



MEETING MINUTES

Home Health, Home Services and Home Nursing Advisory Committee Meeting October 13, 2021 - 10:30 a.m. – 12:30 p.m.

WebEx Meeting Access Information:

<https://illinois.webex.com/illinois/j.php?MTID=mb792d41c95cd33c2d75c3dee3372e174>

Meeting number (access code): 2465 184 9587

Meeting password: HHA102021

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Call to Order

Members Present: Linnea Windel, Yaquta Patni, MD, Patricia Pierro, Susan Scatchell, Aishling Dalton-Kelly, Jack Kreger, Jeffrey Workman, Tina Moore, Rowena Oliva, and Shawna O’Dell.

Members Absent: Sharon Bargmann

Department Staff: Siji Varghese, Karen Senger, Elaine Huddleston, Rani Harms, Becky Dragoo, Seulgi Han, IDPH Staff Attorney, Sean Dailey, and Sara Wilcockson.

Guests: Liz Vogt, and Sara Ratcliffe

Introduction of Committee Members and Guests

Karen Senger, Division Chief of Division of Health Care Facilities & Programs called the meeting to order at 10:30 am, and announced this is the Home Health Home Services, Home Nursing Advisory Committee Meeting and today’s date being April 14th.

Karen Senger reminded Members and Guests this meeting is being conducted via WebEx and gave a brief explanation of the protocols for conducting this meeting. This is a public meeting, and it’s subject to the Open Meetings Act and a recording of this meeting is permitted. Today’s meeting is being conducted via WebEx, which allows audio and other information being said during the session to be recorded. By joining this session, you are automatically consenting to such recordings and if you do not consent to being recorded, then you should not join this session. This statement was being read so everyone is aware that this meeting is being recorded.

Since we are conducting this meeting from the Springfield conference room via WebEx, you need to please mute your phone or computer when you are not speaking so we do not get the echo feedback from members and quests of the public that wish to speak. Members of the Public and others wishing to speak will be recognized by the chair during public comment period, which we will open the floor at the end of the meeting for open discussion/comments.

An introduction of Board members and guests was conducted to establish a quorum. Karen Senger commented that since the meeting was being conducted via WebEx, Board members would be asked to unmute at that time and identify themselves as being present. After role call was conducted, a quorum was established at this time.

Approval of Draft Minutes for April 14, 2021 Committee Meetings (VOTE) {Exhibit 1}

The Draft minutes of the April 14, 2021 meeting was presented to the Board for their review and comments before voting. Board members that were present at this period were asked if they had any corrections or concerns to these minutes and could she get a motion to approve these meeting minutes? The Board was also directed that a roll call would be conducted, by Board members, to approve the minutes as presented. After another roll call was conducted, a motion was made to approve the minutes by Shawna O'Dell, 2nd by Rowena Oliva, and all of those in favor of approving the minutes was unanimously approved as presented by the Board.

OLD BUSINESS

Advisory By-laws (VOTE) {Exhibit2}

Karen Senger shared the next Agenda item for discussion of the Bylaws with the Board. A brief review was conducted, and Board members were asked if there were any concerns or questions that they felt needed to be amended from the last discussion from the last meeting.

Karen Senger commented will conduct a review of Bylaws Article by Article, and if anyone had any questions or concerns if they would make a comment.

Bylaws:

1. Article I, Membership:
 - a. Page 1 – Section 1-1 through Section 1-4; no comments were made to this section
2. Article II: Meetings:
 - a. Page 2 – Section 2-1 through Section 2-4; no comments were made to this section

Karen Senger commented, hearing no comments or concerns will move on to Article III and Article IV

3. Article III, Officers:
 - a. Page 3 – Section 3-1 through Section 3-4; no comments were made to this section
4. Article IV, Conducting Business:
 - a. Page 4 – Section 4-1 through 4-8; no comments were made to this section

Karen Senger commented, hearing no comments or concerns will move on to Article V and Article VI

5. Article V, Subcommittees:
 - a. Page 5 – Section 5-1 through Section 5-4; no comments were made to this section
6. Article VI, Administrative Rules Review:
 - a. Page 6 – Section 6-1 through Section 6-4; no comments were made to this section

Karen Senger commented, hearing no comments or concerns will move on to the next Articles VII, VIII, IX and Article X

7. Article VII, Remuneration and Reimbursement:
 - a. Page 7 – Section 7-1 through Section 7-4; no comments were made to this section
8. Article VIII; Bylaws; \
 - a. Page 8 – Section 8-1 though Section 8-4; no comments were made to this section
9. Article IX: Ethics and Conduct:
 - a. Page 9 – Section 9-1 through Section 9-4; no comments were made to this section
10. Article X: Sexual Harassment Prohibited:
 - a. Page 10 – Section 10-1 through Section 10-4; no comments were made to this section

Karen Senger asked if there were any other concerns, suggestions, or questions by Board members to the proposed new changes to the Bylaws, and with hearing none will need a motion, a second and then will need a formal vote for approval of the Bylaws. After another roll call was conducted, a motion was made to approve the Bylaws by Board member Jeff Workman, 2nd by Board Member Aishling Kelly, and all voting Members attending the meeting approved the revised the Bylaws effective today October 13th, 2021. Karen Senger commented will amend the copy of the Bylaws to change the date and remove the draft watermark from the document and send members a formal copy of the new bylaws for operation of this Advisory Board.

Regulations Updates

Karen Senger presented the next agenda item on the regulation updates.

1) **Emergency rule 245.1 (expired 6/19/21)**

Karen Senger commented on this agenda item on Emergency Rules Section 245.1 that did expire on June 16th, 2021. This Emergency Rule waived the Registered Nurse (RN) Supervisory visits), and for the Agency Supervisory visits for Home Services under licensure has been reinstated for those services. This updated information is just for informational purposes.

Karen Senger updated the Board on the next two Agenda item and stated that these rules were approved and have been implemented. This handout was more for notification and for the Boards benefit. The section related to Alzheimer's training and then the update to the Administrative Code of Home Health Section 245.200 allowing admission by the APRN/PA language to mirror the Medicare Rules. Karen Senger commented that there is nothing to discuss with these rules, and they have been approved and are finalized. The handouts given were for informational purposes.

