

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

**Date: March 13, 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 in the North:**

Rori Lee, Home Instead, Co-Chair (Carson City)  
Allan Ward, Home Instead Senior Care

**Members attending in the South:**

Michael DiAsio, Visiting Angels, Co-Chair

**Members attending through Teleconference:**

Tessa Garcia, Absolute Life  
Steven Glyker, Right at Home

**Absent:**

Laura Coger, Positive Options Consulting  
Peter Morris, Bright Star Health Care  
Tammy Sisson, Lend-A-Hand Senior Services  
Diana Waugh, Sierra Home Healthcare

**Las Vegas attendees:**

Emma Curto, 1<sup>st</sup> Love & Life Caregivers  
Diane McIntyre, Brightstar Care of Henderson  
Name not given, Family Personal Care  
Name not given, Golden Years Personal Care  
Stephanie Rosaro, Starlight Personal Care

**Other attendees:**

Kirsten L. Coulombe, Division of Health Care Financing and Policy (DHCFP)  
Bob Crockett  
Anna Olsen-Figuero, Aging and Disability Services Division (ADSD)  
M. Jeanne Hesterlee, Health Care Quality and Compliance (HCQC)  
Kelly, Right at Home  
Leticia Metherell, HCQC  
Connie McMullen, Personal Care Association of Nevada (PCAN)  
Jackie Obregon, DHCFP  
Nathan Orme, HCQC  
Stephanie Robbins, Nevada Medicaid, DHCFP  
Nenita Wasserman, HCQC

## **Opening Remarks for Personal Care Agencies Advisory Council meeting.–**

M. Jeanne Hesterlee, Health Care Quality and Compliance (HCQC), Division of Public and Behavioral Health (DPBH), welcomed everyone to today's meeting. She noted this council has been in existence since 2010 and still going strong.

Michael DiAsio confirmed a quorum was present at the meeting.

There was no public comment under this item.

## **Approval of meeting minutes from September 12, 2017 Personal Care Advisory Council meeting.- Michael DiAsio, Chair –**

ALLAN WARD MOVED TO APPROVE THE MEETING MINUTES. THERE WAS A SECOND TO THE MOTION. MOTION PASSED UNANIMOUSLY.

There was no public comment under this item.

## **Renewal of terms for PCA-AC members that are expiring as of March 2018**

- Laura Coger, Positive Options Consulting
- Peter Morris, Bright Star Health Care
- Diana Waugh, Sierra Home Healthcare
- Tammy Sisson, Lend-A-Hand Services
- Michael DiAsio, Visiting Angels
- Allan Ward, Home Instead Senior Care

THERE WAS A MOTION TO APPROVE RENEWAL OF ALL MEMBERS LISTED FOR ANOTHER TWO YEARS. THERE WAS A SECOND TO THE MOTION. MOTION PASSED UNANIMOUSLY.

There was no public comment under this item.

## **Updates from the Bureau of Healthcare Quality and Compliance.**

M. Jeanne Hesterlee commented that several calls had been received regarding copying the licensure renewal document. She said that the silver sticker that was created does not allow for it to be copied with a visible renewal date. If you need to print your license for proof that your license is current, please go to the web site and print it from there. The web address is [www.myhealthfacilitylicense.nv.gov](http://www.myhealthfacilitylicense.nv.gov), to find a facility, please use [www.Findahealthfacility.nv.gov](http://www.Findahealthfacility.nv.gov).

Nathan Orme commented the server is updated four times a day and if you try to look for something at the time it is updating, it will not work. He apologized for the inconvenience this may cause.

Update by Nathan Orme, Education and Public Information Officer, HCQC said he will be sending out information for dates and times for workshops for proposed regulations. A survey is being put together and will be sent out to everyone which basically asks how HCQC did during this last survey or license process. He is continually working on the website and if there is any information you would like to see on the website, just contact him at [nkorme@health.nv.gov](mailto:nkorme@health.nv.gov). The blog is within the HCQC wages at the Division of Public and Behavioral Health.

Allan Ward commented he sent one of his team down to attend the public workshop for the proposed regulations and he remarked that was a lot of items to cover in one hour. He also noted that the quality of the audio and video communication was very poor at both locations.

Leticia Metherell stated that additional comments or testimony regarding the proposed regulations can still be sent directly to her and she welcomes additional input. She explained the way a public workshop works is anyone can come and testify so the it may vary in length depending on the number of people who come to testify. She said a public workshop that only has two people would obviously be much shorter than 50 people attending. She stated that the public workshop was recorded and are very aware of the importance of the meeting. They noted the technical difficulties and will try to ensure that this is corrected for the future.

### **Review of Proposed Regulations – Leticia Metherell, HCQC**

Leticia Metherell gave a brief overview of proposed regulation changes that pertain to personal care agencies. She noted that the issues that people were most concerned or confused about included the quality star rating. She stated that the star rating system does not apply to personal care agencies. In the future if CMS decides to do star ratings for personal care agencies, then it would apply. For section 13 of proposed regulations, is another state star rating that does not apply to personal care agencies. She recommended when reviewing regulations, look at the regulations that apply to personal care agencies. She commented that ot every section is specific to personal care agencies.

