

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

January 13, 2010 – 11:00 A.M.

**VIDEOCONFERENCE**

535 W Jefferson, Springfield, Illinois  
122 S Michigan, Room 723, Chicago, Illinois  
4212 W St Charles Road, Bellwood

**Members Present:**

Gail Ripka, Chairperson  
Teresa Garcia, Co-Chairperson  
Patricia Gibson  
Michelle Running  
Dr. Dennis Norem  
Antoinette Hardy-Waller  
Visitacion Hicks  
Sheila McMackin  
Agnus Mandrgoc  
Patricia Menoni

**Members Not Present:**

Michael Mellinger  
Donna McNally

**Department Staff:**

Bill Bell  
Aida Trinidad  
Karen Senger  
Kendra Fabish  
Maurice McAllister

**INTRODUCTIONS:**

The meeting was called to order at 11:15 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 the October 14, 2009 board meeting. The draft minutes were motioned, seconded and approved January 13, 2010 with no corrections.

**OLD BUSINESS:**

**Specialty Physicians from Bordering States (Discussion)**

The State of Illinois rules do not specifically address the issue of providing services to patients of a bordering state, when a patient refuses to change their physicians. The rules specifically say “licensed in Illinois”. Karen Senger was able to research the bordering State of Indiana to determine what regulatory requirements were in place under their home health arena. The information was taken from the Indiana Administrative Code Section 2(b & c), page 16 which reads:

“b) A home health agency may accept written orders for home health services from a physician, a dentist, a chiropractor, a podiatrist, or an optometrist licensed in Indiana or in any other state. If the home health agency receives an order from a physician, dentist,

chiropractor, podiatrist, or optometrist who is licensed in another state, the home health agency shall take reasonable immediate steps to determine the following:

- 1) The order complies with the laws of the state where the order originated.
  - 2) The individual who issued the order:
    - (A) examined the patient; and
    - (B) is licensed to practice in that state.
- c) All order issued by:
- (1) a physician;
  - (2) a dentist;
  - (3) a chiropractor;
  - (4) a podiatrist; or
  - (5) an optometrist;

for home health services must meet the same requirements whether the order originates in Indiana or another state. Orders issued from another state may not exceed the authority allowed under orders from the same profession in Indiana under IC 25. “

Karen Senger will address only the specialty physicians and not the primary care physician (PCP). The patient must have a PCP in Illinois and be referred to a specialty physician governing a bordering state. However, the PCP must sign the patient's orders in Illinois. Karen will address this issue with legal and will bring more information to the next board meeting scheduled April 14, 2010.

#### **Update on recommended revisions to the rules**

Karen Senger addressed the board on the progress of the rules and their approval. The rules at this point should be with JCARE by Jan 22, 2010 and should be on the February agenda for final sign off. Recommendations were also made to change the verbiage on the home service worker to include the same language as a home health aide which reads: (245.70(e)) says “A home health agency shall not employ an individual as a home health aide unless the Agency has inquired of the Department as to information in the Health Care Worker Register concerning findings or abuse, neglect or misappropriation of property”. The later request is in the preliminary stages of the process.

#### **NEW BUSINESS**

##### **Interpretation of Section 245.40(C) - Bathing**

This is an issue that has come up on several surveys and home health agencies believe that the State surveyors are interpreting the language in Section 245(c)(4)(C) to mean that a home service worker cannot provide a bed bath to a client. We don't think this is what the industry work group intended when the rules were developed during the first draft. Ms Kendra Fabish is looking into this issue and she noted that it is imperative that agencies understand that total care patients should be seen by a nurse and not a home service worker. If the patient is unable to care for themselves and unable to assist or advocate for him or herself or do anything for themselves then this is a nursing issue, and

the patient should be seen by a nurse due to potential complications. The department surveyors are finding during the agency's site visit that patients are receiving bed bath or complete bath by the Aide which were not on the description of service but under a big umbrella of assistance with activities of daily living and personal care. This type of service should be conducted under home nursing and not home service worker. Ms Teresa Garcia will forward language to the department on how the rule should be interpreted.

### **Home Health, Home Services, and Home Nursing Advisory Board Bylaws:**

The department presented the board members with a draft copy of the bylaws. The draft copy was accepted and approved with the following changes: Title heading should include the full board name which should read: "Home Health, Home Services, Home Nursing Advisory Board Committee" and under Membership Section 1-1 after the last sentence should read "A copy of which is attached hereto as Exhibit A".

The board moved and seconded the approval of the bylaws with the changes mentioned above.

### **OASIS Updates**

Ms Aida Trinidad received new training material relative to OASIS "C" and have since conducted training October 28 for providers. Aida was invited to conduct OASIS "C" training with the Illinois Homecare Council during their quarterly regional meetings. Ms Jan Costello, Executive Director commended Ms Trinidad on her assistance during their quarterly training.

The Q/A's for OASIS "C" are available on [www.qtso.com](http://www.qtso.com).

### **Additional information:**

Effective January 1, 2010 – and per 42 CFR 424.550(b) – an HHA may not undergo a CHOW pursuant to 42 CFR§489.18 if the ownership change occurs within 36 months after:

- The effective date of the provider's enrollment in Medicare, or
- The effective date of the most recent ownership change for the provider, this applies to all applications that are pending on – or are received on or after January 1, 2010.

Meeting adjourned at: 12:00.