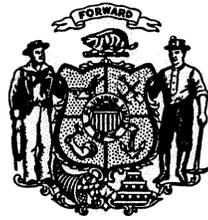


WISCONSIN LEGISLATIVE COUNCIL STAFF

LCRC
FORM 2

RULES CLEARINGHOUSE

Ronald Sklansky
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(608) 266-1946



David J. Stute, Director
Legislative Council Staff
(608) 266-1304

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CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 99-020

AN ORDER to create chapter HFS 114, relating to neonatal intensive care unit training grants.

Submitted by **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

02-09-99 RECEIVED BY LEGISLATIVE COUNCIL.

03-08-99 REPORT SENT TO AGENCY.

RNS:LR:kjf;wu

MAR 12 REC 1999

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LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

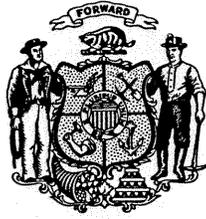
Comment Attached YES NO

WISCONSIN LEGISLATIVE COUNCIL STAFF

RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 99-020

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

In s. HFS 114.04 (2) (a), last sentence, "and family centered" should be inserted after the word "supportive."

5. Clarity, Grammar, Punctuation and Use of Plain Language

- a. In s. HFS 114.03 (11), a hyphen should be inserted after "12".
- b. In s. HFS 114.05 (2), is the indicated amount of minimum training applicable to each individual or to all personnel collectively in the intensive care unit?
- c. Section HFS 114.05 (6) (c) states that the department may withhold funds if a training center is not meeting the requirements of ch. HFS 114. Is the hospital or the training center the recipient of the funds? This paragraph seems to indicate that the training center, and not the hospital, is the recipient. This is also reflected in s. HFS 114.06. However, the rule analysis and s. HFS 114.01, relating to authority and purpose, seem to indicate that the hospitals are the entities that receive the funds. This should be clarified in the rule.

4-21-99

PROPOSED ADMINISTRATIVE RULES - HFS 114
ANALYSIS FOR LEGISLATIVE STANDING COMMITTEES
PURSUANT TO S. 227.19(3), STATS.

Need for Rules

Section 9122 (3ty) (b) of 1997 Wisconsin Act 237 directed the Department to distribute up to \$170,000 each year in state fiscal years 1999 and 2000 to provide up to 10 grants to public or private hospitals to pay for specialized training and on-site consultation and support of medical personnel of neonatal intensive care units in the principles and practice of developmentally supportive and family-centered care for high-risk infants and their families. Section 9122 (3ty) (c) of Act 237 directed the Department to promulgate rules that establish criteria and procedures for awarding grants. The rules are to define "specialized training and on-site consultation and support," which must include a minimum of 40 hours of formal training and 160 hours of practice work.

This order creates ch. HFS 114 relating to distribution of grants to applicant public or private hospitals' neonatal intensive care units to pay for training of staff in the principles and practice of developmentally supportive and family-centered care. The rules include a process by which hospitals may apply for training funds, requirements relating to the training and requirements relating to training center record-keeping and reporting.

These are replacement permanent rules for emergency rules published on January 21, 1999.

Responses to Clearinghouse Recommendations

All comments of the Legislative Council's Rules Clearinghouse on the proposed rules were accepted and the rules were modified accordingly.

Public Hearing

The Department held a public hearing in Madison on April 7, 1999, on the proposed rules. No one testified at the hearing. One person registered in support of the proposed rules as written. She was Kara Oakley of Madison, representing Aurora Health Care, the HMO of Sinai-Samaritan Hospital in Milwaukee, which operates the training center that provides the NIDCAP training. Two persons submitted written comments during the public review period that ended on April 14, 1999. A summary of their comments and the Department's responses are as follows:

1. Tom Reilly (Govt. Affairs Dir. for Aurora Health Care) Comment: Ensure that the definition of “Neonatal Intensive Care Unit” is sufficiently broad to include more than just the 13 Level III hospitals that were sent applications for the first year’s training.

