

Seconded: Mary Blacker

Vote: Unanimous

RALF Update | Jamie Simpson

Jamie provided a hand out that summarized provider training, discussed updates and trends, and program data. There were two (2) opportunities for RALF administrators to attend training. In the first round, over 100 administrators attended. Next year, the plan is to focus on administrators who have never been to Bootcamp and administrators not in the field. RALF will continue nurse training, which is popular. Jamie would like to provide specialized training in suicide prevention and disaster planning and preparedness. Jamie asked if the council thought there were other areas RALF should focus on for next year. Rick stated Jerry Reiner with the State Independent Living Council has been working with disaster planning and would be willing to provide training. Keith suggested dementia and Alzheimer's training.

Jamie discussed the public portal on FLARES to search recent surveys. The results can be sorted using any of the columns and notes award winners.

Jamie discussed the most common non-core deficiencies cited from January 1, 2018 to October 23, 2018. The most common cited is Nursing Assessment, with 43. A facility must assess residents every ninety (90) days and when there is a change in condition. Surveyors are finding nurses are not assessing for change in condition. Use of Negotiated Service Agreement was cited 37 times. A negotiated service agreement should reflect resident needs and give direction to staff. It is a living document.

The most common core deficiency cited is Abuse. When there is an allegation, RALF is looking at the facility response. The allegation must be documented, the administrator must be informed, and the facility must investigate the allegation. Not completing a step can be a non-core deficiency. Not completing multiple steps will be a core-deficiency. There was one (1) core deficiency for Exploitation. Two (2) staff stole the identity of sixteen (16) residents by using their social security numbers. The industry should look at whether it needs to use a resident's full social security number or date of birth. RALF is seeing more complaints addressing resident rights because of staffing levels. Jamie stated the complaints are about verbal comments to the residents. Resident Rights citations is one type of the Inadequate Care citations.

As to workload stats, Jamie is concerned that there were ninety-nine (99) complaints received and seventy (70) of them investigated at this time. There is a question of balance - whether to investigate complaints or perform licensure surveys.

Surveyors provide comment cards to the facility to receive input on the survey process. This summer, RALF added the question, "Did any of the information provided on this survey conflict with information you have been provided by the survey agency in the past?" There were zero (0) yes responses and twenty (20) no responses to this question. The anonymous administrator survey at Bootcamp asks the question, "On a scale of 1-10 how would you rate surveyor

consistency with 10 being the most consistent?” The responses average to a 7.4 consistency score. Wanda suggested the consistency issue may have to do with the quality assurance component of a survey. Keith stated they appealed a survey in Payette performed by Blue Cross and were found to be in compliance. The problem was with how the Blue Cross surveyors interpreted rules.

HART (Homes for Adult Residential Treatment) Pilot Program | Ross Edmunds

Ross stated that we have individuals with mental illness living at RALFs. It doesn't work well for some people. There are patients in state hospitals who are difficult to discharge because the hospital can't find a facility that accepts individuals with mental illness who also have very difficult behaviors. About three (3) years ago, he formed a workgroup to create a model to infuse treatment for the serious and persistent mentally ill population. It is 100% resident choice to be at a HART home and he/she chooses the RALF HART home as the treatment provider. It is an intense, 360° treatment model. HARTs are a partnership of Licensing and Certification, Medicaid, Behavioral Health, and Optum. Funding comes from three (3) different areas: Behavioral Health, Medicaid and Optum provides the treatment package. In March, the first and second HART was opened, with twelve (12) beds each. Harmony House in Coeur d'Alene and Diamond Peak in Pocatello were subsequently opened with sixteen (16) beds each. Today, by and large, the beds are full and high turnover is not expected. However, there is turnover.

The pilot program runs through the end of 2018. At that time, Behavioral Health plans to study and research the results and report to the legislature. This will not be accomplished in time for the upcoming budget requests. A budget request for this program would thus be proposed one (1) year from January.

Currently, Behavioral Health is asking HART providers to look at RALF rules and will get shareholders together to draft rules for HART. As in the RALF program, HART providers review cases and select residents, decide how the resident would fit with others in their home. This model is a shift in mindset from working with RALF. RALF is more about providing services. HART is recovery based. HART works with the resident to work on goals and to engage. It uses conflict as an opportunity, as a therapeutic moment and for problem solving. At Harmony House, if the resident doesn't need intense care, he/she can be moved to the RALF. The provider runs both a HART and RALF.

