

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

Date: December 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

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

NOTE: SOME ADVISORY COUNCIL MEMBERS MAY ATTEND BY TELECONFERENCE

Members:

Peter Morris, Co-Chair (Carson City)
Laura Coger, Co-Chair (Carson City)
Michael DiAsio, Visiting Angels (Las Vegas)
Diana Waugh, Sierra Home Healthcare (teleconference)

Excused:

Tammy Sisson, Lend-A-Hand Senior Services
Allan Ward, Home Instead Senior Care
Trace Wolf, A Helping Hand, Las Vegas

Las Vegas attendees:

Minou Nelson, HCQC (Las Vegas)
Anita McGee, Tilling the Soil

Carson City attendees:

M.Jeanne Hesterlee, HCQC
Eva Medina, Consumer Direct Program Manager
Jackie Obregon, Program Specialist, DHCFP
Dante

Opening Remarks for Personal Care Agencies Advisory Council meeting.–

Minou Nelson, Health Care Quality and Compliance (HCQC), Division of Public and Behavioral Health (DPBH) introduced herself and welcomed everyone to today's meeting.

Approval of meeting minutes from September 15, 2015 Personal Care Advisory Council meeting.–Peter Morris, Co-Chair

**LAURA COGER MOVED FOR APPROVAL OF THE MEETING MINUTES OF
SEPTEMBER 15, 2015, MICHAEL DIASIO SECONDED THE MOTION.
MINUTES APPROVED UNANIMOUSLY.**

Update on Division of Public Behavioral Health, Health Care Quality and Compliance – Minou Nelson, HCQC, DPBH

Development of a fact sheet for personal care agencies.

Minou Nelson said that a PCA Fact sheet is for new providers for educational purposes and it is missing it from the HCQC web site.

Jeanne Hesterlee explained that the members could draft a fact sheet and HCQC would review it for accuracy. There are examples of fact sheets from other advisory councils and is an educational tool for consumers. It explains all the services a personal care agency may provide.

Peter Morris proposed that is something that they can propose to Personal Care Agencies of Nevada (PCAN) and bring back at a future date.

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

Top ten tags- January 1, 2015 through December 8, 2015

Minou Nelson reviewed the top ten tags with the council.

0130 - Attendants: Maintenance of Personnel File	26
0225 - Supervisory home visits or telephone calls	14
0152 - Attendants: Required Knowledge and training	9
0125 - Attendants: Qualifications; annual training	8
0165 - Prohibition of certain types of services	7
0140 - Attendants: Maintenance of personnel file	5
0160 – Attendants: Required Knowledge and Training	4
0175 – Provision of written disclosure statement	4
0180 – Provision of written disclosure statement	4
0210 – Initial screening of client	4

Minou Nelson explained Scope and Severity levels.

SEVERITY	Severity 4 <i>(serious harm)</i>	J <i>(\$1000)</i>	K <i>(\$1000)</i>	L <i>(\$1000)</i>
	Severity 3 <i>(minimal harm)</i>	G <i>(\$400)</i>	H <i>(\$400)</i>	I <i>(\$800)</i>
	Severity 2 <i>(potential harm)</i>	D	E	F <i>(\$200)</i>
	Severity 1 <i>(missing documents)</i>	A	B	C
	Scope 1 <i>(isolated)</i>	Scope 2 <i>(pattern)</i>	Scope 3 <i>(widespread)</i>	
	SCOPE			

Severity Levels

1 - missing documents: no harm to a patient is likely to occur

- 2 - potential for harm: the health, safety, rights or well-being of a patient is indirectly threatened
- 3 - minimal harm has occurred or is predictable: minimal harm includes, an impact on patient health, safety, rights or well being
- 4 - death or serious harm has occurred: serious harm includes, serious mental harm, impairment of bodily functions, dysfunction of any bodily organ or part, life-threatening harm or death

Scope Levels

- 1 - one or an isolated number of unrelated incidents, 0% to 20% of recipients are affected
- 2 - a pattern of incidents, more than 20% but not more than 50% of recipients are affected
- 3 - a widespread number of incidents, more than 50% of recipients are affected

Developing policies and procedures for personal care agencies and Discussion of policy for best practices; skilled and unskilled staff and the law related to expanding responsibilities.

