WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Baker Tilly Long-Term Care Market Study

March 2024
Presented to the Long-Term Care Advisory Council

Plan for Today

- Scope of Work

- Key Findings and Recommendations

- Limitations and Concerns

- Questions

Scope of Work

Study of Long-Term Care (LTC) Industry:

- Skilled nursing facilities (SNF)

- Assisted living facilities (ALF)

- Other home and community-based services (HCBS)

Address concerns from providers:

- Workforce issues

- Care transition issues (moving to post-acute care)

- Complex patient concerns (memory care, bariatric)

Methodology

- Reviewed data from WI Health Systems and DHS

- Reviewed national literature and other states' programs

- Interviewed WI providers and partners:

  o Holly House AFH, Luther Manor, Oakwood Village, other facilities

  o Bellin Health, Froedtert Hospital, St. Croix Health Center, other hospital systems

  o LeadingAge, WHCA, WALA, WPSA, WHA, other associations

  o Disability Service Provider Network

  o IRIS/TMG

Limitations and Concerns

BT did not address some of our questions and concerns:

- Projected HCBS supply and analysis of personal/ supportive home care.

- Effect of recent DHS initiatives (such as historic rate increases).

- Strategies to prioritize person-centered care and address complex patient needs.

- DHS workforce concerns (such as caregiver quality budget proposal).

- Health equity considerations (other than a geographic analysis).

- Focus on long-term care for older adults (not IDD population).

- Public health considerations (to reduce demand for LTC and keep people healthy).

Key Findings and Recommendations

Long Term Care System Challenges through 2030

BT Findings

- Increase in client volume (aging of population)

- Increase in complexity (dementia, obesity, behavioral health)

- Workforce constraints for all provider types/settings

Hospital Care Transitions

BT Findings

- Lack of appropriate post-acute care settings for complex patients

- 5%-7% of hospital days are "excess" due to discharge delays

- Medicaid eligibility + guardianship challenges

Skilled Nursing Facility Capacity

BT Findings

- Considered scenarios for demand + supply

- Most likely: continued statewide bed surplus with some regional or specialty shortages

Assisted Living Capacity

BT Findings

- Demand will rise 27% above current supply by 2027
- 12K beds needed above current 45K supply

DHS Perspective

- Historically, industry has expanded to meet demand
- Concerned about ALF costs + overuse
- Concerned about rising resident acuity in ALFs
- Concerned about DHS regulatory staff capacity

Home + Community-Based Services: BT Findings

BT Finding: Wisconsin will need more providers

	2025 Utilization	2030 Utilization
Personal/ Supportive Home Care	Not provided	256,400
Home Health Care	69,200	78,300
Hospice Care	30,100	34,000

Private Sector Recommendations

- **Invest in workforce:**
  - o Develop incentives to retain/ upgrade talent
  - o Extend practice of "staff pooling"
  - o Expand tele-health and remote patient monitoring
  - o Adopt labor-saving technologies

- **Explore federal funding supports (HRSA/CMP)**

- **Plan for complex patient populations**

- **Collect and share data**

Public Sector Recommendations

- Expand Medicaid

- Streamline guardianship process

- Revise nursing home bed limit/ transfers

- Review MCO discharge authorization process

- Review Medicaid application process

- Review funding models to support workforce

- Support private sector innovations

Complex Patient Pilot

- The Governor's 2023-25 budget proposed $15 million GPR for a Complex Patient Pilot program.

- The final 2023 Act 19 budget reserved $5 million GPR in the Joint Committee on Finance (JFC) appropriation to create this pilot program.

- The goal is to address difficulties and delays in discharging medically challenging individuals by supporting hospital/ post-acute care partnerships.

Complex Patient Pilot

- DHS convened stakeholders to design the pilot.

- DHS submitted the request to JFC on 11/30/23.

- The Committee needs to vote on the request. If approved, DHS will use a competitive grant selection process to select and fund hospital/ post-acute care partnerships.

- DHS will evaluate the pilot to ensure promising practices can be replicated across the state.

Funding Models

- **2021-23 Budget**: Governor Evers approved **$438 million** in increases for long-term care:

  - $252 million: Nursing home reimbursements
  - $104 million: Direct care workforce funding
  - $78 million: Personal care reimbursements
  - $4 million: Home health care reimbursements

Funding Models

- **2023-25 Budget**: Governor Evers approved **$499 million** in increases for long-term care:

  - $226 million: 5% increase for HCBS rates
  - $146 million: Nursing home support services
  - $31 million: Nursing home incentives
  - $12 million: Other nursing home increases
  - $38 million: Family Care reimbursements
  - $38 million: Personal care reimbursements
  - $8 million: Aging and Disability Resource Centers

Funding Models

- DHS Medicaid in the process of developing a minimum fee schedule for HCBS.

  - We hope to invest **$269 million** ARPA in 2024.

  - Proposed minimum wage for direct care workers: $15.75 per hour + health insurance.

  - We now need approval from JFC.

Funding Models

- **2021-23 Budget**: Governor Evers approved **$133 million** in increases for hospital systems:

  o $104 million: Disproportionate share hospital payments
  o $17 million: Ambulance services reimbursement
  o $12 million: Emergency physician services reimbursement

  Gov. Evers proposals deleted by the Legislature included $203 million for acute care and critical access hospital payment increases.

Hospital Reimbursements

- Last year, DHS paid **$1.4 billion** to support hospitals.

	FY 22 Actual	FY 23 Actual	FY 24 Budgeted	FY 25 Budgeted	4 Year Total
Fee-for-Service Hospital Expenditures*	$855,246,990	$887,508,619	$974,454,656	$953,119,277	**$3,670,329,543**
HMO Access Payments	$553,962,752	$529,199,460	$480,929,680	$480,633,196	**$2,044,725,088**
Total	$1,409,209,742	$1,416,708,080	$1,455,384,336	$1,433,752,473	**$5,715,054,631**

Funding Models

- **2023-25 Budget**: Governor Evers approved **$237 million** in increases for hospital systems:

  o $124 million: Disproportionate share hospital payments
  o $68 million: Base rate increase for hospitals
  o $31 million: Hospital behavioral health reimbursements
  o $12 million: Rural critical care hospital supplements
  o $2 million: Graduate medical education grants

Questions?

HCBS Settings Rule Update: Corrective Action Plan

Long Term Care Advisory Council Meeting
January 09, 2024

WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Summary of CAP

Category Name	Category Milestone(s) Summary	Final Completion Date
1. Forthcoming Heightened Scrutiny Activities	Multiple milestones related to completing heightened scrutiny reviews of the 20 settings not yet submitted to CMS.	Submit settings to CMS by 06/30/2024 Address CMS findings the later of 12/31/2024 or 3 months after CMS issues findings
2. Current Heightened Scrutiny Activities	Responding to the CMS feedback on the settings submitted in 04/2021 once that feedback is received	Address CMS findings the later of 12/31/2024 or 6 months after CMS issues findings
3. Heightened Scrutiny Site Visit	Addressing the findings from the CMS heightened scrutiny site visits	12/31/2024

Next Steps

Address Setting Specific Findings

Heightened Scrutiny Settings

- Developing a plan for remediation of the heightened scrutiny settings already submitted to CMS

  We will identify which MCOs and ICAs have members / participants in these settings to make them aware of this process

DQA-Regulated Settings

- Initiating conversations with DQA to address findings for all CBRFs, RCACs, and 3-4 bed AFHs

1-2 Bed Adult Family Homes

- Addressing findings for all 1-2 bed AFHs through the revised 1-2 bed AFH standards

Address MCO / ICA Related Findings

1

Update policies and contract language to ensure the correct requirements are in place related to person-centered planning and the HCBS Settings rule

2

Determine the best method to ensure that both the provider's plan and Medicaid plan assess and document modifications and to ensure the setting is following those plans

3

Roll out implementation of new policies and processes to MCOs, ICAs, and Providers
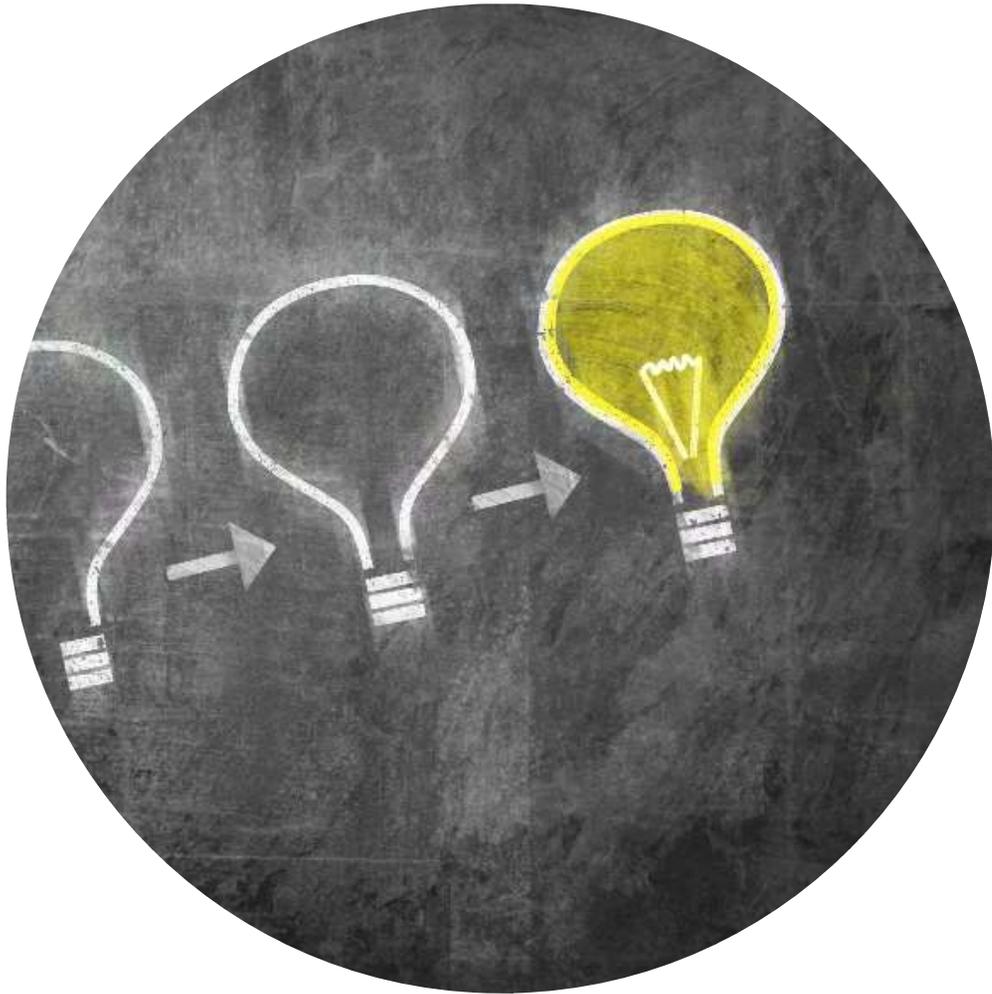
Questions or Ideas

If you questions, suggestions, or ideas please let us know

dhshcbssettings@dhs.wisconsin.gov

Provider Management Overview

Long Term Care Advisory Council

March 12, 2024

RaeAnn Fahey
Manager - Program Participation Oversight Section
Bureau of Quality & Oversight (BQO)

Presentation Objectives

- What is the Provider Management System?
- Why develop a new solution?
- Who is impacted?
- When? - Timeline
- Future Process
- Resources

What is Provider Management?

A centralized technology system which all providers (waiver services and fee for service) will use to submit all information necessary to become certified with Wisconsin Medicaid.

The system is operated by Wisconsin Medicaid and accessible to providers online via the ForwardHealth Portal.

Why Develop a New Solution?

DHS is developing a new LTC waiver service provider management solution to both ensure compliance with federal requirements and to actualize the opportunities a new solution presents.

Compliance

CMS Managed Care Rule

The CMS Managed Care Rule established new regulatory requirements for oversight of Medicaid Managed Care programs, with specific focus on provider network adequacy

21st Century Cures Act

The 21st Century Cures Act (Federal Law) requires states to enroll all Medicaid providers, even those providing services through a managed care contract

Affordable Care Act

The ACA (Federal Law) established new requirements for Program Integrity within the Medicaid Program

Opportunity

Centralization and Automation

The solution aims to automate and centralize provider enrollment activities and information

Standardization of Provider Vetting

All providers will go through standard vetting activities applicable for their type, specialty, and service combination

Improve data management and reporting

Centralizing and standardizing provider enrollment data provides cleaner data for analysis and reporting purposes

Efficiency Gains

The new solution is intended to reduce burden on providers and MCOs while allowing DHS access to provider demographic information critical for timely and accurate program evaluation and reporting

Benefits of Provider Management

DHS

- Improved LTC provider data
- Compliance with federal law

IRIS, Family Care, Family Care Partnership, and PACE Providers

- Less repetition of providing information
- Reduced risk of errors - the system guides through the process

MCOs

- Reduced provider credentialing activities
- Access to one resource for all Medicaid certified providers for contracting

IRIS FEAs

- Reduced provider credentialing activities
- Access to one resource for all Medicaid certified providers for onboarding

Members/Participants

- Searchable online directory of certified waiver services providers

Who does this impact?

PROGRAMS IMPACTED

- Family Care
- Family Care Partnership
- Program of All Inclusive Care for the Elderly (PACE)
- IRIS (Include, Respect, I Self-Direct)

PROVIDERS IMPACTED - ALL

- Organizations/Agencies
- Sole Proprietors
- Individual Providers
- Tribal Providers
- Family Care FEAs
- Individual Self-Directed Support Workers (SDS)*
- Participant Hired Workders (PHWs)*

OTHERS IMPACTED

- Managed Care Organizations (MCOs)
- Fiscal Employer Agents (FEAs)
- IRIS Consultant Agencies (ICAs)

This does NOT impact providers under the Children's Programs

*While individual SDS workers and PHWs will receive Wisconsin Medicaid IDs, they will not self-enroll through ForwardHealth.

LTC Waiver Providers ForwardHealth Enrollment Timeline

Feb. 2024 – Aug. 2024	Aug. 2024	Sep. 2024	Sep. 2024 – Sep. 2025	Oct. 2025 – Dec. 2025	Jan 1, 2026
Communication • ForwardHealth webpage • Email blasts • Partners' newsletters • Townhalls	**Training** Virtual training sessions scheduled through March 2025	**Go Live** ForwardHealth to begin accepting LTC waiver provider applications	**Roll Out Period** Providers complete applications	**Catch-Up** Ensure providers who need additional assistance are enrolled	**Enrollment Deadline** Providers **must** be enrolled with Medicaid through ForwardHealth to be authorized and paid for services

Future Enrollment Process

Below is a high-level view of the future enrollment process for organizations/agencies, sole proprietors, Tribal providers, and individuals who are **not self-directed service or participant hired workers.**

1. Provider Applies

Provider completes the enrollment application on the ForwardHealth Portal, including submission of required documentation.

Application

2. DHS Review

DHS reviews/validates the information and performs any required background checks.

Review

4. FEA Onboarding/MCO Contracting

The provider contracts with MCOs and/or is chosen by an IRIS participant and onboards with FEA.

3. Approval

DHS approves and issues a Medicaid ID to the provider.

Approval

Contract/Onboard

Ready for authorizations

Resources

ForwardHealth webpage
Question & Answer document
Informational video
Townhalls
Email communication
Live virtual training sessions
Recorded training videos
User guides
Adult LTC Updates
ForwardHealth Online Handbook

To Stay Informed

[ForwardHealth Email Subscription Signup](#)

ForwardHealth Project Page

[Link to ForwardHealth](#)

Send questions to:

LTCProviderEnrollment@wisconsin.gov

Thank you!

