

Home Care and Assisted Living Program

HOME CARE MATTERS CALL TRANSCRIPT

November 14, 2019

Speakers:

Lindsey Krueger
Mary Absolon
Jonathan Hill

Operator

Ladies and Gentlemen, thank you for standing by and welcome to the Home Care Matters Provider call. At this time, all participants in our - - are in a listen only mode. After the speakers presentation there will be a question and answer session. To ask a question during the session, you will need to press star one (*1) on your telephone keypad. If you require any further assistance, please press star zero (*0). I would now like to hand the conference over to your speaker today, Ms. Lindsey Krueger. The floor is yours.

Lindsey Krueger

Good morning, we'd like to welcome everybody to the Home Care Matters Call for Thursday, November 14th of 2019. Thank you very much for participating in the call today. This call is being recorded. Transcript of the call will be uploaded to the Home Care Matters webpage on a future date. I'd like to introduce myself, my name is Lindsey Krueger. I am the current program manager for the Home Care and Assisted Living Program here at the Department of Health, in addition to my role as the director of the Office of Health Facility Complaints. Joining me today is Mary Absolon, the program manager for the licensing and certification section and Jonathan Hill, one of the Home Care and Assisted Living supervisors. Thank you to Mary and Jonathan for being a part of the call today.

I'd like to go ahead and review the agenda topics we will be covering on this morning's call. I would also like to refer you to the links we provided on our website for items that will be discussed during the call this morning. Please have those documents handy throughout the call. We will be reviewing the new Informational Bulletin 19-05 that was recently issued by the Department of Health regarding epinephrine auto injectors. We will be hearing an update on the revision to the Home Care Bill of Rights and also upcoming electronic monitoring from Mary Absolon.

Next, we'll provide an update on assisted living rule making process and progress. After the rule making process update, we'll be highlighting the quarterly data of Top 10 Survey Correction Orders for the time period of July 1st of 2019 through September 30th of 2019. We will give a brief highlight to the survey readiness resources HCALP has available on our website. Also

included in the call today, we'll be going over service termination and what needs to be in place if a termination takes place. And then we'll finish up with a review of changes to the Minn. Stat. §144A that were passed this last legislative session. After we make it through the agenda, we will open it up for operator assisted question and answer session. If you have specific questions regarding a specific situation or scenario related to your business or a specific survey or complaint, you can email or call the office at any time regarding those. The phone number into the office is 651-201-5273. The email address is health.homecare@state.mn.us. Our contact information can also be located on our webpage at MDH.

So first up on the agenda is an Epinephrine Informational Bulletin. Please reference Bulletin 19-05. This Bulletin is posted to the MDH website. I would like to review the bulletin with you today. So this bulletin is for licensed home care providers, who can now obtain and then use epinephrine auto injectors. The authorized entities now include the license basic home care providers and licensed comprehensive home care providers including Medicare certified home health agencies and those that hold a temporary home care license. The purpose of a bulletin is to inform the public that the Department of Health has added licensed basic and comprehensive home care providers to the list of authorized entities that may obtain, store and use epinephrine auto injectors under Minn. Stat. §144.999. Owners, managers, employees and agents of an authorized licensed home care entity may obtain and store epinephrine auto injectors after successfully completing an improved anaphylactic training program. The list of approved training providers under Minn. Stat. §144.999. Owners, managers, employees and agents of a licensed home care entity may obtain and store epinephrine auto-injectors after successfully completing an improved anaphylactic training program. The list of approved training providers is available on the MDH website at Epinephrine Auto Injector as well. The web link is also included in the informational bulletin for that. For emergency treatment of anaphylaxis, a licensed health care provider may provide the epinephrine auto injector to the individual or the individual's caregiver for immediate use or may administer the epinephrine auto injector. There is no limit to the number of owners, managers, employees or agents of the health care provider who may complete anaphylaxis training. A licensed homecare provider must designate employees or agents who have completed anaphylaxis training to be responsible for storing, maintaining, and controlling the epinephrine auto injectors.

