



LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

July 10, 2019 at 1:30 in Room 1102

Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299

MINUTES

July 10, 2019

1) Call to Order

Jim McWhirter called the meeting to order at 1:37 p.m.

Introduction of new members: Dr. Donald Courtney

2) Roll Call

LaShawn Lewis called roll with the following Long Term Care Facility Advisory Board (LTCFAB) members present: Jim McWhirter, Kay Parsons, Joanne Alderman; Lori Morton, Dustin Cox; Modina Allen; Esther Houser; Patricia Ingram; Adam Jordan; Joanna Martin; Charles Schwartz; Wendell Short; William Whited; Don Courtney; Jonathan Bushman and Denise Wilson.

The following LTCFAB members were absent: Paula Porter; Steve Blunk; Jacki Millspaugh; Stephen Ross; Alan Mason; Diana Sturdevant and Dewey Sherbon.

The following guests were present: Rocky McElvany, OSDH; Michael Cook, OSDH; Mr. Joslin, OSDH; Vicki Kirtley, OSDH; Diane Henry, OSDH; Melissa Holland, OKALA; Luvetta Abdullah, OSDH; Alexandria Hart-Smith, OSDH; Beverly Clark, OSDH; Natalie Smith, OSDH; Lisa McAlister, OSDH; Natasha Mason, Care Providers Oklahoma; Ann Osborn, Francis Tuttle Tech; Eboni Bolds, OHCA; Lois Baer, Leading Age; Greg Frogge, McAfee & Taft; Sandra Terry, TMF Health Quality; Irene Sanderson, OHCA; and LaShawn Lewis, OSDH.

Currently, there are three vacancies on the LTCFAB, which consists of 27 members.

A quorum met with 14 members present.

Meetings are posted at:

<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>

3) Review and Action to Approve/Amend July 10, 2019 Regular Meeting Minutes:

**Agenda Item #4
 Vote 1**

Motion: Approval of the July 10, 2019 Regular Meeting Minutes

Motion Made by: William Whited Seconded: Joanne Alderman Motion Carried: Yes
 Aye: 14 Abstain: 0 Nay: 0 Absent: 8

Aye: 14 Abstain: 0 Nay: 0 Absent: 8

Joanne Alderman	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Joanna Martin	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Paula Porter	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Alan Mason	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Stephen Ross	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Mr. Mc Whirter	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jonathan Bushman	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jacki Millsbaugh	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Tracy Chlouber	<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
Lori Morton	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Charles Schwarz	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Dustin Cox	<input checked="" 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
Modina Allen	<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
Esther Houser	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Diana Sturdevant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Donald Courtney	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	William Whited	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Patricia Ingram	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Steve Blunk	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Adam Jordan	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Denise Wilson	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
			Shading = Absent

4) Nurse aides, CNA, CMA, ACMA's:

Mr. McWhirter has informed the panel that Moore-Norman Technology Center has invited him to sit on the Advisory Board. Moore-Norman Technology have a lot of concern about the Medication Aide Technician (MAT program) and working on doing more training. Moore-Norman Technology is one for sure that they are sticklers about making sure that the MAT updates were done in the same month every year, otherwise, they will make you take the course over. As far as the No Call No Show, issues there are many concerns as well. There is concern with CNA training, work ethics, morals and all the things that go into a No Call No Show. Following the National Assisted Living Association meeting where the country administrators, Owners and DON's from all over the country have the same battle with the No Call No Shows. They are looking at some disciplinary type actions such as red flagging. Mr. McWhirter thinks if we are going to do a committee, we can move that committee along very quickly through qualified people from the LTCFAB and maybe some from outside to make suggestions, whether its red flagging through Vicki's part of the health department or whatever. We are looking for suggestions and ideas to do that as well as pushing for the MAT Program improvements and more training. Mr. Mike Cook mentioned one of the thoughts put forward was for the department to put together a committee with members from the Advisory Board, Care Providers, Leading Age, ORALA, OKALA and start with that kind of group. As we gather the items, we are going to discuss then we

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can bring in other subject matter experts or an Ad Hoc committee. A workgroup through the Health Department was encouraged.