Jim asked if the resident is transitioned back to the community. Ross answered yes, to a RALF, although there may have been discharges to the community. Jim then asked if most participants are younger adults. Ross answered that it seems like most participants are younger. Angela stated some individuals may need additional support. She asked how someone would get more assistance. Ross replied it would be the same process as currently used in RALF. The need would be identified through new assessments. Ross stated some people at HART do need physical support as well.

Ross stated that some groups have identified the need for 400 beds in the future. He believes that number is high. Medicaid has identified 160 people statewide with a primary mental

illness diagnosis. Ross believes they need to look closely at what part Medicaid can fund. Currently, the money comes from general fund. Whole section of gap group is covered by Medicaid. Ross believes the need is for 150 – 200 beds. He hopes for an expansion of HART.

CFH Update | Steve Millward

The provider manual is updated on the website. A total of 1,600 providers requested a hard copy of the manual.

On the website under Announcements and Alerts, there is an overview presentation titled Understanding Changes to the Rules and an in-depth description titled Comparing Old and New Rules. The Provider Manual is found under Provider Information. There is a Table of Contents, Introduction and Mission and 5 sections: Regulations, Home Policies and Procedures, Home Records, Admission Records, and Ongoing Resident Records. Providers can develop their own forms. However, Department forms are compliant with rules and policies. Providers can find the Recertification Survey Compliance Study under QA Tools. Staff use this document at surveys. There is also a Recertification Checklist. Under the Forms section, providers will find three (3) sections: Admission Records, Home Records and Ongoing Resident Records.

Mary described the forms as user friendly. Steve Lish expressed that he really liked the RALF and CFH websites. He finds them user friendly.

In response to the new rules, Steve uses a progressive approach. The first year is used as a training opportunity where staff provide technical assistance, not citing deficiencies. The goal is for providers to understand requirements. If there are repeat deficiencies, a provider will receive a statement of deficiencies or a provisional license. The last step is revocation.

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

Tamara started by reminding the council that she gave a lengthy update in July. There are council members in many of the workgroups. She reported that the first annual education summit will be held on November 6, 2018. The Department has been aggressive in providing training. Last year, some stakeholders noticed there was a duplication in trainings. The summit will pull entities together and have joint planning. It will pull resources, funding and talent to address education needs. There are 20-30 participants expected and will be facilitated by the Commission on Aging. AARP and the Alzheimer's Association have been invited.

The Assisted Living workgroup has been addressing wound care. The workgroup has identified best practices and drafted protocols for direct care staff and nurses to keep wounds clean. The group is aware some facilities have wound care experts. The group is researching the criteria for the Department to waive the requirement for discharge for stage 3 or 4 wounds. Options are a rule change or a variance. There may only be three (3) or four (4) facilities with such expertise.

There are access issues to assisted living for Alzheimer's and dementia patients. It isn't necessarily a shortage of beds. Access may be more difficult if the resident is a Medicaid

participant. Medicaid is open to the workgroup's recommendation. Any increases in reimbursement would have to go to the legislature to request an increase in funding.

The RALF workgroup is looking at offering CARF accreditation in lieu of licensure. An individual would be assigned as Idaho's contact with CARF. Surveyors would not necessarily come from Idaho.

➤ **ACTION ITEM** – Tamara will find out how many other states use CARF accreditation.

Listening Sessions | Steve Lish

Tamara announced the next scheduled Community Now! Tour will be in the spring of 2019. She asked what the council would try to accomplish by having listening sessions. Francoise responded the sessions were for residents and family members dealing with a facility to communicate issues. Also, it would be an opportunity to get input on policy changes. Doug stated that if Christine was going to organize the tour, she should put together a model for the listening session. Tamara reminded us of a comment from Rick last meeting that if council members knew about sessions in our geographic area, they could attend.

Rick asserted that a lot of the people the council want to reach could not make it to a session because of their living situation. He suggested having a resident survey when the Department is surveying providers because residents will have different input. Responses depend on the questions asked on a survey. Doug stated listening session feedback could influence training.

Keith suggested having a presentation. For instance, we could have a thirty (30) minute presentation on rules and ask for feedback. It would prompt constructive dialogue and may be more objective. Steve Lish stated he liked that idea.

Tamara is concerned the sessions will set up expectations that the council can't meet. It needs to be clear that the sessions are being sponsored by the council and not the Department. She stated some facilities do a very good job with their resident councils and some are still figuring it out. She would hate to tread on their work. Tamara stated Keith's idea could be a good start. Wanda agrees. Tamara suggested that an interim step could be for council members to attend Community Now! Sessions. Keith replied that the idea may be a good start.