Karen Senger asked if anyone had any comments or concerns to these regulations' updates. Board Member Rowena Oliva commented that she had a concern to Section 245.200 on Admission by APRN/PA.

a. **Alzheimer's Disease & Related Dementias Services Act (Adopted 9/22/21) {Exhibit 3}**

b. **Adm. Code 245 of Home Health 245.200 Admission by APRN/PA (Adopted 8/27/21) {Exhibit 4}**

Board Member, Rowena Oliva commented to this agenda item regarding admission by an APRN/PA, and how this is defined or allowed to be performed that covers managed Health Care specifically. This requirement states that only those individuals with a collaborative agreement are the ones who can provide this type of service. This topic is worth discussing here as it impacts Home Health Care because now the Nurse Practitioners who have fully licensed authority and do not have a collaborating agreement with any decisions. We are finding an increase in Nurse Practitioners with collaborative agreements with decisions and are practicing fully licensed that have a designation or full practice authority.

Karen Senger commented that the question here is the Rules do not address the collaborative agreement. The definition section obviously was not changed when you were replying, and we need to make sure we update our definitions because that was not a part of this rule making. We will make a note of that to put in for our next rulemaking process to update that definition. The Department has updated this definition in some of the other rules that addresses the full practice authority of an APRN/PA and compared to those needing the collaborative agreement. So, we will have to update that definition later.

NEW BUSINESS

Board Membership Updates

New Committee Members and Committee Members updates

The Board was presented information on the status of membership(s) and vacancies on the Board.

1. Membership vacancies – four (4) vacancies:
 - a. One (1) General Public Home Service Worker Representative vacated by Teresa Fitzgerald (Term Expired 8/3/2019), pending nominee.
 - b. One (1) General Public Consumer Advocate vacated by Gary DeVito (Term Expires 03/01/2022) resigned 12/2020, pending nominee.
 - c. One (1) Private Not-For-Profit HHA Representative vacated by Cathleen Carlson (Term Expired 4/25/2020) resigned effective 11/2019; pending Director approval of nominee presented.
 - d. One (1) General Public/Consumer/Family Member for Home Services vacated by Michele Running (Term expired 1/6/2018); nominee none
2. New Memberships introduced – no new memberships were addressed.
3. Reappointments for 2021 – Six (6) members are up for reappointment.
 - a. Five (5) Memberships are up for reappointment are currently with Governmental Affairs pending Director approval for Rowena Oliva, Aishling Dalton-Kelly, Linnea Windel, Jeffrey Workman and Jack Kreger.
 - b. One (1) Membership is still pending receipt of Reappointment Applications for Shawna O'Dell.

Karen Senger commented on the status of the Board membership and the number of vacancies that are left that need to be filled. Karen Senger commented when we are talking about the general consumer category, it must be a Home Service Worker, which is a hard one to fill. The position for General Public/Consumer /Family member position could be basically someone that is a General Public consumer or a family member of Home Services. If you know of a nominee that is actively involved family member in this arena and they would like to be able to help, make an impact or make changes that comes from a family concerns then this individual member would be a candidate for this role. Then we have a position for a Private Not-For-Profit Home Health Agency Representative could be someone from a Non-for-Profit Home Health Agency. This maybe difficult to fill since, uncertain if there are any Non-For-Profit Agencies that are still operational.

Board members were reminded to contact the Department with any possible names and contact information of nominees for vacant position so the Department can reach out to them.

Medicare Vaccination Requirements for Health Care Setting {Exhibit 5}

Karen Senger commented on the next agenda item which addresses the Medicare vaccination requirements for health care setting. Board member were given a handout for discussion on the expanded vaccination requirements for Health Care Setting. The final regulations on this topic and the conditions of participations are not in place but wanted to let everyone know that this requirement would include Home Health in that arena along with Hospice on the current state Executive Order that mandated vaccination. The testing does not include State facilities such as Home Services, or covers Home Service Workers, because you are not a federal facility. We do encourage all your workers to get vaccinated. So, I just put this out there more for informational unless you need more discussion on this topic.

Susan Scatchell commented had a discussion at the Home Care Association level that it seems like we need to look at how Home Services are being delivered more in the home environment and how we need to look at the home as a Health Care Facility even though it is the client's residence, and how it does become a Health Care environment. Karen Senger commented she understood, but this is not how the Executive Order was written at that time to include Home Services, and we are looking at more for institutional care of patients. They are looking at the home and how they do not have a right to decide who comes and who does not come into their home as part of that service even though the client is needing the service which is healthcare. I do know the expansion of Home Health was included under the Federal Side that does not tie into the Home Service arena at this point, but we want to encourage your agents to have your workers to be

vaccinated and encouraging the clients to get vaccinated at this point as there is not mandate for this at this time.

Susan Scatchell asked how this request is going to be enforced and what are the consequences. Karen Senger commented currently for the Home Health Agencies that fall under Federal certification, CMS has not put out how they are going to enforce this regulation right now. So, I do not have the answers on the enforcement process right now and do not want to speak on something I do not have the facts about because I do not know what Medicare is looking at and how they are going to enforce this regulation.

Aishling Kelly commented on how their Agency has lost many clients who will not allow any of our own non-vaccinated caregivers into their homes. This is something that needs to be addressed because more and more people are staying home, and we need to be able to set the ruling because the senior population who are all vaccinated are basically demanding to have caregivers who are vaccinated. So, we are going to have to make some sort of a ruling to protect the people in the home, while protecting our businesses and try to encourage caregivers to get vaccinated, which this requirement is still a choice for caregivers, and it makes it a lot easier from a point of view that we are healthcare and do not have a definitive line.

Karen Senger commented one of the things that also was going to be coming out Federal wise is if an agency had over 100 employees that this vaccination requirement is going to be mandated that workers be vaccinated that might impact some of your Home Services Agencies that are larger enough that do have a large volume of staff members. If your agency might fall in the grey area, you as an agency have every right to mandate this requirement as part of your employment. Aishling Kelly commented this is a challenge in general as we are short of staff to begin with, and believe we need to discuss this some more as a Home Service Agency we should be included in that mandate to make it easier.

Karen Senger commented that she will share this concern with our leadership and let them know that this is a consensus of the board that you feel you would like to include Home Services as part of the State Mandate that healthcare workers get vaccinated if they are not vaccinated, then you must do testing and to get tested weekly. This is what the current rules would currently be for providers now who fall under this arena, so it is not those who still have a choice to not be vaccinated either due to medical reason or religious reason to be exempt, but they still must get tested prior to providing care.

