HOME HEALTH, HOME SERVICES AND HOME NURSING ADVISORY BOARD COMMITTEE MINUTES

October 8, 2008 – 11:00 A.M. VIDEOCONFERENCE 4212 W St Charles Road, Bellwood, Illinois 535 W Jefferson, Springfield, Illinois

Members Present:

Department Staff:

Gail Ripka, Chairperson Michelle Running Steve Chastain Agnus Mandrgoc Antoniette Hardy-Waller Michael Melinger Bill Bell Aida Trinidad Karen Senger Maurice McAllister

INTRODUCTIONS:

The meeting was called to order at 11:10 a.m. Committee members, guests and department staff were asked to introduce themselves.

APPROVAL OF MINUTES

The board members were asked to review the draft minutes from July 9, 2008 meeting. The minutes were not approved due to quorum not being met. The minutes will be approved at the next board meeting scheduled for January 14, 2009.

(PLEASE NOTE: FOR THESE NOTES ONLY, THE UNDERLINED, ITALIZED AND OVERSTRIKED INFORMATION IS FOR THE PURPOSE OF HIGHLIGHING THE PROPOSED CHANGES TO THE REGULATIONS)

OLD BUSINESS:

APPLICATION TO HEALTH DEPARTMENTS

Mr Bell discussed the application and licensure requirements for local health departments. At this time, these facilities are not exempted from the application and licensure requirement under the ACT. A request for action to waive these facilities from the requirements has been made to IDPH legal department. The governor has not approved this action but IDPH has allowed these facilities to operate until the request for exemption is approved. This action includes the local health departments and veterans administration facilities. The issue came about because of the type of services these facilities provide under the scope of the State licensure requirements. If the facilities provide services outside the scope of the State licensure requirement they will require a license. These facilities are federally funded which requires oversight from the Feds. IDPH hopes that this issue will be presented during the next legislation session.

ISSUES REGARDING THE NEW RULES {EXHIBIT 2}

1) Why were chore services under the Veterans Administration exempted under home services? This issue has already been addressed and will probably be in the next legislation section.

2) Section 245.30g)2) unclear if a Home Nursing Agency needs two administrative personnel if the agency manager is not a licensed registered nurse. The ACT reads:

"2) A home nursing agency shall designate a person who is qualified under the laws of the State of Illinois to supervise the provision of skilled nursing care to clients or to oversee the placement of workers qualified to provide skilled nursing services to consumers through the licensed home nursing agency".

3) Is IDPH Hotline aware that Home Health regulations list the Central Complaint Registry as the contact for complaints? The Hotline is not aware of the new services that the Department has taken on. The Department requests that complainant submit their complaint in writing, due to accuracy instead of a phone call. Mr Bell will talk with the Hotline on this issue. However, if an agency contact IDPH Central Complaint Registry the information is as follows: ccr@idph.state.il.us or 1(800)252-4343 mailing address location of the complaint hotline is: CCR, IDPH, 525 W. Jefferson, Springfield, IL 62761.

4) Some issues have come up relative to Home Nursing Agency Section 245.205c)1)D)E), concerns that if nursing has no safety issue that the 7 day notice requirement is not applicable in cases in which the worker's safety is at risk. The Department is recommending that a change be made to reflect the 3 day notice as an overall timeframe.

5) Section 210 ILCS 55/11 the Department of Healthcare and Family Services is not aware of this and IDPH does not receive audited financial statements. According to Section 245.60 Annual Financial Statement – Home Health Agencies states that "Each home health agency licensee shall file annually an attested financial statement on a form prescribed, prepared and furnished by the Department in conjunction with the Illinois Department of Healthcare and Family Services. The application shall contain such information as may be required by the Department and the Illinois Department of Healthcare and Family Services for the proper administration of the Act and this Part."

This section is not being utilized with either Department therefore a recommendation has been made to remove this section from the Act during the next legislation session if possible. Mr Bell will have the legal Department to review this section of the Act.

REVISIONS TO REGULATIONS DUE TO SB 0887 ADDING HOME HEALTH AIDE TO HOME NURSING {EXHIBIT 3}

The Department is adding home health aide within the definition of a "Home nursing agency" to Public Act 095-0951, SB 0887, Sec. 2.11 and 245.20 to read as Home Nursing Agency – an agency that provides services directly, or acts as a placement agency, in order to deliver skilled nursing and <u>home health aide</u> services to persons in their personal residences. A home nursing agency provides services to persons that would require an individual licensed under the Nurse Practice Act to perform. <u>Home Health aide services are provided under the direction of a registered professional nurse or Advance Practice nurse</u>. A home nursing agency does not <u>require</u> qualify for licensure as a home health agency under the Act.