Division of Quality Assurance

Long Term Care Advisory Council

Health/Safety and Abuse/ Neglect Issues and Trends

Otis Woods, Administrator, Wisconsin State Survey Agency Director
Ann Angell, Director, Bureau of Nursing Home Resident Care
Ken Brotheridge, Director, Bureau of Assisted Living

March 12, 2024

Division of Quality Assurance

Bureau of Nursing Home Resident Care (BNHRC)

Ann Angell, Bureau Director
March 2024

Agenda

1. Complaint trends
2. Top ten deficiencies in Wisconsin
3. Survey statistics
4. BNHRC outreach
5. BNHRC future plans
6. BNHRC priorities

Complaint Intake Trends

1. 2018: 1,571 intakes with 193 self-reports - 478 substantiated
2. 2019: 1,716 intakes with 282 self-reports - 677 substantiated
3. 2020: 2,017 intakes with 333 self-reports - 612 substantiated
4. 2021: 2,228 intakes with 242 self-reports - 868 substantiated
5. 2022: 2,691 intakes with 679 self-reports - 1039 substantiated
6. 2023: 4,970 intakes with 3119 self reports - 1,000 substantiated

Top Areas of Concern for Complaints

- Falls with injuries

- Pressure injuries

- Staffing

- Not providing CPR when indicated

- Change of condition with no follow up

- Lack of follow up on resident/family concerns including not answering/returning calls

BNHRC Plans for Workload

- Priority scheduling of high level complaints

- Vendors in use presently to assist with complaints.

- Meeting with managers to come up with outside the box ideas for getting our work done and decrease vendor use. (scheduling ideas, work week ideas, case management, and potentially another complaint blitz)

Top Ten Deficiencies Cited in WI

- F884 Reporting to NHSN (automatic cite)

- F880 Infection control program

- F689 Supervision to prevent accidents/hazards

- F812 Food stored, prepared, distributed and served in a manner that prevents food borne illness

- F609 Reporting of alleged violations
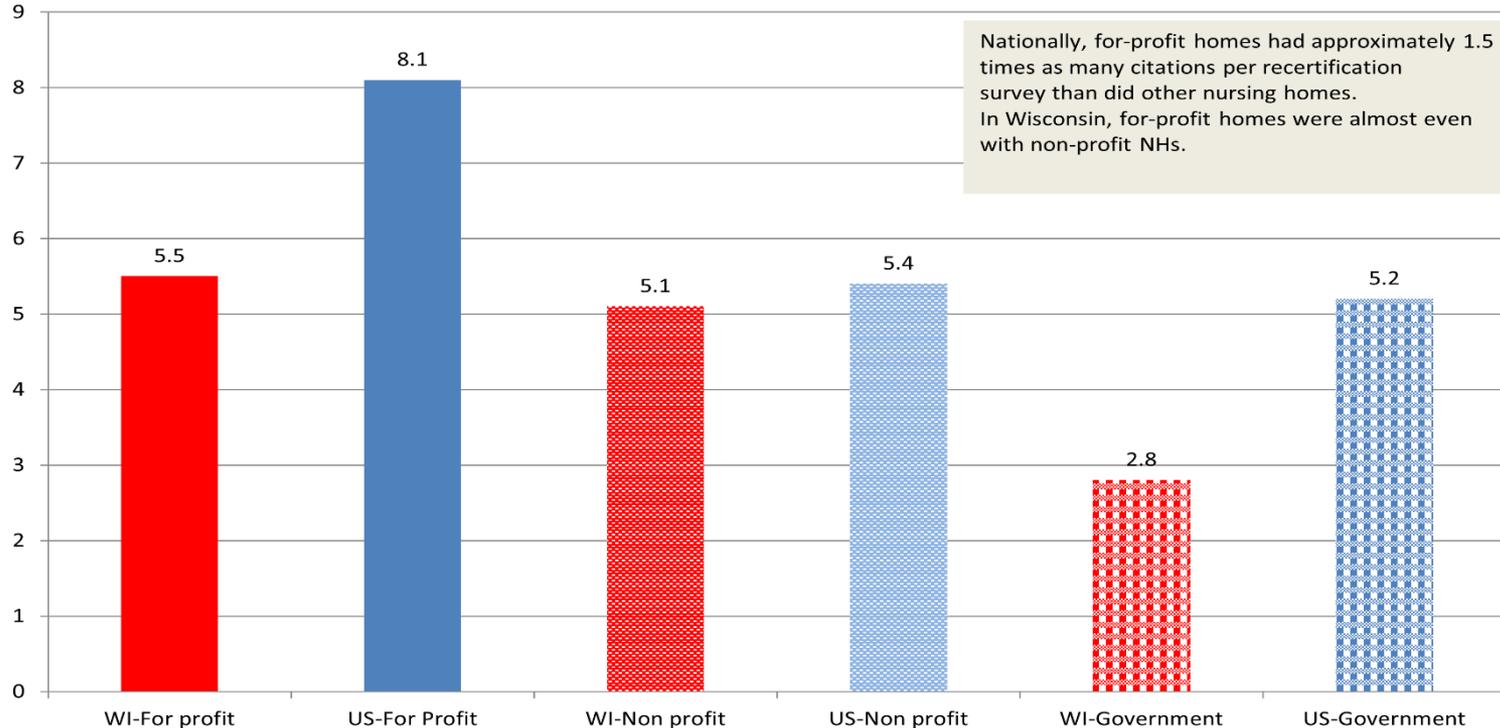
Top Ten Deficiencies Cited in WI

- F610 Investigate/prevent/correct alleged violations.
- F684 Care and services to attain highest practical well being
- F686 Prevention/treatment of pressure injuries
- F755 Pharmacy services to ensure accurate dispensing
- F580 Notification of changes of condition (Tied)
- F677 ADL cares for dependent residents (Tied)

Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

## Average Number Federal Health Citations per Recertification Survey by Ownership Type 2023
S&C QCOR

Nationally, for-profit homes had approximately 1.5 times as many citations per recertification survey than did other nursing homes.
In Wisconsin, for-profit homes were almost even with non-profit NHs.

| Category	Value
WI-For profit	5.5
US-For Profit	8.1
WI-Non profit	5.1
US-Non profit	5.4
WI-Government	2.8
US-Government	5.2

Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

Average Number of Federal Health Citations per Recertification Survey
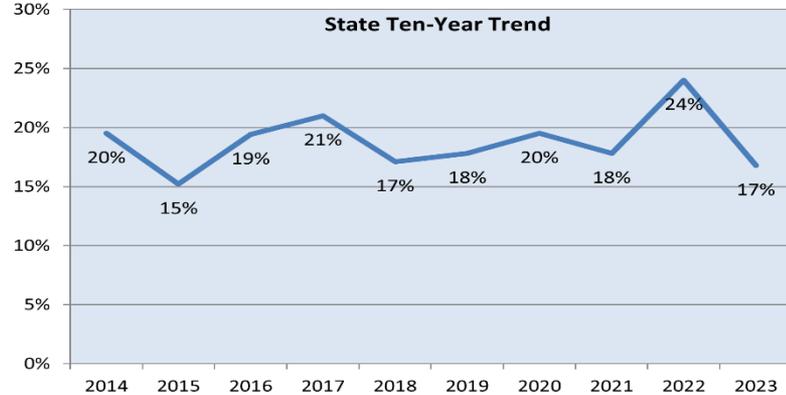Data Link Viewer
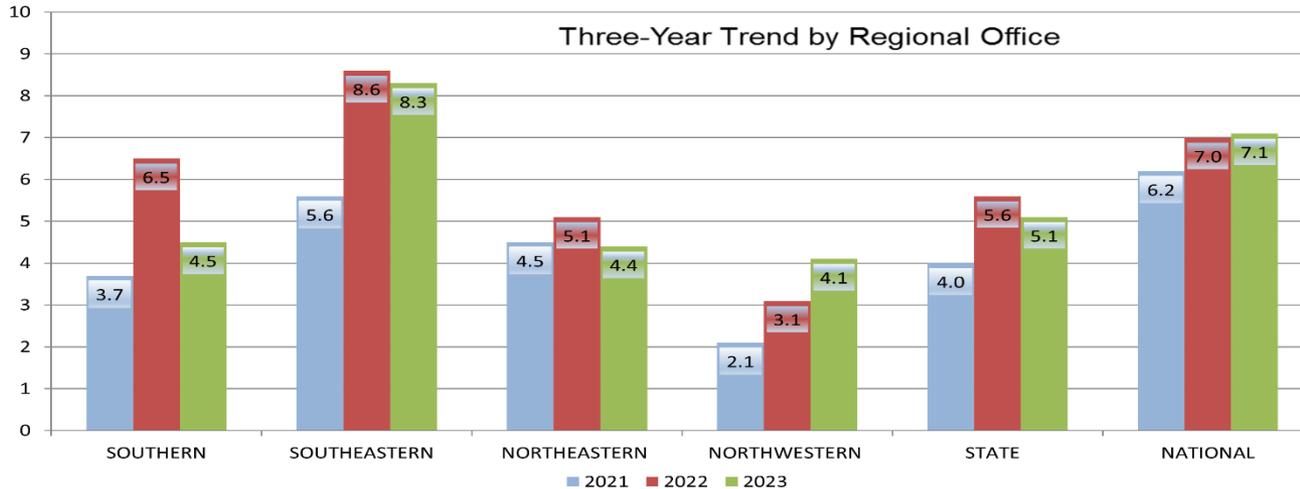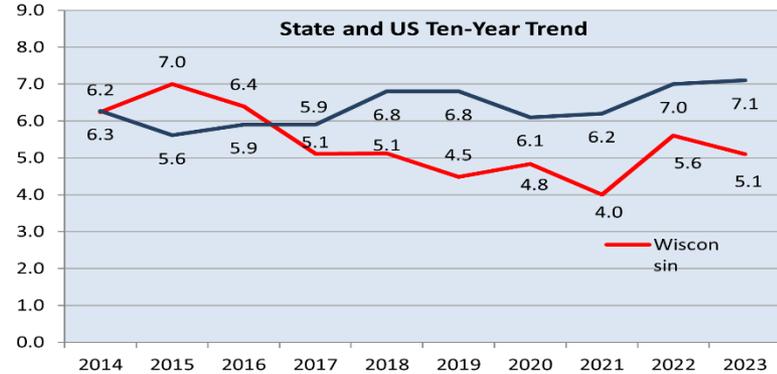
Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

Percentage of Recertification Surveys with Harm or Immediate Jeopardy
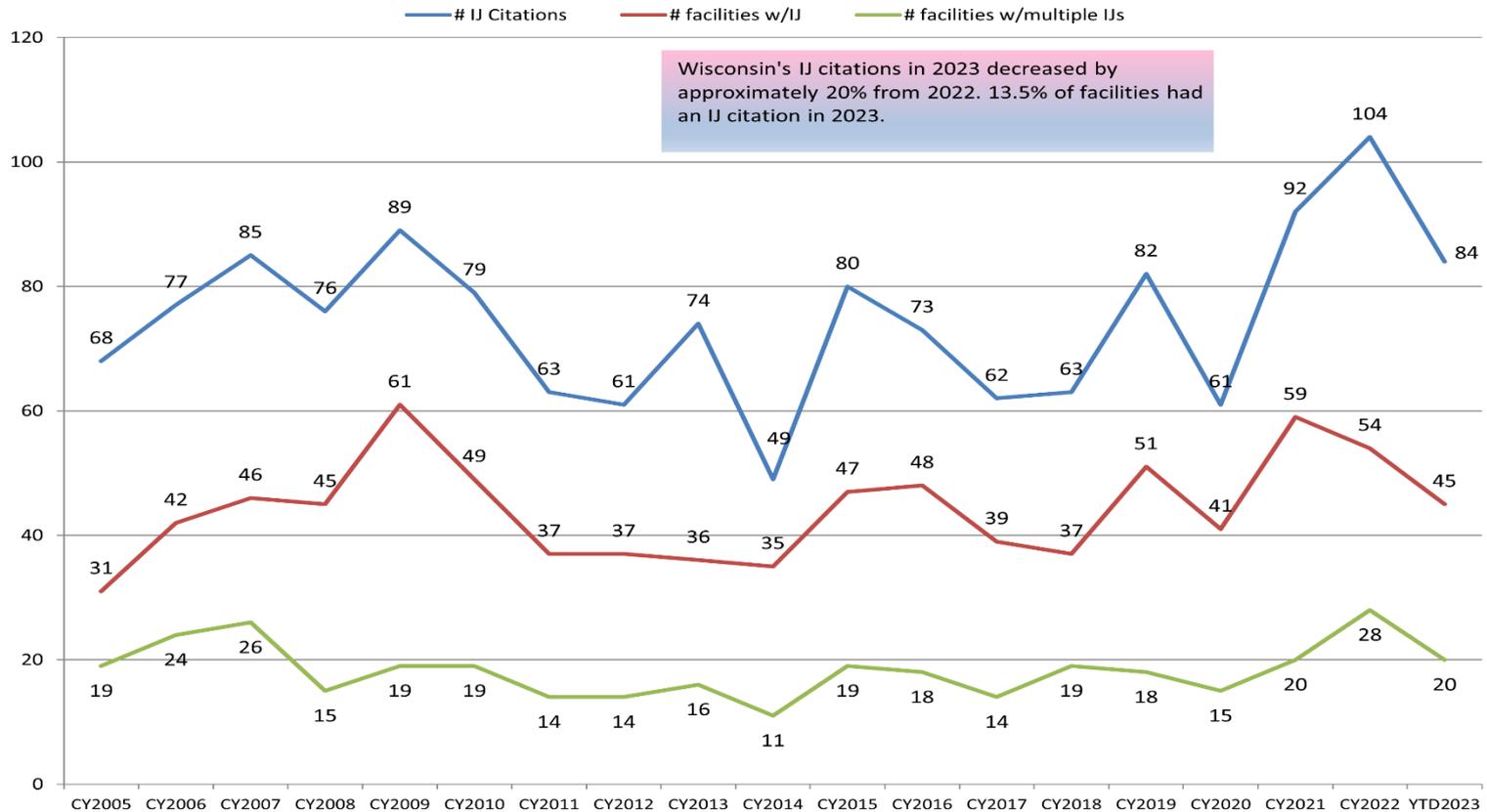Data Link Viewer
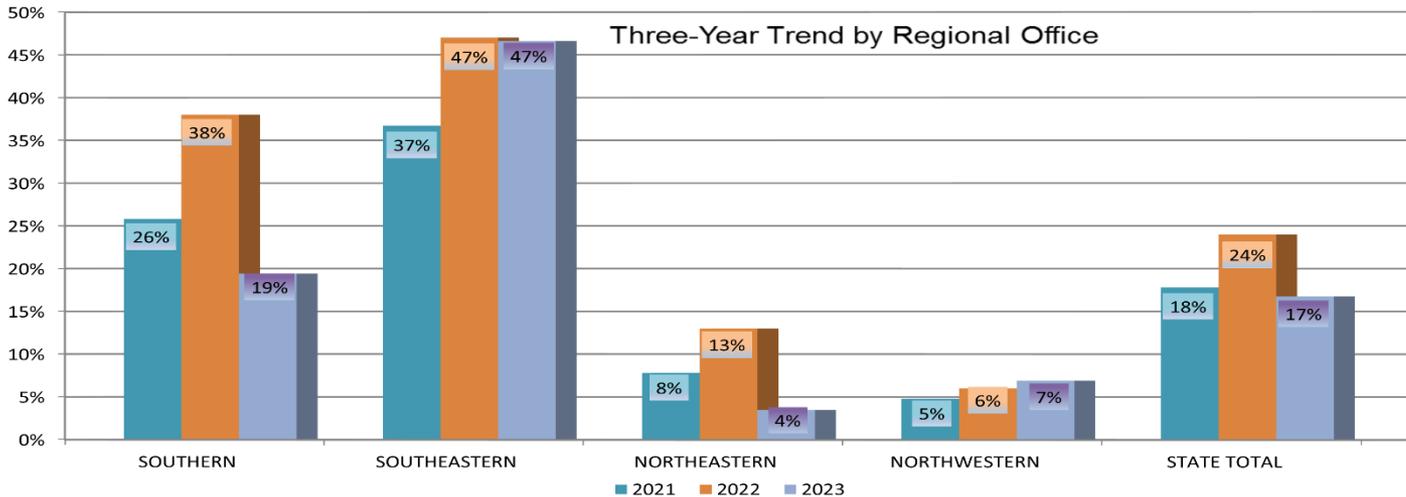
Nursing Home Survey Statistics

