



LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

April 9, 2008 at 1:30 p.m. in Room 1102

Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK

Draft Minutes

1) Call to Order

Wendell short called the meeting to order at 1:35 p.m. Wednesday, April 9, 2008. The 2008 Long-Term Care (LTC) Facility Advisory Board meeting notices were filed and posted with the Secretary of State's office website and the Oklahoma State Department of Health (OSDH) website on November 15, 2007. The April 9, 2008 meeting agenda was posted April 4, 2008 on the OSDH website and at the OSDH building's front entrance.

2) Roll Call

Gayle Freeman called roll. The following members were present: Wendell Short, Chair; Kay Parsons, Vice Chair; Margaret Wallace, Secretary-Treasurer; Donna Bowers; Jane Carlson; Theo Crawley; Esther Houser; Chris Kincaid; Cassell Lawson; Dr. Jean Root; H.F. Timmons; Clara Haas; Diane Hambric; Mich Magness; and Dr. Peter Winn.

The following members were absent: Ginny Bond; Jane Mershon; Winston Neal; Gayla Campbell; Tracy DeForest; Dewey Sherbon and Dawn Mendenhall.

There are currently five vacancies.

Identified OSDH staff present were: Dorya Huser, Chief of LTC; James Joslin, Chief of HRDS; Dr. Timothy Cathy, OSDH; Eleanor Kurtz, LTC; Sue Davis, LTC; Mary Fleming, Director of LTC Survey; Lisa McAlister, Nurse Aide Registry; Leslie Elliott, PHS; Karen Gray, LTC; Donna James HRDS and Gayle Freeman, LTC.

Identified guests present were: Lynn Taylor, Autry Technology Center; Rebecca Moore, OAHCP; Mary Brinkley, OKAHSa; and Marietta Lynch, OAHCP

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<http://www.health.ok.gov/calendar/mtngs/index.html>

<http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316>

Approved minutes are posted at <http://www.health.ok.gov/calendar/mtngs/ltcab.html>

A quorum was reached. Introduction of LTC Facility Advisory Board members and attendees commenced.

3) Review and Action to Approve/Amend the January 9, 2008 Regular Meeting Minutes.

Approval/Amendment of minutes for January 9, 2008 regular meeting.

After brief discussion, Dr. Winn made a motion to approve the January 9, 2008 regular meeting minutes.

Seconded by Cassell Lawson. Motion carried.

Aye: 14 Abstain: 1 Nay: 0 Absent: 6

Ginny Bond	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant-Pharmacist	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Donna Bowers	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Gayla Campbell	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dawn Mendenhall (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jane Carlson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jane Mershon (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Winston Neal	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant-NH Adm	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Kay Parsons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Theo Crawley (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Jean Root	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Tracy DeForest	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Clara Haas	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Wendell Short	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Diane Hambric (Exp)	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay	H.F. Timmons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Esther Houser	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Margaret Wallace (exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Chris Kincaid (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Peter Winn	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		
Mich Magness	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

4) Follow-Up on the Inaugural meeting of the “Best Practices Medical Directors Subcommittee”

Dr. Peter Winn provided comments pertaining to the inaugural meeting of the Best Practices Medical Directors Subcommittee and highlighted information from the minutes of the meeting. In the December meeting of the LTCFAB a subcommittee was formed to look specifically at nursing home quality and initiatives. The first meeting was handled as an educational meeting and lasted two hours. National initiatives were discussed with respect to quality initiatives in nursing facilities in Oklahoma. Discussed briefly was advancing excellence in America’s nursing homes, bringing people up to date about the quality initiatives that are on going both at the national level and in Oklahoma. The committee touched on briefly, the Oklahoma Foundation for Medical Quality, which is the Quality Improvement Organization (QIO). The QIO has a contract with CMS to look at the various quality indicators and quality measures in Oklahoma. Dr. Winn informed the Board that Mr. Cassell Lawson of the Oklahoma Health Care Authority made brief comments on the Focus on Excellence program.

Dr. Winn gave an example of a Quality Measure Report and a Quality Indicator Profile to the subcommittee members and explained how to interpret the data. Dr. Winn advised that from the perspective of the OSDH, the main issues that need to be addressed by the subcommittee are: transitions

