IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Home Health, Home Services and Home Nursing Advisory Committee Meeting
April 12, 2023 - 10:30 a.m. – 12:30 p.m.
Join from the meeting link:
https://illinois.webex.com/illinois/j.php?MTID=mf73b885e0379de3a2787910784cb9c4e
WebEx Meeting Number Access Code: 2467 904 5235
Meeting Password: HHA041223
Mobile device or phone: 24679045235@illinois.webex.com
You can also dial 173.243.2.68 and enter your meeting number
Phone 1-415-655-0002

Members Present:	Aishling T. Dalton Kelly, Jack Kreger, Tina Moore, Jeffrey Workman, Sharon Bargmann, Shawna O'Dell, Linnea Windell, Rowena Oliva
Members Absent:	Patricia Pierro
Department Staff:	Karen Senger, Brian Mathis, Jackie Richmond, Stephanie Glenn, Siji Varghese, Rani Harms, Sara Ettinger, Sean Dailey
Guests:	Sara Ratcliffe, IL Home Care, Betty Wendford, Mary Anne Miller, Telegen, Chloe Compton, Homecare Hospice Council, Maria Hueramo, DeKalb Co Hlth Dept, Lynne Bergero

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 a.m.) announcing this is the Home Health, Home Services and Home Nursing Advisory Committee Meeting with today's date being April 12, 2023.

Karen Senger reminded Members and Department Staff that this meeting is being conducted viaWebEx 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 joint 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 October 12, 2022, Open Meeting Session (VOTE} {Exhibit 1}
Approval of Draft Minutes for January 11, 2023, Committee Meetings (VOTE)
The draft meeting minutes from January 11, 2023, were reviewed and discussed by the Board. Karen Senger asked if there any questions or amendments to the meeting minutes. Not hearing any concerns, we asked for a motion to approve the minutes. A motion was made to approve the minutes by Board member Rowena Oliva and 2nd by Aishling Kelly. With none opposed, the minutes were affirmed and unanimously carried to approve the minutes as presented.

OLD BUSINESS

Update regulatory issues: possible educational links on Website 245.30 c) 1) I) staff safety
***We initially forgot to cover this. It was discussed at the end of the meeting right after Public Comment.**
Karen thanked Jack for the reminder. She spoke with our legal department, and they agreed that we could create an educational tool and post it on our website. She has not had time to finalize that yet but hopes for the next meeting to at least have it to legal for review.

NEW BUSINESS

Approval of Regulations 245.20, 245.30, 245.40, 245.90, 245.210 {Exhibit2}
Karen Senger read aloud the changes to the regulations that are being made, noted above.
245.20 elaborates on branch offices other than the parent agency. This is a part of the agency that is located away from the parent branch and can aid in the coverage of patients that are not physically located close to the parent site. Page 5 shows the drop site definition is an added location where staff can utilize to do administrative tasks and do training. They are different than a branch because they are not providing clinical services. The geographic service area is defined as the area that includes the contiguous counties, recognizable boundaries, in which the agency provides services and has been approved by the Department. Page 9 defines that a parent agency is the agency address and location on the facility license, where the facility is responsible for developing and maintaining administrative control of all approved locations. Page 9, under personal care services, we defined personal care services and what it means and identified that it is in Section 245.40c. The last two definitions, we elaborated on to make them distinguishable. Page 11 defines what a service plan or service contract is, and we talk about them more in detail. A service plan is a plan based on the client's needs and the identification of clients and their long-range goals and resources needed to make those goals. A service contract is a written contract between the client and the agency which includes at minimum all the elements listed in sections 245.20 and 245.25 as applicable. 245.30 is organization and administration on page 13. We struck out the issue about the office because it got moved to another section within our regulations, under staffing and staff responsibilities. It also notes that the facility must maintain an office with a working telephone that is staffed during the agency's business hours. The office shall be adequately equipped for sufficient work to maintain and protect the confidentiality of patient and client records and provide a safe work environment that complies with local ordinances and regulations related to fire safety. We added to adopt and enforce a written policy, identifying the agencies operating hours, including at a minimum, provisions that ensure clients and patients are provided information regarding the procedure for accessing care from the agency or another health care provider outside of the agency.

Jack Kreger asks why we address security for patient and client records but not for employee records. Karen agrees that is a good point, but that employee records are addressed in another area, under personnel policies which note the confidentiality and personnel records. Jack wonders if we should have them note, explicitly, where the information is kept, whether it may be in physical file or in a "cloud". Sharon notes that since we are in the age of "cyber-attacks" it wouldn't hurt to note it. Shawna states that she doesn't think it needs to be explicitly states – that it's a "given" that we all must keep records safe. Sara Ettinger notes that typically we've added something regarding the confidentiality and note having a hard copy. She wonders if it would be better to put something about electronic protection in a different policy section. The decided verbiage is "shall maintain to protect the confidentiality of patients and client records, i.e., hard copy of electronic files. All agreed.