Department Response: No change. Section 9122 (3ty) of 1997 Wisconsin Act 237 defines “neonatal intensive care unit,” and the Department is obliged to use that definition. The definition is sufficiently broad to allow a hospital with a Level II nursery to apply for a training grant.

2. Laura Robison (Director of NIDCAP of Milwaukee) Comment: Specify in the rules that on-site consultation includes “reflective process” consultation”

Department Response: No change. The rule, as proposed, is sufficient to allow this type of technical assistance to hospitals that apply for training grants.

Comment: Permit the NIDCAP trainer to use a qualified designee to provide reflective process consultation.

Department Response: HFS 114.05 (4) has been modified to state that the NIDCAP trainer may use professional consultants who have expertise in implementation of the NIDCAP program to help with implementation of the program.

Final Regulatory Flexibility Analysis

The rules apply to hospitals that have neonatal intensive care units, a hospital-based training center certified to provide the kind of training and support which is financed by the grants made available under the rules, and the Department. The rules do not affect small businesses as “small business” is defined in s. 227.114 (1) (a), Stats. No hospital in Wisconsin is a small business by that definition.

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
CREATING RULES

To create chapter HFS 114, relating to neonatal intensive care unit training grants.

Analysis Prepared by the Department of Health and Family Services

Section 9122 (3ty) (b) of 1997 Wisconsin Act 237 directs the Department to distribute up to \$170,000 each year in state fiscal years 1999 and 2000 to provide up to 10 grants to public or private hospitals to pay for specialized training and on-site consultation and support of medical personnel of neonatal intensive care units in the principles and practice of developmentally supportive and family-centered care for high-risk infants and their families. Section 9122 (3ty) (c) of Act 237 directs the Department to promulgate rules that establish criteria and procedures for awarding grants. The rules are to define "specialized training and on-site consultation and support," which must include a minimum of 40 hours of formal training and 160 hours of practice work.

This order creates ch. HFS 114 relating to distribution of grants to applicant public or private hospitals' neonatal intensive care units to pay for training of staff in the principles and practice of developmentally supportive and family-centered care. The rules include a process by which hospitals may apply for training funds, requirements relating to the training and requirements relating to training center record-keeping and reporting.

These are replacement permanent rules for emergency rules published on January 21, 1999.

The Department's authority to create these rules is found in s.227.11(2), Stats., and s.9122(3ty)(c) of 1997 Wisconsin Act 237. The rules interpret s.9122(3ty) of 1997 Wisconsin Act 237.

SECTION 1. Chapter HFS 114 is created to read:

Chapter HFS 114

NEONATAL INTENSIVE CARE UNIT TRAINING GRANTS

HFS 114.01	Authority and purpose
HFS 114.02	Applicability
HFS 114.03	Definitions
HFS 114.04	Application for training grants
HFS 114.05	Training
HFS 114.06	Reports

HFS 114.01 Authority and purpose. This chapter is promulgated under the authority of s.227.11(2), Stats., and s.9122(3ty)(c) of 1997 Wisconsin Act 237 to implement the neonatal intensive care unit training grant program under s. 9122(3ty) of 1997 Wisconsin Act 237 by establishing criteria and procedures for awarding grants to public and private hospitals to pay for specialized training and on-site consultation to medical personnel of neonatal intensive care units in the principles and practice of developmentally supportive and family-centered care for high-risk infants and their families, and defining "specialized training and on-site consultation and support."

HFS 114.02 Applicability. This chapter applies to the department, to the provider of the specialized training and on-site consultation and support and to all public and private hospitals that request the specialized training and on-site consultation in the principles and practice of developmentally supportive and family-centered care for high risk infants and their families.

HFS 114.03 Definitions. In this chapter:

- (1) "Department" means the Wisconsin department of health and family services.
- (2) "Developmentally supportive and family-centered care" means all of the following:
 - (a) Caregiving that is individualized, flexible and responsive to each infant, based on continuous skillful monitoring of the infant's behavioral and physiologic responses.
 - (b) Modifications to the caregiving environment to minimize infant stress and promote optimal infant adjustment to his or her neonatal intensive care unit experience.
 - (c) Support of the developing parent or family and infant relationship throughout the infant's neonatal intensive care unit stay and after discharge, using strategies that focus on developing parental competence in infant care through parental education, support and guidance in the practice of appropriate care.
- (3) "Division" means the department's division of public health.
- (4) "High-risk infant" means a neonatal child who has or is at risk of having serious physical disorders, biological complications or developmental impairment.

