COMMUNITY CARE ADVISORY COUNCIL
April 24, 2018

Present:
- Steve Lish (RALF IHCA Administrator), Chair
- Tamara Prisock (IDHW Director Designee)
- Susan Nicholson, IDHW (Council Support)
- Angela Eandi (DisAbility Rights Idaho)
- Jim Varnadoe (RALF At-Large Administrator – DHW Appointee)
- Keith Fletcher (RALF At-large Administrator)
- Mary Blacker (CFH Provider Representative)
- Nicole Ellis (RALF IHCA Administrator)
- Wanda Warden (CFH Provider Representative)
- Kris Ellis (IHCA Executive Director Appointee) represented by Robert Vande Merwe
- James Steed (Non-voting Member, Future RALF Resident)
- Cheryl Gibson (CFH Provider/Family Representative)
- Rick Huber (Advocate for Individuals with Mental Illness)

Teleconference or Video Conference:
- Pamela Estes (CFH Provider Representative)
- Eva Blecha (CFH Provider Representative)
- Elishia Smith (RALF Resident/Family Member Representative)

Absent:
- Cathy Hart (Idaho Ombudsman for the Elderly)
- Francoise Cleveland (AARP)
- Doug Park (RALF Resident/Family Member Representative)
- Christine Pisani (Developmental Disabilities Council), Vice Chair
- Shayne Burr (RALF IHCA Administrator)

Guests:
- Jamie Simpson, IDHW-RALF
- Steve Millward, IDHW-CFH

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Open Forum – Steve, Chair – Steve gave a brief overview of the meeting rules and opened the floor for visitor comments/issues from visiting attendees. None were voiced.

Motion:	Adopt the April 24, 2018, agenda.
So Moved:	Keith Fletcher
Seconded:	Tamara Prisock
Vote:	Unanimous

Motion:	Adopt the January 23, 2018, minutes, with amendments to page 8.
So Moved:	Keith Fletcher
Seconded:	Wanda Warden
Vote:	Unanimous

CFH Rules | Steve Millward

1. Pilot with State Hospital North: Dr. Kracke has offered to partner with CFHs in the Orofino area to provide daily treatment in the hospital setting but allow participants to reside in a CFH. Currently a pilot program, the hospital provides services until the patient is stable enough for discharge as deemed by hospital staff. The patient is discharged to a CFH but returns to the hospital for outpatient treatment. Eva questioned payment to CFHs in this scenario. Steve confirmed the CFH will receive payment for services like normal. Keith added that the CFH must be prepared to handle such residents in the event of situations such as illness when he/she will not be able to go to the hospital for treatment. The CFH must also have reliable transportation to allow residents to attend daily treatment at the hospital.

2. Update on "Understanding Mental Illness" training: CFH staff alongside behavioral health representatives developed a 3-hour training that is currently available in a PowerPoint presentation. Steve is considering building the training in a software program such as Lectora which will allow presentation of material as well as a quiz following the presentation. While getting that into place, he asked if it would be helpful to make a PDF of that training available now or wait until it is in a testable environment. Eva and Angie recommended to go ahead and post this PDF and with the caveat that interactive testing will be forthcoming.

   Questions regarding after hours services and emergency placement were voiced. Wanda and Eva voiced the importance of being able to call someone. Steve offered other staff such as counselors are available for additional help. Tamara advised this is a first step based on curriculum from State Hospital South and adapted for CFH. This training will be built upon and is not intended for emergency situations. Steve will convert to a PDF and post online.

➢ ACTION ITEM – Steve will upload the "Understanding Mental Illness" training PDF to the CFH website.

3. Update on Medication Assistance training: This training has been geared towards assisted living and nursing homes. Steve is working with Career and Technical Education (CTE) to develop a curriculum geared towards CFHs. They will update the old CFH curriculum which was provided to them and then offer a class specific to the CFH environment. The curriculum may be online and available to everyone. To receive certification, it will be necessary to go to a local vocational technical school. Tamara raised the question of charges for the certification and if there will be a difference between online training and instructor led training. Steve advised little discussion has been held regarding this; however, it will be about the same charge, currently estimated at about $80. Eva requested clarification on whether new CFHs will be required to take this course. Steve advised they allow for other department-approved training. While new rules state the course must be completed, a new certification is not required regardless of the expiration date.

