

HOMES FOR INDIVIDUAL RESIDENTIAL CARE ADVISORY COUNCIL MEETING

Minutes

Date: August 12, 2014

Time: 2 PM

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

Roll call. *Phil Glessner, Chairperson*

Las Vegas attendees:

Phil Glessner, Co-Chair, Mimi's Care Home
Beatrice Mercado, Co-Chair Senior Residential Care
Emelita Tugas, Washington Senior Home
Dorothy Domingo, Golden Retreat Care Home
Rene Anderson Deputy AG

Other attendees:

Attending by telephone:

Jacqui La Voie, La Casa de La Voie
Heather Korbolic, State Long-Term Care Ombudsman
Julie Kryerman, Manager with Community Based Care
Sharon Leffingwell, Healthcare

Staff:

Julie D. Bell, HCQC
Kyle Devine, Bureau Chief, HCQC
Sherry Crance, HCQC
Donald Sampson, HCQC
Donna McCafferty, HCQC
Nenita Wasserman, HCQC

Approval of minutes from the February 11, 2014 meeting. *Phil Glessner, Chairperson*

SHARON LEFFINGWELL MOVED TO APPROVE THE MEETING MINUTES FROM FEBRUARY 11, 2014. MOTION WAS SECONDED BY DOROTHY DOMINGO AND PASSED UNANIMOUSLY.

Proposed changes for By-Laws of Homes of Individual Residential Care Advisory Council

Amend By-Laws to reduce number of members from Seven to Five (a Quorum would be three on the advisory council)

Julie Bell explained the suggested changes on the By-Laws. Under Section 4, the number of members was reduced to six so that the quorum would be reduced.

Sharon Leffingwell commented she no longer owns a home for individual residential care in Clark County. Linda Andersen said there is no requirement that you own a HIRC so Sharon Leffingwell was not disqualified from being on the board.

There was no public comment on the By-Laws for HIRC.

THERE WAS A MOTION THAT THE BY-LAWS BE JACQUIE LA VOIE, BEATRICE MERCADO SECONDED. MOTION PASSED UNANIMOUSLY.

**BY-LAWS OF
HOMES FOR INDIVIDUAL RESIDENTIAL CARE ADVISORY COUNCIL**

Section I – Name

The name of this group shall be the Homes for Individual Residential Care Advisory Council (HIRCAC) and shall be referred to hereinafter as “the Council.”

Section II – Authority

The Council was initially formed by appointment of the members by the Administrator of the Nevada State Health Division in 2011 in response to a request by the State Board of Health for the Division of Public and Behavioral Health to work collaboratively with Homes for Individual Residential Care providers to explore methodologies to reduce costs to facilities while maintaining quality care to residents. The recommendations of the Council are advisory only and shall be reported to the Administrator of the Division of Public and Behavioral Health through the Bureau of Health Care Quality and Compliance (BHCQC). The Administrator of the Division of Public and Behavioral Health will report on the Council’s activities to the State Board of Health.

Section III – Mission

The mission of the Council shall be to examine, consider, and make recommendations about the following issues:

- A) Educational strategies for providers of group care home for individual residential care (HIRC) facilities;
- B) Revision of the regulations for HIRC facilities;
- C) Complaint process of the BHCQC;
- D) Liability insurance;
- E) Fee methodologies and BHCQC cost analysis; and
- F) Other issues impacting HIRC facilities.

Section IV – Members

Subsection A. Composition. The Council shall consist of no more than six members with a quorum consisting of three members. Except for number 4) and 5), below, the members of the Council must either be Owners or Directors of a Home for Individual Residential Care (HIRC) Facility. **Council members need to be in full compliance without any incidents of substantiated over-census situations in the past two years prior to appointment.** The Council should try to include in its membership but not be restricted to the following:

- 1) A HIRC provider from Clark County;
- 2) A HIRC provider from Washoe County;
- 3) A HIRC provider from rural/frontier Nevada;

Subsection B. Alternate Member. If a member is unable to attend a meeting, he/she may designate a representative to serve in his/her stead who shall have all the rights and privileges of the member while acting on his/her behalf.

Subsection C. Term of Membership. Each Member shall serve a term of one to two years or until a successor is selected by a vote of the majority. Members may serve consecutive terms. Member's terms should be staggered so that the entire membership will not be replaced at any one time. In the event of a vacancy, nominations will be solicited and members will be selected by a vote of the majority.

Subsection D. Compensation. Each member of the Council is responsible for their own expenses for travel and other costs related to membership.

