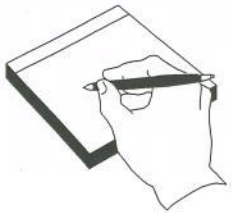

AZTAC NOTES

March 5, 2010 ICF/MR TASK FORCE MEETING
Child Welfare Training Center Auditorium

Prepared by Mary Anne Haschert

Pam Kuhno began the meeting with introductions around the room, and stating that Kathy Deans and Orlando Hernandez would not be present.

CMS changes

Pam Kuhno participated in a live teleconference call conducted by CMS, regarding upcoming changes, which included representatives from all 50 states, including a number of people from Pennsylvania's Office of Developmental Programs. She summarized the conference as follows:

- CMS is taking a look at their training program and will be providing more hands-on training.
- CMS reported on outcomes from the Technical Advisory Council from 2009. They have been making changes to the Interpretive Guidelines in the following areas:
    - Client protections
    - Active treatment
    - Client behavior
    - Health Services

  When they are done, they will distribute these changes for comment. Pennsylvania will distribute to the providers.

  They are changing the format of the Interpretive Guidelines to simplify it for surveyors. *(See links related to AZTAC notes.)*

  They also talked about Letters of Clarification, which generated a lot of discussion on the call. Self medication administration programs are already out for comment. There will be others on video camera use, locked areas, injuries of unknown origin, and reporting to administrators. The purpose of the letters is to clarify the application of the regulations for each of these areas.

- CMS is also working on the content of the CMS website for the ICF/MR page. They have hired a contractor to further refine the website.
  (See links related to AZTAC notes.)

- Top citations for 2008 and 2009 nationally were noted (only slight difference in order for 2008):
  1. W249 Program implementation
  2. W369 Drug administration
  3. W104 Governing body
  4. W159 QMRP?
  5. W322 Physician services
  6. W331 Nursing services

- Health services team member, Poindexter, provided overview of concerns
  - Direct care—i.e., issues with direct care having appropriate training for g-tubes, infection control
  - Assessments—i.e., failing to assess injuries in a timely manner, side effects of medications, pressure ulcers
  - Coordination of care—i.e., injury assessment, coordination for hospital discharge, coordination with physicians on staff, coordination around preventative care (wellness, disease prevention)

- If you are a member of APDDA, you can access the teleconference on the APDDA website *(AZTAC is a member of APDDA)*

Incident Data review and Biographical Timelines
Ann Ligi, ODP Eastern Area QM Lead, gave a Powerpoint presentation.

Electronic copies of the presentation are available by contacting Ann Ligi at c-aligi@state.pa.us or 570-443-4218.

Pam Kuhno added comments following Ann's presentation. She commented that there was little information about the consumers in the ICF/MR. They want to create a more programmatic presence in ICF/MR. They want to work with providers in a partnership. As the administrative arm that provides oversight, how can they help? She noted that there is over $300 million in this program, and they want to know who and about the people they are serving.

Ellen Wagner added comments about restraints. Need to drill down to the "why of the restraint." One of the tools is a biographical timeline, aka lifeline. She displayed an example.

Chris Gaugler, Training Coordinator, Selinsgrove Center also provided comments about the importance of the timelines.

Training is available for biographical timelines.

ICF/MR Fiscal Updates

Larry Finck provided fiscal update by reading comments prepared by Kathy Deans. He welcomed questions which he would take back to Kathy. Those comments are summarized below. *(AZTAC Note: Please note that Larry read through rather quickly and I recorded as much as I could. I asked for a copy of the notes from which Larry read, but I have not yet received a response. As always, you should always confirm information with ODP if you are making major program decisions.)*

- FY 2009-2010 Waiver Submissions.
  - It was noted that there has been improvement in the submission of waiver requests and what is needed.
  - There are still seven or eight waiver submissions that have not been completed yet, and those are primarily to do with direct care staffing and nursing. Laurie Dutz is reviewing requests for direct care staffing, and Cheryl McCall is reviewing the requests for nursing. Larry stated that he relies on their recommendations for the response to the waiver request. *(AZTAC note: There was no mention of new forms discussed at previous task force meetings.)*

- Relocations.
  - All relocations of programs require prior approval. A provider cannot just buy or rent a new site and move even if DoH says it is acceptable. DoH looks for compliance with federal regulations. ODP looks for other issues. The new site must be licensed by ODP, and it must meet certain criteria. It must be in the community, cannot be contiguous to another program *(AZTAC note: not sure if this ICF/MR, MR, or any type of program),* or even on the same street as another program.)

