Meeting Minutes
Home Health, Home Services and Home Nursing Advisory Committee Meeting
October 12, 2022 - 10:30 a.m. – 12:30 p.m.
WebEx Meeting Access Information:
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Call to Order
Members Present: Aishling T. Dalton Kelly, Jack Kreger, Tina Moore, Rowena Oliva, Patricia Pierro, Jeffrey Workman, Sharon Bargmann, Shawna O'Dell
Members Absent: Yaquta Patni, Linnea Windel

Department Staff: Karen Senger, Sean Daily, Sara Ettinger (formerly Wilcockson), Brian Mathis, Jackie Richmond, Stephanie Glenn, Rani Harms, Siji Varghese, Sara Ross, Sheila Baker

Guests: Liz Vogt, IL Home Care, Erica Stearns, Atypical Truth, Lynne Bergero, Telegen, Quality Improvement Medicare Contractor, Sara Ratcliffe, IL Home Care, Betty Wendford, Donna Parris, LUHS

Introduction of Committee Members and Guests
Karen Senger, Division Chief of Division of Health Care Facilities & Programs called the meeting to order at (10:35 a.m.) announcing this is the Home Health, Home Services and Home Nursing Advisory Committee Meeting with today's date being October 12, 2022.

Karen Senger reminded Members and Department Staff that 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 is subject to the Open Meetings Act (OMA) and a recording of this meeting is permitted. Today's meeting is being conducted via WebEx, which allows audio and other information 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 be recorded, then you should not join this session. This introduction statement is being read so everyone is aware that this meeting is being recorded.
Since we are conducting this meeting from our desks and computers via WebEx, you will need to please mute your phone or computer when you are not speaking so we do not get echo feedback from members and quests of the public that wish to speak. Members of the Public and other wishing to speak will be recognized by the chair during public comment period, which will open the floor at the end of the meeting for discussion/comments.
An introduction of Board members was conducted to establish a quorum. After roll call was conducted, a quorum was established at this time and the meeting was called to order.

Approval of the Draft Minutes for the July 13, 2022, Open Meeting Session (VOTE} {Exhibit 1}
The draft minutes of the July 13, 2022, meeting minutes were reviewed and discussed by the Board. A motion was made by member Rowena Oliva, to approve the minutes, 2nd motion made by member, Sharon Bargmann and was unanimously approved by all board members, as presented.

OLD BUSINESS

NEW BUSINESS

Presentation: explanation of Supportive Living and Assisted Living Facilities and how associated with Home Care Industry

Shelia Baker, the Bureau Chief of Long-Term Care, gives a Power Point presentation about the facility types that her division regulates. The largest number of facilities that we regulate are Skilled and Intermediate nursing facilities. Skilled is probably the mostly widely recognized. That's where you have residents in a nursing facility that receive continuous nursing observations. They may be recovering from illnesses or injuries. Therapy is provided as well as medical supervision, which is generally covered under Medicare and those services generally have a limited amount of time to recover. Intermediate care can also be nursing home facilities, even in the same facility as skilled care, just in a different wing possibly. They receive basic nursing services and restorative care for those that need more assistance with daily activities such as bathing, eating, etc.

Assisted Living is a step down from skilled and intermediate care. These are essentially establishments in which someone has a single room or apartment as a part of a larger apartment building, with a community gathering area. This promotes independent living, but they can still have meal services and different types of nursing care. Assisted living is only allowed to have a certain amount of serves. A Shelter Care is more like a private boarding home where there are more than 3 but not more than 16 people. This includes food, shelter, and laundry. This is not a service that is funded by a state agency, but a license is required. They can have Meals on Wheels or another food service but there is no personal care allowed. Supportive living is an alternative to a nursing home but is for someone with a lower income that may have physical disabilities and it's covered by Medicaid. There are personal care services that are give to the residents so they can try to live more independently and take part in their decision making. This is funded by the Department of Human Services in Illinois and is regulated by the Illinois Department of Public Health. They are also required to have a license. A different type of living is a transitional residential setting in which the goal is to transition the individuals. These people are assisted with job skills and life skills while moving back into the community. This is also funded by the Department of Human Services and regulated by Public Health.

There are some other long term care facilities that are under our umbrella, including the Veteran's homes, Intermediate Care for the Developmentally Disabled (also funded by DHS and regulated by CMS and Public Health) and Specialized Mental Health Rehab Facilities. These are facilities that help with the transition for residents that have behavioral and other needs, to move back into the community. There are minors in this program.

Facilities that are not regulated by long term care include apartment buildings and behavioral inpatient and outpatient substance abuse treatment facilities.

Questions:

Jack Kreger asked what the differences were between sheltered care and assisted living.