Subsection E. Staffing. Staff will be provided by the BHCQC for purposes of arranging the meetings, preparing agendas, and research needs within the availability of the Division's resources.

Subsection F. Voting. Only members of the Council shall be entitled to one vote on all business requiring action by the Council.

Subsection G. Termination. **Council members, who fall out of substantial compliance, shall be terminated from Council membership.** Members who are absent from two consecutive meetings, and who do not notify a Chairperson in advance of their expected absence or send an alternate, shall be terminated from Council membership.

Section V – Officers

Subsection A. Composition. There shall be the following officers of the Council: Northern Co-Chairperson, Southern Co-Chairperson.

Subsection B. Duties of Officer. The Co-Chairpersons shall conduct the meetings of the Council and assign the recorder duties of taking the minutes to a member of the Council at each meeting. The presiding Co-Chairperson may at his/her discretion appoint any member present to take charge of the meeting. The Co-Chairpersons shall appoint subcommittees and assign tasks to the members as necessary to fulfill the purposes of the Council.

Subsection C. Term of Office. A Co-Chairperson may serve two years or until a successor is elected by a majority of the members.

Section VI – Meetings

Subsection A. Regular. The Council shall meet as necessary; but, not less than once each quarter.

Subsection B. Special. The Bureau or either Co-Chairperson may call for a Special Meeting with at least a two week notice should the necessity arise. The meeting, however, may only be held if a quorum is present.

Subsection C. Open Meeting Requirements. Meetings shall be conducted in accordance with NRS 241, known as “Nevada’s Open Meeting Law.”

Subsection D. Subcommittees. Standing or special subcommittees may be appointed by either Chairperson. Subcommittees must also comply with the open meeting law.

Subsection E. Parliamentary Procedure. The Robert’s Rules of Order shall govern the functions of the Council.

Section V – Amendment of the Bylaws

The bylaws may be amended as approved by a majority vote of the Council.

There was no public comment on this item.

Diabetes Monitoring and Testing in homes for residential care. Linda Anderson, Chief Deputy Attorney General, Attorney General’s Office

Linda Anderson, Chief Deputy Attorney General, Attorney General’s office gave a brief review of diabetes monitoring and testing in homes for residential care as it relates to the law and who may monitor and license requirements. Ms. Anderson explained that the law for lab testing is not written for HIRCs or any other facility types. The law is written that any kind of human testing with some of exceptions is written very broadly which requires that everyone must have a lab license to be able to conduct the test. If someone else performs a test on me, and I am paying you by being a patient of a HIRC then the HIRC owner would have to have a lab license. This is something in the future that the Legislature will have to address. If I am paying you to perform the test for me, then I am go to HCQC and get a lab license. This does not create the flexibility that a person would like to see in a caregiving situation. A resident should say they are conducting their own test. Be very clear that the resident is

actually doing the test. If the client is unable to conduct the test on their selves, you are crossing over unless you have a lab license.

Linda Anderson said that individuals are encouraged to reach out to their legislators and explain the problem and the need to correct.

Heather Korbolic asked how does this law apply when a provider is interpreting the results of an insulin blood draw done by a resident. Linda Anderson responded that what you really want to say is that your resident is performing her own testing and checking their results. You may be helping a patient read the small numbers, that is okay, but you want to be clear that the resident is doing their own testing so you don't cross over in the law and be required a lab license. If the patient is unable to perform the test on themselves, then you are crossing over into the restriction of who can conduct the test. The law is very clear on who can manipulate someone to draw blood and homes for individual residential care is not on this list.

A council member asked if you are a licensee and own the group home and are an RN, are you able to do the test. Linda Anderson said if you fall under the statute of who can manipulate for a test, then you can do it but generally nurses must be in a facility setting to do the test. If you are an EMT you can do it but nurses have to be in a medical facility.

Jacqui La Voie said she understood all of this but asked if there are any exceptions. She said what if your patient has lived with you for six years, you go to the doctor and you explain to the doctor that they are having difficulty doing it themselves anymore and they are planning to live in your home until the day they die, the doctor reviews with you what to do and how to do it. Are there any exceptions during the interim that can be done until it is made legal that a HIRC can assist or check residents for glucose monitoring or do they have to move to another facility because they can't stick their own figures anymore.

Linda Anderson said that was a good summary of the problem, someone who has been taking care of someone for the long term would be probably be the best person to perform the test but right now there is no exception for you to fall under to make this change. It would require a change of the law.

Jacqui La Voie said what if the person has home health nursing. The resident still can't do it and home health instructs you. A home health nurse cannot come to a rural resident like mine.

