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Chapter DHS 129

CERTIFICATION OF PROGRAMS FOR TRAINING AND TESTING NURSE AIDES, MEDICATION AIDES AND FEEDING ASSISTANTS

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Note: Chapter HSS 129 was renumbered to chapter HFS 129 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 7., Stats., Register, June, 1999, No. 522. Chapter HFS 129 as it existed on November 30, 2008, was repealed and a new chapter DHS 129, as renumbered from chapter HFS 129 under s. 13.92 (4) (b) 1., Stats., was created, Register November 2008 No. 635, effective December 1, 2008.

Subchapter I — General Provisions

DHS 129.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.40 (2m), (3), (3g), and (5), and 227.11 (2) (a), Stats., to provide conditions of approval for training programs and competency evaluation programs for persons who work as nurse aides, medication aides or feeding assistants in hospitals, nursing homes or facilities for the developmentally disabled, home health agencies or hospices certified under 42 USC 1395 to 1395ccc, and conditions for including persons in the department's registry of nurse aides.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 16-088: am. Register September 2017 No. 741, eff. 10-1-17.

DHS 129.02 Applicability. This chapter applies to any facility, agency or other organization that proposes to maintain a registry of nurse aides, train or administer competency evaluation testing of nurse aides, feeding assistants, or medication aides under a program approved by or under contract with the department under this chapter, and to all persons automatically included or eligible for inclusion and requesting inclusion in the department's registry of nurse aides.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.03 Definitions. In this chapter:

(1) "Abuse" has the meaning specified in s. DHS 13.03 (1).

(2) "Basic nursing course" means a course or combination of courses that contain the basic nursing skills, competencies and knowledge that the department is satisfied are generally equivalent in content to the skills contained in s. DHS 129.07 (1).

(3) "Body mechanics" means the use of the muscle and skeletal systems during activity and when positioning the body for work tasks, given that the task is within the limits of worker capability when assisting in the movement, positioning and transfer of clients.

(4) "Caregiver misconduct registry" has the meaning specified in s. DHS 13.03 (4).

(5) "Client" means a person receiving care, treatment or diagnostic services from a health care provider.

(6) "Client care ergonomics" means a multifaceted, standardized approach for client mobility tasks, which incorporates the evaluation of client characteristics to assure proper selection and use of equipment by caregivers according to algorithms for client transfer and mobility activities.

(7) "Client related services" means care, treatment or diagnostic services provided to a client.

(8) "Clinical setting" means one of the following:

(a) A practice setting where care and treatment of clients occur.

(b) A health care-related setting, where care and treatment of clients occurs.

(9) "Competency evaluation program" means a testing program for nurse aides that is approved under this chapter and consists of all of the following components:

(a) A written or oral examination.

(b) A skills demonstration examination.

(10) "Complicated feeding problems" means difficulty in swallowing, recurrent lung aspiration, or tube or parenteral or IV feedings.

(11) "Department" means the Wisconsin department of health services.

(12) "Developmental tasks" means those functions normally associated with the aging process, including acceptance of and adjustment to psychosocial and physiological processes, transition throughout adulthood, retirement development, and life review.

(13) "Direct supervision" means that an RN or LPN is immediately available on the same unit, floor or wing as the nurse aide while the nurse aide is performing client-related services.

(14) "Employment" means working for another for compen-

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sation on a full-time, part-time, temporary, per diem, contractual or other basis.

(15) "Facility for the developmentally disabled" means a place or a distinct part of a place where five or more unrelated persons reside and who, because of their developmental disabilities, require access to 24-hour nursing care or treatment for developmental disabilities as defined under rules promulgated by the department for facilities for the developmentally disabled. "Facility for the developmentally disabled" does not include any of the following:

(a) A convent or facility owned or operated exclusively by and for members of a religious order that provides reception and care or treatment of an individual.

(b) A hospice that directly provides inpatient care.

(c) An assisted living facility, as defined in s. 50.034, Stats.

(d) A nursing home.

(16) "Feeding assistant" means a person at least 16 years old who has completed a state-approved feeding assistant training program and who is paid by a nursing home, or a person who is used under an arrangement with another agency or organization to assist clients who have no feeding complications with the activities of eating and drinking. "Feeding assistant" does not mean an individual who is a licensed health professional or registered dietician; volunteers without money compensation; or a nurse aide.

(17) "General supervision" means at least intermittent face-to-face contact between supervisor and nurse aide, but does not require the continuous presence of the supervisor in the same area during client-related services.

(18) "Disability" means a physical or mental impairment that makes ability to care for oneself unusually difficult or limits one's capacity to work.

(19) "Health care provider" means any of the following:

(a) A nursing home.

(b) A facility for the developmentally disabled.

(c) An intermediate care facility for individuals with intellectual disabilities.

(d) A hospital.

(e) A home health agency.

(f) A hospice.

(g) A rural medical center that provides one or more of the services listed in pars. (a) to (f).

(20) "Home health agency" has the meaning specified in s. 50.49 (1), Stats.

(21) "Hospice" means an organization, program or place as defined in s. 50.90 (1), Stats., and ch. DHS 131, and is certified as a provider of services under 42 USC 1395 to 1395ccc.

(22) "Hospice medication aide" means a nurse aide who is able to administer medications in a hospice after passing a department-approved medication course.

(23) "Hospital" has the meaning specified in s. 50.33 (2), Stats.

(24) "Licensed health care professional" means a physician, physician's assistant, nurse practitioner, physical, speech or occupational therapist, an occupational therapy assistant, a registered nurse, a licensed practical nurse or any other health or health service professional subject to the jurisdiction of the Wisconsin department of safety and professional services.

(25) "Licensed practical nurse (LPN)" means an individual who is licensed under s. 441.10 (1) and (4) to (8), Stats., or who has a temporary permit under s. 441.10 (9), Stats.

(26) "Mechanical support" means any article, device or garment that is used only to achieve the proper position or balance of the client.

(27) "Misappropriation" has the meaning specified in s. DHS 13.03 (12).

(28) "Misconduct" means abuse or neglect of a client or misappropriation of a client's property as specified in s. DHS 13.03 (1), (12) and (14).

(29) "Neglect" has the meaning specified in s. DHS 13.03 (14).

(30) (a) "Nurse aide" means a person, regardless of the person's title, who provides routine client-related services under the supervision of a registered nurse or licensed practical nurse. "Nurse aide" includes any of the following:

1. Any person on the registry.

2. Any person providing nursing or nursing-related services to clients, regardless of the title under which the person is employed.

3. Any person who has successfully completed a training program under s. DHS 129.07 and a competency evaluation program under s. DHS 129.08.

4. Any person employed to provide nursing or nursing-related services, or employed within the last 24 months as a nurse aide by a health care provider.

5. Any person eligible to be included on the registry under s. 146.40, Stats.

6. Any student nurse on assignment for greater than 120 days.

(b) "Nurse aide" does not mean a person who is licensed, receives a permit, is certified or is registered under ch. 441, 448, 449, 450, 451, 455 or 459, Stats.

(c) "Nurse aide" does not mean a person whose duties primarily involve skills that are different from those taught in training and competency evaluation programs approved under ss. DHS 129.07 and 129.08. A volunteer is not a "nurse aide".

(30m) "Nurse aide training program" means an instructional program for a nurse aide that is approved by the department as mandated by s. 146.40 (3) or (3g), Stats.

(32) "Nursing home" has the meaning specified in s. 50.01 (3), Stats.

(33) "Nursing home medication aide" means a nurse aide who is able to administer medications in a nursing home or a facility for the developmentally disabled after passing a department-approved medication course.

(34) "Onsite review" means an evaluation of a training program conducted at the physical location of the training program to verify the program is in compliance with the terms of the approval issued.

(35) "Plan of correction" means the training program's plan to correct all areas identified as deficient during an onsite review.

(36) "Preliminary approval" means the initial 3 month approval issued by the department following the completed review and verification of all aspects of the application.

(37) "Primary instructor" means a registered nurse licensed to practice in Wisconsin who has a minimum of 2 years of nursing experience working as a registered nurse, at least one year of which must be in the provision of long-term care facility services, and who has completed a course in adult education or supervising nurse aides.

(38) "PRN medications" means medications administered as necessary based on the resident's or patient's condition.

(39) "Program" means the facility, agency or other entity or individual who operates an approved training program.

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(40) "Program trainer" means an individual from a health related field who provides specialized training about that field to nurse aides under the general supervision of the primary instructor.

(41) "Qualified clinical setting" means a clinical setting unencumbered by restrictions imposed under 42 CFR 483.151.

(42) "Qualified medication consultant" means one of the following:

(a) A pharmacist licensed in Wisconsin.

(b) An advanced practice nurse prescriber as defined in s. N 8.02 (2).

(c) A masters-prepared registered nurse, teaching medication administration to RN or LPN students.

(43) "Registered nurse (RN)" means an individual who is licensed as a registered nurse under s. 441.06, Stats., or who has a temporary permit under s. 441.08, Stats., to practice as a registered nurse.

(44) "Registry" means the department's record of all persons who are eligible to be employed by a health care provider, and who have either:

(a) Successfully completed a training and competency evaluation program.

(b) Met the eligibility requirements under s. DHS 129.09 (5) to be included in the registry.

(45) "Restorative services" means the therapeutic practice, education and training to restore, promote, and maintain the client's fullest possible level of functioning.

(46) "Restraint" means any garment, device, or medication used primarily to modify client behavior by interfering with the free movement of the client or normal functioning of a portion of the body, and which the client is unable to remove easily, or confinement in a locked room, but does not include mechanical support.

(47) "Revocation" means withdrawal of a nurse aide training program's or competency evaluation program's approval for failing to comply with applicable state requirements specified in s. 146.40, Stats.

