

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 - facility licensure
Health - long-term care**

Extra Copies: **ISR**

Submit via email: **NO**

Requester's email:

Pre Topic:

ARC:.....Hughes -

Topic:

AM22--Supply requirements for nursing home medications

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 06/25/2001 | wjackson 06/25/2001 | rschluet 06/25/2001 | _____ | lrb_docadmin 06/26/2001 | | |

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| /? | kenneda | 1 WJ 6/25 |  |  | | | |
| | | | | 6-25-01 | | | |

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:

MDK 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:**

(Rhoades Request #167)

Kevin Moore

HFS 132.65(7)(b)4 states that an individual resident's supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 4 days for any one resident.

1. This motion creates statutory language to permit prescriptions to be delivered in quantities consisting of no more than a one-month supply at one time, and
2. This motion creates statutory language to include "punch-outs" or "punch-cards" under definition of unit dose packaging

Michael - Foti

26. Fifth Standard for Emergency Detention and Involuntary Commitment:

DAK Include Assembly Bill 182 (with LRB correction) relating to the elimination of the fifth standard for emergency detention and involuntary commitment.

27. Mental Health Treatment of Minors:

MM (Skindrud Request # 26)

This motion would permit a minor's parent or guardian to consent to have a minor treated for problems associated with drugs and alcohol without the consent of the minor.

It also allows a minor under 14 years of age to petition the juvenile court for approval of his or her admission to an inpatient facility if the minor's parent or guardian cannot be found.

This proposal builds on a change in the last state budget that permits a minor's parent or guardian to have a minor tested for drugs and alcohol.

According to LFB, this motion will affect GPR and FED; however, it cannot be estimated how much.

The changes in this motion may have the overall effect of increasing the number of minors receiving inpatient treatment for alcohol or other drug abuse. The state's MA program reimburses local providers for certain mental health services for children including treatment for alcohol and other drug abuse. To the extent it increases the number of children receiving care, this motion would increase costs to the MA program. The additional number of children receiving care is unknown and therefore the exact fiscal effect on MA cannot be estimated.

While most indigent children would be eligible to receive treatment through the state's MA program, counties may be responsible for funding treatment for children in some circumstances. Once again, the number of children is unknown and the fiscal effect cannot be estimated.

28. Require Payment by Health Insurers to Pay Anesthesiologists for all Services:

PJK (Urban Request # 147)

Wisconsin anesthesiologists are currently having problems with payment for invasive monitoring procedures performed on patients covered by certain insurers. Anesthesiologists bill out their services as two distinct procedures. But because the services are part of a single procedure, certain insurers will only pay for one

Budget Amendments 2001 - 2003

Prepared by the Assembly Republican Caucus

DAK

Statement of Intent Supply Requirement for Nursing Home Medications

| | | | |
|----------------------|---------|---------------------|------|
| Legislator | Rhoades | Amendment | 22 |
| Legislator 2 | | Pass or Fail | Pass |
| Legislator 3 | | Spending Cut | |
| Legislator 4 | | Withdrawn | |
| Staff contact | Kevin | Package | |

Agency Health and Family Services

Summary HFS 132.65(7)(b)4 states that an individual resident's supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 4 days for any one resident.

1. This motion creates statutory language to permit prescriptions to be delivered in quantities consisting of no more than a one-month supply at one time, and
2. This motion creates statutory language to include "punch-outs" or "punch-cards" under definition of unit dose packaging.

Fiscal Impact There is no fiscal impact.

Drafting Inst

ARC Analyst Hughes

Request # 167

Thursday, June 21, 2001

Page 5 of 8

a licensed practical nurse who works under the direction of a registered nurse. Supervision of the physical, emotional, social and rehabilitative needs of the resident is the responsibility of the appropriate health care provider serving under the direction of a physician.

(13) "Mobile nonambulatory" means unable to walk without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheel chair or a wheeled platform.

(14) "Nonambulatory" means unable to walk without assistance.

(15) "Nonmobile" means unable to move from place to place.

(16) "Nurse" means a registered nurse or licensed practical nurse.

(17) "Nurse practitioner" means a registered professional nurse who meets the requirements of s. HFS 105.20 (2) (b).