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in care, physical restraints, pressure ulcers, over medication with psychotropic medications. Dr. Winn distributed to the subcommittee information from the Commonwealth Fund State Scorecard. The scorecard ranks all states according to several quality measures, including use of physical restraints, high-risk residents with pressure ulcers, percent of long stay residents with hospital admissions, percent of nursing home residents who are readmitted to the hospital within three months of going to the nursing home from the hospital and over medication, including all medications, but specifically psychotropic use. The need for leadership and education at all levels and among all disciplines represented in long-term care facilities was discussed during the subcommittee meeting. Dr. Winn furnished a list of names of the persons who are members on the subcommittee; Lisa Bewley, OK Foundation for Medical Quality; Mary Brinkley, OKAHSAs; Dr. Tim Cathey, OSDH, LTC Division; Gene Clark, Grace Livings Centers; Dr. Kerry Cranmer, LTC Private Practice (OKMDA); Theo Crawley, Public Representative (LTCFAB); Diane Hambric, Medallion Group (LTCFAB); Dr. Richard Hartman, Private Practice, Psychiatry; Esther Houser, Ombudsman Office (LTCFAB); Cassell Lawson, Oklahoma Health Care Authority (OHCA) (LTCFAB); Mich Magness, OK Department of Mental Health and Substance Abuse Services (ODMHSAS) (LTCFAB); Becky Moore, Ok Chapter AHCA; Dr. Tom O'Connor, Oklahoma State Board of Examiners for Long Term Care Administrators (LTCFAB); Dr. Qaisar Qayyum, Private Practice (OKMDA); Dr. Jean Root, Private Practice (OKMDA) (LTCFAB); Dr. Perry Taaca, LTC Private Practice (OKMDA); H.F. Timmons, Public Representative (LTCFAB); Gara Wilsie, Omnicare, Consultant Pharm (OKMDA); Dr. Peter Winn, Private Practice (LTCFAB). Dr. Winn announced the next scheduled meeting for the subcommittee will be: Wednesday, June 11, 2008 from 2:30 – 4:30p.m.

Dr. Root reinforced everything that Dr. Winn had to say. She really hoped that one of the things accomplished is institutionalized quality improvement in nursing homes.

Dr. Cathey wanted everyone to understand how important this is. He advised this is a great opportunity; it is a chance to elevate some really important issues in Long Term Care to a very high safe level and to have the things that are really important explored: restraint issues, over medication issues, the pressure ulcers issues, and other important issues for the people we care about. Dr. Cathey, thanked Dr. Winn and Dr. Root for the hard work they have already invested and expressed his thanks to the other qualified people on the subcommittee. "Thank you to the Long Term Care committee for supporting this great opportunity."

Dr. Cathey explained another issue he would like to bring before the whole committee and he would like to have addressed is a database of all the Medical Directors within the state. Dr. Cathey said a database is needed because there is a lot of great education for Medical Directors that could be disseminated through a network, if that network could be created.

Dorya Huser stated she was excited after attending the meeting Dr. Winn, Dr. Root and Dr. Cathey put together. She could see terrific leadership emerging and great things would take place as a result of this committee.

Wendell Short thanked Dr. Winn for his report and thanked Dr. Winn, Dr. Root and Dr. Cathey for all they shared with the LTCFAB. He expressed his excitement in the committee and said he was looking forward to hearing more in the future.

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5) Rules for Activity Director Training

Wendell Short advised this is an item that comes up partly due to a number of situations. James Joslin provided a handout, "Rules for Activity Director Training." The handout provides a description of what the current regulations are in relation to activity director training. The person(s) that are part of putting the activity program together play a very vital role in the quality of life and the quality of living that goes on in a nursing home. There is a need for some clarification or some additional regulation on what those individuals need to have as far as training and background in order to meet the changing environment that we live in. Wendell asked for discussion and ideas and advised ultimately what is hoped for is an Ad Hoc committee that will work with James Joslin on developing rules.

Several of the Board members had questions concerning the handout and specifically had issues with the wording of several items that need clarification.

Mich Magness: Commented he noticed the regulation as it is written says you have to be enrolled in a course, you don't have to complete the course, you don't have to successfully complete the course, you just have to enroll in it.

Diane Hambric: Commented she had been in the business for 25 years. And the best activity director she had ever seen, bar none, was a girl that had a high school education that never went to college. The girl had a way with the residents that was motivating, and that was satisfying. Diane said she hoped any rules that are going to be made would not disqualify such an individual from being in long term care.

Wendell advised the direction this is to go is with the development of the training program, to give folks the background they need and the tools they need to assist them. He advised there is some wordsmithing that needs to be accomplished.

After discussion concerning the Activity Director Training among the members an Ad Hoc committee was formed.

Margaret Wallace, Chair; Kay Parsons, LTCFAB; Jane Carlson, LTCFAB; Mich Magness, LTCFAB; Diane Hambric, LTCFAB; Cassell Lawson, LTCFAB; Clara Haas, LTCFAB; Donna Bowers, LTCFAB; Esther Houser, LTCFAB; Leslie Elliott, LTC/Caring Hearts; Theo Crawley, LTCFAB; Mary Brinkley, OKAHS; Becky Moore, OAHCP; Ned Gray, OK Career Tech;

The first meeting of the Ad Hoc committee will be sometime in early May.

6) Liability Insurance in Nursing Homes Facilities

Wendell advised there was not a handout for this topic. He stated there was some legislation proposed, S.B. 1549, that addressed the need for requiring nursing homes to have a minimum amount of liability insurance. As of the day of this meeting the language has been removed/pulled from the Bill. Wendell shared as a point of interest, in Senate Bill 1549 there is a section number six and in part it says; there is hereby created to continue until December 1, 2009 the Continuum of Care task force and the task force shall analyze and make recommendations regarding state statutes relating to insurance accreditation and

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regulation and protection of patients with respect to Continuum of Care facilities operating in this state. Wendell informed the group of the possibility of this going forward and as an F.Y.I..

Esther Houser added there are several of those amendments to that section because the representation on that only includes the House and Senate members and the For Profit Nursing Home Association. There is some desire by other groups, if there is going to be a task force, to see broader representation including members of the public who are 65 and over and representatives from the aging advocacy organizations.