Next Karen spoke about the closure of an agency. We wanted to define a little more about the closure process and what would be involved for closures because it was previously not addressed. A facility will notify the department no less than 30 days prior to the agency closing. The client and patient records must be maintained for a period after the closing and note the name and address for the custodian of those records and transfer a copy of those records with each client/ patient to the receiving agency to ensure continuity of care and services. The agency

must notify the department of these transfer records and the receiving agency. The agency still surrenders their license to the department via certified mail at the end of the day.

This requirement also applies to any changes for parent or branch locations (whether it be a physical address or mailing address), agency names, managers/Administrators/ supervisory nurse changes, changes in operating hours, phone/fax/e-mail changes.
Jack questions the wording in g)2) where it mentions the receiving agency in a transfer. Karen makes sure that clients will not just be discharged, they must be transferred or if they cannot be transferred, they will be given 7 days' notice of closure. Karen asks if this is sufficient or should be add more about if they don't transfer? Shawna thinks this is sufficient. The 7-day notice is not best practice, but at least they are getting some notice. Karen notes that she doesn't want to micro-manage these facilities. All agree.

Karen moves on to 265.180 which is the branch part that she wanted to elaborate on. Please remember that a branch is not functioning independently of the parent. It is under the supervision and direction of the parent office. She wanted to highlight that branches cannot be more than 100 miles from the parent office. If you go too far out, there is no way to have direct supervision. Even if you're doing things electronically in a Webex, you still must make home visits. All branches still meet the following requirements, lines of authority and administrative group controls, they'll be directly delineated in an organizational structure and in practice and be traceable to the parent office. The parent office may appoint an effective branch supervisor or manager. This individual is and remains under the supervision of the parents. You might have somebody that is there to help with day-to-day questions, but they are not ultimately responsible, it is the parent agencies, parent office administrators or agent mentors shall be responsible for the ongoing management. They must be able to provide supervision during all operating hours and maintain current personnel files for all staff. The parent agency office will have to communicate regarding client and patient services, the branches, patients, and there must be communication about client services. The parent agency office is responsible for contract and services, meaning the branch office can't develop their own contracts. The parent agency must have physical onsite presence at least monthly and document that visit.

Linnea asks for verification that, there is only one parent site, and no branch may be farther than 100 miles away. Karen says that this is correct and that the parent can also have more than one branch, but the 100-mile rule is still in place. Due to the parent having to be on-site at least once monthly, we do not want them having to drive 4 hours away once a month. She also verifies that the branch site must be within your approved geographic service area. IDPH wants to make sure that there is a distinct definition that the branch is not functioning or licensed independently of the parent office.
Karen clarifies that in the same section, a letter l) was added to comply with subsection k), to note that your branch may result in fines up to $500.00 pursuant to section 245.140 or the requirement of a separate license for a secondary location. This would be if we find someone operating without a license or operating their branch independently.

It is now in the rules more formally, that if the licensee submits the renewal application within the 60 prior to the expiration date, the facility will also need to submit a late penalty of $200.00. We will send out a formal notice, but we wanted to make sure it was clearer in the rules. Karen clarifies that agencies also cannot send applications earlier than 90 days prior to expiration. There was a typo in this area that Karen noted – Sara will be correcting.

A service plan should include the plan for each client which should be made in consultation along with the staff, the client's representative or power of attorney, and members of the client's family, if applicable. The plan shall address what services should be provided, the level, type, and frequency in

scope. It should provide the client's functional limitations and rehabilitation level, the professional health care regime and include medications, treatment, activity, diet, mental health, and special procedures considered essential for the health and safety of the client. This is all so that the healthcare worker knows what is expected of them and if the client should be accepted based on their needs. Tina Moore noted that there was not much in there regarding the medication list. Karen agrees and thinks maybe we should expand that area to include some types of medication, frequency, and monitoring.
There was a lengthy discussion regarding medications and the service plan, regarding mediation reminders, frequency and whether the drug name should be identified on the service plan or just time for client to take the medication and some important types of dugs as information (blood thinner, diabetic medication). There was a discussion on that potentially crossing into home nursing, if to detailed, but needed to know for client safety and level of care required to determine acceptance of the client. After discussion the board agreed to add the following clarifying language for medications in the service plan: "Types of medications that may impact client safety and ADLs including, but not limited to blood thinners, sedatives, diabetes, blood pressure, dementia, and pain medications."

There was a motion to approve all changes as noted by Shawna O'Dell and Sharon Bargmann seconded. All agreed.

Board Membership Updates/reappointment
Karen noted that we have had several applicants for this board. We are awaiting final approval on a few new members but don't have those names currently. We are also waiting to hear back on some reappointments. She asked that if anyone has any recommendations, please let us (Jackie or Karen) know.

