

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

January 11, 2012 – 11:00 A.M.

VIDEOCONFERENCE

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

Members Present:

Teresa Garcia, Chairperson
Gail Ripka, Co-Chairperson
Kathleen Kraft
Patricia Menoni
Michele Running
Agnus Mandrgoc
Sheila McMacklin
Donna McNally
Nancy Nelson

Members Not Present:

Dennis Norem, MD
Patricia Gibson
Michael Mellinger
Vistacion Hicks
Antoinette Waller
Michael Bader

Department Staff:

William Bell
Aida Trinidad
Kendra Fabish
Karen Senger
Maurice McAllister

CALL TO ORDER:

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 13, 2011 board meeting. The draft minutes were approved with the following corrections: Page 1, Should read: "Bordering States" not "Boarding States"; also, Page 4, Should read: "Earlier this year, all providers that had one user for OASIS access were contacted"; should not read: "Earlier this year, all providers were contacted that use the OASIS submission screen." The minutes were motioned, seconded and approved January 11, 2012 with corrections.

OLD BUSINESS:

Specialty Physicians from Bordering States (Revisited Item)

Bill Bell addressed this revisited item. This would require a legislative change in the Illinois Nurse Practice Act and the Medical Practice Act. If this is the direction that the board would want to pursue; someone would have to approach a Senator or State Representative and ask if this item can be introduced. The Department is limited to what it can introduce from the agency, and because of other items brought to legislative this item did not make the cut. Bill reiterated that if this is something that collectively as a board you would want to pursue; someone must make a request through their Senator or State Representative to introduce the legislature.

Rebecca Zuber is working with the State Medical Society with language on out-of-state physicians doing business in Illinois in certain circumstances. They are not ready to share information at this time, until they are sure what they have fit everyone's need.

The Department will be looking at the Illinois Nurse Practice Act because it mentions that Physicians can only give orders in Illinois only; and only in cases of emergency could the patient cross the border for services.

Future Meeting dates for 2012

The future meeting dates for 2012 were approved. The board meets the second Wednesday in January, April, July and October.

NEW BUSINESS

Mr. Mike Rohan, President of the Illinois Chapter of the NPDA had the floor to discuss concerns that they have in the industry. First of all, he thanked the members, this group, IDPH and all who were involved in the licensing act that governs the industry. All the home services agencies were operating at different levels as home placement agencies; some were doing home visits and some were not, some were doing background checks and some were not, some were documenting services and some were not. The new licensing act really sets the standard and got all agencies up to a level standard of improved care. Overall, the quality of care provided in our segment has greatly improved.

He stated that he had been asked by members of my group to come to you today and ask you some questions. Our members feel that there has been a loophole created that lowers the standard of care in our industry and that loophole has let the placement agencies become licensed. There are 3 main issues associated with the licensing of the placement agencies:

1. Senior Safety (no follow-up supervisory visits, liability insurance and employee bonding, no service documentation, 24/7 quality improvement, annual employee evaluations) the list goes on and on. These rules are applied with home services agencies and are not required for home placement agencies.
2. Employee Exploitation (no minimum wage law, overtime pay, 7 day rest rule and worst of all, no workman's compensation). These rules are applied with home services agencies and are not required for home placement agencies.
3. Tax Evasion (no employee withholding, Social Security Medicare, and no federal tax being paid on wages. No employer portion of Medicare and Social Security. No Illinois State Income Tax, no Illinois Unemployment and no federal unemployment). Show the numbers. What can be done to level the field?

Michelle Running commented that competition and consumer choice is important for the consumer, when you offer the consumer a Home Service Agency and Home Placement Agency you offer them the choice; what they choose is up to them. When we limit the choice of only one license we limit the choice for them.

Karen Senger commented that we are limited in what the Department can do, because the Home Services Placement Agencies are licensed with IDPH and partially licensed under the Department of Labor and Private Employment Act. The fact that they are not equal as other agencies because of the services they provide. The Department has put in place some areas that were not enforced; background checks, licensure requirement, and supervisory visits. We have to understand that this is a Placement Agency and is licensed by the Department of Labor and should be looked at closely by them. Once the client is placed, then the relationship has ended and terminated.