Rowena Oliva commented that she thought this is a good practice as some sort of alignment among healthcare professionals who are entering the house either for medical or non-medical reasons. Susan Scatchell shared we are starting to see some of the clients are becoming a little more verbal that they were okay with having a vaccinated caregiver, because they themselves were not vaccinated. We now must protect our caregivers and include whether the client's been vaccinated or not in our care plan, and caregivers are wanting to validate the client that they are providing services for has been vaccinated as well.

Karen Senger asked if anyone had any further comments or concerns with this topic before we moved on to the next agenda item for discussion. No other comments or questions were made by the Board.

Discussion on Public Act 100-0513 Nurse Practice Act Adm Code 1300.20 {Exhibit 6}

Karen Senger commented on the next handout on the Nurse Practice Act Administrative Code 1300.20 (PA 100-0513) that was discussed at the last meeting and is being brought back for further discussion. The Board had a lot of discussion about the information about the practice Act changes on delegation and whether we want to put these in our rules. The Hospice Advisory Board met on the same topic and decided they did not want it in the Hospice Rules and felt that these changes should remain in the Nurse Practice Act. The Hospice Board thought process was this was would be very difficult to be able to put these changed to the existing Hospice regulation and the whole concern was about what would have to be dealt with at the time of the individual client instead of trying to make this change available as a part of their rules.

The Board had a lot of discussion the last time and Jack Kreger had shared quite a few comments and concerns about this change and wanted to bring this back up for discussion if we want to put this in our rules and or leave it out and be cognizant that it is in the nurse practice act. Karen Senger commented that she does not see too many nurses that would want to be delegating to an unlicensed person to perform the services of medication administration and have received several concerns about the risks and the concept of how we ensure the competency of the workers and protect the patients. The other concern is a legal concern if we can carve out in our rules, a limit, and the types of medications, which may conflict with the scope of what the Nurse Practice scope allows.

This change leaves a lot of concerns all the way around and, therefore, opening this topic back up for discussion do we want to continue to try and tackle this and put it in our rules or leave it out all together and just be aware it is out there, in the Nurse Practice Act. Shawna O'Dell commented that she was vocal on the Hospice component side and truly felt that this is something that we need to cover as an Agency/Organization specific and feel we should not tackle this change now with legislation.

Susan Scatchell questioned if this was supposed to be included in Home Nursing or Home Services? Hospice opposed this change because for years it has been the Hospice Organizations point that your home care worker can administer morphine and leave everything in the refrigerator and administer the patch or whatever and very surprised that Hospice said not to include this change in their rules. Karen Senger commented Home Services is exempt by the law itself and Hospice obviously was educated on their process so even if they wanted this change, they still could not delegate it to a Home Service Worker because that would be in violation of your rules. So, this request has been brought back as it needs to be dealt with on an Individual Agency level nurse specific and or try to put this language into the home health, home nursing rules.

Susan Scatchell suggested we should continue to have this conversation, because there are a few Home Nursing Agencies that are really advocating for this and waiting for this language to come about. Karen Senger commented do we want to form a little subcommittee to look at what was in the proposed draft rules. The committee shall consider items such as training perspective, how we can make sure this is not agency driven, but nurse driven in the request and individual clients and what protection can we have for the agency and how this is being managed.

Aishling Kelly commented that this change needs its own kind of task force or subcommittee for further analysis and investigation with different sides coming in with different opinions and how it would all unfold and develop some sort of training. The Board agreed to form a task force or subcommittee to discuss this request further.

Karen Senger commented will need a motion to form a task force or subcommittee to further analyze the proposed changes to the Nurse Practice Act into the Rules. A motion was made to form a task force or subcommittee by Aishling Kelly, 2nd by Susan Scatchell and all of those in favor of forming a subcommittee as discussed.

Proposed changes to Adm Code 245 {Exhibit 7}

Karen Senger commented were taking the next agenda item out of meeting order for discussion that covers the proposed rule changes that is amending the Home Health, Home Services and Home Nursing rules with the biggest change under the Home Services. Board Members were given a handout for review and discussion to regulatory changes that was recommended by a group task force from the Homecare Association along with a Senator representative. This task force group has identified some major changes that was made to the Home Services regulations that has been seen occurring in the industry. These recommendations were made to help the elderly population remain within their homes but try to still maintain the non-medical scope of services. These proposed rules have gone through both our legal and Department process and to now present to the Board for their concerns and questions before processing forward through the rulemaking process.

1. Section 245.20 – Definitions

- a. **Health Care Professional** -Karen Senger commented one thing that was already addressed prior too was the definition that the Board identified was to update the definition of a Health Care Professional that identified a physician licensed to practice medicine and all its branches with full practice authority and licensed under the Nurse Practice Act, or a Physician Assistant licensed under the Physician Assistant Practice Act.
 - b. **Home Health Services** – the next change made was under the Home Health Services was identified that the Physician license to practice medicine, and all its branches, licensed Physician Assistant discussion or licensed Advanced Practice Registered Nurse (APRN) to be able to provide orders for services for a home health client.
 - c. **Home Services Agency** – The word “primarily” was stricken as it is not in the statute in the Act as a definition to a consumer’s personal residence and wanted to make sure the exact language was used so this word was removed.
 - d. **Physician Assistant**- added this definition to meet and define what a Physician Assistant is per their practice Act.
2. **Section 245.25 – Incorporated and Referenced Materials**
- a. Letter c) 1), 2) and 3) – updated changes were added for guidelines of a federal agency that are incorporated a reference to these sections by Department of Health and Human Services, Centers for Disease Control and Prevention under the incorporated reference.
 - b. Letter e) – added the Physician Assistant Practice Act to one of the codes that is tied to the regulations itself.
3. **Section 245.40 – Staffing and Staff Responsibilities**
- The next biggest change comes under this section under Staffing and Staff Responsibilities.
- a. Letter c) – Home Services or an In-Home Services Worker covers the type of services or tasks that are acceptable and can be provided by a home services worker.
 - b. Letter 4) A) – Skin Care - added that a home service worker may apply a simple bandage as first aide for a client and added the following section to this section.
 - i. Added language to identify that the home service worker has completed training in first aide for a lay person, and
 - ii. Added language on the client or client’s representative shall provide ongoing feedback and advocate for their needs, including indications of potential harm or discomfort to the home service worker
 - iii. Agency language on the Agency conducted a competency evaluation of the home service workers ability to employ methods, required to implement first aide effectively and safely.