Dr. Root advised that it might not be well known that physician's liability insurance will not cover them for medical direction. If the facility doesn't have a policy that at least covers officers and directors then the medical director is not going to be covered. The Physicians Professional Liability insurance will not cover medical direction. If the facility is relying on the Physician's insurance to cover them in case of liability it is not going to happen.

7) Update from Long Term Care

Dorya Huser provided an update from Long Term Care.

The IDR (Informal Dispute Resolution) that was put into law last year, has convened, the first IDRs were held in March with three facilities participating. There is presently an upcoming IDR scheduled for the 21st of April. At this time you may request either format for the IDRs, the pilot panel or the health department conducted IDR. Everything seems to be moving along well and we are happy about the way the panel is progressing. An IDR is an opportunity to dispute the findings of a survey without going to a formal hearing process. There is no attorney representation. The panel took their task very seriously; a half-day of training was provided on February 15th and all of the regulatory materials that were considered helpful were provided by OSDH.

Dorya applauded Dr. Winn's group and added how excited she is about it. She felt it was going to be one of the best things that have happened. Dorya remarked on the excellent job Dr. Winn did at provider training for Assisted Living. He brought another aspect and high level of expertise into the room.

Dorya reviewed the dates for the upcoming provider trainings.

June 18th - 19th - Francis Tuttle Vo-Tech OKC (LTC Training)

July 16th - 17th - Tulsa Tech Ctr. Lemley Campus Tulsa (LTC Training)

August 7th - Moore Norman Vo-Tech South Penn Campus (Assisted Living Training)

Sept. 16th - 17th - Moore Norman Vo-Tech South Penn Campus (ICF/MR Training)

October 23rd - 24th - Moore Norman Vo-Tech - South Penn Campus (Long Term Care) David Troxell Alzheimer Speaker (This is a one day training so the second day is a repeat)

Dorya mentioned briefly an item in conjunction with what Dr. Winn's group is doing. The Agency for Health Care Research does a lot of research and collecting of information and they put out statistics that rank Oklahoma. Dr. Crutcher has formed a group and they are working on trying to find out how to

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address some of these issues. There is another report that gives baselines and whether we have improved or not in areas. You find this on the website, AHRQ. You can find this report online. Oklahoma has a lot of work to do. Oklahoma ranks in most of these things between weak and average: chronic care measures, preventive measures and acute care measures. This encompasses all provider types, not just nursing homes.

Lisa McAlister reviewed the Nursing Aid Registry report and explained that NAR is still backlogged approximately four or five weeks.

Esther Houser commented on a couple of items. She expressed her concern with the budget situation and her apprehension of how it will affect services, staffing and long term care facility inspections. Esther expressed alarm concerning H.B. 2642. This Bill creates a category of Personal Care Assistant in private pay agencies only; ~~this is~~ not Medicare certified or Medicaid related home care agencies. House Bill 2642 would allow the Care Assistant to be trained by the RNs who work in home care agencies, rather than be certified by the Health Department as Certified Nurse Aides or Home Health Aides.

8) No New Business

Not reasonably anticipated 24 hours in advance of meeting

9) No Public Comment

Public comments were made throughout the meeting.

10) Adjournment

The meeting was adjourned at 3:15 p.m.

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**OKLAHOMA BOARD OF NURSING**

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June 10, 2008

Wendell Short, Chair
Long Term Care Facility Advisory Board
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, OK 73117

RECEIVED**JUN 12 2008**

Protective Health Services

Dear Mr. Short,

The mission of the Oklahoma Board of Nursing is to safeguard the public's health, safety, and welfare through regulation of nursing practice and nursing education. In keeping with that mission, the Board works to ensure that nurses meet a safe level of competence in their practice. Currently, nurses in Oklahoma demonstrate their competence to practice through graduating from a state-approved nursing education program and passing the licensure examination. After demonstrating initial competency, the nurse, in collaboration with the employer, is responsible for determining the type of continuing education required to maintain competence in his/her position.

On July 22, 2008, the Oklahoma Board of Nursing will meet to discuss issues related to regulatory verification of continuing competence for licensed nurses at the time of renewal. At 2:30 p.m., or as soon thereafter as the schedule permits, an opportunity will be provided for interested parties to provide input to the Board regarding this issue. A total of 45 minutes will be made available for public presentations from all interested parties. The amount of time allotted to each speaker will be determined by the number of speakers who sign in that afternoon.

Because you are a stakeholder in this issue, the Board invites you to provide input, if you desire to do so. To indicate your interest in making a presentation and to assist us with planning the time accordingly, please contact Gayle McNish, Deputy Director for Regulatory Services, at 405-962-1800, no later than July 15, 2008. The meeting will be held at the Holiday Inn Conference Center, 2101 S. Meridian, Oklahoma City.

The Oklahoma Board of Nursing welcomes your input into this very important issue. Please note that the Board will not make a decision regarding verification of continuing competence at this meeting; rather, the purpose of the time is simply to consider related options and issues. Feel free to contact me if you have questions.