Minimal assistance is given with sheltered care. Assisted living would have more health concerns, need assistance with food, may have a care plan, assessments will be required. 24-hour care is available.

Rowena Oliva asked if Assisted Living facilities are required to have an RN/LPN available 24 hours a day?

Yes, but not necessarily an LPN. It depends on how many people in that facility may have medication reminders. The majority do have nursing services available 24 hours a day to complete assessment reviews and medication strategies. It does depend on the needs of those residents in each facility.

Rowena also asked if Sheila was seeing more patients in Assisted living being more of a "skilled nursing facility" level. Has that become a standard now? For example, Rowena has seen a patient with advanced dementia in an assisted living facility.

Sheila said that was a very astute observation and that, yes, assisted living has become what long term care facilities were 10 years ago. They are dealing with a higher level of acuity but have specific requirements that they have to meet to maintain to be assisted living. One of those requirements is that there can be no stage 3 or 4 pressure wounds, with the exception of having someone in hospice care. As long as the care can be given by caregivers from the hospice group that is working with the assisted living facility. If someone needs help with feeding, if they have a cardiovascular incident, if they are unable to take their own medications, they will need to be re-evaluated for more intermediate or skilled care and possibly be moved to another facility. Some memory care facilities are also having this same issue and will have to re-assess the patients as their needs change and may have to involuntarily transfer them to another facility with the type of care that they require.

Karen mentions that there have been some issues in the past with making sure the collaboration occurs between home services and home nursing clients in assisted living and supporting living facilities and asks if Sheila is seeing any issues with these facility types coordinating care.

Sheila says that yes, that coordination is absolutely imperative because that is how the residents are assured to be placed in the right level of care. Someone brought up wounds earlier. If home nursing is looking at a wound that may be stage 1 or 2, but starts progressing, the caregiver will need to make the facility aware. They will have to assess if the patient is still in the right setting. Are they able to turn themselves? Are they able to get to the wound clinic and get the care that they need? Is it becoming a health risk nutritionally for them or if they need a different facility type?

Liz Vogt questions if the complaint process is different across the board for all regulated facilities or if they have separated processes. Sheila answers that they process is the same for all facility types.

Karen thanked Sheila for her time and expertise and Sheila left the Webex mentioning that she would share her information with Karen to pass along after the meeting. Karen gave her e-mail address for any of the public members to reach out to her, if they would also like a copy.

Rule review 245.71 g) training supervisor {Exhibit 2}

Karen Senger would like for the board to review the above noted rule. We've amended our licensing regulations to include the additional training requirements and skill sets that the home service worker has been allowed to do under Section 245.71g). The language was previously unclear. The intent was to clarify who the trainer could be. The staff should, in the last 5 years, have a minimum of 2 years' experience working in home health, home services in a facility-based healthcare setting or home nursing environment, performing those tasks permitted by the code to be completed by the home service worker. This includes assistance with activities of daily living, or in the alternative, be present in supervisory, that has been in training within the last year. The training provided to the home service supervisors, or trainers, must demonstrate general standards of care for each topic and be provided by or developed by someone qualified, licensed or certified in their respective field. Hopefully this clarifies the issue. Thoughts from board members? Do you feel like this verbiage clarification is helpful?

Sharon Bargmann says that she thinks it would be good to know what training would be required for a person to be able to train someone else and where would they receive this training. Karen replies that there are several options, many of which are online and provided by nurses who have the proper credentials.

The training provided to that supervisor would have to be those topics as per the regulations, and that could be created and developed by someone who's qualified. They could go through a home health agency. They could contract with a nurse. They could contract with someone in their other respective fields to be able to get that training. It could be online training created by a nurse.

Training material that are online that's created by a nurse by someone, you know, their credentials are there. They would themselves have to get trained on those topics that we've added since, they themselves may never have dealt with or provided that level of care.

Jack Kreger asks if the intent is that the training that the supervisor/trainer receives is a superset or kind of subset of what the home service worker will receive. Karen agrees. Jack questions that the word "qualified" is maybe what needs to be stated a little more explicitly, the minimum requirement, and that the agency could always go beyond that. Jack states that the wording "and/or" is confusing and agrees that there needs to be a separation.

