

# COMMUNITY CARE ADVISORY COUNCIL

July 24, 2018

## Present:

Christine Pisani, Developmental Disabilities Council, Vice Chair  
Tamara Prisock, IDHW Director Designee  
Aaron Herring, IDHW Council Support  
Lucy Jeffrey, IDHW Council Support  
Susan Nicholson, IDHW Council Support  
Mary Blacker, CFH Provider Representative  
Eva Blecha, CFH Provider Representative  
Francoise Cleveland, AARP  
Kris Ellis, IHCA Executive Director Appointee  
Nicole Ellis, RALF IHCA Administrator  
Pamela Estes, CFH Provider Representative  
Rick Huber, Advocate for Individuals with Mental Illness  
Doug Park, RALF Resident/Family Member Representative  
James Steed, Non-voting Member, Future RALF Resident

## Teleconference or Video Conference:

Elishia Smith, RALF Resident/Family Member Representative

## Absent:

Steve Lish, RALF IHCA Administrator, Chair  
Shayne Burr, RALF IHCA Administrator  
Angela Eandi, DisAbility Rights Idaho  
Keith Fletcher, RALF At-large Administrator  
Cheryl Gibson, CFH Provider/Family Representative  
Cathy Hart, Idaho Ombudsman for the Elderly  
Jim Varnadoe, RALF At-Large Administrator – DHW Appointee  
Wanda Warden, CFH Provider Representative

