IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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APPROVED MEETING MINUTES
Home Health, Home Services and Home Nursing Advisory Committee Meeting
April 14, 2021 - 10:30 a.m. – 12:30 p.m.
WebEx Meeting Access Information:
https://illinois.webex.com/illinois/j.php?MTID=m347c39f3dc1cb6a445bf4f2c17468962
Join WebEx Meeting Number (Access Code): 133 985 0219
Meeting Password: HHA42021
Join from Mobile device or phone: 1-415-655-0002

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, Ed Pitts, Annette Hodge, Karen Senger, Elaine Huddleston, Rani Harms, Ellen Bruce, IDPH Staff Attorney, Sean Dailey and Sara Wilcockson.

Guests: Liz Vogt, Sara Ratcliffe, Brittany Hembraugh, J. Drake, Sharon Newman

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 feed back 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.

Karen Senger wanted to thank everyone for attending as it's been over a year (2019) since this Board last met. Since then, the Board has been through some membership changes that has allowed the Board to start convening and meeting again. Before we get started in meeting Agenda items to discuss and vote on, she wanted to at least introduce and address the new Board Members and new IDPH staff with the Department.

Approval of Draft Minutes for October 9, 2019 Committee Meetings (VOTE) **{Exhibit 1}**

The Draft minutes of the October 9, 2019 meeting was presented to the Board for their review and comments before voting. Karen Senger commented that several of the members were not Board Members during this time period and understood if they may not want to vote on these minutes. The 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 role call would be conducted, by Board members, to approve the minutes as presented. If the Board Member was not a Board member at the time of these meeting minutes, they could waive voting on basis of not being a member at this time. After another role 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

Karen Senger commented that since the Board has not met since 2019, due to the COVID pandemic, there was no old business for discussion and would move on to Agenda Items for discussion under New Business.

NEW BUSINESS

Board Membership Updates

Introductions of New Committee Members

Karen Senger commented going a little out of order in following Agenda items. She wanted to first welcome and introduce some new Board members and new staff with the Department as follows:

a. Yaquta Patni – representing Licensed Physician;
b. Susan Scatchell – representing Home Services Representative;
c. Patricia Pierro – representing Home Services Representative, and
d. Sharon Bargmann – representing RN w/Home Health Experience.

Introduction of new program supervisor for Home Services/Home Nursing,

Karen Senger commented that we also have a new Nursing Supervisor and Program Supervisor for the Home Services and the Home Nursing program located here in Central Office located in Springfield and she will let Rani Harms introduce herself.

Rani Harms commented, she was excited to join this team and was looking forward to working with the Department and attending the Board Meetings and all they entailed. Rani Harms gave a brief introduction about herself and her history/background.

Committee Members updates

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

1. Membership vacancies – three (3) vacancies:
    a. One (1) General Public Home Service Worker Representative vacated by Teresa Fitzgerald (Term Expired 8/3/2019); pending nominee.

b. 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.
c. 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 – Karen Senger addressed four newly appointed memberships to the Committee as listed;
    a. Yaquta Patni, MD – One (1) Practicing Licensed Physician waived appointment Ahmed Morsy, MD (Term Expires 3/1/2020) due not meeting position requirement as a Licensed Practicing Physician.
    b. Patricia Pierro - One (1) General Public/Consumer/Family Member Home Service vacated by Michele Running (Term expired 1/6/2018).
    c. Sharon Bargmann – One (1) RN w/Home Health Experience vacated by Pamela Duffy (Term Expired 8/6/2021) who resigned effective 7/8/2019; Not present at this meeting today.
    d. Susan Scatchell - One (1) Term for Home Services Representative Sheila McMackin (term expired 8/3/19).

Karen Senger introduced and welcomed newly appointed Board Members and asked if they would tell us a little about themselves. Each of the newly appointed member gave a brief introduction about themselves and a little bit about their history/background.

3. Reappointments for 2021 – Six (6) members are up for reappointment;
    a. Four (4) Memberships that are up for reappointment are currently with Governmental Affairs pending Director approval for Rowena Oliva, Aishling Dalton-Kelly, Linnea Windel and Jack Kreger.
    b. Two (2) Memberships are still pending receipt of Reappointment Applications for Jeffrey Workman and 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. 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.

Revised Advisory By-laws {Exhibit 2}

The next Agenda item for discussion was review of the By-laws for this Board. Karen Senger commented that the Department has completed a review of them and is working with our legal Department to come up with a more organized bylaws for all our advisory boards and formal boards, so we have a core consistency with the Opens Meeting Act and its directives. The Board was presented with and given a handout of the Draft Advisory Board Bylaws and a copy of the old Advisory By-laws (approved January 13, 2016) for informational purposes.

Karen Senger directed that the Board would not vote on these changes today, and instead would conduct a review and then vote on them at the next meeting. Karen Senger further commented that instead of doing strikes through, because there was a lot of major rewrites and it would have been very difficult to read the document. The Board was given a copy of the both the old and new documents for comparison, and she would instead go through and read the highlights of the big changes being made instead of showing strike throughs for changes being made to this document, There was a lot of changes being made and they are more grammatically and legally sound language.

Karen Senger made a recommendation for the Board to talk about all the changes first, and then can wait and vote on these changes at the next meeting. This suggestion will allow the Board more time to be able to read through the document(s) before voting on them.