(18) "Nursing assistant" means a person who is employed primarily to provide direct care services to residents but is not registered or licensed under ch. 441, Stats.

(19) "Personal care" means personal assistance, supervision and a suitable activities program. In addition:

(a) Provision is made for periodic medical supervision and other medical services as needed. These services are for individuals who do not need nursing care but do need the services provided by this type of facility in meeting their needs. Examples of these individuals are those referred from institutions for the developmentally disabled, those disabled from aging, and the chronically ill whose conditions have become stabilized;

(b) The services provided are chiefly characterized by the fact that they can be provided by personnel other than those trained in medical or allied fields. The services are directed toward personal assistance, supervision, and protection;

(c) The medical service emphasizes a preventive approach of periodic medical supervision by the resident's physician as part of a formal medical program that will provide required consultation services and also cover emergencies; and

(d) The dietary needs of residents are met by the provision of an adequate general diet or by therapeutic, medically prescribed diets.

(20) "Pharmacist" means a person registered as a pharmacist under ch. 450, Stats.

(21) "Physical therapist" means a person licensed to practice physical therapy under ch. 448, Stats.

(22) "Physician" means a person licensed to practice medicine or osteopathy under ch. 448, Stats.

(23) "Physician extender" means a person who is a physician's assistant or a nurse practitioner acting under the general supervision and direction of a physician.

(24) "Physician's assistant" means a person certified under ch. 448, Stats., to perform as a physician's assistant.

(25) "Practitioner" means a physician, dentist, podiatrist or other person permitted by Wisconsin law to distribute, dispense and administer a controlled substance in the course of professional practice.

(26) "Recuperative care" means care anticipated to be provided for a period of 90 days or less for a resident whose physician has certified that he or she is convalescing or recuperating from an illness or a medical treatment.

(27) "Registered nurse" means a person who holds a certificate of registration as a registered nurse under ch. 441, Stats.

(28) "Resident" means a person cared for or treated in any facility on a 24-hour basis irrespective of how the person has been admitted to the facility.

(29) "Respite care" means care anticipated to be provided for a period of 28 days or less for the purpose of temporarily relieving

a family member or other caregiver from his or her daily caregiving duties.

(30) "Short-term care" means recuperative care or respite care.

(31) "Skilled nursing facility" means a nursing home which is licensed by the department to provide skilled nursing services.

(32) (a) "Skilled nursing services" means those services furnished pursuant to a physician's orders which:

1. Require the skills of professional personnel such as registered or licensed practical nurses; and

2. Are provided either directly by or under the supervision of these personnel.

(b) In determining whether a service is skilled, the following criteria shall be used:

1. The service would constitute a skilled service where the inherent complexity of a service prescribed for a resident is such that it can be safely and effectively performed only by or under the supervision of professional personnel;

2. The restoration potential of a resident is not the deciding factor in determining whether a service is to be considered skilled or unskilled. Even where full recovery or medical improvement is not possible, skilled care may be needed to prevent, to the extent possible, deterioration of the condition or to sustain current capacities; and

3. A service that is generally unskilled would be considered skilled where, because of special medical complications, its performance or supervision or the observation of the resident necessitates the use of skilled nursing personnel.

(33) "Specialized consultation" means the provision of professional or technical advice, such as systems analysis, crisis resolution or inservice training, to assist the facility in maximizing service outcomes.

(34) "Supervision" means at least intermittent face-to-face contact between supervisor and assistant, with the supervisor instructing and overseeing the assistant, but does not require the continuous presence of the supervisor in the same building as the assistant.

(35) "Tour of duty" means a portion of the day during which a shift of resident care personnel are on duty.

(36) "Unit dose drug delivery system" means a system for the distribution of medications in which single doses of medications are individually packaged and sealed for distribution to residents.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; emerg. renum. (3) to (24) to be (4) to (25), cr. (3), eff. 9-15-86; r. and recr. Register, January, 1987, No. 373, eff. 2-1-87; emerg. cr. (8m), eff. 7-1-88; am. (4), Register, February, 1989, No. 398, eff. 3-1-89; cr. (8m), Register, October, 1989, No. 406, eff. 11-1-89.