Sincerely yours,

Gayle McNish, RN, Ed.D
Deputy Director for Regulatory Services

RATE PROPOSAL ADVANTAGE ASSISTED LIVING SERVICES

ISSUE

The Oklahoma Health Care Authority, in conjunction with The Oklahoma Department of Human Services – the state agency responsible for administration of the ADvantage Program, requests establishment of fixed and uniform rates for ADvantage Assisted Living Services to ensure access to this service and ensure uniform reimbursement to service providers.

Most state Medicaid programs offer a housing with services option, in addition to traditional nursing facility care, to cost-effectively meet the needs of members requiring long term care. Forty-one state Medicaid programs offer, under their home and community-based services waivers, Assisted Living services as an option to nursing facility placement.

Currently ADvantage has no housing with services capability. The Centers for Medicaid and Medicare Services (CMS) identify the lack of housing with services as a key barrier for Medicaid programs in attempting to reduce reliance on institutional care to meet member long term care needs. In an attempt to quantify this problem, the ADvantage Program conducted a study of all discharges from ADvantage into Nursing Facility care over a two month period. Every month approximately 69 persons exit ADvantage to enter a Nursing Facility. The Discharge Study found that of these discharges, fifty-seven percent (57%) were not caused by deterioration in member health, by functional status decline, or by injury or acute illness; but, were instead related to unsafe housing, loss of informal supports and/or inadequacy of formal supports to meet member's needs on weekends or during atypical work times such as late at night or early morning. If ADvantage offered Assisted Living Services many of members currently exiting the Program into NF care would choose to receive their services in a more home-like and less costly Assisted Living setting. In addition, the need for housing with services like the proposed ADvantage Assisted Living Services has been identified in OHCA's Money Follows the Person grant recently funded by CMS as a needed service addition. Without such services, the unavailability of housing will present an insurmountable barrier for the successful transition of persons currently residing in NFs who; nevertheless, have been identified as capable of residing in the community with support services.

EFFECTIVE DATE:

The Oklahoma Department of Human Services recommends that the new rate become effective April 1, 2008.

PROCEDURE CODE:

ADvantage Assisted Living Services – T2031 (per diem unit of service)

- Standard care level – T2031 with no Modifier
- Intermediate care level – T2031 with Modifier TF
- High care level – T2031 with Modifier TG

DESCRIPTION OF SERVICES

ADvantage Assisted Living Services, procedure code T2031 per diem unit with rate per unit dependent upon member level of service need as determined by an independent assessment of member need by DHS nurse or member's case manager using the Uniform Comprehensive Assessment Tool (UCAT). Assisted Living Services are personal care and supportive services that are furnished to an ADvantage member who resides in a homelike, non-institutional setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming and medication assistance. The assisted living services provider is responsible for coordinating services provided by third parties to ADvantage members in the assisted living center. Nursing services are incidental rather than integral to the provision of assisted living services. ADvantage reimbursement for Assisted Living Services includes services of personal care, housekeeping, laundry, meal preparation, periodic nursing evaluations, nursing supervision during nursing intervention, intermittent or unscheduled nursing care, medication administration, assistance with cognitive orientation, assistance with transfer and ambulation, planned programs for socialization, activities and exercise and for arranging or coordinating transportation to and from medical appointments. Services, except for planned programs for socialization, activities and exercise, are to meet specific needs of the participant as determined through individualized assessment and documented on the participant's service plan.

The ADvantage Assisted Living Services philosophy of service delivery promotes service member choice, and to the greatest extent possible, service member control. Members have control over their living space and choice of personal amenities, furnishing and activities in their residence. The Assisted Living Service provider's documented operating philosophy, including policies and procedures must reflect and support the principles and values associated with the ADvantage assisted living philosophy and approach to service delivery that emphasizes member dignity, privacy, individuality, and independence.

ADvantage Assisted Living Services are provided to assure personal health and safety of the ADvantage eligible member and to prevent or minimize physical health regression or deterioration which would require the member to obtain care in a nursing facility or hospital. For Assisted Living Services, a member plan of care is developed and overseen by the Assisted Living Services provider nurse. The ADvantage member's case manager provides additional monitoring and

oversight that Assisted Living Services are delivered in accordance with the approved ADvantage service plan.

ELIGIBILITY REQUIREMENTS

To receive ADvantage Assisted Living services, the member must be financially and medically eligible to participate in the ADvantage waiver program. Assisted Living services are prior authorized based on assessed need for services.

RATE SETTING METHODOLOGY

These rates are requested to assure that access to ADvantage Assisted Living services are available to members requiring these services and that DHS Aging Services Division is able to recruit and retain providers to deliver the care required by persons served in ADvantage waiver program.

The financing and rate structure developed for ADvantage Assisted Living Services were determined by three factors: (1) Federal waiver financing constraints, (2) the specific services to be covered within the Assisted Living rate and (3) the need for a number of levels reflected in the rate structure to cover a range of service mix possibilities taking into account service mix along with intensity and frequency of service delivery to meet the member's needs. Federal financing constraints and covered services are described below.

1. Waiver Assisted Living Federal Financing Constraints

- A. Waiver funds cannot be used to pay for room and board costs (Federal Law); the consumer must pay costs for housing and food or they must come from another source.
- B. Total costs for waiver services must be less than the cost of care in a nursing facility.

