

ADMINISTRATIVE RULES – FISCAL ESTIMATE

1. Fiscal Estimate Version

Original Updated Corrected

2. Administrative Rule Chapter Title and Number

DHS 131 Hospices

3. Subject

Hospices

4. State Fiscal Effect:

No Fiscal Effect

Indeterminate

Increase Existing Revenues

Decrease Existing Revenues

Increase Costs

Yes No

May be possible to absorb within agency's budget.

Decrease Costs

5. Fund Sources Affected:

GPR FED PRO PRS SEG SEG-S

6. Affected Ch. 20, Stats. Appropriations:

7. Local Government Fiscal Effect:

No Fiscal Effect

Indeterminate

Increase Revenues

Decrease Revenues

Increase Costs

Decrease Costs

8. Local Government Units Affected:

Towns Villages Cities Counties School Districts WTCS Districts Others:

9. Private Sector Fiscal Effect (small businesses only):

No Fiscal Effect

Indeterminate

Increase Revenues

Decrease Revenues

Yes No May have significant economic impact on a substantial number of small businesses

Increase Costs

Yes No

May have significant economic impact on a substantial number of small businesses

Decrease Costs

10. Types of Small Businesses Affected:

One hospice entity.

11. Fiscal Analysis Summary

The Department proposes to amend ch. DHS 131 to align the rule with revised federal Medicare regulations, to eliminate outdated regulation and to reflect current professional standards of practice. Most of the changes to this rule are technical in nature and similar to recently adopted federal regulations. Hospices electing to be certified by the Medicare program are required to meet these federal regulations. Currently 75 of 76 licensed hospices in Wisconsin are federally certified. Most hospices in Wisconsin are operated by hospitals, home health agencies, nursing homes, and other health care providers. Research revealed that one facility (1.3 percent) in Wisconsin meets the definition of a small business. DHS 131 establishes certain standards for the delivery of services. The standards will not have an effect on state government expenditures or revenues. Estimated costs to providers for these standards include the following:

Quality Assessment and Performance Improvement (QAPI) program.

- one-time administrative costs of \$418
- annual administrative/Quality Improvement costs of \$3,128
- per patient costs of \$92

Development of program description, policies and procedures

- one-time administrative costs of \$418

Develop patient rights form

- one-time administrative costs of \$418

Caregiver background checks

- \$12 for non-profits organizations and governmental agencies and \$16 for other requestor
- completed upon hire and every 4 years thereafter

Patient care management including initial assessment, development of a plan of care

- Estimated \$168 per patient

Drug management including per patient assessment and drug investigations

- \$72 per patient assessment
- \$432 annual fee if completed by the pharmacist, \$312 if complete by the administrator

Communicable disease screening

- \$14 per employee

Training and orientation

- \$168 initial training per employee
- \$84 continuing education per employee

Registered nurse supervisory visits

- \$21 per RN supervisory visit per patient every 2 weeks

Some of the cost increase may be passed from affected hospices to the patient or private insurance for subsequent reimbursement either wholly, or in part, by one or both of these parties.

A small number of Wisconsin counties operate hospices and are subject to these rules. All county operated hospices are Medicare certified. Since this rule is similar to federal certification standards; counties are already meeting the new DHS 131 standards through compliance with the federal regulations.

12. Long-Range Fiscal Implications

None known

13. Name - Prepared by Larry Schneider	Telephone Number 608-267-2874	Date February 24, 2010
14. Name – OSF Analyst Reviewer Andy Forsaith	Telephone Number	Date March 9, 2010
Signature – DHS Secretary or Designee	Telephone Number	Date