Teresa Garcia feels that a workgroup should be established to look closely at strengthening the language of the rules that governs the Home Services Placement Agencies and bring more information to the board for review. She feels that someone from the Department of Labor should be present.

Bill Bell will coordinate a meeting with Teresa Garcia on deciding this workgroup.

Department's view on health care reform that are potentially changing the current licensing categories as purchasers (both public and private), promote care coordination, and work to reduce hospitalization (Discussion)

Ms. Gail Ripka addressed this item because hospitals are not being paid for certain readmissions. She has heard that a lot of hospitals are sending nurses out to do home visits, mostly on a onetime visit, but they are not licensed to do home health. One of her sources felt that the nurse was managing chronic disease for non-homebound patients which would consist of more than a onetime visit. Gail feels that hospitals doing home visits are not aware that home health license is required.

As the department mentions, if this is a onetime visit or a follow up on the patient's care then this is acceptable, however, if this is other than a onetime visit then and there is treatment then the hospital will need a home health license to provide this service.

Ms. Rebecca Zuber mentioned that the delivery of medical care is going to change over the next 5 years; care would be moving away from the institutional setting to the patient's home. There is a need for the department to see where they are with regulations and are prepared for this change. Ms. Zuber attended a meeting held by the Department of Healthcare and Family Services on the Innovation Project. They are encouraging the delivery of established medical homes; and are moving 50 percent of the Medicaid population into managed care by 2014. If the Medicaid population under the Obama Medicare is repealed, Medicare populations would be doubled by 2014. So, if we are talking about Medicaid only, which we can't because Medicare is also changing along with private insurance. You are talking about a major influx of people into a different health care model. One of the demonstration projects out there is Independent Health

Care provided at home; which is designed to have Nurse Practitioners (NP) provide medical services to individuals in their home, so physician office will be pulled into this equation as well. If the NP is providing primary care versus what we consider traditional services under home health care do we license them? We need to be thinking at a 30 thousand foot level for the health care industry and regulatory scheme. What is the Department's direction on this item?

Mr. Bill Bell mentioned that the Department waits on the Federal government to give guidance and direction as to what they plan to do with Medicare and Medicaid. Then the Department tries to match up on the licensure side so that we don't end up with programs going in different directions and putting some providers under conflict with stricter standards and others without. The Department will wait and see what the Federal government intends to do and we will follow their direction. Bill Bell will reach out with Ann Guild with the Hospital Association and see if this issue has been discussed during the Hospital Licensing Board. If someone is interested in attending the hospital licensing board and bringing information back to the home health board that would be wonderful to see how they are addressing this issue. According to Rebecca Zuber, Laurie Williams from Small Inbred Hospitals is also a good resource.

Three agenda items were combined: In and Out Times on Home Services Training; Electronic Signature Language for Home Health Agencies; and Draft Rules for Bed Baths

NOTE: For the purpose of these minutes only the underlined is the added language

In and Out Times on Home Services Training

Ms. Karen Senger addressed these items. Section 245.71 Qualifications and Requirements for Home Services Workers

Section 245.71 (f) All training shall be documented with the date of the training; ~~starting and ending times~~ length of time spent for each training topic; instructors and their qualifications; short description of content; and staff member's signature.

Whether the training or lecture was a half-hour or hour this change actually has a timeframe for the topic and not the starting and ending times for the training.

Electronic Signature Language for Home Health Agencies Section 245.200 Services - Home Health

Section 245.200 h)5) Clinical Records

NOTE: This language is taken from the Home Health section of the rule and shall apply to Home Services and Home Nursing Agencies

Agencies that maintain client records by computer rather than hard copy may use electronic signatures. The agency shall have policies and procedures in place in regard to such entries and the appropriate authentication and dating of those records. Authentication may include signatures, written initials, or computer secure entry by a unique identifier of a primary author who has received and approved the entry. The agency shall have safeguards in place to prevent unauthorized access to the records and a process for reconstruction of the records in the event of a system failure or breakdown.

Draft rules for Bed Bath

Section 245.40 (c)(4)(C) Bathing. A home services worker may assist clients with bathing. When a client has skilled skin care needs or skilled dressings that will need attention before, during or after bathing, the client shall be in the care of an agency licensed as a home health agency or a home nursing agency to meet those specific needs.

