

**Division of Public and Behavioral Health
Homes for Individual Residential Care Advisory Council Meeting
Summary Meeting Minutes
Date: May 12, 2015
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

NOTE: SOME ADVISORY COUNCIL MEMBERS MAY ATTEND BY TELECONFERENCE ~~Las Vegas, Nevada 89119~~

AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION,
AND/OR REMOVED FROM THE AGENDA AT THE CHAIRPERSON'S DISCRETION

HIRC members in attendance:

Beatrice Mercado, Senior Residential Care Vistas (Las Vegas)
Phil Glessner, Mimi's Care, Co-Chair (Las Vegas)
Dorothy Domingo, Compassionate Residential Care Home, LLC (Las Vegas)
Sharon Leffingwell
Jaqui La Voie, La Casa De La Voie (teleconference)
Emelita Tugas, Washington Senior Home (Las Vegas)

Las Vegas attendees:

Donna McCafferty, HCQC
Patricia Elkins, HCQC

Carson City attendees:

Pam Graber, Medical Marijuana Program, DPAIS
Leticia Metherell, HCQC
Leslie Bittleston, Division of Health Care Financing and Policy (DHCFP)
Sherry Crance, HCQC
Jeanne Hesterlee, HCQC

Approval of minutes from the February 10, 2015 meeting. *Phil Glessner, Co-Chair*

**THERE WAS A MOTION BY BEATRICE MERCADO FOR APPROVAL OF
THE FEBRUARY 10, 2015 MEETING MINUTES. SECONDED BY JACQUI
LAVOIE. MOTION PASSED UNANIMOUSLY.**

Medical Laboratory Regulations Review.-Leticia Methereell, HCQC

Leticia Methereell gave a brief review of the Medical Laboratory Regulations. She estimated that if everything goes according to plan, the regulations would be approved in six months. She explained that the main impact relates to glucose testing and who is able to conduct that test. If there is glucose testing, the following qualified staff could perform the test which would include a pharmacist, APRN, a physician's assistant, a general laboratory supervisor, and a licensed nurse. Any licensed nurse would be able to service as a laboratory director. If you wanted a director, you would need to become a certified laboratory assistant and meet the qualifications so you could conduct the glucose testing.

Continuing, Ms. Methereell said that the timeline for approval of the regulations is July 2015 for public workshop, then it goes before the Board of Health which will take an approximate six months before passing.

A copy of the regulations was sent out to all the of the HIRC advisory council. If anyone has any questions or comments, they may contact Leticia Methereell at 775-684-1033.

Bureau Topics – Pat Elkins, Health Facilities Inspector III, Health Care Quality and Compliance

Top ten tags for homes for individual residential care. – Pat Elkins, HFII, HCQC

Patricia Elkins reviewed the top ten tags for hircs.

0050 - Tuberculosis – Employees

0030 – Safety and Sanitation –Home Clean; Hazard Free

0065 - Employee Background Check Requirements

0055 - Tuberculosis Residents

0019 - Director Duties – No FA/CPR

0066 - Training to recognize and prevent abuse

0999 - Final Comments

0034 - Safety & Sanitation Food Preparation

0017 - Director Duties – Protective Supervision

0044- Records of Residents – Copy of physical

General Discussion of Medical Marijuana topics related to homes for individual residential care;

Steve Gilbert, Pam Graber, Medical Marijuana Program Manager, Preparedness, Assurance, Inspection, and Statistics (PAIS); Pat Elkins, HFII, HCQC

Pam Graber explained that staff from the Medical Marijuana Program will not be attending these meetings in the future. She suggested that the advisory council keep track of questions and send them to the Medical Marijuana Program or directly to her at pgrab@health.nv.gov. She explained that her program is mostly to cover medical marijuana dispensaries but will do their best to answer questions as they come up.

Donna McCafferty asked for a patient to have medical marijuana, does your office issue that medical marijuana card. Pam explained that the Department of Motor Vehicles issues the identification cards which has a blue ribbon that goes across the identification card. If a person has the ability to counterfeit

a driver's license, she said they might be able to fraudulently produce the driver's license. Pam said that one care giver may only have one patient with a medical marijuana card.

Jacquie La Voie asked if she had two patients that have a medical marijuana card, does that mean she can only have one card. Donna McCafferty said that was correct. There is one patient and one caregiver allowed to have a card. If there are two residents in facilities if she qualified for one of them but if the other person was independent and could take their own marijuana that would be okay.

