

Charter for the Licensed Home Care Advisory Council

03-01-2017

Background	In 2013, the Minnesota Legislature enacted sweeping changes to the licensing of home care providers in Minnesota. While the licensing structure became simpler, the requirements to be a licensed home care provider are now stronger along with specific requirements for regulation and enforcement.
Purpose	By developing strong working relationships with members and through regular analysis of data leading to respectful discussions, we plan to create a model of licensed home care that respects providers and protects the people they serve.
Structure	<p>Some structure is mandated by statute and some decided by council members:</p> <ul style="list-style-type: none"> • By statute, the Council meets quarterly • Meetings are two hours long • Ad hoc work groups meet as needed between quarterly meetings • Council meetings are open meetings as described in Chapter 13D • Meetings are in person, by phone or other electronic means • Members may be compensated for expenses when authorized • Council must adopt internal standards for what constitutes a day spent on council activities to make daily payments • Members may be removed if they miss three consecutive meetings
Scope	Each member represents a type of home care stakeholder. In their Council work, members use their personal experience but also are aware about the group of stakeholders they represent. The Council provides information, guidance and recommendations to MDH about regulations for licensed home care providers.
Boundaries	<p>There are certain parameters that limit MDH’s ability to change elements about, or related to, home care licensing and regulatory oversight. Some of them are:</p> <ul style="list-style-type: none"> • Current state statutes and administrative rules related to the licensing, delivery or payment of home care services • Available resources within MDH • Competing priorities of the legislature and MDH leadership
Membership	<p>Representation of the Council is mandated by Minn. Statute 144A.4799 which describes an eight person council, appointed by the commissioner of health including:</p> <ul style="list-style-type: none"> • Three public members who: <ul style="list-style-type: none"> ○ Are currently receiving home care services or ○ Have family members receiving home care services or who have family members who received home care services within five years of their application date • Three Minnesota licensed home care providers representing: <ul style="list-style-type: none"> ○ Basic and comprehensive licensure ○ Managerial officials, administrators, supervising RNs or unlicensed personnel • One member from the Minnesota Board of Nursing • One member representing the ombudsman for long-term care <p>Minn. Stat 144A.4799 refers us to use Minn. Stat. 15.059 to organize and administer the council:</p> <ul style="list-style-type: none"> • Four year terms beginning on first Monday in January • Half of members with election of governor and remainder one year later • Members may serve until successors are appointed and qualified

<p>Roles</p>	<p>Members:</p> <ul style="list-style-type: none"> • Prepare for and participate in scheduled meetings. • Be a communication vehicle for the stakeholders they represent. • Openly share their experiences with council members to help improve the efficiency and effectiveness of home care licensing and regulation. • Alert the council about important trends. • Recommend agenda items for meetings. <p>MDH Key Staff:</p> <ul style="list-style-type: none"> • Schedule, notify about, prepare for, facilitate and participate in meetings. • Develop agendas based on council priorities, hot topics and current trends. • Assist to locate subject matter experts if needed. • Document key outcomes and next steps from meetings. • Provide forms for members to request reimbursement of expenses and process the forms timely. <p>(MDH key staff who must attend: Program Manager, at least one surveyor supervisor, at least one licensor, at least one staff for administrative support.)</p> <p>Internal and External Subject Matter Experts (SMEs): Provide adequate information on designated topics to allow Members to make informed recommendations.</p> <p>Guests: May attend all council meetings and numbers will vary based on location and agenda topics. If Council Members approve, guests may provide input on agenda topics.</p> <p>Sponsors: Provide authority and advice as needed. (Assistant Commissioner, Division Director, Assistant Division Directors)</p>
<p>Authority</p>	<p>The Licensed Home Care Advisory Council is a recommending body. At the commissioner’s request, the Council provides information, guidance and recommendations to MDH about regulations for licensed home care providers on topics that include:</p> <ul style="list-style-type: none"> • Standards of practice • Appropriateness of certain disciplinary actions • Enforcement criteria • How to inform licensed providers and home care consumers • Training specifications • Recognizing trends and opportunities including technology and telehealth • Creating license modifications and exemptions • Recommendations for studies using data in section 62U.04, Subd. 4 • Other duties and topics as directed by the Commissioner • Special projects to improve home care as outlined in 144A.474, Subd. 11 (i) and the use of funds for those projects
<p>Timeline</p>	<p>The Licensed Home Care Advisory Council is an ongoing group. We will review the Charter annually at the start of the calendar year.</p>
<p>Expected Outcomes</p>	<p>We expect the Council will:</p> <ul style="list-style-type: none"> • Make thoughtful recommendations to achieve the best outcomes for licensed home care providers and the people they serve • Develop strong working relationships with council members and MDH staff that will foster innovative solutions to strengthen home care licensure and regulatory functions • Value the contributions of each council member and understand that we need to listen to each other and respectfully allow for the discussion of differences • Consider objective facts and available data when making recommendations • Be accountable to the people of Minnesota through open communication, transparency, timeliness and a desire for continuous quality improvement