

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
PERSONAL CARE AGENCIES ADVISORY COUNCIL MEETING
SUMMARY MINUTES
Date: September 11, 2018
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 attending

Michael DiAsio, Visiting Angels, Co-Chair (Las Vegas)
Peter Morris, Bright Star Health Care (Carson City)
Allan Ward, Home Instead Senior Care (teleconference)
Diana Waugh, Sierra Home Healthcare (teleconference)

Excused –

Tessa Garcia, Absolute Life
Laura Coger, Positive Options Consulting
Rorie Lee, St. Mary's (employment changed) check with her if she still wants to be on the council.
Tammy Sisson, Lend-A-Hand Senior Services

Others attending in Las Vegas

Jutta Guadagnou, Touching Hearts, Las Vegas
Victor Vargas, US National Personal Care
Noreen Maynor, Las Vegas
Minou Nelson, HCQC

Attending in Carson City:

Kiersten Coulombe, Nevada Medicaid
M. Jeanne Hesterlee, HCQC
Leticia Metherell, HCQC
Connie McMullen, Personal Care Association of Nevada
Minou Nelson, HCQC
Victor, US National Personal Care
Jackie Obregon, Nevada Medicaid, DHCFP
Anna Olsen Figueroa, Home Based Nevada Medicaid Waivers
Nathan Orme, HCQC
Stephanie Robbins, Nevada Medicaid, DHCFP
Crystal Wren
Michael Rodriguez
Erin Starr,

Teleconference attendees:

Andre Wolf, Breeze Loving Home, Nevada

Jackie DiAsio, Visiting Angels (teleconference)
Michael Rodriguez
Inspirations Senior Living

There were many attendees on the teleconference but the audio did not allow me to hear who else was not attending.

Darrell Brown requested everyone to mute their cell phones but the audio was still poor.

The Chair welcomed everyone at today's meeting and announced the meeting agenda was posted in accordance with the Nevada Open Meeting Law.

Roll call was taken and it was determined that a quorum of the Personal Care Agencies Advisory Council was present.

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.

There were technical difficulties during this meeting. The IT staff reminds everyone to please use a land line when calling into these meetings as there is too much static when a cell phone is used.

Approval of meeting minutes from March 13, 2018 Personal Care Advisory Council meeting.-

The Chair asked if there were any additions or corrections to the minutes from the March 13, 2018 meeting.

ALLAN WARD MOVED FOR APPROVAL OF THE MEETING MINUTES OF MARCH 13, 2018. PETER MORRIS SECONDED THE MOTION. MINUTES WERE APPROVED UNANIMOUSLY.

There was no public comment under this item.

The Chair requested that everyone mute their cell phones as they are interfering with the audio portion of the meeting.

Updates from the Bureau of Healthcare Quality and Compliance. *Minou Nelson, HCQC*

Update by Nathan Orme, Education and Public Information Officer, HCQC - Nathan Orme said not have an update today.

Review of Proposed Regulations – *Leticia Metherell, HCQC*

Leticia Metherell gave a brief overview regarding proposed regulations which were revised based on feedback received from public workshop(s) and a small business survey conducted. She reviewed only the requirements that pertained to the personal care agencies.

Continuing, Leticia Metherell said she would be reviewing sections specific to personal care agencies. If your client does not have the mental or physical capacity to do a glucose test themselves and one of your employees will be conducting the test, the personal care agency will need to have a CLIA waiver which is \$150 for two years. Applications for a CLIA license can be made through Health Care Quality and Compliance web site but

you will actually be billed by the Federal government. HCQC is also the CMS contract agency to carry out CLIA for the state. Section 13 applies to residential facilities for groups.

Questions were asked regarding this section but the dialogue was inaudible.

Looking at LCB Draft provided by the Legislative Counsel Bureau, Section 15, Subsection 6, page 14, Michael DiVasio said the training can be done by a physician, physician assistant, licensed nurse or an employee of the agency that has received training. In response to Chair DiVasio, Leticia Metherell explained that there are three conditions for the training: 1) the training can be provided by a physician, or a PA, or 2) a licensed nurse or 3) an employee who has received the training criteria. She added there is always a starting point, so you will have to find someone that has had that training to give the training.

Michael DiVasio asked who feedback was given from regarding the regulations. Leticia Metherell said there was a public workshop and a small business questionnaire which received feedback from several types of facilities.

Leticia Metherell commented for CLIA you do have a laboratory director but it doesn't have to be a nurse or doctor. Its good to have some experience

Nevada Medicaid said that the personal care agencies would be responsible for reimbursing individuals.

Michael DiVasio said on section 2,page 3, employment agencies provide nonmedical agency

Leticia reviewed the proposed regulations. NRS 611.720 NRS 449.0157

There was very poor audio during this meeting. The chair and the staff technician stressed the importance of muting cell phones. Just one or two cells that do not comply with muting the phone, made it very difficult to listen to the meeting.

A person who did not identify themselves, asked if people will be compensated for the training. Leticia noted that HCQC does not reimburse for training. Medicaid commented that they do not provide reimbursements for the training.

Michael Divasio on Section 2, page 3 regarding employment agencies to provide nonmedical care. Can you define contracts. Leticia Metherell said that when look at this an actual contractual agreement between the individuals. Michael DiVasio Leticia Metherell said if they have a contract with an employment agencies, that would be what they look at. They would look at each case individually.

Allan Ward people are being paid to care for our seniors and do not

Leticia Metherell glucose and vital signs go in force when the public hearing on December 14, 2018 regarding any unforeseen circumstances at the Board of Health meeting. Once a decision has been made, the findings will be sent out to everyone.