I also do want to point out that under Minn. Stat. §144.999, no entity is under a duty or obligation to obtain or store the epinephrine auto-injectors or administer an epinephrine auto injector shot. So, who can administer epinephrine auto injector shot? A licensed homecare provider who voluntarily chooses to obtain and use an epinephrine auto-injector without a prescription must follow the requirements in §144.999. This statute also provides an option for providing emergency care for anaphylaxis. It does not limit other options for administering prescribed epinephrine. A health care provider may administer and epinephrine auto injector which was prescribed to a specific client without completing the training required in Minn. Stat. §144.999, as long as that individual is otherwise acting within their training or licensure and in accordance with the prescriber's orders and homecare statute.

One other item I want to point out on the informational bulletin is for clients who have been prescribed epinephrine and have assistance with medications or medication management

services lesson in their service plan, according to the Minn. Stat. §1448.4791, subd. 9, a licensed comprehensive health care provider must continue to comply with the assessment, monitoring, reassessment, individualized medication management plan, administration delegation, training, competency and documentation requirements outlined in Minn. Stat. §144A.4792 and other applicable homecare requirements.

So now I'd like to turn it over to Mary Absolon who's helping to implement the 2019 legislative changes to discuss the revisions to the Homecare Bill of Rights and also electronic monitoring. Thank you Mary for joining us this morning and for all the work that you have been doing. Please go ahead.

Mary Absolon

Thank you Lindsey. I'd first of all like to go through the update to the Homecare Bill of Rights. The Minnesota Department of Health posted these on our website yesterday and they are currently live. And the 2019 Minnesota Legislature made changes to the Minnesota Homecare Bill of Rights and this is what prompted the updates which were effective August 1st, 2019. And we have been enforcing those during complaint investigations have kicked off since August 1st of '19. The updated copies of the Bill of Rights were really a collective effort of both our consumer and provider community. And in addition to those changes from the legislature, we also clarified the document. And so there are five updated versions that apply to different homecare providers that are providing services. We have our homecare Bill of Rights for licensed only homecare providers, those that are serving clients in existed living setting, those that are serving clients and are a federally certified Medicare home health care agencies, those that are Medicare-certified home health agencies serving clients in assisted living, and then homecare providers that are actually exempted from licensing, there's a Bill of Rights that applies to those also.

We will be starting to survey on that across our periodic surveys, effective January 1, 2020. All clients need to receive either the previous versions that were on the website, with a copy of the amendments, which are currently posted on the website, or of the actual new version that's posed on the Minnesota Department of Health website. The, and this needs to be done in writing and documented. The part of one of the changes in the Bill of Rights, related, which went into effect on August 1st specifically relates to a new right to place an electronic monitoring device in a client or resident's place in compliance with state requirements. That first has been in place since August 1st of 2019. January 1st of 2020, Minnesota statutes related to electronic monitoring will go into effect and that is a more detailed statute, §144.6502. the Department of Health in operationalizing that one is going to be developing a consent form for applicable settings to use if there is a, actually consumers to use if they want to use an electronic monitoring device.

We're in the process of doing that right now and once that is finalized, we will be posting that on our website. So those more specific provisions will be in effect the 1st of the year and stay tuned and will be posted on the Health Department website. Thank you very much Lindsey and I'll turn it back over to I believe it's you.

Lindsey Krueger

Thank you, Mary. So next I'd like to give an update on the rule-making process for the new assisted living licensure. The rule-making process has begun. The first meeting was held in October and the next one is scheduled for this afternoon at 1:30 p.m. The meetings are open to the public and are led by Ann Peterson on behalf of the Department. There is an assisted living licensure webpage also now available on MDH's website. This webpage highlights changes to the law, gives information regarding the Rules Committee and upcoming meetings and also gives a way for you to submit comments on proposed rules. MDH welcomes and encourages comments on the facility rule-making. Interested persons or organizations may submit written comments on each draft of the rule. If you're interested in submitting a comment, please click on the link titled submit comments on proposed rules and follow the instruction. MDH also has a phone number set up as another way to provide comments on proposed rules.

