



# COMMUNITY CARE ADVISORY COUNCIL

Annual Report to the Idaho Legislature for  
Year Ending December 31, 2014

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# Background

**The Community Care Advisory Council (CCAC)** was formed by statutes (Idaho Code §39-3330, §39- 3331, §39-3332, §39-3333, and §39-3511) passed in the 2005 legislative session. The statutes combine the former Board and Care Advisory Council and the Residential Care Council for the Elderly into a single entity of 20 members appointed by the organizations and/or agencies represented on the Council.



The Council is a forum for stakeholders in Residential Care or Assisted Living Facilities (RALFs) and Certified Family Homes (CFHs).

Assisted living facilities provide a humane, safe, and homelike living arrangement for adults who need some assistance with activities of daily living but do not require skilled nursing care. Residents of assisted living facilities in Idaho include individuals who are aged, have physical or developmental disabilities or mental illness.

Certified family homes provide a homelike alternative designed to allow individuals to remain in a more normal family-styled living environment, usually within their own community. Certified family homes provide a home to individuals who are elderly, individuals with a mental illness, developmental disabilities, physical disabilities or to those unable to live alone, and whose mental, emotional and physical condition can be met by the care provider to delay the need for more expensive congregate care or other institutional care.

The Purpose of the Council is as follows:

- To make policy recommendations regarding the coordination of licensing and enforcement standards in residential care or assisted living facilities and the provision of services to residents of residential care or assisted living facilities.
- To advise the agency during development and revision of rules.
- To review and comment upon any proposed rules pertaining to residential care or assisted living.
- To submit an annual report to the legislature stating opinions and recommendations which would further the state's capability in addressing residential care or assisted living facility issues.

# Council Membership

The CCAC is comprised of assisted living and certified family home providers as well as advocates for individuals who are elderly or with developmental disabilities or mental illness and residents or family members of these two types of facilities. The Director of the Department of Health and Welfare or his designee also serves on the Council.

Below is a roster of current Council members.

<b>Position</b>	<b>Member</b>	<b>Organization</b>
DHW Director's Rep	Tamara Prisock	Department of Health and Welfare
State Ombudsman	Cathy Hart	Idaho Commission on Aging
Director, State Protection/Advocacy Representative	Angela Eandi	DisAbility Rights Idaho
Director, Idaho Council on Developmental Disabilities	Christine Pisani	Idaho Council on Developmental Disabilities
IHCA Executive Director	Robert Vande Merwe	Idaho Health Care Association
IHCA Administrator	Brett Waters	New Beginnings
IHCA RALF Administrator	Bryan Elliott	Willow Park Assisted Living
IHCA RALF Administrator	Steve Lish	Discovery Care Center
RALF Administrator At-Large	Keith Fletcher	Ashley Manor Assisted Living
RALF Administrator At-Large	Scott Burpee	Safe Haven Healthcare
AARP Representative	Cathy McDougall	AARP
Advocate for Individuals with Mental Illness	Kathie Garrett	National Alliance on Mental Illness
CFH Provider/Resident or Family Member	Sharol Aranda	Certified Family Home
CFH Provider	Eva Blecha	Certified Family Home
CFH Provider	Pam Estes	Certified Family Home
CFH Provider	Mary Blacker	Certified Family Home
CFH Provider	Rebecca Solders	Certified Family Home
Resident/Family Member - RALF	Elishia Smith	Trinity Assisted Living
Resident/Family Member - RALF	Gloria Keathley	Resident/Family Member
Resident/Family Member - CFH	Leroy Smith	Resident/Family Member

**The Council met** in 2014 on January 28<sup>th</sup>, April 29<sup>th</sup>, July 29<sup>th</sup>, and October 28<sup>th</sup>. Council meetings are open to the public.

# Residential Assisted Living Facilities

The following is information from the Department of Health and Welfare about surveys conducted related to licensure of residential assisted living facilities.

## Surveys Completed

Year	2011	2012	2013	2014
Number of Licensed Beds	8809	8851	9056	9276
Number of Buildings	349	348	352	355
<b>Surveys Completed</b>				
Initial Surveys	13	14	24	23
Licensure Surveys (Annual)	119	76	57	89
Follow-up Surveys	44	36	22	33
Complaint Investigations	171	170	195	130
Total Surveys Completed	348	296	303	273
Number of full-time Surveyors	8	8	8	8

