

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

October 10, 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
Visitacion Hicks
Dennis Norem, MD
Patricia Menoni
Kathleen Kraft
Michelle Running
Sheila McMackin

Members Not Present:

Patricia Gibson
Gail Ripka
Michael Bader
Donna McNally
Nancy Nelson

Department Staff:

Toni Colon
Bill Bell
Aida Trinidad
Karen Senger
Kendra Fabish
Siji Varghese

CALL TO ORDER:

The meeting was called to order at 11:00 a.m. Committee members, guests and department staff were asked to introduce themselves.

The minutes from January 11, 2012 meeting were not approved as majority of board members were unable to attend.

Currently, the board has lost two active board members: Agnus Mandrgoc, Representing Home Services Representative and Antoinette Hardy-Waller, Representing Registered Nurse with Home Health Experience. The Department is seeking replacements for two open seats. If there are recommendations, please submit your recommendations to Maurice McAllister at IDPH, 122 S Michigan Avenue, 7th Floor, Chicago, IL 60601 or e-mail to Maurice.McAllister@Illinois.gov.

Toni Colon, IDPH, Deputy Director for Health Care Regulations addressed the board with her introduction and greetings.

OLD BUSINESS:

Specialty Physicians from Bordering States (any updates)

Bill Bell addressed this revisited item. No new updates as of today. Since our last meeting, the Department addressed changes to the legislature but none of the changes were accepted. If someone from the board feels passionate about moving forward with

the revisited item, someone must make a request through their Senator or State Representative to introduce into legislature.

Dr Norem mentioned, he has worked on this issue relative to the Specialty Physicians from Bordering States for some two years ago today and has taken his information to the Illinois State Medical Society. He has submitted a resolution to the Illinois State Medical Society that read as follows: "RESOLVED, that the Illinois State Medical Society work with the Home Health and Home Service Advisory Committee of the Illinois Department of Public Health to address the issue of allowing out-of-state physicians to order home care services for patients in Illinois, under certain well-defined situations, until an Illinois licensed physician agrees to take over the care of the patient". Dr Norem has recently made contact with his State Representative but was informed that this issue may not be something that will happen this session.

Rebecca Zuber has met with the Illinois State Medical Society relative to the Medical Practice Act with language on the out-of-state physicians doing business in Illinois. Collectively, Ms. Zuber and Illinois State Medical Society are speaking with Financial and Professional Regulations on possibly leaving this issue as it stands because the Law has been working fine for 20 years, why change it now. With that said, Rebecca Zuber and the Illinois State Medical Society are proposing not to move forward with legislative changes relative to the Specialty Physicians from Bordering States.

Status of Draft Rules for Bed Bathes and are they still prohibited

Bill Bell mentioned that the rules are being worked through the internal process. The Rules Section, headed by Sean Dailey, is working on other issues within the Long Term Care section but will resume with the proposed draft changes as time permits. The view of the Department is to continue to work as if the rules are in place even though the rules are not approved at this time. Home Health Agencies are not being cited for this deficiency during the recertification survey.

Status of task force to review the regulations since implementation

Teresa Garcia mentioned that during the last board meeting, a brief discussion ensued on a task force to review the Home Health regulations. This review is due to changes that has affected the program over the years and feels that some areas could be tightened up. Sheila McMackin provided an example of the State of Maryland's, Executive Order relative to the Joint Enforcement Task Force on Workplace Fraud. The Executive Order outlined the purpose, the makeup and responsibilities of a task force. As the Chairman solicits for volunteers to this task force, please note that the Department of Labor will not be included in the selection but should be copied on final review and recommendations. Teresa Garcia has volunteered to coordinate the task force members which would be composed of Board Members, Interested Persons and Department staff. Voting members will have the final oversight of all proposed changes with this task force. If you are interested in volunteering for the task force, please forward your name to Maurice and he will forward to Teresa's attention, you can e-mail him at Maurice.McAllister@Illinois.gov

NEW BUSINESS:

Hospice agencies are using Placement Agencies because they are administering medication

Teresa Garcia addressed this item. Ms Garcia is finding in the Hospice arena that if a hospice agency is involved with a patient and the patient privately engages in care giving services, the hospice agency is recommending that the patient do not go with a licensed agency because licensed agencies are regulated and the caregiver is not. However, if the patient hires someone down the street privately that is not regulated, then that's on the patient not the Hospice agency. Hospice agencies are making these recommendations to patient and family members. According to Karen Senger, she will address this practice with the Hospice agencies to see if they are in fact recommending that their patients engage in this practice. Either way the home service worker cannot administer medications.

Placement agencies are acting as Home Services Agencies and Dual Agencies are occupying same facility, confusing to consumers

Teresa Garcia addressed these items. Ms Garcia mentioned that the consumer is confused when agencies that are providing dual services. Ms Garcia is employed by a home health service agency and supervises staff but she also have a home service placement agency where she do not employ them or supervise them. When presented to the general public, the agency is listed as one agency even though they are licensed for dual agencies and multiple services. So the name of the agencies does not necessary fit the agencies services. Is there something in the regulations that would preclude an agency from having dual licenses? Karen Senger mentioned that agencies are not precluded from having dual agencies or licenses but the consumer would have to look at the agency's contract closely to determine what service they are providing to the client. The Department will ensure when the surveyors are on site, that they ask the question relative to dual licensure.

Update on all language changes. This item was addressed in Old Business along with status of draft rules for Bed Bathes and are they still provided.