HFS 132.14 Licensure. (1) CATEGORIES. Nursing homes shall elect one of the following categories of licensure:

(a) Skilled nursing facility; or

(b) Intermediate care facility.

(1m) LICENSURE AS AN INSTITUTION FOR MENTAL DISEASES.

(a) *Requirements.* The department may grant a facility a license to operate as an institution for mental diseases if the following conditions are met:

1. The conversion of all or some of the beds within the facility will result in a physically identifiable unit of the facility, which may be a ward, contiguous wards, a wing, a floor or a building, and which is separately staffed;

2. The IMD shall have a minimum of 16 beds;

3. The conversion of beds to or from an IMD shall not increase the total number of beds within the facility; and

4. The facility has submitted an application under subs. (2) and (3) to convert all or a portion of its beds to an IMD and the department has determined that the facility is in substantial com-

(7) **ADDITIONAL REQUIREMENTS FOR UNIT DOSE SYSTEMS.** (a) *Scope.* When a unit dose drug delivery system is used, the requirements of this subsection shall apply in addition to those of sub. (6).

(b) *General procedures.* 1. The individual medication shall be labeled with the drug name, strength, expiration date, and lot or control number.

2. A resident's medication tray or drawer shall be labeled with the resident's name and room number.

3. Each medication shall be dispensed separately in single unit dose packaging exactly as ordered by the physician, and in a manner to ensure the stability of the medication.

4. An individual resident's supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 4 days for any one resident.

5. If not delivered from the pharmacy to the facility by the pharmacist, the pharmacist's agent shall transport unit dose drugs in locked containers.

6. The individual medication shall remain in the identifiable unit dose package until directly administered to the resident. Transferring between containers is prohibited.

7. Unit dose carts or cassettes shall be kept in a locked area when not in use.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; r. and recr. (3) (b), am. (6) (a), (b) 6. and (c), Register, January, 1987, No. 373, eff. 2-1-87; am. (3) (b) 2., (6) (b) 8. and (c) 1. and 3., Register, February, 1989, No. 398, eff. 3-1-89; correction in (1) (c) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 2000, No. 536.

HFS 132.66 Laboratory, radiologic, and blood services. (1) **DIAGNOSTIC SERVICES.** (a) *Requirement of services.* The facility shall provide for promptly obtaining required laboratory, x-ray, and other diagnostic services.

(b) *Facility-provided services.* Any laboratory and x-ray services provided by the facility shall meet the applicable requirements for hospitals provided in ch. HFS 124.

(c) *Outside services.* If the facility does not provide these services, arrangements shall be made for obtaining the services from a physician's office, hospital, nursing facility, portable x-ray supplier, or independent laboratory.

(d) *Physician's order.* No services under this subsection may be provided without an order of a physician, except that services provided to intermediate nurse care residents may be provided under the order of a physician or physician extender.

(e) *Notice of findings.* The attending physician shall be notified promptly of the findings of all tests provided under this subsection.

(f) *Transportation.* The facility shall assist the resident, if necessary, in arranging for transportation to and from the provider of service.

Note: For record requirements, see s. HFS 132.45.

(2) **BLOOD AND BLOOD PRODUCTS.** Any blood-handling and storage facilities shall be safe, adequate, and properly supervised. If the facility provides for maintaining and transferring blood and blood products, it shall meet the appropriate requirements for hospitals under ch. HFS 124. If the facility only provides transfusion services, it shall meet the requirements of s. HFS 124.17 (3).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (1) (d), Register, January, 1987, No. 373, eff. 2-1-87; correction in (1) (b) and (2) made under s. 13.93 (2m) (b) 7., Stats., Register, February, 1989, No. 398.

HFS 132.67 Dental services. (1) **ADVISORY DENTIST.** The facility shall retain an advisory dentist to participate in the staff development program for nursing and other appropriate personnel and to recommend oral hygiene policies and practices for the care of residents.

(2) **ATTENDING DENTISTS.** (a) *Arrangements for dental care.* The facility shall make arrangements for dental care for residents who do not have a private dentist.

(b) *Transportation.* The facility shall assist the resident, if necessary, in arranging for transportation to and from the dentist's office.