## Guests:

Arthur Evans, IDHW – Medicaid, DDS	Jamie Simpson, IDHW-RALF
Steve Millward, IDHW-CFH	Russell Salyards, IDHW - Medicaid

~~~~~

## Open Forum – Christine, Vice-Chair

Christine read the Standards of Conduct and opened the floor for visitor comments/issues from visiting attendees. None were voiced.

**Motion:** Adopt the July 24, 2018, agenda.

**So Moved:** Rick Huber

**Seconded:** Evan Blecha

**Vote:** Unanimous

**Motion:** Adopt the April 24, 2018, minutes, with amendments to pages 2 and 3.

**So Moved:** Mary Blacker

**Seconded:** Pam Estes

**Vote:** Unanimous

### **Minutes – CFH Training | Steve Millward**

Pam asked if resident specific training had to be completed for each resident, each year. Steve responded that the resident specific training does not have to be completed with each resident. A provider can fulfill their training mandate with one (1) resident. However, it is probably best to spread the training out to multiple residents.

### **RALF Update | Jamie Simpson**

Update on training: RALF is providing Administrative Bootcamp, a two (2) day training. It had been offered in the past. This year, RALF has added a two (2) day nurses training. The Administrator Bootcamp and Nurse trainings have been offered in Twin Falls, Boise, Pocatello and Lewiston (only administrator boot camp) for a total of 91 administrators and 63 nurses. Upcoming trainings: Coeur d'Alene in August, Idaho Falls in October and Caldwell in November. There is also Conducting Serious Incident Investigations training for administrators facilitated by Labor Relations Alternatives being offered in August.

Update on trends: RALF is receiving a lot of complaints and finding a greater amount of core deficiencies for abuse. Since January 1, 2018, there have been seven (7) core deficiencies for abuse. The Department of Health and Welfare (Department) investigates if the facility is following policy. They need to report the alleged abuse immediately to the administrator, document the allegation, protect the residents, report immediately to Adult Protection Services (APS), investigate, draft a written report of findings and implement corrective actions [if necessary]. For complaints of staff-to-resident abuse – physical, sexual, financial, verbal – the Department is finding that all seven (7) pieces are missing. People were not protected.

Christine asked if this was throughout the state. Jamie replied that it was throughout the state. Eva asked if it was abuse, not neglect. Jamie stated that there have been a couple of cases of sexual abuse. In one (1) case, the staff member continued to work with residents for months. There is also resident-to-resident abuse and a behavior management issue, if residents are making others uncomfortable. Eva asked if this was something that could have been found upon hiring. Jamie replied that some had not conducted background checks.

Labor Relations Alternatives hosts a training on how to conduct investigations - Conducting Serious Incident Investigations. It is being offered in five (5) towns. It is a two (2) hour training and was offered for RALF administrators last year. This year, RALF invited nursing home administrators and RALF administrators, to provide the training for those who did not attend last year. Jamie further stated they sent the invitation out to licensees through FLARES. RALF administrators pay half-price for this training. Eva suggested inviting potential attendees with various occupational licenses to capture all audiences instead of focusing only on Assisted Living and Long-Term Care.

➤ **ACTION ITEM** – Jamie will contact the Idaho Bureau of Occupational Licenses.

Jamie stated we currently have 300 licensed RALFs. Since 2002, 1,200 administrators have come and gone. Two-thirds of administrators have been administrators for less than one (1) year.

Consistency: The Office of Performance Evaluation (OPE) performed an evaluation of the survey process. One of the reasons for the evaluation was the belief that surveyors were inconsistent. OPE was not able to identify a single instance of inconsistency.

Jamie stated it is concerning to her that there is a perception of inconsistency. She has performed some actions to address this issue. She sent out an e-mail requesting examples of inconsistency. She received no examples. She also added a question about consistency to the follow-up survey given to facilities following a survey. She received three (3) responses, each indicating there was no conflicting information or inconsistencies. She does review every survey and every non-core deficiency. Nicole wondered if this is a relationship issue. Tamara stated that our rules are not prescriptive. Rule rarely talks about how a facility must meet that standard. A facility may feel like they are cited for deficiencies that were not cited for on previous surveys. However, the circumstances may have been completely different. We look at the context in which it happened. Jamie stated that a complaint is that what was accepted in Evidence of Resolution was sometimes different. However, the Department is not aiming for consistency in that area. We are attempting to aid the facility.

There has been a change in FLARES that is helpful for administrators. They can search for surveys. There is a drop-down menu where they can choose a date range. Christine asked if it is protocol in assisted living facilities that a person who has been physically or sexually abused to receive mental health counseling. Nicole responded that she would visit with the doctor and home health. She would ask for counseling if necessary. As far as policies are concerned, she does not think the resident is required to have a counselor. Tamara asked if FLARES notices can be sent to council members. Jamie responded that it does have the ability. We could give courtesy copies of general announcements.

- **ACTION ITEM** – Jamie will add CCAC members to distribution list for general FLARES notices.

#### **Update on DHW/IHCA Joint Initiatives for 2018 | Tamara Prisock**

Tamara provided a handout listing work group members and summarizing progress. There are ten (10) assisted living/nursing facility workgroups.

Access for Individuals with Alzheimer's/Dementia: A focus has been on the training being developed by the Commission on Aging; seven (7) or eight (8) modules. Two (2) or three (3) of these modules may be available in late August, funded by a grant by the federal government. Training will be free for all caregivers. A couple of the topics include how people with Alzheimer's and dementia learn and how they communicate.

The Division of Medicaid made a rule change last year that allows facilities to be reimbursed for services provided in a Behavioral Care Unit sooner. That has greatly improved nursing facilities ability to stand up a Behavior Care Unit. The unit stabilizes the individual and returns him/her to assisted living. There have been 10-15 Behavioral Care Units established since the rule change.