Karen states. Well, it's all clumped together in 1 paragraph, and I think it needs to kind of be broken out into 2 separate to make it a little more distinct. You have option 1, either have the 5 years, or you have that supervisory will be trained. I think it just help make it clearer, but you're looking at adding the agency staff should be made the official trainer. See example

g) The agency shall have staff that provide initial training and supervision on an ongoing basis to home service workers on an ongoing basis to address requirements in Section 245.40(c)(4)(A) through (P). The individual shall:
1) Within the last five years, have a minimum of two years' experience working in a home health, home services, facility-based healthcare setting, or home nursing environment Have a minimum of two years' experience working in a community home health or home service environment or facility-based healthcare setting performing those tasks permitted by this Part the Code to be completed by home services workers, including assistance with activities of daily living (within the last five years); or
2) Be in a present supervisory or trainer position with a home services agency and have received training within the past year on those tasks permitted by this Part to be completed by home services workers. The training provided to the home services supervisors or trainers shall, at a minimum, demonstrate the general standards of care for each topic in Section 245.40(c)(4)(A) through (P), and be provided by or developed by someone qualified (e.g., licensed, or certified) in their respective field.

We suggested to take #2 and to become h) and to identify who will be available for the staff- h) Agency supervisors and trainers shall be available to home service workers to provide updated and continuing education related to staff responsibilities for client care as outlined in Section 245.40(c)(4)(A) through (P).

Liz Vogt and Tina Moore also get in on the discussion. Liz suggests "workers to perform some of these tasks, do we have to train them on the tasks? And so, I think it might be a little confusing if we're training home services workers on all tasks, permitted by the code. But there are agency policies that prohibit, for instance, application of compression stockings or whatever."

Karen says that the way the rules are written do not allow selected training, must train on all required tasks. Tina mentions the caregiver going from agency to agency and not having proper training would be a problem.

Karen asks for any other thoughts from the board members on training before coming back for a formal vote. No one responds. Karen asks for a motion to approve so that she can forward the changes, breaking it out into 2 separate paragraphs. Shawna O'Dell motions to approve. Aishling Dalton Kelley seconds the motion and the rest of the board are in favor. There are no denials or anyone abstaining.

Discussion regarding regulatory issues: 245.30 c) 1) I) staff safety, 245.40 a) 11) Alternate Administrator, Staff available for survey (an issue even with notice)

Karen notes that the next item for discussion is that we've been reviewing a lot of plans of correction for the home services industry. One of the issues at hand, is the agency not having policies in place to protect their staff from going into patients' homes and the reason behind having a safety checklist. The checklist is not only to make sure the client has a safe home for themselves but also for the agency staff to feel safe going into their homes. Does the agency need to have educational tools to make sure that their staff not only know how to safely travel to the destination, but also look at their surroundings before they go into a building? If there are multiple people outside the building, maybe they can call the client before they go inside. Make sure they don't leave personal belongings visible in their vehicles. Also be aware of the aggressiveness of the family members of the client and assess how to deal with those safety concerns and possible threats of abuse or violence.

Sharon Bargmann stated that she has told all of her staff that if they are at any point feeling unsafe, do not go into that home. No matter if the issue is the patient, their family members, surroundings or even weather. She would love an educational tool to provide to staff, to keep situational awareness a priority. Her facility is in a very rural, very poor area and it is riddled with methamphetamine issues.

Patricia Pierro agrees and brings up that she's said the same to her staff and told them to not go into a home that has a gun. She would also like an educational tool for her staff and would like them to stay as safe as possible.

Aishling also thinks that a small cheat sheet would be very helpful and mentions that a cheat sheet for agency owners to ask questions, like if there is a weapon in the house, because you can't rely on the caregiver. They might stumble across a weapon putting laundry away. She also sees issues with these caregivers not paying attention to their surroundings, looking at their phone as they get out of their car and not paying attention to what could be going on in the car park.

Rowena Oliva also mentions that hospice has a discharge for cause and that maybe home care can utilize that. She states that the hospice benefit policy is clearly spelled out.

Karen notes that it is spelled out in our licensing rules that they can terminate services immediately if there is abuse or risk of harm or threat to the worker. They must give a 7-day notice, so it is in the rules.

Karen states, but I think it would be helpful to develop an educational tool for agencies to assess and review safety issues for the workers. Is there something that the IL Homecare Association provides? We can always utilize that and add it to our website. Liz Vogt says that they do have an emergency preparedness and safety webinars in the past and says that she will go through some of their past materials and see what they can come up with.

Sharon Bargmann adds that their area is coming up on hunting season and they are "white tail central", so, there will be guns in the house a lot of times. So, at what point in time do you say that you don't feel safe? You must have situational awareness and understand the difference.

Karen asks that if anyone else has any models or examples of policies that they use, please send a copy to us that we can maybe share at the next meeting.

Tina Moore asks if it would be possible to put together a list of separate policies that we need to have written based on the code. For auditing purposes.
Karen says that we can generate such a list to have available.