(3) **DENTAL EXAMINATION OF RESIDENTS.** Every resident shall have a dental examination by a licensed dentist within 6 months after admission unless a dental examination has been performed within 6 months before admission. Subsequent dental health care shall be provided or arranged for the resident as needed.

(4) **EMERGENCY DENTAL CARE.** The facility shall arrange for emergency dental care when a resident's attending dentist is unavailable.

Note: For record requirements, see s. HFS 132.45; for dentists' orders, see s. HFS 132.60 (5); for staff development programs about dental practices, see s. HFS 132.44 (2).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (3), Register, January, 1987, No. 373, eff. 2-1-87.

HFS 132.68 Social services. (1) **PROVISION OF SERVICES.** Each facility shall provide for social services in conformance with this section.

(2) **STAFF.** (a) *Social worker.* Each facility shall employ or retain a person full-time or part-time to coordinate the social services, to review the social needs of residents, and to make referrals.

(b) *Qualifications.* The person required by par. (a) shall:

1. Have a bachelor's degree in social work, sociology, or psychology; meet the national association of social workers' standards of membership; and have one year of social work experience in a health care setting; or

2. Have a master's degree in social work from a graduate school of social work accredited by the council on social work education; or

3. Shall receive at least monthly consultation from a social worker who meets the standards of subd. 1. or 2.

(3) **ADMISSION.** (a) *Interviews.* Before or at the time of admission, each resident and guardian, if any, and any other person designated by the resident or guardian, shall be interviewed.

(b) *Admission history.* A social history of each resident shall be prepared.

(4) **CARE PLANNING.** (a) Within 2 weeks after admission, an evaluation of social needs and potential for discharge shall be completed for each resident;

(b) A social services component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care required by s. HFS 132.60 (8) (a); and

(c) Social services care and plans shall be evaluated in accordance with s. HFS 132.60 (8) (b).

(5) **SERVICES.** Social services staff shall provide the following:

(a) *Referrals.* If necessary, referrals for guardianship proceedings, or to appropriate agencies in cases of financial, psychiatric, rehabilitative or social problems which the facility cannot serve;

(b) *Adjustment assistance.* Assistance with adjustment to the facility, and continuing assistance to and communication with the resident, guardian, family, or other responsible persons;

(c) *Discharge planning.* Assistance to other facility staff and the resident in discharge planning at the time of admission and prior to removal under this chapter; and

(d) *Training.* Participation in inservice training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

Note: For record requirements, see s. HFS 132.45 (5) (d).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (3) (a), (4) (a) and (5) (a), Register, January, 1987, No. 373, eff. 2-1-87.

HFS 132.69 Activities. (1) **PROGRAM.** (a) Every facility shall provide an activities program which meets the requirements of this section. The program may consist of any combination of activities provided by the facility and those provided by other community resources.



Soon - Budget 6/25

State of Wisconsin
2001 - 2002 LEGISLATURE

LRBb1405/1

DAK:...

WJ

ARC:.....Hughes - AM22—Supply requirements for nursing home medications

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 654, line 6: after that line insert:

3 "SECTION 1894r. 50.04 (2d) of the statutes is created to read:

4 50.04 (2d) PHARMACEUTICAL SERVICES. (a) In this subsection:

5 1. "Drug product" means a specific drug or drugs in a specific dosage form and
6 strength from a known source of manufacture.

7 2. "Unit dose drug delivery system" means a system for the distribution to
8 nursing home residents of drug products under which a single dose of a drug product
9 is individually packaged and sealed.

1

3. "Unit dose packaging" includes individually wrapped, single doses of a drug product that are contained on cards and that may be singly accessed by punching out a single wrapping on the card.

2

3

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5

(b) Under a unit dose drug delivery system, as ordered by a physician, a pharmacy may dispense to a nursing home up to a one month's supply of the physician-directed dosage of drug products for an individual nursing home resident. The drug products may be supplied by use of unit dose packaging."

6

7

8

(END)

ARC:.....Hughes - AM22—Supply requirements for nursing home medications

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5 pharmacy may dispense to a nursing home up to a one-month's supply of the
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(END)