded from calculation. To receive a star rating, a HHA must have sufficient quality episodes for at least 5 of the 9 measures. Currently, HHAs must have at least 20 quality episodes occurring within the data-year (2014) to calculate the measures.

The second of the two star ratings will be based upon a HHA's patients' perspective of their home care services, also known as an HHA's Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) surveys. Entitled "Patient Survey Star Rating," this star rating is scheduled for its first publication on HHC in January 2016. To read more about Star Ratings, visit these two webpages:

- CMS Home Health Compare Star Ratings: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-12-11-2.html>
- CMS Home Health Star Ratings: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>

MDS 3.0 for Beginners

Bureau of Education Services and Technology

This program, sponsored by DQA,, is a **BASIC** Resident Assessment Instrument (RAI) training program. This program is designed for nursing home staff who are new to using the Long Term Care Resident Assessment Instrument (RAI) that includes the Minimum Data Set (MDS) and for persons who need to update BASIC knowledge, skills, and abilities in the RAI process. The program will affirm the role of assessment in providing quality of care and quality of life. There will also be review of accurate coding of the MDS sections on an item by item basis, an overview of the federal regulations pertaining to the use of the RAI, and affirmation of the need for accurate and timely completion of the MDS.

The program will provide participants with information and instructions on using the RAI and explain coding of the MDS. After attending this workshop, participants will be able to:

- Define resident assessment requirements
- Use the RAI in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements
- Accurately code the MDS using the required standard definitions
- Apply the MDS triggering logic to the Care Area Assessment (CAA) process
- Use the CAA process to further assess the functional status in triggered areas
- Use the RAI process to develop a comprehensive care plan

This program will be offered three times in different locations throughout the state this fall.

The brochure for the program is available on the DQA Provider Training webpage located at: <https://www.dhs.wisconsin.gov/regulations/training/trainings.htm>

The url for the brochure is: <https://www.dhs.wisconsin.gov/regulations/training/mds-trng-2015.pdf>

What's New from APIC?

Bureau of Education Services and Technology

On June 2, 2015, the Association for Professionals in Infection Control and Epidemiology (APIC) announced the availability of a new long-term care (LTC) infection prevention skills tool entitled “Take the Pledge,” available at:

http://www.apic.org/Resource_/TinyMceFileManager/Resources/APIC_HRET_Take_the_Pledge_FINAL_5-15.pdf

According to APIC, this tool encourages facility leaders, frontline staff, residents, and family members to adhere to four key technical skills for preventing infections in LTC facilities—hand hygiene, environmental cleaning, standard precautions, and antimicrobial stewardship. Access the main APIC LTC webpage at: <http://www.apic.org/Resources/Topic-specific-infection-prevention/Long-term-care>

On June 24, 2015, APIC announced the release of a new implementation guide entitled “Guide to Hand Hygiene Programs for Infection Prevention.” To view this implementation guide, visit:

<http://www.apic.org/For-Media/Announcements/Article?id=b56a685f-7ee9-4206-a861-0659fbf848a1>

REGULAR FEATURES

Changes in DQA Staff

Bureau of Assisted Living (BAL)

Sandra Culligan, Health Services Specialist/NERO

Sandra Culligan has accepted a transfer from the Northeastern Regional Office, Bureau of Nursing Home Resident Care, to the Bureau of Assisted Living where she will work as a Health Services Specialist. The transfer was effective June 29, 2015.

Cindy O’Connell, Quality Assurance Program Specialist Senior/CO

Previously employed with DQA as a limited-term employee, Cindy was hired as a Quality Assurance Program Specialist Senior and began full-time employment April 6, 2015. She is now located at the Central Office in Madison.

Michelle Crockett, Assisted Living Regional Director/SERO

Michelle began her position as the Assisted Living Regional Director for the Southeastern Regional Office in Milwaukee on April 20, 2015.

Lori Smithback, Assisted Living Licensing Associate/CO

Lori began her licensing responsibilities June 29, 2015, and will be working in the Central Office in Madison.

Bureau of Health Services (BHS)

Nicole Werner, Quality Assurance Program Specialist Senior/SERO

After 14 years surveying nursing homes for the Bureau of Nursing Home Resident Care, Nicole has joined the BHS survey team and will be located at the Southeastern Regional Office in Milwaukee.

Susan Connors, License Permit/Program Associate/CO

Susan Connors has been hired as the new License Permit/Program Associate for the BHS Licensing, Certification, and CLIA Section (LCCS). Susan will be working directly with the Clinical Laboratory providers and providing office support for licensing and certification of non long-term care providers. Susan is located in DQA's Central Office in Madison and began April 20, 2015.

Thomas Rylander, Human Services Program Coordinator Senior/CO

Thomas (Tommy) Rylander has been promoted to the Human Services Program Coordinator Senior for the BHS Licensing, Certification, and CLIA Section (LCCS). He will be responsible for licensing and certification activities for hospital, ambulatory surgery center, and home health agency providers. He is located in DQA's Central (Madison) Office and began this position November 17, 2014.

Bureau of Nursing Home Resident Care (BNHRC)***Susan Farmer, Regional field Office Supervisor/SERO***

Sue Farmer has returned to her supervisory duties for the BNHRC in Milwaukee after serving as the Interim Assisted Living Regional Director. Sue resumed her previous position April 20, 2015.

Meaghan Baker, Nurse Consultant 1/SRO

Meaghan is new to DQA and will be working as a surveyor for the BNHRC. She will be located at the Southern Regional Office in Madison and will begin her new position July 13, 2015.

