

short term patient care plan for every patient and a patient's bill of rights and responsibilities (including a grievance mechanism) which is made available to all patients.

(c) *Home or self dialysis policies and procedures.* The home or self dialysis training unit shall develop additional policies and procedures, updated at least annually, governing home or self dialysis training and home or self dialysis activities. These policies and procedures shall include appropriate evaluation and surveillance of the home or self dialysis patient and equipment.

History: Cr. Register, November, 1979, No. 287, eff. 12-1-79.

H 52.06 Certification of ESRD units. Certification of dialysis and transplant centers and facilities for purposes of reimbursement under the program may be granted by the department based upon ESRD certification under the Medicare program, adherence to ch. H 52 or an acceptable plan of correction of deficiencies, and the advice of the state CRD program advisory review committee. Recertification shall be required annually.

History: Cr. Register, November, 1979, No. 287, eff. 12-1-79.

H 52.07 Cost reimbursement procedures. (1) **PROCEDURES.** The department shall use procedures for purchase of medical care which have been established for other government supported programs such as Medicare, Medicaid, and Vocational Rehabilitation.

(2) **THIRD PARTY PAYMENTS.** The ESRD units shall assist the department by processing and collecting third party payments. The ESRD provider shall bill the department and not the patient for amounts reimbursable under the CRD program.

(3) **COMPLETION OF FORMS.** The ESRD provider shall complete forms used by the department to discharge their fiscal responsibility described in s. 49.48 (3) (a), (b), (c), and (d), Stats.

History: Cr. Register, November, 1979, No. 287, eff. 12-1-79.

H 52.08 State CRD program advisory review committee (ARC). (1) A CRD program advisory committee shall be established and maintained by the department, consisting of 14 Wisconsin citizens representing the following professional and lay groups:

- (a) 3 physicians—including at least 2 nephrologists.
- (b) 2 renal transplant surgeons.
- (c) 1 hospital administrator from a hospital that operates a dialysis center.
- (d) 1 nurse involved in ESRD patient care.
- (e) 1 social worker involved in ESRD patient care.
- (f) 1 psychiatrist, clinical psychologist, or rehabilitation counselor.
- (g) 5 lay persons representing the consumer-patient group.

Appointments will be for 3 year staggered terms, with replacement of members from the same category to complete unexpired terms of mem-

bers unable to complete their terms. The group will elect its own chairman.

(2) The ARC will meet as required on discretion of the chairman or on petition of any 5 members of the committee.

(3) The ARC shall function as an advisory committee to the department for the purpose of clarifying and defining and from time to time modifying policies and operational procedures, in order to carry out the legislative intent of the CRD Program, s. 49.48, Stats. The appropriate areas of concern of the ARC will include but not be restricted to the following:

(a) Entitlement of patients to benefits.

(b) Certification of dialysis and transplant centers and facilities for purposes of reimbursement under the program.

(c) Reimbursement policies and procedures.

(d) Certification of patients for reimbursement.

(e) Provision of supplemental benefits to ESRD patients which are in general agreement with Medicare policies and regulations.

(4) The department may establish technical advisory subcommittees whose function will be to advise the staff of the department on changes and progress in technology and science requiring changes in rules, regulations or procedures in the administration of the program.

(5) The department may establish a fiscal advisory subcommittee to advise the staff of the department on implementation of H 52.07 (1) "Cost Reimbursement Procedures", such as the definition of "reasonable cost", "expenses", "the difference in cost", mentioned in the statutes, the limitation of the excess of the charges above Medicare and/or Medicaid payments and provide recommendations for other fiscal problems.

History: Cr. Register, November, 1979, No. 287, eff. 12-1-79.