

**NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ADULT DAY CARE ADVISORY COUNCIL MEETING
MINUTES**

Date: May 28, 2015

Time: 9 AM

MEETING LOCATIONS

Videoconference to:

Division of Public and Behavioral Health
Health Care Quality & Compliance
727 Fairview Drive, Suite E
Carson City, Nevada 89701

Division of Public and Behavioral Health
Health Care Quality & Compliance
4220 South Maryland Parkway, Building D, Suite 810
Las Vegas, Nevada 89119

CALL IN NUMBER: 888-398-2342 ACCESS CODE 1530727

NOTE: SOME ADVISORY COUNCIL MEMBERS MAY ATTEND BY TELECONFERENCE
AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION, AND/OR
REMOVED FROM THE AGENDA AT THE CHAIRPERSON'S DISCRETION

Members present:

Christopher Vito, Nevada Adult Day Care Centers, Chair
Jeff Klein, Nevada Senior Services
Dorothy Domingo
Howard Chin
Patricia Capello
Jeff Dold, Sparks
Diane Ross, The Continuum
Heather Lankford, Willow Creek Memory Care West
Kathy Posada, Baby Boomers
Helene Reilly, Nevada Adult Day Care Centers
Jeffrey Klein, Nevada Senior Services, Inc.

Terry Stricker
Chuck Damon, DHCFP
Leticia Metherell, HCQC
Donna McCafferty, HCQC
Patricia Elkins, HCQC
Julie D. Bell, HCQC
Heather Korbulik, Aging and Disability Services
Terry Stricker, Aging and Disability Services (teleconference)
Christina Vito, Nevada Adult Day Care Centers
Lily Chin, New Life Care Center

Approval of minutes from the February 12, 2015 meeting. *Chris Vito, Chairperson*

**JEFFREY KLEIN MOTION TO APPROVE MEETING MINUTES OF
FEBRUARY 12, 2015. MOTION SECONDED BY HOWARD CHIN. MEETING
MINUTES WERE APPROVED UNANIMOUSLY.**

Medical Laboratory Regulations Review

Leticia Metherell gave an update on proposed medical laboratory regulations which were distributed to everyone. She said that they had met previously with this group regarding glucometer testing. These regulations are moving forward that would allow a number of people who could serve as a laboratory director.

Leticia said that if a facility is only performing one test, it expands to include an LPN, RN, any kind of nurse, or any kind of personnel, except a laboratory assistant, so it expands who can be a laboratory director. If you have somebody who has experience in a lab doing testing in the past, they may get certified and in two years if they met the experience for that they could serve as laboratory director.

Chris Vito said he thought the proposed medical regulation changes are a positive move. He thanked the bureau for the consideration they have given to change the regulations regarding glucose testing.

Jeff Klein said he echoed what Chris Vito said and appreciates that there has been a much effort to find a fast accommodating ability of the adult day care centers to take care of the diabetic population. He said that they are glad the bureau has taken these steps for the record.

In response to Chris Vito to review the fees, Leticia Metherell explained that the initial state licensure fee is \$500 for two years; after that it is \$300 every two years; the CLIA waiver is \$150 paid which is due two years. She said it comes out to a cost of \$225 a year. If you have a license nurse on staff or those kinds of individuals, you do not need to pay for any further personnel certification. There are a group of people listed in the NRS. If there are personnel who are not one of those licensed professionals, they would have to become a licensed laboratory assistant. The CLIA fee is not listed on the regulations because that is a federal fee.

Leticia Metherell explained the proposed regulations will be sent out to the public and public workshops at the end of July. The next step would be public hearings, then it goes to the Board of Health, after that approval it goes before Legislative Commission. She estimated that it could be approved by January 2016.

Jeff Klein commented that if you notice the Commission on Aging, then the next time HCQC goes before the Legislative Commission, you can say the Commission on Aging is in support of this.

Bureau Topics – Julie D. Bell, MED, Health Facilities Inspection Manager, Health Care Quality and Compliance (HCQC)

Top ten tags for facilities for Adult Day Care was reviewed by Don Sampson.

- 170 Service of Food; Dietary Consultants
- 056 Director and Employees
- 153 Required Services - Refers to medications
- 247 Plan of Care
- 057 Director and Employees
- 088 Files
- 095 Files Concerning Employees
- 140 Requirements for Admission
- 230 Written Assessments of Clients
- 0158 Housekeeping and Maintenance

Don Sampson said that overall adult day care facilities do not receive many tags. Jeffrey Klein said it would be useful to break out first time inspections and re-inspections. Someone asked for an explanation of the severity scale. Severity Scale 1 – is administrative. Severity Scale 2 – potential for harm. Severity Scale 3 – very likely potential for harm. Example, medication was given inappropriately and some harm occurred. Severity 4 – Harm did definitely occur. For example someone was given the wrong medication and had to be hospitalized.

The advisory council requested a copy of the survey workbook that is used.

Julie Bell reviewed a report which showed that there are 35 facilities that are closed and 18 opened facilities.

General Discussion of Medical Marijuana topics related to adult day care facilities; Julie D. Bell, Health Facilities Inspection Manager, HCQC

After a short round table discussion, the group decided that this item did not need to be a standing agenda item. As questions come up, they will do their best to get an answer from the Medical Marijuana Program. If you have a non-smoking facility does not mean you cannot have medical marijuana, as there are many ways to use it from vapor pens to edibles.

Jeff Klein said until both the state and federal statute is changed, it is a closed issue as no substances are allowed to be brought in that could impact their clients. Until there is a proposal to change those rules, he was of the opinion there was nothing they could do.

Chris Vito added that if a medical marijuana related topic comes up that indirectly or directly affects adult day care, the advisory council would like it be put back on the agenda.