4. Update on July implementation of CFH rules: Rules will go into effect July 1, 2018.
    Forms and processes have been revamped accordingly. Steve presented these forms as
    well as an overview of the changes.

    Some notable changes are the division of the application process into two parts. Part A
    is to serve as a screening process and includes taking an orientation class, paying an
    application fee, medical training/certifications, and home inspection. Part B of the
    application will include the bulk of the requirements to operate as a CFH and include an
    on-site study. Part B will be picked up by the surveyor during the on-site study.

    The Medication Assistance Record now includes a place to track prn medications,
    anything identified as "give as needed," which can be taken to physician visits to discuss.

    A new document is also being added to track loans and repayments which may now
    only be provided to the resident by someone related to him/her. Forms for related new
    rules such as Critical Incident Reports (CIRs) and Hourly Adult Care Service Logs have
    also been added. Steve clarified that a CIR is to be submitted for injuries, even those
    such as epileptic patients for whom falls are not uncommon.

    Training is divided into two sections, type and content. Type consists of interactive and
    independent training. At least half of the training must be interactive. Interactive was
    referred to previously as classroom. Physician visits may count towards this
    requirement. It must be interactive, i.e. real-time question and answer. Content
    training consists of resident-specific and general. At least half of the training must be
    resident-specific. Resident-specific training is often related to diagnoses.

    In response to a question posed by Robert regarding how CFH providers find out about
    training opportunities, Steve advised providers may find local sources, and if aware of it,
    Steve and his group will post such information to social media.

    Renewal applications have been used intermittently in the past but will be used
    consistently going forward as required by the rules and statutes. Surveyors will bring
    forms to the CFH provider to fill out during survey. These are to be filled out 30 days
    before expiration of certification; however, surveyors work ahead approximately 30
    days. The renewal may be combined if there are multiple participants in the home.

    Angie questioned if the version of the Admission Agreement provided by the
    Department was voluntary. Steve advised that it is, but there are stipulations that it
    must contain certain information. It would be necessary for the CFH staff to compare
    the alternate Admission Agreement to the one provided by DHW.

    More forms such as Emergency Plans and a Smoke Detector Log are being created and
    will be provided once available.

➢ ACTION ITEM – Steve will forward the additional forms once they are completed.

Wanda requested a form that goes with residents to appointments so the doctor/provider may write changes made to the participant's healthcare as well as summarize discussions and changes implemented during the visit.

Steve has asked the members of the Council representing CFHs to begin using the forms presented as a pilot program and provide feedback to him.

➢ ACTION ITEM – Council members representing CFHs will begin using the new forms as a pilot and bring feedback to present to the Council at the next meeting, July 24.

➢ ACTION ITEM – Susan will send individual PDFs of each form to CFH Council members.

Steve advised the Provider Manual is being updated and will be available online July 1. His team will be getting CFH feedback before hard copies will be provided to providers.

A comparison of existing vs pending rules is available at:
http://healthandwelfare.idaho.gov/Portals/0/Medical/CFH/ComparisonCFHRules.pdf.

RALF Update | Jamie Simpson
1. Upcoming trainings: Dates for trainings have been published but is not open for registration yet. Nursing training has been added as they will now be required to have Continuing Education Units (CEUs). The nurses' training as well as administrator training will be free as the RALF team will be facilitating these. There are also Critical Incident Investigations Training sessions being facilitated by Labor Relations Alternatives (LRA) in August. There will be some cost associated with this training; however, scholarships will be offered. If these courses fill, more sessions may be offered. These trainings are different from last year's boot camp. These trainings are set up to be attended yearly.

2. Trends: RALF program data for the period January 1, 2018 to April 23, 2018, was provided to the Council.

Jamie clarified that the citation of Use of Negotiated Service Agreement (NSA) is often cited due to lack of updating information, i.e. a previously ambulatory patient is now in a wheelchair or adaptive equipment is now in use. Nursing Assessment citations are usually due to lack of updating a change of condition.

