



## ASSISTED LIVING FORUM Q&A - September 2012

Division of Quality Assurance / Bureau of Assisted Living  
P-00432 (11/2012)

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### **1. Is the supported housing model one that will be looked at for regulation in apartments?**

No, as long as it does not cross the threshold for requiring a license. Chapter 50, Wis. Stats., defines what a licensed facility is and some examples of what it is not. See § 50.01 for definitions of AFH, CBRF, and RCAC. Also, see § 50.01(1g)(d) for what is not a CBRF at: <https://docs.legis.wisconsin.gov/statutes/statutes/50.pdf>

A couple of cautions:

- a) If an apartment unit includes three adults receiving services above the level of room and board from the same service provider, this could be considered an adult family home requiring a state license.
- b) If the apartment building has five or more units with adults receiving services above the level of room and board and the service provider is the same or affiliated with the housing agency, then this could be considered a CBRF with independent apartments or an RCAC requiring a state license.

Refer to DQA Memo 10-003, Licensing Threshold Guidelines for Assisted Living Facilities at:  
[http://www.dhs.wisconsin.gov/ri\\_DSL/Publications/10-003.htm](http://www.dhs.wisconsin.gov/ri_DSL/Publications/10-003.htm)

Contact DQA-BAL staff for licensure questions at: [http://www.dhs.wisconsin.gov/ri\\_DSL/Contacts/ALSreglmap.htm](http://www.dhs.wisconsin.gov/ri_DSL/Contacts/ALSreglmap.htm)

### **2. Where is the Department at in looking at the development of funding for community supported housing?**

The Department of Health Services has always supported funding for the “community supportive living” model in the legacy waiver counties, in Family Care, and in IRIS. At this time, DHS is working with Family Care Managed Care Organizations (MCOs) and other key stakeholders to utilize this model to support “choice” and “efficiencies” as part of the Department’s sustainability initiative.

### **3. Would AFH clients transition to the supportive housing model?**

If it has been determined that the most integrated setting enabling an individual to function at their fullest extent possible is a “community supportive living” setting, then yes, an individual currently living in a licensed or certified adult family home should be able to transition. The first step in the process would be a review by the individual’s interdisciplinary team (IDT). If there is no IDT, then there should be a referral to an Aging and Disability Resource Center (ADRC), which are listed at: <http://www.dhs.wisconsin.gov/lc/lc/adrc/>

### **4. As an AFH serving these clients, how does this affect us and will changes be made to the assessment process to include more of these issues?**

Individuals should always be assessed to determine if they are living in the least restrictive environment and in the most integrated setting. If it has been determined that the most integrated setting enabling an individual to function at their fullest extent possible is a “community supportive living” setting, then some individuals currently living in a licensed or certified adult family homes may move to these settings. Providers who currently operate AFHs and CBRFs might be interested in expanding their operations to include the provision of care and services to individuals who reside in “community supportive living” settings. The difference is that under this model, the service provider would have no ownership or affiliation with the housing component. A person would live in their own home with services built around them, not a person living in a service provider’s house/facility.

### **5. How does this differ from Home Care?**

“Community supportive living” is very different from home care. Home care could be a service that is provided to an individual living in a “community supportive living” setting. “Community supportive living” is a comprehensive approach combining housing and services to help people live more stable, productive lives. Community supportive living encompasses a range of approaches including single sites (housing developments or apartment buildings in which units are designated as supportive housing) or scattered site programs in which participants often use rent subsidies to obtain housing from private landlords. Supportive services may be provided through home visits. Services in community supportive living are flexible and primarily focused on the outcome of housing stability. An approach can also include home ownership and a range of diverse, consumer-directed, personal assistance and community support services focused on community integration and support.

