

North Dakota Department of Health
Division of Health Facilities

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

March 24, 2010

Committee Members Present:

Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Bruce Pritschet, Division of Health Facilities, ND Department of Health
Arvy Smith, Deputy State Health Officer, ND Department of Health
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Randal Albrecht, Chair, ND Board of Examiners for Nursing Home Administrators
Barb Groutt, Chief Executive Officer, North Dakota Health Care Review, Inc.
Rosanne Schmidt, Vice President, St. Alexius Medical Center
Joan Ehrhardt, State LTC Ombudsman, ND Department of Human Services
Karen Tescher, Assistant Director, LTC Continuum
Kaye Hessinger, Recorder, Division of Health Facilities, ND Department of Health

Committee Members Absent:

Dr. Jonathan Berg, Nursing Home Medical Directors Association
Betty Keegan, Rolette County Social Service Board
Carole Watrel, AARP
Dave Remillard, Public Member, Minot
Representative Gary Kreidt, ND House of Representatives (New Salem)

Other Individuals Present:

Monte Engel, Division of Life Safety & Construction, ND Department of Health
Lucille Torpen, Division of Health Facilities, ND Department of Health
Bev Herman, North Dakota Long Term Care Association
Linda Wright, North Dakota Department of Human Services

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:00 a.m. on March 24, 2010. Darleen Bartz welcomed everyone to the meeting, and introduced Rosanne Schmidt as a new member of this committee. Included in the information distributed was an updated listing of the LTC Advisory Committee members.

Approval of Minutes

Minutes of the December 11, 2009 were reviewed by the group. Shelly Peterson made a motion to approve the minutes; seconded by Joan Ehrhardt. Motion carried. Barb Groutt commented that it is very helpful to review comprehensive minutes if you are unable to attend the meeting.

Standing Reports

Legislative Update

Representative Kreidt was unable to attend the meeting, so Shelly Peterson said she will give an update on legislative information during her presentation.

Comments from the North Dakota Long Term Care Association

Shelly Peterson gave an update and highlights of testimony presented to the Long Term Care Committee on March 10, 2010. Char Schmidt, Administrator of Edgewood Vista at Edgewood Village in Bismarck, said she was testifying on behalf of the NDLTCA and our assisted living members. She stated that Edgewood Vista currently operates 26 different facilities in 6 states, including 4 in North Dakota. These facilities serve nearly 600 tenants and employ approximately 370 staff in North Dakota.

Char outlined several reasons as to why assisted living should remain with the Department of Human Services. The Department of Human Services currently licenses adult foster homes, which are very much the same social/family model provided in assisted living. All assisted living tenants have certain rights and responsibilities governed and protected by the North Dakota Bill of Rights. These tenants have access to the ombudsman to protect their rights and any grievances they may have. The Ombudsman Program is housed within the Department of Human Services.

Char said that since the beginning of the licensure process, assisted living members have been actively involved in the issue of which agency should license assisted living and urged the committee to maintain licensure of assisted living with the Department of Human Services and the Department of Health, as it is outlined today. The Food and Lodging Division of the Department of health, or the local public health unit, review and license the kitchen, and Chapter 33-33-05 regarding smoke detection requirements. At a time when all information required for licensure is submitted by the facility, the Department of Human Services issues the license. Licensuring is required on an annual basis.

Another area of testimony presented to the Long Term Care Committee related to support of the basic care and nursing facility moratorium. Rosanne Schmidt, Administrator of the Transitional Care Unit at St. Alexius Medical Center in Bismarck, and also Chairman of the Board for the ND Long Term Care Association, testified as a representative of the NDLTCA. She said they have supported the moratorium since its creation in 1995 and believe it continues to serve the state well. The process of buying and selling of beds has provided the redistribution of beds from rural North Dakota to the four urban cities.