Robert questioned if the core deficiency of abuse was actual or a background of abuse. Jamie clarified that citations sometimes indicate the system intended to protect residents from abuse is broken and not that abuse is occurring necessarily.

Jim asked if the issue of having sufficient personnel is growing. Jamie indicated that it is trending but goes back and forth. Keith questioned the ratio of core deficiencies to number of surveys. Jamie indicated this ratio is consistent when compared to last year.

Robert inquired about the backlog of complaint investigations and surveys. Jamie advised complaints are up-to-date, and surveys are holding steady; however, there is not enough staff to keep up with both.

Jamie advised there is a trend in identification theft resulting from lack of protection of resident information. There are situations where all staff can access records including items such as Social Security Numbers. The need for heightened awareness regarding protecting this information will be discussed in boot camps.

Jamie posed a question to the Council regarding how much survey history they would like to see online. Keith voiced the desire to see the current survey plus one or two more; however, he notes it is complicated by the length of time between surveys. He also questioned if complaints are counted as a survey. Jim would like to see three surveys as a way to see if a facility is in and out of trouble and see those moving forward. Robert recommended three surveys or a three-year history of surveys, whichever is larger. Jamie added that while facilities are surveyed every three years, they are usually visited yearly. The history is removed if a facility is issued a new license. Angie asked if owners always change the name. Jamie advised they do not. Rick questioned if a facility will change management companies to eliminate evidence of the facility being cited, receiving complaints, etc. Jamie advised the team looks at who will be making decisions about staffing and funding during the application process, checking to see if the new management company will now be making decisions. It would be a very costly way to try to remove historical evidence of trouble within the facility.

3. HART Homes update: There are currently three licensed HART Homes. The Curtis and Hillcrest homes each have 12 residents. The Harmony House in McCall may take 15 residents. The next home will be in Pocatello and is due to open in the next few months. There is no survey as these are new facilities. They operate as a RALF but have added mental health services. With traditional RALFs, they are given a choice of provider. In order to accommodate this for HART Homes, which are not an option of choice, they need to have a variance in place.

DHW/IHCA Joint Initiatives for 2018/Council Priorities | Tamara Prisock
The Office of Performance Evaluations (OPE) completed an evaluation in January 2018 involving Licensing & Certification teams. The first part of the report is in regard to the landscape of residential care in Idaho. The OPE team chose three teams to evaluate for the second part of the report including Assisted Living (AL), Nursing, and Children's Residential Facilities. There were several recommendations related to nursing facilities which fall outside of the scope of CCAC; however, the AL portion involves the Committee and was thus approached by IHCA to work together on initiatives outlined in a semiformal agreement. Two of the 2018 Council priorities align with the DHW/IHCA Agreement: (1) Memory Care/Secure Memory Units and (2) Successful residential placements for individuals with mental illness or Alzheimer's/dementia. Tamara presented proposed workgroups for initiatives.

Initiative	Workgroup
Fire safety requirements and reduce duplication.	Work with local fire staff looking at what they are looking at vs what DHW looks at to eliminate duplication without sacrificing safety. Robert questioned if DHW rules supersede local fire rules. Keith stated these sets of rules are different which is causing an issue.
Admission and discharge requirements.	It has been some time since there were any changes. The group will look at current requirements and make changes as needed. Angie asked if this will consider CMS compliance. Tamara advised this is licensing so CMS is not involved.
Develop a policy related to what is published on FLARES. Informal dispute resolution; guidance for penalties.	Some feedback was given to Jamie during today's meeting.
RALF newsletters, meetings, and collaborative training culture.	Look at resources, newsletters, training and meetings to provide AL facilities additional information to maximize care.
Alzheimer's or dementia – Include Division of Medicaid.	Explore options for improving access to assisted living facilities for individuals with Alzheimer's or dementia who have difficult behaviors that make successful placement in assisted living a challenge.
Develop options for outside accreditation of RALFs. Develop options for licensing fees.	OPE recommended looking at establishing licensing fees. Idaho does not charge fees in comparison to all other states reviewed by the OPE. Half of our hospitals are certified by JCAHO. We do not survey those facilities but do investigate complaints. Are there other options for AL? Cost? Accreditation by outside entity? The workgroup will assess licensing fees.