Section 245.70 a)d) Home Health Aide Training

- a) Each home health agency <u>and home nursing agency</u> shall ensure that all persons employed as home health aides or under any other title....
- d) The home health <u>or home nursing</u> agency is responsible for assuring that the individuals who furnish home health aide services on its behalf are competent to carry out assigned tasks in the patient's place of residence. The competency evaluation conducted by a registered nurse in the home health <u>or home nursing</u> agency shall address each of the following subjects:

POSSIBLE CORRECTIONS TO THE REGULATIONS CODE 245 (EXHIBIT 4)

Below are the possible corrections to regulation code 245.20 Definition of a Placement Agency - ...for the purpose of this part, there are two types of placement agencies: Home Health Nursing Placement Agencies (see section 245.212) and Home Services Placement Agencies (see Section 245.214).

Also, adding the verbiage to Section 245.30 c) 6); 245.30 d) B); and 245.40 h)3):

245.30 c) 6) Home Services and or Home Nursing Agencies that use some contractual services shall ensure that these services are provided by qualified personnel, who hold any current licensure, registration or certification that is required by State or federal law for the functions performed, under the supervision of the agency.

245.30 d) B) On-site supervision shall take place at a minimum every 90 days or more often if the plan of service requires it. <u>The supervisory visits may be made either when the home service worker is present so that the supervisor may observe, or when the home service worker is absent so that the supervisor may assess relationships and determine whether the service plan is being met.</u>

245.30 h)3) Provide progress notes to the patient's physician or podiatrist about patients under care when the patient's conditions change or there are deviations from the plan of care, or at least every 60 days *for Home Health agency and every 90 days for a home nursing agency.*

245.55 Vaccinations.

a) Influenza

1) A home health agency <u>and or home nursing agency</u> shall annually administer or arrange for administration of a vaccination agency influenza to each client/patient,

2) The following activities by home health <u>or home nursing</u> agencies shall be considered to be "arranged for" a home health client/patient to receive an influenza vaccination:

3) When a referral or arrangement is made, home health *or home nursing* staff shall assist the client/patient in developing a plan for

4) ... Home Health <u>or home nursing</u> clients/patients whose services start after November 30 during the flu season, and until February 1, shall, as medically appropriate, ...

5) For all clients/patients who are provided services between November 1 and February 28, the home health *or home nursing* agency shall document in the client/patient's medical record that an annual vaccination against influenza was administered, ...

b) Pneumococcal pneumonia

1) A home health *or home nursing* agency shall administer or arrange for administration or a pneumococcal vaccination,

2) The following activities by home health <u>or home nursing</u> agencies shall be considered to be "arranging for" a home health client/patient to receive a pneumonia vaccination:

3) When a referral or arrangement is made, home health *or home nursing* agency staff shall assist the client/patient in developing plan for implementing the referral or arrangement and shall assess implementation of the plan and document the outcome.

4) A home health <u>or home nursing</u> agency shall document in each client's/patient's medical record that a vaccination against pneumococcal pneumonia was offered and was administered, ...

245.200 Services - Home Health

d) Acceptance of patients

5) When services are to be terminated by the home health agency, the patient is to be notified seven three working days in advance of the date of termination,

245.205 d)F) Plan of Treatment

F) Assess need for influenza and pneumococcal vaccination.

ISSUE BRANCH LOCATIONS FOR HOME SERVICES AND HOME NURSING {EXHIBIT 5}

Section 245.20 Definitions

Branch Office – a location or site from which $a\underline{n}$ home health agency provides services within a portion of the total geographical area served by the parent agency. The branch office is part of the home health agency and is location sufficiently close to share administration, supervision and services in manner that renders it unnecessary for the branch <u>to</u> independently <u>be licensed and or</u> to meet the conditions of participation as a home health agency.

This questionnaire is for the purpose of evaluating the agency's overall management ability in the areas of supervision, coordination or services, effectiveness of communication systems, organizational staffing practice and service delivery logistics to determine if a proposed satellite office should be designated as a branch. The responses to the items are considered for the desk audit at IDPH and the items responses will be reviewed and confirmed at the next on-site visit.

