



Meeting Minutes: Home Care and Assisted Living Program Advisory Council

June 5, 2017

Minutes prepared by: Lari Anne B. Mazzitello

Location: The Freeman Building, 625 Robert St. N, St. Paul, MN 55164-0975

Attendance

- Council members: Samantha Drost, Cheryl Hennen, Amy Nelson, Jarrod Peterson, Melissa Plachecki, Suzan Sinna
- MDH, Health Regulation Division: Renae Dressel, Cathy Griffin, Jonathan Hill, Lari Anne Mazzitello, Kearim Meng, Cindy Vargas
- Public Attendees:
 - In person (5)
 - Video conference attendees: Duluth (1), Rochester (1)
 - By telephone: Yes

Agenda

- Roll Call
- Welcome & Introductions
- HCALP Highlights
- Preparing for 2018 Session
- Advisory Council Charter
- Updates: Licensing, Surveys
- Q & A Time
- Closing Comments

Upcoming FY17 Work Groups

Date: June 21, 2017

Time: 1 – 4 pm

Location: Freeman Building, 625 Robert Street North, St. Paul, MN 55164-0975

Meeting Notes

HCALP Highlights (Cathy Griffin)

Legislative session updates: The following bills are being considered by the legislature:

- A requirement that the council to make annual recommendations for projects to improve home care in Minnesota.
- Clarify that license fees are not refundable in the case of denied licenses or withdrawn applications.
- An increase in license fees for fiscal year (FY) 19 of 10% over FY18 and another 5% in FY20. (License fees for FY18 will remain the same as FY17 fees.) The fee schedule will still be based on annual revenue received from providing licensed home care services.

Other updates:

- Home care providers will be able to provide epinephrine to clients without a prescription, in certain circumstances. MDH will issue an information bulletin.
- Background studies on home management providers were never required. MDH will no longer request background studies on them.
- MDH is working toward being able to accept electronic signatures for online license renewals. Until this process is finalized, providers must continue to submit signed confirmation pages of online renewals to the department.

Preparing for 2018 Legislative Session (Cathy Griffin)

MDH asked the council, provider organizations and MDH staff to share recommendations for home care statute improvements. Monthly work sessions are being held with the council to discuss concerns and ideas.

Advisory Council Charter (Cathy Griffin)

MDH presented the revised charter to the council. MDH explained that it is a living document that will be reviewed and updated annually.

Licensing Updates (Cindy Vargas)

MDH updated the council on several licensing issues:

- The [Resources for Providers](#) page on the website has been updated and is also available in paper format.
- The [Home Care Revenue Worksheet](#) is now online. This worksheet is intended to help providers understand what to include as revenue from licensed home care services, which is what determines license renewal fees.
- The [Notice from Temporary Licensee of Providing Home Care Services](#) was updated to include a list of services. Temporary licensees must inform MDH when they start providing home care services. The revised form will create efficiencies for providers and for MDH administrative and survey staff.
- A new survey summary document is being drafted with a goal of improving communication with consumers and providers about survey results.
- MDH reviewed some of the challenges it sees with initial applicant preparedness and is seeking council input on addressing these challenges.

Survey Updates (Jonathan Hill)

MDH summarized the [top correction orders](#) issued on comprehensive surveys. Orders that have a high potential to affect client safety are the failure to complete the required comprehensive assessment and violations that are cited under the home care bill of rights (including the right to be served by people who are properly trained and

competent). The importance of the RN was noted, including the responsibility of the RN to provide the assessment, develop a plan of care and conduct additional assessments based on changes in client condition. The RN has a broad view of the client's needs, has authority to delegate tasks to unlicensed personnel (ULP) and provides periodic supervision of the ULP. The program considers this the "year of the assessment." RNs must conduct assessments at a minimum by 5 days, 14 days, every 90 days and when a client's condition changes.

Some reasons Level 3 and 4 orders were issued include:

- Client falls: Most often written at a level 3 or 4 due to the high potential for injury. MDH finds that falls are often not identified as a change in condition when they should be and/or the client is not assessed for safety or interventions.
- Client smoking is not reviewed when assessed.
- Bed rail risks versus benefits were not assessed, or RN was not aware bed rails were installed.
- Client change in mobility requires additional RN assessment to prevent and monitor pressure ulcers.
- Providers often do not track falls.

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10/20/2017

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