Robert and Tamara worked on the proposal with IHCA suggesting other third parties for a well-rounded group of stakeholders for each group. These were presented in a handout by Tamara. The representatives in each group will provide updates to the CCAC of what is going on in the workgroups and run plans by CCAC for approval. As the Council is mandated, it is necessary to stay connected.

Tamara advised this is a proposal of representatives to the workgroups. It is not set, and proposed representatives can opt out. Angie asked why she was assigned to the fire safety

workgroup. Tamara advised this was intended to have a client advocate in the group to keep an eye on the safety of residents. The admission and discharge group is larger because of the larger topic. Tamara advised it will be important to get CCAC opinion to run by before the department implements changes that would change rules.

Angie asked about man hours involved and how often these groups will meet. Tamara is not sure as the designated lead will start by pulling these groups together.

No CCAC members were included in the RALF newsletters, meetings, and collaborative training culture group as the department and association can work together and any recommendations will be run by CCAC but no CCAC members are necessary in that workgroup.

It was recommended to add mental health providers and possibly Rick Huber to the Alzheimer's or dementia workgroup. Tamara and Robert met following the meeting and provided the following: In reviewing the work groups being established to work on the DHW/IHCA initiatives, a Council member pointed out that one of the list of initiatives in the agreement with IHCA did not match the description on the work group roster. Tamara and Robert discussed that work group, and the decision is to have that work group focus on access issues for individuals with Alzheimer's and dementia. The rationale is that we already have the pilot for the HART model going, and the HART model was developed to address access issues for individuals with chronic mental illness.

There will be similar groups on the nursing home side; however, that is not part of CCAC. There will be a small oversight committee for that to which Steve Lish has been appointed as a representative.

> **Motion:** The Council endorses the proposal on how to engage CCAC in this process.
> **So Moved:** Robert Vande Merwe
> **Seconded:** Keith Fletcher
> **Vote:** Unanimous

Wanda asked about council priority for CFH, and Jamie recommended having a CFH representative in workgroups. Tamara advised it is important to leave the workgroups as established by IHCA as they will be focused on AL due to the tight timeline to have recommendations ready for the next legislative session.

> ➢ ACTION ITEM – Susan will email the link to the OPE report to the Council members.

Emergency/Crisis Placement in CFHs for Individuals with Developmental Disabilities or Mental Illness | Steve Millward
New rules will be implemented regarding emergency placement. Placement after hours or on weekends are acceptable but conditional. It will be necessary for the provider to contact the CFH team the next business day. Keith asked how the resident would be removed if deemed an inappropriate placement. Steve advised there is a process through which the CFH providers

should know if a placement is appropriate. It is necessary to advise the resident that this is a conditional placement and have a backup plan in place.

Section 260 addresses emergency placement and 260.03 emergency admits. Any placement to CFH is often from a hospital.

Information on who would be available to take a placement is now online and updated monthly. Keith questioned lack of framework if not an appropriate emergency placement. Steve advised it will be necessary to have a plan if the emergency placement is not approved. Angie asked about emergency status and leaving the home. Steve advised this is in reference to the hospital. Angie noted the resident can be out of CFH temporarily because ill or violent. Steve advised this situation will be addressed under emergency temporary placement. On temporary placements, the agreement for the previous home remains in effect until a provider gives a 30-day notice or if delinquent on payments, a 3-day notice. Eva would like to know how the CFH will be paid when an individual comes in on an emergency temporary placement. If a resident is taken in then they are not paid for the temporary placement because Medicaid will not backpay, and the temporary placement may be over by the time the paperwork is completed. Mary advised if a resident was sent to her for a cool-off period, she would reimburse the CFH provider out of her funds as she would not be providing services to that participant during that time. Eva asked if there is a crisis mode placement reimbursement versus a cool-off placement stating it would be unfair to take care of someone in crisis at a daily rate of pay.

Rick asked if these participants are on Medicaid stating there are few services available and even fewer to those who do not have Medicaid and are private pay. Steve advised 96% of CFH residents are on Medicaid. If an emergency placement occurs for a private pay resident, the resident and provider will negotiate the cost.