Leticia Metherell explained if you refer to the Nevada Revised Statute, it tells what facilities it applies to. She skipped to Senate Bill 324 regarding the glucose monitoring. The bill basically removed any laboratory licensing requirement to be able to do glucose monitoring. She commented that a state lab license did is not required but what did stay was the federal law for CLIA. The way it works with CLIA, if you have clients that are dependent to have a caregiver or someone actually do the testing for them; for example, if they are physically not able or mentally incapable to perform the test, and the care giver has to perform the test, then a CLIA certification is required. The CLIA certification is \$150 for two years. CMS send the bill for this. The lab director has to be someone that is capable of carrying out those requirements. You may apply for a CLIA application through the state website. The CLIA certificate will cover the personal care agency. The glucometer machine use must follow the manufacturer's instructions. She noted that training is required and the trainer must be knowledgeable on the procedure. Personal care agencies are mentioned in section 15 and 16. The regulation states the training be must be conducted. Continuing, Leticia Metherell said that is something the personal care agencies will have to figure out who will be doing the training. It also talks about being able to do temperatures, blood pressure, oxygen saturation and vital signs. There needs to be training prior to do the task. If you go to section 16, the red strike through shows the clean up language. Leticia asked if there was any questions on the glucose monitoring piece.

Allan Ward state that the regulations talk about having consent from the client, is there documentation required to prove it. The mental capacity of a client can change. Leticia said that CLIA certification is good for two years, if you plan on servicing that type of clients, then you are covered. He stated that he was concerned about documenting all these requirements.

Steve Glyker asked when would the become regulations become effective. Leticia Metherell replied it usually takes two months after approval, then another public hearing, so it would be a minimum of three months out. She said additionally it has to be approved by the Legislative Commission as well.

Leticia Metherell said that the sanction regulations start in Section 18. The sanction amounts were raised would apply to all facilities the same way. The amounts of the sanctions range from \$5000 to \$4000, \$3000 to \$2000 dollars. These may change again but when they go to public hearing, the final version will be presented at that time. She said you would receive an updated version before the public hearing. The various scope and severity levels are still the same.

Continuing, Leticia Metherell commented regarding the severity levels, in Section 8, if the deficiency was at a level 3 or 4, they are looking at doubling the fines. These regulations will go to the Legislative Commission for their review and they may change these further. She noted that there are many review processes so there will be different drafts and it may still be changed.

Leticia Metherell said if there are any further questions, she may be contacted a [lmetherell@health.nv.gov](mailto:lmetherell@health.nv.gov).

Steve Glyker said the white paper he submitted was not reviewed. Leticia explained that she was in the process of reviewing that. He commented that the SB 388 regulations are not quite correct and there is a giant hole regarding internet companies and that was what his white paper is about.

In response to Allan Ward's question as to what would is timeline regarding employment agencies, Leticia Metherell responded that she could respond to that when the regulations are passed.

Connie McMullen asked what if the Board agrees with Steve's white paper. Leticia Metherell commented that white paper will be included with what is submitted to the Board of Health for consideration. The Board of Health may or may not make recommendations for changes, then the Legislative Commission will then have to hear them. Once the Legislative Commission is finished with their changes, it will be distributed to everyone.

Steve Glyker said that from writing the white paper, it was his opinion that some of these internet companies are already operating illegally. Leticia Metherell said that if they are doing Labor Commission violations, file a complaint with the Labor Commission.

**Update on Medicaid services regarding on electronic visit verification and other personal care agencies related issues.** *Jackeline Obregon and Kirsten Coulombe, Division of Health Care Financing and Policy (DHCFP)*

Jackie Obregon, DHCFP said that they have mentioned the electronic visit verification as a topic at a previous meetings. She state the electronic visit verification system is required for all Medicaid for ADL or IDL care patients. The update that they have is that they are currently expected to have this implemented by January 21, 2019 for the regulations. She commented that they will not be fully ready by that date but shortly thereafter. They will try to make those deadlines as quickly as they can. The DHCFP are trying to procure a vendor for the system. The EVV system is federally mandated.

Ms. Obregon explained the Nevada Medicaid requirement is that all individuals that use personal care services that they get a national provider identifier for whatever provider types they are providing services. The enrollment date has not been set. It is recommended that individuals start getting their NPIs so that when the system goes live the process will go smoother. They still need a billing provider and a servicing provider. They will be touching on this at the public workshop. It is important to go to the [www.Medicaid.nv.gov](http://www.Medicaid.nv.gov) to find web announcements for the upcoming workshop. There will be more than one workshop.

Bob Crockett said that he was concerned with the NPI use as a requirement. He said he received a letter in 2011 regarding this. His understanding that NPI was going to go hand-in-hand with the EVV and that would not begin til next year.

Kirsten L. Coulombe said she was at that meeting he was referring to and commented that this is for all the Medicaid providers, the desire is to have a NPI number for a number of reasons.

Bob Crockett he was concerned about his employees using their personal addresses. Kirsten L. Coulombe said the business address can be used. She noted that the process is not as time consuming as before and that ther is no

fee to get an NPI number. She added that someone in your business office can do it on behalf of your employees and there will be workshops. Each practitioner receives one NPI. If a doctor has 20 specialties, no matter where they provide the services, they use the same NPI.

**Industry Updates and Issues (All participating agencies)** *Michael DiAsio, Chair*

Micheal DiAsio commented he wanted to make sure that the Legislative Health Care Committee is aware that all training is completed before the employee starts to take care of clients.

In response to Chair Michael DiAsio if there is an update of the managed care project, Ms. Coulombe said she would reach out to her counterpart to answer that question. If you want more detail, you invite that person to the next meeting.

**Topics for future meetings.**

The Co-Chair noted by the next meeting there potentially will be updates on all these items.

**Dates for Future Meetings:** September 11, 2018

**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 was no public comment under this item.

**Adjournment.**

There being no further business before the PCA, the meeting was adjourned at approximately 3:30 p.m.