Evaluation of Educational materials- HCWBC, Training {Exhibit 3}
Karen discussed the educational materials provided to agencies and the review if the educational materials has helped with common deficiencies cited. The annual healthcare worker registry verification under 955 code, and the 973 Code for Alzheimer's training and home services service plans were reviewed. The training requirement was for 8 hours but has now changed to 10 hours. We've had some common deficiencies regarding the internet searches, but those numbers are slowly going down. This area still needs improvements, but we are working on it with those initial employees receiving the training. We may have to add some more education in the service plan area but hopefully these rules help clarify what was previously misunderstood. Rani Harms noted that there have been some improvements with regards to the healthcare worker background check components, but training for home services workers is continually a problem and what we are seeing is that the agencies might have some of the required topics covered but not all of them, so it becomes a deficiency. Home services seems to be doing better with regards to the service plan, but home nursing has been having issues. Aishling questions the issues that arise when caregivers leave one agency and move to another agency, with the old agency not giving them the certificates for their earned hours. This is a big challenge and Rani, and Aishling would like to, further down the road, discuss mandating this situation so the caregiver receives their required hours. Karen and Jack agree. Karen mentions for everyone to think on ways to implement this and we will revisit at the next meeting.

Home Health Agency Initial Applications Report {Exhibit 4}
In 2022, we had 27 initial applicants. Some of those are still awaiting a letter stating that the facility is ready for survey. In 2023 so far, we've had 9 initial applicants for the first quarter of the year. We are currently at 593 HHA's and 535 are licensed and Medicare certified. We had 20 changes of ownerships in 2022. In 2023 so far, we've had 5.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Applications and surveys {Exhibit 5}

In the first quarter of 2023, there have been 66 initial applications. 38 of those are still in the review process. 23 have made it to the next step, which is preparing their policies and procedures and letter of readiness for survey. 4 agencies are scheduled for survey. The majority of these applications are home services with 51 applications. There were 10 home nursing, 4 home service placement and 1 home nursing placement applications. At the end of 2022, we had 1250 licensed agencies. Today there are 1254.
We had a couple of large franchises reorganize their corporate structure and close several locations. In 2022, we had 125 closures. In 2023, through the end of March, we're up to 69 agencies closed.
There are 33 home service agencies on quarterly review from 2022, which just means the facility was unable to provide proof that they were providing services to the clients covered under their license during their renewal. There are 14 home nursing, 3 home service placement and 2 home nursing placements. So far in 2023, we've added 6 for home services, 2 for home nursing and one for home service placement.
Also, in 2023 so far, with regards to surveys, we've done 118 surveys – 43 initials, 66 annuals, 4 complains, 4 change of ownership and 1 follow up survey.

Sharon learned at an Illinois Home Care and Hospice Council Conference last week, that Medicare Advantage's reimbursements are at negative 19%. How can agencies that take that payment survive, especially with those numbers increasing rapidly nationwide? How can you operate at a loss? That might be a big part of all of these closures. Jeff agreed that Medicare Advantage is horrible from a Providers' perspective. Sharon said that the clients love it though because they are getting so many more services. Their patient satisfaction is fabulous, but the home health aides and CNAs are suffering because of it. Rowena is also seeing this issue and thinks there will be more in the future and that this is moving in hospice as well. This could also impact nursing homes with managed care. It is very difficult to get reimbursed by these manage care companies. There is a lot of administrative burden placed on home health agencies to request authorizations to appeal to submit all the documentation and then get reimbursed 90 days later, sometimes even longer.
Karen agrees that this is truly unfortunate, but our department has no control over. We could bring some people from HFS in to discuss this situation.
Rowena would like to discuss the role of non-nursing staff. In Wisconsin, med-techs are being trained to administer medications to lessen the burden on nurses. Sharon notes that if you expand their role, you'll need to expand their pay and then we're right back at square one. Rowena would like to explore potential changes in this area to better equip us in the future.
Karen thanks everyone for all the good information.

Map location of HS/HN, HHA and Hospice agencies in the State {Exhibit 6}
We've created a map of how many agencies have their *home office location in which counties. The map breaks down which type of agency and how many of each are in each county in Illinois. This is updated through January of 2023. This is just informational, and we will probably update this yearly. It will not dramatically change quarterly.

OASIS Training Updates
Siji states that since the implementation, we have not seen many issues or concerns come up. The January report has a lot of clarifications regarding the completion of new assessment and some new CMS trainings.

Public comment
Karen Senger reminded everyone that the Public Health Emergency will be ending May 11, 2023, and that all the waivers related to that will be going away. The telehealth services will be continuing.

She asks if there is anyone from that public that would like to speak. No one answered.

*Refer to OLD BUSINESS here – Jack Kreger mentioned a topic that was previously not discussed under that section which was Update on education on staff safety in the home. Tables till next meeting.

Board membership training (Ethics, OMA, Harassment)
Jackie Richmond noted that there are no trainings due at this time.

Future meetings Next Meeting: July 12, 2023, • 10:30 am

PLEASE NOTE: At the last meeting it was mentioned that future meetings will need to be IN-PERSON. This information has since been changed. Since this is an Advisory Board not a Licensing Board, we can continue via Webex.

Adjourn 12:22pm