2. ADvantage Funded Assisted Living Services

- A. Services covered within the Assisted Living Services package are: Assistance with housekeeping, meals (including preparation), laundry, personal care (including assistance with transfer or ambulation), nurse supervision, intermittent skilled nursing care, medication administration, cognitive orientation, and programs for socialization, activity and exercise.
- B. Services/amenities that will be provided in an Assisted Living setting (technically covered by the consumer's payment of room and board) and not paid for by ADvantage are housing and utilities, maintenance of facility and grounds and the raw food costs.
- C. Services that will be paid for by ADvantage outside of the Assisted Living Services rate are case management and when required to meet consumer

needs services of prescription drugs, therapies, medical equipment and supplies, institution transition services and/or hospice .

Other Financing/Financial Considerations

In policy, a maximum allowable charge for ADvantage Assisted Living room and board is defined as no more than 90% of SSI (\$560.70 per month in 2007). In addition, policy defines for ADvantage members residing in an ADvantage Assisted Living Center a personal needs allowance amount of 150% SSI that must be protected for the member's use which includes funds required for payment of Assisted Living room and board obligation.

Assisted Living Services Rate Structure

Assisted Living Services providers will be reimbursed on a per diem basis. The rate structure for ADvantage assisted living services has three per diem rate levels based upon individual consumer need for services – type, intensity and frequency to address consumer ADL/IADL and health care needs. The determination of levels and the setting of rates within each level were informed by the following sets of data: historical data from service plans and claims data for individuals served to date by ADvantage with comparisons of service type, amount and frequency with ADL/IADL and health care needs and data from Oklahoma Assisted Living providers on cost of operation obtained by National Cooperative Bank Development Corporation (NCBDC) survey funded by a CMS grant to DHS.

A group of 270 ADvantage members were randomly selected for analysis of assessed need in relationship to authorized ADvantage service delivery units per day for services for which Assisted Living provider would be responsible. The services included in the analysis were personal care (both formal and informal), advance supportive/restorative assistance, skilled nursing and meals. In the analysis, informal units of personal care recorded on the service plan were included in the analysis with the restriction of a maximum limit of countable units equivalent to four and one-half hours of informal care per day. Units of informal care were attributed an equivalent cost to ADvantage personal care in the analysis. Informal care was included in the analysis in recognition that informal caregivers provide a significant amount of care to ADvantage members; but, effectively little or no informal care will occur in Assisted Living. For Assisted Living providers to deliver comparable care as current ADvantage members receive in their homes, staffing will need to be adequate and reimbursement commensurate to accommodate a similar need as for ADvantage members residing in individual homes. In addition, in our analysis of the need for Assisted Living services we found that the loss of an informal care giver in combination with the inability of traditional home care providers to accommodate care needs on weekends or during atypical work times (such as late at night or early morning) was a main factor contributing to ADvantage members transitioning from home to a nursing facility. Developing a rate structure for Assisted Living that takes into account total care needs yet excludes from the resources side of the ledger a significant existing contribution from informal caregivers to meet those needs,

which the Assisted Living provider would be required to fill, would not be fiscally responsible.

Total cost of service plan authorized care for services for which an Assisted Living services provider would be responsible for each member was analyzed against 23 UCAT assessment of need predictor variables, primarily ADL and IADL scores, using step-wise regression analysis to determine the set of independent need measures that best predicted resource costs. Five (5) assessed measures of need for assistance with dressing, with mobility, with medications, with house keeping and with meal preparation were significant predictors of total resource commitment of analogous Assisted Living services and with cost of those services.

The sample group was ranked by summed total score across these 5 predictor variables along with total per diem cost of authorized services for the member. The total cost was adjusted to 90% of total authorized cost based on analysis of paid claims for these services indicating delivered services using paid claims as a proxy are typically no more than 90% of plan unit authorization. The sample was divided into three groups based upon total need score summed across the 5 ADL/IADL measures as follows: Group A = 0 to 6, Group B = 7 to 10 and Group C = 11 to 15. Within each of these groupings average cost of services was determined which was used to set the per diem rate for each group as indicated in Table 1.

Table 1.

ADL/IADL Factors	No Assist	Some	Complete
Dressing Assistance	0	2	3
Meal Preparation Assistance	0	2	3
Housekeeping Assistance	0	2	3
Mobility Assistance	0	2	3
Medication Assistance	0	2	3
Total Score	Group	Code	Rate
0 - 6	A	T2031	\$42.24
7 - 10	B	T2031 TF	\$57.00
11 - 15	C	T2031 TG	\$79.73

Evaluation of Proposed Rate Structure Relative to Oklahoma Assisted Living Market

Utilizing federal grant funds awarded through a Real Choice System Change grant, DHS contracted with the National Cooperative Bank Development Corporation to do a market study of Oklahoma Assisted Living. The market study was conducted in April of 2006 and the research sample consisted of 87 of the 116 assisted living centers (ALCs) in the state. All of the 33 counties that had ALCs were represented in the survey.