Karen Senger commented that these changes do not obviously allow home service workers to provide wound care or wound management dressing changes but can complete a simple dressing for a paper cut and or skin tear by applying a bandage as basic first aid as a layperson. The Board was asked if there were any other question before she moved on to areas for discussion.

Board member, Jack Kreger, commented on does home services workers completing the first aid training goes beyond the application of a simple bandage or has there been any thoughts to specifying a certified program, whether it be Red Cross or whatever for training provider or training certificate for completing of the training program?

Karen Senger commented that was a good point and was looking at the American Heart Association’s first aid training but can use other training providers. Jack Kreger commented he did not have a particular one in mind but could note two or three that would be acceptable. Karen Senger commented will take that under consideration of those programs that can be utilized to meet this requirement of first aid training programs.

- c. Letter B), i), ii) and ii) Ambulation – added language to these sections on the prescribing individual or health care provider responsible for training the client and/or home services worker is comfortable with releasing the client to work on their own with the adaptive equipment, and a home services worker may assist with ambulation. Have a client who has home health care provided and have therapy done and the therapist has trained both the client along with the caregiver making sure that they feel comfortable with the training for that method required to assist the client with the adaptive equipment that has been recently prescribed for ambulation. This language has been added for all these sections to add training requirements to include this extra level of service or care to be trained with the ambulation addition.

Karen Senger asked if there were any questions or concerns with the ambulation addition. Jack Kreger asked does the training include demonstration. Karen Senger responded yes, if you are going to provide the training, you would expect to have the agency conduct a competency evaluation of the home services worker's ability to employ the methods required. So, with the competency evaluation, should include a return demonstration with the adaptive equipment that they are going to be utilizing with the individual client.

- a. Letter C) Bathing – made some language changes to this section to the home service workers do not have to be trained in a particular method required to form a bed bath, including observations or indication of potential harm or discomfort.
 - i. Most of this information was already in the language, we just expanded on it making sure individuals were able to understand them and have the annual training and competency evaluation for clients.
 - ii. If this is a service you will be providing, you want to make sure that these individuals are competent and able to perform these services.
- b. Letter D) Dressing – This section was a lengthy discussion that has to do with the home service worker dressing of an individual client and including assistant with application of support stockings of the type purchased with a physician's prescription.
 - i. The language was added that a home service worker may not assist with applying the elastic bandage that can be purchased only with a physician's prescription of application of which involves wrapping part of the client's body or with applying a sequential compression device.
 - ii. This type of device may be purchased only with the physician prescription unless the client has a healthcare professional order to allow the unlicensed home service worker to apply the compression stocking as a part of daily activities of living.
 - iii. This section is about someone who has this service long term and is part of their normal routine, and.
 - iv. This addresses the language unless the client has a healthcare professional order for you as the agency going to give it to the client as a part of their health care services that yes, this can be applied by someone who is not a licensed professional, and
 - v. The home service worker shall have been trained with the application, including observation of indications of potential harm or discomfort. potential an order for this service.
 - vi. This language is added to make sure that if this is a client you are accepting, you are going to make sure that non licensed individual has been properly trained on how to apply the bandages or client's family member whomever is providing this service.

Karen Senger asked if there were any concerns or questions to these changes. Jack Kreger commented that this service is really on the client or client's family to work with the physician and to secure the order for this type of service to be provided. Karen Senger commented correct, and when this client comes to your agency as a new client asking for this type of service, the first thing

you want to identify is to make sure for you to be able to assist with this level of care they need to provide something from their physician or healthcare professional. This order would need to be established allowing this type of service to be applied by a non-licensed person and should be part of your intake.

- c. Letter F) Feeding – this section addresses a home services worker can assist the client by opening and measuring a pre-measured thickening product to be added to liquids as per the client’s request and under the direct client observation.
- d. Letter G) Hair Care – this section addresses the issue with a physician prescribed shampoo if the prescription shampoo was accompanied with an order indicating a home service worker may apply the shampoo. So, if you have someone that this should be part of your intake of information for a type of service that is needed.
 - i. The home service worker shall have been trained with the application, including observation of indications of potential harm or discomfort. potential an order for this service.
 - ii. Agency language on the Agency conducted a competency evaluation of the home service workers ability to employ methods, required to apply non-medicated or prescribed shampoo effectively and safely.
- e. Letter I) Nail Care – language was added where the clients with medical condition might involve peripheral circulatory problems or loss of sensation shall be evaluated by the healthcare’s provider to allow home service worker to file the client’s nail or be under the care of an agency licensed as a Home Health or Home Nursing Agency.
 - i. The home service worker shall have been trained to provide basic nail care as this is not going to be cutting or trimming nails and includes soaking of nails, pushing back cuticles without utensils and filing nails.
 - ii. Before this ruling this service was not allowed. You need to be aware because you do run the risk and concerns with someone with a peripheral circulatory problem where they can cause harm or injury, so this language is expanding out a little bit to allow you to include those clients
 - iii. If this is a service you will be providing, you want to make sure that these individuals are competent and able to perform these services. Added language on the Agency conducted a competency evaluation of the home service workers ability to employ methods, required to perform nail care effectively and safely and to observe and report potential signs of injury or harm.
- f. Letter J) Positioning – Karen Senger commented when you have a client who needs to be reminded to be repositioned in their chair to prevent skin breakdown. Part of the home service worker task is they may assist a client with positioning when the client is able to identify to the personal care staff either verbally, non-verbally or through others when the position needs to be changed as instructed by the service plan. The home service worker shall be trained on the methods required to monitor and observe verbal and nonverbal indications and cues received from the client on repositioning that may be needed or changed as instructed on the importance of following the service plan concerning the client’s positioning needs.
 - i. Reminding the client to make sure they are being repositioned and that they are assisting so this is not just somebody that is totally bed bound and has no comprehension and no information and to know whether someone else is providing feedback making sure you are assisting that client to be a little involved in the reposition to prevent skin breakdown. The client’s representative shall be in the home that is also providing ongoing feedback and are assisting to make sure the client is being repositioned when the

change is needed to prevent the client from having any skin breakdown issues.