5) Licensure, Residents assessment, Nurse Aide Registry, and Background Check Update:

Mr. Joslin, Assistant Deputy Commissioner of Protective Health Services and Director of Health Resources Development Services (HRDS) gave a brief orientation on updates of program activity and new developments. Mr. Joslin had general updates, series of chapters that we were amending of our rules, those chapters all moved forward approved by the legislative and approved by the governor. The chapters will be published in the September 3 Oklahoma Register the actual effective date will be September 13, 2019. Most of the changes primarily related to updating some out dated terminology. In chapter 675, we address Life Safety Code (LSC) so that is moving forward. Mr. Joslin stated Senator Langford sits on the Senate Finance aging subcommittee. We had an aide contact us to ask questions about abuse in nursing facilities. What we were seeing in Oklahoma and what our experiences have been. The conversation continued with further discussions about complaints, cases, and the distinction of general abuse. When broadly used it is misappropriated neglect and abuse combined. We discussed how we track neglect and abuse, also provided the nurse aide information about how we have seen that with increased staffing. The nurse aide was very interested in the background check-screening program that we have and I have explained that we have been pushing for a national network of Nurse Aide Registries to be able to search.

Mr. Joslin also mentioned an upper payment limit that was a reimbursement mechanism through Medicaid, by which if a non-state governmental organization owned a nursing home then the home was eligible for a higher reimbursement rate under Medicaid if all the criteria's were met and the state had a plan amendment approved. We wound up having a couple of hospitals do transactions by which they become the licensee over a number of nursing homes. James reported the state plan that was amendment required to make this fully implemented was not approved by CMS. What is happening is the reversions. We had some hospitals owning twenty-nine nursing homes especially when hospitals had financial problems. The difference is that you had an authority separate from the hospital. The authority was the licensee over these homes and those authorities contracted with former owner/operators to manage the homes. Mr. Joslin briefed us on the efforts to improve our response in renewing and processing applications to renew licenses. It is taking 30 days to process applications right now.

Agenda item 5a of the Nurse Aide Registry report indicates they might add to the report the number of Nurse Aide waivers. We rather had a lapse in where we have a nurse aide who has been found out to be eligible from employment based on criminal history and or requested a waiver and not been granted one. At this point, a referral is made to the Nurse Aide registry and they will make a referral to our Office of General Council to revoke their certification.

Agenda item 5b Abuse/Neglect/Misappropriation (ANM). In our last quarter, we processed eleven cases, so our case count is down a little for that quarter. If you were to look at the finding type, we had an uptake in misappropriation cases. In the last quarter, looks like 63% were misappropriation cases.

We only had one physical abuse case in the last quarter and two physical abuse cases in the prior quarter. Therefore, we are clearing people to work in the industry who had no criminal history at all. Eleven cases of abuse and neglect of misappropriation none of them had any criminal history.

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The Composite Scorecard provides overview of Oklahoma nursing home performance with comparative data from the region and nation. None of our data is reporting worse performance. We measure statistical significance from the last year if that movement is outside of our margins then it is deemed statistically significant. There was enough movement between this quarter and a year ago that we still deem statistically significant and our composite score continues to fall in that class of showing improvement.

6) Reporting of RN Staffing Hours:

Payroll Based Journal (PBJ) is a web portal through which providers record their staff hours. Each employee has an ID classification if a RN staff. You will also see the type of staff that recorded hired dates and termination dates, which you recorded through these web portals. For every day in the quarter, they report the data for every staff member. Electronic Submission has a dramatic impact because of the data, the analysis and research done now compared to any other data. This screen is so the facilities can identify there employees ID, what date they were hired and termination date. Manual data entry has selected labor category, the payment type and the hours for the day. This is an employee ID, so you are confirming what type of work they were doing this pay period and recording the days. Some are multiple descriptions of classifications that are in the system. Labeled Code descriptions are physician service nursing services registered nurse, directors of nursing registered nurse, and administrative duties, so there are three classifications for a nurse. Your pay status may be regular staff or contract, all of them are tracked. We are tracking this because everybody cares about staffing. We are looking to coordinate care with the staff as well as looking at the coalition of staff to care, obviously who that staff person is and how they work. There is a requirement in law that states particularly about RN's. Every facility must have an RN on duty eight consecutive hours a day seven days a week. Since 1998 nursing compare started, and was all based on health inspection data, it has expanded considerably, and quality measures started the five star rating. Now five star rating includes staffing components and the PBJ data. The Pay Roll Based Journal was volunteer, now we are supposed to provide this data because it is mandatory. For many years, CMS has tried to make the data publicly available. The latest PBJ changes are now on the five star staffing rating. Staffing hour's section is now absolute. They have added new rating criteria because of the data with the RN instead of getting census data out of the PBJ, in which they decided to use the MDS data. One thing that is being done to the PBJ data is, if certain things are met you automatically get the one star in staffing. They do adjusted hours calculating the hours per resident per day. The total of our staffing ratings were based on the combination of the two individual ratings of Registered Nurse (RN) staffing hours along with total staffing hours combined to get your rating for staffing. Down grade, rules are if you submit data after the deadline. If you are past, the deadline and you report four more days in the quarter with no Registered Nurse (RN), staffing and you had a resident then you are going to be downgraded, and if you fail to respond to an audit. The audits are letters that come from CMS from their auditor who contacts the facilities and ask for their payroll data.

7) Civil Monetary Penalty (CMP) Program

Luvetta Abdullah is the new civil penalty program manager. Civil Monetary Penalty (CMP) are funds used when nursing homes do not comply with Long Term Care (LTC) requirements, there sometimes

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access with the civil monetary penalty. These funds do come back to the state; in Oklahoma, we use these funds to contract with third parties to help improve the quality of life and care of the residents in the facilities. Luvetta also mentioned this year they have an open proposal, there is a list of quality managers and other concerns so applicants can just submit a proposal. On page four section D, many qualified entities may receive CMP funds to improve quality of care. Informs you who qualifies and the organizations who are applying for these funds. Luvetta also mentioned they are hiring a nurse for the program if anyone is interested.

8. Support Bill 280

Joanne Alderman stated Senate Bill 280 had passed with only one vote. Ms. Alderman mentioned in exchange for the money, Nursing Homes agree to more oversight, including more long-term care ombudsmen and an advisory group to help determine how pay-for-performance incentives needs to be directed. Nursing homes also agree to require clinical employees to receive at least four hours of Alzheimer's or dementia training. Learning about Alzheimer's is pictorial, visual, and gives an example of a patient in stage one through stage five. Let us see where the patient is in their capacity to learn to remember to, and act by themselves. To eat by themselves and dress themselves. We need Continuing education because the nurse aides are not getting the education, they need to step into a nursing home and begin working immediately. The following represent proposed additions to Senate Bill 280 allowing our Nursing homes a pathway to improve. Joanne has suggested improving education and Quality Patient-Centered Care. Passage Bill 280 is definitely a step in the right direction continuing education for staff who care for our geriatric patients and residents as well.

Joanne also goes on to say Comprehensive assessment is the basis of an individual plan of care for an older adult. Comprehensive geriatric assessment can improve health outcomes, increase nursing assessment confidence, and provide a role model for health care teams. A comprehensive baseline assessment is necessary in order to recognize changes that occur in relation to these complex factors.

9) Long Term Care Update

Mr. Cook mention Senate Bill 142, which will be in effect November 1, 2019. Bill 280, which we are all excited about, will be in effect October 1, 2019. Senate Bill 142 had to do with Antipsychotics getting permission and administration of certain medication. One of the bills we need to look at as a committee is Senate Bill 201, which talks about personal degradation. We need to see if we need to update some of the rules and regulations to include this as part of abuse. Senate Bill 888 gives caregivers the opportunity to come and speak with us, give forms with information on Nursing Homes and the care provided. Mr. Cook has proposed we look to see how we would incorporate those into the rules and regulations.

10) New Business:

No new business

11) Public Comment:

Public comment made throughout the meeting.

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12) Adjournment

The meeting adjourned at 3:27 p.m.