## Most Common Deficiencies Cited in 2014

Core Deficiencies	Times Cited	Non-Core (Punch List) Deficiencies	Times Cited
<u>Inadequate Care:</u>	24	RN assessment of health status	52
Acceptable Admission/Retention (16)		Investigation of incidents, accidents and complaints	31
Resident Rights (6)		Current medication orders	29
Safe Living Environment (1)		Evaluation of Behavioral Symptoms	29
Supervision (6)		Criminal History Background Checks	29
Assistance-Monitoring of Medications (7)		Notify Nurse of Changes of Condition	28
Coordination of Outside Services (5)		RN availability	28
Emergency Intervention (1)	Negotiated Service Agreement	26	
No Administrator > 30 days	3	RN Recommendations to Administrator	26
Abuse	8	Behavior Management Plans	26
Neglect	5		
Exploitation	1		
Surveyors Denied Access	0		

*Note: Core deficiencies are defined by statute and involve abuse, neglect, exploitation, inadequate care, and other situations that risk the health and safety of the residents. Non-core or "punch list" deficiencies are violations of the requirements established in statute and administrative rule that don't pose the same risk to health and safety as core deficiencies.*

# Residential Assisted Living Facilities (continued)

## Enforcement

The Department of Health and Welfare is directed by statute to establish a number of enforcement remedies to apply to facilities who do not meet licensing requirements.

Enforcement actions are defined in IDAPA 16.03.22.900.

<b>Enforcement Action</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Provisional License	8	13	12	7
Required Consultant	7	5	4	4
Civil Monetary Penalties	4	18	6	15
Ban on Admissions	4	7	5	1
Revocation of License	0	4	0	0
Summary Suspension	1	1	1	0
Temporary Management	0	0	0	0

## Complaints:

The Department of Health and Welfare received 203 complaints related to assisted living facilities from Jan 1 - Dec 31, 2014 of which 51% were substantiated.

- 19% came from family and residents and 35% from other agencies.
- 24% came from current and former staff.
- 20% were anonymous complaints.



# Certified Family Homes

The following is information from the Department of Health and Welfare about surveys conducted related to certification of certified family homes.

## Surveys Completed

	2011	2012	2013	2014
Number of Certified Beds	**	**	3025	3174
Number of Homes	2169	2180	2196	2267
24-Month Review	**	**	1	20
Desk Review	**	**	300	243
Follow-up Survey	0	2	39	14
Initial Surveys	258	132	208	222
Complaint Investigations	42	39	79	71
Physical Home Inspection	**	**	43	53
Annual Surveys	2088	2174	2041	1963
<b>Total Surveys Completed</b>	<b>2388</b>	<b>2347</b>	<b>2711</b>	<b>2586</b>

\*\* Numbers not available.

## Most Common Deficiencies Cited in 2014

Core Deficiency	Times Cited	Non-Core (Punch List) Deficiencies	Times Cited
Maintenance of Equipment – Fire Extinguishers	89	Certification fees for Certified Family Homes	304
Fire drills	63	Required ongoing training	49
Emergency preparedness	59	A copy of the resident's most current uniform needs assessment	45
Fuel-fired heating systems must be inspected, serviced, and approved	59	Signed copies of the Plan of Service in resident file	42
The smoke detectors must be tested	56		
Current certification in first aid and CPR	54		
Ongoing Resident Records – List of current meds	43		
Proof of homeowner's or renter's insurance	41		

*Note: Core deficiencies are defined by statute and involve abuse, neglect, exploitation, inadequate care, and other situations that risk the health and safety of the residents. Non-core or "punch list" deficiencies are violations of the requirements established in statute and administrative rule that don't pose the same risk to health and safety as core deficiencies.*

## **Enforcement**

The Department of Health and Welfare is directed by statute to establish a number of enforcement remedies to apply to facilities who do not meet licensing requirements.

<b>Enforcement Actions</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Provisional License	**	2	61	47
Ban on Admissions	**	0	1	2
Revocation	**	1	22	25
Summary Suspension	**	0	2	2

*\*\* Numbers not available.*

## **Additional CFH Information for 2014:**

The Department of Health and Welfare received 73 complaints related to certified family homes from Jan 1 - Dec 31, 2014 of which 22 (or 31%) complaints were substantiated.



# Council Business

## Summary of Work Completed in 2014

### January 2014 Meeting

#### **Presentations, Discussions, and Decisions:**

- Elected Scott Burpee as chair of the Community Care Advisory Council, and Eva Blecha as vice chair of the Community Care Advisory Council.
- Voted to recommend that the Department consider specific changes to the rules related to sharing administrators between small assisted living facilities.
- Voted to recommend that the Department consider specific changes to the rules related to criminal history background checks for new employees who work in assisted living facilities.