Application of fines in Section 17, when looking at the ability for organizations that have fines, they put a plan in place that you require where they have used those monies to rectify the situation. Allan Ward asked if that includes manpower. Leticia said for the first violation they will allow a facility to use monies to make correction for training, to get that going, HCQC would take that into consideration. Anything that causes a monetary to correct the violation is taken into consideration and that can be applied towards the sanction.

Update on Medicaid services regarding on electronic visit verification and other personal care agencies related issues.

Kirsten Coulombe said that the questions that were provided, the NPI number. Medicaid also holds public workshops to help people understand how to get an NPI number. She commented one of the projects they are moving forward is to have each personal care attendants to each have an NPI number. They are working on modernizing the system and one of those components is to have an atypical identifier that will only be able to use NPI numbers. Attendants need to get their NPIs and will also be taking stats to enroll DXC which is a large undertaking. There will be updates and a public workshop specific to personal care attendants, NPI numbers and EVV.

Personal Care Attendant (PCA) Enrollment and National Provider Identifier (NPI) Requirement

Currently Personal Care Services (PCS) Agencies enroll as Medicaid providers under the following provider types: 30, 48, 58, and/or 83. In order to differentiate between the billing provider (PCS Agency) and the servicing provider (personal care attendants), Nevada Medicaid will be requiring that all personal care attendants (PCAs) obtain a National Provider Identifier (NPI) and enroll as a Medicaid provider under the provider types(s) for which they provide services.

The first step to enrollment requires each PCA to obtain a NPI through the National Plan and Provider Enumeration System (NPPES). There is no cost associated with obtaining a NPI. Please note it may take up to three (3) weeks to obtain these numbers. Failure to obtain a NPI could delay payment for services rendered. When the NPI requirement is implemented, the NPI of the PCA will be required on claims. However, the NPI of the PCA is not required for the prior authorization process.

There were no further questions on the NPI topic.

Kirsten Coulombe said that Electronic Visit Verification (EVV) they are trying to try to implement by the beginning of 2019. Nevada is still working to get that process to continue. In order to comply with this recently passed federal regulation, the Division of Health Care Financing and Policy, which operates Nevada's Medicaid program and other health benefit programs, is in the process of obtaining an EVV system to meet the federal mandate, but will also help meet the following DHCFF objectives:

- Ensure timely service delivery for recipients including real time service gap reporting and monitoring;
- Reduce administrative burdens associated with hard copy timesheet processing; and
- Generate cost savings from the prevention of fraud, waste and abuse.

This will come out when the Executive Budget is presented.

Update regarding Community Based Waivers,

Anna Olsen-Figueroa, Social Services Manager 2, Aging and Disability Services Division gave an update regarding community based waivers for the frail, elderly and persons with physical disabilities.

Anna Olsen Figueroa, Social Services Manager, Home and Community Based Waiver Program, noted that her agency provides help with five different programs. The HCBW provides non-medical services to older persons to help them maintain independence in their own homes as an alternative to nursing home placement. Two of them funded by Medicaid and the other three programs are funded by state dollars. She reviewed the five programs, who they serve and the financial criteria as well as other eligibility requirements that are required.

Anna Olsen Figueroa commented that HCBW services can include the following non-medical services:

Case Management - Assistance by a licensed social worker in determining the needs of the client, arranging and monitoring services.

Personal Care

Assistance with personal care. Which includes:

- Bathing
- Grooming
- Toileting
- Transferring/Ambulating
- Dressing
- Eating

Homemaker

Assistance with:

- Meal Preparation
- Light Housekeeping
- Laundry
- Shopping

Social Adult Day Care

Provision of supervision and activities in an Adult Day Care center for 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting.

Adult Companion

Non-medical care, supervision and socialization in the senior's home to provide temporary relief for the primary caregiver.

Personal Emergency Response System (PERS)

Electronic device that enables individuals at high risk of institutional placement to secure help in the event of an emergency.

Chore Service

Heavy household tasks, which are intermittent in nature, and may be authorized as a need arises for the completion of a task, which otherwise left undone poses a home safety issue.

Respite

Provides short-term relief up to 24-hours of care for the primary caregiver.

Augmented Personal Care

Augmented personal care provided in a licensed residential facility for groups is a 24-hour in home service that provides assistance for functionally impaired elderly recipients with basic self care and activities of daily living that include as part of the service:

- Homemaker Services
- Chore Services
- Social and recreational programming
- Personal Care Services
- Companion Services
- Medication oversight
- Services that will ensure that residents of the facility are safe, secure, and adequately supervised

To be eligible for services, an individual must meet the following requirements:

- Be 65 years of age or older.
- Be at risk of institutionalization (nursing home placement) if services are not provided (meet Level of Care for nursing home placement).
- Be financially eligible (call for current income guidelines).

Referrals can be made in their offices located in Reno, Elko, Carson City and Las Vegas. They do have a wait list for the different programs. .

Each individual has an assigned social worker.

Minou Nelson asked how many people are on the waitlist and Ms. Figueroa provided the following which was emailed to members. She said that is about six to nine month wait.

2018	Frail Elderly	AVG DAYS WAIT	PD	AVG DAYS WAIT
JUNE	566	165	215	299
JULY	593	159	219	292
AUGUST	538	108	217	299

Topics for future meetings.

Peter Morris requested if the chair would consider an additional meeting held before March 2019 since there are many issues to look at before the upcoming session.

Dates for Future Meetings: March 14, 2019; September 10, 2019

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.)

Adjournment.

The meeting adjourned at 3 p.m.