(48) "Rural medical center" has the meaning specified in s. 50.50 (11), Stats.

(49) "Statement of deficiencies" means the official document on which the Department records citations.

(50) "Student nurse" means an individual who is enrolled in a school for professional nurses or a school for licensed practical nurses that meets standards established by the Board of Nursing under s. 441.01 (4), Stats., and ch. N 1, or who has successfully completed the course work of a basic nursing course in any school that is approved by the Board of Nursing under s. 441.06 (1) (a), Stats., but has not successfully completed the examination under s. 441.06 (1) (e) or 441.10 (1) (e), Stats.

(51) "Substantial change" means a change to the facility, agency, organization or person that administers the training; program designee; program site; the curriculum; the classroom; the clinical site; primary instructor; and program trainer.

(52) "Suspension" means a temporary withdrawal of the department's approval for a facility, agency or other organization to provide a training or competency evaluation program if the entity providing the program is not in compliance with an approval previously issued by the department.

(53) "Training program" means a program approved under this chapter to train nurse aides, feeding assistants or medication aides.

(54) "Variance" means the department's approval of an alternate requirement requested by a health care provider in place of a requirement of this chapter.

(55) "Waiver" means the department's approval of an exemption requested by a health care provider from a requirement of this chapter.

(56) "Waiver of prohibition" means an authorization for a program to be taught in but not by the entity's staff that has had its approval denied or withdrawn pursuant to Public Law 105-15, Section 1819 (f) (2) and Section 1919 (f) (2) of the Social Security Act, and 42 USC 1395i3 (f) (2) and 42 USC 1396r (f) (2).

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; corrections in (1), (4), (21), (23), (27), (28) and (29) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; correction in (24) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674; correction in (50) made under s. 13.92 (4) (b) 7., Stats., Register July 2015 No. 715; correction in (25) and (50) made under s. 13.92 (4) (b) 7., Stats., Register November 2015 No. 719; CR 16-088: cr. (30m) Register September 2017 No. 741, eff. 10-1-17; 2019 Wis. Act 1: am. (19) (c) Register May 2019 No. 761, eff. 6-1-19; CR 20-068: am. (18) Register December 2021 No. 792, eff. 1-1-22; CR 21-087: r. and recr. (30m), r. (31) Register June 2022 No. 798, eff. 7-1-22; **CR 25-055: am. (30) (a) 2. Register February 2026 No. 842, eff. 3-1-26.**

DHS 129.04 Waivers and variances. (1) REQUIREMENTS FOR WAIVERS OR VARIANCES. The department may grant a request for a waiver of or a variance from a requirement of this chapter if the department finds that the waiver or variance will not adversely affect the health, safety or welfare of any client; and that either:

(a) The requirement that the health care provider or program seeks relief from would result in unreasonable hardship or is infeasible as applied to the training program or competency evaluation program.

(b) If the request is for a variance, the proposed alternative to a rule, including new concepts, methods, procedures, practice, techniques, equipment, personnel qualifications, pilot project or other alternative is in the interest of client care and management or more effective training or testing programs or management.

(2) PROCEDURES. (a) *Requests.* A request for a waiver or variance may be made at any time, shall be made in writing to the department and shall state all of the following:

1. The rule from which the waiver or variance is requested.

2. The time period for which the waiver or variance is requested.

3. The reason or reasons for which the waiver or variance is requested.

4. If the request is for a variance, the proposed alternative to the rule, including new concepts, methods, procedures, practice, techniques, equipment, personnel qualifications, pilot project or other alternative or alternatives the program proposes and a description of how the proposed alternative or alternatives serves the interests of training and competency evaluation in a manner that is as protective as the requirement from which the variance is sought; and

5. Assurances that sub. (1) will be satisfied.

6. The department may require additional information from the health care provider or program prior to acting on the request.

Note: A request for a waiver or variance should be addressed to the Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-2969 or faxed to 608-264-6340.

(b) *Grants and denials.* 1. The department shall grant or deny in writing each request for a waiver or variance. The notice of denial shall contain reasons for the denial.

2. The terms of a waiver or variance shall be modified upon agreement between the department and the health care provider or program.

3. The department may impose additional conditions on a

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waiver or variance it considers necessary to protect the health, safety or welfare of clients.

4. The department may limit the duration of any waiver or variance.

(c) *Revocation.* The department may revoke a waiver or variance, with written notice to the program, subject to the hearing requirements in par. (d), for any of the following reasons:

1. The department determines the waiver or variance is adversely affecting the effectiveness of the health care provider or program.

2. The health care provider or program failed to comply with the waiver or variance as granted or with a condition of the waiver or variance.

3. The health care provider or program notifies the department in writing that the program wishes to relinquish the waiver or variance and be subject to the rule previously waived or varied.

4. Revocation is required by a change in law.

(d) *Hearings.* A health care provider or program may contest the denial of a requested waiver or variance by requesting a hearing under ch. 227, Stats., and s. DHS 129.10.

(3) NURSE AIDE TRAINING OR COMPETENCY EVALUATION PROGRAM WAIVER OF PROHIBITION. Pursuant to amendments made to Public Law 105-15, Section 1819 (f) (2) and Section 1919 (f) (2) of the Social Security Act, and 42 USC 1395i-3 (f) (2) and 42 USC 1396r (f) (2), the department may authorize a waiver of the 2-year prohibition for approval of training programs or the competency evaluation program offered in but not by a facility under the following circumstances:

(a) No other department-approved program is offered within a reasonable distance of the facility.

(b) The facility shall have an adequate environment for operating the program. An adequate environment means the citations leading to the prohibition were non-resident and non-nursing care related.

(c) If the citations leading to the prohibition were resident or nursing care related:

1. The citations were corrected at revisit and there were no cites at or since the previous standard survey that were resident or nursing care related; or

2. The program termination resulted from a new citation at a standard survey revisit and the facility had no other citations at or since the previous standard survey that were resident or nursing care related; or

3. The facility had an immediate jeopardy situation in a resident or nursing care related area that was corrected at the time of survey and had no other citations at or since the previous standard survey that were resident or nursing care related; or

4. The facility had a history of resident or nursing care related citations, but has demonstrated efforts beyond normal means to attain and maintain substantial compliance. History means since the most recent training program approval.

(d) The facility's physical environment is adequate in that the physical or structural requirements are in substantial compliance or there is a waiver request pending.

(e) The program provided in the facility shall be by another entity unrelated to the facility that has agreed to provide the training. Competency testing shall also be done by an entity unrelated to the facility or the training program.

(f) The facility requesting the waiver shall notify the State long term care ombudsman of the request for waiver. The ombudsman may comment to the department identifying any concerns about whether the facility may serve as a training site.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; **CR 25-055: am. (3) (intro.), renum. (3) (a) (intro.) to (3) and am., r. (3) (a) 1. to 3. Register February 2026 No. 842, eff. 3-1-26.**

Subchapter II — Nurse Aide Training and Testing

DHS 129.05 Nurse aide training program approval process. (1) APPLICATION. (a) An applicant for nurse aide training program approval shall apply for approval of their program on a form provided by the department.

Note: To obtain a copy of the application, email the Division of Quality Assurance at: DHSWIDQA_NATCEP@dhs.wisconsin.gov.

(b) The program shall provide any additional information requested by the department during the department's review of the application.

(c) The program shall designate an individual who is responsible for the operation and compliance of the program with all applicable provisions of this chapter. The program shall note the designee on the application for approval.

(d) All aspects of the program shall be in compliance with all applicable federal, state and local laws.

(2) ACTION BY THE DEPARTMENT. (a) *Initial review of a training program.* 1. Upon receiving an application for approval of a training program, the department shall review the program to determine the program's compliance with ss. DHS 129.06 and 129.07. The department shall review the program for all of the following:

a. Program content, length and ratio of classroom instruction to skills training.

b. Qualifications of instructors.

c. Clinical setting and type of clinical supervision.

d. Provision for written evaluation of the program.

e. Reasonable accommodations for prospective students with disabilities.

f. Criteria for successful completion.

g. Appropriate furnishing of physical facilities to meet classroom instruction and skills training needs.

2. Within 90 days after receiving a training program application, the department shall either issue a preliminary approval or deny the application. Preliminary approval may be granted for a period of 3 months. If the application is denied, the department shall give the program reasons, in writing, for the denial and describe the process to appeal the denial.

3. If an application for approval of a training program is denied, the program may not resubmit an application for approval to train nurse aides for 6 months from the date of the denial of the application.

(b) *Pre-approval and monitoring.* 1. The department shall conduct a preliminary approval onsite review before issuing a preliminary approval, to verify that the classroom and equipment are adequate for the training program.

2. Following the 3 month preliminary approval period, the department shall conduct an onsite review to verify compliance with the requirements of this chapter. The department shall either issue a formal approval or revoke the preliminary approval.

3. If preliminary approval for a training program is denied or revoked, the program may not resubmit a request for approval to train nurse aides for 6 months from the date the preliminary approval for the training program was denied or revoked.

(c) *Post-approval review and monitoring.* 1. The department shall conduct a post-approval review of a program every 2 years after the date on which the department formally approves the program. The department may conduct an announced or an unannounced on-site review of the program at any time to verify that the program remains in compliance with this chapter.

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2. The program designee shall submit an annual report to the department on a form provided by the department and shall provide any additional information requested by the department during the department's review of the program. The program designee shall provide reasonable means for the department to examine records and gather requested information.

3. The program designee shall submit for approval any substantial change in the program to the department in writing. A program may not implement the proposed change in the program without the department's written approval. In this subdivision, "substantial change" means a change in the program designee under s. DHS 129.05 (1) (c), primary instructor under s. DHS 129.06 (1), training course for primary instructors under s. DHS 129.06 (3), curriculum under s. DHS 129.07 (1), or program site under s. DHS 129.07 (2) (a) or (c).

