

**Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
SKILLED NURSING ADVISORY COUNCIL MEETING
MINUTES**

Date: Tuesday, September 1, 2015

Time: 3:30 p.m.

MEETING LOCATIONS

Videoconference to:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701

Division of Public and Behavioral Health
4220 South Maryland Parkway, Building D, Suite 810
Las Vegas, Nevada 89119

Members:

David R. Campbell, Lake Mead Health & Rehab Center, Chair (Las Vegas)
Hope Enad, Regent Care (teleconference)
Brady Flygare, Mesquite HM Administrator (teleconference)
Bina Hribik-Portello, Regional Lifecare Centers of America (Las Vegas)
James Morrison, Rosewood Rehabilitation (Carson City)
Donna Thorson, HealthInsight (Las Vegas)
Bill War, College Park, Hearthstone, No LV Care, So. NV Horizon Health and Rehab
(teleconference)

Ex officio Members:

Daniel Mathis, Nevada Health Care Association
Robert Kidd, Perry Foundation (teleconference)

Excused - Joan Hall, Nevada Rural Healthcare Partners (Carson City)

Other attendees:

June Eartino, Tender Loving Care
Carrie Embree, Aging and Disability Services
Jennifer Frischmann, Division of Health Care Financing and Policy (DHCFP)
Donna Gillan
Rosanne Hoff, DHCFP
S. Kitchner, DHCFP
Donna McCafferty, HCQC
Bill Ross
Dorothy Sims, HCQC

Approval of meeting minutes from June 2, 2015

No motion was made on this item and will have to be approved at a future meeting.

New Advisory Council Member

Chair David Campbell noted that Brady Flygare is the new Mesquite HM Administrator and is now a new member of the advisory council.

Bureau Topics

Dorothy Sims gave an update on CMS. She noted that the numbers in Nevada continue to go down for the use of anti-psychotic medications. Nevada is down to 17.1 percent for the use of antipsychotic medications at facilities. The national average is 18.7 percent. She said she is working with affinity group to that is working on three topics

which include: Incontinence; antipsychotic and medication, New facilities are doing a good at reducing these medications and seeing a downward trend.

Discussion on the behaviorally complex rates used by facilities to keep residents in State of Nevada.

Jennifer Frischmann said there are 12 facilities of Nevada who currently keep behaviorally complex residents in Nevada. She added that out-of-state placements are going down.

Sandra Kitchener said the behaviorally complex program is getting a positive reception. People are willing and eager to learn the program. There are 12 facilities that are submitting requests and getting approval. They are offering education to all the northern and southern facilities on this topic.

Dave Campbell said he has three already approved for behaviorally complex patients.

Health Insight updates which relate to skilled nursing industry: Donna Thorson, HealthInsight

Donna Thorson explained that when the program first started tracking quality measures, Nevada was originally ranked at 11 and is currently ranked at 26. She commented that there room for improvement for the composite quality measure score towards progress of improvement. Currently, there are 33 facilities who have signed participation agreements with Health Insight to work on this. The goal is to get 50 percent of facilities to be at six or lower. There are two new tasks awarded to HealthInsight: one is on immunizations and the other is behavioral health.

Continuing, Ms. Thorson stated that The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual's need. The Centers for Medicare & Medicaid Services (CMS) promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

The CMS is tracking the progress of the Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome. In 2011Q4 23.9% of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 21.7% to a national prevalence of 18.7% in 2015Q1. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20%.

A three-quarter measure is posted to the Nursing Home Compare website at www.medicare.gov/nursinghomecompare. The

long-stay measure on Nursing Home Compare, is the exact same measure as below, except each facility's score is averaged over the last three quarters in order to give consumers information on the past history of each facility.

For more information on this National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.

Update on any new information related to skilled nursing facilities.

Jennifer Frischmann, DHCFP stated that Marta Jensen is acting administrator until a permanent one can be found. Nevada has a shortage of psychiatric beds and services.

Nevada Health Care Association Dashboard:

Daniel Mathis, Nevada Health Care Association reviewed the following items for the advisory council.

- Top 10 Federal and State Tags
- Investigate controls infections
- Store prepare distribute and serve food
- Accident hazards
- Each resident must receive care for highest well being
- Unnecessary Drug
- Labeling of drugs
- Development a comprehensive care plan for records
- Facility must allow resident to maintain self esteem
- Clinical records
- Services must be provided by qualified persons
- Quality measures that Nevada will be using for reimbursement.
- MDS accuracy is holding at 84 percent.
- Behavioral rate complex program = 50 approvals statewide.
- Appropriate action must be taken when an incident occurs. An incident happened with a joint survey with the federal team where the administrator contacted him after the survey. He explained that the time to address a difficult survey is during the survey; no afterwards.