The sample was developed as follows:

- A minimum of 2 centers per county were surveyed if the county has at least 2 facilities.
- In counties that only had 1 center, that center was surveyed.
- In counties that had multiple centers, every 3rd center on the list of centers obtained from the State Department of Health were surveyed.
- In Tulsa 9 of the 26 facilities were surveyed;
- In Oklahoma City 8 of the 25 facilities were surveyed.

The survey data elements included the following:

- Number of units;
- Current occupancy;
- The starting rate for each unit size;
- The range in rates for the least cost private unit including range for highest level of services provided;
- The availability of private versus shared rooms;
- The number of residents per bathroom;
- How many hours an RN and/or LVN is available and/or on staff per week; and
- A breakdown of available services

Table 2 presents summary descriptive statistics of cost data from the Oklahoma Assisted Living Market Survey. The table presents statistics of Average cost, Minimum, Maximum and Standard Deviation of cost for both the Lowest Least Costly Private Assisted Living units and for the Highest Service level (to meet care needs) Least Costly Private Unit across all surveyed providers.

Table 2

	Lowest Least Costly Private Unit	Highest Service Least Costly Private Unit
Avg	\$2,239	\$3,063
Min	\$1,200	\$1,718
Max	\$5,980	\$5,980
SD	\$747	\$891

Table 3 presents projected monthly Assisted Living reimbursement and the total projected monthly reimbursement per member (including Room and Board payment limited to SSI – currently \$623 per month) for each ADvantage tier level grouping. In addition, the projected average monthly total reimbursement across all service need tier groups is given based on the assumption that members are distributed across the tier groups in the following proportions – Group A = 20%, Group B = 50% and Group C = 30%. In light of the NCBDC survey's indication of prevailing market rate charges for Assisted Living in Oklahoma, the projected total monthly reimbursements at the proposed rates for ADvantage Assisted Living

Services appear reasonable and sufficient to attract providers to ensure access to services for ADvantage members needing services.

Table 3

Total Score	Group	Per Diem Rate	ADvantage AL Monthly	AL w Rm & Brd - Total
0 - 6	A	\$42.24	\$1,267	\$1,890
7 - 10	B	\$57.00	\$1,710	\$2,333
11 - 15	C	\$79.73	\$2,392	\$3,015
			Avg Amount =	\$2,473

In addition, NCBDC consultants collected data on local wages and cost data associated with Oklahoma Assisted Living operations. NCBDC used this information to develop operating pro-formas for Assisted Living Centers of 40 units in rural and urban settings and for ALCs of 75 units in urban settings reflecting best practice in the operation of affordable assisted living, tempered by state-specific regulations. The pro-formas were developed to evaluate fiscal feasibility of building and operating new affordable assisted living centers with anticipated funding primarily from ADvantage member residency. The pro-forma analysis indicated that at a 93% occupancy rate and using the proposed ADvantage rate structure with the distribution of ADvantage members across the service need groupings for each ALC as projected, the 40-unit ALCs in rural setting and 75-unit ALCs in urban settings should demonstrate a positive monthly cash flow after expenses including debt servicing. The pro-formas indicated that only the smaller 40-unit urban ALCs might have difficulty having a positive cash flow if totally dependent on ADvantage funding. [Note: The completed NCBDC Oklahoma Assisted Living Market Survey with cost data and the developed Pro-forma are attached.]

Summary ADvantage Assisted Living Services Rate

DHS proposes that ADvantage Assisted Living Services be reimbursed at a per diem rate based upon member assessed level of need for services. Member need level is based upon face to face assessment performed by DHS nurse or case manager who is not associated with the Assisted Living provider. Three tier levels based upon member assessed need for services with reimbursement under the following per diem codes and at the associated rates below are requested:

Assisted Living Service Need Level	Code	Per Diem Rate
Standard	T2031	\$42.24
Intermediate	T2031 TF	\$57.00
High	T2031 TG	\$79.73

Anticipating that the ADvantage Assisted Living Services policy is implemented beginning April 1, 2008, 45 members are estimated to utilize Assisted Living Services by the end of the fiscal year. Each member requiring Assisted Living Services will use 30 days per month. However, on average a total of 43 days of

Assisted Living Services per ADvantage member requiring Assisted Living are anticipated to be utilized during SFY2008.

An additional consideration is that the Personal Needs Allowance for members choosing Assisted Living Services will be 150% of SSI rather than 300% SSI as for members residing in their home for which they are totally responsible for maintenance and upkeep. Consequently, members selecting ADvantage Assisted Living services that have income over 150% SSI will have a vendor payment obligation that will be dedicated to paying for Assisted Living Services for the first days in each month until the vendor pay obligation is met. Based upon income data for active ADvantage members in April of 2006, 27.6% of members had income over 150% SSI and if each of these members were served in ADvantage Assisted Living would have an average vendor pay obligation of \$272.50 per month.

Using the proposed ADvantage Assisted Living reimbursement rates, the estimated distribution of participation across the different service need levels with associated rates and assuming participation by members with income above 150% SSI is proportional to that of the general ADvantage population, the Tables below present analysis of the budget impact for SFY '08 and for SFY '09. [Note: The cost analysis does not attempt to adjust for Assisted Living taking the place of existing ADvantage expenditures even though it is anticipated that many of those served in Assisted Living will select this option as an alternative to existing in-home ADvantage services that are less capable of meeting member needs than the Assisted Living services will.]