Minou Nelson if anyone had any specific questions regarding the development of polices and procedurs for personal care agencies.

Laura Coger asked if this would be personal care agencies developing policies and procedures for themselves. So do the PCAs develop or whether they are doing it appropriately.

Peter Morris said that there was a couple discussions in the Spring and Summer of 2015 which was more a question of is there an opportunity for PCAs and ISOs approaching best practices methods of business. It was put on the agenda to see whether personal care agency members of this council would be interested in contributing best business practices and thoughts.

Jeanne Hesterlee explained that best practices would include PCA, PCF, PCO agencies that that hire skilled staff that don't function as skilled staff (someone who is licensed individually by the boards to work in State of Nevada to perform skills such as an RN, LPN, CNA); unskilled staff is the layperson comes to you to train to provide the pca services. What they can and can't do under the PCA umbrella because it is an independent care facility or a nonmedical versus a medical facility. The advisory council was of the opinion, it might be beneficial to have some guidelines.

Laura Coger said the fact sheet might be a helpful tool for newcomers to the business and be able to see that on the web site.

Jeanne Hesterlee said regarding differences on a PCO vs a PCS. There is some confusion on this and it has been explained numerous times. She suggested maybe the fact sheet would help for the education of the consumer, for new providers and the public at large. Continuing, she explained that nurses and CNAs when they renew their licenses with the Board, have to have so many hours of work in in their expertise. An RN, or LPN would not get credited their hours for working if they work for a pca. What has happened in the past with that is that people make assumptions that if they have an RN, they can send that person out to make assessments. For example diabetic care has been a topic of confusion, a home health agency can provide but a PCA cannot provide. A fact sheet could also describe the differences between a PCO and a PCA.

Peter Morris said he is not entirely sure how to move forward on this and he suggested that someone bring this up at the next Personal Care Agencies of Nevada (PCAN) meeting. He said it can be discussed at PCAN meeting then reported back to this committee with some thoughts and ideas.

Update and discussion regarding Legislative Subcommittee to Conduct a Study of Postacute Care
(Assembly Bill 242 [Chapter 306, *Statutes of Nevada 2015*]) *Jeanne Hesterlee, Health Care Quality and Compliance*

Laura Coger said she attended the Legislative Subcommittee of Postacute Care and found it very interesting.

Jeanne Hesterlee said the committee is still gathering data and trying to get an idea of what is available. The subcommittee meets quarterly and may task us to get information from providers. They have outlined their next sessions and one of them has to do with reimbursement which may be of interest to this group.

Update on Medicaid services that relate to personal care agencies.

Jackie Obregon, Division of Health Care Financing and Policy, commented they are holding meetings with stakeholders in conjunction with the Division of Aging and Disability Services.

Peter Morris asked if there are any updates on electronic visit verification. Jackie Obregon said she did not know of anything but if there is anything to bring back to the next meeting she would for a future agenda item.

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

No comments on this item.

Industry Updates and Issues (All participating agencies).

Minou Nelson said at the last meeting of this group, she provided templates of AB222 at the last meeting which will enable HCQC to impose monetary fines for unauthorized operators. This law will go into effect January 1, 2016. She added that HCQC does not license agencies who provide referrals for caregivers.

Responding to Peter Morris regarding when a facility shows as it is licensed, Jeanne Hesterlee says as soon as the license is printed, it instantaneously shows.

Topics for future meetings.- *Peter Morris, Co-Chair*

Members noted the following topics that they would like to see for the next agenda which included:

- Update and discussion from PCAN regarding the fact sheet, and best policies and procedures.
- Electronic verification update from Medicaid.
- Medicaid reimbursement increase.

The chair asked if there was anything else that anyone wanted to add any items for the next agenda.

Dates for Future Meetings: PCA-AC meets quarterly at 1:30 pm March 15, 2016, June 21, 2016, September 20, 2016 and December 20, 2016

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.)

There were no comments on this item.

Adjournment.

The meeting adjourned at approximately at 2:15 p.m.