

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
PERSONAL CARE AGENCIES ADVISORY COUNCIL MEETING
MEETING MINUTES**

Date: September 15, 2015

Time: 1:30 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

Members

Peter Morris, Co-Chair
Laura Coger, Co-Chair
Michael DiAsio, Visiting Angels
Tammy Sisson, Lend-A-Hand Senior Services (excused)
Allan Ward, Home Instead Senior Care
Diana Waugh, Sierra Home Healthcare
Karen Houston for Trace Wolf, A Helping Hand

Las Vegas

Raymond Gentner
Tammy Ritter, ADSD
Marlene Lorenzo
Julie D. Bell, HCQC (teleconference)
Bob Crockett, Advanced Care Solutions
Raymond McGivner, Happy Health Services

Carson City

Sherry Crance, HCQC
Jennifer Frischmann

Opening Remarks for Personal Care Agencies Advisory Council meeting.—*Julie D. Bell, Health Care Quality and Compliance (HCQC), Division of Public and Behavioral Health (DPBH)*

Julie Bell welcomed everyone to the meeting today and thanked them for their attendance.

Approval of meeting minutes from June 16, 2015 Personal Care Advisory Council meeting.—*Peter Morris, Co-Chair*

**THERE WAS A MOTION TO APPROVE THE MEETING MINUTES OF JUNE 16, 2015,
BY LAURA COGER. SECONDED BY DIANA WAUGH. MINUTES WERE
UNANIMOUSLY APPROVED.**

Update on Division of Public Behavioral Health, Health Care Quality and Compliance

Update on the new HCQC website.

Julie D. Bell gave a brief overview of the new HCQC web site. Ms. Bell explained that the new web site is more user friendly than the last one. She did note there have been some bugs to work out. She commented that when the new website initially opened, it was very slow due to the number of people trying to get on to it. If anyone has any questions, problems or need help, please let contact HCQC at 775-684-1030 and you will be directed to someone who can walk you through it.

Update on status of unlicensed operator investigations. – Minou Nelson, HCQC

Minou Nelson sent out an attachment of the most recent report of the unlicensed investigation of our office. She gave a brief overview of the number of complaints received and said that since January 1, 2015 there were four complaints. Of the four complaints, there was one was substantiated where the facility was requested to cease operations. Overall for the year 2015, there were 41 complaints have been investigated; six are still ongoing.

Facility Type Acronyms

ADA- Facility for the treatment of abuse of alcohol or drugs

ADC- Facility for the care of adults during the day

AGC- Residential facility for groups

BPR- Businesses that provide referrals to residential facilities for groups

HHA- Home health agency

HIRC- Home for individual residential care

HWH- Halfway house for recovering alcohol and drug abusers

ISO- Intermediary service organization

NSP- Nursing pool

OPF- Outpatient facility

TLF- Facility for transitional living for released offenders

Update on Assembly Bill 222, Chapter 92, signed by Governor May 18, 2015 – Revises provisions governing the imposition of administrative sanctions against facilities for the dependent. Minou Nelson, HCQC

Minou Nelson also explained that a letter is sent out to an agency when an investigation begins. The second form that will be sent out when operating without a license is an “official order to cease operation without a license. The third letter spells out the statutory authority and how to appeal, time frame, and effective date of the penalty. This notice references Assembly Bill 222 from the 2015 Legislative Session and that law will go into effect January 1, 2016. This law will allow for monetary penalties for operating without a license. A copy of the notifications that will be sent to those operators when the investigation begins. Once the bureau has enough information, the bureau sends out a Cease and Desist order and to transfer their client to an appropriate party. If you want to review these letters, please let Minou know and she will review any suggested changes. Her email is minelson@health.nv.gov.

Laura Coger asked if the letters would be sent at the same time to cease to do business. Minou said that sometimes will be the case. Once a cease and desist letter is sent, they have ten days to notify HCQC where those clients have been transferred to. In the cease order we do spell out the NRS definition of a PCA. It is pretty specific of what the law is.

Peter Morris asked if the clients that are transferred, if is there a follow up to check up to make sure the clients did get transferred. Peter Morris thanked Minou for the work she did on the letters.

Minou Nelson said that most unlicensed providers cooperate and give us the name of who they were assigned or transferred to. The bureau does not follow up to ensure that they actually went to the particular operator listed.

The top ten tags for personal care agencies was reviewed by Julie D. Bell.

Attendants and maintenance of personnel file
0225 – Supervisory home visits or telephone calls
0152 – Attendants Required knowledge and training
0125 – Attendants Qualifications; annual training
0140 – Attendants: Maintenance of personnel file
0165 - Prohibition of certain types of services
0175 – Provision of written disclosure statement
0210 – Initial screening of client
0085 – Employment of staff members
0135 – Attendants: Maintenance of personnel file

Julie Bell said she would provide a copy of the HCQC workbook that shows the NAC number and explains what all the tags are.

Allen Ward asked for clarification on the “tag 140 –Attendants. Maintenance of Personnel File” and asked if it is the competency tag for a new person when coming on board. The competency were not verified at introduction or it did not show documented competencies to meet the care plan. Julie D. Bell said that is correct and any additional training provided to that person.