STATE OF WISCONSIN/DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance/Bureau of Nursing Home Resident Care

Immediate Jeopardy Citations 2005 - 2023

Wisconsin's IJ citations in 2023 decreased by approximately 20% from 2022. 13.5% of facilities had an IJ citation in 2023.
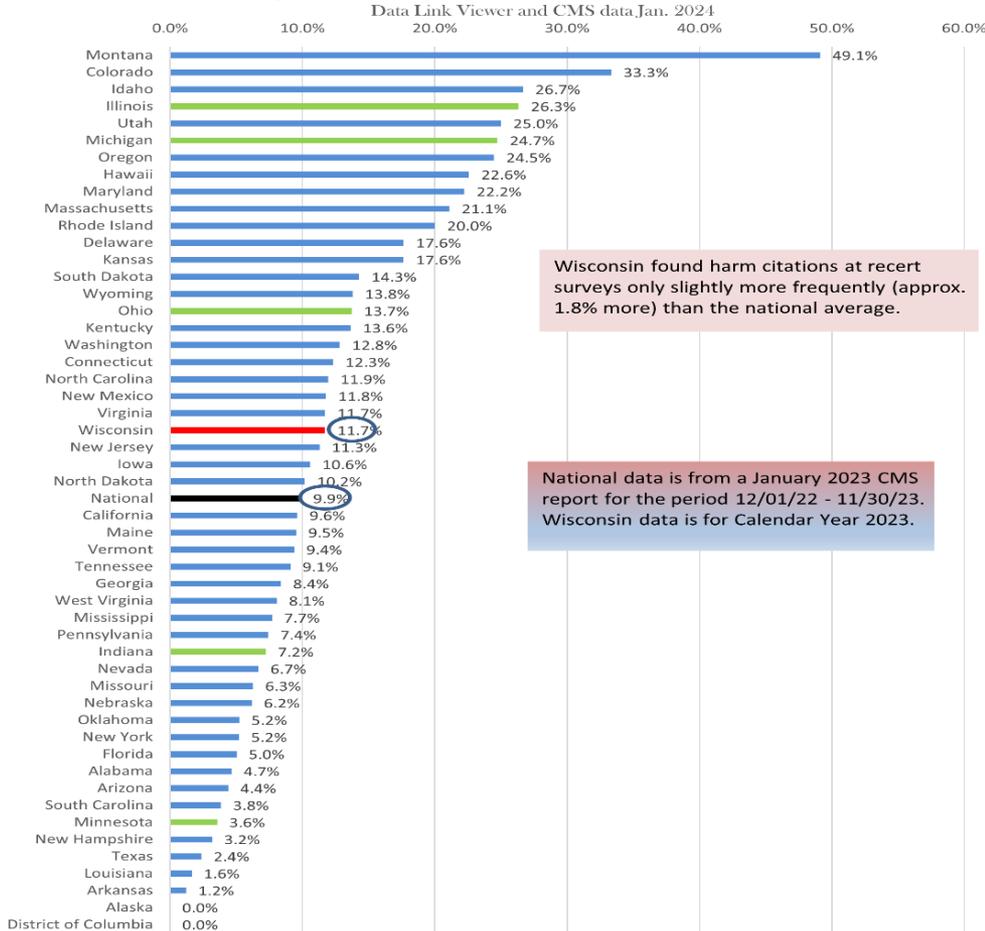
Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

Percentage of Recert Surveys with Actual Harm Citations 2023
Data Link Viewer and CMS data Jan. 2024

Wisconsin found harm citations at recert surveys only slightly more frequently (approx. 1.8% more) than the national average.

National data is from a January 2023 CMS report for the period 12/01/22 - 11/30/23. Wisconsin data is for Calendar Year 2023.

Nursing Home Survey Statistics

Federal Tags Cited at the IJ Level 2020 - 2023

Supervision/Accidents (19,) Pressure injuries (13,) and Abuse (12) accounted for over half of the IJs in Wisconsin in 2023.

Nursing Home Survey Statistics

Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
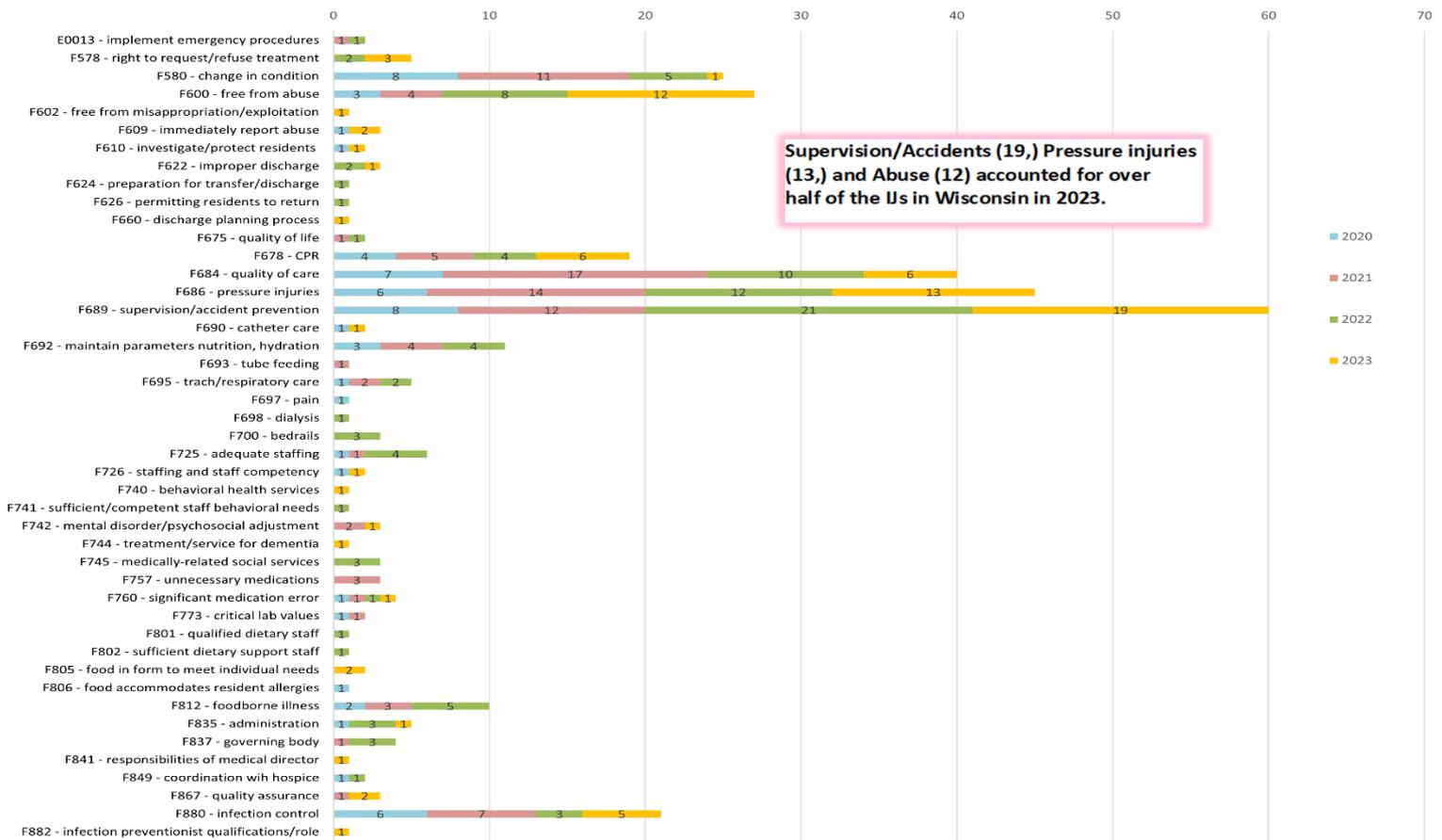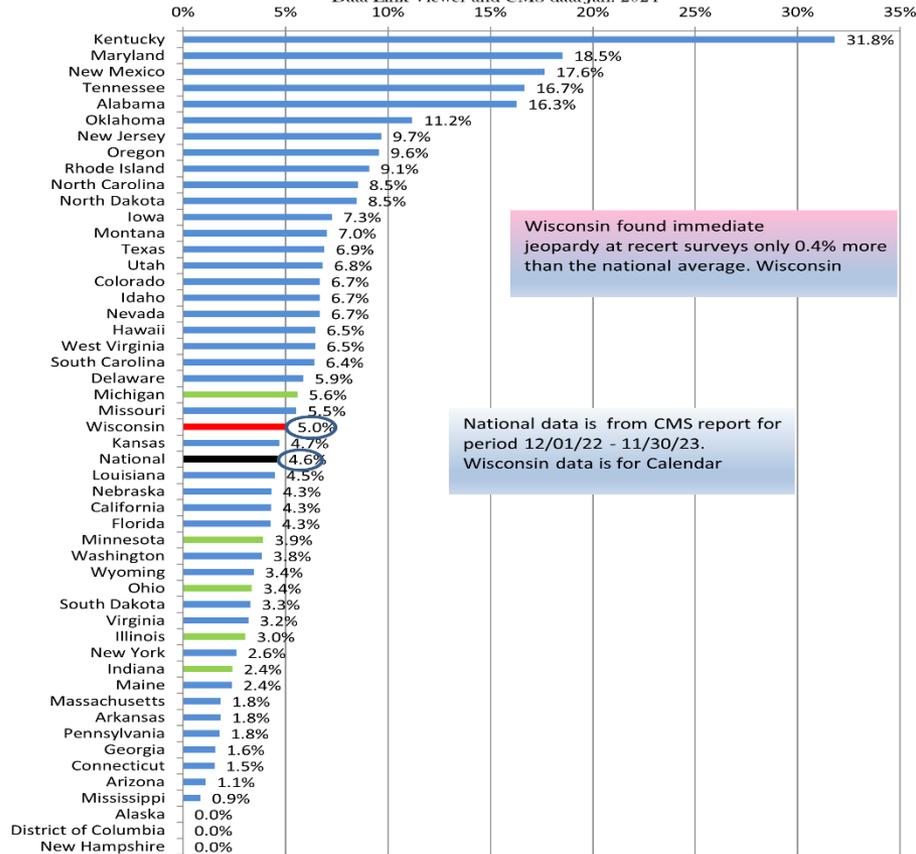Division of Quality Assurance / Bureau of Nursing Home Resident Care

Percentage of Deficiency-Free Recertification Surveys (Health)
Data Link Viewer

State Ten-Year Trend

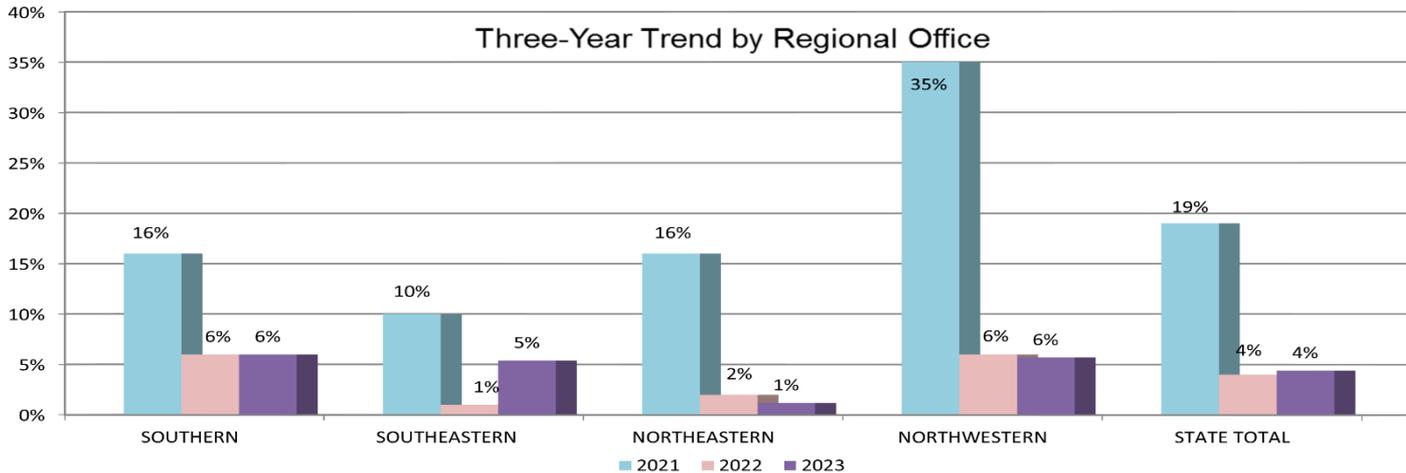

Three-Year Trend by Regional Office

Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

Number of Complaints Received 2014 - 2023

Data Link Viewer

■ Complaints received

Complaints decreased approximately 7.5% in 2023 from 2022.