4. An approved training program may be granted inactive status if no training was conducted in the previous 24 consecutive months. The training program will be required to submit a new application in its entirety if the period of inactivity is 36 consecutive months or longer.

5. If at any time the department determines that a program has failed to comply with a requirement of this chapter, the department may, after providing written notice, impose a plan of correction on the program, or suspend or revoke approval of the program.

(d) *Enforcement.* 1. The department may deny or withdraw approval of a new or existing program for any of the following reasons:

a. The program cannot provide satisfactory evidence that the program meets the standards for program approval.

b. The program did not conduct any training classes within the previous 24 consecutive months.

c. The program fails to allow the department to conduct an on-site visit of the training program.

2. The department may withdraw program approval immediately or prescribe the time within which the deficiencies identified during an onsite review shall be corrected. All notices of deficiency shall be given in writing to the program contact, identified in s. DHS 129.05 (1) (c). The program contact may submit a plan of correction to the department. If the program fails to correct the deficiency within the specified time, the approval may be withdrawn.

3. When program approval is withdrawn, the program shall do all of the following:

a. Submit a plan to the department within 10 business days after the withdrawal of the program's approval for the completion of the program of the enrolled students with another program in good standing with the department.

b. Allow students who have started that program to complete the course with another program that is in good standing with the department.

c. Provide for custody of the training records for a 3 year time period as required in s. DHS 129.07 (2) (f).

4. Denial or withdrawal of facility-based training is subject to the requirements of applicable federal law.

5. If the approval is withdrawn, the program may request a hearing under in s. DHS 129.10.

6. If approval of the program is denied or withdrawn under subd. 1., the program may not reapply for program approval for 6 months from the date of the denial or withdrawal of the program approval.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; correction in (2) (d) 6. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 20-068: am. (2) (a) 1. e. Register December 2021 No. 792, eff. 1-1-22.

DHS 129.06 Standards for instructors of nurse aide training programs. (1) PRIMARY INSTRUCTOR. (a) The primary instructor for a training program shall be a registered nurse licensed to practice in Wisconsin, who has at least 2 years of experience working as a registered nurse, of which at least one year of experience shall be actual work experience in providing care in a nursing home that meets the requirements of sections 1919(a), (b), (c) and (d) of the Social Security Act.

(b) Notwithstanding par. (a), the primary instructor for a training program conducted by a hospital shall have at least one of the 2 years experience working as a registered nurse in a hospital.

(c) Notwithstanding par. (a), for a primary instructor in a training program in a home health agency-based program, shall have at least one of the 2 years experience working as a registered nurse in the provision of home health care.

(d) A primary instructor shall provide to the program a resume documenting the instructor's education and clinical experience in meeting clients' psychosocial, behavioral, cognitive and physical needs, and the program shall maintain the instructor's resume on file and shall include a copy of the instructor's resume with the program's application for program approval.

(e) The primary instructor shall attend a training course for instructors approved by the department under sub. (3). The department may waive this requirement for an instructor who has taken a substantially equivalent course or who has substantially equivalent training or clinical experience.

(f) A primary instructor is considered active as long as the instructor remains affiliated with an approved course. If the primary instructor leaves the program and does not become affiliated with another program the instructor's approval as a primary instructor is inactivated as of the date the instructor leaves the approved program.

(g) The department may revoke approval of a primary instructor if the department determines the primary instructor failed to comply with any requirement of this chapter.

(2) PROGRAM TRAINER. (a) Only persons licensed in health care and public health fields may serve as program trainers to meet specialized training needs. This may include licensed registered nurses, licensed practical nurses, pharmacists, dietitians, social workers, registered sanitarians, fire safety experts, health care administrators, gerontologists, psychologists, physical and occupational therapists, activity therapists, speech and language pathologists, audiologists, and high school instructors who are approved by the administration in their respective districts to teach health occupation courses.

(b) A program trainer shall have at least one year of work experience in the area the program trainer will provide training.

(c) A program trainer shall work under the general supervision of the primary instructor.

(3) TRAINING COURSE FOR PRIMARY INSTRUCTORS. Application for approval of a training course for primary instructors shall be made on a form provided by the department. The department shall review an application for approval of a training course for primary instructors and shall approve or deny the application within 90 days after receiving the application. The application shall include documentation of all of the following:

(a) The instructor shall be a registered nurse licensed to practice in Wisconsin and have at least 2 years of experience as an instructor of nursing practice or nurse aides.

(b) The course shall be a minimum of 16 hours in length.

(c) The training course shall include the following areas:

1. The principles of adult learning and training techniques.

2. Formulating training objectives, including behavior objec-

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tives which state measurable performance criteria to provide a basis for competency evaluation.

3. Designing the curriculum to provide a logical organization of the material to be covered.

4. Developing lesson plans.

5. Choosing appropriate teaching strategies and methodologies.

6. Developing learning materials.

7. Applying methods for evaluating trainee learning.

8. Effectively supervising trainees' clinical practice.

9. Defining criteria for successful achievement of training program objectives, including development of oral and written examinations and development of methods for demonstrating skills based on behaviorally stated course objectives; and

10. Developing a recordkeeping system.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.07 Standards for nurse aide training programs. (1) CURRICULUM FOR A NURSE AIDE TRAINING PROGRAM. The training program shall include theory and practice in all of the following care areas:

(a) *Interpersonal communication and social interaction.* The program shall include the theory of and practice in communicating and interacting on a one-to-one basis with a client; serving as part of a team implementing client care objectives; demonstrating sensitivity to a client's emotional; social and psychological needs through directed interactions; and skills that enable expressions of age-appropriate behavior by allowing a client to make personal choices and by reinforcing behavior that supports a client's sense of dignity. After completion of this portion of the training program, a nurse aide shall do all of the following:

1. Identify the components of a caregiver-client relationship and be able to recognize and demonstrate understanding of all of the following:

a. The uniqueness of each client, in terms of that person's age, disability, family status, financial status, gender, marital status, race, and sexual orientation, and cultural, generational, social, ethnic, religious or other background, values or characteristics.

b. The needs of a client with Alzheimer's disease, dementia, mental illness, intellectual disability, or other cognitive disabilities or impairments.

c. Ways both nurse aides and clients can cope with stress.

d. What constitutes caregiver misconduct.

e. The messages conveyed by body language, speech and facial expressions.

2. Demonstrate an ability to establish effective relationships with clients and be able to do all of the following:

a. Communicate with clients in a respectful manner that affords clients dignity.

b. Explain procedures and activities to clients before carrying out those procedures or beginning those activities.

c. Demonstrate concern for clients who have long-term or disabling illnesses or who are dying.

d. Identify developmental tasks associated with the aging process.

3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with clients and be able to do all of the following:

a. Recognize effective listening techniques.

b. Distinguish assertive from aggressive responses.

c. Identify the difference between non-acceptable and acceptable touching during job performance.

d. Identify therapeutic interventions and specialized techniques for responding to client's wandering and confusion.

4. Recognize common barriers to communication, including language, vision changes, hearing loss, speech problems, memory loss, disorientation and pain.

5. Demonstrate an ability to promote the independence of clients within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.

6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for client emotional support.

(b) *Basic nursing skills.* The program shall include the theory of and practice in basic nursing skills, including bed making, taking vital signs, measuring height and weight, caring for the client's environment, measuring fluid and nutrient intake and output, assisting in the provision of proper nutritional care, walking or transferring the client using body mechanics and appropriately selected equipment with regard to principles of client care ergonomics, and maintaining infection control and safety standards. A nurse aide shall do all of the following:

1. Use acceptable personal hygiene.

2. Recognize the components of working relationships.

3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency.

4. Use proper body mechanics.

5. Demonstrate an understanding of the meaning of common medical terms and abbreviations.

6. Observe and report changes in client behavior and physical status, including signs and symptoms of common diseases and conditions.

7. Recognize when a client may be choking and respond appropriately.

8. Recognize the normal physical and psychological changes associated with aging.

9. Identify the basic principles of nutrition and hydration.

10. Recognize and report deviations from a client's normal food and fluid intake and output.

11. Recognize the basic requirements of commonly prescribed therapeutic diets.

12. Use common measures to promote a client's skin integrity, considering the client's ethnicity, race and age.

13. Demonstrate appropriate techniques in walking, transferring, positioning and transporting clients.

14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails.

15. Recognize and respond appropriately to emergency situations including following emergency evacuation procedures.

16. Demonstrate appropriate hand washing techniques.

17. Understand and use commonly used alternatives to restraints in accordance with current professional standards.

18. Maintain the safety and cleanliness of client care areas.

19. Make use of proper isolation technique.

20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions.

21. Make occupied and unoccupied beds.

22. Measure temperature, pulse and respiration.

23. Measure a client's weight and height.

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24. Record objective information.

25. Apply nonprescription ointments to unbroken skin areas.

26. Recognize the general effects of prescribed routine medications.

27. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions.

28. Assist with care of clients when death is imminent.

29. Assist with post-mortem care.

30. Maintain the safety and cleanliness of areas where food is stored.

(c) *Personal care skills.* The program shall include the theory of and practice in basic personal care skills, including bathing, mouth care, grooming, dressing, toileting, and assistance with eating, hydration and skin care. A nurse aide shall demonstrate the ability to do all of the following:

1. Give a complete or partial bed bath to a client and assist a client in taking a bath or a shower.

2. Provide care of the client's perineal area.

3. Apply appropriate oral hygiene practices when assisting a client with oral hygiene, including caring for the client's dentures.