FINANCIAL IMPACT

For members receiving ADvantage waiver program Assisted Living Services in SFY'08, the Department expects a total cost increase of \$78,843. The federal share is \$52,903 and the state share is \$25,939.

For members receiving ADvantage waiver program Assisted Living Services in SFY'09, the Department expects a total cost increase of \$1,809,001. The federal share is \$1,193,941 and the state share is \$615,060. The Department attests that it has adequate funds to cover the state share of the projected cost of services.

ADvantage Waiver Program

**ADvantage Assisted Living Services – T2031 (per diem rate of \$42.24;
\$57.00 TF modifier; or \$79.73
TG modifier)**

Estimated for SFY'08

Number of Service Recipients	30
Estimated Units	1,350
Net Cost of Change	\$78,843
Federal Share (.6710 FMAP)	\$52,903
State Share (.3290)	\$25,939

[Note: Net average rate is estimated at \$58.40 per unit after factoring in case mix and spend-down.]

Estimated for SFY'09

Number of Service Recipients	175
Estimated Units	30,975
Net Cost of Change	\$1,809,001
Federal Share (.66FMAP)	\$1,193,941
State Share (.34)	\$615,060

[Note: Net average rate is estimated at \$58.40 per unit after factoring in case mix and spend-down.]

Minutes

Oklahoma State Department of Health
“Best Practices Medical Directors Subcommittee”
Meeting #2,
June 11, 2008,
Oklahoma City, OK

1. **Meeting called to order** by Chair at 2:35 PM.
2. **Opening remarks.** Chair thanked committee members for attending as well as OSDH employees who were present. (Sue Davis, LTC; Eleanor Kurtz, LTC Director of Enforcement and Complaints; Mary Fleming, Director of LTC Survey; and Gayle Freeman, LTC.
3. **Introductions** were made by the subcommittee members and OSDH staff present. Acknowledged in the audience, Thomas Hoetger, Director of Business Development, General Medicine, P.C., Novi, Michigan.
4. **Minutes** of the initial meeting, February 20, 2008 were reviewed and summarized by Chair. Clarification was made that for section 6.7 that “over medication with psychotropic medications” was not part of the Commonwealth Fund State Scorecard, 2007, but a specific concern of the OSDH Commissioner of Health and OSDH Medical Director, Dr. Tim Cathey.
5. **Review of Oklahoma’s Scorecard.** See Minutes of February 20, 2008 meeting.
6. **Review of OSDH Commissioner of Health priorities:**
 - high use of physical restraints (48th in US)
 - high-risk residents with pressure ulcers (48th in US)
 - percent of long stay residents with hospital admission (45th in US)
 - percent of NH residents with hospital re-admission within 3 months (43rd in US)
 - overmedication with psychotropic medications
7. **Achievable Benchmark(s) of Care (aka ABC).**
 - National data on the prevalence of pressure ulcers for 1st Quarter 2007 obtained from Quality Partners of Rhode Island, was explained and reviewed.
 - Comments were made that other sources for QM/QI data need to be identified.
 - Also mentioned that individual SNFs/NFs are able to have more up-to-date facility specific data on QMs/QIs through a computer program previously distributed by the Oklahoma Foundation for Medical Quality (OFMQ)
8. **CMS 9th Scope of Work** (reported by John Leon, OFMQ)
 - CMS has identified 130 nursing facilities in Oklahoma with rates of resident restraints of 11% or higher.
 - And 91 facilities with rates of pressure ulcers in high-risk residents of 20% or higher.
 - And that 3 special focused facilities identified by CMS will be aided by OFMQ, one each year, over the next 3 years SOW

- Data from the Nursing Home STAR Site on **physical restraints** reviewed. Oklahoma state average down to 8.5% (2007, Q4) from 11.6% (2003, Q3) while national average has decreased from 8.0% to 4.9%. State ranking is 48th in the nation. The lowest percentage rates are between 1-2% (NH, NE, AK, KS, ND, IA, WI).
- Similar data for **High Risk Pressure Ulcers** for OK for 2007, Q4 remains essentially unchanged at 15.0%, as compared to 2003 Q3 rate of 15.9%. National average for 2007 Q4 is 12.0%. State ranking is 48th while lowest rates are 7-8% (ND, MI, MN and MT).
- **General discussion** ensued on the following issues:
 - * lack of specialty hospitals in Oklahoma for wound care
 - * potential inaccurate classification and MDS coding of skin ulcers
 - * SNF/NF acquired skin ulcers vs. hospital acquired or even those potentially occurring during transfers from one level of care to another
 - * different time frame for triggering (or counting) of a pressure ulcer for SNF (day 14) vs. NF (day 90) look back (7 days)
- Mary Fleming, **Director of LTC Survey**, reported that deficiencies for PU-LR and PU-HR have considerably increased in 2008 with respect to number of facilities receiving deficiencies, and that the scope and severity of the deficiencies has also increased.