Home Health Agency Initial Application Report

See attached statistics for 2011 and 2012 from Karen Senger. In addition, there were 2 decertified agencies, 2 licensed revolted; and 2 licenses were appealed.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Application Received and Licensed

See attached statistics from Kendra Fabish.

Home Health Agency Initial Applications 2012

Month	Request/month	Licensed	File closed	application approved	awaiting survey	Awaiting POC	review in process
				awaiting letter of readiness from agency			
January	5	2	0	1	2	0	0
February	7	3	1	2	1	0	0
March	3	1	0	2	0	0	0
April	6	1	0	1	1	0	3
May	1	0	0	0	1	0	0
June	8	1	0	3	2	0	2
July	5	0	0	2	1	0	2
August	2	0	0	0	0	0	2
September	4	0	0	0	0	0	4
October							
November							
December							
Totals	41	8	1	11	8	0	13

Total Number of HHA licensed only and licensed/certified 2010

Quarterly	As of Jan 1, 2010	1st	2nd	3rd	4th
Total # HHA	972		980	1010	
# licensed	205		204	220	
# L/Certified	767		776	790	
# voluntary closures					

Quarters are date at the end (i.e. 3/31, 6/30, 9/30)

Home Health Agency Initial Applications 2011

Month	Request/month	Licensed	File closed	application approved	awaiting survey	Awaiting POC	review in process
				awaiting letter of readiness from agency			
January	12	7	5	0	0	0	0
February	13	8	3	1	1	0	0
March	11	8	2	1	0	0	0
April	15	11	3	0	1	0	0
May	3	3	0	0	0	0	0
June	6	3	1	1	1	0	0
July	13	8	3	2	0	0	0
August	5	2	3	0	0	0	0
September	7	3	2	1	0	1	0
October	13	7	2	3	1	0	0
November	9	6	1	1	1	0	0
December	4	1	0	1	2	0	0
Totals	111	67	25	11	7	1	0

Total Number of HHA licensed only and licensed/certified 2010

Quarterly	As of Jan 1, 2010	1st	2nd	3rd	4th
Total # HHA	946	949	955	968	972
# licensed	247	224	213	205	205
# L/Certified	699	725	742	763	767
# voluntary closures					

Quarters are date at the end (i.e. 3/31/10, 6/30/10)

Home Services /Home Nursing/ Home Services Placement and Home Nursing Placement

January of 2010 2011 2012 Oct 1, 2012

	2010	2011	2012	Oct 1, 2012
Home Services	439	507	551	579
Home Nursing	160	184	190	200
Home SP	63	74	81	64
Home HN	10	15	14	6

For the year so far 2012 the # of new applications for license

Home Services 86
 Home Nursing 15
 Home Services Placement 13
 Home Nursing Placement 0

OASIS Update

Aida Trinidad addressed the board with OASIS updates. Since the last home health advisory board meeting, there has been a complete transition to Haven 3.0, complete transition to AT&T to Verizon Network and no revisions to the OASIS data sets. The Department provided 4 training sessions this fiscal year relative to OASIS Basics for new providers these sessions were held April 19, May 16, Jul 20 and Aug 15, 2012. The OASIS Educational Coordinator (OEC) National Conference is scheduled on April 2013, which I anticipate new training material for providers will be presented.

As of August 2012, the Department has officially been informed that the uses of the ICD-10 codes are delayed until October 1, 2014. OASIS data set may likely undergo some changes to match the ICD-10 requirements.

September 20, 2012 was Fraud, Abuse Awareness Month at the Centers for Medicare and Medicaid Services (CMS). CMS sponsored a Healthcare Fraud Awareness Symposium; the symposium explained CMS new approach to fraud and abuse, instead of the old concept of pay and recover. The new approach is the establishment of Fraud Prevention System or FPS. The claim is submitted to a contractor who has access to go into CMS common working file, who in turn either forwards the claim back to the payment floor or deny the claim; or from the CMS working file refer to FPS who then refers it to the CMS Command Center (Zone Program Integrity Contractors, Law Enforcement or Center for Program Integrity), then goes back to payment floor for payment or stop payment altogether.

Provider enrollment making the process for legitimate providers and supplies is a shared system between Medicare Administrative Contractors, Pecos, Claim payment, OIG, law enforcement, data analysis, the National Plan and Provide Enumeration System, Medicare Providers and supplies. With a shared system, the enrollment process shall be faster approximately two-third reduction in time and user friendly. Online enrollment and its process shall be reliable as enrollees use one system with up to date information. Last January, Aida shared with the group additional steps to accommodate a second review of enrollment criteria performed by the RHHI to MAC. A successful site visit includes a determination that the facility is open, staffed and if applicable, serving customers and is operational. Should the provider or supplier not pass the site visit, the contractor must deny its enrollment at that time.

Providers suspected of fraudulent activity are put on prepay review, sometimes indefinitely and if CMS initiatives overpayment recovery, law enforcement will determine if an arrest is appropriate. For the future, CMS and its contractors will use prepay review as an investigative technique to deny individual claims. CMS will revoke providers for improper practices, CMS and Law enforcement collaborates before, during and after case development, and will address the root causes of identified vulnerabilities.

Board membership:

We currently have one board member whose membership expires December 2012: Patricia Gibson needs to submit a new application for reappointment, resume or CV and voters registration card. Maurice will contact the member to submit the documents and will consolidate the paperwork for the Department's review and final approval.

Meeting adjourned: 12:25 p.m.