Kelli Jo Herbert, Nurse Consultant 1/WRO

Kelli was recently hired as a Nurse Consultant 1 in the Western Regional Office in Eau Claire and began her surveyor responsibilities May 18, 2015.

Shelley Nitz, Nurse Consultant 1/WRO

Shelley was recently hired as a Nurse Consultant 1 in the Western Regional Office in Eau Claire and began her surveyor responsibilities May 18, 2015.

Daniel Perron, Regional Field Office Supervisor/NERO

New to DQA, Dan was recently hired as the BNHRC Regional Field Office Supervisor in Green Bay and began his responsibilities on June 1, 2015.

Megan Shanks, Health Services Specialist/SERO

Megan was newly hired as a Health Services Specialist and began her surveyor duties on June 29, 2015. She will be working from the Milwaukee office.

Sergio Perez Torres, Health Services Specialist/SERO

Sergio, new to DQA, was hired as a Health Services Specialist and began his surveyor responsibilities on June 29, 2015. He will be working from the Milwaukee office.

Erica Henkes, Nurse Consultant 1/SERO

Hired as a Nurse Consultant 1 with a start date of April 13, 2015, Erica will be conducting her surveyor duties from the Milwaukee regional office.

Angela Hartmann, Nurse Consultant 1/SERO

Hired as a Nurse Consultant 1, Angie began her surveyor position in the Milwaukee regional office on May 4, 2015.

Jenell Fuchs, Nurse Consultant 1/SERO

Hired as a Nurse Consultant 1, Jenell began her surveyor responsibilities for the Southeastern Regional Office in Milwaukee on April 13, 2015.

Office of Caregiver Quality**Marie Anderson, Consumer Protection Investigator Senior/CO**

After 15 years with DQA, Marie was promoted to her current position in the Office of Caregiver Quality and began her new investigative responsibilities December 14, 2014.

Lonny Calhoun, Consumer Protection Investigator Advanced/CO

Lonny Calhoun comes to DQA from the Wisconsin Department of Corrections and began his work as a Consumer Protection Investigator Advanced on January 26, 2015.

DQA Numbered Memos (April, May, June)

Access these memos at <https://www.dhs.wisconsin.gov/dqa/memos/index.htm> or via individual provider publication pages at <https://www.dhs.wisconsin.gov/regulations/health-residential.htm>.

DQA Memo No. Affected Provider(s)	Title Summary
<p>15-005 Nursing Home</p>	<p>Medicare Part D in Nursing Homes The purpose of this memo is to inform nursing homes regulated by the Division of Quality Assurance about their role in assisting residents with Medicare Part D enrollment.</p>
<p>15-006 Community Mental Health and Substance Abuse Treatment Services</p>	<p>Certification of Waivers and Variances Submitted to the DQA Behavioral Health Certification Section The purpose of this memorandum is to provide clarification concerning the requests for waivers and variances submitted to the Division of Quality Assurance, Behavioral Health Certification Section and to update contact information for questions regarding the interpretation of administrative rules specific to mental health and substance abuse programs/services.</p>
<p>15-007 Adult Day Care Centers Adult Family Homes Ambulatory Surgery Centers Community Based Residential Facilities</p>	<p>Fire Watch, Fire Plan, and Fire Reporting Update The purpose of this memo is to provide information regarding the response to fire related emergencies in health care facilities. This memo provides regulatory information regarding the development of a fire watch system, fire plan, and mandated reporting of a fire event. A Fire Watch Procedure and Fire Report form approved by the Division of Quality Assurance is available for use by facilities with links included in this</p>

DQA Memo No. Affected Provider(s)	Title Summary
End-Stage Renal Disease Facilities Serving People with Developmental Disabilities Hospices Hospitals Nursing Homes Residential Care Apartment Complexes	memo. This memo replaces DQA Memo 12-013.
15-008 Community Based Residential Facilities	Delayed Egress Approval for Community Based Residential Facilities The purpose of this memorandum is to provide information on the Bureau of Assisted Living's revised approval process for delayed egress installation in Community Based Residential Facilities.

CMS Survey and Certification Letters (April, May, June)

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 memos is located at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>.

S&C Memo No.	Title
15-31-NH	2014 Final Report & 2015 Expansion Project – Centers for Medicare & Medicaid Services Focused Dementia Care Survey Pilot
15-32-Hospital/CAH/ASC	Alert Related to Outbreaks of Carbapenem-Resistant Enterobacteriaceae (CRE) During Gastrointestinal Endoscopy, Particularly Endoscopic Retrograde Cholangiopancreatography
15-33-OPT	Clarification of Requirements for Off-Premises Activities and Approval of Extension Locations for Providers of Outpatient Physical Therapy and Speech-Language Pathology Services and Off-Premises Activities
15-34-NH	Grant Award: Reinvestment of Federal Civil Money Penalty Funds to Benefit Nursing Home Residents
15-35-NH	Implementation of Section 6106 of the Affordable Care Act – Collection of Staffing Data for Long Term Care Facilities
15-36-All	New Instructions for Providers Filing an Appeal with the Departmental Appeals Board

S&C Memo No.	Title
15-37-NH	Proposed Rule: SNF Medicare FY 2016 Payments, Quality Reporting, Value-Based Purchasing and Staffing Requirements – Informational Only
15-38-Hospitals	Revised Hospital Radiologic and Nuclear Medicine Services Interpretive Guidelines – State Operations Manual (SOM) Appendix A
15-39-CLIA	Release of the Individualized Quality Control Plan Workbook
15-40-NH	Information Only – Review and Status of Nursing Home Survey: Summary of Traditional and Quality Indicator Survey Findings and Issues
15-41-ESRD	Surveyor Guidance for Approval of Home Dialysis Modalities