4. Care for a client's nails, hair and skin.

5. Shave and shampoo a client, including applying nonprescription medicated shampoos.

6. Dress and undress a client.

7. Prepare a client for meals.

8. Assist in feeding a client, including helping a client use adaptive devices and feeding utensils and encouraging a client to eat nutritionally balanced meals.

9. Assist a client with bowel and bladder elimination.

(d) *Basic restorative services.* The program shall include the theory of and practice in providing restorative services. Basic restorative services include the application of assistive devices for ambulation; eating and dressing; maintenance of range of motion through appropriate exercises; proper turning and positioning both in bed and chair; proper transferring techniques; bowel and bladder training; and care and use of prosthetic devices such as hearing aids, artificial eyes and artificial limbs. A nurse aide shall demonstrate the ability to do all of the following:

1. Recognize the importance of bowel and bladder programs.

2. Recognize the method for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to do all of the following:

a. Position clients by use of pillows, towel rolls, padding and footboards.

b. Perform simple range of motion exercises.

c. Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.

3. Transfer clients safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer clients.

Note: Equipment used to transfer clients includes, but is not limited to, mechanical lifts, friction reducing devices; wheelchairs and gait belts.

4. Reinforce breathing exercises, including coughing and deep breathing.

5. Help clients use hearing aids and visual aids.

(e) *Rights of clients.* 1. The program shall provide instruction on the principles of and requirements relating to clients' rights. The nurse aide shall demonstrate an understanding of all of the following obligations:

a. Providing privacy for clients in treatment, living arrangements and personal care needs.

b. Maintaining the confidentiality of client health and personal records.

c. Allowing clients to make personal choices to accommodate the clients' needs.

d. Providing help clients need in getting to and participating in activities, including client and family group meetings.

e. Maintaining the personal possessions of clients in good and secure condition.

f. Interacting with clients without abusing or neglecting the clients.

g. Interacting with clients without misappropriating the clients' property.

h. Immediately reporting to appropriate facility or agency staff every instance of abuse or neglect of a client or misappropriation of a client's property as defined in s. DHS 13.03 (1), (12), and (14).

2. The nurse aide shall demonstrate behavior that recognizes that clients have rights and that the aide respects those rights. The nurse aide shall do all of the following:

a. Demonstrate respect and concern for each client's rights, preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational and religious differences.

b. Show respect for cultural, ethnic and religious food preferences.

c. Recognize what constitutes abuse of clients and demonstrate an understanding of how to interact with clients without abusing them or without appearing to abuse them.

d. Demonstrate prevention and intervention skills with combative clients that balance appropriate client care with a need to minimize the potential for injury to the aide and others.

e. Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating complaints of abuse of client property.

f. Demonstrate an understanding of the process by which a client or staff member may file a complaint on behalf of a client and seek redress for a perceived violation of client rights.

g. Recognize the role of client advocacy groups as client resources.

h. Demonstrate awareness of how to file a complaint with the department regarding operations within the provider setting.

(f) *Dementias.* The program shall include instruction about dementia and specific techniques for meeting the basic needs of clients with dementia. The nurse aide shall demonstrate an understanding of all of the following:

1. The nature of dementia, including the cause, course and symptoms of the impairment. The effects that brain changes have on the person's moods, abilities and functioning.

2. The effects on the client of staff verbal and nonverbal communication with the client and means of modifying these communications and approaches to facilitate effective interaction between clients and staff.

3. The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems.

4. The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability.

5. Possible causes of dementia related symptomatic behavior

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changes, specifically focusing on understanding behavior as an attempt to communicate unmet needs and then how to address the unmet need including an understanding of how pain impacts behavior.

6. Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine and the incorporation of the person's life story and past interests, routines, tastes, values and background.

7. The stress involved for the client, family and nurse aide in caring for a client with dementia and techniques for coping with this stress and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

(2) PROGRAM OPERATION. (a) *Class setting.* 1. Programs shall ensure that classrooms and lab facilities are adequate to meet the needs of the program, based on the number of students enrolled and how the classroom space is used. Programs shall ensure that classroom and skills labs have adequate temperature controls, clean and safe conditions, adequate space to accommodate students, adequate lighting, and all training equipment needed, including audiovisual equipment and any equipment needed for simulating resident care. Lab equipment shall be in the skill lab at all times necessary for demonstration, practice, and student demonstration. Any area designated as a classroom or lab in a facility-based program shall be an area that is not designated for resident care.

2. The program shall have qualified faculty members for both the classroom and the skills portion of the program.

3. The program shall have reasonable accommodations for students and prospective students with disabilities.

(b) *Program standards for training programs.* 1. A training program shall include at least 75 training hours as required under 42 CFR 483.152 (a). At least 16 of those 75 training hours must be in a clinical experience in a clinical setting as required under 42 CFR 483.152 (a) and approved by the department. The first 16 hours of training shall be provided in a classroom setting before a student has direct contact with clients. Tours of a facility, including observations of clients and day-to-day facility activities, may be incorporated into the classroom hours. Competency evaluation under s. DHS 129.08 and provider orientation may not be counted toward meeting the 75-hour minimum requirement.

2. The program shall cover all of the following during the first 16 hours of classroom training:

a. Communication and interpersonal skills.

b. Infection control.

c. Safety and emergency procedures.

d. Promoting residents' independence.

e. Residents' rights.

3. A health care provider may employ a student as a nurse aide after the student has completed 16 hours of classroom training in the topics in subd. 2., and if the student is a full-time permanent employee, and is enrolled in an approved training program. The training program shall provide the health care provider with verification that the program has provided the instruction specified in subd. 2.

4. The program shall provide notification to students sponsored by Medicaid-certified nursing facilities that the students are not responsible for any costs associated with training, including deposits for textbooks or supplies used.

(c) *Clinical setting.* Before a student performs any client-related services, the RN primary instructor shall determine that the student has been trained and found proficient in providing those services. The training program shall ensure all of the following:

1. Access to a clinical setting approved by the department that is adequate to meet the needs of the program.

a. Clinical settings shall be in compliance with state and federal law. The program designee or primary instructor and the health care provider with whom the program has contracted are responsible for verifying that the clinical facility is in compliance with state and federal law. This verification shall be documented in the program's files and shall be available during the evaluation process.

b. The agreement between the program and the clinical setting shall be reviewed and renewed annually by the department and upon any change of facility or school administration. A copy of the agreement shall be submitted to the department.

c. During classroom and lab instructions, students shall be oriented to the various forms used to document resident information. Instructors shall supervise documentation on the appropriate flow sheets and forms during the clinical rotation.

d. Before a student begins a clinical rotation, the primary instructor shall evaluate and document that the student successfully demonstrated the ability to perform a skill.

e. Students may not give hands-on care to a resident who is not assigned to the student unless the student is under the direct supervision of the primary instructor.

f. Students who are under the general supervision of the primary instructor may be paired, during the student's clinical rotation, with nurse aides who are employed by the health care provider.

g. Students shall maintain safe practices, infection control and respect resident rights at all times.

h. Students shall demonstrate knowledge regarding their assigned residents' diagnoses and identified needs.

i. Students and instructors shall wear clothing that is in compliance with program policy and that is appropriate for performing resident care. The clothing shall include a nametag that designates the name of the nurse aide training program and the person's status as a student or instructor.

j. The scheduled clinical hours shall provide experiences that meet expected outcomes outlined in the program curriculum.

k. The length of the clinical day may not exceed 8 hours.

L. A health care facility may serve as the site of clinical instruction for up to 2 nurse aide training programs at the same time, except that the department may decide to allow more than 2 programs at a single health care facility on a case-by-case basis in conjunction with the facility's administrative staff.

m. The program shall not be used as a substitute for staff orientation or staff education programs.

2. An adequate number of primary instructors in the clinical setting to provide safe and effective supervision and assistance of students.

a. Primary instructors shall not function in another role while supervising students in the clinical setting.

b. A ratio of 6 to 8 students per instructor is considered to be adequate in most circumstances.

c. The primary instructor shall evaluate and document that a student demonstrated successfully the ability to perform a skill before the student begins a clinical rotation.

d. The primary instructor shall make all student clinical assignments with the approval of the health care provider. The instructor shall complete a review of each resident's chart to retrieve pertinent information needed by the students to provide the required cares. Care plan information shall be reviewed at the beginning of each clinical experience and shall include new orders or changes in each resident's status.

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e. A student's assignment shall be shared with the clinical setting to which the student is assigned before the student arrives at the clinical setting.

f. Each student shall be given an individual assignment. More than 2 students shall not be assigned to the same resident at the same time.

g. Clinical assignments shall include all of the following:

i. Care of clients with varied levels of care needs.

ii. The opportunity to be evaluated on organizational skills and time management.

h. The RN primary instructor is responsible for supervising the clinical performance of each LPN program trainer.

(d) *Nursing home-based program.* Training of nurse aides may be performed under the general supervision of the director of nursing for a facility; however, the director of nursing may not act as the primary instructor or as a program trainer. Primary instructors shall not be involved in more than one role while supervising students in the clinical area.

(e) *Expectations and records.* 1. The training program shall maintain a list of the required skills and competencies that a student will complete by the end of the training program.

2. On the list of skills, the primary instructor shall verify, by initialing and dating each individual skill, that the student has satisfactorily performed that skill. When a student has satisfactorily completed all required skills and competencies and attained the necessary knowledge, as well as achieved the stated course completion criteria, the trainee qualifies to enter a competency evaluation program.

3. The primary instructor shall provide a copy of the student's performance record to the student at the conclusion of the student's training.