- ii. The agency shall have conducted competency that should be able to provide feedback and the client's representative are making sure that they are safely repositioning the client while they are in the care under that worker.
- iii.

Karen Senger asked if there were any questions or concerns with these changes to the rules. Jack Kreger questioned on is it my understanding then that the competency would be done on a situation basis rather than as part of general training, or are you leaving that up to the Agency? Karen Senger responded that she had planned to cover that service as part of the overall training section. This competency would have to be agency specific and client specific if you have that service as part of your service plan for that individual client. This would be client driven and we can look at this more when we get to the section where we made amendments to the training section and look to make sure the language layout is included to cover this service.

- g. Letter M) Transfers – the language changes to this section would be a home service worker may assist with transfers only when the client has sufficient balance in strength and reliably stand and pivot and assist with the transfer either directly or by providing ongoing feedback, including indications of potential harm or discomfort to the home service worker through either verbal or non-verbal indications.
 - i. The adaptive safety equipment may be used in transfers provided the client and home services worker has been of fully trained on how to use the equipment and the client can assist in the transfer by having that ongoing feedback or cues. This change by having the client's involvement and want to make sure the feedback may not always be verbal and their ability to communicate due to their disabilities, but safely be able to transfer someone and making sure the home service worker is trained in the devices that they are being utilized for transfer.
 - ii. The agency shall have conducted competency evaluation of the home service worker using the type of device that is available in the home.
- h. Letter O) What Services Worker Can Do – this section covers what a service worker can do that covers respiratory care. A home service work may assist a client with changing the oxygen delivery system from a stationary to a portable system when transporting a client outside of the home as directed by the prescribing healthcare practitioner who require continue supplemental oxygen therapy.
 - i. The home service worker may assist a client with changing the delivery system from a stationary to a portable system only when the following conditions are met, and the assigned home service workers has received training on switching the oxygen delivery systems from stationary to portable. and the risks associated with improper adjustment of oxygen flow rates when the client is outside the home.
 - ii. And the agency seeking to have a home service worker assist with this shall maintain an individual on staff who has been trained and is able to conduct training and administer competency evaluations for home service workers assisting clients with the delivery system.
 - iii. Whoever is the client's DME provider for oxygen home support needs to provide the training to the agency to ensure that the agency can conduct training with their staff. This will eliminate some of the concerns for nurses having to be the person who can disconnect and connect to a stationary portable device.

Karen Senger asked if there were any concerns with changes to this section of the rules. Jack Kreger commented on the definition of the stationary system that is intended to be a concentrator or is it broader than that. Karen Senger responded it is a concentrator.

Susan Scatchell questioned about the agency having discretion as to who is going to conduct the training. Karen Senger responded, the agency is going to have to work this out with, with the DME provider for the client and where you are going to get the training for the device that they are utilizing. This training could just be from the Durable Medical Equipment that is providing the service to your clients. The agency is going to have to identify who is going to be conducting the training of your staff.

Jack Kreger commented this type of training is a good idea, by my experience is that the equipment is dropped off by a driver who has six more drop offs and their intent is to drop it off and go. Karen Senger commented there is also someone at the DME service itself that should be able to provide training on the equipment as well. However, the DME provider always trains the individuals the first time that they get the equipment. The DME service does not just drop the equipment off as the client has to be educated on how to utilize the oxygen systems.

Susan Scatchell commented, you might not have the luxury of advanced notice of a physician's visit and you need to accompany your client on a transport somewhere and the provider is not going to be available. You are barely getting the equipment delivered so the nurses are going to have to be knowledgeable or someone on staff at the agency who can deliver this kind of training.

Senger responded correct, and this is what we are saying that the agency personnel, or whoever is going to have to obtain the training from, whether that is from the nurses or from you as the agency to take the initiative to be able to learn the various devices and products that your clients are provided with and then you could train a staff member who is going to be on oxygen. So, there has to be a training process that has to occur at the agency level as it may not be the day that you are going to know, hopefully, one of your clients already have this service, and if it is a new client and you are conducting an intake on and have to find out who is providing the oxygen services and making sure you are able to get someone to be able to train your staff.

Board member Aishling Kelly questioned would it be accepted to add that as a module for our staff and we are training on how to perform the oxygen distribution and change the tanks. Karen Senger commented we will have to put that question on hold until we get to the training section of the rules to answer that question.

Karen Senger commented this concludes the changes made to the proposed rules for Section 240.54 as we move on to the next changes.

4. Section 245.55 Vaccinations

The next changes under Vaccinations were just really updating our rules by allowing a healthcare professional not just a physician to give a vaccination order. This is just updating to what we already approved in the home health regulations, but we missed this change under the vaccination section.

5. Section 245.71 Qualifications and Requirements for Home Services Workers

This section is where we cover the education part under sub-section Letter (d) where we added the competency evaluation or proof of prior training for the new items allowed by the home service worker. Each of the subjects outlined below in addition to the training requirements noted in Section 245.40(c)(4)(A) through (P). The last part of your training would include the oxygen training under subsection Letter (5) that includes everything else as a part of your training services.

Susan Scatchell commented on this paragraph starts with the worker complete a training program with a Placement Agency. Karen Senger commented this is a placement agency mix, and the worker has successfully completed training or completed the training through the licensed Home Service Placement, and they may have not given a worker an assignment until the worker has passed the competency evaluation of the company, so this section is related to all entities. This subsection is talking about the discussion on what are the eight (8) hours of training home services workers shall complete and where you can accept proof from another outside entity, but then the competency evaluation for training, must be

completed. Karen Senger commented this was a good point and suggested to maybe make this requirement under a subsection letter (e) and list all provider types instead of linking it just under the Placement Agency. We can start out with where it says the competency evaluation or proof of prior training, we would start there at will be all provider types such as the Home Health, Home Services, and not Home Nursing. We will try and take this language through our rule making section to divide it out, so it is clear and does not look like it is just falling under Home Nursing Placement.