There were two big changes made as well as a few others to the Bylaw's as follows:

1. Article I, Membership:
    a. Page 1-Section 1-1 through Section 1-4;
        a. This section was basically not changed, and
        b. Section 1-2 was left the same about members serving for a minimum of a 3-year term.
2. Article III, Officers:
    a. Page 2 – Section 3-1 through Section 3-2;
        i. Normally the Board would have elected and selected a chair to be able to run the meeting(s). This has been difficult for the Board in trying find an appropriate individual to elect as a chair. The bylaws do allow the chair to be the Department's director or its designee.
    b. The Department's recommendation was that we would leave it as the Director of the Department, or the Director, or it's designee.
    c. A recommendation was made to these section(s) that would be to take away from voting of an individual chair through the Board Members;
        i. This change would leave it as being the Division Chief (Karen Senger) as the designee for the Director to chair the meeting going forward.
3. Article IV, Conducting Business:
    a. Page 3 – Section 4-1 through Section 4-8;
    b. Section 4-1;
        i. Another big change is to this section that the Board always had issues with was trying to meet a quorum. Meeting this requirement has been difficult as it was based off the 15-member count, whether you had vacancies or not;
        ii. Legal department has gone through this section and looked at this requirement as a change.
        iii. Now the quorum shall consist mostly of the currently appointed members (majority). This change now does not include the vacancies but consist of a majority of currently appointed members to meet the quorum requirement.
        iv. This is going to be a positive change to help the Board with being able to meet this requirement in order to convene and conduct business.
    c. Section 4-2;
        i. This section was not changed and basically kept the same language about how to run a meeting following the Robert's Rules.
4. Article VII, Remuneration and Reimbursement:
    a. Page 5 – Section 7-1 through Section 7-3;
        a. This section was changed some to basically cover the information about travel reimbursement for Board members serving on official business of the committee while away from their places of residence.
5. Article VIII, Bylaws:
    a. Page 6 – Section 8-;
        a. This section was added regarding making any adoption or amendments to the Bylaws requires an affirmative vote of majority of committee members in attendance at the committee meeting;
        b. Amendments shall be proposed and then voted on at the subsequent meeting;
        c. Changes to these bylaws will not be voted on at this meeting to allow Members an opportunity to thoroughly review them, and
        d. Will bring back at the next meeting to vote on the changes made.

Karen Senger addressed the next two sections on Article IX and Article X that were added about required Board Members training on Ethics and Conduct and Sexual Harassment Prohibition. These sections are basic guidance that all Board Members should always follow, and these are required annual trainings. These sections were added to the Bylaws to make sure this information is covered.

6. Article IX- Ethics and Conduct: New addition

b. Page 6 &7-Section 9-1, Letters a), b), c) d), and e);
    a. This section is new and is about ethics and conduct for Board Members. The Board has always had to complete this training in the past but making sure that we have the information noted in the Bylaws. This training information noted is from an ethical standpoint, on not taking gifts, and about how Board Members shall abide by all the information outlined in the bylaws.

7. Article X – Sexual Harassment Prohibited: New addition
    a. Page 7 & 8-Section 10-1, Letters a) and b);
        a. This section is new and is about the Sexual Harassment Prohibition for Board Members. The Board has always had to complete this annual training in the past but making sure that we have the information noted in the Bylaws. This training information is noted, and about how Board Members shall abide by all the information outlined in the bylaws.

Karen Senger asked if anyone had any questions about the changes noted and reminded members that they would not be required to vote on the changes made at this time to allow a more thorough review of them.

Board Member Susan Scatchell asked a question regarding the section under the old bylaws on the attendance requirement. It appears this section has been removed from the new proposed bylaws. Karen Senger answered yes, this section was under the old bylaws under Section 2.6. Karen Senger read the Section on attendance from the old bylaws for members to review discussion. This is something the Board can consider whether the Board wanted to leave the section in or not. Board members were reminded that attendance at Board meeting is mandatory under the Open Meetings Act (OMA), and sometimes meeting this requirement is difficult, when you are concerned more at getting members to attend the meetings, and we don't hold that many Board Meetings a year.

IDPH, Staff Attorney, Ellen Bruce commented and read the passage from the new proposed bylaws under Article IV, Section 4-1 that talks about how members shall be present to conduct business by attending a meeting in person or by audio or video conference.

Karen Senger commented some of these proposed changes now allow for a more open meeting by having the meeting to be held via video or audio that will help more with attendance. This has been part of the problem in the past when a member had to be physically present in one of the designated physical location(s). This change would help with this problem by allowing members and parties not being able to physically attend a meeting. This was one of the reasons this section was removed from the Bylaws.

Board Member, Susan Scatchell further questioned if the department saw this new proposed change continuing as a virtual platform going forward. Karen Senger answered, yes, as this was part of an executive order to allow all board meetings and all other meetings to be conducted on a virtual platform. This change will continue until the Order changes, or a possible change within the rules itself.

Board Member, Susan Scatchell agreed this would promote enhanced attendance and if the Board would have some flexibility on virtual meetings, especially with the seriousness of these meetings. She also supported the idea that cameras should be required as not everybody may have access to a device with a camera and this change would allow them to attend by video instead.

IDPH, Staff Attorney, Ellen Bruce commented that this requirement would potentially bring up an equity issue in requirement of cameras or presented by cameras and not everyone may have access to such a device, which would allow someone to attend by video. So, requiring this as part of a membership requirement would cause an equity issue. The Department strongly encourages its members to have access to a device and then attend in person at one or two meetings. Karen Senger commented when we go back to attending in person, the attendance will improve by allowing attendance by virtual platform, as we have today. We have a positive attendance because individuals can attend the meeting instead of traveling to or be away from the office for periods of time.

Karen Senger asked if anyone had any other questions or comments. No further comments were made to this section.