(f) *Record retention.* The training program shall retain all records required by this section for a period of at least 3 years after a student completes the training program.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; correction in (1) (e) 1. h. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; renumbering in (2) (c) 2. g. made under s. 13.92 (4) (b) 1., Stats., Register November 2008 No. 635; CR 16-088: am. (1) (intro.), cr. (1m), am. (2) (b) (title), 1., cr. (2) (bm), am. (2) (d), (e) 1. Register September 2017 No. 741, eff. 10-1-17; correction in (1m), (2) (b) made under s. 35.17, Stats., Register September 2017 No. 741; 2019 Wis. Act 1: am. (1) (a) 1. b. Register May 2019 No. 761, eff. 6-1-19; CR 20-068: am. (2) (a) 3. Register December 2021 No. 792, eff. 1-1-22; CR 21-087: r. and recr. (1) (title), (intro.), r. (1m), r. and recr. (2) (b) (title), 1., r. (2) (bm) Register June 2022 No. 798, eff. 7-1-22.

DHS 129.08 Standards for nurse aide competency evaluation programs. (1) EXAMINER QUALIFICATIONS. The examiner conducting the clinical competency program of a student shall be an RN with at least one year experience caring for the elderly or chronically ill of any age.

(2) WRITTEN OR ORAL EVALUATION COMPONENT. (a) The RN examiner will give each student instructions for the written or oral evaluation component. After the student's written or oral evaluation has begun, the RN may designate another person to proctor the written or oral evaluation.

(b) The competency evaluation program shall develop a pool of test questions that addresses all 6 content areas and their components under s. DHS 129.07 (1). The test questions shall include enough questions to form 3 separate and complete examinations.

(c) The competency evaluation program shall develop written and oral examinations from the pool of test questions. The content of the written and oral examinations shall reflect the content and emphasis of the training program approved by the department.

(d) The competency evaluation program shall provide students with written and oral examinations in English. If the student will be working in a provider setting in which the predominant language is other than English, the program may not refuse to test in the language that is predominant in that work setting.

(e) The competency evaluation program may develop an oral examination for nurse aides with limited literacy skills. To do so, the program shall adapt the written examination for oral testing. The oral examination shall cover the same subject areas included in the original written examination adapted for oral testing, and shall include a component to determine the aide's ability to read basic, objective, job-related information, such as reading a client's name band or a client's flow sheet.

(f) A minimum of 50 written or oral questions shall be asked in each examination. The questions shall cover at least the 6 care areas under s. DHS 129.07 (1) and shall be selected randomly from the following areas:

1. A minimum of 4 questions in the area of interpersonal communication and social interaction.

2. A minimum of 7 questions in the area of basic nursing skills. Of these 7 questions, at least one question shall address each of the following areas:

a. Observation, reporting and documentation of changes in client status and services furnished.

b. Recognizing and reporting change of client condition and status to supervisor.

c. Knowledge of emergency procedures.

d. Knowledge of infection control procedures.

e. Maintenance of a clean, safe and healthy environment.

3. A minimum of one question in the area of personal care skills.

4. A minimum of 3 questions in the area of basic restorative services.

5. A minimum of 5 questions in the area of client rights. Of these 5 questions, at least one question shall address each of the following areas:

a. Right to respect.

b. Right to privacy and confidentiality.

c. Right to maintain personal property.

6. A minimum of 5 questions in the area of dementias.

(g) To successfully complete the written or oral portion of the competency evaluation program, the student shall obtain satisfactory scores as identified in par. (f).

(3) DEMONSTRATION COMPONENT. (a) The competency evaluation program shall develop a pool of skill demonstration scenarios. There shall be a sufficient number of skill demonstration scenarios to measure the individual's ability to perform the required job tasks. Skills demonstration scenarios shall be randomly selected from the pool of skills to be demonstrated. The care areas of interpersonal communication and social interaction shall be integrated throughout the skills demonstration scenarios.

(b) The skills demonstration shall consist of a demonstration of at least 5 randomly selected items drawn from a pool consisting of the tasks generally performed by nurse aides. This pool of skills shall include all skills listed in s. DHS 129.07.

(c) The criteria for successful completion of a competency evaluation program shall include the passing scores in all required skills.

(4) EXAMINATIONS. To be included on the registry under s. DHS 129.09, a student shall successfully pass a Wisconsin-approved nurse aide competency evaluation examination. If a person fails to pass any component of the competency evaluation examination, the individual need only retake the failed component.

The person may retake the component failed as many times as needed. The competency evaluation program shall ensure that each repeat examination shall differ in content from any examination previously taken by the individual.

(5) PROGRAM OPERATION. The competency evaluation program shall maintain all of the following standards in operating the program:

(a) Reasonable accommodations for students with disabilities.

(b) An adequate number of examiners to provide safe and effective supervision and assistance.

(c) Assurance that examiners do not test students they have trained.

(d) Skills demonstration exercise portions of the examination are conducted at a ratio of one examiner to one student.

(e) Competency evaluation facilities that are adequate to meet the needs of the testing program.

(f) Retention of all records required under this section for a period of at least 3 years.

(g) A system to prevent unauthorized disclosure of the pool of test questions and the results of the individual competency evaluations.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; correction in (2) (g) made under s. 13.92 (4) (b) 7., Stats., Register May 2011 No. 665; CR 20-068: am. (5) (a) Register December 2021 No. 792, eff. 1-1-22; **CR 25-055: am. (4) Register February 2026 No. 842, eff. 3-1-26.**

DHS 129.09 Registry. (1) CONTENT OF THE REGISTRY. The department shall maintain information about a person on the registry, including:

(a) The person's eligibility for employment in a department-approved or licensed health care provider.

(b) The person's social security number.

(c) The person's first name, middle initial, and last name.

(d) The person's current mailing address.

(e) The person's date of birth.

(f) The date the aide completed a training program approved under s. DHS 129.07, if applicable.

(g) The date the aide completed a competency evaluation program, if applicable.

(h) The competency evaluation program number, if applicable.

(i) The dates, if any, that indicate the aide's employment status.

(j) The date the aide was included on the registry.

(k) The 2 character alphabetic postal code of any state other than Wisconsin in which a finding of abuse, neglect, or misappropriation has been placed on the registry against the aide.

(L) Any finding of abuse or neglect of a client or misappropriation of a client's property made by the department under s. 146.40 (4r) (b), Stats., or, if appealed, by a hearing officer under s. 146.40 (4r) (d), Stats., and a brief rebuttal statement provided by the affected nurse aide under s. 146.40 (4r) (e), Stats., if the nurse aide disputes the finding.

(2) NOTIFICATION OF COMPLETION. (a) The department or the department's contractor shall place an individual's name on the registry within 30 days after an individual has satisfactorily completed the competency evaluation program.

(b) An individual who is eligible for inclusion in sub. (5) in the registry, but for whom notification is not required under par. (a), or a hospital, nursing home, facility for the developmentally disabled, home health agency or hospice on behalf of that individual, may apply to the department to include that individual in the registry.

(3) APPLICATION FOR INCLUSION ON THE REGISTRY. (a) Upon receiving an application under sub. (2) (b), the department or its agent shall review the application and make any inquiries necessary to determine if the individual is eligible to be included in the registry. False eligibility information submitted to the department or its contractor shall result in denial of the application or, if the application had already been processed, shall result in the individual's removal from the registry.

(b) Within 30 days after receiving an application, the department or its contractor shall approve the application and include the person in the registry, or deny the application. If the application for inclusion is denied, the department or its contractor shall give the individual, or the facility or agency that submitted the application on behalf of the individual, reasons, in writing, for the denial.

(4) RELEASE OF REGISTRY INFORMATION. The registry shall serve as an official record of persons who are qualified by training and testing, or experience, to work as a nurse aide or a medication aide. The department may use registry information in its surveys of facilities and agencies. With the exception of sub. (1) (b), the information included in the registry about nurse aides is public information. A written request for registry information shall be accompanied by a self-addressed, stamped envelope.

Note: Written requests for registry information may be sent to the Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701-2969.

(5) ELIGIBILITY FOR INCLUSION ON THE REGISTRY. An individual is eligible to be included in the registry only if at least one of the following is true:

(a) The individual has, within 120 days of beginning employment as a nurse aide, successfully completed a training program and a competency evaluation program for nurse aides that are approved by the department under s. 146.40, Stats.

(b) The individual has successfully completed an approved training program and a competency evaluation program in another state that meet criteria for acceptance in this state.

(c) The individual has completed a basic nursing course from a board-approved school for nursing under s. 441.01 (4), Stats., or has completed a basic nursing course approved in another state by that state's board of nursing and the student nurse has successfully completed a competency evaluation program.

(6) ELIGIBILITY TO WORK AS A NURSE AIDE. (a) *State-licensed-only settings.* Except as provided under sub. (7), a person included on the registry under any of the paragraphs in sub. (5), regardless of the title under which the person is employed, is eligible to be employed as a nurse aide by a health care provider.

(b) *Federally-certified settings.* Except as provided under sub. (7), regardless of the title under which a person is employed, a person is eligible to be employed by a health care provider if the person is included on the registry under sub. (5) (a), (b) or (c), and if the person has performed nursing or nursing-related services for monetary compensation at any time during the 24 consecutive months immediately before the individual's employment in a health care provider's setting would begin. If a person has not performed nursing or nursing-related services for monetary compensation at any time during the 24 consecutive months immediately before the person's employment would begin, in order to be eligible to be employed by a health care provider, the person shall successfully complete a department-approved training and competency evaluation program, or a department-approved competency evaluation program for nurse aides.

(c) *Student nurses.* A person currently enrolled as a student nurse who has completed a basic nursing course at a school ap-

proved by the Wisconsin Board of Nursing under s. 441.01 (4), Stats., is eligible to be employed as a nurse aide in a hospital, facility for the developmentally disabled, or federally-certified intermediate care facility for individuals with intellectual disabilities even if that person is not included on the registry and even if that person has not successfully completed a competency evaluation program under sub. (5) (c).