### April 2014 Meeting

#### **Presentations, Discussions, and Decisions:**

- Inspector Charles Wahl with the Drug Enforcement Agency gave a presentation about trends in diverting controlled substances away from the prescription holder, and onto the street market. The DEA's Diversion Control Program was instituted to prevent, detect, and investigate drug diversion.
- The Department presented the Council with a list of potential rule changes for Council input and announced a negotiated rulemaking meeting scheduled for May 2014.
- The Council Chair announced he would like the Council to establish some goals and requested the Council members who represent advocacy groups to provide the council with issues they would like to see the Council include as goals.

### July 2014:

#### **Presentations, Discussions, and Decisions:**

- Based on the request made during the April meeting, the Council members representing advocacy agencies/groups provided their input into Council goals. Their input included:
  - The Council should adopt "People First" language in its communications.
  - Complete an inventory of available training offered by the Department and other agencies and stakeholder groups relevant to working with individuals in assisted living facilities or certified family homes. Post the training opportunities on the Department's web sites for those facility types.
  - Explore the development of a multi-agency crisis team. Identify existing crisis services and arrange for presentations to the Council about the crisis services

- already available to individuals in assisted living facilities and certified family homes.
  - Begin to include information about issues facing assisted living facilities and certified family homes along with Council recommendations in the annual report to the Legislature.
- The Council reviewed the final draft of the rule changes for the *Rules Governing Residential Care or Assisted Living Facilities in Idaho*. The draft docket was developed after a negotiated rulemaking meeting the Department held in May 2014 and after a first and second draft had been circulated among all assisted living providers, advocates, and other stakeholders. The Council voted to recommend the Department submit the final draft for publication by the Idaho Office of Administrative Rules.
- The Department announced the intention of seeking a change in statute to exempt VA Medical Foster Homes from state certification. The Office of Veterans Affairs is launching a program for veterans that provides funding and services to veterans being cared for in a providers' home. The program, VA Medical Foster Homes, has the same inspection process that the state does, but the requirements for becoming a VA Medical Foster Home are more strict than the requirements for a certified family home. The Department is seeking to exempt homes that are approved for the VA Medical Foster Home Program and caring only for veterans who are not on Medicaid.
- The Council discussed problems Certified Family Home providers are having related to getting emergency placements approved by the Department and recommended the Department explore improvements to that process.

## **October 2014**

### **Presentations, Discussions, and Decisions:**

- The Council discussed disposal of unused pharmaceuticals left with facilities and homes after residents pass away or leave the facility/home. Council members expressed concern about what appears to be conflicts between requirements for disposal of these drugs and the requirements outlined in the DEA presentation the Council received in July. The Council recommended the Department convene a group of appropriate entities to examine this issue. Entities include law enforcement, the Board of Pharmacy, the Department of Health and Welfare, and providers.
- Pat Martelle from the Department's Division of Medicaid, Office of Mental Health and Becky di Vitorrio were invited to this Council meeting to discuss the crisis services available through the Department's contract with Optum as the managed care entity for mental health services.
- Blake Brumfield, from the Department's Developmentally Disabled (DD) Crisis Team gave a presentation about services provided by that team.

# Issues and Recommendations

## **Funding Issues**

Providers express growing concern that negotiations with the Department of Health and Welfare's Division of Medicaid concerning outdated rates for Medicaid reimbursement have not progressed after two years of discussions. Reimbursement rates for services provided in Certified Family Homes are at rates that are almost 15 years old, Personal care service rates in Residential Assisted Living Facilities are lower than what they were in 2009 and personal attendant rates are less than they were in 2009. Providers are concerned that as time has gone by, numerous supports for clients have been curtailed or eliminated and new burdens on providers have evolved. The Council recommends there be a fresh look at the current operating environment to insure that funding is adequate to safely care for residents according to established regulations and recent interpretations of such.

## **Placement of Individuals with Difficult Behaviors**

An issue exists in Idaho that that is becoming progressively worse. It is becoming more difficult to find appropriate residential placements for individuals who exhibit difficult behaviors. Requirements for assisted living facility licenses or for certified family home certifications require those types of health care entities not admit or keep individuals who could potentially harm themselves or others. Most of the individuals are Medicaid recipients. Providers feel they do not receive sufficient Medicaid reimbursement to implement the supervision and services needed to effectively manage the difficult behaviors. This situation requires providers to either run a risk of losing their license if the resident harms him/herself or another resident or to discharge the resident, even when the resident has nowhere else to go. The Council recommends the Department work with stakeholders to find a solution to this problem.

## **Certified Family Home Rule Changes**

The Council has identified several rules outlined in IDAPA 16.03.19, *Rules Governing Certified Family Homes in Idaho* for which council members would like to recommend changes to the Department. This work will be done in 2015.