Rosanne presented data which was gathered in response to the 2010 spring flooding and possible evacuation of long term care facilities. With data being gathered starting on March 4, 2010, facilities were asked to report their open and available beds by 11:00 a.m. each day. These facilities included assisted living, basic care, and nursing facilities. In handouts presented to the committee, Attachment A outlined available basic care beds as of March 5, 2010; and Attachment B indicated available nursing facility beds. This information showed an adequate supply of nursing facility beds exist in certain locations in rural and urban North Dakota. Rosanne said that with two new nursing facilities opening in Bismarck, one in West Fargo, and an expansion in Grand Forks, the supply should be sufficient, if not abundant for the near future. Waiting lists for those unable to access long term care, for the most part, appear non-existent at this time.

Shelly Peterson stated she is concerned about the vacancies we have now, and the new beds coming on board. She feels there will be plenty of beds in Bismarck with the new facilities opening soon. Joan Ehrhardt said Trinity was considering closing some of their facilities. Shelly commented it used to be a staffing issue, but now it is a demand issue. If you don't have the demand and staffing, will all these facilities be able to remain open. Shelly said staffing has finally stabilized. Randy Albrecht said that what we are seeing from the facilities is that there are a lot of applicants, but the quality of the applicants has declined in the entry level positions. He also stated that Good Samaritan and Benedictine are very concerned about finding staff. Shelly commented that Good Samaritan is allowing staff to move to Bismarck, and they can retain their benefits. This is concerning to the smaller communities. Joan asked Shelly if she believes some of the vacancies in the nursing homes are due to the basic care and assisted living facilities. Shelly feels that is true, plus there are a lot of admissions and discharges, with many residents going home.

In regard to health care reform, Shelly reported:

- Criminal history record checks are a part of the legislation, and states will have an option of applying for funding. This will be looked at and studied to see what the impact is with long term care.
- There is a possibility of significant cuts in Medicare rates.

Darleen Bartz said she had received information from HRSA regarding their stance of reporting certified nurse aides. Shelly said all facilities need to check their exclusion list to make sure their current employees and new employees are not on this list. One of the main reasons for qualifying to be included on the exclusion lists would be action against their licensure. Darleen stated she has been designated as the person who is responsible for the data bank information, licensure authority, etc. She said we are under contract with CMS and doing work for them, and has raised the question of how those individuals come off the registry. Shelly feels that if you don't have to keep those people on there, we don't want them on there. She was going to forward some information to Darleen, and Darleen said she would do some research on our part based on information Shelly submitted. Another concern of Shelly's is the harshness given to the certified nurse aide when a finding of abuse is validated and they go on the registry. She said it is like they are forever banned, and it is their hope that the

congressional representatives and their national affiliate take a look at this issue. Rehabilitation is provided for nurses, but not for nurse aides.

Shelly commented that the Health Department is leading the task force regarding the CNA registry, and she told Representative Kreidt that she hopes his Long Term Care Committee would support the recommendations of this group.

Shelly Peterson said the ND Long Term Care Association has a lot going on in the areas of education and training. Bev Herman gave an overview of the 2010 NDLTCA Training Plan, and provided a handout. In February, 2010, training sessions on Infection Prevention and Control were held in Bismarck and Fargo, with attendance of 200 at each. Pat Preston will be brought in for a presentation on infection control at the NDLTCA Spring Conference in April. Bev said that NIMS Training went very well and had great attendance at all four locations in Bismarck, Fargo, Grand Forks, and Minot in February/March, 2010. The first joint Quality of Care conference sponsored by the NDLTCA and the ND Department of Health will be held in March regarding the New CMS Quality of Life Interpretive Guidance, and the second Quality of Care training is on Abuse & Neglect and Investigative Protocols to be held in August, 2010 in Bismarck. A Basic Care Workshop on Infection Prevention/Basic Care Survey and LSC will be held on June 29, 2010 in Bismarck. The MDS 3.0 training will be held July 13-15 in Bismarck, and it is hoped the new manuals will be available by then. The Department of Human Services is offering training on Business Office and MDS 3.0 on August 18 in Bismarck; the NDLTCA Fall Conference is scheduled for September 28-30 in Bismarck; the Geriatric Healthcare Conference is October 15 & 16 in Bismarck; and the Administrators Conference is December 14 & 15 in Bismarck. Bev said there will be other regional training related to Immediate Jeopardy, Medicare University, and MDS 3.0. Certified nurse aide training is another area in which a lot of educational training will take place.