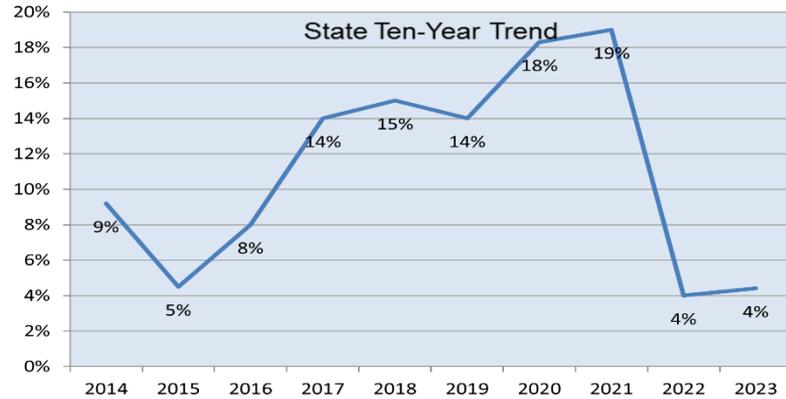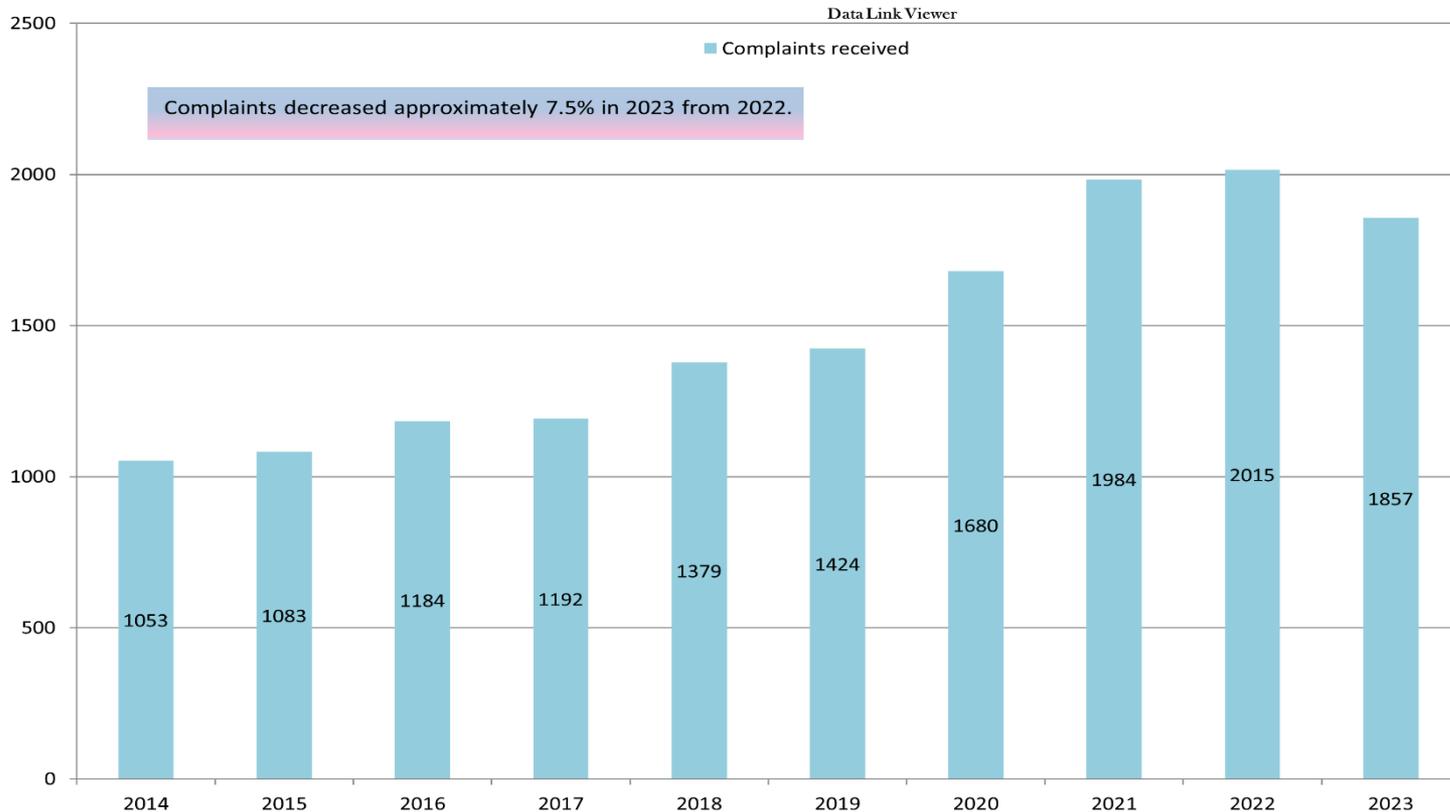| Year	Complaints received
2014	1053
2015	1083
2016	1184
2017	1192
2018	1379
2019	1424
2020	1680
2021	1984
2022	2015
2023	1857

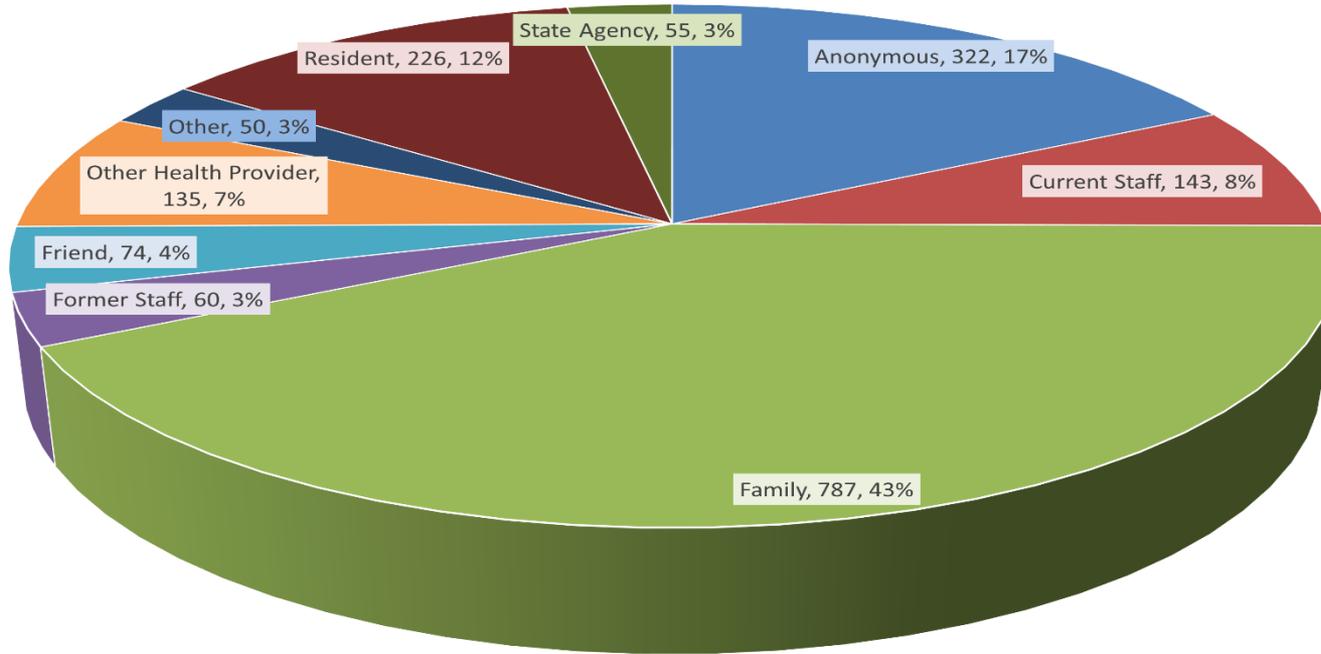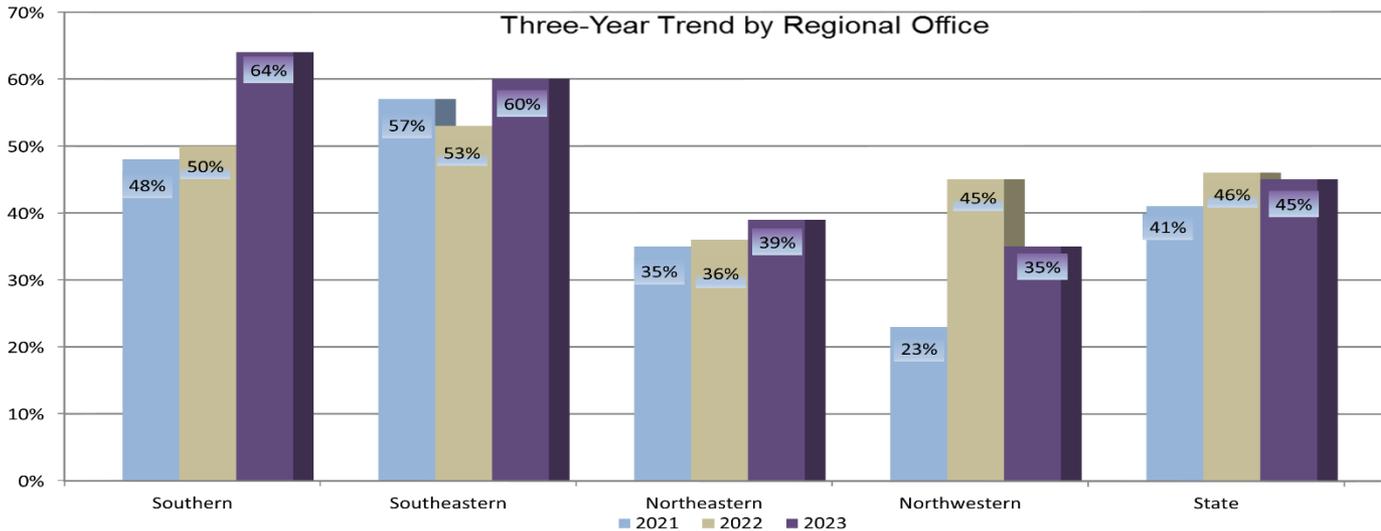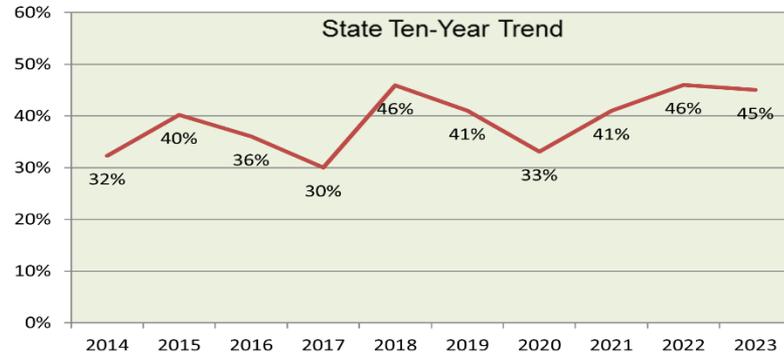# Nursing Home Survey Statistics

STATE OF WISCONSIN / DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance / Bureau of Nursing Home Resident Care

Source of Complaints 2023

State Agency, 55, 3%
Anonymous, 322, 17%
Resident, 226, 12%
Other, 50, 3%
Current Staff, 143, 8%
Other Health Provider, 135, 7%
Friend, 74, 4%
Former Staff, 60, 3%
Family, 787, 43%

Nursing Home Survey Statistics

BNHRC Outreach

- Regional Quarterly Forums

- Webinars

- Meet twice monthly with each association, DON council, Superior Health (QIO), and DPH to review trends, education needed, and share concerns/positives regarding surveys.

- BNHRC reaches out to facilities that have compliance issues or a significant number of complaints and provide best practices on how to decrease complaints and maintain compliance.

- BNHRC attends/speaks at each association conference.

- BNHRC directors meet with Ombudsman directors weekly and regions meet monthly for collaboration.

BNHRC Future Plans

- Continue to work on backlog and balance staying current

- BNHRC reviewing ongoing compliance issues and taking actions on the state license

- Continue to provide education on top areas that continue to be a challenge in nursing homes

Priority Concerns

- Facility staffing continues to be the biggest barrier in LTC
  - o Basic cares not being provided and quality of care decreases with many residents
  - o Changes of condition not being identified until too late
- Substance abuse concerns are rising in our nursing homes

Questions?

Contacts:

- Ann Angell, Bureau Director

Ann.angell@dhs.Wisconsin.gov

- Jessica Radtke, Deputy Bureau Director

Jessica.Radtke@dhs.Wisconsin.gov

Division of Quality Assurance

Bureau of Assisted Living (BAL)

Ken Brotheridge, Director
March 2024

Agenda

1. Trends and Statistics
   - ✓ Assisted Living (AL) Capacity
   - ✓ AL Complaints
   - ✓ AL Enforcement
2. Bureau of Assisted Living (BAL) Initiatives
3. Wrap-Up

Wisconsin Assisted Living Facilities

Community-Based Residential Facility (CBRF)

- Wis. Admin. Code ch. DHS 83
- Wis. Stat. ch. 50

Adult Family Home (AFH)

- Wis. Admin. Code ch. DHS 88
- Wis. Stat. ch. 50

Residential Care Apartment Complexes (RCAC)

- Wis. Admin. Code ch. DHS 89
- Wis. Stat. ch. 50

Effective 7/1/2022, Adult Day Care Centers are regulated by the Division of Quality Assurance, Bureau of Health Services

Assisted Living Facilities
Trend in Number of Facilities

	2019	2020	2021	2022	2023
■ ADCC	124	122	121	Not Applicable	Not Applicable
■ RCAC	348	348	357	362	366
■ CBRF	1,617	1,653	1,633	1,601	1,558
■ AFH	2,101	2,139	2,064	2,061	2,081
■ TOTAL	4,190	4,262	4,175	4,024	4,005
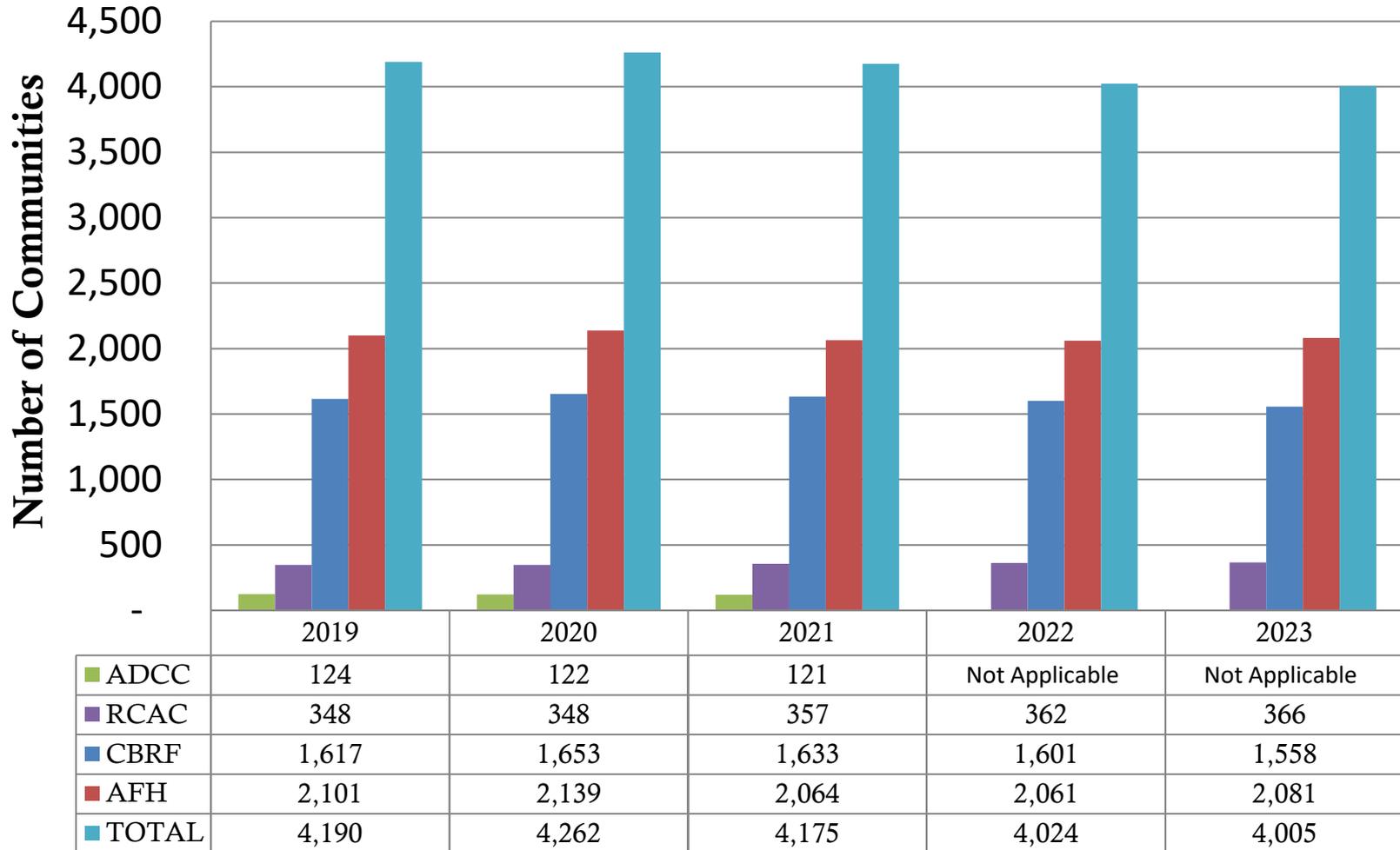
Assisted Living Capacity
Trend in Assisted Living Capacity
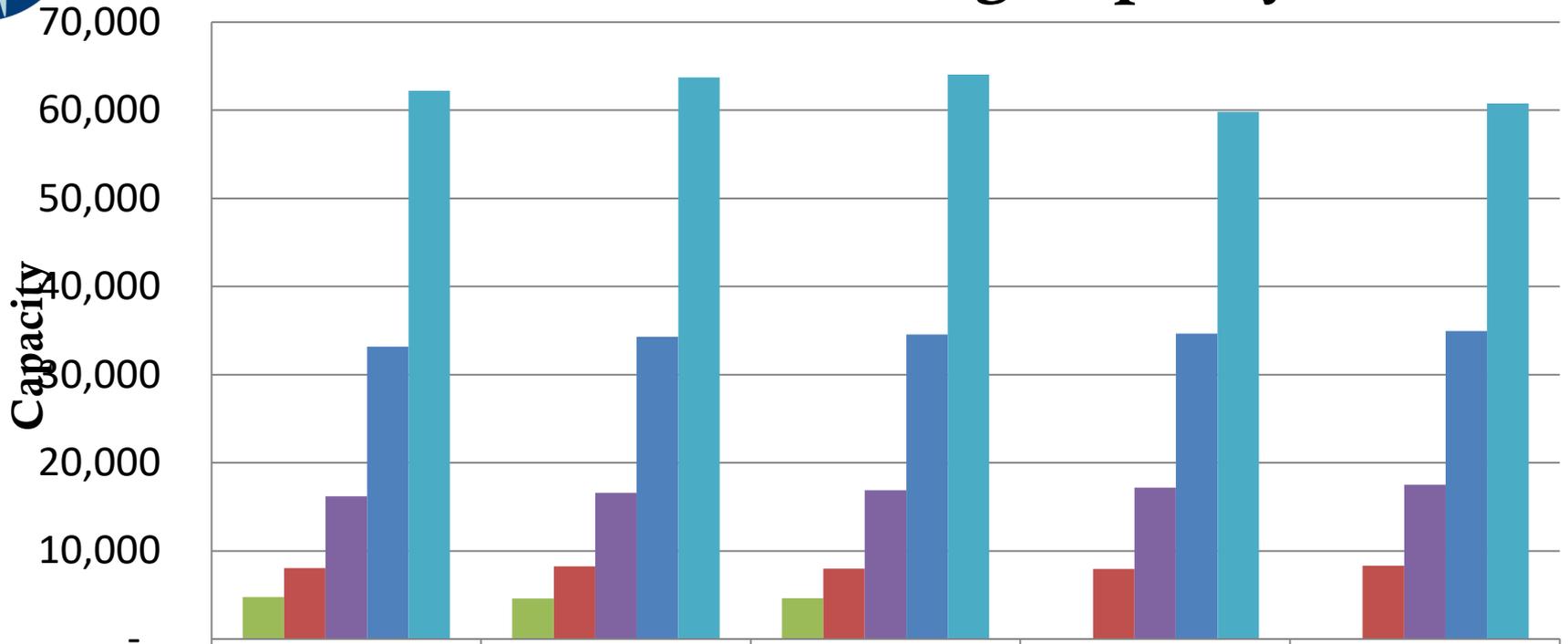
	2019	2020	2021	2022	2023
ADCC	4,756	4,586	4,638	Not Applicable	Not Applicable
AFH	8,053	8,260	7,975	7,960	8,308
RCAC	16,208	16,572	16,889	17,193	17,520
CBRF	33,181	34,305	34,555	34,639	34,931
TOTAL	62,198	63,723	64,057	59,792	60,759