(7) EMPLOYMENT PROHIBITIONS. A federally-certified nursing home may not hire or continue to employ a nurse aide who has a finding of abuse, neglect or misappropriation entered on the registry as a result of an incident that occurred in a federally-certified nursing home. A federally-certified intermediate care facility for individuals with intellectual disabilities may not hire or continue to employ a nurse aide who has a finding of abuse, neglect or misappropriation entered on the registry.

(8) REMOVING NURSE AIDES FROM THE REGISTRY. The name of a nurse aide who has not updated the nurse aide's employment history on the registry in the previous five-year time period will be removed from the registry, except that the names of nurse aides with substantiated findings of caregiver misconduct as defined in s. DHS 13.03 (13) will remain on the registry. For any person whose name is removed from the registry, In order to be placed on the registry again, the person shall successfully complete another nurse aide training program and competency evaluation.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; renumbering in (6) (c) and correction in (8) made under s. 13.92 (4) (b) 1. and 7., Stats., Register November 2008 No. 635; 2019 Wis. Act 1: am. (6) (c), (7) Register May 2019 No. 761, eff. 6-1-19.

DHS 129.10 Nurse aide program appeals. (1) SUBJECT OF APPEAL. Except for the denial of an approval of a nurse aide training or competency evaluation program under 42 CFR 483.151 (b) (2) or (3) or the withdrawal of approval of a nurse aide training or competency evaluation program under 42 CFR 483.15(e)(1) or (3), a health care provider may appeal to the department of administration's division of hearings and appeals any of the following:

(a) A denial of a request for a waiver or variance under s. DHS 129.04 (2) or the revocation of a waiver or variance under s. DHS 129.04 (2) (c).

(b) A denial of an application for approval of training program under s. DHS 129.05 (1).

(c) A denial of an application for approval of a competency evaluation program under s. DHS 129.08.

(d) A denial of an application under s. DHS 129.06 (3) for approval of a training course for primary instructors.

(e) A denial under s. DHS 129.09 (5) of an application to include a person in the registry.

(f) A suspension or revocation of approval or the imposition of a plan of correction under s. DHS 129.05 (2) (d) 2.

(2) APPEALS OF WAIVER OR VARIANCE APPLICATION DENIALS. A health care provider may contest the department's denial of a waiver or variance by requesting a hearing under s. 227.42, Stats. The request for a hearing shall be filed with the department of administration's division of hearings and appeals within 10 working days after receipt of the notice of denial. The request for hearing is considered filed when the request is received by that division.

(3) ALL OTHER PROGRAM APPEALS. Except as provided under sub. (2), all appeals filed pursuant to sub. (1) shall be in writing and shall take the form of a request for a hearing. The request for a hearing shall be filed with the department of administration's division of hearing and appeals no later than 30 calendar days after the date of the denial, suspension or revocation, and is considered filed when received by that division.

(4) BURDEN OF PROOF. The program or person shall bear the burden of providing, by the preponderance of credible evidence, that the department's denial of a requested waiver or variance was unreasonable.

Note: The address of the Department of Administration's Division of Hearings and Appeals is P.O. Box 7875, Madison, Wisconsin 53707. Appeals may be delivered in person to that office at 5005 University Avenue, Room 201, Madison, Wisconsin, or faxed to that office at 608-264-9885.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

Subchapter III — Feeding Assistants

DHS 129.11 Feeding assistant training program requirements. (1) Wisconsin's feeding assistant training programs shall require enrolled persons to successfully complete an approved feeding assistant training program, which includes all of the following federally-mandated topics, to be covered during a minimum of 8 hours of instruction:

(a) Feeding techniques.

(b) Assistance with feeding and hydration.

(c) Communication and interpersonal skills.

(d) Appropriate responses to resident behavior.

(e) Safety and emergency procedures, including the Heimlich maneuver.

(f) Infection control.

(g) Resident rights.

(h) Recognizing changes in residents that are inconsistent with the norm and the importance of reporting changes to the nurse.

Note: Safety and emergency procedures may also include Choking: First Aid taught by the American Red Cross and the American Heart Association.

(2) The feeding assistant training program shall also provide instruction on to all students on all of the following topics:

(a) Wisconsin's Caregiver Program under ss. 50.065 and 146.40, Stats., including background check requirements, the need to promptly report any misconduct allegations, the definitions of abuse or neglect of a client or misappropriation of a client's property and the rehabilitation review requirements.

(b) The client population who will be served by the feeding assistant in a program based in a nursing home. The facility-based training program curriculum shall include training specific to the identified population types. This training shall include all of the following, but is not limited to:

1. Characteristics of the population, such as the client's physical, social and mental health needs, and specific medications or treatments needed by the residents.

2. Program services needed by the clients.

3. Meeting the needs of clients with dual diagnoses, such as co-occurrence of mental health disorders and alcohol or drug dependence or abuse, and maintaining or increasing the client's social participation.

4. Self direction, self care and vocational abilities.

5. Instruction of feeding assistants who have been trained by another facility's training program, for the current entity's specific selected population.

(3) Programs may choose to add increased training requirements.

(4) The program determines the number of extra hours required for the training topics listed under sub. (2). However, the training shall be in addition to the minimum 8 hours required for the federally mandated topics under s. DHS 129.11 (1) (a) to (h).

(5) Training programs shall stress that the only direct, hands-

on duty a feeding assistant is permitted to perform is assisting residents who have no complicated feeding problems to eat or drink.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.12 Feeding assistant training program curriculum. (1) Feeding assistant training programs shall use a training curriculum, which has been pre-approved by the department and determined to comply with the federally mandated topics under s. DHS 129.11 (1) (a) to (h).

(2) Feeding assistant training programs shall use the department of health services, division of quality assurance video, The Wisconsin Caregiver Program: A Blueprint for Excellence, to provide feeding assistant students instruction regarding the requirements of the caregiver program. A copy of the video is provided to the feeding assistant training program by the department.

(3) Training programs that are conducted in nursing homes shall submit to the department proposed training materials to provide feeding assistants instruction regarding the facility's selected resident population.

(4) Although the pre-approved standardized training curriculums include additional skill information, such as, intake and output and special care needs for residents with dysphasia, the instructor shall emphasize that the feeding assistant may not be permitted to perform any other hands-on duty, beyond assisting residents who have no complicated feeding problems to eat and drink.

Note: Trained feeding assistants may identify the amounts of food and fluid consumed according to facility policy and procedures.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.13 Feeding assistant training program completion. (1) A person may not provide hands-on assistance with feeding or hydrating residents unless the person has successfully completed all of the following:

(a) A training program approved by the state for feeding assistants, including additional instruction on the selected resident population and the Wisconsin Caregiver Program requirements.

(b) After completing the training course, a state-approved standardized written quiz with a score of 75 percent or greater. Individuals may request the quiz to be administered orally. Instructors shall consider the needs of persons who have limited English proficiency or literacy difficulties.

(c) A state-approved standardized skill demonstration, determining hand washing and resident feeding competency with a score of 75 percent or greater.

(2) The instructor shall observe the trainee's performance and initial and date each skill to verify the satisfactory or unsatisfactory performance.

(3) Students who do not successfully pass the initial competency evaluation will be allowed the opportunity to review the training materials and retake the test. Programs can establish the number of times a candidate may retake the test. However, the program shall document the failure, opportunity for review and subsequent retake testing date.

(5) The instructor shall issue a state-approved certificate to each participant who successfully completes the feeding assistant program, documenting the name of the participant, the training program and the date of successful completion.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.14 Standards for instructors of feeding assistant training programs. (1) The feeding assistant training programs shall determine the appropriate qualifications for their instructors based on the needs of the selected clients and the nursing home.

(2) Training programs shall provide the name and qualifications of the proposed instructor to the department.

(3) The primary instructor may supplement the course by including other individuals for lecture or demonstration whose qualifications or experience add benefit to the training program.

(4) A paid feeding assistant is not permitted to lead the training of another paid feeding assistant student.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.15 Feeding assistant training program approval process. (1) A nursing home wishing to operate a feeding assistant training program shall apply for approval from the department on a form provided by the department with the nursing home's proposed selected resident population, curriculum, and proposed feeding assistant instructor information.

(2) The department shall review the application and supporting materials to determine whether to approve or deny the feeding assistant training program. The department will issue a written notice regarding the decision of whether to approve or deny the application within 45 calendar days of receiving a complete application.

(3) Upon approval, the department shall issue, to the feeding assistant program, the standardized training curriculum the program selects, a Wisconsin Caregiver Program video cassette, standardized competency evaluation materials, feeding assistant training program, certificate template, and a feeding assistant roster.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.16 Feeding assistant employment requirements. (1) A nursing home may not employ or use any person as a feeding assistant unless the person is at least 16 years of age and has:

(a) Successfully passed a caregiver background check, that includes no employment or licensure-prohibitive offenses in s. 146.40 (4r), Stats., or s. 48.685, Stats.

(b) Successfully completed a feeding assistant training and competency evaluation program and been determined competent to provide feeding and hydration services to residents.

(2) Nursing homes shall ensure feeding assistants only serve residents who have no complicated feeding problems with eating and hydration.

(3) Residents with complicated feeding problems, as defined in s. DHS 129.03 (10) shall be fed and hydrated by either a licensed health care professional or a nurse aide.

(4) The facility shall base their resident selection for feeding assistants based on the charge nurse's assessment and each resident's latest assessment and plan of care.

(5) Feeding assistants who are 16 or 17 years of age shall work under the direct supervision of an RN or LPN.

(6) Feeding assistants 18 years and older shall work under the general supervision of an RN, or an LPN. The feeding assistant is not permitted to perform other nursing or nursing-related duties including, but not limited to, measuring or recording intake or output, transferring, or toileting, etc.

