

Home Care Provider Advisory Council Minutes

Date: June 6, 2016

Attendance:

Council members: Cheryl Hennen, Amy Nelson, Jean Peters, Melissa Plachecki,
(Rene Cronquist - Excused)
MDH Representatives: Jeri Cummins, Lari Anne Mazzitello, Susan Winkelmann (by phone)
Others: 26 Visitors

Welcome (Jeri Cummins)

Ms. Cummins, Ms. Mazzitello, and the Councilmembers introduced themselves to the audience. Ms. Cummins announced that Ms. Winkelmann had a conflict but would be calling in later in the meeting to discuss legislative changes that affected the home care community.

Advisory Council Vacancies (Lari Anne Mazzitello)

Ms. Mazzitello announced that there are two vacancies on the council. A recommendation for the home care licensee appointment is being routed to the commissioner and is expected within the next week. The Minnesota Department of Health (MDH) is still taking applications for the member of the public vacancy at the following link:

<http://www.sos.state.mn.us/media/1750/november-2015.pdf> [offered post- meeting]

Program Manager Update (Jeri Cummins)

Ms. Cummins stated that interviews for the next Home Care and Assisted Living Program (HCALP) manager have been conducted and two candidates are being considered. A final selection should be made within a month.

Survey Trends (Jeri Cummins)

Ms. Cummins stated that the survey trends are similar to trends discussed at the April 2016 council meeting and referred the council to review the minutes from the last meeting. Additional survey issues are:

- Does HCALP sending out survey results within 30 days of exit? Over 90% of the required surveys are being sent to providers within 30 days. Only surveys identifying violations above level 2 or as widespread must have a follow-up survey. Currently, surveyors

revisit all providers until all violations have been corrected. HCALP should show a 100% compliance for required surveys conducted over the last nine months.

- HCALP is not at a level to meet the mandate to survey all home care providers once every three years. One contributing factor is that providers are not correcting violations in a timely manner, requiring 5-6 surveys before completing corrections. Less than 30% of providers correct all violations by the first follow-up visit. Many providers state that a high staff and RN turnover is a reason for not implementing correction plans. Another contributing factor is that many providers are still operating under the “Class” license requirements and have never converted to the “comprehensive/basic” requirements.
- Currently, data for survey violations is manually extracted from the system so it is difficult to use for estimates at this time. A new system for tracking violations goes online July 1, 2016 to improve data accuracy.
- Many initial surveys for temporary licensees are in the queue and pending.
- Several ideas to reduce the number of follow-up visits are under
- way. HCALP now requests documentation of corrections from providers who are not making corrections. HCALP supervisors are calling providers who do not correct by the second follow-up. HCALP is considering various enforcement practices including taking actions against licenses.
- Enforcement actions made on licenses due to violations include: One license was suspended due to violations. The company was sold and filed a change of ownership. The temporary status of one license was never lifted and subsequently closed. And fines have been significantly increased from \$50 - \$500 under the Class licenses to \$0 - \$5,000 *[corrected from meeting information]* under current statutes.
- There are approximately 1500 home care providers with licenses or registrations. HCALP is not fully staffed. A vacancy is posted for a surveyor outside the metro area, preferably for the Fergus Falls, St. Cloud, or Marshall areas.
- Survey results are generally sent to providers within 30 days and posted within 60 days of exit. All completed home care surveys are posted to the website. Only surveys that are aborted are not posted to the MDH website *[corrected from meeting information]*. Investigations performed by the Office of Health Facility Complaints (OHFC) are posted in a different location on the MDH website. They have different requirements for posting. A request was made to have an OHFC representative speak at a council meeting to explain their process. Another request was made to have a single search query identify all home care surveys and Investigations whether performed by HCALP, OHFC, or Licensing and Certification to make it easier for consumers to find survey/ Investigations results.

Monitoring Devices in the Home Care Industry (Jeri Cummins)

Ms. Cummins lead the discussion regarding how electronic recording devices are being implemented in the home care community. Audio monitoring devices are used in assisted living establishments. Monitoring devices (MD), are used to verify staff is providing services, to watch for falls, and to determine if abuse is occurring. Current home care laws are silent regarding the use of audio or video MD. Many MD are being installed at the request of clients' families. Passwords are often held by the family, not the provider. In general, clients must be aware that MD are installed, their locations, and when they are turned on. Clients or their Power-of-Attorneys should give consent for MD. MD may be installed in common areas, but providers should protect against personal areas being accidentally captured when apartment doors open. Providers and families should consider client privacy when determining the location of the MD and personnel who have access to the monitors. MDs may need to be turned off when certain services are provided to ensure privacy. Some video MD transmit live and recorded feeds to personal cell phones. Similar privacy concerns apply to both audio and video MD. Additional concerns for video that are accessible on cell phones include: What happens to the feeds? Are the videos then deleted or forwarded to unauthorized people? Who is able to see the video when staff is viewing it from a remote location? Is the client and family aware of the video device?

Legislative Updates (Susan Winkelmann)

Ms. Winkelmann discussed all legislative changes in home care that would take effect July 1, 2016. All changes are listed on the Minnesota Revisor website at: <https://www.revisor.mn.gov/laws/?year=2016&type=0&doctype=Chapter&id=179>. Several changes were housekeeping changes. One change allows providers to provide occasional HC services, free of charge, without creating a formal home care (HC) relationship with the client. A second change allows MDH to issue an immediate, temporary suspension of a HC license for providers with serious violations. An expedited hearing is also part of this change. A third change is that the advisory council has been renamed to the Home Care and Assisted Living Program Advisory Council and has a new duty to recommend studies including dementia and chronic disease among elderly. A fourth change is protection for HC providers that administer medical cannabis to clients. A fifth change is the creation of an electronic monitoring workgroup.