Ownership by Percentage: All AL Facilities

PROPRIETORSHIP, 221
5%

TRIBAL, 3
<1%

CHURCH, 21
1%

PARTNERSHIP, 61
2%

CORPORATION - NON PROFIT, 521
13%

OTHER, 13
<1%

CORPORATION - PROFIT, 857
21%

GOVERNMENT - COUNTY, 36
1%

GOVERNMENT - OTHER, 3
<1%

GOVERNMENT - STATE, 4
<1%

LIMITED LIABILITY COMPANY, 2,343
57%

Legend:
- CHURCH, 21
- CORPORATION - NON PROFIT, 521
- CORPORATION - PROFIT, 857
- GOVERNMENT - COUNTY, 36
- GOVERNMENT - OTHER, 3
- GOVERNMENT - STATE, 4
- LIMITED LIABILITY COMPANY, 2,343
- OTHER, 13
- PARTNERSHIP, 61
- PROPRIETORSHIP, 221
- TRIBAL, 3

Total: 4,083

Assisted Living Facility Closures 2023

Revocation, 9
4%

Location Change, 1
0%

Conversion to AFH or CBRF, 1
<1%

Change of Ownership, 85
35%

Voluntary, 148
61%

- Voluntary, 148
- Change of Ownership, 85
- Conversion to AFH or CBRF, 1
- Revocation, 9
- Location Change, 1

Total: 244
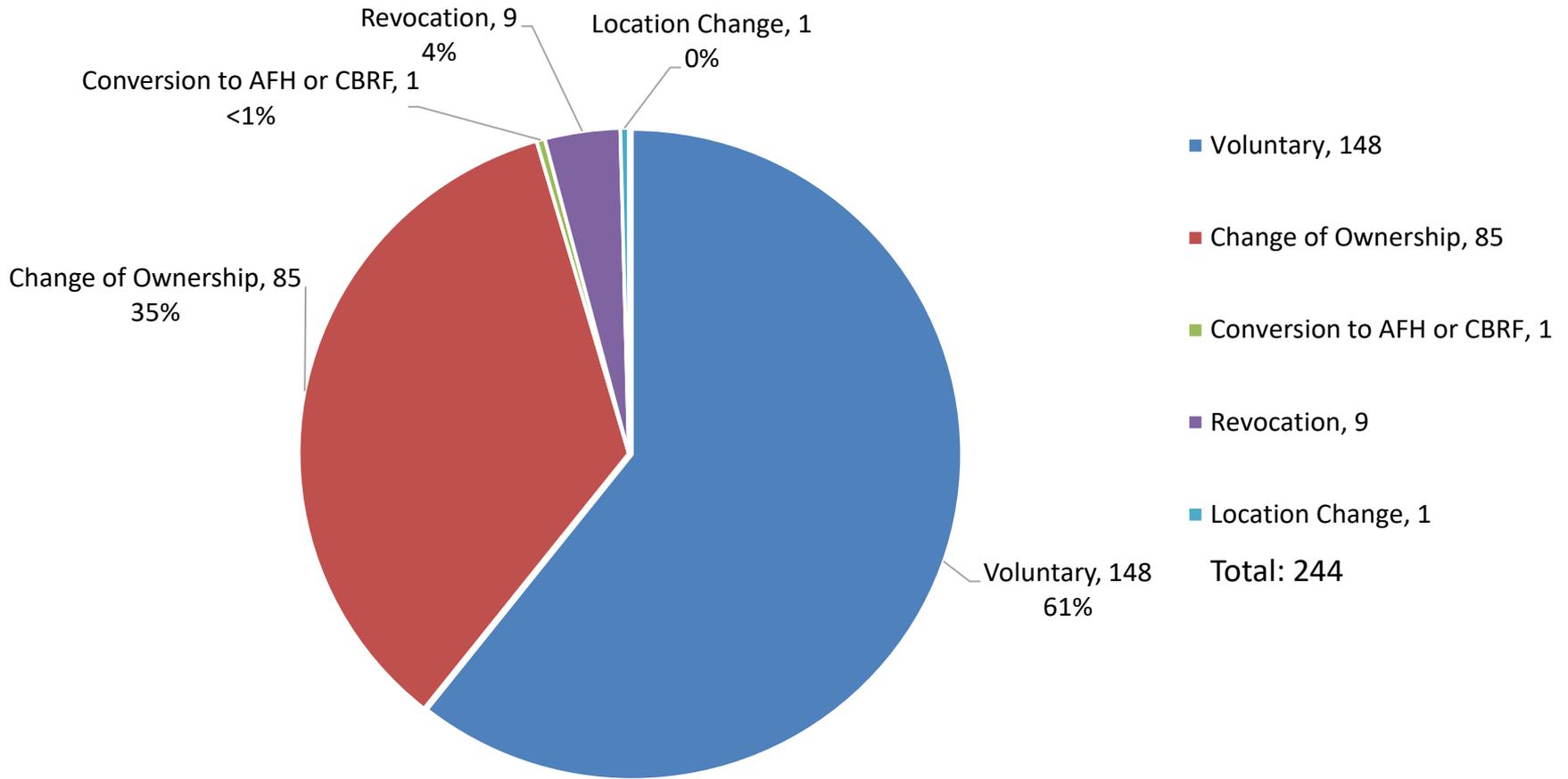
Assisted Living Complaints Received

	2019	2020	2021	2022	2023
# complaints	1,626	1,820	1,923	2,284	2,409

Year
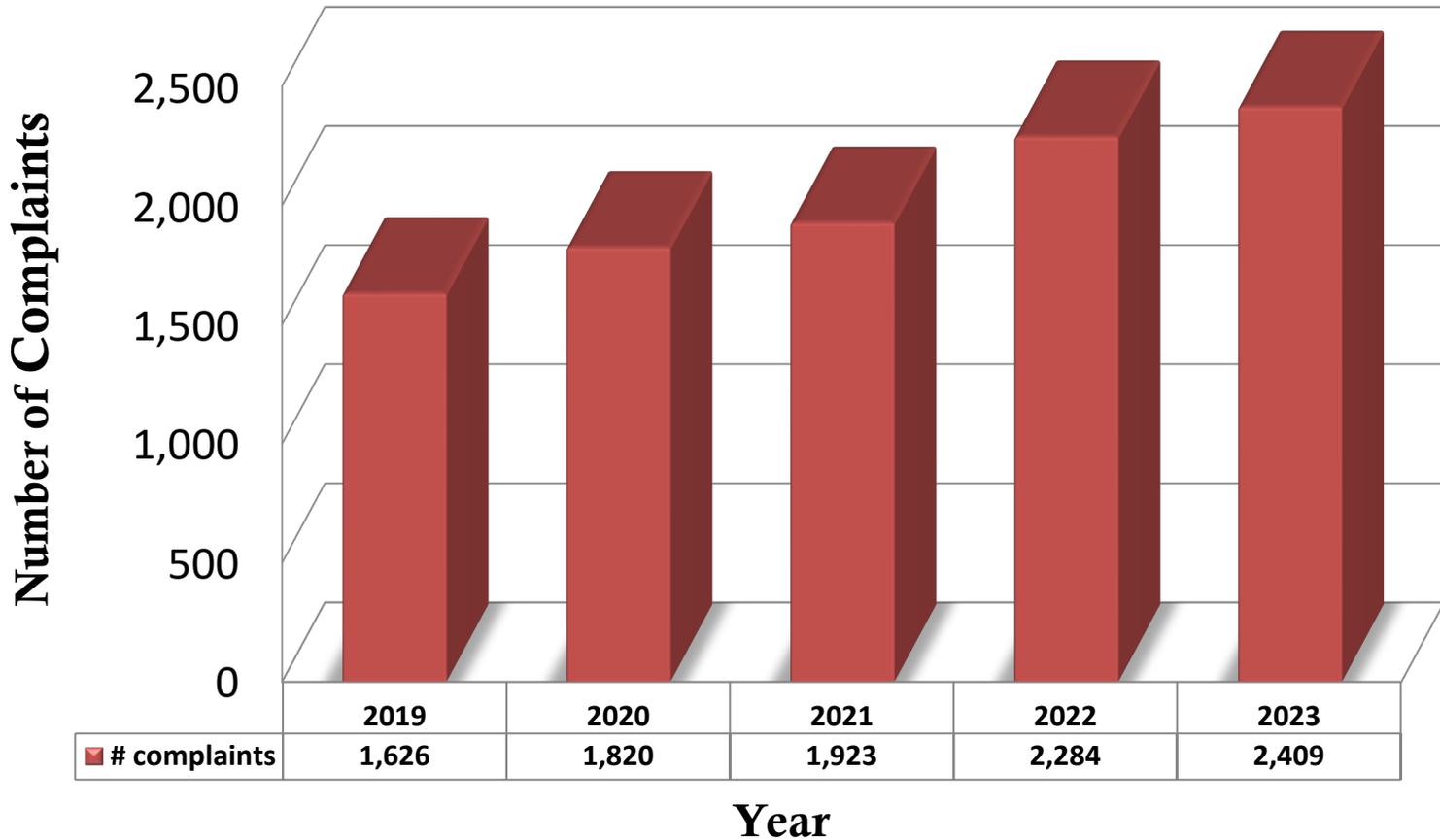
Complaints Received CY 2023
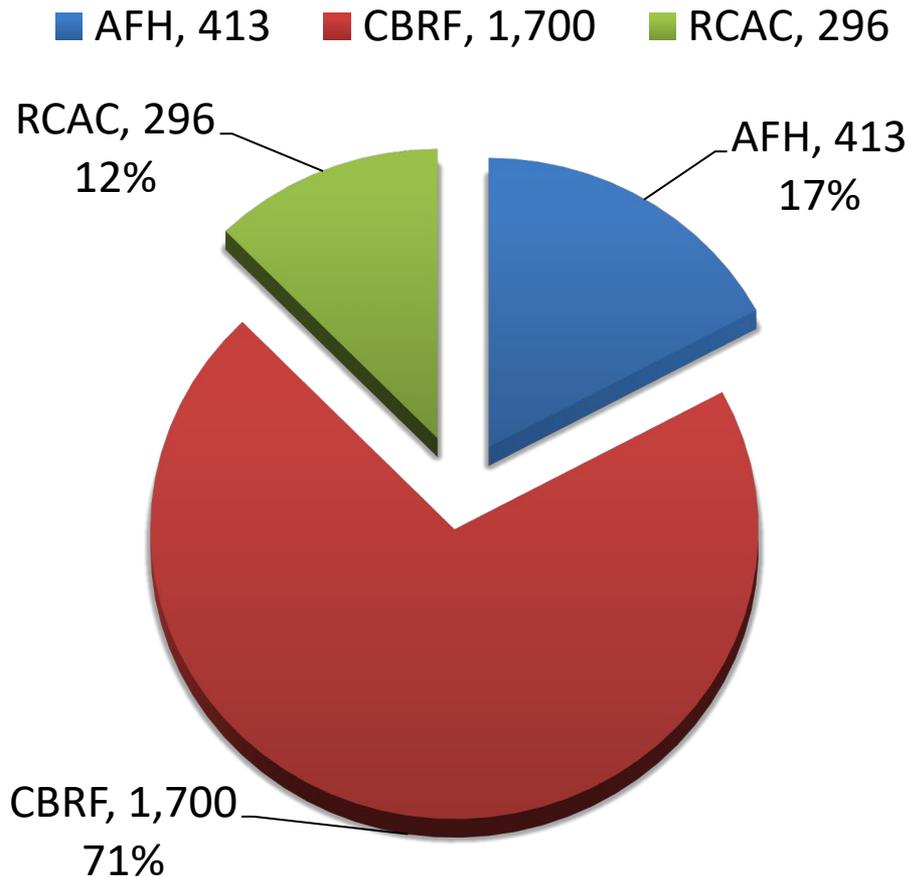
Source of Complaint CY 2023