Regulations Updates

Karen Senger presented the next few Agenda item for discussion on Regulations updates:

1) **Emergency Rule Section 245.1 (Applicable until 6/20/21) {Exhibit 3}**

   The Board was given a copy of this Section of the Administrative Emergency Rule Section 245.1 COVID-19 Emergency Provisions EMERGENCY for informational purposes. Karen Senger commented that she just wanted to bring this Emergency Rule Section to the Boards attention. This Emergency Rule can be found on the IDPH Website Page and has been in effect for over a year (March 2020) and has been extended through the end of June 2021. This Emergency Rule waves the Registered Nurse (RN) Supervisory visits that is required under Section 245.40 (b)(3) and (b)(4), and for the Agency Supervisory visits required under Section 245.40(c)(6)(B) to ensure safety of the healthcare provider for Home Health, Home Services and Home Nursing Agencies. These facilities are encouraged to have supervisory visits done either via electronic or telephonic means with clients when available.

   This language mirrors the Medicare Public Health emergency rule under the Federal side that exempted this ruling. The Department has kept this emergency amendment under the licensure requirement. This requirement originally started back last spring and has been extended once already with another extension up until end of June. The Department will decide as to whether another extension of the emergency ruling will be made more closer to the end of June depending on the status at that time. The Department will revisit this Emergency Amendment ruling later as this change is for the Administrative Code Part 245 Home Health, Home Services, and Home Nursing Agency Code, under Section 245.1 COVID-19 Emergency Provisions.

Karen Senger asked if anyone had any other questions or comments to this agenda item. No further comments were made to this section.

Karen Senger presented the next two (2) Agenda topics to the Board related to the Alzheimer's Disease and Related to Dementias Services Act and the Administrative Code Part 245 Home Health, Home Services, and Home Nursing Agency Code under Section 245.200 Services – Home Health Admission by APRN/PA.

2) **Alzheimer's Disease and Related Dementias Services Act**

3) **Administrative Code Section 245 of Home Health and Section 245.200 Admission by APRN/PA**

Karen Senger commented that the Board can now look out under the *Illinois Registry* for these two (2) rule changes that will be forth coming to address these changes. These changes mirror the Nurse Practice Act and the language change on training for Alzheimer's Disease and Related Dementias Services Act.

Karen Senger commented she did not bring a copy of these formal rules for the Board to review as these rules are in transition of legislative process and have already moved on and are being published for 1st comment period. So, at this point we are not able to present a copy of these rules because the language may have changed from when they were presented to the State Board of Health and then forwarded on to JCAR for notification. This information is just more of a footnote because we are not able to bring these formal documents for review as they are in transition of legislative process.

4) **Public Act 100-0513, Part 1300 Nurse Practice Act Adm Code 1300.20**

Karen Senger presented this topic to the Board for discussion on Public Act 100-0513, Part 1300 Nurse Practice Act that made changes to their Administrative Code Section 1300.20 on Nursing Delegation by a

Registered Professional Nurse and Part 245 Home Health, Home Services, and Home Nursing Agency proposed amendments. The Board was given two different handouts for review and discussion of the proposed changes to Administrative Code 245 and Public Act 100-1513, Part 1300 Nurse Practice Act Adm Code 1300.20.

5) <u>Proposed changes to Adm Code 245 {Exhibit 4}</u>

This section of the proposed rules is related to changes to the delegating nurse interventions to other registered professional nurses, licensed practical nurses, and other unlicensed personnel under this Section to administer oral medication to a client that the nurse is responsible for. This specific delegation is by a specific individual nurse and is not an agency decision or policy. Karen Senger commented that she has gone through the rules and obviously tried to incorporate this change into the Home Health and the Home Services regulations where this practice is allowed. Under the Nurse Practice Act Section 1300.20 – Nursing Delegation by a Registered Professional Nurse, a Home Service and Home Nursing Agencies are exempt from this regulatory oversight, because they do not have nurses.

Karen Senger opened this topic up for Board discussion, concerns or ideas as to where they would like to see some potential changes or suggestions made to the language. Board members were asked when identifying their points for discussion to note the page of the document that they are referring too so everyone is on the same page. It was brought to the Boards attention that the attachment in reference was missing page 2 of the document. Board Member, Susan Scatchell commented that she was able to look the document up online and can share it with the Board for their view. Karen Senger commented that would be great if she could share a copy of this document with everyone to view as the document must have been two (2) sided. If anyone needed a copy of the document, we can send via email after the meeting. if she could email the corrected document and she will forward it to the Board.

Board members were given a few minutes to review the document presented on screen as the section/part that was missing from the handout covered the delegation section and what they can delegate. Karen Senger asked if anyone had any questions to the verbiage of the proposed Administrative Code.

Board Member, Dr. Yaquta Patni asked when they say unlicensed does this include a family member, and can the nurse delegate this person to administer topical transdermal application(s) and does this also include narcotics? Karen Senger commented that what they are referring to would be like a Certified Nursing Assistant (CNA), Home Service worker or it could be a family member. It basically is someone that is an unlicensed person, and a family member can be included in this category.

Karen Senger commented this proposed rule is limited to oral subcutaneous doses or topical transdermal application. It does not specify what type of medication being administered. It is going to be up to the individual nurse who is making the determination whether, after he or she evaluates the person/client, to whom they are going to delegate and whether they feel competent or capable of administering the type of drug/medication, and can they fulfill this task. This ruling is not a cart blanket that we automatically allow, and it must be a very detailed assessment that is made by that nurse. This nurse delegation falls back on the individual's nurse license determining whether they can delegate this task to any individual. Also, it depends on the stability of the patient/client, the potential harm, and the complexity of the nursing intervention. So, the predictability of the outcome of this ruling is if it is in our rules, that may not be something they feel they want to be able to delegate as a trend, but that it is also going to be depending on the client and what the situation is. Again, this ruling is all individually nurse driven, and what we took from the Nurse Practice Act Rules to possibly incorporate those rules into our rules. If the delegating nurse does decide to want to be able to delegate that it is allowed within our Home Nursing and Home Health Agencies for that process to occur

Board Member, Rowena Oliva asked about oral subcutaneous dosage, are we referring to something like insulin or what are we referring to? It is hard to delegate to any licensed professional oral or subcutaneous medication, and what specific medications do we really want there? Karen Senger commented that was a

good point and it is important as the Department to put our concerns into an idea about the language being one of our recommendations to not put this language in our rules. We have reviewed their rules (Nursing Practice Act Rules) because it is their rules. This is something we can identify in our rules about something we do not want them to delegate.