(7) A nursing home may not employ or use any individual who has successfully completed a feeding assistant training and competency evaluation program as a feeding assistant unless that nursing home has a department-approved feeding assistant training program.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

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DHS 129.17 Feeding assistant training program requirements. Approved feeding assistant training programs shall submit all of the following information to the department:

(1) The program designee shall submit for approval a substantial change in the program to the department in writing. A program may not implement the proposed change in the program without the department's written approval. In this subdivision, "substantial change" means a change in the program designee, primary instructor under s. DHS 129.14 (2) and the curriculum under s. DHS 129.12.

(2) The program designee shall submit an annual report to the department on a form provided by the department, and shall indicate the number of feeding assistants who were trained and tested during the year, including the number of individuals who dropped out or who failed the program.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.18 Feeding assistant training program record retention requirements. (1) Feeding assistant training programs shall maintain all of the following records for at least 3 years:

(a) All student skill checklists, written examinations, certificates and other relevant training records.

(b) Documentation of the training conducted and identification of the instructor who conducted the training.

(c) Records of all individuals who have successfully completed the feeding assistant training and competency testing program.

(2) Training programs shall maintain the security of the test materials and certificate templates, to ensure disclosure or forgery does not occur.

(3) Nursing homes employing feeding assistants shall maintain all of the following personnel and other records for at least 3 years after feeding assistant has competed training:

(a) A feeding assistant roster, recording all individuals employed by the facility as feeding assistants who successfully completed the feeding assistant training and competency evaluation, including a written or oral exam and a skill demonstration.

(b) A copy of each feeding assistant's training certificate, kept in the person's personnel file.

(c) The selected resident's medical record, documenting that no complicated feeding condition exists.

(d) The feeding assistant's annual in-service session(s), relating to feeding assistant duties.

(e) Annual evaluation documentation, determining a feeding assistant's continued competence in feeding residents.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.19 Feeding assistant training program prohibitions. (1) The department will review substandard quality of care citations made under 42 CFR 483 that result in a prohibition of a nurse aide training or competency evaluation program for a nursing home, in order to determine the appropriate action for a feeding assistant training program. Program decisions will be made on a case-by-case basis.

(2) Any nursing home citation that directly relates to a feeding assistant training program may result in termination by the department of the feeding assistant training program.

(3) Feeding assistant training programs may request a waiver of the feeding assistant training prohibition by submitting a request in writing to the department. The department shall issue a written decision, either approving or denying the request, within 45 calendar days of receiving a complete waiver request.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.20 Feeding assistant training program appeals. (1) For any of the following department actions, a feeding assistant training program may request a hearing by filing an appeal with the department of administration's division of hearings and appeals.

(a) A denial of an application to operate a feeding assistant training program.

(b) A denial of an approval of a feeding assistant instructor.

(c) A termination or suspension of an approved feeding assistant training program.

(d) An imposed plan of correction.

(e) A denial of a request for a waiver or the revocation of a waiver.

(2) A request for a hearing shall be in writing and shall be filed with the department of administration's division of hearings and appeals no later than 30 days after the date of the denial, suspension or revocation. An appeal is considered filed when received by the division of hearings and appeals.

Note: The address of the Department of Administration's Division of Hearings and Appeals is P.O. Box 7875, Madison, Wisconsin 53707. Appeals may be delivered in person to that office at 5005 University Avenue, Room 201, Madison, Wisconsin.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

Subchapter IV — Medication Aides

DHS 129.21 Medication aide training program application and approval process. (1) APPROVAL PROCESS. (a) All medication aide training programs based in nursing homes shall be approved by the department.

(b) Nursing homes and other entities wishing to operate a nursing home medication aide program shall submit a proposal for developing a medication aide course. The proposal shall include documentation of client needs, staff resources to provide the training and a description of the physical location of the training site. The proposal will be approved or denied by the department, and the department shall issue a decision within 30 calendar days of a completed proposal submittal.

(c) After a medication aide program proposal is approved, medication aide course curriculum, course outline, instructor qualifications and other materials shall be submitted to and approved by the department before the training program can be implemented. The department will issue a decision on a completed course submittal within 90 calendar days.

(d) The department will limit the number of approved programs to a maximum of 10, subject to determined needs as submitted in program development proposals. If the department determines there is a geographical or consumer-based need, the department may approve additional programs.

(2) POST APPROVAL REVIEW AND MONITORING. (a) The department shall conduct a post-approval review of a program every 2 years after the date on which the department formally approved the program. The department may conduct an on-site review of the program at any time to verify the program remains in compliance with the requirements of this chapter.

(b) The program designee shall submit a report at least every 2 years to the department on a form provided by the department and shall provide any additional information requested by the department during its review of the program. The program designee shall allow reasonable means for the department to examine records and gather requested information.

(c) The program designee shall report a substantial change in the program to the department in writing within 10 days of the change. A program may not operate without the department's approval of any replacement or substantial change. Notwithstand-

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ing s. DHS 129.03 (51), in this subdivision, "substantial change" means any change in the instructor under s. DHS 129.22, or curriculum under s. DHS 129.24 (1).

(d) All approved courses are subject to inspection. If at any time the department determines that a program has failed to comply with a requirement of this chapter, the department may, after providing written notice, impose a plan of correction on the program, suspend or revoke approval of the program.

(e) The department may revoke approval of an instructor if the department determines the instructor failed to comply with any requirement of this subchapter.

Note: Current course proposal and course curriculum content requirements can be obtained from the Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-2969.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.22 Standards for instructors of medication aide training programs. A medication aide program instructor shall be one of the following:

(1) A registered nurse, licensed in Wisconsin, with teaching experience in the principles of adult learning and training techniques and one or more years of experience in one of the following positions within the last 5 years immediately before the person will be a program instructor:

(a) An instructor in a school of nursing.

(b) A director of nursing in a nursing home or a hospital.

(c) An in-service director in a nursing home.

(d) A supervisory nurse in a nursing home.

(2) An approved primary instructor for nurse aide training under s. DHS 129.06.

(3) A pharmacist who is licensed in Wisconsin, with teaching experience in the principles of adult learning and training techniques, and who has at least one year of experience as a consultant to a nursing home.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.23 Nursing home medication aide student qualifications. (1) STUDENT REQUIREMENTS. The student shall be at least 18 years of age, have a high school diploma or a high school equivalency diploma, and shall be listed on the registry as eligible to work in federally-certified health care settings.

(2) WORK REQUIREMENTS. The student shall have at least 2,000 hours of experience as a nurse aide in direct patient care within the last 3 years and have worked a minimum of 40 hours as a nurse aide within the last 90 days, with the residents to whom the student will be administering medications during the clinical experience portion of the course.

(3) WRITTEN RECOMMENDATION. The student shall have 4 written recommendations, 2 from licensed charge nurses, one from the director of nursing of the nursing home where the student will be working during the clinical experience, and one from the administrator of the nursing home where the student will be working during the clinical experience.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.24 Standards for nursing home medication aide training programs. (1) CURRICULUM. (a) *Minimum requirements.* A training program shall include at least the following 6 areas, specified in pars. (b) to (h):

(b) *Introduction.* 1. To the course.

2. To the role of medication aides.

(c) *Legal and ethical considerations.* 1. Federal and state nursing home standards, regulations, statutes, and administrative rules.

2. Standards of Practice for Registered Nurses and Licensed Practical Nurses, ch. N 6 specific to registered nurse delegation.

3. Professional and staff roles and liabilities.

4. Resident rights regarding administration of medications.

5. Confidentiality of information related to residents.

6. Facility policies and procedures for administration of medications.

(d) *Overview of body systems related to routes of medication administration and the classes of medications.* 1. Anatomy of body structures that pertain to medication administration, including structure of the eye, ear, nose, mouth, vagina, rectum, and skin, which are necessary to administer medication correctly via these routes.

2. Functions of these body structures that impact medication administration and effectiveness.

3. Diseases of these body structures that impact medication administration and medication effectiveness.

Note: Examples of anatomy, function and diseases are provided in the curriculum development guide.

(e) Medication fundamentals, including:

1. Medication orders.

2. Medication mathematics, weights and measures.

3. Dosage forms, including pills, capsules, ointments, patches, and suppositories.

4. Drug effects and actions.

5. Classes or types of commonly used medications in nursing homes.

6. Use of the drug or drug indication.

7. Side effects of the medications.

8. Specific medication administration requirements.

Note: Chemotherapy is not part of the basic medication aide course.

9. Medication packaging systems.

10. Medication storage, destruction or return of medication.

(f) *Medication administration.* 1. Techniques and procedures of various routes of medication administration.

Note: Injections, and medications administered via a tube, a nebulizer, or an oxygen route will not be evaluated as part of the basic nursing home medication aide curriculum.

2. Six "rights" of medication administration, including right patient, right drug, right dose, right route, right time, and right documentation.

(g) *Observations, communication, and reporting.* Requirements for timely reporting and documenting the administration of all medication, including the need for PRN medications and the resident's response, refusal to take medication, omission of medications, errors in the administration of medication and drug reactions and any change in the condition of a resident.

(h) *Medication safety.* 1. Prevention of medication errors.

2. Causes and reporting of medication errors.

(2) FACILITY AND CLASS SIZE. (a) The class facilities shall be of sufficient size and structure to allow adequate space and equipment to instruct the students.

(b) The total number of students in any one class shall not exceed 24.

(3) COURSE STRUCTURE. (a) *Instruction.* The program shall contain a minimum of 100 hours of instruction of which 60 hours shall be spent in classroom instruction and 40 hours of which shall be clinical experience in a nursing home. The department may not approve a program as a video-based program; however, videos, the internet, and other technology can be used to supplement the classroom instruction.