Update on upcoming educational events, provided by the Perry Foundation, for skilled nursing facility provider staff: *Robert Kidd, President of the Perry Foundation*

Robert Kidd thanked everyone who attended the Nevada Health Care Annual Conference at Lake Tahoe. Currently they have a collaborative learning series with Health Insight. There is an HPV free NV Summit scheduled September 11, 2015 and a Webinar on September 17th at the Washoe County Emergency Operations Center. He noted the next event is the Perry Foundation - Charity Drive which is scheduled- October 21, 2015 Desert Golf Course.

Skilled Nursing Industry Updates: *Daniel Mathis, Nevada Health Care Association*

- a. Current trends – Behavioral rate (BCCP) is the most current trend.
- b. Census/Occupancy Mix – In Nevada, there are 4,807 people in skilled nursing. 18.6 percent is Medicare, 55.2% is Medicaid and 26.2% making the census.
- c. Top three business issues – For the providers, the top business issues is the Medicaid rate. He had a call from University of Nevada Medical Center and they are having a problem with placing 20 people pending a Medicaid bed and cannot find placement. Facilities have had to change their business model a little bit. Some cannot afford to take a Medicaid patient which is an issue.

Jennifer Frischmann said that they are seeing that at the central office as well on placing patients. This was addressed eight months ago. She said what they are finding is that the newly eligible population (which is the childless adult population) who are not exempt from managed care. These people are under managed care, who are living in the urban Reno area and urban Clark County areas, these people are enrolled in managed care. The managed care plans are struggling with trying to place these people. There was a misconception for many years that if someone is on HPN or they are on Amerigroup that they are not Medicaid eligible; that is not true. They are Medicaid eligible, it just a different medical program. There is no need to reapply.

Continuing, Jennifer Frischmann said Medicaid is receiving calls from HPN or Amerigroup saying that they have literally ten people that they cannot place. Managed care is not willing to increase their provider network. Medicaid is setting up a meeting to address the problem. For example, one person may be able to go to Tender Loving Care, but HPN says, they are not an approved provider. She said that they need to do a single case agreement or expand their network to allow additional facilities. She said they thought they had this worked out, and have a tool to determine eligibility. It has been standardized but the managed care plans are not using the same tool. She said she has a 56 year old man that needs to be placed, the facility says he has advanced dementia, is a happy wanderer, who needs a lot of supervision and care. They wanted to transfer him over to institutional Medicare so that he could get into a facility and have a level of care which she said is not necessary. The tool needs to be used. She said that she is setting up a meeting with the managed care so that they can understand the use of this tool. Many times there is problem with managed care.

Daniel Mathis commented that Director Richard Whitley said he would meet with everyone and try to work that problem out. HMOs will be a part of that meeting and Daniel Mathis said he would like to be part of that meeting. Jennifer Frischmann asked to be included in that group also. The ownership meeting is September 21st and 22nd of this month and then he will be more aware of what the barriers are and will let Jennifer Frischmann know what the issues are.

Future Meeting Dates: December 1, 2015

The Chair announced the next meeting date will be December 1, 2015 at 3:30 p.m.

Public Comment

Daniel Mathis said that he had several items he would like to discuss at the following meeting which includes:

- The state innovation update.
- Updates on the complete continuum of the entire state.
- The comprehensive care for joint replacement mandatory demonstration.
- Legislative Interim Subcommittee to Conduct a Study of Postacute Care (A.B.242, 2015).

Daniel Mathis added that there are a lot of skilled nursing beds coming online. He said that there are 600 beds he is aware of and two new projects. He said his members are interested in justifying the need and the possibility the market could become saturated.

Jennifer Frischmann said that SB514 is the Appropriations Act which was approved during the 2015 Legislative Session. This Act gave the DHCFP authority to transfer money between the two agencies who operate programs for the individuals with intellectual disabilities waiver. They have been asked what it would like to move the entire state programs to managed care. We have been asked to look to moving the state to managed care looks like, what it would look like statewide. This is not something that this will happen overnight. She said she will send out notices for public workshop and managed care. She said she would like for everyone to attend or have venues that you can supply your comments.

Adjournment

The meeting adjourned at approximately 4:50 p.m.

Meeting minutes approved by the SNAC on December 1, 2015 meeting.

Respectfully submitted,

Nenita Wasserman