(5) "Hospital" has the meaning given in s. 50.33(2), Stats.

(6) "Medical personnel" means neonatologists, nurses, respiratory therapists, social workers, physical therapists, occupational therapists, speech and language therapists, educators, pediatricians, psychiatrists, neurologists and other health care professionals responsible for the care of infants and their families in the NICU.

(7) "Neonatal" means within 4 weeks after birth.

(8) "NICU" or "neonatal intensive care unit" means a hospital unit on which are concentrated special equipment and skilled medical personnel for the care of high-risk infants requiring immediate or continuous attention.

(9) "NIDCAP" means the Newborn Individualized Developmental Care and Assessment Program, an education and training program for health care professionals.

Note: The NIDCAP Guide may be reviewed at the Division of Public Health, 1414 E. Washington Avenue, Madison, Wisconsin, or purchased from the National NIDCAP Training Center, Children's Hospital, 320 Longwood Avenue, Boston, Massachusetts, 02115.

(10) "Specialized training and on-site consultation and support" means the training requirements for the NIDCAP level I developmental care education and observational training program for individual professionals.

(11) "State fiscal year" means the 12-month period beginning July 1 and ending June 30.

(12) "Training center" means a NIDCAP-certified training center.

(13) "Work plan" means an outline of the goals, objectives and implementation steps for a designated training center during one funding year and against which the department will monitor the center.

HFS 114.04 Application for training grants. (1) SOLICITATION OF APPLICATIONS. The department shall solicit applications for training funds by direct written correspondence addressed to hospitals that have NICUs.

(2) APPLICATION. A public or private hospital wanting to apply for training funds shall submit a written application to the department on a form provided by the department, which shall include all of the following:

(a) Documented evidence of interdisciplinary planning and commitment to the implementation of developmentally supportive and family centered care in the NICU. This shall include a summary of site consultation or planning meetings that demonstrate interdisciplinary involvement, identification of an interdisciplinary group of trainees and designation of an interdisciplinary developmental care committee to provide leadership for the ongoing implementation of developmentally supportive and family-centered care.

(b) A statement that the applicant hospital will maintain salaries and appropriate work schedules for its medical personnel employees for the duration of the 16 month training process to facilitate the employees' successful completion of the training program.

(c) The number of medical personnel employees to be enrolled in the training program.

Note: Send a completed application to the MCH Unit, Bureau of Family and Community Health, Division of Public Health, 1414 E. Washington Avenue, Madison, WI 53703.

(3) REVIEW OF APPLICATIONS. The department shall review all applications for a grant for compliance with the content specifications under sub. (2). The department may reject any application failing to meet the content specifications. Rejection of an application for failure to meet the content specifications is not subject to appeal.

(4) MAKING AWARDS. The department shall make awards based on an applicant's ability to demonstrate a commitment to implement and provide continuing support for the principles and practice of developmentally supportive and family centered care in the NICU.

(5) NOTIFICATION. The department shall notify in writing all applicants of award decisions.

(6) AVAILABILITY OF FUNDS. (a) All funding decisions shall be contingent upon the availability of funds under s.20.435(5)(er), Stats. Any changes in the amount available which were unforeseen at the time of the department's release of grant application materials shall be accommodated by the department, as appropriate, by means of reduction, elimination or increase in existing awards, by awarding of funds to applicants previously denied due to insufficient funds or by release of new grant application materials.

(b) Any funds that become available due to denial of an award to a selected grantee as a result of failure of the selected grantee to comply with the application criteria or as a result of termination of a grant by either party shall be reallocated by the department at its discretion but within the limits of the intent of the appropriation and this chapter.

HFS 114.05 Training. (1) Training shall consist of the training elements of the NIDCAP Level I developmental care education and observational program for individual professionals.

(2) Training for medical personnel shall include a minimum of 40 hours of formal training and 160 hours of clinical practice for each staff member.