Citizen/Neighbor, 50
2%

Current/Former Resident, 123
5%

Advocate, 20
1%

Other, 19
1%

Medical, 96
4%

Current/Former Employee, 200
8%

Anonymous, 808
34%

Relative/Guardian/POAHC, 677
28%

Public Official, 416
17%

■ Anonymous, 808

■ Public Official, 416

■ Relative/Guardian/POAHC, 677

■ Current/Former Employee, 200

■ Medical, 96

■ Citizen/Neighbor, 50

■ Current/Former Resident, 123

■ Advocate, 20

■ Other, 19

Total: 2,409

Findings of Complaint Investigation by Type of Violation CY 2023

Legend:
- Physical Environment/Safety
- Program Services
- Resident Rights
- Staff Training
- Administration

Pie chart values:
- Administration 12%
- Physical Environment/Safety 8%
- Staff Training 12%
- Program Services 41%
- Resident Rights 27%

Percentage of Facilities with Complaints Submitted

27.7%

72.3%

■ % of Facilities with Complaints Submitted
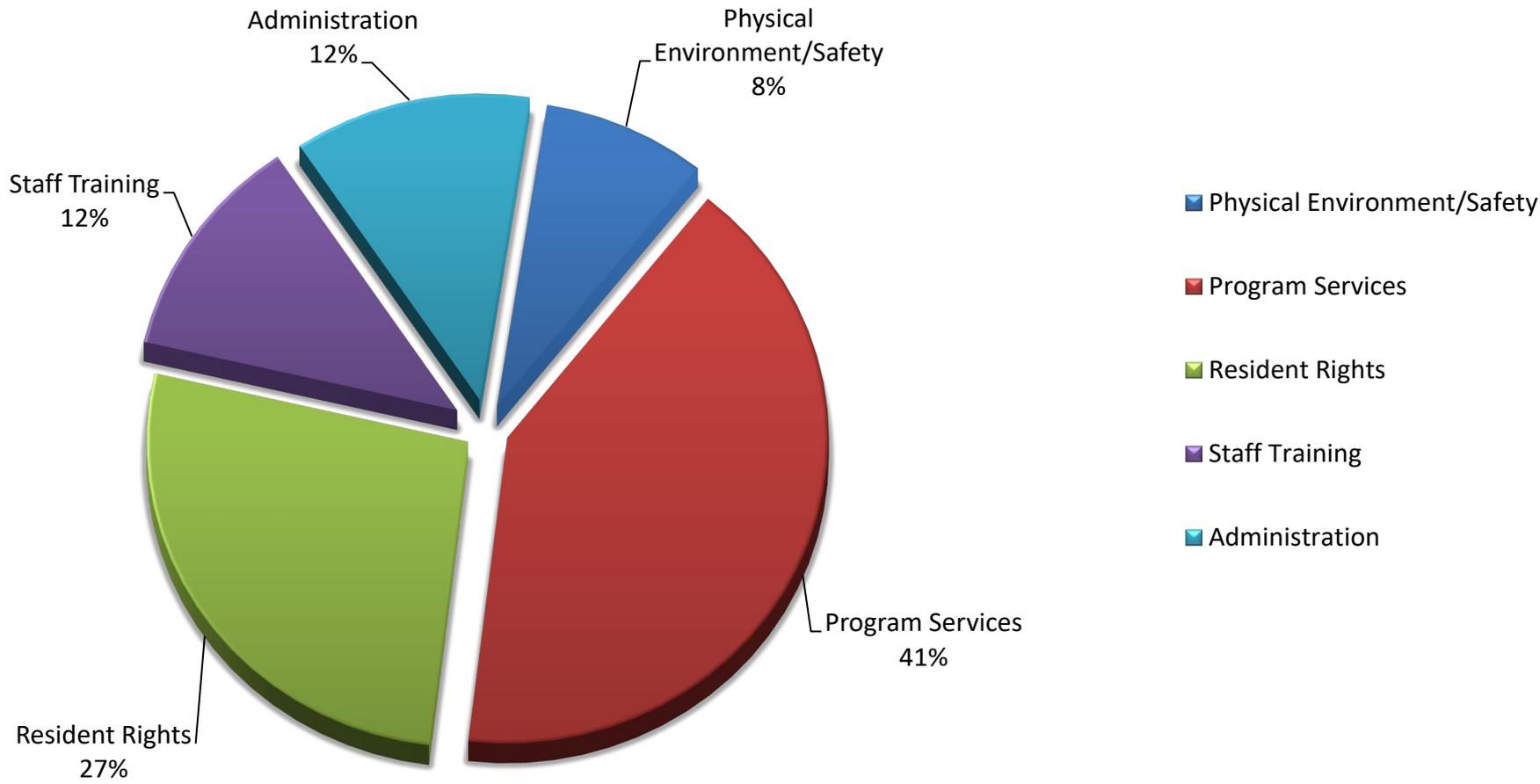
■ % of Facilities with No Complaints
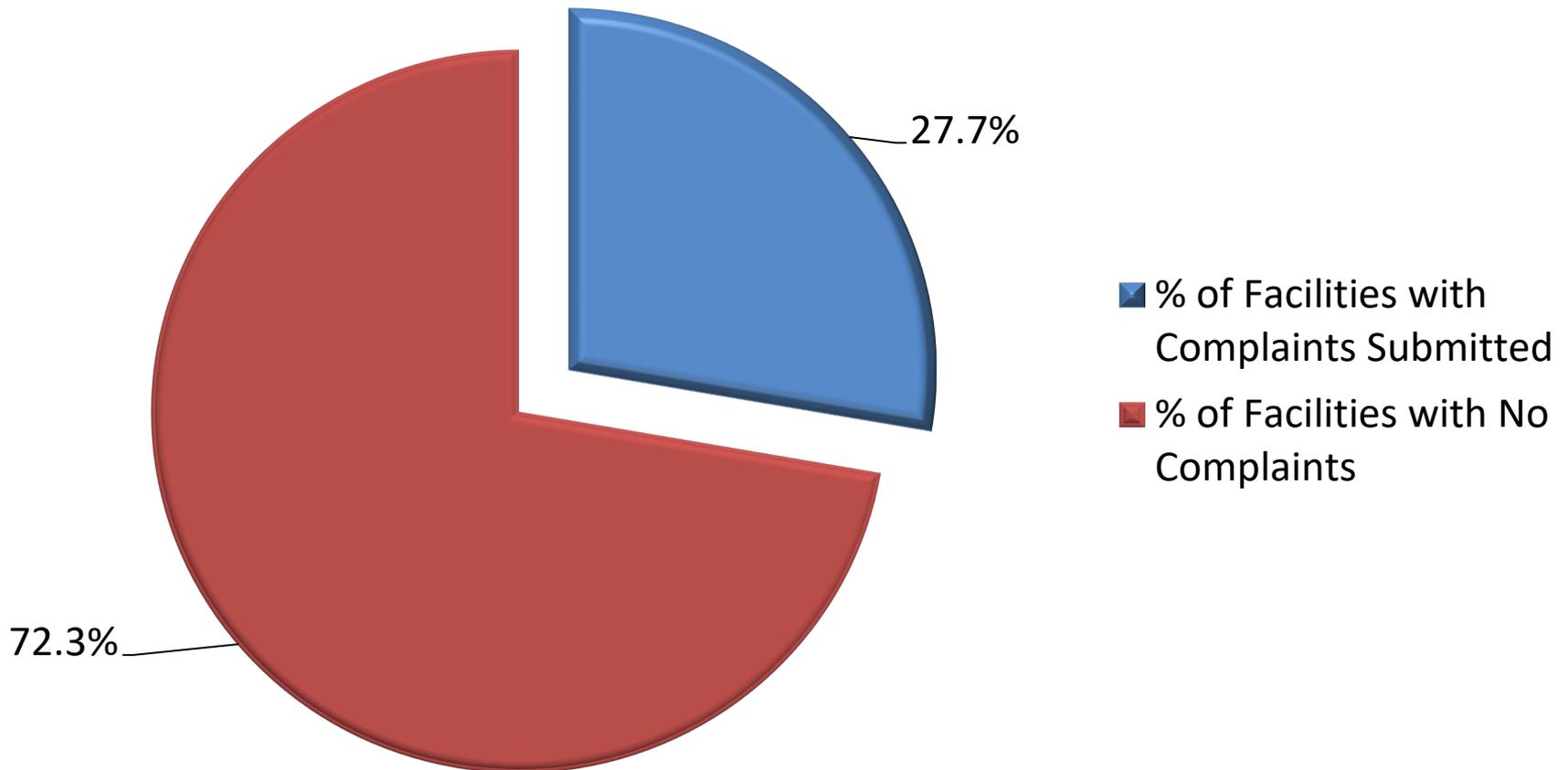
Percentage of Substantiated Complaint Investigations

54%

46%

■ Substantiated

■ Unsubstaniated
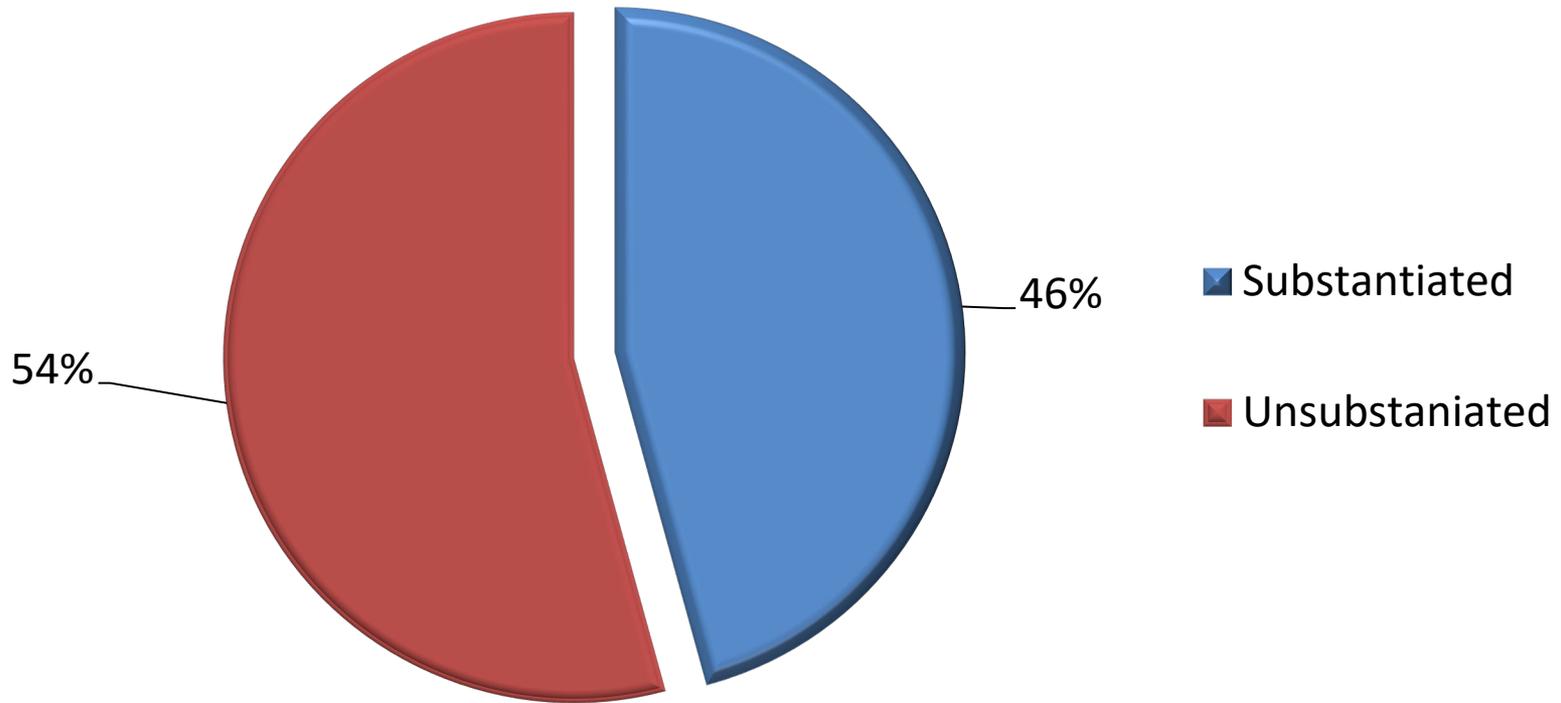
AL Surveys with Enforcement

	2019	2020	2021	2022	2023
■ Enforcements	713	384	894	1,079	1,248
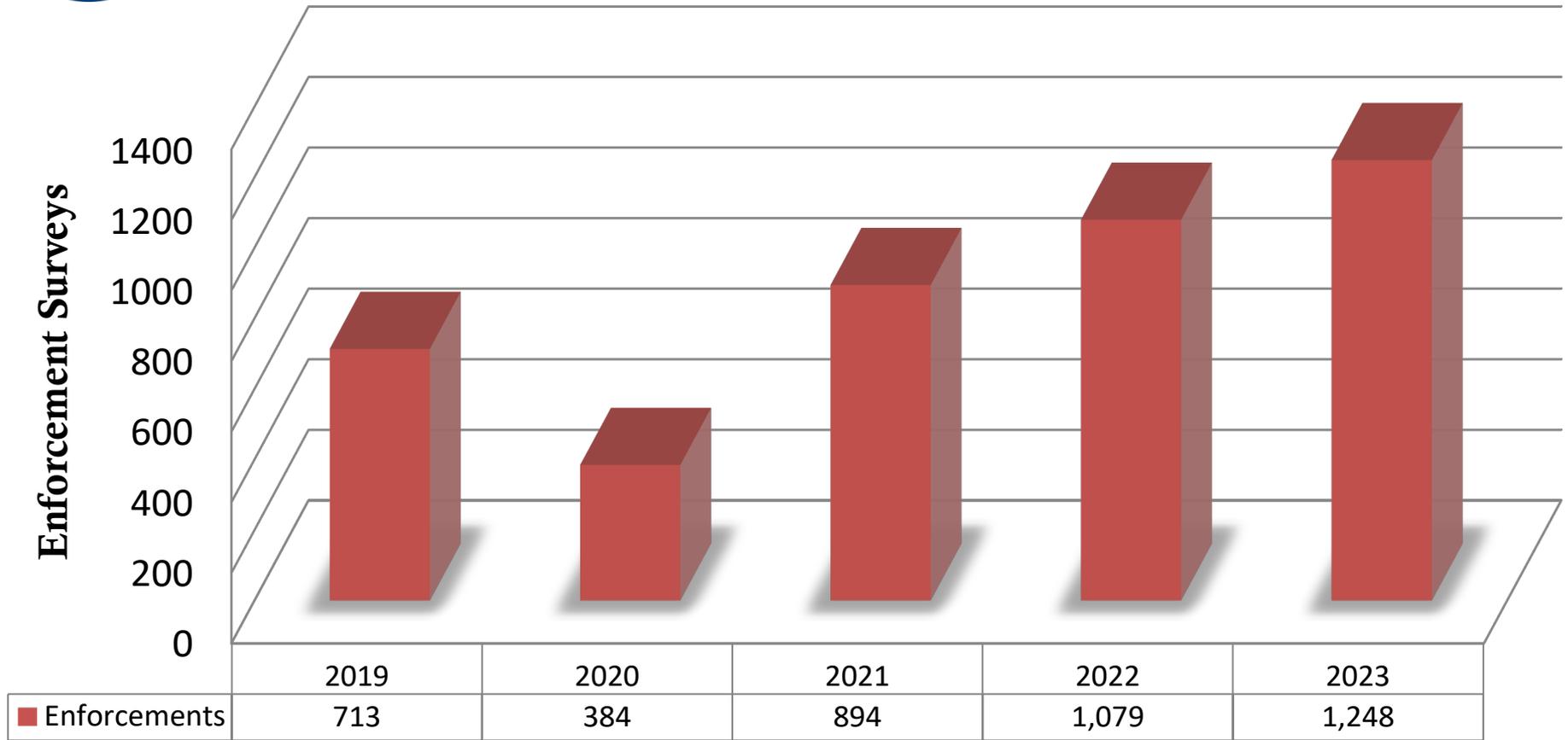
CBRF Top Ten Citations CY 2023
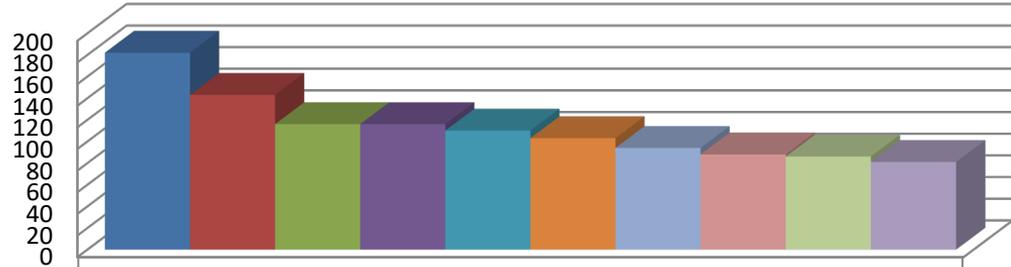
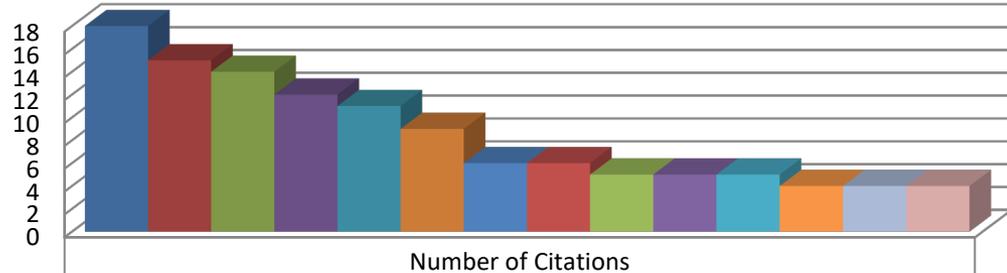|	Number of Citations
■ 83.35(3)(d) SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	182
■ 83.32(3)(h) RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	143
■ 83.43(1) ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	116
■ 83.43(1) FIRE PROTECTION SYSTEM	116
■ 83.45(3) TOXIC SUBSTANCES	110
■ 83.20(2)(a)-(d) DEPARTMENT-APPROVED TRAINING COURSE	103
■ 83.37(2)(d) DOCUMENTATION OF MEDICATION ADMINISTRATION	94
■ 83.47(2)(e) OTHER EVACUATION DRILLS	88
■ 83.47(2)(d) FIRE DRILLS	86
■ 83.17(2)(a) EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	81