POSSIBLE REVISION TO THE HOME HEALTH ADMINISTRATIVE STAFF (AGENCY SUPERVISOR/SUPERVISING NURSE) {EXHIBIT 6}

These are possible changes to the regulation relative to Agency supervisor and Supervising Nurse. If these changes go into affect, the Supervising Nurse will need to be a nurse, not a physician and the nurse must be a full-time position. The proposed changes are as follows:

245.30 e)2)3)5) Agency Supervision – Home Health Agencies

2) The home health agency shall designate a person with one of the following sets of qualifications to supervise the provision of home health agencies:

A) A physician

- The agency supervisor shall be <u>a full-time registered nurse</u> available at all times during operating hours of the agency and participate in all activities relevant to the provision of home health services.
- 5) One person may <u>not</u> hold the positions of both home health agency administrator and agency supervisor, if that person meets the requirements of both positions.

Below is the drafted language and feedback presented at the IHCC Conference in March 2008.

245.30 f)1)2)3)A)B)E) Supervising Nurse Home Health Agencies <u>Agency</u> <u>Supervisor Responsibilities – Home Health Agency</u>

- The entire clinical program shall be under the supervision of the Agency Supervisor. The Agency may organize the personnel and clinical activities of the Home Health Agency in such a way that such organization will facilitate the provision of safe and adequate care to the patient.
- 2) <u>The skilled nursing service of a home health agency shall be under the</u> <u>direction of the Agency Supervisor.</u>
- 3) <u>The Agency Supervisor shall be responsible for:</u>
- 1) The skilled nursing service of a home health agency shall be under the supervision of the full-time registered nurse.
- - A) The overall supervision of all registered nurses, licensed practical nurses, and home health aides, *therapists, social* workers and other clinical personnel employed by the agency of with whom the agency contacts for services;
 - B) Assuring that the professional standards of community nursing are maintained by all nurses *staff* providing *patient* care;
 - E) Participation in the selection <u>and evaluation of nursing</u> <u>personnel and other staff providing patient care; of nursing</u> personnel and the evaluation of nursing personnel;

INITIAL HOME HEALTH APPLICATION REPORT (2007/2008) {EXHIBIT 7}

There have been no significant changes to the licensure report for 2007/2008. However, at the time of this report there are 31 agencies awaiting their initial licensure survey.

NEW BUSINESS:

STATISTICAL INFORMATION RELATIVE TO THE NEW APPLICATIONS FOR HOME SERVICES, HOME NURSING, HOME SERVICES PLACEMENT AND HOME NURSING PLACEMENT AGENCIES {EXHIBIT 8}

At the time of this report 539 applications have been received and 14 have been licensed: Home Services received 361 applications and 12 licensed; Home Nursing received 134 applications and 2 licensed; Home Services Placement received 38 applications and 0 licensed; and Home Nursing Placement received 6 applications and 0 licensed.

OASIS UPDATES:

Outcome Based Quality Initiative (OBQI) Reports were enhanced to reflect the changes in the risk adjustment models. This means that the home health agency's OBQI Descriptive Outcome Reports are no longer available. Those outcomes that were displayed on the descriptive reports are now in the Risk Adjusted Outcome Reports. There are 11 measures that cannot be risk adjusted and shall be identified by a number (#) sign.

No final date has been issued relative to the dial-up connection. CMS is still encouraging providers to convert to broadband as soon as possible.

The HHA Grouper Version was updated to 02.03 the week of 9/18/08 and is available for download at <u>www.qtso.com</u>, these updates affect the ICD 9 codes. If agencies are experiencing billing related issues, they are required to download the updated grouper.

The State database will only keep so much data in the system. Anything beyond a 37 month span will be rolled off. Even though the information is rolled off the State database, it can be requested through the National Data Repository. If the information is needed by the provider, a request form can be downloaded from: <u>www.qtso.com</u> search for: National Data Access Request Form.

The whole ICD coding is being revamped for implementation, to be released in a few years.

OBQI and OBQM reports by Branch are now available on the OASIS submission screen. OASIS "C" is being piloted for implementation in January 2010.

Ms Trinidad has encouraged providers during the OASIS training this past year to visit the QTSO website often and to look at the OASIS Welcome page and bulletin for upcoming training announcements. In addition, the OASIS training this past year has been well received. We reached out to about 680 plus attendees representing about 278 home health agencies in the State. The same program of training will continue into the next year until OASIS "C" is ready for implementation.

FUTURE MEETING DATES FOR 2009 (EXHIBIT 9)

The future meeting dates for 2009 were presented to the board members. Changes were made to reflect a new video conference location. These changes will be presented at the next advisory board meeting. The committee meetings are set on the second Wednesdays of January, April, July and October.

Meeting adjourned; 12:35 p.m.