

2001 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-SB55)

Received: **06/21/2001**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Assembly Republican Caucus 7-4887**

By/Representing: **Hughes**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact: **LFB**

Addl. Drafters:

Subject: **Health - long-term care**

Extra Copies: **ISR**

Submit via email: **NO**

Requester's email:

Pre Topic:

ARC:.....Hughes -

Topic:

AM22, Comprehensive quality assessment pilot program

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	kenneda 06/26/2001	hhagen 06/27/2001	pgreensl 06/27/2001	_____	lrb_docadmin 06/27/2001		
/2	kenneda 06/28/2001	hhagen 06/28/2001	rschluet 06/28/2001	_____	lrb_docadmin 06/28/2001		

Vers. Drafted Reviewed Typed Proofed Submitted Jackcted Required

FE Sent For:

<END>

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*WMS
6/28
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1?	kenneda	1. hmk 6/27/01	6/27 p8	6/27 self			

FE Sent For:

<END>

Memorandum

H

To: Fred Ammerman – Fiscal Bureau
Cathlene Hanaman – Reference Bureau

CC: Heather Smith – Assembly Republican Caucus

From: Paul Tessmer – Assembly Republican Caucus

Date: 06/21/01

Re: ARC Amendments – Passed 6-20-01

Please find enclosed copies of the budget amendments passed by the Assembly Republicans in Caucus on Tuesday, June 20, 2001. The amendments are provided in the following four areas:

- The Health Care Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Carolyn Hughes (ARC) at 7-4887.
- The Agriculture Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Mark Jefferson (ARC) at 7-0900.
- The Higher Education Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Jim Emerson (ARC) at 7-0904.
- Other Freestanding Amendments. Contact the ARC analyst listed on the amendment at 6-1452.

NOTE: The Working Group Package document takes precedence over its associated freestanding amendments. Please call the contact person listed above (or the ARC analyst listed on the amendment) for supporting documentation.

Hard copies of the Working Group Packages are also being sent to your office. The hard copies may contain supporting documentation not included in the Word document.

I am also available to help answer questions at 4-8587.

Requires that all IGT received by the state of Wisconsin after June 30, 2001 in excess of \$75 million in each fiscal year shall be retained and expended solely to increase Medicaid nursing home per diem payments and county and Municipal supplemental IGT payments in the next biennium.

21. Health Insurance Risk Sharing Pool (HIRSP):

PJK Direct the HIRSP Board of Governors to study alternative funding sources for the Health Insurance Risk Sharing program, and state that the recommendations of the Board shall be reported to the Joint Committee on Finance and the Senate and Assembly Health Committees by January 1, 2002.

22. Comprehensive Quality Assessment – Pilot Program:

DAK Pathway Health Services - Create a pilot program of Comprehensive Quality Assessment (CQA). A CQA is a comprehensive assessment of the quality of care/services provided to residents in long term care settings (nursing homes) and clients of assisted living centers. The CQA is considered an "Alternative Survey Process" aimed at giving providers a more positive process to determine if they are providing quality care and services to residents/clients. (See attached)

Pilot this program in the following counties:

- a) Waukesha
- b) Brown
- c) Polk
- d) Grant

23. Cemetery Plots Deletion:

ADK Delete JFC language created by motion #122 relating to conveyance of Cemetery plots. Under this motion, the person holding the rights of burial to a cemetery plot would be allowed to transfer that right to a member of his/her immediate family (spouse, child, sister, brother or parent). The person owning the rights to that plot would not need to have the permission of the cemetery authority or religious society to make such a transfer. This provision deletes this language

24. Legislative Council Study on Developmental Disabilities Non-Fiscal Items:

DAK Include non-fiscal language from the Legislative Council Study Committee on Developmental Disabilities which includes:

- a. Requiring the Governor to include 4 legislative members, one from each caucus, to the Wisconsin Council on Developmental Disabilities
- b. Amending current CIP IB statute to include the Brain Injury Waiver program.
- c. Requires the Department to seek waivers of federal MA statutes and regulations that are necessary to implement the Children's Long-Term Support Redesign in pilot sites.
- d. Requiring DHFS to promulgate rules to require that the written plan of care for persons receiving personal care services be reviewed at least every 60 days.
- e. Requires the Department of Health and Family Services to develop a plan to administer and fund services for persons with developmental disabilities, and to submit that plan to the department of Administration as part of the department's budget request for the 2003-2005 biennium.

DAK **25. Supply Requirement for Nursing Home Medications:**

PATHWAY HEALTH SERVICES COMPREHENSIVE QUALITY ASSESSMENT (CQA)

The CQA process is a service provided by Pathway Health Services. It is a comprehensive assessment of the quality of care/services provided to residents in long term care settings (nursing homes) and clients in assisted living environments.