Pam Graber explained in California said that there are people that have cooperative set ups and may be the Nevada Legislature did not want to have that type of set up.

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

- Update on Transition Plan – Home and Community Based Settings

Leslie Bittleston stated that the Transition Plan for the Home and Community Based Settings is still in limbo with CMS on what residential facilities will look like moving forward. She is of the opinion that they have submitted a good plan. She continued that homes for individual residential care would like to be providers. She explained that Medicaid is funded jointly by the state and the federal government. The ratio is approximately 50/50 but sometimes the ratio changes. The federal government puts stipulations on their funding which hinders the state on who can be a provider. Nevada has to make sure that they are in compliance with provider qualifications. She said she has brought this up to her sister agencies. There has been some discussions on it, there is no consensus yet but the couple of concerns are listed as follows:

- The program is unskilled service only. They can pass out medication. No testing, no wound care. There is nothing of a skilled nature. If skilled services needed, home health would have to come in.
- State questions prior to using HIRC as a waiver provider.
- Special endorsements for facilities who care for individuals with dementia, Alzheimer's, etc. The facilities are locked so the clients cannot run away.
- Caregiver training requirements, 8 hours within 60 days of hire and annually, medication management training, CPR and First Aid within 30 days of hire, and TB testing. Additional training for skilled services.
- Lastly, administrators or owners are licensed by BELTCA. BELTCA is one of things that is a safety assurance that they let the federal government, CMS know that TB tests, health safety and welfare for recipients, all these things are the areas being discussed internally. No decision has been made for this provider type being waiver providers.

Leslie Bittleston explained that Medicaid does not reimburse for room and board. Based on the level of need of supervision for the individual, there are three levels of reimbursement. The lowest level of reimbursement is \$25, medium is \$45 a day and a high level is \$60 a day which is what Medicaid reimburses for this service. An assessment is completed by a social worker who would identify which level they would be served.

Phil Glessner said it was his own personal opinion that it is not feasible for a HIRC owner to rely on income from a Medicaid waiver to stay in business.

In response to Beatrice Mercado's question of what is the income tax cap for someone to be eligible for Medicaid, Leslie Bittleston said it is 300 percent below the poverty level. She said many individuals on the waiver have social security which has a formula that you can take for room and board, etc. A hirc home cannot just take all the money from someone who has a waiver and social security and use it all. The remaining money is for their own personal use. When a new individual comes to us, a list of providers is given to them and they make their own choice. The provider and the recipient would work out the room and board issue. The Medicaid agency would tell you the level of need. She added that to get any type of a rate increase will not happen for at least two more years.

Jacqui La Voie said that everyone realizes that when a home health care comes to your home to apply a dressing, they are the ones who instruct the caregiver how to do a daily dressing change. She said it is left up to the caregiver to the dressing every single day.

Jeanne Hesterlee said if there is a physician's order for daily wound care, it is possible that the client is not appropriate for a hirc. Once they admit the patient, they are responsible that care is being carried out. The physicians order can be modified but it does not have to be completed daily.

Jacqui La Voie said in the past home health care has taught her how to do put the dressings on correctly. They would approve the fact that she knew how to do it properly. In the past, she said she has had them put that in writing.

Leslie Bittleston said when an individual cannot take care of themselves, home health will train a family member to do this. Medicaid policy is that someone has to be trained but if there is a legal responsible member available, they would be trained. She said that is not Medicaid's policy that you be trained.

Industry Updates – Phil Glessner, Co-Chair

Top three challenges facing the industry

S.B. 146 - Revises provisions relating to the payment of wages to certain employees. (BDR 53-629)
Phil Glessner said that S.B. 146 allows for live in care giver exemption. S.B. 146 would have an exemption for overtime pay. It mirrors and is identical to the federal law. Includes a provision for a live in care giver exemption. This provision is identical to the federal law as part of the Fair Labor Standards Act. It would result in a Nevada State Law which allows for live in caregiver industry which is vital to HIRCs. It looks promising at this point.

Donna McCafferty said that Kyle Devine is looking at doing a public service announcement to educate the public regarding using licensed providers.

Successes deserving recognition

There was no discussion on this item.

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.)

Jacqui La Voie expressed her frustrations in doing business.

Donna McCafferty noted that the regulations are having there ten year review, and soon the advisory council will be asked to give their opinion. She stated that this will be something that you will want to give your input on.

Adjournment.

The meeting was adjourned at approximately 3:30 p.m.

Respectfully submitted,

Nenita Wasserman

Approved August 11, 2015