So, we refer to our administrative rules under Section 200, page 17 of our draft, we can just limit to oral, topical and transdermal applications and take out the subcutaneous. This is a delegation that nurses already can do, but our rules can be more stringent on what we are going to allow. Karen Senger commented that she is wanting to be able to look at what was taken from the Nurse Practice Act Rules to incorporate into our rules, and we can keep whatever we feel is relevant to our industry. This rule change is something I struggled with when it was first presented. We argued that it was not appropriate, because yes insulin is going to be your primary subcutaneous item that they are probably going to be looking at, and I just did not feel comfortable with that. This change includes other entities in our communities like your group homes, Home Health Agencies where this delegation would be occurring, and it is not occurring in just a Hospital setting or a nursing home. We want to look at Section 245.40 Staffing and Staff Responsibilities, Letters b) 2) E) and F) on page 17 of the proposed amendments of Part 245 of the Home Health, Home Services, and Home Nursing Agency Administrative Code where we have proposed language. If the Board wants to strike that and limit to just oral or topical medication is something we can consider as a Board. Karen Senger asked for the Boards input or opinion to this recommendation.

Board Member, Dr. Yaquta Patni commented wanted to put in a different view was we have a lot of elderly patients at home and they need to receive home care. Some of these patients do not have family and sometimes they are just discharged from the hospital and need someone to give them insulin until they get switch back to oral medication. So, I don't know if there is a situation where just getting a Registered Nurse all the time is either impossible or just extremely expensive way to care for these patients. For these patients, I am not sure about the unlicensed care giver and there is no word in the language that mentions or says trained. If somebody's trained, it is easy for them to give insulin.

Karen Senger commented that this is a whole new avenue allowing this process to be happening in the Home Care Industry. That is why I really wanted to take some thought on this process and think it through on how we want to take and capture what is allowed now under the Nurse Practice Act Rules into our Home Services Rules. We would need to report changes to missed medications, adverse reactions, and anything to that must be reported on a continuous basis. There also would be the need for training that we would need to add. The individual nurse would have to be the one training for this non-licensed care giver. The Agency cannot conduct the training because it must be that own individual nurse who has the delegating authority to be able to train that individual in how this process works and would come back to their client. The other avenue would be that I put this requirement in the rules, and it would only be for the client and would allow for that non licensed person to perform this task as long as the delegating nurse is the one providing the delegation. If that delegating nurse would leave the agency, and no longer is a caregiver for the client that delegation goes away. This delegation is all tied to the individual nurse not to the client. It is the nurse delegating the task. This is something that we really wanted to make sure was in the rules and it would stop if the nurse is no longer caring for that client, because you cannot be transferred over to another nurse and that individual nurse must make that delegation decision.

Board member Susan Scatchell commented they have a license as a Home Nursing Agency, and this is one of the things that we always stressed is in the education component. It does depend on the registered nurse's willingness to delegate but want to highlight under Section B, Item E) refer to the one registered nurse. Then to ensure competency of the Registered Nurse, I highlight the instruction to the individual or you evaluate the individual's experience training or education at the top of page two (2). Karen Senger wanted the Board to be able to look at this language change and would they want this to be added as part of the training requirement in the proposed rules.

Karen Senger commented that your Home Nursing Agency is all going to be client driven. The training occurs based on that individual nurse's assessment and then they are going to have to train the caregivers for that delegated services. We just need to make sure that this language is added under the caregivers in the proposed rules that the one conducting the training for that individual client and that their caregiver or

multiple caregivers, if they have several caregivers. We have basically copied the same language from the delegation that is based on the comprehensive assessment, and this includes everything and is found on page 30 of the proposed rules under letter B and carries over to page 31. We also added Temperature competency that the Registered Nurse (RN) must provide instructions to the Licensed Practical Nurse (LPN) and Home Health Aides (HHA) experience, training or education. We can strengthen the language if we need to within that section of the rules.

Board Member, Rowena Oliva questioned if this change is where we talk about the license individuals and can this also be like the family caregiver and does not necessarily pertain to HHAs. Karen Senger responded correct, but in our rules, we are only concerned about the Agencies that we regulate, which is Home Nursing and Home Health, which utilizes Certified Nurse Aides (CNAs) to be able to perform the care. So, yes, the Nurse Practice Act Rules extends beyond that, but into what we want to put into our rules is only going to be by those individuals that are unlicensed that are working at those Agencies and what they can do. So, these are two separate items.

The rules have already been written and finalized and complete for the Nurse Practice Act Rules. How we tie these rules into our industry of Home Services and Home Health and Home Nursing to be able to allow those individuals to be able to perform that function, because if we do, they would not be exempt because our rules would pretty much state that they could not provide any of this service. It does fall back onto the family, but that is not something we regulate and obviously what the nurse does individually with the family. Karen Senger commented that she just wanted to make sure that she is making this information clear that the nurse is training the unlicensed professional, and that they demonstrate competency, whether that is a HHA or a paid caregiver or a family member. Would that be enough from a regulatory point that documentation is enough to show that the licensed professional has been taught and competent. Besides this information being documented it must be part of the plan of care. You are dictating for that HHA under your Home Services and Home Health Agencies a nursing plan of care for the HHA what their pan X direction would be part of that plan and would be delegating this service too and meet that criteria and is competent in performing the task.