The CQA is:

- Completed by trained, certified consultants
- A model similar to "surveys" conducted under HCFA guidelines (using the Resident Assessment Instrument process, Quality Indicators, etc.)
- Adaptable to all states
- A "positive" alternative to the current methods of "surveying" facilities
 - Follows HCFA requirements
 - Uses information from observations, interviews and record reviews
 - Provides findings; identifies individuals, areas and systems with possible deficient practices
 - Provides Action Plans for correcting individual, area and systems issues
 - Allows for "immediate" consultation regarding issues observed during the CQA process

The CQA process has the ability to:

- Score of each CQA
- Compare results with past CQA's, compare with HCFA-directed surveys, compare with other facilities/organizations in the state/area
- Make recommendations to the facility/organization for maintaining quality of care/services
- Integrate CQA process findings into Quality Assurance/Improvement processes of the facility/organization
- Complete a follow up visit in 30 days to determine if Action Plans implemented have been successful in correcting issues

The CQA could be considered as an "Alternative Survey Process." Providers are looking for a more positive process to determine if they are providing quality care and services for residents/clients. The CQA process combines assessment of quality with "hands on" consultation. For example, if a CQA consultant observed a Certified Nursing Assistant transferring a resident inappropriately, the consultant would offer the C.N.A. "immediate" information on how to transfer the resident correctly. Another example: If care plans in a facility were not complete, the consultant would talk to the nursing staff, offer ways to correct the care plans and follow up with the Director of Nursing. Pathway Health Services also has systems available for the provider to use (i.e. nursing assessment system; behavior monitoring system; skin care system). Under the current system (HCFA), surveyors enter the facility, determine if the facility is in compliance (or is not in compliance), issue deficiencies (when applicable) and leave. The surveyor's capacity is not a "consultant's role," therefore, the surveyor does not/cannot offer "advice" on how to "fix" the issues identified.

PATHWAY HEALTH SERVICES COMPREHENSIVE QUALITY ASSESSMENT (CQA)

The **Comprehensive Quality Assessment (CQA)** has been developed by Pathway Health Services to assist facilities/organizations with regulatory preparedness and compliance. The **CQA** process includes assessment of long term care (nursing homes), housing, assisted living, ICF/MR's and Community Based Residential Facilities. The process is specific and measurable, mimics survey guidelines and has direct reference to regulatory "tags" that may be in jeopardy.

Consultants who conduct the **CQA's** represent an interdisciplinary team (nursing, dietary, social services, therapeutic recreation, health information systems, administrators, etc.). The consultants are required to complete a Pathway **CQA** training and testing program and become certified after obtaining "onsite" experience.

Tasks of the **CQA** process include:

- Pre-survey preparation (review of past regulatory surveys, complaint investigations, Quality Indicators and other relevant data);
- Entrance conference (explanation of process and request for current census, Resident Roster Matrix, map of facility, Abuse Prevention Policy/Procedures, Admission Agreement, daily schedule, activity calendar, new employee list, admissions/discharges, etc.);
- Tour (tour of facility to determine if resident sample chosen is appropriate and to identify other areas of concern);
- Resident sample (based on QI reports and tour);
- Investigation (observations; interviews of residents, staff and families; record review - comprehensive and focused);
- Miscellaneous tasks (kitchen/dietary; general observations; medication pass; cares, etc.);
- Tag Review (Determination if F Tags are "met" or "not met," and those "not met" are given a scope and severity, with examples and individual residents identified);
- Report Writing; and
- Exit Conference (Findings, Action Plans and Executive Summary presented to facility and discussion of results).

Comprehensive Quality Assessment

The key difference between the current regulatory process and the **CQA** process is that during the **CQA** process, consultants are able to immediately "correct" potential deficient practices (i.e. if a consultant observes poor resident transfer technique, he/she shows staff the proper technique and follows up with the supervisor). The consultants coach staff, if necessary, during the investigative "tasks" to ensure staff members



understand policies and procedures and know where to obtain additional information. Pathway also offers tools such as assessments, policies and procedures, regulatory updates, etc. to the facility to assist with correcting issues identified during the CQA process. Action Plans given to the facility during the Exit, provide the facility with recommendations of methods to correct potential "deficiencies," including ways to "fix" systems and integrate them into the facility's Quality Assurance/Improvement process. The action plans include *action steps required, person(s) responsible* for completing action steps and *date of completion*.