The phone number is also included on the webpage but I'd like to provide that for you as well. The telephone number has two options here, an 800 number and then a local number. 800 number is 1-844-926-1061. And the local telephone number for providing comments on rules is 651-539-3049. And like I had mentioned, these telephone numbers are also on the new assisted living licensure webpage if you would like to go and view there. So now I'm going to turn it over to Jonathan Hill to highlight some of the top 10 survey correction orders issued. This is between the date range of July 1st of 2019 through September 30th of 2019. Thank you, Jonathan, please go ahead.

Jonathan Hill

Thank you, Lindsey. Just a reminder before I get into the top 10 that these correction orders can be found on our website. So if you go to the health care assisted living website and you scroll down to the quarterly collection orders, you will have two links, one for basic and one for comprehensive prop orders written. Quickly going through basic, there was only two surveys conducted during the time period that Lindsey just mentioned. And so the top 10 orders that will go through are supervision of staff was number one. Contents of the client record, orientation to the client, condition, disaster, emergency preparedness planning, content of orientation, requirement for instructors, trainers, contents of service plan, employee record and training and competency evaluations of all staff. Those were the top 10 for basic. Now focusing on the comprehensive statute, the first one written on number one is employee records. And important to remember there with employee records, there are specific pieces that need to be in the employee records, which are outlined in the statute.

Number two is content of the service plan, it's been in the top 10 for a long time. Just a reminder as well, take a look at the statute, the statute outlines very clearly what the contents of the service plan should be. Number three is the individualized medication management plan. Number four, documentation of administration of medication. It's very important to, as people know, documentation is always what we're looking for, so when medications are administered, there needs to be documentation of that happening. Number five is TB prevention and control. Number six is the individualized treatment and therapy management plan. And when we talk about treatment and therapy management plan, it's important to know that the Agency needs

to understand the definition of what treatment and therapy is and know what treatments and therapies are being provided so that there can be assessments and planning. Individual, number seven is the individual abuse prevention plan. Number eight is up to date plan accepted standards and practice. Now, number eight is a very broad order when you look into the statute, it is under the Bill of Rights. However, I want to draw everyone's attention to this because this is where we see there is not an identification of service, or excuse me, condition change, or when we see that there is harm or a potential for harm, such as using an example of falls that aren't being assessed or identified. Oftentimes, they will go under the up to date plan acceptance standards of practice. Number nine, provision of medication management services. And number 10 is the comprehensive assessment and monitoring.

Lindsey Krueger

Okay, thank you Jonathan. So I'm happy to highlight a resource available for to assist with your readiness for surveys. HCAP does have a webpage titled homecare provider survey readiness which provides these resources including the survey forms and audit tools. These are the same forms that MDH staff use when conducting the survey. Reviewing the forms will help providers and their staff understand what MDH will look at when we come to visit. So, if you're interested, head on over to the homecare survey readiness page for more information.

Next up, I wanted to touch base and talk about service terminations. Service terminations and the prioritization of service termination for assisted living clients was one of the areas we highlighted back in August and with our informational bulletin of 19-03. This prioritization was passed in health file 90, Article 1, Section 46, which states within available appropriation to the Commissioner of Health for enforcement activities for fiscal years 20 and 21, the Commissioner of Health shall prioritize enforcement activities taken under Minn. Stat. §144A.442. And I'd like to go ahead and review these requirements with you today.