Board Member, Rowena Oliva commented that she liked the idea of incorporating this in the plan of care, so it is more concrete and standardized way for us to understand that requirement. Karen Senger commented that she will make a note to add under the Home Health about the plan of care to make sure it is included.

Board Member, Jack Kreger commented because the predictability outcome is a piece of this change as a patient with a deteriorating condition is not the same as a patient who is stable and needs, for example, insulin to continue to maintain their health. If we are going to parse this out, maybe that is a way to do it as I am thinking of the Hospice situation and not know whether the Hospice rules are going to change. Or, should we do whatever we did to be consistent with them, or they should be consistent with this ruling. Karen Senger commented that the Department is looking at making these rule changes with the Hospice Board also, but you are the first Board we started with as they have not met yet. Jack Kreger also commented on looking at this under Hospice, would the Hospice Nurse be able to direct an HHA who is an employee of a Home Service Agency or delegate that task too or do we keep everyone in their queue.

Karen Senger commented that the Hospice Agency would only be able to delegate to one of their licenses. They would not be able to delegate to a Home Service entity because they are clearly exempt because they are not providing any direct observation and that is clearly exempt from the statute. Jack Kreger commented on another point on the training, the nurses point of care training is fine, but maybe we would want to change the language to expect more of a standard training expected of an HHA and stress who is going to administer injections and pass medications. Karen Senger commented that we can look at this more, and are you suggesting that they have some type of training added to their requirements. We would really want to make sure that the plan of care is very detailed to the training that that individual delegation is. This is where I would like to see that we could have some generalities in training, but still have a very specific training requirement that the nurse from your agency is going to delegate it to your caregivers and must be some details of documentation of that.

Board Member, Linnea Windel asked the question about is there the ability to restrict this language further as right now, the language is talking about transdermal application and oral subcutaneous and is there the possibility of restricting the language. Karen Senger commented yes, that if it is in our rules, we could make it more stringent. Linnea Windel commented that she understood the practical implications in the Home but had some thoughts that were shared earlier on the concern about the importance of the background and education that goes with administering medications and it is one of the more critical areas where we are talking about unlicensed personnel and they have been out on their own, I think this is a weighted decision. Karen Senger commented that again this is going to be that individual nurse's decision and do not see how many nurses who might be willing to put their licenses at stake to do delegate this service. I do not see this as going to be for all patients that are going to have this service as an option, because I would see a nurse having a hard time delegating those services to someone else.

Karen Senger commented we again wanted to be able to present this as a topic since we have been waiting on this change for quite a while for the Nurse Practice Act Rules to change, and that this is something that the Board is not going to have to vote on today. Karen Senger commented this was an idea an wanted the Board to feel free to take back for discussion. We can continue to discuss this language, but I would like each of you as a Board Member to go through the language and edit some changes and send them back to me at the Department what you would like to see added or stricken to make the language a little more stronger in our regulatory language if that delegation is allowed. Karen Senger instructed members to mark up any suggestions or changes where you would like to see in this draft document what verbiage you would like. We want to make sure that nurses are documenting what they are putting in that plan of care for that client and what kind of general training that we might want to see added to an agency. Again, if this service is added to an agency, they still cannot provide this type of service unless that individual nurse delegates that authority. It is all going to be driven by the individual nurse and client situation and not the agency. We really must make sure we are allowing this, but also putting that process in our rules.

Susan Scatchell commented that she thought this is more on the higher acuity of care that is being delivered in the Home and has really shifted certainly in the last five years, but certainly the most recent year. You are giving that flexibility to an individual nurse to make these decisions and moving forward as we try to modernize Home Nursing and Home Services. There are going to be some nurses, in some agencies, that are not going to be willing to take this type of delegation services on. I think if we can keep it open and let that nurse in that agency make that decision for what is going to work for them. I think that would serve our clients better.

Karen Senger commented if each of you could make your suggested changes to the language draft copy that was discussed and we have conducted to the proposed Amendment to 245 Home Health, Home Services, and Home Nursing Agency Code and email me the suggested language changes that you would like to see we can get this together before our next Board Meeting. We can have a more formal review to go forward for rulemaking. Jack Kreger asked when would you like to receive these changes. Karen Senger asked if the Board Member could get the changes back to her within the next 30 days to give everyone time to review and make necessary changes.

Liz Vogt, Illinois Homecare Organization asked clarification about the way the Nurse Practice Act Code was updated and the way she read it is that working for a Home Health Agency, Home Nursing Agency you may choose to delegate the medication administration to an unlicensed individual within their own agency. Her question was if one agency has both a Home Health License and a Home Services License would they be able to delegate to a Home Service Worker working for their same agency. Karen Senger responded no, because the license for the Home Services is exempt from this rule. Board Member, Aishling Kelly asked a question on this ruling that is exempt for a Home Services, but when you are talking about Home Health Agencies and Home Nursing Agencies and if this ruling is allowed, that it will be for CNAs that are currently on the registry and not just current employees that have set for the exam. This will need to be tied back to where the employee will have to be current and on the registry. Karen Senger commented the difference is under the Home Nursing or Home Health you must be a licensed CNA in order to practice on that certificate as a CNA.

No comments were made to this report.

Home Health Agency Initial Applications Report {Exhibit 5}

Karen Senger presented this information to the Board that covered the status of Home Health Agency Initial applications for the period of 2019, 2020 and 2021 for informational purposes. The Board was reminded that Home Health was in a moratorium from the Federal side for Initial application providers for five years, which was lifted back in 2019. The Department has slowly seen a growth again under the Home Health Agencies and the numbers are starting to slowly come back. The Board has been given reports (handouts) from the periods of 2019, 2020 and 2021 for review.

