

## Chapter DHS 114

### NEONATAL INTENSIVE CARE UNIT TRAINING GRANTS

DHS 114.01 Authority and purpose.  
 DHS 114.02 Applicability.  
 DHS 114.03 Definitions.

DHS 114.04 Application for training grants.  
 DHS 114.05 Training.  
 DHS 114.06 Reports.

**Note:** Chapter HFS 114 was created as an emergency rule effective January 21, 1999. Chapter HFS 114 was renumbered chapter DHS 114 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

**DHS 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.”

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99.

**DHS 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.

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99.

**DHS 114.03 Definitions.** In this chapter:

(1) “Department” means the Wisconsin department of health 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.

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99; correction in (1) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637.

**DHS 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 Community Health Promotion, Division of Public Health, 1 W. Wilson Street, Rm. 351, 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.

**Note:** 1997 Wis. Act 237 repealed s. 20.435 (5) (er), Stats.

(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.

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99.

**DHS 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.

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99.

**DHS 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.

**History:** Cr. Register, July, 1999, No. 523, eff. 8-1-99.