

Fiscal Estimate Narratives

DHS 6/18/2013

LRB Number	13-1513/1	Introduction Number	SB-212	Estimate Type	Original
Description Instructional programs for nurse aides and granting rule-making authority					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, nurse aides employed in Wisconsin are required to complete 120 hours of instruction, including 32 clinical hours, through a Department of Health Services (DHS) approved nurse aide training program and pass a competency examination. Nurse aides who receive equivalent training in other states may also work in Wisconsin after receiving DHS approval and passing a competency examination. However, nurse aides who complete less than 120 hours of instruction in another state must complete an additional 120 hours of instruction provided by a DHS approved nurse aide training program in Wisconsin and pass a competency examination in order to work as a nurse aide in Wisconsin. This bill would allow for a combination of DHS approved out-of-state and in-state instruction to be used toward the 120 hour requirement.

This bill allows DHS to approve instructional programs for nurse aides that, when combined with instruction received in another state, provide overall instruction that is substantially equivalent to instruction received through a DHS approved Wisconsin program and that meet standards prescribed in rule. DHS anticipates that the new instructional program, also known as a "bridge" program, would provide an additional 45 hours of training. Since Wisconsin law requires a total of 120 hours of training and federal law requires at least 75 hours of training in all states, 45 hours is the difference between the two requirements. By setting a standard 45 hour requirement, all students will enter the program meeting the federal minimum, and instructional programs will not need to tailor their curriculum to each individual.

The Department will need to undergo rulemaking to develop certification requirements and a standardized curriculum for the bridge program. The requirements are likely to be substantially similar to certification requirements currently in place in DHS 129, which regulates nurse aide training programs. As part of the regulatory process, DHS will review program applications, provide initial and ongoing onsite monitoring, and conduct two year reviews. The Department anticipates that rulemaking will take approximately 1,000 hours of existing staff time.

There are approximately 100 nurse aide instructional programs in Wisconsin. This estimate assumes that an equal number of programs will choose to create a bridge program. The Department estimates that oversight of the new instructional programs will require 1.0 additional Nursing Consultant FTE at a cost of \$89,000 (50% PR and 50% FED). Under the general supervision of the Director of the Office of Caregiver Quality, this position would review and approve training programs for nurse aides employed by nursing homes, hospitals, home health agencies and hospices for initial certification and recertification; assist in monitoring the contracted agency providing standardized, statewide nurse aide testing and Registry services; provide specialized consultation regarding educational programs; and train Division staff, health providers and trainers on the nurse aide training requirements. The Department anticipates that this position would review initial applications (ten hours per application), conduct initial onsite reviews of programs (1.5 hours per review plus travel time), and conduct two-year reviews of programs (three hours per review plus travel time). In addition, this position would respond to questions from students, programs, interested parties, and nursing homes.

The Department would not receive new program revenue under this bill because nurse aide instructional programs do not pay a fee for certification. Currently, certification is funded by program revenue collected through Caregiver Background Check fees, federal Medicaid reimbursement, and a federal Medicare grant. This bill would generate approximately \$33,800 in additional federal revenue through federal Medicaid reimbursement. The remaining federal cost is likely to be funded through existing federal Medicare grant revenue.

In summary, implementation of a bridge program for nurse aides in Wisconsin is estimated to cost approximately \$89,000 (\$44,500 PR and \$44,500 FED) annually. This amount would fund an additional 1.0 FTE and implementation and oversight of the bridge program.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2013 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

LRB Number 13-1513/1		Introduction Number SB-212	
Description Instructional programs for nurse aides and granting rule-making authority			
I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):			
II. Annualized Costs:		Annualized Fiscal Impact on funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes	\$74,500		\$
(FTE Position Changes)			
State Operations - Other Costs	14,500		
Local Assistance			
Aids to Individuals or Organizations			
TOTAL State Costs by Category	\$89,000		\$
B. State Costs by Source of Funds			
GPR			
FED	44,500		
PRO/PRS (s. 20.435(6)(jm)624)	44,500		
SEG/SEG-S			
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)			
	Increased Rev		Decreased Rev
GPR Taxes	\$		\$
GPR Earned			
FED	33,800		
PRO/PRS			
SEG/SEG-S			
TOTAL State Revenues	\$33,800		\$
NET ANNUALIZED FISCAL IMPACT			
	<u>State</u>		<u>Local</u>
NET CHANGE IN COSTS	\$89,000		\$
NET CHANGE IN REVENUE	\$33,800		\$
Agency/Prepared By		Authorized Signature	Date
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