**6. Is the main driver to this new model a way to significantly cut costs? MCOs seem to be already making decisions to keep people in their homes to the best of their ability.**

No, cost is not the main driver of this initiative, and this is not a new model. The model has been around for many years and some MCOs and legacy waiver counties have utilized this model for many of their clients. At this time, the Department is working with Family Care MCOs and other key stakeholders to utilize this model to support “choice” and “efficiencies” as part of the department’s sustainability initiative.

**7. Will there now be dollars used to modify homes with ramps and such to make homes accessible?**

Home modifications are part of the Family Care benefit package. An MCO may find it more cost effective to make structural changes to a member’s home as opposed to a provider-owned residence.

**8. We are trying to get someone to cover safety lancets for use in group homes and we cannot get these covered. Family Care will not authorize these. There are insulin pens with retractable needles and this is what Family Care won’t authorize.**

On October 2, 2012, the Wisconsin Assisted Living Association (WALA) sent out a press release indicating that Managed Care Organizations can now provide safety sharps. An excerpt from the press release follows:

**October 2, 2012: Madison, WI** - WALA is pleased to announce that Family Care MCOs will now provide safety sharps for residents of assisted living facilities!

Last March, WALA and M3 Insurance approached the Managed Care Organizations (MCOs) in Wisconsin regarding a safety concern in assisted living facilities. The concern was that, according to the Occupational Safety and Health Administration (OSHA) guidelines, assisted living facilities must use safety sharps/lancets in their facilities. It was reported to WALA and M3 that MCOs did not have a sufficient network to provide safety sharps for members in assisted living facilities. Therefore, some assisted living facilities reported that they were providing safety sharps at their own expense. WALA encouraged the MCOs that it was appropriate that the MCOs cover safety sharps for the safety of residents, as well as staff. OSHA has recently taken an interest in AL facilities. Needle sticks, in particular, have their attention.

After months of research by the Wisconsin Family Care Association (WFCA), WALA was informed October 1, 2012, by Michael Blumenfeld of the WFCA and Julie Strenn, Director of Provider Network/CCCW, that the Managed Care Organizations now had capacity within their network to dispense safety needles to members in residential settings.

View the complete letter from WFCA for more information about the decision. Contact information for the participating MCOs is listed as an easy reference for further assistance in the letter. If you are told that the MCO cannot cover safety sharps, please let WALA know.

<http://www.ewala.org/news/blasts/2012/documents/WALANeedleLetter100112.pdf>

**9. Safety lancets and needles are not covered by MA or Family Care, so that poses a problem for providers if this is a mandate.**

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard requires needle devices to have a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident. See the press release above indicating that MCOs can now cover the cost of safety sharps.

**10. Is there an insulin pen on the market that has a safety needle?**

Becton Dickson, a medical supply company, makes a safety engineered pen needle. There may be other companies that manufacture safety needles as well.

**11. Dave discussed COTS for nursing homes. Is this something the AL facilities can now sign up for?**

Yes. The Division of Public Health (DPH) will be issuing a policy and procedure in the near future with regard to obtaining COTS (collapsible beds). The policy and procedure will include appropriate DPH staff to contact to sign up. The procedures will be posted on both the DQA and the DPH websites. Notice of the procedure will be sent out by DPH. In the meantime, if you have questions or wish to sign up, please contact Dave Seebart at (920) 465-0361.

**12. Regarding DQA Memo 12-014, how did CCDET requirements get rolled into the AFH regulations?**

The Department approved CBRF training (developed and coordinated by the UW-Oshkosh CCDET) is only referenced as one **source** of acceptable training for AFHs to utilize.

**13. How do we prove professional competence to use the other, more difficult options for training?**

Please refer to DQA Memo 12-014, Question #1, for information regarding trainer expertise.

[http://www.dhs.wisconsin.gov/rl\\_DSL/Publications/12-014.htm](http://www.dhs.wisconsin.gov/rl_DSL/Publications/12-014.htm)

**14. Please define “recognized entity or trainer.”**

A “recognized entity” is one that is commonly identified by the general public as a valid source of expertise in a given area. DQA Memo 12-014 lists examples of recognized entities.