AFH Top Ten Citations CY 2023
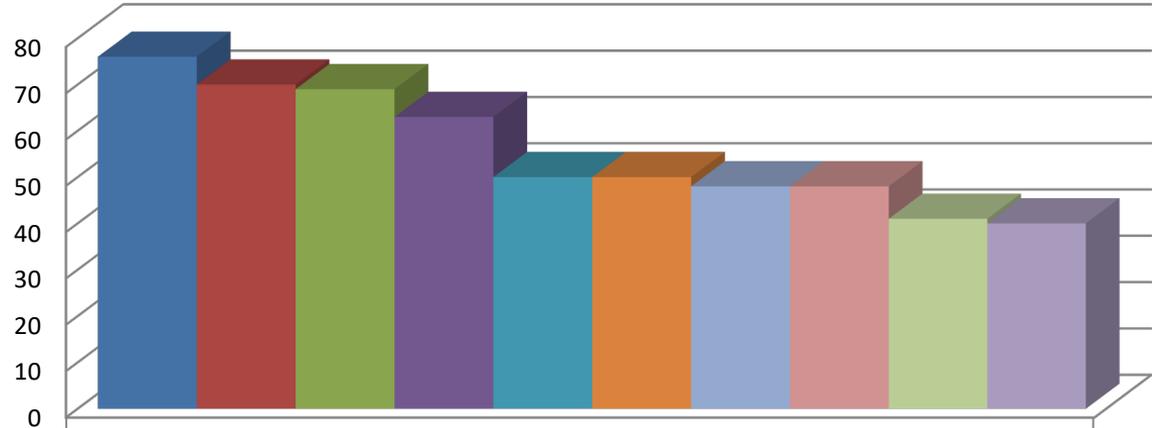
|	Number of Citations
■ 88.05(3)(a) HOME ENVIRONMENT	76
■ 88.06(3)(f) REVIEW OF ISP	70
■ 88.10(3)(l) SAFE PHYSICAL ENVIRONMENT	69
■ 88.04(2)(a) RESPONSIBILITIES	63
■ 88.07(3)(d) MEDICATION- WRITTEN ORDER	50
■ 88.07(3)(a) PRESCRIPTION MEDICATIONS	50
■ 88.04(5)(b) TRAINING-8 HOURS ANNUALLY	48
■ 88.04(2)(g)1 HEALTH SCREENING FOR STAFF	48
■ 88.06(2)(a) ADMISSION-HEALTH EXAM	41
■ 88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE	40

RCAC Top Ten Citations CY 2023

	Number of Citations
■ 89.34(16) TENANT RIGHTS - MEDICATIONS	18
■ 89.23(2)(a)2.c SERVICES - NURSING SERVICES	15
■ 89.23(4)(a)2 SERVICES - SUPERVISION OF DELEGATED NURSING SERVICES	14
■ 89.23(3)(f) SERVICES - SERVICE QUALITY	12
■ 89.34(17) TENANT RIGHTS - SAFE ENVIRONMENT	11
■ 89.28(2)(a)1 RISK AGREEMENT - RISK TO TENANTS	9
■ 89.26(4) ANNUAL REVIEW	6
■ 89.23(3)(d) SERVICES - RESIDENT ASSESSMENT	6
■ 89.28(1) RISK AGREEMENT	5
■ 89.23(2)(a)2.b SERVICES - PERSONAL SERVICES	5
■ 89.28(6) RISK AGREEMENT - UPDATING	5
■ 89.35(3) GRIEVANCES	4
■ 89.27(4) SERVICE AGREEMENT - REVIEW & UPDATE	4
■ 89.23(1) SERVICES - GENERAL REQUIREMENT	4

Percentage of Facilities Receiving Enforcements CY 2023

21.3%

78.7%

- % Facilities Receiving Enforcement
- % Facilities With No Enforcements
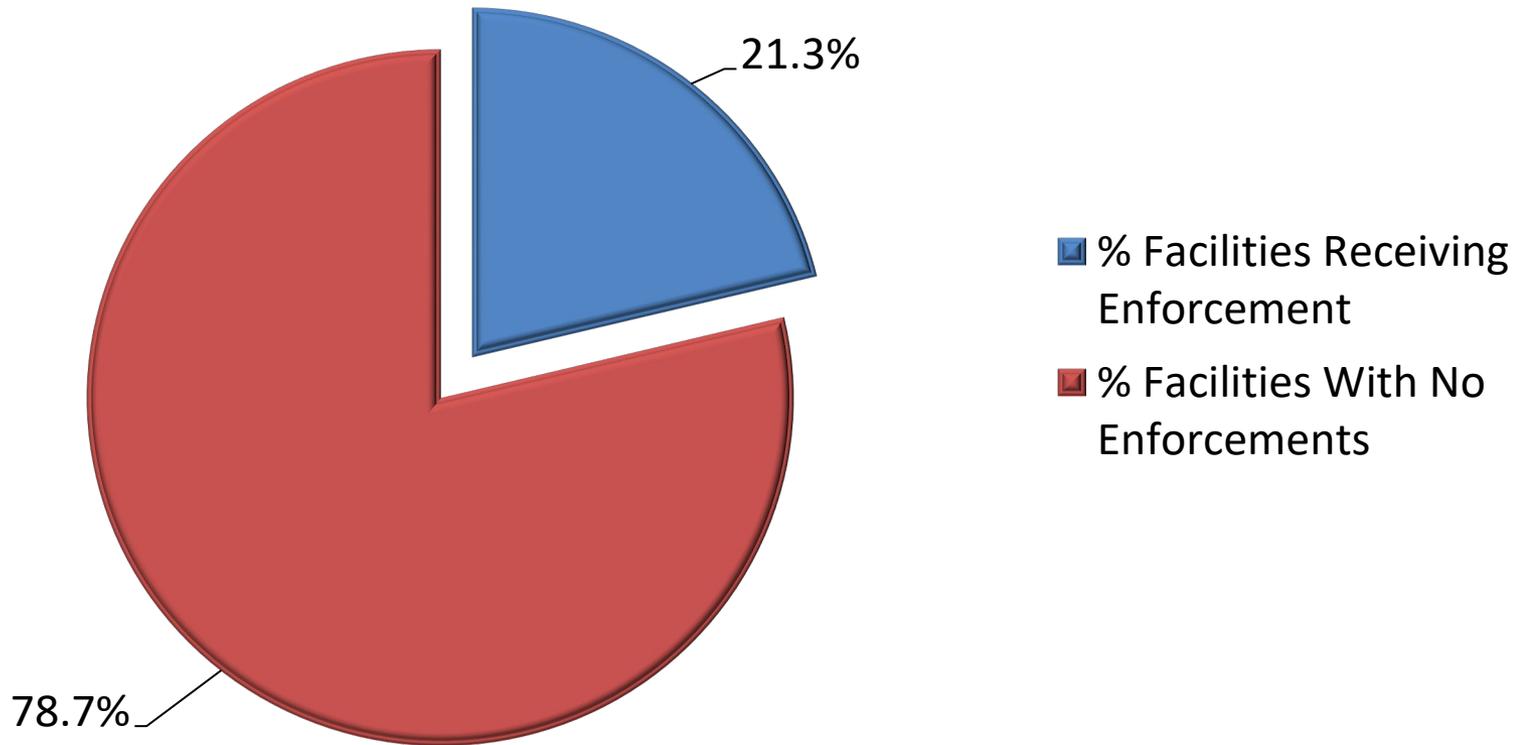
Current/Future Regulatory Initiatives

- E-Licensure

- Assisted living forums

    - Regulatory trends/solutions

    - Licensing forums

Current/Future Regulatory Initiatives

- Promote quality improvement strategies within assisted living facilities

  - Customer Service Initiative

  - Facility and Resident Assessment Project

  - Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)

Current/Future Regulatory Initiatives

- Regulatory reform
  - DHS 88 (AFH)

- Promote internal quality improvement strategies within the Bureau of Assisted Living
  - Customer service and improvement survey
  - Procedural standardization
  - Form and Publication updates
  - Webpage review

Misconduct Investigation Program

DQA Office of Caregiver Quality Allegations of Abuse, Neglect,
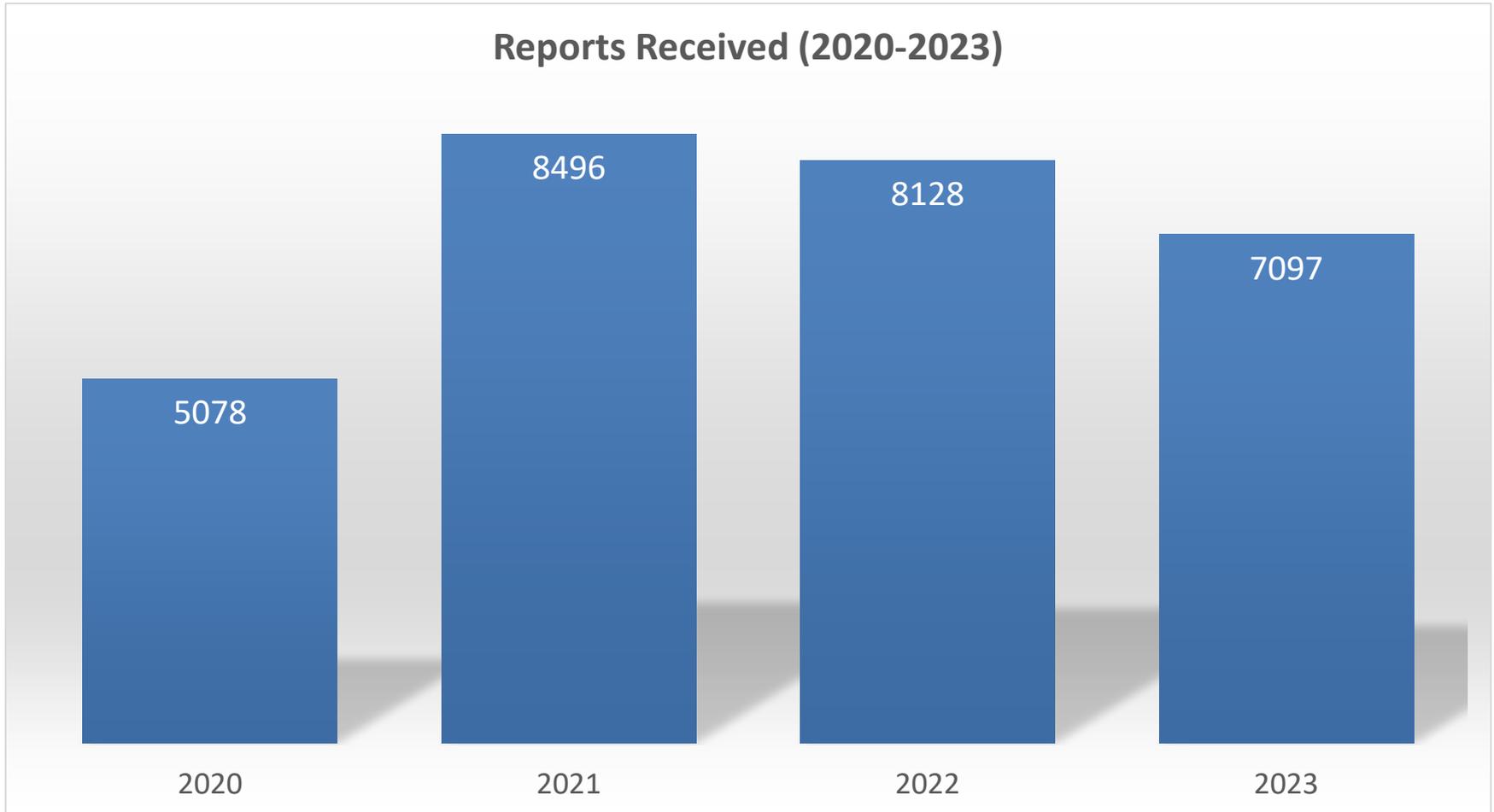
Misappropriation, Mistreatment

Misconduct Investigation Program

- Entities *must* report any allegation, incident or suspected occurrence of abuse, neglect or misappropriation of client property (misconduct) by any of their employees and contractors