Karen Senger conducted a brief review of the number of Home Health Agency Initial applications listed that showed that there were 28 Initial Applications in 2019, with 15 Initial Applications in 2020, and there was 13 Initial Applications as of the end of March 2021. Therefore, the number of Initial Applications is slowly showing and increase slightly in 2019 and then dropped back down again in 2020 and again in 2021. We are not seeing a large growth due to the moratorium hit from the Federal side, but not seeing a large dramatic increase either.

We have seen quite a few agencies that have closed under Home Health and other entities due to probably the current pandemic. As of the end of March 2021, we had 599 total home health agencies, and of those 31 are licensed only and then 568 are licensed and Medicare certified. We continue to see a lot of Change of Ownerships (CHOWs) occurring with 22 in 2020 and 24 in 2019 and so far through March 2021 we have had 5 CHOWs. We still are seeing some CHOWs changes closures for the entire year of 2020 with 52 for that year, and we had 52 home Health Agencies that closed in 2019 and 60 that closed in 2018. The numbers are showing that we have pretty much reached a plateau, and I think we are probably not going to see a big rise or increase in our Home Health numbers and the numbers are going to probably stay where they are at for now. The spreadsheet does show the status for each one of these years for your review and cut out the key points for you in relationship to home health and where we are at now.

The handout that was given to Board members noted the number of HHA licensed only and licensed/certified by each quarter and showed a decrease number of applications received over the period of 2010 through 2021. Statistics showed the number of closed agencies has decreased over the period from 2018 to 2021. This report showed the number of Change of Ownership (CHOW) applications that were received from 2013 to 2021 with a decrease in number of CHOWS for 2021 for Board review.

No comments were made to this report.

Home Health Statistics and Survey Findings {Exhibit 6}

Karen Senger presented this information to the Board that covered the Statistics for Home Health Licensed Agencies as of March 17, 2021. This report is considering the survey information that was given at the last meeting and this finishes the statistics from September through December of 2019 and then all of 2020 in relationship to survey findings. This statistical report identifies the number of, and types of various surveys received, conducted/investigated during the period of September – December 2019 and during 2020. As you review this handout, you will see we had 15 complaints received in the last part of December of 2019 and there were 35 complaints received in 2020, and as outlined/listed are what those types of allegations were.

The overall data review included the number and types of complaints received and investigated, recertification surveys conducted on non-Accredited Home Health Agencies, Initial Licensure Surveys, and Licensure surveys to determine operational status. This report also included the number of agencies fined for violations during the reporting period of 2016 -2021.

Karen Senger commented that the biggest item that she wanted to go over with the Board was the survey workload for 2020 and not go back past back 2019. The data listed is on the surveys that were completed in 2020, which notes a big decrease in numbers mostly due to the COVID pandemic that obviously halted surveys for a great period from the Federal and Licensure side. The Department did start back up again in

August of conducting surveys and this is the section (last 2 pages) of the handout that kind of outlines what deficiencies and of the higher areas of concentration as we still see deficiencies being cited under Medicare. We are still seeing a large amount of deficiencies being cited for plan of care (POC) on site, and on supervisory visits. A lot of the deficiency data listed was from the prior year and this is a history of going forward and have listed the data going from 2018 to 2020. There are several years' worth of deficiency data listed and other areas of concern would be under your Emergency Preparedness program. The deficiencies cited under clinical records obviously still stands out as having a lot of issues with and continue to see a lot of deficiencies cited for this deficiency.

An additional handout was provided that noted some frequent Standard level deficiencies (SLD) cited and Condition of Participation (COP) that was cited. This report gave an overall breakdown of the top ten (10) repeated SLDs and COPs that were cited over the past period from January 2018 thru the period of 2020 that was cited. There was several COPs out of compliance for the Emergency Preparedness (EP) tag that was cited as well.

Karen Senger asked if anyone had any questions about the data presented and commented that the report is quite detailed since she has captured data from both 2019 and 2020. The Department is still trying to catch up on the Federal Workload for Home Health and hopefully will soon be caught up on getting the surveys back in line in getting surveys conducted every 3 years. The Department is still behind some, but our goal is to be caught up by September of this year.

Karen Senger commented that there is a variety of deficiencies cited and this report lists a broad spectrum of deficiencies and not just one deficiency being cited.

Board members shared some of their questions and concerns on this topic. Board member, Aishling Kelly questioned the number of complaints received in 2020 and noticed that there were 20 complaints listed under Quality Care Treatment and wondered if Karen Senger could break this number down a little more about what type of complaints they were regarding this category. Karen Senger explained that this could be a variety of things and how they are categorized in the database. Some of the categories you might put a complaint under what could be that the client did not receive their services in a timely fashion, did not receive all the disciplinary services, or had concerns in relationship to medication management. You kind of lump together a variety of allegations under that specific type of category and the database does not break it down to one specific type of category. Karen Senger gave an example as being you could have 35 complaints and have multiple categories of allegations under one complaint itself such as a complaint on Administration and Personnel. The Hotline Intake section might put this complaint under Personnel, and the person did not actually provide the service or that there was concerns about their background.

IDPH employee, Siji Varghese commented that the complaint is not just on something they did, did not know, or about how they viewed medication in general. The complaint could also be on the fact, the individual should not be giving medications at all and that the Corporate Office did not know about this situation. Karen Senger commented that it could also be the Agency did not have a qualified Administrator, Agency Supervisor or Director of Nursing based on the licensing rules. This could be a catch all for a lot of things related to Administration. Either they did not have an Administrator for a while or not have adequate staffing at the Administrative level and you have employees/people who would report or complain about this to the Department (Hotline Intake Section).

No other questions or comments were made to this topic.