(3) Recipients of training shall include any or all of the medical personnel of an NICU.

(4) Training shall be provided through a certified NIDCAP training center. An individual who has been certified as a NIDCAP trainer and who has demonstrated proficiency in training professional caregivers in developmentally supportive and family-centered care shall conduct the training. The NIDCAP trainer may use professional consultants who have expertise in implementation of aspects of the NIDCAP program to assist with the on-site consultation provided by the program.

(5) The training center shall conduct training on site at the public or private hospital that has requested the training.

(6) (a) The designated training center shall submit a work plan and budget to the department for approval no later than January 2, 1999 for state fiscal year 1999 and no later than June 1, 1999 for state fiscal year 2000.

(b) The work plan shall include a plan for making training available to public and private hospitals who request training by submitting a letter of interest.

(c) If the work plan and budget indicate that the training center is not meeting the requirements of this chapter, the department may withhold all or part of the funds awarded to the hospitals and paid to the training center until requirements are met.

(7) A hospital that has requested the training shall incur no additional training expense.

(8) The training center shall provide documentation of certification of competency for the NIDCAP Level I program to participants who successfully complete the training program.

HFS 114.06 Reports. (1) The training center shall submit to the department reports required by the department. The reports shall be submitted to the department no later than the end of each state fiscal year, beginning with the year ending July 31, 1999.

(2) The reports shall include all of the following:

(a) A record of all training conducted, including date, site and names and professional classification of all medical personnel who have successfully completed the program.

(b) A description of progress on attaining the goals, objectives and implementation steps outlined in the approved work plan.

(3) Failure of the training center to maintain records or to submit the reports required under this section may result in the department's withdrawal of the training center's designation.

The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health and
Family Services

Dated:

By: _____

Joseph Leean
Secretary

SEAL:



Tommy G. Thompson
Governor

Joe Leraan
Secretary

State of Wisconsin

Department of Health and Family Services

OFFICE OF LEGAL COUNSEL

1 WEST WILSON STREET
P.O. BOX 7850
MADISON WI 53707-7850

TELEPHONE: (608) 266-8428

April 27, 1999

The Honorable Fred Risser, President
Wisconsin State Senate
1 East Main, Suite 402
Madison, WI 53702

The Honorable Scott Jensen, Speaker
Wisconsin State Assembly
1 East Main, Suite 402
Madison, WI 53702

Re: Clearinghouse Rule 99-020
HFS 114, relating to neonatal intensive care unit training grants.

Gentlemen:

In accordance with the provisions of s. 227.19(2), Stats., you are hereby notified that the above-mentioned rules are in final draft form. This notice and the report required by s. 227.19(3), Stats., are submitted herewith in triplicate.

The rules were submitted to the Legislative Council for review under s. 227.15, Stats. A copy of the Council's report is also enclosed.

If you have any questions about these rules, please contact Laurie Tellier at 267-9662.

Sincerely,

A handwritten signature in cursive script that reads "Paul E. Menge".

Paul E. Menge
Administrative Rules Manager

cc: Gary Poulson, Assistant Revisor of Statutes
Senator Judy Robson, JCRAR
Representative Glenn Grothman, JCRAR
Laurie Tellier, Division of Public Health
Kevin Lewis, Secretary's Office



Tommy G. Thompson
Governor

Joe Leean
Secretary



State of Wisconsin

Department of Health and Family Services

OFFICE OF LEGAL COUNSEL

1 WEST WILSON STREET
P.O. BOX 7850
MADISON WI 53707-7850

TELEPHONE: (608) 266-8428

January 20, 1999

✓ The Honorable Judy Robson, Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 15 South, State Capitol
Madison, Wisconsin

The Honorable Glenn Grothman, Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 15 North, State Capitol
Madison, Wisconsin

Dear Senator Robson and Representative Grothman:

This is notification that tomorrow the Department will publish an emergency rulemaking order to establish criteria and procedures for awarding grants to hospitals with neonatal intensive care units to pay for specialized training and on-site consultation and support of medical personnel of those units in the principles and practices of developmentally supportive and family-centered care for high-risk infants and their families. A copy of the emergency order is attached to this letter.