**15. We have tapes that were used by WCTC to train and certify staff prior to 4/1/10. Can we use those for continuing education? Even though the program no longer offers the training, the material is still valid and the tapes have associated tests to assure that staff understand the information?**

Yes, those tapes can be used for continuing education as long as the content reflects current standards of practice and regulations.

**16. Is client rights training included? If not, why not?**

Yes, training by the Wisconsin Clients Rights office is acceptable as continuing education in CBRFs as one of the six areas required under section DHS 83.25.

**17. Please clarify the 5<sup>th</sup> bullet on the AFH Training Memo. What is used for curriculum if it is an instructor with expertise, since we cannot use previously approved CBRF training curriculum?**

The instructor needs to develop a curriculum that meets current standards of practice and regulations. Someone with expertise in the subject area should be able to do this.

**18. Can a CBRF use online or video training for some of the 15 hours of CEU requirements?**

Yes, online and video training may be used for CBRF continuing education. A knowledgeable individual should be available to answer questions and apply the information to the client group(s) within an individual facility.

**19. What training, if any, is required for CNAs and Resident Assistants to be working in the kitchen, cooking, etc., in a CBRF?**

Employees performing dietary duties must complete the training identified in section DHS 83.22(4). CNAs are not exempt from this requirement.

**20. When a new employee first starts working in an AFH, can training specific to that house be included?**

Yes.

**21. Can training a staff person on insulin protocols for a specific resident in the AFH be included?**

Insulin administration can be included in the medication training content if insulin is administered in the home. If a resident is receiving insulin, administration of insulin should also be included in medication continuing education.

**22. Does “supplement” mean we can use some video training or do we always have to have a live instructor?**

Yes, see the response to question #17 above.

**23. If my nurse conducts research to present an in-service on infection control, can she count her research time as continuing education?**

Continuing education for an instructor needs to be obtained from an outside source. A portion of the information obtained during an RN's research could be counted if it originates from an independent study course or journal article that provides some form of documentation of professional continuing education.

**24. If online training is done and a competent mentor trainer then works with the student to apply the training, is this acceptable?**

Yes, this is acceptable as long as the mentor trainer has knowledge and competence in the subject area.

**25. Is it mandatory that a test be given after training to show that information was understood?**

There is no requirement for a test to be given after training. It is recommended that some method is used to determine that a transfer of knowledge has occurred.

**26. If an RN or other credentialed staff person “performs” training for CBRF staff, can that time be counted towards CEU?**

No, you cannot count “training given” towards continuing education because the RN or credentialed staff person has not learned anything new.

**27. How long should RCAC records be maintained?**

Chapter DHS 89, Wisconsin Administrative Code governing RCACs, and §50.034, Wis. Stats., are silent on the issue of record retention. RCACs should, however, develop their own policy on record retention and ensure the policy is compliant with both state and federal record retention requirements.

**28. Why wasn't Milwaukee considered as a potential location for a future Assisted Living Forum?**

We concentrated on locations in the central part of the state as a consideration to draw participants from more locations throughout the state.

**29. For the in-person AL Forums, can you also do those via Adobe Connect simultaneously to make the Forum more accessible?**

We are considering using Adobe Connect Pro during the morning session if this can be set up at our current meeting location.

**30. Would you consider meeting somewhere else besides downtown in Madison? Closer to the interstate?**

We are researching other options. If we are able to find a location that meets our needs and can accommodate the Assisted Living Forum, we will pursue it.

**31. Where can I get the follow up information after this session? Website?**

Following is a direct link to our Assisted Living Forum website. Please cursor down to the “Archive” section to find information shared at past Assisted Living Forums, including the September 11, 2012 AL Forum.

[http://www.dhs.wisconsin.gov/rl\\_dsl/Providers/asstdLvgForum.htm](http://www.dhs.wisconsin.gov/rl_dsl/Providers/asstdLvgForum.htm)