(b) *Medication consultant.* The program shall have a designated, qualified medication consultant who will act as a resource

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for medication issues, concerns, questions and assist in course updates.

(4) GRADING. (a) The curriculum shall contain a minimum of 6 quizzes. Copies of examples of the quizzes shall be submitted to the department for approval as part of the curriculum. The curriculum shall require the student to achieve an average of 85 percent or better on the quizzes before being allowed to take the final written exam.

(b) The curriculum shall contain a final written exam. A copy of the final written exam or exams shall be submitted to the department for approval as a part of the curriculum. The curriculum shall require the student to achieve a grade of 85 percent or better on the final written exam before being allowed to take the practicum exam.

(c) The curriculum shall contain a practicum exam. Copies of the practicum exam shall be submitted to the department for approval as part of the curriculum. The curriculum shall require the student to achieve a grade of 85 percent or better on the practicum exam to be allowed to complete the clinical experience portion in a nursing home.

(d) The student shall complete the clinical experience portion in a nursing home under the direct supervision of a registered nurse preceptor. Each program shall submit to the department a clinical experience evaluation form for approval. The clinical experience evaluation form shall define the critical components of each type of medication administration skill as submitted at s. DHS 129.24 (1) (f). The nurse preceptor and program instructor shall use the approved clinical experience evaluation form to check each medication administration skill. To successfully complete the clinical experience the student shall obtain satisfactory scores as identified in the approved evaluation form. The nurse preceptor and program instructor shall sign the form if each medication administration skill has been successfully completed by the student.

(e) The curriculum shall contain a policy on quiz, final exam, and practicum exam retakes. The curriculum policy is subject to department approval.

(5) RECORD RETENTION. (a) The records of the program shall be retained on file by the instructional entity for at least 3 years.

(b) The records file for each class shall contain all of the following:

1. Records of each student's attendance.
2. Each student's quiz scores.
3. A copy of each final exam and the exam's answer key.
4. Each student's final exam answer sheets.
5. Each student's practicum exam scores.
6. Each student's clinical competency skills check list.
7. Copies of each student's certificates of completion.
8. Copies of each student's registry forms;
9. Forms evaluating each student's performance.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; correction in (1) (a) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

DHS 129.25 Nursing home medication aide training program operation. Approved medication aide training programs shall submit all of the following information to the department:

(1) Any substantial changes in the program shall be reported to the department in writing within 10 calendar days. The program shall not implement the change until department approves the program's proposed change in writing.

(2) The program shall submit to the department and to an entity designated by the department the required records for registry designation as a medication aide.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.26 Medication aide training program prohibitions. (1) The Department will review substandard quality of care citations made under 42 CFR 483 that result in a prohibition of a nurse aide training or competency evaluation program for a nursing home, in order to determine the appropriate action for a medication aide training program. Program decisions will be made on a case-by-case basis.

(2) Any nursing home citation that directly relates to a medication aide training program may result in termination by the department of the medication aide training program.

(3) A medication aide training program may request a waiver of the medication aide training program prohibition by submitting a request in writing to the department. The department will issue a written decision, either approving or denying the request, within 45 calendar days of receiving a complete waiver request.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.27 Hospice medication aide training program approval process. (1) All medication aide training programs for hospice agencies shall be approved by the department.

(2) Entities wishing to operate a hospice medication aide training program shall submit a course syllabus, course curriculum, text book, list of students, proof of all student qualifications and course instructors' names and qualifications to the department for approval.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.28 Standards for instructors of hospice medication aide training programs. A hospice medication aide program instructor shall be one of the following:

(1) A registered nurse, licensed in Wisconsin, with one or more years experience as an instructor in a school of nursing or other educational institution.

(2) A registered nurse, licensed in Wisconsin, with 2 or more years experience as a director of nursing.

(3) A registered nurse, licensed in Wisconsin, with one or more years experience as an in-service director in a health care provider.

(4) A pharmacist licensed in Wisconsin, with one or more years experience as a hospice consultant.

(5) An other health care professional the department approves.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.29 Hospice medication aide student qualifications. (1) STUDENT REQUIREMENTS. The student shall be at least 18 years of age at the completion of the course, have a high school diploma or high school equivalency diploma, be listed on the registry, and be eligible to work in a federally-certified facility. Nurse aides who have completed the 100-hour nursing home medication aide program are deemed to meet the hospice medication aide program requirements.

(2) WORK EXPERIENCE. The student shall be employed as a nurse aide by a hospice agency and shall complete 2,000 hours in direct patient care within the 3 years immediately preceding the start of the course or by the end of the course.

(3) WRITTEN RECOMMENDATION. The student shall be rec-

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ommended in writing by the hospice administrator, and by a registered nurse who is working with the nurse aide.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08.

DHS 129.30 Standards for hospice medication aide training programs. (1) CURRICULUM. (a) *Minimum requirements.* A training program shall include the following 6 areas specified in pars. (b) to (h).

(b) *Introduction.* 1. To the course.

2. To the role of the medication aide.

(c) *Legal and ethical considerations.* 1. Federal and state hospice standards, regulations, statutes, and administrative rules.

2. Standards of Practice for Registered Nurses and Licensed Practical Nurses, ch. N 6 specific to registered nurse delegation.

3. Professional and staff roles and liabilities.

4. Patient rights regarding administration of medications.

5. Confidentiality of information related to patients.

6. Facility policies and procedures for administration of medications.

(d) *Overview of body systems related to the routes of medication administration and the classes of medications.* 1. Anatomy of body structures that pertain to medication administration, including structure of the eye, ear, nose, mouth, vagina, rectum, and skin, which are necessary to administer medication correctly via these routes.

2. Functions of these body structures that impact medication administration and effectiveness.

3. Diseases of these body structures that impact medication administration and medication effectiveness.

Note: Examples of anatomy, function and diseases are provided in the curriculum development guide.

(e) *Medication fundamentals.* 1. Medication orders.

2. Medication mathematics, weights and measures.

3. Dosage forms, including pills, capsules, ointments, patches, and suppositories.

4. Drug effects and actions.

5. Classes or types of commonly used medications in hospice settings.

a. Use of the drug or drug indication.

b. Side effects of the medications.

c. Specific medication administration requirements.

Note: Chemotherapy is not part of the basic medication aide course.

6. Medication packaging systems.

7. Medication storage, destruction or return of medication.

(f) *Medication administration.* 1. Techniques and procedures of various routes of medication administration.

Note: Injections, medications administered via a tube, nebulizers, and oxygen routes will not be evaluated as part of the basic hospice medication aide curriculum.

2. Six "rights" of medication administration including right patient, right drug, right dose, right route, right time, and right documentation.

(g) *Observations and reporting.* Requirements for timely reporting and documenting the administration of all medication, including the need for PRN medications and the patient's response, refusal to take medication, omission of medications, errors in the administration of medication and drug reactions and any change in the condition of a patient.

(h) *Medication safety.* 1. Prevention of medication errors.

2. Causes of medication errors.

3. Reporting of medication errors.

(2) FACILITY AND CLASS SIZE. (a) The class facilities shall be of sufficient size and structure so as to allow adequate space and equipment to instruct the students.

(b) The total number of students in any one class shall not exceed 24.

(3) COURSE STRUCTURE. The program shall have a minimum of 40 hours of instruction of which 32 hours is lecture and 8 hours of which is quizzes, final examination and practicum. The 32 hours of lecture shall contain hands-on and demonstrations of the appropriate techniques of medication administration. The program will not be approved as a prerecorded video-based program; however, videos internet and other technology can be used to supplement the classroom instruction.

(4) GRADING. (a) The program shall have a minimum of 6 quizzes. The student shall achieve an average of 85 percent on the quizzes in order to take the final written examination.

(b) The student shall achieve a grade of 85 percent or better on the final written examination to take the practicum. A student may be permitted one retake of the final written examination. Any retake shall occur at least 3 months after the student first took the final written examination.

Note: The final written examination is a state-generated examination and is administered by the department or its designee.

(c) The practicum examination shall be administered after the final written examination and the student shall achieve a grade of 85 percent or better on the practicum examination to pass the course. Retakes of the practicum examination shall not be permitted.

(d) If the student does not successfully pass either the final written examination or the practicum exam, the student shall retake the entire course.

(5) CERTIFICATION. The department or designee shall issue a certificate to each student who satisfactorily completes the course. The department or designee shall maintain a database of hospice nurse aides who complete this course.

Note: The nurse aide should retain his or her hospice medication aide certificate of completion.

(6) RECORD RETENTION. (a) The records of the program shall be retained by the instructional entity for at least 3 years.

(b) The records file for each student in each class shall contain all of the following:

1. The student's qualifications.

2. The student's record of attendance.

3. The student's quiz scores.

4. A copy of the practicum requirements.

5. A copy of the student's certificate of completion.

6. Program evaluation forms.

History: CR 08-042: cr. register November 2008 No. 635, eff. 12-1-08; renumbering in (1) (g) made under s. 13.92 (4) (b) 1., Stats., Register November 2008 No. 635.

DHS 129.31 Hospice medication aide training program operation. (1) Approved hospice medication aide training programs shall complete all of the following before conducting a course:

(a) Submit a sample of the practicum questions or scenarios to the department at least 2 weeks before the practicum examination.

(b) Establish a date for the state-generated final examination with the department.

(2) A training program representative approved by the department shall administer the final examination. The representative shall send copies of sample quizzes, quiz scores, final exams, practicum scores and course evaluations to the department.

(3) The department shall score the examination and provide the students' examination results to the course coordinator one week after the final examination. Within 30 days after receipt of

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the information required in sub. (2), the department shall send a certificate of completion to the coordinator for distribution to each student who successfully passed the course.

(4) The department may revoke approval of an instructor if the department determines the instructor failed to comply with any requirement of this chapter.

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