Section 9122 (3ty) (c) of 1997 Wisconsin Act 237 directed the Department to promulgate rules for implementation of this grant program, and s. 9122 (3tz) of Act 237 authorized the Department to promulgate rules for the period before the effective date of the permanent rules by using emergency rulemaking procedures under s. 227.24, Stats., but without having to make a finding of emergency.

As of now, this is a 2-year grant program. The Department is to distribute up to \$170,000 this fiscal year, which is more than half over, and up to \$170,000 in state fiscal year 1999-2000 to pay for the training and related consultation and support. Grants cannot be awarded until the rules are in effect.

If you have any questions about these emergency rules relating to neonatal intensive care unit training grants, you may contact Laurie Tellier of the Department's Division of Public Health at 267-9662.

Sincerely,


Paul E. Menge
Administrative Rules Manager

Attachment

ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
CREATING RULES

The Legislature in s. 9122 (3tz) of 1997 Wisconsin Act 237 authorized the Department to promulgate rules required under s. 9122 (3ty) of 1997 Wisconsin Act 237 by using emergency rulemaking procedures but exempted the Department from the requirement under s.227.24 (1) and (3), Stats., to make a finding of emergency. These are the rules.

Analysis Prepared by the Department of Health and Family Services

Section 9122 (3ty) (b) of 1997 Wisconsin Act 237 directs the Department to distribute up to \$170,000 each year in state fiscal years 1999 and 2000 to provide up to 10 grants to public or private hospitals to pay for specialized training and on-site consultation and support of medical personnel of neonatal intensive care units in the principles and practice of developmentally supportive and family-centered care for high-risk infants and their families. Section 9122 (3ty) (c) of Act 237 directs the Department to promulgate rules that establish criteria and procedures for awarding grants. The rules are to define "specialized training and on-site consultation and support," which must include a minimum of 40 hours of formal training and 160 hours of practice work.

This order creates ch. HFS 114 relating to distribution of grants to applicant public or private hospitals' neonatal intensive care units to pay for training of staff in the principles and practice of developmentally supportive and family-centered care. The rules include a process by which hospitals may apply for training funds, requirements relating to the training and requirements relating to training center record-keeping and reporting.

ORDER

Pursuant to authority vested in the Department of Health and Family Services by ss.227.11(2) and 227.24(1)(c), Stats., and s.9122(3ty)(c) and (3tz) of 1997 Wisconsin Act 237, the Department of Health and Family Services hereby creates rules interpreting s.9122(3ty) of 1997 Wisconsin Act 237, as follows:

SECTION 1. Chapter HFS 114 is created to read:

Chapter HFS 114

NEONATAL INTENSIVE CARE UNIT TRAINING GRANTS

HFS 114.01	Authority and purpose
HFS 114.02	Applicability
HFS 114.03	Definitions
HFS 114.04	Application for training grants
HFS 114.05	Training
HFS 114.06	Reports

HFS 114.01 AUTHORITY AND PURPOSE. This chapter is promulgated under the authority of s.227.11(2), Stats., and s.9122(3ty)(c) and (3tz) of 1997 Wisconsin Act 237 to implement the neonatal intensive care unit training grant program under s. 9122(3ty) of 1997 Wisconsin Act 237 by establishing criteria and procedures for awarding grants to public and private hospitals to pay for specialized training and on-site consultation to medical personnel of neonatal intensive care units in the principles and practice of developmentally supportive and family-centered care for high-risk infants and their families, and defining "specialized training and on-site consultation and support."

HFS 114.02 APPLICABILITY This chapter applies to the department, to the provider of the specialized training and on-site consultation and support and to all public and private hospitals that request the specialized training and on-site consultation in the principles and practice of developmentally supportive and family-centered care for high risk infants and their families.