Approximately thirty (30) days after completion of the **Comprehensive Quality Assessment**, a revisit/follow up is conducted to determine if the issues identified in the "*Findings*" have been corrected. The revisit includes:

- a) A review of individual residents identified in the CQA;
- b) A review of systems ;
- c) Observations, interviews and record reviews;
- d) Identification of other issues found during the revisit; and
- e) An Exit (report and discussion)

Pathway Health Services has developed a data base to score, track and analyze results of the **Comprehensive Quality Assessment**. With data input from each CQA, the facility will receive:

- a numeric score;
- a comparison of current CQA with prior CQA(s);
- a comparison of individual facility results with other facilities; and
- a comparison of CQA's with regulatory surveys.

CQA as the Alternative Survey Process

State regulatory agencies have expressed a desire to develop or adopt an **alternative survey process** for nursing homes. Many providers seem to like the idea as well. The alternative survey process would likely apply to nursing homes with a history of positive survey results. For those facilities with a strong record, the annual regulatory survey could be skipped for a year if a credible, alternate survey process could be applied.

Benefits to the State Regulators of the alternative survey are as follows:

- Some State Regulatory Agencies have reported a shortage of the staff and financial resources needed for all of the nursing home surveys that they are being called on to conduct, especially given the level of regulatory issues experienced over the past few years. Lack of qualified survey staff is a concern for some agencies.



- Many state agencies would like to focus more of their attention on the chronic, "problem" facilities. Some of these situations may require on-site presence four or five times a year. Regular surveys of providers with great track records and stable management is seen as unnecessary or a distraction from these higher priorities.
- Some state regulatory agencies are anticipating a future, expanded role in the regulation of senior housing and assisted living. Again, there is concern that there may not be the required resources available to address these emerging needs.
- There would be no expense to the state with this concept of the *Pathway Comprehensive Quality Assessment* as the alternative survey. Qualified facilities would be billed directly by Pathway for services provided.
- Pathway and the participating facility would report and confirm full compliance to the State Agency at the conclusion of the Alternative Survey Process.
- Pathway and the participating facility would accept that all alternative surveys would be subject to State Agency "look behind" audits at any time.

The providers of nursing home services that qualify for the alternative survey would have strong motivation to participate in this alternative survey program.

- Providers would (with all due respect) keep the Regulatory Agency out of their facility for an entire year thereby significantly reducing the risks of unexpected or "subjective" negative findings / fines / restrictions.
- An increasing number of providers are seeing the benefit of an "independent" assessment anyway. (Witness the number of pre-survey audits Pathway is currently selling.) Maintaining high levels of quality is critical to customer satisfaction, employee relations and overall competitiveness.
- Providers would prefer Pathway (independent) involvement because we are sensitive to their issues and could offer the option of assistance in solving any identified problems.
- The long-term care industry is seeking ways to become more self-reliant, self-directed.
- Pathway will continue to be discreet, helpful and reasonably priced.
- Participation in the alternative survey process would likely be voluntary.

Pathway Health Inc. is uniquely qualified to play a key role with an alternative survey process. Why Pathway?

- Pathway is known, accepted and respected by both the provider and the regulatory communities. Our findings would be credible. With our experience and depth of resources, Pathway is uniquely positioned to fulfill this role.
- Pathway professionals know the nursing home industry intimately and appreciate the complexities and challenges involved in nursing home operations.
- Pathway has the experience and the people resources (60+ and could add more quickly) to conduct surveys throughout the state. Additionally, Pathway has developed a strict certification program for Pathway CQA consultants.
- We have the tool(s) to conduct an alternative survey. Pathway has invested heavily in the development and testing of the *Pathway Comprehensive Quality Assessment*.



When conducted within a similar time frame, there is a recognized correlation between the Pathway CQA result and official regulatory survey.

- Pathway is neutral and independent. Pathway is not an operating company.
- Pathway professionals are seen as proven helpers who can not only assess a situation, we can also help to fix it.
- Pathway has a proven track record in the areas of assessment, auditing and survey reporting.

Pathway's philosophy:

The *Pathway Comprehensive Quality Assessment* would be offered to qualified providers as a consulting service. We would be seen as working with providers to help assess their level of regulatory compliance, working with them to address any identified issues and together, reporting the outcome to the state. If possible, we would like to provide the alternative survey product to providers who voluntarily request the survey at the provider's expense. (If additional funding is available for the Alternative Survey Process, perhaps qualified operators could access those funds to offset their costs from Pathway)

Conclusion:

The *Pathway Comprehensive Quality Assessment* is uniquely positioned to provide the Alternative Survey that both regulators and providers have expressed a desire to implement in Wisconsin and Minnesota.

The Pathway CQA program offers a positive alternative to regulatory compliance.