CMS COVID-19 Focused Infection Control Survey {Exhibit 7}

Karen Senger presented the next agenda item for Board discussion. The Board was given a copy of the following handout for informational purposes and to give them a basic look at the outlines and guidance for surveyors to use while conducting an Infection Control Survey. This Focused Infection Control Survey Tool was put out by CMS Medicare and the Department is now conducting a lot of these types of surveys. The Department has even conducted some of the Infection Control Survey before we started conducting Certification Surveys. The Department conducted a large volume of Infection Control for Focus Surveys in

2020. The handout was a sample of the survey tool uses which provides a focused review of critical elements associated with transmission of COVID-19 to help surveyors to prioritize survey activities while onsite and offsite.
Karen Senger commented that this handout is a great tool for an agency to use and its kind of walks you through some things to be able to look at for good infection control, especially during this COVID-19 pandemic. This tool is available on the Medicare Website, and can also be found in the QSO Memo #21-08 for Non-Long-Term Care, Memo dated December 30 (released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-toStates-and-Regions) for the most current infection control assessment tool.

Karen Senger commented that she just wanted to give the Board this information of what tool the Department utilizes to conduct Medicare surveys on Infection Control.

No other questions or comments were made to this topic.

IDPH Home Health Agencies as COVID-19 Vaccine Providers {Exhibit 8}

Karen Senger presented the next agenda item under Home Health Monitoring on the topic of Illinois Department of Public Health (IDPH) approving Home Health Agencies to become COVID-19 Vaccine Providers. A handout was given to the Board for informational purposes that gave instructions on how a Home Health Agency can become a CCDOH - COVID-19 Vaccine Providers Partner.

Karen Senger commented that there are a few Home Health Agencies that have already enrolled and not sure of any more at this time that will be able to or interested in becoming a COVID-19 Vaccine Providers. The information and instruction are provided as a point that Home Health Agencies are now allowed to become a COVID-19 Vaccine Providers.

The Board asked if any Home Services or Home Nursing Agencies have become a COVID-19 Vaccine Providers. Karen Senger commented that from her understanding Home Services and Home Nursing Agencies would not be able to become a COVID-19 Vaccine Provider. You can probably find more information out by going online to check through the Department Website whether that is an option for Home Nursing Agencies. The Memo that came out was for Home Health and Hospice Agencies that provide Home Health and Hospice Care.

No other questions or comments were made to this topic.

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

Karen Senger presented this information to the Board on where the Department is at on the Initial Licensing Application status of this Home Health program. The Board was given a handout that covered the status of Home Services/Home Nursing/Home Service Placement/Home Nursing Placement (HS/HN/HSP/HNP) Initial Licensing Applications by each quarter ranging from the 2017 through March 22, 2021 for Board review. The breakdown of this data report shows we had 158 Initial Applications received in 2017 and a decreased in the numbers of Applications received by the end of March of 2021 to 50 Initial Licensed Application received.

The handout data shows the number of Initial Agency Applications broken down by the different various types of Agencies. Home Nursing has remained stable. Home Services numbers has fluctuated over the years in the number of Initial Applications. The numbers show we currently have 816 license Home Services Agencies, 235 Home Nursing Agencies and 40 Home Nursing Placement.

The data shows quite a few closures in 2020, and the reason being not sure on why there is an increase in the numbers of closures if due to COVID or due the fact that they just did not have clients after their 2 years and decided to close. The numbers were not necessarily good when the data was first captured, and this data was not necessarily applicants that were licensed. It appears that some of the numbers were

applicants that also applied and closed their Initial License Application, so the number looks a lot higher as was not able to draw out the Licensed ones only from out of the database to identify. I will try and see about for the next time to just narrow down the numbers to just those that are licensed only to be able to be a little more accurate.

The Survey workload ceased pretty much from March until September, so we were not serving individuals outside and we were conducting the Initial Applications through the virtual process that we started back in July. By conducting the Initial application survey process this way I don't have the detailed database to be able to capture this information. One of my goals is to be able to track this data as we have done on the Federal Side for Home Health and to get specific types of violations without manually having to go through and tabulate this information. This report is kind of giving you the statistical information about the Home Services.

Board member, Tina Moore asked a question on the deficiencies cited if there were any categories you can describe as far as where the main deficiencies are at without looking at their documents. Karen Senger commented Documentation is a big one and the Care Plan is not following all the requirements that are needed to be in the Plan of Service. I can try to break down the frequency as we are seeing for deficiencies for the next meeting, but not going to be able to break it down as specific as Home Health.

We are still seeing there is a problem with the annual employment and getting those individuals listed annually into the system as they are still your employee or even putting their information in the system at all. The facilities are getting better about checking the background information, but not necessarily confirming this information and doing any annual employment process for Health Care Workers for Background checks and then registering to update them into the web portal, update the web portal, or internet searches for employees annually or initially unemployed or at all. The Agencies have improved tremendously making sure employees are eligible and have not had to fine these individuals as much as we have in the past.

A question was asked if the categories/services are not meeting the requirement or not meeting all the requirements. Karen Senger commented that this is meant by not annually reviewing the service plan as a requirement. We can go through those individual categories/requirements and try and get some of the categories that might help us look a what changes we may need to make to help improve the deficiencies that are not being met.

Board Member, Jack Kreger asked a question on the survey numbers that are shown/listed at the bottom of the page for the number of Home Services Surveys conducted in 2020 to be roughly about 800 Licensees and of that number 100 were Initials and the other remaining licenses were roughly 70 and there were 78 surveys conducted by the Department. Karen Senger commented that was correct because the Department was not surveying during that time from March until September. Therefore, we had all that time in 2020 that we were not doing any surveys. The Initials, we started conducted them by virtual WebEx meeting. This information was then documented in the review process and the surveyor did not necessarily have to be on site to be able to conduct the survey. That is why we were able to capture the numbers for Initials.