Angela asserted we should get responses primarily from residents. The council will get different responses than from asking family members. She also stated training on abuse, neglect and resident care is needed. Keith explained that he has facilitated Alzheimer's support groups. They often bring in guest speakers. The council could provide a service to educate people. Most people are new in the industry. Tamara suggested focusing sessions on resident rights may be a good place to start. She also stated that the Department doesn't get the opportunity to receive input. Cathy also believes it's a good idea to start with resident rights.

Tamara proposed leading a subgroup for listening sessions. The sub-group will bring two (2) to three (3) options to the January meeting. Tamara stated Doug was interested on being on the

subgroup. Steve Lish suggested Keith. Tamara suggested Francoise and Francoise nominated Christine. Sub group members: Tamara, Doug, Keith, Francoise and Christine.

- **ACTION ITEM** – The listening sessions sub-group will bring two (2) to three (3) options to the January meeting.

Annual Report | Tamara Prisock

Tamara reminded the members that the council is mandated by statute. The council must submit a report annually to the legislature. The report includes: background information, list of members, issues and recommendations for AL and CFH, AL and CFH summary of work. The summary of work is a summary of each quarterly meeting's presentations.

- **ACTION ITEM** – Tamara and Lucy will draft the annual report and share it via e-mail to members for feedback. Tamara will present the draft at the January meeting for comment.

Tamara requested input for the issues and recommendation section.

FUNDING ISSUES: Last year's report listed funding issues as a concern, specifically the outdated rates for Medicaid reimbursements. As of last year, CFH rates were unchanged for fifteen (15) years and AL were last changed in 2009. Keith commented that if Medicaid received an increase, the Department needs to explore how to keep the rate current. He asserted the Department should seek an increase for CFH. It has been sixteen (16) years without a fund increase. Mary explained that most CFHs have another source of income. They couldn't sustain themselves without one. She supports adding the rates in the section and stressing the importance. Rick agrees. Wanda stated she couldn't be a CFH with the traditional rates. She specializes in residents that need two (2) caregivers. She suggests that the number of homes with a resident that isn't a family member has dropped, although she doesn't have data in support of that statement.

PLACEMENT OF INDIVIDUALS WITH DIFFICULT BEHAVIORS: Mental illness and the HART pilot program was included in this section. Tamara asked if this issue should be included in this year's annual report. Mary stated the HART pilot was working well. The council could update the section with the program's progress. She asserted the council would want to keep an eye on the program and support it. Rick added that the program needs more funding.

MEMORY CARE AND SECURE MEMORY UNITS: The only comment was Keith's. He stated that eventually rule changes and funding would be needed.

STAFFING: Keith stated staffing is a problem because unemployment is at its lowest levels. The wage is not competitive with the market. Staffing levels are causing deficiencies. He suggested adding training and acquiring new staff to this narrative.

EMERGENCY CRISIS AND PLACEMENT: Providers were having difficulty finding placement. It was previously stated that CFH specialists will collect data on who can provide emergency placement. Steve Millward replied the information has been collected and is provided to

providers who call the Department. Due to a rule change for resident rights, residents can return to CFH that they were in prior to emergency placement. Tamara asked if this was still an issue to address in the annual report. Mary replied no. Wanda stated it was still an issue.

LISTENING SESSIONS: Tamara stated this was an issue in last year's report.

RESIDENT ADVOCACY: Keith said the council should promote more training opportunities and collaboration. Angela stated there has been some success in this area.

Review of Action Items from This Meeting | Lucy Jeffrey

- **ACTION ITEM** – Tamara will find out how many other states use CARF accreditation.
- **ACTION ITEM** – The listening sessions sub-group will bring two (2) to three (3) options to the January meeting.
- **ACTION ITEM** – Tamara and Lucy will draft the annual report, share via e-mail to members for feedback. Tamara will present a draft at the January meeting for comment.

Review of Future Agenda Items/January Meeting Agenda | Steve Lish

1. Adult Protection Records/Registry - guest speaker Tammy, Adult Protection Revitalization Project

There was a discussion about adult protection. Keith stated currently the facility and APS independently investigate an allegation. In Idaho, APS cannot share results of an investigation. The facility isn't aware if APS results are different from theirs. The employee is left in limbo. According to an attorney, it will take a change in statute to address this issue. Tamara shared that there is a workgroup pursuing an Adult Protection Registry. She suggested that Keith contact Judy Taylor, Administrator of the Commission on Aging, to talk with her about this issue and whether it is being addressed in the Commission's current Adult Protection Revitalization Project.

Motion to Adjourn: Keith Fletcher
Seconded: Francoise Cleveland
Vote: Unanimous
Adjourned at 3:40 p.m.

The next meeting is scheduled for January 22, 2019.