Donna McCafferty asked everyone if they had an earthquake plan. On October 15, 2015 there will be an earthquake drill called the Great Nevada Shake Out. If you sign up, it gives you a brief training and post event. Las Vegas did experience an earthquake recently and freeways had some damage. She said it

would be something for everyone to consider signing up. As healthcare providers, it is important to plan for that.

Update on Centers for Medicare and Medicaid Services (CMS) new rules for home and community based settings. *Chuck Damon, Long-Term Support Services, Division of Health Care Financing and Policy (DHCFP)*

Chuck Damon said the transition plan has been submitted to CMS for review and approval. They have not heard anything back.

Christina Vito said there was discussion regarding managed care benefits have been added including Medicaid. One is CMO, XIX, SNEVHPN, and when that first came up, she called to ask what are these. Continuing, she said the CMOs are covered adult day care where as the XIX and SNEVHPN were not covered and asked if that had changed. When trying to process a client, there is a delay of service issue. In response, Chuck Damon requested she send him an email or ask Leslie Bittleston.

Chris Vito asked that if and when that managed care rolls out to Medicaid, to please give them a heads up. Chuck Damon said the bottom line is servicing the clients and helping them get on board and how to best serve them.

Terry Stricker, Aging and Disabilities Services Division, gave an update on AB310 allow further study and pilot program to occur at the discretion of the director of Health and Human Services. There needs to be more planning and transparency and advocacy before any implementation.

Jeff Klein said that they have gone back and forth on the waiver issue. For adult day care centers there are changes that nationally it mandates a patient centered planning approach to care which is intended to be more of a partnership. This will require more on our part working with case managers. The state is working on adopting a process so that there will be a gradual implementation process to engage on this subject.

The second issue, it defines “in the community.” In the Federal Law it is clear, it must be adopted which will require a lot more working with case managers. Other states have tried to have exemptions to the waiver rules. It would make it illegal for reimbursement purposes under Title 19 Medicaid for a sight to receive reimbursement under the Medicaid program if they are co-located on a campus with other medical facilities. Hospitals cannot have one their campus, cannot control the board and the same thing is true of all long-term facilities. The campus co-locations and long-term care facilities is dead. When the state plan is approved, it will be retroactive to the implementation date. The patient centered planning will be phased in.

Terry Stricker said that Medicaid has sent out a facility checklist for everyone to use to see how compliant they are with CMS rules.

Chris Vito requested Chuck Damon if he would send out that facility checklist again.

Donna McCafferty asked if there is any opportunity for a waiver or variance. Chuck Damon responded that states can apply for what is called “closer scrutiny” where Medicaid would send out representatives. How the states request that, he does not know and can answer back via email to the council.

Chuck Damon explained the regulations were published March 17, 2014. As far as any grandfathering, there is none. The plan itself and regulations are on a time clock of five years to be in compliance with all that regulations update. As far as existing facilities, any facilities that already exists would not be grandfathered in as far as the cite requirements. He said he sent the questionnaire out to all adult day care facilities but he said he might be able to resend out with approval from Leslie Bittleston.

Jeffery Klein said that the state can make a request but the feds are not inclined to grant waivers. This has its biggest impact on the intellectually challenged population who have residential communities. This is an issue for Opportunity Village and others like that. Resources they need are located in one place and in one area. How to implement person centered care as to whether a setting and comply with the rules. A free standing adult day care would be fine as long as it isn't enrolled in a Medicaid program but as soon as it is enrolled that facility would be cut off. The feds are attempting to say that they are concerned that people not become so socially isolated by virtue of the fact that everything is located in one place.

Discussion regarding 1915 Waiver Division of Health Care Financing and Policy Public Workshops. *Chairperson*

Chuck Damon said Medicaid has made every attempt to include providers in meetings. As far as with the person centered planning, he intends to work closely with the community and also complies with the intent and rules. There was a public workshop to ensure compliance of CMS rules. Definition of case managers under the modified waiver. Recruitment of adult day care centers and what that meant in the waiver. There were a number of other process issues. He said there was a good discussion on that issue. They are satisfied that the issue has been discussed sufficiently. He said assuming the waiver is approved, that dialogue created a commitment with the Health and Human Services.

Industry Updates

Chris Vito thanked Nenita Wasserman for her work and keeping the advisory council up-to-date. He also thanked people in the adult day care facilities who helped with getting a lobbyist to represent the adult day care community. He encouraged all adult day care facilities to be actively participating.

Chris Vito said he was at a NADSA board meeting in Washington, D.C. to talk about Medicaid reimbursement. He learned from the NADSA board meeting is there is Medicaid fraud throughout the country. He said he would like to propose to the bureau on behalf of the council, that licenses and applications go through the purview of the council.

Julie Bell said that the bureau provides educational training for new facilities coming on board. She said that is probably the place where they can frontload some of the information. She said that they can start developing some of that training and have the advisory council provide some input.

Kathy Posada this is an issue that affects her very much. She said she was in a personal care agencies are quite terrible when it comes to fraud and are not well managed.

Jeffrey Klein said there were some successes this year. AB 222 which impact HCQC which toughens the sanctions on the penalty side. SB171 was signed into law which is the Care Act. This became a

community wide effort that caregivers have the opportunity to get the information they need before a patient is discharged. AB 233 for elder abuse passed. This bill really has given law enforcement teeth for both the police and for the district attorneys to operate. Senate Concurrent Resolution 2, supported by Senator Joe Hardy, is an informational piece of legislation so that our healthcare systems have enough information for Alzheimer's so that they are more sensitive to the issues. These highlight what positive things have happened. He commented that as ADCAC moves into the interim, he wanted to encourage people to make their voices be heard.

Public Comment (No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

No comment under this item.

Adjournment

There being no further business before the advisory council, the meeting was adjourned at 11 am.