Karen Senger commented further the other changes that was added was by adding all those subsections that was letter (A) through letter (P) so all was not included, which would have been the oxygen. As the Board, do you feel the oxygen would be a part of your annual training or make this an individual training because not all your clients are going to be on oxygen. We can add the language to make all home service agencies as part of your annual training to add oxygen therapy, which some agencies may not provide that type of service or frequently provide this service. We have not identified (A) through (P), which would cover up through the pages where oxygen was letter (O). Susan Scatchell suggested that this training service should be at the discretion of the agency because some agencies are not going to be accepting that level of care for their clients.

Karen Senger commented we did not make a lot changes to cover for cleaning, housekeeping, meal preparation and did not get into ADL services. This was why I did not include letter (O), which is oxygen and ended with letter (P) and is this something you would want to only go through letter (N), which is Medication Reminding and not list letter (O) oxygen. Board Members agreed this service should be at the discretion of the agency because it is not going to be applicable for everyone and to keep it simpler. Karen Senger commented we can change letter (D), or we can just remove letter (O) and will have to include this information under number 15 that this would be applicable to each agency, does this sound reasonable. Board members agreed with the suggested change.

6) Section 245.210 Services – Home Services Agencies

Karen Senger commented this last subsection, which is already part of the information talked about under section 245.71. We did talk about some of this that at the beginning on training and this would still hold for any of these new changes written for this section. Jack Kreger questioned on the intent for the CNA exception, and would it apply here. So, if the worker is in good standing would they not be required to demonstrate the competency and prove they have completed the training. In addition, if we have this section open can we take the opportunity to cover over the subsection to add electronic signature for the staff member training like what has been listed in 973 for Alzheimer's training to get a little bit more current. Karen Senger responded yes it was, and the language on electronic signature obviously added those items to be part of your annual training with exception for the section for oxygen to be then under the annual training section which is under letter (e) where we added some of these items to be considered part of your annual training. This would include activities of daily living related to the application of simple bandages, ambulation, bathing, compression stockings so these things that we kind of expanded on we allow them to do more, and this would be part of the annual training for the staff. We did identify an oxygen system for Home Service workers assigned to work with clients who require production delivery support so those would be exempt from an annual training for anyone we may want to do that same kind of language for the beginning. We felt if we were expanding their scope of practice, we needed to make sure that this is not just a one time and your done because you are not going to have every client that is going to have all these types of services. We also felt an annual to make sure that they are still capable of managing these because you may not have a client that needs some of these transfer issues and we want to make sure that they are continuing to be part of that.

Jack Kreger commented if we are assuming the eight hours is still eight hours of training, which is required. This is a substantial amount of training, especially on demonstrations that are required. Is there any thought to raising that number or removing something else from that training as eight hours is barely enough as listed?

Karen Senger commented that a lot of this language could be tied together to what you have listed for training already. If we go through the topics you are going to be expanding on the services like bathing,

skin care, nail care and positioning where the topic is already there. It is just that you are requesting more for return demonstration as Home Health is 12 hours for a CNA and for the Home Health Service industry is 12 hours. Do you want to lesson that training or maybe change the number to 10 hours or allow an extra two hours to cover all the training requirements?

Karen Senger asked the Board for any thoughts on the training hours. Susan Scatchell commented that we already have eight hours of training, plus six hours for dementia and now we have added three additional hours after that. The additional hours that we talked about we are not adding a whole lot of time, so some of these hours for return demonstration is going to probably be the most time added on for each section. Some clients are not going to need dementia care, or some Agencies are not going to provide this type of care, so that is going to exclude some of those hours, but those agencies that provide a broader scope of service you are probably looking at adding another two hours and some agencies are already conducting 12 hours of training. Jack Kreger commented that when you add the numbers up you now have basically two days of training.

Karen Senger commented that you have a minimum of eight hours now, so we could leave it at a minimum of ten hours, or you can increase the number or change it. The minimum right now is eight hours and now is the time we have open to make that change if we think that there is enough here to expand out. We would not want to short cut an item to be able to all the training in should we make it ten hours. Jack Kreger agreed as this would allow a little bit of room to work with.

Karen Senger commented we can change letter (c) under Section 245.71 Qualifications and Requirements for Home Services Workers where you can still provide a range for a minimum of eight hours of training and then five hours be provided prior to their first assignment, and the remaining five hours provided within the worker's first 30 days after employment. We can then change the minimum from eight to ten hour and then the remaining hours too five.

Karen Senger asked if the Board had any other questions or concerns with the changes to these rules or do you want to expand more of the services that are listed. If no concerns with the changes does the Board feel comfortable passing the vote to be able to move these proposed rules on through the rule making process with the changes we have discussed.

Jack Kreger commented on the topic of who is providing the training for someone who is in a supervisory position that is trained. It is back to the train the trainer question looking at the CCP. They are in their rules as are specific trainings that a home care supervisor must have. We have a good list and definition of what a caregiver and the home service worker need for training, but when that home service worker has a problem, and they are working with someone at the agency who is a care advisor, and we have no training on them. I would think that we would have them taking the ten hours of training. And it is someone more than just the trainer, it they are available daily to answer the questions because things come up and a worker encounters a situation that they are not quite sure how to apply what they have learned and need to be able to go somewhere for assistance.

Karen Senger commented good point and maybe this is something we can research and bring back to the next meeting on how you would like to see the language. This topic is something that is going to be a lot more work than what we have here. I think this is a topic maybe as board members to think about Jack's request on how we want to ensure our manager's, or whoever is the agency's employee responsible for the training to train the staff. How are they trained, and what is their supervisory qualifications? This is something we will need to think about within our rules and see what other states do as far as their Home Services Agencies and the non-medical Agencies on requirements for the leadership of the management o and training by agencies.

Board Member Aishling Kelly suggested supervisors to be current on the registry and would have those types of skills that would enable her or him to have the supervisor ability and to be able to talk caregivers through any issues. This person would be the one providing all the supervisory visits and the initial training. So, we are talking about somebody who is going to supervise everybody else that we are providing

the training for and it must be somebody who knows what they are doing and be a CNA. This person who is the office manager person could be a CNA because he or she would have those qualifications.