**Accreditation/Licensing Fees:** OPE stated Idaho is the only state that does not charge licensing fees for assisted living. Francoise asked for the history of the decision to not charge licensing fees. Tamara replied she thinks it was because for Certified Family Homes, we are paying families to take care of a family member. Steve added it was implemented to keep the program viable without imposing on taxpayers. Also, it is a challenge in Idaho to obtain approval for additional fees.

Tamara stated the group is looking at an accreditation option which would be granted if a facility meets all accreditation standards. The Commission on Accreditation of Rehabilitation Facilities (CARF) would grant accreditation for the State.

**Admission/Discharge Requirements:** The focus is on the rule that mandates a resident be discharged if a resident has a non-healing wound and needs a skilled nursing facility. The group's recommendation is leaning towards developing criteria where the Department would grant variances. Facilities would demonstrate the capacity and ability to actively treat the wound.

**Educational Resources/Training:** The group has identified a need for assisted living management and staff to have access to training. The Idaho Health Care Association (IHCA) offers numerous trainings. They have a person who plans the training for the upcoming year in November. The group would like to work in conjunction with them and other groups such as Career and Technical Education, to develop a training plan. A date has been set aside in the first part of November for this planning and collaboration.

**Fire Safety/Construction Inspections:** Tamara stated the rules are outdated. At first, the goal of the group was to look at local fire department policies and compare it to what the Department inspects to eliminate duplication. However, the group found this to be daunting as there was much variation among jurisdictions, i.e. some rural inspectors are volunteers, some counties do not have a Planning and Zoning Department.

**Public Information/ Informal Dispute Resolution:** Tamara declared the group is working on the length of time the Department has surveys available to the public. The group is also tasked with drafting and recommending an informal process for facilities to dispute non-core deficiencies. They will review the rules to ensure they provide clear guidance related to penalties and when penalties can be imposed.

**Regular Feedback from Facilities:** Boise State University could help us receive feedback by surveying facilities on their interactions with the Department.

### **Listening Sessions for Residents and Family Members | Christine Pisani**

Christine provided handouts that included the flyer advertising the Community Now! Listening Tour, the letter sent to participants, the agenda and statistics on the Tour. The Council approached the Department last fall about this idea – what Department services were working, which ones were not working, and if there are any gaps in services. The Department, ACLU, service providers and families attended. The Listening Tour comprised of fourteen (14) stops in

seven (7) Health and Welfare regions. This included urban and rural areas. Christine stated they learned different things from the rural areas, for instance, issues with mileage reimbursement and a request for help with end of life planning. There were 14 statewide listening sessions that included ninety-three (93) adults with intellectual or developmental disabilities, one hundred and twenty-eight (128) family advocates and thirty-one (31) providers. At some sessions, two percent (2%) of the group were self-advocates and parents.

Report and recommendations from Community Now!: Participants of the sessions were very thankful that the Department and stakeholders came to them, as oftentimes, hearings are held in Boise or large towns. It is important to visit rural places to hear different information/concerns. The Council has spoken about performing their own tour along the lines of Community Now!.

Francoise inquired who would fund such an endeavor. Tamara responded that the Council would have to analyze if the Department could absorb the cost. She emphasized that the Council would need to identify what exactly it wanted to do regarding the listening sessions, i.e. what does the Council want to accomplish. Rick suggested to keep costs down, the Council could have members attend sessions in their general area. The Council could also think about obtaining feedback via an electronic survey because some residents do not leave their facility. Although, with that method, we could be getting feedback from the providers or families instead of a resident. We could also go to facilities. Eva expressed that it is a different feeling for individuals to participate without their caregiver. He/she could be influenced by his/her caregiver. Eva also suggested the Council could initiate a pilot program in a certain region. Transportation should be provided. Doug would like a chance to study the model that was presented. Tamara reiterated that she would advise that the Council focus on what it wants to achieve from these listening sessions. What information do we want to acquire that we are not obtaining in other ways? We must be cognizant that the Council is an advisory group. Christine stated that the sessions could yield some trends that could turn into recommendations. Rick declared that other states work to actively get residents out of nursing facilities. It is less expensive for adults to be on their own.

- **ACTION ITEM** – Christine will send out dates of the upcoming fall Community Now! Listening Tour.
- **ACTION ITEM** – Doug will contact Christine about the Fall Listening Tour.

Christine explained that the listening tour came about due to a lawsuit regarding adults with developmental disabilities that was won by the ACLU. The Department had to address four (4) items: assessment tools, budget, representative to appeal budgets, and the fourth item, she was unable to recall the fourth item. The Department chose to learn and listen, choosing to take on more than what was mandated. Rick questioned the motivation for the Council to do the same thing. Could we join with the current Community Now! Tour? Christine reiterated that the tour would be a way to have the Council connect with local communities and hear from providers. Eva believes it would be a way to learn about the participants' views on Licensing and

Certification, living arrangements and gain insight on staff shortages. She further stated it is best to approach it now.

### **CFH Update | Steve Millward**

The new, rewritten chapter of CFH rules is in effect as of 07/01/2018. CFH surveyors also have a new compliance tool, OneNote. (Steve demonstrated OneNote for the Council.) The surveyors choose the type of survey and access tabs across the top of the survey as they go through the different activities being reviewed. Surveyors mark activities as “comply” or “non-comply.” The surveyor then sends a notice to the Technical Records Specialist who then processes the survey from the OneNote file. Steve stated CFH will make the OneNote survey template available so providers can see what surveyors will inspect and in what manner.

➤ **ACTION ITEM** – Steve will add the OneNote template to the website.

The CFH website provides a link to the updated rules an announcement that explains the new rules, Understanding Change to the Rules (overview presentation) and Comparing Old and New Rules. There is a new Report Incident button for providers to report an incident. The button is linked to a Critical Incident fillable form that providers will either e-mail or fax to the Department.