Eva recommended setting up emergency crisis homes that require specific training with A&D or DD credentials to identify for crisis placements. Steve mentioned the talk of subcommittees last meeting. Keith advised defining full placement vs respite placement. Steve referred to section 300 which addresses alternate placement.

Tamara suggested posing these issues/questions to a Medicaid representative at the next meeting as some of these issues may be resolved quickly with a discussion.

Steve advised these are questions for Medicaid as they handle the payments. Steve will arrange for a representative from Medicaid to address the following questions at the CCAC Meeting July 24:

What is the process for reimbursement (justification, documentation, etc.) between the DD Waiver and the A&D Waiver services?

Under what circumstances can a CFH be reimbursed for an emergency placement?

If an emergency placement ends up being only a few hours, does Medicaid reimburse for adult hourly care in an emergency placement?

➢ ACTION ITEM – Steve will arrange for a Medicaid representative to attend the July 24th CCAC meeting to address reimbursement questions related to emergency placements in CFHs.

Listening Sessions for Residents and Family Members | Tamara Prisock
Key people in this discussion were not able to attend the meeting. Tamara recommended postponing this discussion until Christine and Doug are available, and there was no objection from other Council members.

On-line Resources for CFH Providers and Public | Steve Millward
Steve provided a demo of the CFH website: www.cfh.dhw.idaho.gov. The new forms will be added to the site following a pilot test. Steve will add a column on the vacancy list to indicate if a CFH is willing to take an emergency placement.

Mary indicated she utilizes the CFH Facebook page as a resource as well. Steve will continue to utilize social media.

Mary recommended sending a postcard to CFHs and ask them to return the postcard if they want to receive a hard copy of the new provider manual. The online format is user friendly and implementation of new forms on July 1 can be conveyed online.

There is no grandfathering regarding the new forms. They will go into effect July 1. The enforcement philosophy of Steve and his team is they are there to support the CFH providers. They will give technical assistance on items that are not posing a danger to the residents. The team will expect new forms to be in use by the following survey and will carry a supply of the new forms with them.

Angie asked if questions could be emailed. Steve confirmed that would be fine. Eva recommended training classes be added to the CFH website, not just forms. In an effort to help train CFH providers and answer questions, it was recommended a question of the day, week, or year be posted on Facebook then a correct answer supplied after specified period of time following that.

The consumer page needs work. Steve plans to add a checklist of questions to ask and things to look for when looking for a CFH. Steve Lish also recommended differentiating between RALFs and CFHs. Steve M. advised it will be made more user friendly and will reference agencies such as DisAbility Rights Idaho.

Eva suggested additional items be listed on the vacancy list such as country/city setting, accepts men/women/kids, accepts pets, smoking/nonsmoking, etc. Steve advised this will be collected on the new forms and will look to filter that information and set something up similar to FLARES using the SQL database currently in use.

Mary would like the vacancy list to show if a CFH is actively seeking participants. Steve advised the intent of the report is to show those looking to fill beds. He will ask CFHs who are not wanting to fill beds to report that to the department so it will be reflected accurately on the list.

Review of Action Items From This Meeting | Susan Nicholson
- Steve will upload the "Understanding Mental Illness" training PDF to the CFH website.
- Steve will forward the additional forms once they are completed.
- Council members representing CFHs will being using the new forms as a pilot and bring feedback to present to the Council at the next meeting, July 24.
- Susan will send individual PDFs of each form to CFH Council members.
- Steve will arrange for a Medicaid representative to attend the July 24th CCAC meeting to address reimbursement questions related to emergency placements in CFHs.

Review of Future Agenda Items/July Meeting Agenda | Steve Lish
- Listening Sessions for Residents and Family Members.
- Reimbursement for Emergency/Crisis Placement in CFHs for Individuals with Developmental Disabilities or Mental Illness – Medicaid Representatives.
- CFH new form feedback from CFH Council Members.
- DHW/IHCA Agreement Workgroup status updates.

Motion to Adjourn:	Mary Blacker
Seconded:	Jim Varnadoe
Vote:	Unanimous
Adjourned at 3:50 p.m.	

The next meeting is scheduled for July 24, 2018.