Linda Anderson said that even if a HIRC home feels like family, the state still recognizes you are running a business. A home health nurse can come in and do it because they are working for a medical facility. There are no exceptions for HIRCs to conduct this testing. The next legislature commences in February 2015 and it is something you may want to speak with your legislator about. Explain the issue to the legislator and the solution. For this session, you would have more success to reach out individually to your legislator and explain the problem and the fix that is needed.

In response to a member who asked why this is a problem now and noted that her hic home has been around a long time and did not have to worry about this until now, Linda Anderson explained that a long time ago hic homes were not licensed. Now that hic homes are looked at as more professional homes and are required to be licensed by the state, this group falls under that section that glucose testing must be done by someone who is listed under the statute to perform it.

Jacqui La Voie asked if they could put something in writing that homes for individual residential care are providing a free service for glucose monitoring, would that be sufficient to allow them to do it. Linda Anderson said there is no way to waive the statutory requirements.

Linda Anderson said she has heard for many years that this is such a simple lab test but because it involves sticking the human body, it is a lab test which requires a lab license.

Jacqui La Voie asked how does the statute need to change. As HIRC homes, we want to be exempt from NRS 652 to have a lab license to use glucose monitors.

Linda Anderson said the safest way for the HIRC providers to conduct such tests would be to have a patient medication agreement and that the HIRC follow certain criteria so that people are doing it correctly. She said it is critical the tests be done correctly following the requirements under the law.

Paul Glessner said the HIRC providers need to be added to the list of exceptions in the law.

Linda Anderson said you are not trying to do all testing or become a lab. The drug abuse and treatment centers, if done through the courts, were able to be exempted. This should be a noncontroversial topic because you are trying to help patients in a positive way.

Linda Anderson said that if a legislator does open up a chapter, this is good for the bureau to also suggest as a change.

There was no public comment on this item.

Bureau Topics – Julie D. Bell and Donald Sampson, HCQC

1) Top ten tags for homes for individual residential care. – HCQC
TB for employees is the most frequent tag.
TB for patients is the third most cited.
999 is a catch all tag. Herpes was put under 999 in 2009 but this has been updated to category 63.

2) Partnerships in training – development of staff training programs and external provider education

Donald Sampson said he gives much of the training for TB testing, background check. Julie Bell said that since Donald Sampson's promotion he is conducting more training programs. New staff members are receiving new training also. Julie Bell said if there are any other training that HIRC advisory council members would like to see, please let us know and we will look at it.

3) Review and update advisory council roster and contact information.

Julie D. Bell said that she just need Sharon Leffingwell's contact information and anyone else's that may have changed since last year.

Discussion of Worker's Compensation Information. *Donald Sampson, HCQC*

Donald Sampson noted that worker's compensation still has to be paid for independent contractors.

Julie Bell said she would ask for a representative to attend a future meeting.

Medical Marijuana

Julie Bell explained that the bureau said it may be best for facilities to have a policy to address this in their individual facilities as this is an issue. The patient must be a medical marijuana card holder. Julie Bell said there are other ways to take marijuana such as edible products. Someone from the medical marijuana office will be at the next meeting.

Jacqui La Voie requested that they let marijuana be delivered by mail. Linda Anderson said that would never happen as it is still against federal law to have medical marijuana.

Industry Updates – Phil Glessner, Chairperson

- 1) Top three challenges facing the industry - One challenge was already reviewed regarding diabetes testing.
- 2) Successes deserving recognition – Jacqui La Voie reported that she is getting more inquiries.

There was no public comment on this item.

Updates from Aging and Disability Services Division. Heather Korbolic, Long Term Care Ombudsman

Heather Korbolic said she wanted to notify the HIRC industry that ombudsman can advocate for clients under the age of 60. Her Administrator approved that they can advocate a patient of any age if requested.

In response to Dorothy Domingo as to how often the ombudsman to HIRC homes, Heather Korbolic said they try to get to all of them once per quarterly or at least annually. There are too many in Las Vegas. Her contact no. is 775 268 7764.

Beatrice Mercado said that she is receiving a visit from the ombudsman once a month. Heather Korbolic commented that she could talk to Ms. Mercado regarding this off line and gave her contact number.

Julie Bell commented that was great news that they are able to advocate for everyone.

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 one wished to testify under public comment.

Adjournment.

THERE WAS A MOTION TO ADJOURN THE MEETING BY DORTHY DOMINGO. MOTION WAS SECONDED BY BEATRICE MERCADO. MOTION PASSED UNANIMOUSLY.

Meeting adjourned at approximately 3:07 p.m.

Respectfully submitted,

Nenita Wasserman