The CFH application process has changed. It is divided into two (2) parts: A and B. Part A is the initial screening. If there is an applicant who cannot be a provider, CFH can inform him/her after the initial screening. Part B is to complete the application process. A new provider manual is coming soon.

There is a new Fire Drill Summary. CFH is encouraging providers to video record their fire drills. Providers would show their video to the surveyors to document their fire drills.

Christine recognized Steve for CFH’s work for Spanish speaking families.

Francoise requested a list of providers that provide hourly adult care. Steve explained that they will need to collect the data at surveys. After all the surveys are done, the list will be complete. It will take one (1) year from now. The list will be updated in two (2) ways: Every year as the survey is completed or if the providers call to take themselves off the list or add their name to the list. Pam asked about the pay for participants who receive Medicaid. Steve replied that the service requires prior authorization. He believes there is also a separate application for the Medicaid process for providing hourly care.

➤ **ACTION ITEM** – Steve will add a list of hourly adult care providers to the Participants Page of the CFH website. (This will take about a year to complete.)

The Grievance Response Record, which is under Forms on the website, is a new requirement in which the response to a grievance must be recorded/written and detailed.

Feedback from providers on new forms: Eva suggested that the service fee be separate from

fees for consumable products. For example, the admission agreement may state that a provider will provide shampoo. That does not mean they will get the same (expensive) shampoo every time. It addresses a care issue. Steve replied that the admissions agreement includes care.

Eva would like the Department to provide residents with clarification on self-administered medication. Steve stated that the provider is to provide the resident a lockable drawer. Eva would like it stated that the resident is to secure his/her medication. James stated that people cannot understand the admission forms. Christine stated that, per rule, providers must explain the admission forms and process. Mary added that the forms are written simply for most people to understand and are user friendly.

Steve updated the Council on the pilot program between State Hospital North and CFH. A CFH resident would reside with their CFH provider and attend a program at State Hospital North during the day. A meeting was held about this pilot program with five (5) people in attendance. As of yet, no one has volunteered. Steve stated the Department may want to approach State Hospital South. Eva asserted training is needed for providers. Steve explained the hospital would provide counseling to both the provider and resident. He also explained that seventy five percent (75%) of CFH providers are providing care to a family member. The Department must identify providers who will accept non-family members.

### **Emergency/Crisis Placement Reimbursement in CFHs for Individuals with Developmental Disabilities or Mental Illness | Art Evans and Russell Salyards**

Reimbursement for Developmental Disability: Medicaid looks for certification from Licensing and Certification, a provider agreement and an approved plan. This reimbursement is based on a certain number of hours and skill building. The average is 6.25, a total of \$53.38. A&D reimbursement is based off of Uniform Assessment Instrument. It varies depending on the needs of the individual. The provider would submit an addendum on the first day of service for Medicaid review.

Eva wanted to address crisis placement. She stated there is a shortage of beds. For example, if a provider wanted to place a resident with another provider for two (2) hours, the pay would be at the regular rate. Art replied that Medicaid does not pay for a few hours. It pays per day. Christine inquired if it would make a difference if the decision to move was made by Licensing and Certification. Art declared that there is no mechanism to cover crisis from a Medicaid perspective. Their definition of crisis is loss of a job, loss of a home or physical harm. Art believes we may be speaking about respite care. Russell agreed and asserted that a time frame of two (2) hours would be respite. Eva gave an example of an individual who had no place to go and approached her provider with a razor. Russell stated that in that instance, the provider would call 911.

Kris asserted that on the assisted living side, behavior side, Alzheimer's/dementia, there is a need for reimbursement for part of a day. Assisted living should be a part of that conversation.

### **Court and Crisis | Russell Salyards**

Russell stated that court cases have addressed guardianships, competency committees and evaluations. If a resident is referred (as in crisis), Medicaid staff goes to the location and assists to stabilize the client. Often, doctors believe it is behavioral when it can be addressed with medication. The Division of Medicaid has a doctor on staff who is happy to consult with other doctors and has doctors on their committees for their expertise.

Russell asserts that we must work with people to figure out answers to the question - where did the behavior start? If you find the trigger, go back another hour. What happened then to change behavior? Once you have identified the cause, you can use interventions, distractions and reinforcements, but do not stop there. Providers can use many of these tools for the situation, not just one. Russell gave the example that if a resident gets upset after a call from a family member, the provider can limit the phone calls, speak with the family member to see if they are triggering the resident in some way or have something like ice cream distract the resident. While the resident is on the phone, the provider can set up all of the fixings. When the resident finishes his phone call, tell them right away it is ice cream time and have them get the last ingredient, the ice cream. Eva would like Russell to train providers these methods as he had previously. Russell replied that a rule change stated the providers must train themselves. Medicare cannot provide training.

#### **Review of Action Items from This Meeting | Susan Nicholson**

- **ACTION ITEM** – Jamie will contact the Idaho Bureau of Occupational Licenses.
- **ACTION ITEM** – Jamie will add CCAC members to distribution list for general FLARES notices.
- **ACTION ITEM** – Christine will send out dates of the upcoming fall Community Now! Listening Tour
- **ACTION ITEM** – Steve will add the One Note template to the website.
- **ACTION ITEM** – Doug will contact Christine about the Fall Listening Tour

#### **Review of Future Agenda Items/July Meeting Agenda | Christine Pisani**

1. Listening Sessions
2. Annual Report
3. CFH Update
4. RALF Update
5. Work Group Update

**Motion to Adjourn:** Rick Huber

**Seconded:** Mary Blacker

**Vote:** Unanimous

**Adjourned at 4:00 p.m.**

The next meeting is scheduled for October 23, 2018.