Karen Senger commented we need to consider this point as there is no qualifications of who can be an Agency Manager and it can be anybody off the street. This is something you might want to think about how that avenue ties into this whole training discussion. I think this is something that is going to take a little more time than this meeting to discuss, but these are things you need to think about and bring back to your perspective agencies, and how we would we be able to address this topic. Right now, there is no qualifications for an Agency Manager, not like the it is under the Home Nursing or Home Health side. If we are expanding the industry to make sure we are caring for these seniors safely under a non-medical environment, and keep this a non- medical environment side, we need to review the administrative staff qualifications and training.

Jack Kreger responded not thinking this needs to be the agency manager so much as that manager may be the care manager of a smaller agency, but that care supervisor is what I am targeting to be like the Dementia Services Director at that level. Karen Senger commented the problem is that we have a broad spectrum of service agencies and what services they provide, some are focused on just transportation, housekeeping, and maybe preparing meals. We must keep that in mind when we are looking at how you want to be able to distinguish someone to be a caregiver supervisor, because there is no other required administrative position in the regulations outside of the agency manager for the home service workers. Karen Senger commented will need to think about this topic some more and will bring back to our next meeting for further discussion by Board Members.

Karen Senger commented will put this topic on the agenda on how we want to envision this language and asked if she could get a motion to go ahead and move these rules on unless we have further discussion on them. A motion was made to approve the proposed rules as discussed by Susan Scatchell, 2nd by Aishling Kelly, and all of those in favor of approving the minutes was unanimously approved as changes discussed.

Karen Senger commented will now move on and get back to the Agenda order of new business for discussion as this Agenda item was discussion out of order for meeting presentation.

Home Health Agency Initial Applications Report {Exhibit 8}

Karen Senger presented the next agenda item for discussion that covered the status of Home Health Agency Initial Applications Report for the period of 2020 and 2021, and the number of HHA licensed only and licensed/certified by each quarter as of January 2021 for review. Board members reminded of the past moratorium on Home Health Agency. There has been a small increase in Initial Applications received, but not a dramatical change yet. The handout provided a covered report over the period of 2020 and 2021 report showing 15 initial applications reserved, where 7 of those were licensed and 6 of them ended up closing the application before they even continued with the process. We do have several that are awaiting surveys that are scheduled to be completed, and 22 change of ownership which is decreased compared to previous years. At the end of 2020 we had 596 licensed HHA agencies and now as of to date for the year 2021 have 594, so there is not changing much in our number of licensed agencies. There are 28 initial applications for the year 2021, as the number applications have increased from last year. Of those 28 applications received we still have those 5 that have already closed their application. We have still seen quite a few change of ownerships (CHOW) and have had 16 so far year to date. So those still are occurring. Home Health Agency number is obviously still not dramatically increasing with providers. So, these numbers show it has pretty much plateaued at this point.

Karen asked if anyone had any questions on that report before moving on to the next Agenda item for discussion. No comments were made to this agenda item.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Applications {Exhibit 9}

Karen Senger presented the next agenda item for discussion that covered the status of Home Services/Home Nursing/Home Service Placement/Home Nursing Placement (HS/HN/HSP/HNP) Initial Licensing applications and number of licensed agencies and survey data stats for over the last 5 years. This data report ranged from 2017 through October 4th, 2021 for Board review. The breakdown of this data report covered all four license types up to date for 2021. The virtual survey process that the Department is conducting for initials is allowing the Department to get more providers initially license and into the program as you can tell by the category breaking them out. The majority of license are still Home Services and non-medical with a few Home Nursing. Home Services Placement has not really grown and pretty much stayed dormant and the same with Home Nursing Agency and are starting to see a slowly rising number

Karen Senger commented the report did not include a breakout of the survey workload as the Department did not conduct a lot of surveys over the last year as we did have a lower number of providers. There is an increase in our processing of renewal and are getting back into trying to conduct more annual type surveys. One of the things we are looking at is trying to hire more staff as we are limited to the staff we have because this program is self-funded and therefore, we are working on the backlog and providers caught up is going to take some time with the staff we have makes this process limited. Annual surveys are conducted every 3 year is now going to probably be more like 4-year type of survey of an existing Agency. However, with the number of agencies that keep growing, we will try to maintain that process.

Susan Scatchell commented if we go to conducting surveys every 4 years the agency maybe has 2 or 3 surveys under their belt before you lose in that survey process then. My concern is that a new agency gets their 1st survey and then they are not going to be surveyed for 4 years versus an agency who has been around a while and has already gone through 2 successful surveys.

Karen Senger commented that is where we are at in this Survey process and trying to get those surveys who last were surveyed that had no deficiencies. The Department is trying to move these surveys back, but do not want them to be too long in between surveys. We are working on a plan to try and figure this out with our resources to make sure that agencies are still in compliance. We are looking at their history where an agency over the course of several years has had no deficiencies and no change in administration or other changes of a period and try to survey the initial applications within a year to get them licensed and to be able to see they are operating appropriately.

Karen Senger commented this is where the Department is at in trying to look at the survey timeframe and span and hopefully at our next meeting, we will kind of have that outlined a little more on how we want to proceed to be able to conduct our renewal and our consistent survey process and to base this on the number of staff that we currently must be able to cover the program.

Susan Scatchell commented it looks like the number of complaints have gone up in 2021 and asked if we have a track record or a legend as to what the nature of those complaints are. Karen Senger commented most of these complaints were concerned with the workers and issued were about healthcare worker background check where the individuals did feel they were credentialled. Most of them still are probably either they did not show up for services or that they were as concerns on infection control and that was not coming so much from the client coming from other workers or other individuals. We did have a lot of increase on infection control compared of other years.

Jack Kreger asked if any consideration been given into the years between site surveys and doing a desk survey? Karen Senger commented can keep that request as a suggestion and ask on what kind of information would you recommend for desk survey. The surveys really have not been focused on the care issues but more concern on what kind of information can we get back to be able to adequately ensure care is being provided safely without asking for client records or through documentation. You could review personnel files to make sure your staff are trained and agency policies to ensure the agency follows this process and did they implement those processes correctly and safely for the clients.

Karen Senger commented can investigate this request more and bring this back to the next meeting. Karen Senger asked if there were any other questions or concerns with this topic before moving on to the next agenda item for discussion. No other comments or questions were made to this topic.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Survey Process

Karen Senger presented the next agenda item for discussion in place of IDPH Staff Rani Harms on Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Survey Process. Karen Senger commented that one concern was that they are still seeing the common areas of deficiencies is not checking/following up on the healthcare worker background check and still finding some agencies are not doing their annual verification of employees or checking the internet searches to verify that the worker is eligible. This still seems to be an area where they are not conducting the internet searches annually and identify these workers. They are still having issues with training to both annual and the Alzheimer's either by documentation or verifying the worker completed the required training or complete all the topics. This verification was not verified prior to sending the worker out on a client call so this is kind of a combination of these and a few on out-of-scope.