So §144A.442, if an arranged homecare provider as defined in Section 144D, subd. 2A, who is not also Medicare certified terminates a service agreement or service plan with an assisted living client, as defined in Section 144G.01, subd. 3, the homecare provider shall provide an assisted living client and the legal or designated representative of the client, if any, with a written notice of the termination which includes the following information. And there are eight specific points that need to be included in this written notice of the termination and I wanted to go through those with you this morning. Number one is the effective date of the termination. Number two is a reason for the termination. Number three states without extending the termination notice period, an affirmative offer to meet with an assisted living client and the legal or designated representative within no more than five days of the date of the termination notice to discuss the termination.

Number four, the contact information for a reasonable number of other homecare providers in a geographical area of an assisted living client, as required in Section 144A.4791, subd. 10 and was going to subdivision 10, it states that a list of known licensed homecare providers in the client's immediate geographic area.

Number five is a statement that the provider will participate in a coordinated transfer of the care of a client to another provider or caregiver as required by Section 144A.44, subd. 1, clause 8. And then number six, the name and contact information of a representative of a homecare provider with whom the client may discuss the Notice of Termination. Number seven is a copy of the homecare Bill of Rights and number eight is a statement that notice of termination of homecare services by the homecare provider does not constitute notice of termination of the housing with service contract with the housing or services establishment.

I do want to point out something that Jonathan had mentioned earlier which is that documentation is important and so something within talking about terminations, documentation is very important if termination is occurring. I also want to point out, as Mary talked about, the Homecare Bill of Rights. What I had just discussed here regarding service terminations is also included in the Homecare Bill of Rights. So what does this mean if a complaint comes in or report comes in regarding triage staff prioritizing review? So, triage staff may call for additional information depending on the amount of information in the allegation, prior to writing out for further investigation. When we come out for our investigation, we will be looking for the eight parts of the information that I just covered in documentation.

So I just want to point out that there will be times that a complainant may not feel that all sections were went over or they have concerns with the service termination and report a complaint. So I again want to discuss the importance of having these eight steps covered and documented so it doesn't become a he said/she said situation. So next up on the agenda, moving right along here, I want to talk about and review some of the changes in the Minn. Stat. §144A. Now, these changes were passed in Senate File 12 in the special session of May of this year. A link for the applicable pages of Senate File 12 was included in the documents listed for this call for your further review.

Effective August 1st, 2019, MDH will enforce compliance with these changes for complaints received about incidences effective after August 1st. effective January 1st, 2020, MDH will enforce compliance with these changes during our periodic homecare surveys, so I just want to repeat that, it is important. Effective August 1st of 2019, MDH will enforce complaints with these changes through complaints investigations. Effective January 1st of 2020, MDH will enforce compliance with these changes during periodic homecare surveys. This morning we'll not be reviewing all the changes, so I do want to refer you to pages 553 through 576 to familiarize yourself with all of these changes. Like I mentioned, they are posted in links to the documents for this call today.

So, first up, changes to the Tuberculosis Infection Control will be covered by Jonathan. The page referenced in Senate File 12 is on page 573. Jonathan, please go ahead.

Jonathan Hill

Thank you, Lindsey. So, the statute for TB is §144A.4798, and the first change that I will point out is that it was called the Employee Health Status Statute and it has now changed to Disease

Prevention and Infection Control. So, the statute is no longer really focusing more heavily on TB, and so with that change has come some additional language.

So under subdivision 1 of the Tuberculosis, TB Infection Control, Prevention and Control, the language was added "this program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students and volunteers. The Commissioner shall provide technical assistance regarding the implementation of the guidelines. The substance of TB screening and the actual process for what is expected with TB has not changed. They are still the same as identified under the CDC guidelines. So, keep in mind, although this has changed, this wording is really just clarifying what was already there. Then there is also some new language under clause B.

The homecare provider must maintain written evidence of compliance with this subdivision. That has always been the case, we expect documentation of what an Agency does to be in compliance with statute. This only clarifies in statute that that documentation is expected. I'd like to remind you that under, on the website, we have the Tuberculosis Prevention and Control survey or checklist. That has not changed, it's a resource for everyone to turn to in order to audit and to see whether or not you are in compliance with this context of this section. We also referenced the regulations for tuberculosis control in Minnesota health care settings which was written in July of 2013. That has not changed and that is the document that surveyors turn to when we are looking for compliance. So please check out that TB checklist.