9. **Presentation by Dr. Jean Root on “The Spectrum of Long Term Care in Oklahoma”**

Areas reviewed included the following:

- Types of facilities that provide long term care
- Which health care disciplines predominate at each type of facility
- Staff patterns at each type of facility
- Physician role vs. medical director role
- Poor knowledge base in quality assessment/performance improvement

Articles distributed by Dr. Root included:

- Quality Improvement in Nursing Homes: A Call to Action
J.G. Ouslander, G Patry and R Besdine. JAMDA, March 2007.
- “Pay for Performance”: Can It Help Improve Long-Term Care?
S. Levenson, * JAMDA, May 2006.
- Web Reference: Agency for Healthcare Research and Quality (AHRQ)
“On-Time Quality Improvement for Long-Term Care”
(JAMDA - Journal of the American Medical Directors Association)

10. **General discussion ensued on several issues:**

- **Lack of physicians in rural areas** willing to go into SNFs/NFs
- Dr. Cathey commented that Subcommittee is a “brain trust” with expertise from many health care organizations and disciplines that will aide the OSDH in its focus for quality improvement in LTC.
- Use of **mid-level practioners** (PAs, NPs) to provide facility resident care
- **Oklahoma Healthcare Work Force Center:** Grants to promote additional training for RNs to acquire Masters in nursing. (ie, to prepare them as “nurse administrators”)
- **1st Annual CNA Conference** (6-12-08) on leadership, mentoring, pressure ulcers and other issues.
- Defunct Interagency LTC Task Force -- is there need to resurrect?
- **Information distributed on 2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes, available at website: myinnerview.com**
Consumer satisfaction domains: quality of life, quality of care and quality service.
Workforce satisfaction domains include work environment, supervision and management.

- Need to **create a communication (internet) network** to reach out to physicians and medical directors of LTCFs.
- How to establish and keep an **up-to-date list of facility medical directors**.
- Dr. Cathey advised subcommittee members that while he is on active military leave that **Dr. Winn will temporarily be a member of the OSDH Subcommittee of the Healthcare Quality Advisory Committee** that is looking at LTC issues
- Announced that **Dr. Dale Bratzler will become a member of the “Best Practices Medical Director Subcommittee”**.
- Copy of e-mail from Dr. Bratzler was distributed to members. Suggested focus areas mentioned by him are to address improvement in performance measures (in LTCFs) that include the following **proposed interventions**:
 - * Provider (SNF/NF) education related to quality measures.
 - * Engage consumers related to quality measures
 - * Provider accountability for performance (ie, public reporting, report cards and/or other means)
 - * Payer incentives for quality improvement
 - ** **Creation of “composite” measures or scores for SNFs/NFs**
- Re-iteration that issue of addressing staff turnover in LTCFs and the consumer/workforce satisfaction domains are paramount to improving quality of care and service.

11. Distributed **list of upcoming dates for LTC facility provider training** to be given through OSDH.

12. **oknursinghomeratings.com** Update received from Cassell Lawson. He encouraged all to go to website and that one is able to comment on its usefulness at the website.

13. **Other Business**

- Brief comments by Thomas Hoetger of General Medicine which has been contracted to provide medical director/provider services by several NFs in Tulsa and northeastern Oklahoma.

14. **Next meeting is scheduled for September 17, 2008 at 2:30 pm at the OSDH, Oklahoma City, OK.**

15. **Attendance sheet attached.**

16. Meeting adjourned at 5:05 pm.

Submitted by:
 Peter Winn, MD, CMD
 Chair
 Best Practices Medical Directors Subcommittee
 June 16, 2008



Oklahoma State
Department of Health

Ad Hoc Activities and Social Directors Regulation Review Committee

Appointed by the Long Term Care Facility Advisory Board April 9, 2008

Special Meeting

June 26, 2008 at 10:00 a.m. in Room 507

Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1299

AGENDA

Margaret Wallace - Chair

- I. **Review of Committee Charge** **Margaret Wallace**
 The Long Term Care Advisory Board created an ad-hoc committee to assist the Department in developing criteria, to be adopted in rule, for the approval of training courses to qualify Activities and Social Services Directors for employment in Nursing Homes.

 The rules for qualified Activities and Social Services Directors provide several avenues for qualification, one of which is successful completion of a Department approved training course.

310:675-13-8. Activities personnel
 (b) The activities director shall be qualified by training, or experience, under one of the following:
 (3) Successful completion of a Department approved training course.

310:675-13-9. Social services personnel
 (b) The social services director shall be qualified by training, or experience, under one of the following:
 (2) Successful completion of the Department approved training course.
- II. **Comparison and Contrast of Existing Course Curricula** **James Joslin**
- III. **Group Recommendations for Base Course Curricula** **Discussion**

IV. Other elements to be addressed in rule: **Discussion**

- A) What criteria will the Department use to approve a program?
- B) Will there be criteria for the entities offering a course?
- C) What is successful completion of the course?
- D) What is the process for requesting course approval?
- E) How long does approval last?
- F) Must changes to the course be approved in advance?
- G) Fee for Course Approval

V. Additional Research Request **James Joslin**
Is there additional information the committee would like researched and presented at the next meeting?

VI. Agenda and Date for Next Meeting **Margaret Wallace**
The proposed date and actions to be taken at the next meeting.