Home services workers may assist individuals who are unable to be bathed in a tub or shower only when the following circumstances are met:

- i) The home services worker must have been trained in the particular methods required to bathe an individual.
- ii) The client or client representative must be able to participate or direct the bathing process and provide ongoing feedback to the home services worker.
- iii) The agency must have conducted a competency evaluation of the home services worker's ability to employ the methods required to bathe an individual.

The board approved at the last meeting the language for Bathing but because of other issues they were not approved by the Department, Mr. Bell would like to move with the board's approval today and have all three changes sent to legal for review and Governors office for final approval, at once.

Home Health Agency Initial Application Report

Ms. Karen Senger mentioned for year ending 2011 there were 36 application approved and awaiting letter of readiness from the agencies. The total applications received for 2011 were 111. When we opened the 2011 year, there were 946 licensed and certified agencies in the State of Illinois as we end this year, we have 972 licensed and certified agencies. See attached statistics.

Home Services, Home Nursing, and Home Placement Agencies Report

Licensed by category as of December 19, 2011:

548 Home Services
187 Home Nursing

81 Home Placements
14 Home Nursing Placements

Ms Kendra Fabish mentioned that there are no real problems in these areas in fact since the Department has followed the suggestion made by the board, relative to advance notification, agencies are better prepared for the survey and have seemingly eliminated not being available on the day of the survey. As a result of advance notification, surveyor's travel time has significantly reduced as well. We have received complaints on individuals within the home service placement agency, but the department does not license individuals but agencies. Some deficiencies that are frequently cited are relative to agency managers. We have visited agencies and the designated person or manager never shows up or has not been designated in writing by the time of survey. Some agencies do not understand the regulatory requirements relative to the agency managers being available for the survey. .

We have started writing deficiencies on agencies not complying with the finger printing and background check web portal agreement. Currently, there is a three month waiting period in place to process agencies applications to access the Departments web portal.

OASIS Update

Information presented by Aida Trinidad. Effective October 1, 2011 HAVEN 3.0 became available on the QTSO and CMS websites. The updates include changes to ICD-9 codes and OASIS grouper. Non HAVEN users are to contact their vender (before October 1, 2011) in order to receive accurate HIPPS code values for submission to the State system. You can check the website at: www.cms.gov/homehealthpps.

CMS connectivity is currently transitioning from AT&T to Verizon network. The transition started November 2011 and will be in full operation by the end of the first quarter of 2012.

The newly revised OASIS "C" User Manual and Errata is now available and can be downloaded off the CMS website. There are changes in billing privileges, when billing privileges are revoked there is an automatic termination effective with the date of revocation. Keep in mind, that CMS does allow agencies a grace period of 150 days to be in compliance.

The initial certification process is being revised to include an additional step to accommodate a second review of enrollment criteria performed by the RHHI or Medicare Administrative Contract (MAC), before a CCN number is issued. The review will include determining if a facility is open; staffed; and if applicable, serving customers (operational). If the provider and/or supplier do not pass the site visit, the contractor must deny its enrollment.

There have been changes to the definition for a change in majority ownership and this issue can be directed to RHHI and MAC.

Also, OASIS "C" training is being planned for the warmer months. Announcements shall be posted on the IDPH website calendar and the OASIS Bulletin Board.

The above letters can be found on the CMS website by searching:

S&C 12/16 Survey and Certification Responsibilities Related to Provider Enrollment
Revocations

S&C 12/14 Home Health Survey and Certification Activities Related to Program
Safeguards: Change of Ownership

S&C 12/15 Revised Initial Certification Process for Home Health Agencies (HHAs)

Board membership:

For the very first time, the advisory board is at full membership. We currently have two board members whose membership expires shortly: Dr. Norem; and Ms. Hicks, both members need to submit a new application for reappointment, resume or CV and voters registration card. Maurice will contact the members to submit the documents and consolidate the paperwork for Governmental Affairs review and approval. We also will like to welcome Nancy Nelson to the advisory board; she will be representing the General Public.

Meeting adjourned: 12:25 p.m.