Further on, under this section is subdivision 2 and there was some revisions to this for communicable diseases. The homecare provider must follow current state requirements for prevention, control and reporting of communicable diseases as defined in Minnesota rules and I'm going to list off those rules, part 4605.7040, 4605.7044, 4605.7050, 4605.7075, 460.7080 and 4605.7090. What this change has done is specify each of these statutes brings you to specific information on reporting communicable diseases, what those diseases are, the process for that. It really, just really specifies in more detail the how to report, what to report. So that's, that would be another change. So again, for clarification, providers were always expected to report these communicable diseases, now it is in a little more detail.

So remember those statutes are nested. It is the provider's responsibility to take a look at those and make sure they understand what the reporting obligations are. And also new to this section is subdivision 3 which is infection control program. A homecare provider must establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control. In the old language, it seemed like the infection control really was only applicable to TB, but the reality is your infection control program, needs to reflect the type of services that your agency provides.

Lindsey Krueger

Okay thank you Jonathan. So, moving on to changes of ownership, these changes can be found on page 559. And I do want to mention if you're not familiar with reviewing the statutes, or changes to the statutes, new language is identified by underlining. Language being removed is

identified by a strikethrough. So in the changes of ownership, I do want to highlight line 559.9, a change of ownership survey. This is now new language which means a full survey of a new licensee due to a change of ownership. Change in ownership surveys must be completed within six months after the Department's issuance of a new license due to the change in ownership. So, change there that it will be a full survey coming after a change of ownership.

Moving onto the medication management services, it starts on page 568. But I'm going to go ahead and pick it up on 569. So 569.2, subd. 2, the provision of medication management services. If you go down a little ways, there's underlined new language, it says provide instructions to the client or client's representative on interventions to manage a client's medications and prevent the diversion of medication.

In subdivision 5, that also is on page 569, I'm actually going to turn the page to 570 and highlight 570.010, a medication reconciliation must be completed when a licensed nurse, licensed health professional or authorized prescriber is providing medication management.

And then also I wanted to highlight subdivision 10. Medication management for clients who will be away from home. As it is, seems to be a slight change here, starting on 570.22, but it is important so I wanted to highlight this. For unplanned time away when a pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall give the client or client's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed 120 days has been removed and 7 calendar days has been inserted so I wanted to point out that change as well.

There is a new definition for medication reconciliation that is found on page 553. The definition states that medication reconciliation means the process of identifying the most accurate list of all medications a client is taking, including the name, dosage, frequency and route when comparing the client's record when external lists of medications obtained from the client hospital, prescriber or other provided. So I do want to mention here, it says means the process of identifying, identifying really with a document or something along the lines of obtained from the client hospital, prescriber or other provider. So I want to point that out as well.

And then finally the last change that we wanted to highlight this morning was the treatment and therapy orders. And I know Jonathan had mentioned earlier on the call the importance of the definition of treatment or therapy so I wanted to go over that with you today. And that is in subdivision 35 of the definitions in 144A.43. And so subdivision 35 is for treatment or therapy. Treatment or therapy means the provision of care other than medications ordered or prescribed by the licensed health professional provided to a client to cure, rehabilitate or ease symptoms.

So, in Senate File 12 on page 571, at the bottom of page 571, subdivision 6, it says treatment and therapy orders. And then at the page, top of 572 is where I really want to highlight treatment and therapy orders must be renewed every 12 months. So going back to the definition of treatment and therapy orders that I had talked about, these are the items that

must be renewed every 12 months. So a provision of care other than medications ordered or prescribed by the licensed health professional that are provided to the client.

All right, I think that we've made it through our agenda items. Jonathan or Mary, anything to add before we open it up?