Under Administrative Code 245.40a)11), the Administrator must designate an alternate Administrator or someone to act on their behalf. This seems to be a common violation lately. It does not need to be an Assistant Administrator by title, just someone that will be available in the Administrator's absence.
Jack asks if we can move that to the governing body. Karen agrees with that idea. Betty Wendford asks if it is already there. Karen confirms that it is not. If it is moved to the governing body, it will be the first thing that jumps out as a requirement for the facility.
We're having issues with staff not being available for surveys. We let them know 120 days ahead and then again 2 weeks before. We've moved that to 4 weeks and again 1 week before so that it's not lost months prior and then they get the reminder the week before.

Board Membership Updates/reappointment
We currently have the following vacancies:
1 general public/home service worker, 1 general public/consumer advocate, 1 home services representative, 1 general public/consumer/family member home services, and 1 private not-for-profit representative.
We do have applications in a variety of these categories that have been sent to the director's office for approval. We want to make sure that if you have any nominees, please let Jackie Richmond know. She will send out this list of vacancies.

Home Health Agency Initial Applications Report {Exhibit 3}
We have a low volume of applicants compared to prior years. We have 21 applications so far through the month of October. With that, 8 of those are waiting for the agency to let us know they are ready for survey. 3 are still in the application process. 2 completed the wrong application. 6 have decided to rescind. 2 have been licensed so far this year. We had 14 change of ownership applications, which is a decline, somewhat.

Home Health Survey Statistics {Exhibit 4}
We have 595 licensed agencies. 544 of those are Medicare certified. 205 are deemed or accredited. 16 are certified in a bordering state and have a branch office here. In 2022, we've received 28 complaints. 15 have been investigated. 4 were substantiated with standard level deficiencies, and 11 were unsubstantiated. We are still not doing sample validations. Hopefully that will be resumed in 2023. In the fiscal year from January through October of 2022, we've done 83 Medicare recertification surveys. 6 had conditions out. 3 of those had an imposition of sanctions by CMS. 2 have been cleared and 1 is still pending. We've had 21 initial licensure surveys. To date, through the end of September, we've done 17. Two (2) were denied, completely failing the survey. They were not ready to be licensed. We've done 26 licensed, or non-Medicare certified providers. At the end of the federal fiscal year of 2022, we've pretty much caught up on our Medicare workload. 26 providers were recently licensed. We did 7 license drive-by's to determine if they were operational. The number of agencies with violations for criminal background check, so far in 2022 has only been 12 – which is a decline from the 26 in 2021. We think the education on this has helped. We will track that and get back in January to have 6 months' worth of information on that. We currently don't have a way to track the tags being cited, due to the switch of Medicare database from Aspen to iQIES, but we are hoping to add that report within the next year.

OASIS Training Updates
Siji Varghese gave an update. Even though the public health emergency is continuing, CMS has decided to implement beginning in 2023. Therefore, all assessments that begin 5 days prior to that implementation

date will have to use the new data tool. We are planning to provide a training on the updated data items by the 3rd week of October. There will be a Webex training for those items. Once that data is finalized, we will be sending out a mass e-mail.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Applications/ survey {Exhibit 5}

We've had 147 home services, home nursing and placement license application in 2022 so far. 43 of them have already been licensed. 14 have voluntarily withdrawn. There are 27 currently in review. 31 are waiting on their letter of readiness. We have 32 scheduled initial surveys on the books to complete in the next month or two. 108 of those applications have been home services. 27 have been home nursing. 9 have been for home service placement and 3 are home nursing placement. For total licensed agencies in 2022, we have 936 licensed home service agencies. 271 home nursing agencies, 40 home service placement agencies and 6 home nursing placement agencies. For closures this year, we have 61 home service, 18 home nursing, 4 home service placement and 2 home nursing placements. Many of those were because they were not able to obtain clients to sufficiently keep the business open.

Our department has been able to complete 131 initial surveys, 213 annual renewal surveys, 19 complaints, 5 unlicensed – meaning we received a complaint regarding an unlicensed agency, so we go in to determine if it is a valid complaint. We've had 3 follow up surveys from surveys that had significant findings.

Aishling asks what happens to the unlicensed agencies that we survey. We demand that they cease business or get licensed. If they don't, we refer them to the attorney general's office. There can be a fine issued.

Public comment

Karen Senger asks if anyone from the public has anything they would like to discuss. There was no response.

Board membership training (Ethics, OMA, Harassment)

Jackie Richmond recently sent out e-mails regarding the board membership training that is required. Please follow up with Jackie with any questions. The trainings are required to be done by November 1, 2022. There will be a follow up e-mail shortly about any board memberships that have expired, and how to renew those memberships.

Future meetings Next Meeting: January 11, 2023, • 10:30 am

Adjourn at 12:01 – motion made by Rowena Oliva, seconded by Jack Kreger.