Why is the need of having an ISO. The ISO portion provides skilled services by unskilled staff and it does have different training and different regulations.

Minou Nelson noted that they can cite a PCA for providing skilled services that they were not certified to do.

Allen Ward said that they have seen a doctor

If someone has hired staff as employees or contract and they are getting paid, then they need to be licensed. In the minimum requirement for a home health agency is that they have RNs on staff and CNAs on staff.

Michael DiAsio said that PCAN organization said that agencies not complying with minimum wage is a problem. PCAN is requesting that when you license an agency if you could give them a hand out so that they could pay their employees fairly. Jeanne Hesterlee noted that HCQC does not have regulatory purview over that and refer that to the Labor Commissioner.

Update on Assembly Bill 514, Section 37 which provides Medicaid services into a managed care services.

Jennifer Frischmann, Chief Long Term Services, explained that Assembly Bill 514 is part of the Appropriations ACT which allows state agencies to transfer monies Rural Regional Center and Desert Regional Center and Sierra Regional Center which all fall under Aging Disability Services to transfer their state general fund for the operation funds back into the DHCFP if they decide if they are moving back to managed care. In a broader sense, for the past three or four sessions, they have wanted to look to move Medicaid to managed care. Jennifer Frischmann said that absolutely no decisions have been made on this at this time. Continuing, Jennifer said that once approved by CMS, there is an intricate process to go through. CMS is asking a phased in approach for managed care if it is taken. CMS new rules are to be finalized by June 2016 which requires a well thought out plan to take care of this.

Industry Updates and Issues (All participating agencies)

Other industry related issues – General Discussion, *Julie D. Bell, HCQC*

Peter Morris said at the last meeting there was a discussion about skilled and unskilled, there is still some confusion. As an agency employer, there are a number of people working for other agencies and a lot of them are doing skilled tasks by unskilled. He said he is concerned that people are not doing what they should.

Jeanne Hesterlee said that when the bureau initially began the inspections of PCAs, one of the questions is do you have clients that are receiving skilled services by unskilled staff. There is a possibility that someone might not be forthcoming with information.

Laura Coger, Co-Chair said that Personal Care Agency class is being offered by Truckee Meadows Community College. This class will be offered in the Spring and once the students come out of the class they will be ready for hire. Students can also qualify through JOIN.

Jeanne Hesterlee said that Don Sampson is our primary trainer for all providers. Just because someone has taken the class does not mean it negates the responsibility of the agency owner and Administrators from being the responsibility party to make sure the client is safe.

Updates from the Nevada Health Care Association.-*Daniel Mathis, NVHCA*

Daniel Mathis said that the biggest thing on the horizon is Assembly Bill 242, Legislative Subcommittee to Conduct a Study of Postacute Care is made up of four legislators who include Assemblywoman Robin L. Titus, Chair; Senator Joseph P. Hardy, M.D., Vice Chair; Senator Joyce Woodhouse, and Assemblywoman Teresa Benetez-Thompson. They are going to be looking at between now and the end of 2016 at the post-acute network as a whole and trying to work through the Affordable Care Act components as well. He said that they are encouraging everyone to participate. Some of the things that will be looked at are the continuum of care that a person gets submitted to the right level of care the first time. This review will include the PCAs as not everyone needs home health. The study wants to engage everyone and make everyone aware of what is going on and make sure the clients or the residents get the appropriate exposure.

Continuing, Daniel Mathis said that there will be a health care conference for all levels of healthcare in September of 2016. The conference will encourage all levels of care to participate and discuss behavior programs among other things. The state innovation model grant is being worked on. Director Whitley is open to a state plan amendment that would be aimed at taking down barriers providers have from reimbursement to compliance.

Allen Ward asked if he had heard any concerns how different organizations in the community are requiring reciprocity based on discharges because they also have hospice and home health, they expect that it is an automatic discharge back to that organization. Daniel Mathis said he has heard that concern on several levels such as the skilled nursing complain that they discharge and then the patients do not come back. The same complaint has been heard from the assisted living and home health that discharges occur and when they need more care they get re-referred out to a different level of care.

Allan Ward said that facilities are giving the patients a list of options but the paperwork is already filled out of where the patient is going. The rehab facility said they do not want to lose their referral network.

Jeanne Hesterlee said she does see a significant number of complaints come to us regarding discharges.

Daniel Mathis said they had an incident recently where someone was in the hospital and wanted a particular provider of care. The hospital worked for a couple of days to change that choice into one of the hospital systems programs. This person was related to one of our legislators that called him and he helped them straighten that out.

Dates for Future Meetings: December 15, 2015

Public Comment –

Jennifer Frischmann commented regarding good quality discharges. She said that currently there is a campaign between HCQC and the DHCFP to address this issue to guide the hospitals and is going to include numerous resources for the need to access long term beds and she said it is giving the hospitals the resources to get them to the correct level of care. .

Adjournment.

The meeting was adjourned at approximately 2:30 pm