  - Another issue is direct care. Providers have opened homes where they can't get the staffing.

  - Be sure the increase in cost is reasonable.

  - A proposed budget must be submitted 90 days in advance, the same as a new program.

  - To be considered a relocation, you must move exactly as is, same people, same services. If you change, it is a new program, not a relocation.

- All relocations must be 4 beds. Otherwise, it requires prior approval.

- You must convert to waiver in two years. You must have prior approval, even if it is cost neutral.

- Budgets are tight; we don't have the money needed for a new program.

- Downsizing.
  - Downsizing is any reduction in certified capacity. Even one bed. You must submit a plan to the regional and central office, and you must notify DOH. ODP encourages downsizing. A smaller home is better for the individuals. The homes must be four beds, and cannot be less than four beds. If you reduce capacity, you must reduce the funding level. You do not have to reduce a percentage. The costs that you have to reduce are those that can specifically be attributable to the individual you are removing. Some such as food can be reduced by percentage. *(AZTAC note: Contact AZTAC for examples.)*

  - ODP is working with three providers for downsizing. You can downsize to four-beds ICF/MR then convert to waiver, or you can downsize directly into a waiver program.

  - ODP will only approve new programs of four beds. Anything else must go through exception process. Homes certified prior to 1996 larger than 4, but less than 11 can be grandfathered into the waiver program.

- Conversions.

  - All must be state funds neutral. ODP does not have additional funds for conversions. When you convert, you don't have a cost report, so when you convert, you have two choices.

    - If you open new residential location, and you have others of the same size, the provider is issued the average rate of the other locations. If you do not have other locations of the same size, you will be issued the average median.

    - Complete a cost report for the new program. Unbundle the fee services and bill separately. You must show that you have enough state funds. Not all costs have a federal match.

(AZTAC Note: I will be getting more information about this process. I think I understood Larry to say that the choices are (as above) accept a rate OR prepare a cost report and other corresponding documentation.)

Jill Morrow, DPW Medical Director

- Ms. Morrow presented an update on the H1N1 virus.
- Ms. Morrow also briefly discussed Act 102 *(See links related to AZTAC notes.)*
- Mandatory Overtime. She asked if anyone had experience with L&I surveyors, and no one responded. She said legislation prohibits mandatory overtime unless it is an emergency. She said that the programs operating under the 6400 regulations are not included. ICFs/MR are definitely included. Regulations are being drafted to implement the legislation. There is information on the website (L&I). Currently there are different approaches being used, as the agency does their own interpretation of what they think the law means.
- Ms. Morrow also discussed medication administration. She said that there are frequent questions about verbal orders. In general, a verbal order is from a physician to a nurse, adding something, changing something, communicated verbally not in writing. An RN is allowed to accept a verbal order. LPNs may now do that as well, but that was not so in the past. There was a change in the PA Code and they may now do verbal orders. They must be trained, and your agency must have a policy in place about it. Direct care staff may not take verbal orders.

The next ICF/MR Task Force meeting is Friday June 11, 2010.

Special note: The above notes are prepared to the best of my knowledge and are based upon my own understanding of the discussion at the ICF/MR Task Force meeting. The primary purpose of these notes is to provide you with a summary of the information and discussion, particularly if you or co-workers were unable to attend the meeting. These notes have not been confirmed by the Office of Development Programs. Be advised that you should seek additional confirmation if you intend to make major decisions that impact your program(s), which are in part, based upon the information contained in these notes.
–Mary Anne Haschert, President, AZTAC