PATHWAY HEALTH SERVICES

2025 Fourth Street

White Bear Lake, MN 55110

Phone: (651) 407-8699 ♦ Fax: (651) 429-8721 ♦ e-mail: djmcdougall@pathwayhealth.com



Don Nelson - Pettis' office 332-3794 (cell phone)

Process doesn't require state to contract w/ a company; indiv. facilities may contract w/ provider to have done

Dept. would specify reqmts. for nh. to participate in process

limited to nursing home

Dennis Anderson, ^{Pathways} 651-407-8699

Facility would have to provide assessment to state, which would decide if facility would be exempted from dept. survey - wd. include findings of violations

Violations of state law: assessor would require nursing home to self report; assessor would ensure is done



ARC:.....Hughes - AM22 ³ Comprehensive quality assessment pilot program

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION
CAUCUS ASSEMBLY AMENDMENT
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55

1 At the locations indicated, amend the substitute amendment as follows:
2 1. Page 642, line 20: after that line insert:
3 "SECTION 1823r. 49.4981 of the statutes is created to read:
4 49.4981 Comprehensive quality assessment pilot project. (1) If the
5 department receives a waiver of federal medical assistance laws, as requested under
6 2001 Wisconsin Act (this act), section 9123 (199), the department shall conduct a
7 pilot project in the counties of Brown, Grant, Polk, and Waukesha under which
8 nursing facilities shall apply to the department, under requirements specified by the
9 department, to participate in the pilot project.

1 (2) If participation for a nursing facility is approved by the department under
2 subsection (1), and if the nursing facility contracts to receive a comprehensive quality
3 assessment, under standards and principles of comprehensive assessments of the
4 quality of care provided to residents of nursing facilities, the nursing facility shall
5 provide to the department a copy of a report by the assessment provider of each such
6 assessment that is conducted. Each report shall include any findings of violations
7 of state statutes or rules by the nursing facility that are discovered in the course of
8 performance of the assessment. The nursing facility shall provide information that
9 the department requests concerning any violations noted. The department may use
10 the assessment report and information provided by the nursing facility as evidence
11 to which s. 50.04 (4) applies or upon which an applicable forfeiture under s. 49.498
12 (16) or 50.04 (5) may be assessed. Upon receipt of the assessment report, the
13 department may, but is not required to, waive the requirement under s. 49.498 (13)
14 for an annual survey of the nursing facility.”.

15 2. Page 1338, line 20: after that line insert:

16 ¹⁹⁹
17 “(3) COMPREHENSIVE QUALITY ASSESSMENT PILOT PROJECT. By January 1, 2001, the
18 department of health and family services shall submit for review by the appropriate
19 standing committees of each house of the legislature, as determined by the presiding
20 officer of each house, a request to the federal department of health and human
21 services for a waiver, under 42 USC 1315 (a), of federal medical assistance laws to
22 permit nursing facilities, as approved by the department of health and family
23 services, to participate in the counties of Brown, Grant, Polk, and Waukesha in a
24 pilot project under section 49.498¹ of the statutes, as created by this act, under which
comprehensive assessments of the quality of care provided to residents of the nursing

1 facilities that are conducted by a private entity would, if approved by the department
2 of health and family services, be used in lieu of annual surveys conducted by the
3 department. The department of health and family services may not submit the
4 request for a waiver, as specified in this subsection, to the federal department of
5 health and human services unless the request is approved by the appropriate
6 standing committees of the legislature[√] that review the request.”.

7

(END)

Kennedy, Debora

From: Hughes, Carolyn
Sent: Thursday, June 28, 2001 11:10 AM
To: Kennedy, Debora
Subject: FW: LRB Draft: 01b1401/1 AM22, Comprehensive quality assessment pilot program

Page 2, line 16 should be the year 2002, not 2001..thanks

-----Original Message-----

From: Greenslet, Patty
Sent: Wednesday, June 27, 2001 10:30 AM
To: Hughes, Carolyn
Cc: Legislative Fiscal Bureau; Hanaman, Cathlene; Haugen, Caroline
Subject: LRB Draft: 01b1401/1 AM22, Comprehensive quality assessment pilot program

Following is the PDF version of draft 01b1401/1.



01b1401/1



Stays

D-NOTE

ARC:.....Hughes – AM22, Comprehensive quality assessment pilot program

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16 “(19g) COMPREHENSIVE QUALITY ASSESSMENT PILOT PROJECT. By January 1, ²⁰⁰²~~2001~~,
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(END)

D-NOTE

b14012

D NOTE

DAK/hmh

This redraft corrects to January 1, 2002,
the date by which
DHFS must submit the waiver request for
review by appropriate standing committees.

DAK

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb1401/2dn
DAK:hmh:cmh

June 28, 2001

This redraft corrects to January 1, 2002, the date by which DHFS must submit the waiver request for review by appropriate standing committees.

Debra A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debra.kennedy@legis.state.wi.us

ARC:.....Hughes - AM22, Comprehensive quality assessment pilot program

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