HFS 114.03 DEFINITIONS. In this chapter:

- (1) "Department" means the Wisconsin department of health and family services.
- (2) "Developmentally supportive and family-centered care" means all of the following:
 - (a) Caregiving that is individualized, flexible and responsive to each infant, based on continuous skillful monitoring of the infant's behavioral and physiologic responses.
 - (b) Modifications to the caregiving environment to minimize infant stress and promote optimal infant adjustment to his or her neonatal intensive care unit experience.
 - (c) Support of the developing parent or family and infant relationship throughout the infant's neonatal intensive care unit stay and after discharge, using strategies that focus on developing parental competence in infant care through parental education, support and guidance in the practice of appropriate care.
- (3) "Division" means the department's division of public health.
- (4) "High-risk infant" means a neonatal child who has or is at risk of having serious physical disorders, biological complications or developmental impairment.

(5) "Hospital" has the meaning given in s. 50.33(2), Stats.

(6) "Medical personnel" means neonatologists, nurses, respiratory therapists, social workers, physical therapists, occupational therapists, speech and language therapists, educators, pediatricians, psychiatrists, neurologists and other health care professionals responsible for the care of infants and their families in the NICU.

(7) "Neonatal" means within 4 weeks after birth.

(8) "NICU" or "neonatal intensive care unit" means a hospital unit on which are concentrated special equipment and skilled medical personnel for the care of high-risk infants requiring immediate or continuous attention.

(9) "NIDCAP" means the Newborn Individualized Developmental Care and Assessment Program, an education and training program for health care professionals.

Note: The NIDCAP Guide may be reviewed at the Division of Public Health, 1414 E. Washington Avenue, Madison, Wisconsin, or purchased from the National NIDCAP Training Center, Children's Hospital, 320 Longwood Avenue, Boston, Massachusetts, 02115.

(10) "Specialized training and on-site consultation and support" means the training requirements for the NIDCAP level I developmental care education and observational training program for individual professionals.

(11) "State fiscal year" means the 12 month period beginning July 1 and ending June 30.

(12) "Training center" means a NIDCAP-certified training center.

(13) "Work plan" means an outline of the goals, objectives and implementation steps for a designated training center during one funding year and against which the department will monitor the center.

HFS 114.04 APPLICATION FOR TRAINING GRANTS. (1) SOLICITATION OF APPLICATIONS. The department shall solicit applications for training funds by direct written correspondence addressed to hospitals that have NICUs.

(2) APPLICATION. A public or private hospital wanting to apply for training funds shall submit a written application to the department on a form provided by the department, which shall include all of the following:

(a) Documented evidence of interdisciplinary planning and commitment to the implementation of developmentally supportive and family centered care in the NICU. This shall include a summary of site consultation or planning meetings that demonstrate interdisciplinary involvement, identification of an interdisciplinary group of trainees and designation of an interdisciplinary developmental care committee to provide leadership for the ongoing implementation of developmentally supportive care.

(b) A statement that the applicant hospital will maintain salaries and appropriate work schedules for its medical personnel employees for the duration of the 16 month training process to facilitate the employees' successful completion of the training program.

(c) The number of medical personnel employees to be enrolled in the training program.

Note: Send a completed application to the MCH Unit, Bureau of Family and Community Health, Division of Public Health, 1414 E. Washington Avenue, Madison, WI 53703.

(3) REVIEW OF APPLICATIONS. The department shall review all applications for a grant for compliance with the content specifications under sub. (2). The department may reject any application failing to meet the content specifications. Rejection of an application for failure to meet the content specifications is not subject to appeal.

(4) MAKING AWARDS. The department shall make awards based on an applicant's ability to demonstrate a commitment to implement and provide continuing support for the principles and practice of developmentally supportive and family centered care in the NICU.

(5) NOTIFICATION. The department shall notify in writing all applicants of award decisions.

(6) AVAILABILITY OF FUNDS. (a) All funding decisions shall be contingent upon the availability of funds under s.20.435(5)(er), Stats. Any changes in the amount available which were unforeseen at the time of the department's release of grant application materials shall be accommodated by the department, as appropriate, by means of reduction, elimination or increase in existing awards, by awarding of funds to applicants previously denied due to insufficient funds or by release of new grant application materials.

(b) Any funds that become available due to denial of an award to a selected grantee as a result of failure of the selected grantee to comply with the application criteria or as a result of termination of a grant by either party shall be reallocated by the department at its discretion but within the limits of the intent of the appropriation and this chapter.