Mary Absolon

I would just add the, there are resources within the Minnesota Department of Health related to TB. We have a TB control program that is an excellent resource if there are questions related to how you're implementing your TB program. And then the second is related to infection control, on the health department's website is a whole section related to the communicable disease reporting and that's something that really covers a lot of different providers and so there are excellent resources and we have a whole division here that focuses in on communicable disease. And so they're always, you know, very quickly attuned to what is happening out there. And so if you are ever in a situation, feel free to go to our website and then contact those people as a resource.

Lindsey Krueger

Okay. Thank you. So finally we're going to open it up to operator-assisted question and answer. If you have questions regarding a specific situation or scenario related to your business or a specific survey or complaint, just want to remind you that you can call or email those questions into the office at any time. The phone number in the office is 651-201-5273. And our email address is health.homecare@state.mn.us. Our contact information can also be located on our webpage at the Department of Health. So Joy, I'd like to go ahead and open it up for questions at this time.

Joy

As a reminder, to ask a question, you will need to press * then the number 1 on your telephone keypad. To withdraw your question, press the # key. Please stand by while we compile the (inaudible) roster.

We have our first question. You may state your name and your line is open.

Jen

My name is Jen, I'm from (inaudible) Health Center and I'm looking for additional resources on the electronic visit verification that was coming up. There was going to be a list of approved companies that was going to come out to give us some direction because there's so many of them and I've been trying a lot and they just don't seem to fit. So I just wondered if you guys had any better resources or list of companies that you guys think will be good to be compliant with you guys and meet our needs.

Mary Absolon

This is Mary Absolon, thank you very much for that question. The, just generally the department does not really endorse products for providers to use specifically related to I'll just say regulatory compliance because there are so many that are on the marketplace. And there's not I don't believe a provision in the law that is asking us to do that specifically. What the department will be doing is to prepare the consent form that would need to be used and the law does not, it talks about some more specific information related to the type of electronic monitoring device but we would be just enforcing what would be in that law. So that's the information we have. That might be something that within the provider association or the clients that are utilizing those kinds of devices would be able to be a resource for you.

Jen

Okay, thank you.

Joy

Again, to ask a question, press *1 on your telephone keypad. We have our next question. Please state your name, your line is now open. Please state your first and last name, your line is now open.

Okay, we'll proceed to the next question. Please state your name, your line is open. Again, please state your first and last name and ask your question.

Oksana

Q: Hi, my name is Oksana. I'm calling from Catholic Elder Care, I have a question in regards to changes of the ownership. When, what type of ownership, are we talking about the ownership as for administrative license or the DON license? Or just the whole ownership of the facility?

Lindsey Krueger

Yes, that is correct, the whole ownership of the facility is what we're talking about.

Oksana

Okay and then also another quick question, for the Bill of Rights, there were - I know changes were posted for the August 1st, 2019. So this new revised Bill of Rights, it has those previous changes in it as one packet correct?

Lindsey Krueger

Correct.

Oksana

Okay so if I, if my facility received those changes when, you know, when they were posted, I don't need to reprint the packets (inaudible, audio cut out) with those changes?

Linsey Krueger

No, if you previously gave a copy of those specific amendments with a previous version of the Bill of Rights, that meets the law and so, and that's what that first I'll just say item there that's currently posted on the Bill of Rights is addressing. And then that will be something that you can do through the end of November and then after December 1st for those new clients, you need to give a copy of the, then the new Bill of Rights would be the next, the revised one updated.

Oksana

Yes and also do they need to physically sign that they received a copy?

Lindsey Krueger

You do need to obtain a client signature with the date and that needs to be placed in the client's file. Yes.

Oksana

Okay, sounds good, thank you.

Lindsey Krueger

You're welcome, thank you for your help with that.

Joy

We have another question. You may state your first and last name and ask your question.