- The public may also submit reports alleging misconduct

- The Office of Caregiver Quality (OCQ) screens and investigates reports. Substantiated *findings* are documented on the Wisconsin Misconduct Registry
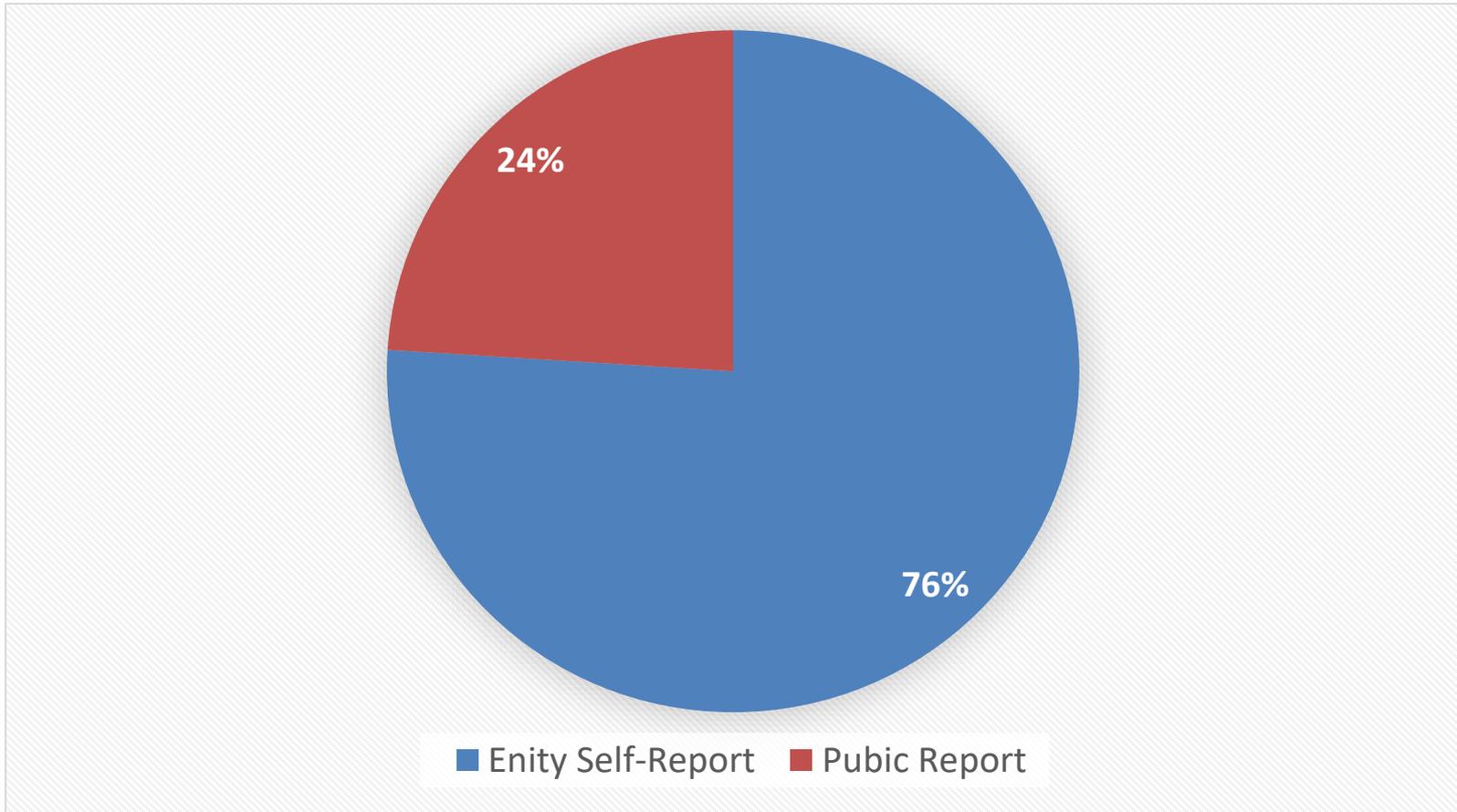
Reporting Data - Totals
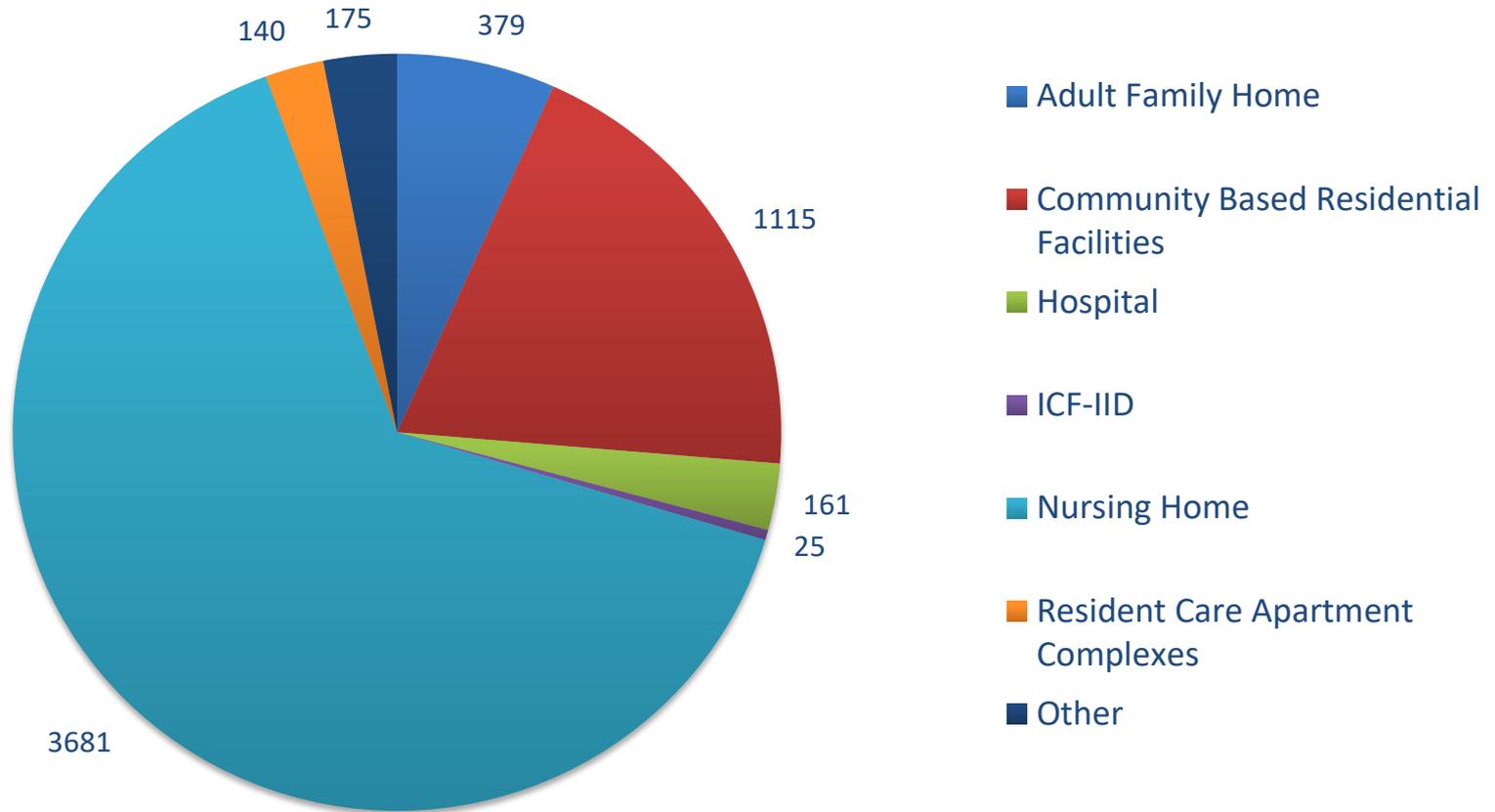
Reports Received (2020-2023)

Year	Reports
2020	5078
2021	8496
2022	8128
2023	7097

2023 Reporting - Source

Legend: ■ Enity Self-Report ■ Pubic Report

(Blue: 76%, Red: 24%)

2023 Reporting – Entity Type

Legend:
- Adult Family Home
- Community Based Residential Facilities
- Hospital
- ICF-IID
- Nursing Home
- Resident Care Apartment Complexes
- Other

Values shown: 379, 1115, 161, 25, 3681, 140, 175

Reporting Data - Type 2023

Reports Alleging Misconduct - Type (2023)

- 45% Abuse
- 36% Neglect
- 19% Misappropriation

■ Abuse ■ Neglect ■ Misappropriation
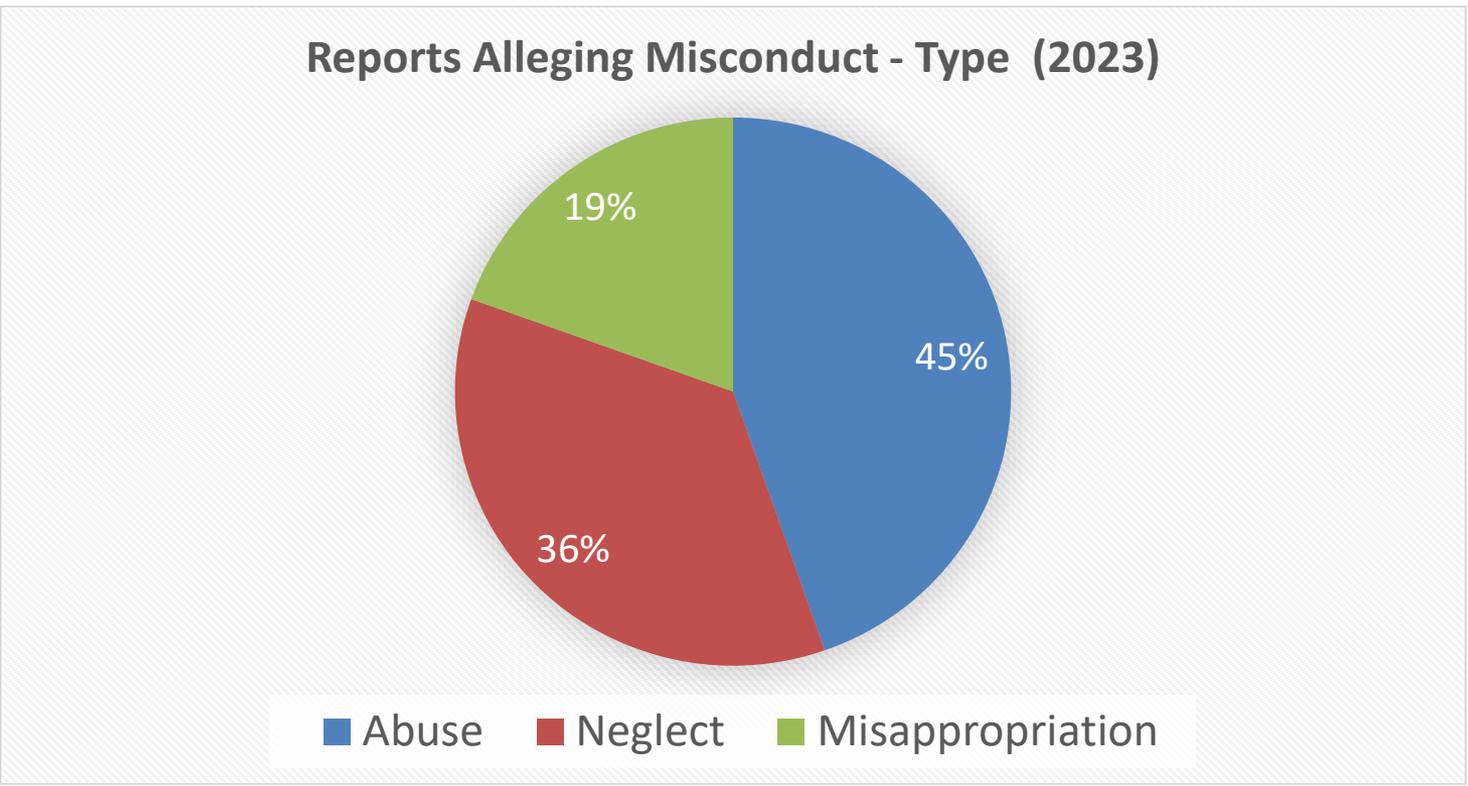
2023 Misconduct Investigation

Screened-in reports: **1118**

Completed investigations in 2023: **545**

2023 Misconduct Type

22%

46%

32%

■ Abuse ■ Neglect ■ Misappropriation
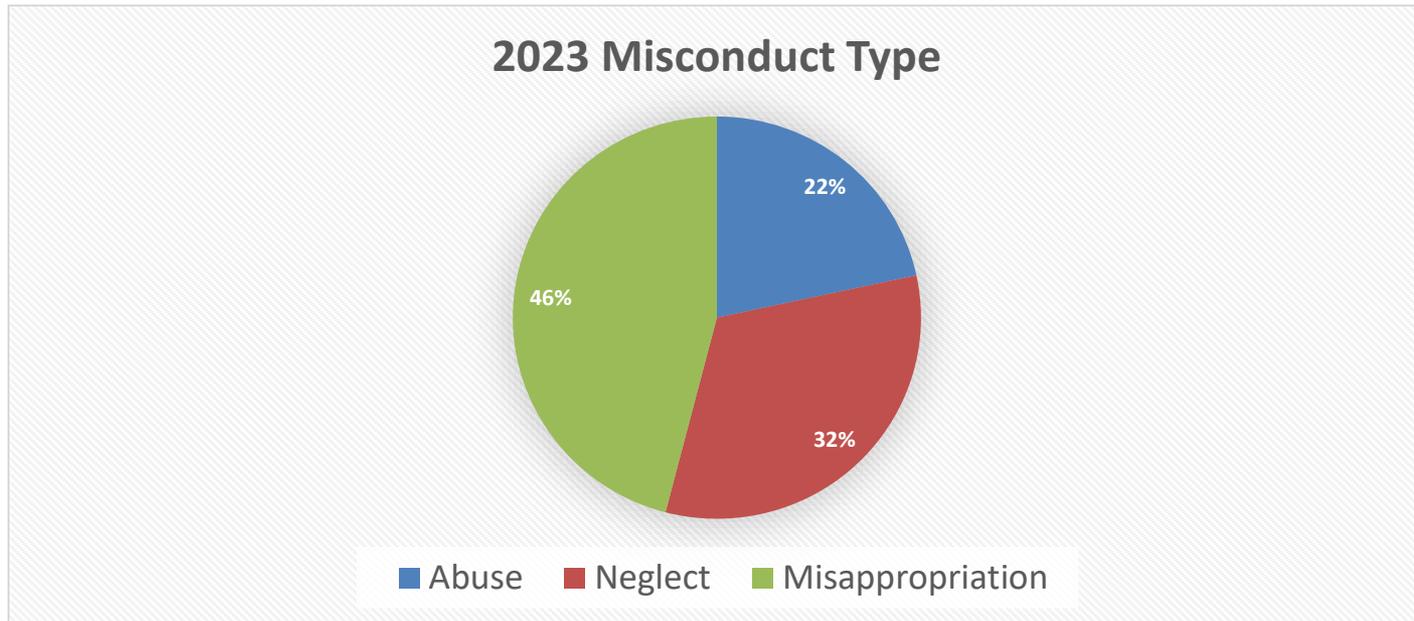
DQA Initiatives

- Resumption of Regional Nursing Home Quality Forums

- Provider Forums

- 2024 FOCUS conference planning

- Centers for Medicare and Medicaid (CMS) guidance/priorities
  - COVID-19 memos no longer in effect
  - Revised CMS guidance for federal monitoring surveys.

DQA Initiatives

- CMS guidance/priorities
  - Focused concern for Nursing Homes for FY2023
    - a. Behavior Health (F740, F741, F742, and F743)
    - b. Language/Communication (F676)
    - c. Immunizations (F883, F887, and F888)
    - d. Infection Preventionist (F882)

- CMS Staffing Regulations and CMPRP

DQA Initiatives

- Revision of assisted living regulations
  - Increased training – medical acuity focus
  - Increased focus on infection control practices
  - Specialty licenses
    - Dementia care
    - Behavioral health
    - Medical specialty
    - National model focus
    - Quality Assurance/Quality Improvement (QA/QI) – root cause analysis

Thank You

Wisconsin Division of Quality Assurance

The Division of Quality Assurance (DQA) is responsible for assuring the safety, welfare and health of persons using health and community care provider services in Wisconsin

DQA - Working to Protect - Promote - Provide Quality in Wisconsin's Health Care Facilities

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