HFS 114.05 TRAINING. (1) Training shall consist of the training elements of the NIDCAP Level I developmental care education and observational program for individual professionals.

(2) Training shall include a minimum of 40 hours of formal training and 160 hours of clinical practice.

(3) Recipients of training shall include any or all of the medical personnel of an NICU.

(4) Training shall be provided through a certified NIDCAP training center. An individual who has been certified as a NIDCAP trainer and who has demonstrated proficiency in training professional caregivers in developmentally supportive and family-centered care shall conduct the training.

(5) The training center shall conduct training on site at the public or private hospital that has requested the training.

(6) (a) The designated training center shall submit a work plan and budget to the department for approval no later than January 2, 1999 for state fiscal year 1999 and no later than June 1, 1999 for state fiscal year 2000.

(b) The work plan shall include a plan for making training available to public and private hospitals who request training by submitting a letter of interest.

(c) If the work plan and budget indicate that the training center is not meeting the requirements of this chapter, the department may withhold all or part of an annual distribution of funds until requirements are met.

(7) A hospital that has requested the training shall incur no additional training expense.

(8) The training center shall provide documentation of certification of competency for the NIDCAP Level I program to participants who successfully complete the training program.

HFS 114.06 REPORTS. (1) The training center shall submit to the department reports required by the department. The reports shall be submitted to the department no later than the end of each state fiscal year, beginning with the year ending July 31, 1999.

(2) The reports shall include all of the following:

(a) A record of all training conducted, including date, site and names and professional classification of all medical personnel who have successfully completed the program.

(b) A description of progress on attaining the goals, objectives and implementation steps outlined in the approved work plan.

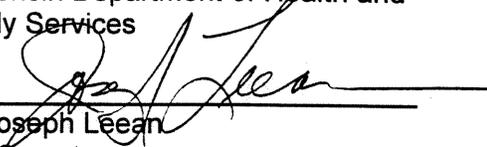
(3) Failure of the training center to maintain records or to submit the reports required under this section may result in the department's withdrawal of the training center's designation.

The rules contained in this order shall take effect as emergency rules upon publication in the official state newspaper, as provided in s. 227.24(1)(c), Stats.

Wisconsin Department of Health and
Family Services

Dated: **January 11, 1999**

By: _____


Joseph Leean
Secretary

SEAL:

FISCAL ESTIMATE

DOA-2048 N(R10/96)

- ORIGINAL
- CORRECTED
- UPDATED
- SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
HFS 114

Amendment No. if Applicable

Subject

NEONATAL INTENSIVE CARE UNIT TRAINING GRANTS

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

- Increase Existing Appropriation
- Decrease Existing Appropriation
- Create New Appropriation
- Increase Existing Revenues
- Decrease Existing Revenues

Increase Costs - May be possible to Absorb Within Agency's Budget Yes No

Decrease Costs

Local: No local government costs

- 1. Increase Costs
 - Permissive Mandatory
- 2. Decrease Costs
 - Permissive Mandatory

- 3. Increase Revenues
 - Permissive Mandatory
- 4. Decrease Revenues
 - Permissive Mandatory

5. Types of Local Governmental Units Affected:
- Towns Villages Cities
 - Counties Others _____
 - School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

20.435 (5) (er)

Assumptions Used in Arriving at Fiscal Estimate

This order establishes criteria and procedures for implementation of the neonatal intensive care unit training grant program established by s. 9122 (3ty) (c) of 1997 Wisconsin Act 237. The Department is to distribute up to \$170,000 each year in state fiscal years 1999 and 2000 in the form of up to 10 grants each year to applicant hospitals to pay for specialized training and on-site consultation and support of medical personnel in the principles and practice of developmentally supportive and family-centered care for high-risk infants.

The rules will not affect the expenditures or revenues of state government or local governments. The Department will administer this new program with existing staff. Local governments are not involved in program administration. A local government could operate an applicant hospital that is awarded a training grant, but the training grant is specific for a type of training and consultation and covers the cost of that training and consultation.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)

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Date

7-11-99