

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

July 13, 2011 – 11:00 A.M.

VIDEOCONFERENCE

535 W Jefferson, Springfield, Illinois
122 S Michigan, Room 711, Chicago, Illinois
4212 W St Charles Road, Bellwood

APPROVED: 01/11/2012

Members Present:

Teresa Garcia, Chairperson
Gail Ripka, Co-Chairperson
Visitacion Hicks
Patricia Menoni
Michele Running
Agnus Mandrgoc
Antoinette Waller
Michael Mellinger

Members Not Present:

Dennis Norem, MD
Patricia Gibson
Donna McNally
Sheila McMackin
Kathleen Kraft
Michael Bader

Department Staff:

William Bell
Aida Trinidad
Kendra Fabish
Maurice McAllister
Karen Senger

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 14, 2010 board meeting. The draft minutes were approved with the following correction: Page 1, Members Name: Denise Norem, MD should read: Dennis Norem, MD. The minutes were motioned, seconded and approved July 13, 2011 with corrections.

OLD BUSINESS:

Update from Legal on Specialty Physicians from Bordering States

William Bell addressed the board members with the update on Specialty Physicians from Bordering States. After the last board meeting further investigation was done to identify this area with Illinois Department of Finance and Professional Regulations (IDFPR) they too understood the issue but based on the way the Medical Practice Act and the Illinois Nurse Practice Act is worded it is not allowed. In order to make the change, the Department would have to make some legislative changes. If this is the will of the board or anyone of interest in the general public, they can contact their Congressman or Senator and inquire to change the law and or fix it. When the inquire was made to IDFPR, it worsened our inquiry, even though we were looking at this as an emergency situation

only or classify it as an emergency situation, IDFPR seen what we were doing and said this was not acceptable under the Illinois Medical Practice Act. The Department is legally and at jeopardy if they allow this to stand as an emergency. The only way this can be addressed legally is by going back to change the Illinois Medical Practice Act. Physicians from other States are not allowed to care for patients in Illinois. The same applies to Illinois Nurses; they as well, cannot care for patients outside the State of Illinois. At this time, the Department cannot go with the change and if a complaint is received we will site accordingly and will enforce this Law.

Update on IDPH Plans for any rulemaking as a result of Safe Pharmaceutical Disposal Act

William Bell addressed the Board with the update on rulemaking as a result of Safe Pharmaceutical Disposal Act (SPDA). The decision of the department is that they will not pursue any rulemaking on the Pharmaceutical Disposal Act for two reasons: The law is problematic and it only talks about pills and does not address other medications; the other reason is that the facility should modify their medication protocols to be specific to this Act. The Department does not care how the facilities enact their policy, but as long as they do not violate the Act which is specific in that the disposal of unused medications should not be deposited into any public waste water system or septic waste system. We will respond to any complaint that the Department receives on this issue; and would review the facilities policy relative to disposal of unused or expired medications during the annual survey.

NEW BUSINESS

Completion of ISP Background Check by a Third Party

Is there something that precludes an agency from completing a background check by a third party? A third party is precluded from conducting a background check; these checks are only conducted by Illinois State Policy (ISP). The fingerprinting can be obtained by a third party providing the agency or facility is registered officially with ISP.

Bed Bathes

A question was raised relative to allowing home services worker to perform a bed bath during the patient's visit. The rules are still not finalized and are drafted in the early stages. In the Home Services program, agencies must understand that total care patients should be seen by a nurse and not a home service worker. If a 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 a patient should be seen by a nurse due to the potential complications. This service should not be performed by an Aide. The department is working hard to push this rule to the fore front.

In and out times on training of home services

A question was raised by one of the providers relative to a tag that was cited during the survey on the in and out times of training in the home services program? The regulation is straight forward as it reads: Section 245.71 (f) "All training shall be documented with the date of the training; starting and ending times; instructors and their qualifications; short description of content; and staff member's signature". Some agencies are using online training that documents the in and out times. The department can look at the wording to specify more specific times capturing the 8 hours requirement.

Use of electronic signatures in home health records

The rule under home nursing allows electronic signatures in the electronic medical record but it does not address this in home health section of the regulation. This provision was not addressed in the regulations but it has been implemented in the home health arena. The department will look at the rules to ensure that they are consistent throughout all the programs.

Updated on survey findings

Overall, providers are doing a great job. No immediate concerns to report.

Home Health Agency Initial Applications Report

Currently, there are 949 licensed and certified home health agencies in the State of Illinois; 224 are licensed only; and 725 are licensed and certified.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Applications received and licensed

Currently, there are 803 licensed in the State of Illinois; 529 Home Services; 74 Home Services Placement; 186 Home Nursing; and 14 Home Nursing Placement.

There are 3 surveyors for the whole State of Illinois under these programs. Currently, 20 agencies are still licensed conditionally; 12 agencies still have no clients for the last 12 months; and since June 1, the Department been giving agencies a two week notice by phone announcing the survey. Nothing actually limits the number of agencies in the State, we are not a certificate of need State, therefore, we are not allowed to set a moratorium on home health agencies.

OASIS Update

Aida Trinidad reported in July last year CMS was developing educational material for home health providers, this is now reality. The three modules that were released late last year are available through www.youtube.com, they are: Plan of Care Synopsis; Intervention Synopsis; Fall Risk Assessment; and a fourth is Medication. The website address were provided to all providers who attending the recent OASIS training. Aida continues to receive questions relative to OASIS submission and transmission but is

mostly from new home health agencies using the system for the first time; questions that are raised are generally nothing out of the ordinary. Aida continues to include the item by item highlights and Chapter 3 of the OASIS "C" guidance manual to train new data collectors. This is so that new data collector can get familiar with the idea of reading through the official guidance to clarify their own questions when in doubt.

We have been warned that there are some items in the current OASIS "C" for example M1012 which does not impact payment and not used for risk adjustment - is already on its way out in the next set of OASIS "C" in preparation of ICD-10. While this is not currently used for CMS purposes, there is still a need for it to be answered for technological purposes.

Earlier this year, all providers that had one user were contacted. They were asked to register a second user so services cannot be interrupted if the primary user was to leave the agency abruptly. Agencies were instructed to register online on the OASIS welcome page. Otherwise, late registrations will be available on the QTSO web page.

Beginning this July, there will be a release of the OASIS "C" outcome reports at home health compare for the general public to view. Also, it is anticipated that the OASIS "C" revisions will be released sometime next year.

Aida provided historical background information on OASIS to demonstrate where we are in the so called "master plan".

Changes to the Home Health survey process

The new survey process was implemented May 2011. Staff had been trained through a Webinar conducted by CMS. The condition of participation has not changed and our staff is well versed with the regulation.

Siji Varghese and Aida Trinidad review all Chicago surveyor packets when surveys are completed. They do not have any data to show what type of deficiencies are being cited. However, Siji thinks, we site more care related tags now that we have shifted the focus to care. She relates that there are more skilled nursing and therapy tags cited as opposed to plugging all in one of the "all inclusive" tags. Home health aide tags are written only based on observed care provision or care documentation. The surveyors do not spend time going through files just looking for paper compliance, they look at the files when it is warranted by one of their care findings (or of course when an employee reports that they don't receive training).

Meeting adjourned: 12:25 p.m.