Karen Senger commented if no further comments or questions by the Board on this topic, she will move on to the next topic.

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

Karen Senger commented that the last question asked helps to cover and explained the next topic on how the Department has started to conduct Initials via WebEx Meetings. The Agency would provide the Department their documentation ahead of time, and then the Surveyor would schedule a Survey Appointment via WebEx and review the documents with them and conduct the Initial survey this way. This is how the Department was able to conduct so many Initials because we were not actually going on site, but instead conducting the survey remotely. The Department was not able to conduct Annual Renewal Surveys remotely with an existing Agency, because you must look at the personnel files and client files. These types

of files would need to be viewed on site and not via WebEx. Therefore, there was a low number for Annual Renewal Surveys, but again, we were not conducting surveys from March until September and no onsite surveys were being conducted during this timeframe.

Board Member, Jack Kreger asked if going forward, did the Department anticipate that we would be able to conduct Annual Surveys every 3 years? Karen Senger responded yes, and that this is our goal at this point. The Department is currently conducting Annual Renewal Surveys every 3 and 4 years between Agencies. It is going to take some time to get that schedule back up where it should be because of the COVID pandemic. Some of the delays is on new applicants applying and the hiring of individual office (DPH) staffing to process paperwork. One of the things that we really try to focus on is the processing of renewals and really focusing on patient care and less time onsite. An issue at hand was trying to accomplish the onsite task by trying to keep with social distancing while the Agency is working on preparing for their Initial Survey and still forming the Agency. We are scheduling the surveys with a specific date to make sure the facility can have documents ready for the Department such as their policies and things they need to have for their Initial Survey. This streamlining helps make the survey process smoother so that we are not onsite at their agency and just long enough to conduct and complete this process, especially during this time period. Another item is we really need to work on how we can make sure to send individuals back out into the field to be able to conduct the surveys safely. We are conducting some of our home visits via phone with most of the clients by not going into their homes. If there is a real concern that needs to be addressed if need be, we can go into the home to address any of these concerns the Department might have. So, the Department is critiquing our protocol of what we are looking at during these surveys and conducting home visits.

Karen Senger further commented that the Department is really focusing on a lot of questions around infection control with both Home Services and Home Nursing and being able to conduct client reviews and client records. The focus has really been more on conducting the Surveys and not just saying that the policies and all the Administrative process is not important, but that we really need to streamline our care of what is happening with the clients. To accomplish the survey process, the Surveyor might ask the Agency for some documentation ahead to send to them remotely to be able to finish the survey process. This has been a big factor, so the Department/Surveyor is not invading the staff's space while the agencies are working remotely from their own offices. Hopefully, this will help our goal to get back to conducting annual surveys every 3 o 4 years for providers.

No other questions or comments were made by the Board to this report.

OASIS Training Updates

Siji Varghese commented on the next agenda item for discussion with the Board. Siji explained that we are in the middle of the Public Health Emergency with COVID-19 and the next version of the release of IDPH OASIS-Y is OASIS-E. The release date has been delayed until June, one year after the end of the Public Health Emergency. Siji gave a brief update on release of future new versions of OASIS-E as when they would happen during the Public Health Emergency.

The Home Health Compare Website is no longer available, and data is reported to the new IQIES Compare website. This new access website is where all the data is being reported now and you will not see Home Health Compare Website anymore. Agencies are aware of this new CMS access system "IQIES". The data submitted through IQIES is using the HARP Access, and the IP Score is no longer required for Medicare, so they do not need to provide this information.

Siji Varghese also gave a brief update on OASIS training and about not being able to conduct OASIS training due to the COVID Pandemic. The Department is looking to conduct training, but not able to conduct the entire training because not being able to meet in person and people are unable to sit for that length of time. The Department is looking to break the training down into smaller sessions. The Board was reminded to make sure to look at the OASIS Newsletter that is being sent out quarterly for the link. There was a link included in the CMS OASIS training website for the smaller training modules and for each of

the Item Status required for data collection and documentation. This newsletter is emailed quarterly for those focused trainings.

Board members were informed that while during the Public Health Emergency, the 5-day QR pay completion requirement is on hold for now and will allow 30 days for completion of this assessment and submission requirement. You can submit prior to the final claim submission timeframe for group reporting. Because of this change in submission requirement, Q2 data will not be included in the group reporting, which is to be calculated that you need too. A detailed explanation of this payment cycle is included in the most recent newsletter that is coming out soon. Because of not requiring that the QR data submission during this timeframe they are excluding Q1 data.

Board member, Rowena Oliva asked a question regarding the Care Compare Website, and what would be the data that would be reflected on that data reported during this time period because we are in a Public Health Emergency. Siji commented that would be the same data that you would have been able to submit from Home Health Compare Website on data outcome, measures, process measures, claims based measures and data compared. Whatever data being reported is the data that has been submitted as being reported.

No other questions or comments were made to this report.

Other – Public Comment

Karen Senger opened the Meeting for any Board Members or Public that would have a topic they would like to address. Everyone will have about 3 minutes to be able to address their concerns or any public members that have something they would like to address.

Karen Senger commented hearing none, opened the meeting to if there were any other concerns or topics that Board Members would like to bring up at this time.

No other questions or comments were made during this comment period.

Meeting Schedule

Meeting Schedule for 2021

Board members were given a copy of the 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 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.

Karen Senger commented on the next future meeting dates for this year will be on July 14, 2021 and will more 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. Please respond within 30 days changes you would like to see in the proposed rulemaking. Karen Senger wanted to thank the new Board members for joining an being able to be part of this Advisory Committee. Since there are no other business to address and will consider the meeting closed.

Next meeting dates:

a. July 14, 2021 ● 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. October 13, 2021 ● 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.

Meeting adjourned at 11:54 a.m.