Susan Scatchell asked for an example of what is out-of-scope. Karen Senger explained this would be where a home service worker providing eyedrops, medication administration and feeding the client with a syringe and these were some of the black and white out-of-scope examples that the Department has seen. Will try and continue to capture and provide the Board with a detailed report on the number of deficiencies but limited on this formal report with the new database the Department has now adapted and is more of a federal database.

Karen asked if there were any other questions or concerns with this report prior to moving on to the next agenda item for discussion. No other comments or questions were asked on this agenda topic.

OASIS Training Updates

Siji Varghese presented the next agenda item to the Board on the OASIS Training Updates. There is still a pending list at this point on new items and new trainings not scheduled at this point because of the Public Health Emergency formally ending. The current item right now is on data collection and some other concerns that we have been able to provide some training on that is listed in the Quarterly newsletter. We can go through the data and some of the links to get some training on certain items that are covered in the newsletter if the Board had any questions on. Otherwise, there is no in person training scheduled by the State at this time, and this will be something that will be coming up in the future.

Siji Varghese commented that this all she has for the Board on this agenda item to present.

Reminder Board members mandatory training Ethics and Harassment & Discrimination

Board members were reminded of the new protocol for annual mandatory training and members will be sent information via electronic and need to be completed online and submit verification of completion of the training to Department staff. Board members were asked to keep the Department updated with the most current email addresses as the mandatory training will be sent to your email address. This Mandatory Training is due November 2, 2021.

Other-Public Comment

Karen Senger commented will open the floor for public comment for any callers who wants to address any concerns to identify yourself and what your question is. Callers were reminded they have 3 minutes to address any concerns they might have to present to the Board for discussion. There were no public comments made at this time, and the floor was opened to any Board members for additional comments or concerns.

Board member Aishling Kelly asked if there were any updates on how far behind the fingerprinting Department is in being able to process on new fingerprinting for agencies. It seems this Department/Section seems to be behind in the process. Karen Senger commented they are currently several months behind and have addressed this concern to the leadership to hopefully get some avenues to be able to improve on this process and to increase and diminish some of the processing time.

Board Member Tina Moore asked a question back to the Survey process that it was mentioned that background checks were an issue and with the follow-up and the annual follow-up and this has been a big enough issue where you could send a letter as just a reminder or as a checklist or something going forward to try and prevent some of these deficiencies with the background checks. Karen commented that the Department has done this in the past and can look at creating another checklist to be more helpful. The Department has sent out memos in the past on what the rules are and what the process is supposed to be and some educational material and such. Tina Moore commented that they have an initial checklist for new hires, but we do not have one for follow-ups for the later ones for that process. Karen Senger commented it is difficult to get registered for right now, but once you are in the system, it is not difficult to be able to complete the process. Other members were asked does any agency have any type of checklist in their industry that they would like to share to utilize or help to draft one and can address the association has something that they look at to send out to the providers.

Karen Senger commented can address this request and bring back to the next Board meeting to see if this is something that would be user friendlier, because we do not want to send something out that is not going to benefit the industry to help sure that they are following the 955 Code. Aishling Kelly asked about the initial checklist format and was this about any agency having a simple checklist of what any new or current agency owner should be doing regarding the fingerprinting wording. Karen Senger commented that is what we are looking for and does somebody have a good tool that works to be able to address all the 955 codes from initially checking the new worker in for the first time and sending them off for fingerprint and the steps you need to conduct to enter them in the Web Portal. This checklist needs to include the steps as far as the internet searched along with verifying your employee and then make sure annually that they are being checked and to assist with not missing those audits would be helpful if willing to share this information. Karen Senger asked if someone had such a tool and will to share to email this information to her and she will be glad to look at them and possibly work with someone to put this together into a nice educational tool that can be utilized and not just to read to help make sure the facility is following this process.

Susan Scatchell suggested that maybe we can take this request to the Homecare Associate as a bigger picture. Aishling Kelly commented she be willing to work with someone regarding this request as it is something that needs to be addressed and make this process better for the industry. Karen Senger thanked everyone for their efforts and was looking forward to getting some input from everyone to help improve this process.

Karen Senger asked if there were any other topics that the Board members felt they would like to address, and to please send any topics for discussion for the next meeting to contact her by phone or email with any agenda items for discussion. If there were no more comments, the next meeting will be January 2022 and will still be held via WebEx unless things should change to having in service meetings.

Meeting Schedule

Meeting Schedule for 2021

Board members were given a copy of the remaining meeting dates for 2021 schedule that have already been established for informational purposes. Board members were reminded to mark their calendars and plan to attend. Due to the COVID Pandemic and Governor's Ordinance with social distancing, the remaining meetings for this fiscal year (2021) meeting dates are adjusted due to calendar dates and tentatively

scheduled via WebEx to better accommodate Board members and guests. Meeting information for these meeting will be sent out later.

Tentative Meeting Schedule for 2022

Members were also given a copy of the tentative meeting schedule for 2022 for Board review. The Department is currently working on scheduling these dates, times, and meeting locations for the next year (2022). Board member were reminded to mark their calendars and make note of the meeting times, locations and meeting tentatively scheduled via WebEx.

Next meeting dates:

- a. January 12, 2022 • 10:30 am (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield). This meeting is tentatively scheduled via WebEx.
- b. April 13, 2022 • 10:30 a.m. (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield). This meeting is tentatively scheduled via WebEx.

Karen Senger asked if she could get a motion to adjourn. A motion was made to adjourn the meeting by Susan Scatchell, 2nd by Aishling Kelly, and all of those in favor to adjourn.

Karen Senger reminded the Board the next meeting date for this year will be on January 12, 2022 and will most likely be held via WebEx with the meeting time to be the same (10:30 am to 12:30 pm). A Meeting invite will be sent out later. Since there are no other business to address and will consider the meeting closed.

Meeting adjourned at 11:54 a.m.