Jennifer

Jennifer Page. I guess my question is in regards to the termination of service agreement. Would you recommend like a checklist that they sign saying that they've received the eight points or is a copy of what you've issued them sufficient enough?

Jonathan Hill

An agency can set up whatever they need to do, but those eight points need to be covered. And so we aren't going to necessarily say a checklist, we can't recommend that but we must recommend that it is documented in the client record that these eight pieces have been addressed and, you know, explained. And the other thing I want to explain is that with the

termination of services, you know, when you're taking into account these new eight pieces to the service termination is that service termination does not happen overnight, it doesn't fall from the sky. It is something that there should be evidence as to why this is happening. It should not be a surprise to the clients and their family that this termination is happening. And so, you know, that really speaks to it needs to be in the client record, however you have that record set up and you must be able to reproduce that information in a timely manner if it's needed.

Mary Absolon

And another item, in the, if you read the Bill of Rights, in the respective Bill of Rights, there's also timeframes in there and there's specific rights in addition to those components that should be looked at in conjunction with that. So for example, in our Bill of Rights for assisted living clients of licensed-only homecare providers, item number 17 talks about at least 30 days prior advance notice of the termination of service by provider except (inaudible) cases there, so there's some additional detail that's embedded in the other part of the Bill of Rights also.

Jennifer

Thank you.

Joy

Once again, to ask a question, press *1 on your telephone keypad. You have your next question, you may state your first and last name, your line is open. Yes, please go ahead with your question.

Q: My question is similar to the last question that was asked, what happens if the client refuses the termination?

Jonathan Hill

In what sense do you mean refuses the termination?

Q: So say that you told, the client was breaking all the rules of the house and you told the client that we would terminate the, his release (?), and he's not going to take the determination letter and he's not going to be terminated?

Jonathan Hill

Okay so when we talk about termination in this context, we're talking about termination of services which is not the same as the housing with services contract. So that is completely a separate issue. So a client does not necessarily have to agree with the service termination however, if you are following the way it is written and you look at those eight pieces and you have all of that documented, which would include that you followed those eight things, you talked to the client or their representative, you documented this conversation, you

documented that you provided the termination, the client may say, you know, I don't agree with this. You know, the next step would be to also maybe include the ombudsman in this particular scenario. But it is very important to remember that a termination of services does not include a termination of the housing services contract.

Q: Okay, thank you.

Lindsey Krueger

You're welcome, thank you.

Joy

Once again, if you would like to ask a question, press *1 on your telephone. There are no questions at this time, presenters. Okay, well, we have another question. You may state your first and last name, your line is now open.

Janet

Hi, this is Janet Pralb (sp?) and I have a question about the med reconciliation. What will the surveyors be looking for - for documentation or to show that we've done that, is there anything in particular that you will be expecting to be charted or documented that this was done or will it be sufficient to have the orders to show that we've received them and signed off on them in some way?

Jonathan Hill

No, that's an interesting question. We would be asking the question what is the process for reconciliation? We would expect that there is documentation, it can be in the form of a note in the chart, you know, we're not going to say it has to be anywhere in particular but we would definitely need to see documented evidence that you did do this. So, and that carries through that you're going to want to make sure you have your policies and procedures in place also that spell out what this is, you know, what this process is. There needs to be a certain signoff on the orders as you said, and so it's just not going to be a black and white issue.

Janet

Okay, thank you.

Lindsey Krueger

All right, Joy are there any other questions? We can probably take one more.

Joy

Again to ask a question, you can press *1 on your telephone keypad. There are no questions at this time. Presenters, you may continue.

Lindsey Krueger

All right, well I just want to thank everyone very much for participating in this call today. A transcript of the call will be uploaded to the Home Care Matters webpage on a future date. Thank you to Jonathan and then also to Mary for joining me today and I hope that everybody has a great rest of your day. Thank you.

Joy

This concludes today's conference. Thank you again for your participation. You may not disconnect. Presenters please remain on the line for your (inaudible) conference.