Shelly Peterson talked briefly about the potential spring flooding issue, and expressed appreciation to the Health Department. She said we worked together as a team and it went exceptionally well. Shelly said there were 388 residents pre-placed by the NDLTCA/NDDOH team and the number of facilities used for pre-placement included 28 long term care facilities and 5 critical access hospitals. Shelly said it was nice to see these facilities respond, and consider the residents and their needs.

Assisted Living Work Group Update

Linda Wright, ND Department of Human Services, reported on the March 16 meeting of the Assisted Living Work Group. The primary issue they are looking at now is the tenancy criteria and how it may work with the Fair Housing Act. Kourtney Hollingsworth, Executive Director of Fair Housing of the Dakotas, stated they will have their first fair housing in-service in May, which will focus on education and training. She said there are seven protected classes: race, gender, familial status, religion, color, handicap, and age discrimination.

Assisted living facilities are covered dwellings and subject to Fair Housing laws. These facilities are for those who need a wide range of in-home support services to help them with activities of daily living.

However, residents in these facilities do not require the level of continuous nursing care that a nursing home offers. Kourtney will review the tenancy criteria for assisted living facilities to determine whether they are in compliance with the fair housing.

Shelly Peterson handed out testimony provided to the Long Term Care Interim committee by Char Schmidt indicating the ND Long Term Care Association requests licensure of assisted living remain in the Medicaid area. Kenan Bullinger from the Division of Food and Lodging also provided testimony stating the Health Department conducts food and life safety inspections of assisted living. Darleen Bartz commented that if licensure came to the Department of Health, we would be asking for more staff to do on-site visits. Shelly Peterson said the Association would prefer an FTE for an ombudsman versus staff for on-site reviews for monitoring assisted living. Linda Wright stated the Department of Human Services had requested an additional long term care ombudsman position at the last legislative session, and they are looking at making this request again because it was not approved. She said this individual is needed to respond to concerns and issues. Shelly also noted that members of the association would like to keep basic care and assisted living separate. Arvy Smith asked if current laws state the Department of Human Services is responsible for the paper licensing of assisted living. Linda Wright responded that was the current process, and the Interim Committee on Long Term Care doesn't appear to be coming up with any different legislation at this point.

Kenan Bullinger gave an update on the 2009 Model Food Code which has been released. He will be going to South Dakota to learn the new provisions. When he returns, he will convene a work group to include any rule making changes that should be addressed, and invited anyone interested in becoming a part of the work group, to let him know.

Shelly Peterson provided handouts of the regulations in the Century Code and Administrative Code that impact assisted living. She said they pushed hard to make sure the legislature has admission and discharge criteria.

The next meeting of the Assisted Living Work Group is scheduled for June 24, 2010. Linda Wright listed the following work group plan issues that are currently being monitored and worked on:

- HB 1269 – Relating to discipline of an unlicensed assistive person practicing without registration
- Tenancy issues – Fair Housing criteria
- What is happening with the facility in Steele? They are getting assistance to convert to assisted living and basic care (10 beds each). The renovation expense is an issue of concern, and the architect will be looking at ways to reduce the costs.
- Look at the assisted living rent subsidy
- Continue to monitor issues of complaints and the licensing process for assisted living
- Request to receive ongoing reports from the Long Term Care Ombudsman Program.
- Educate and inform the workgroup regarding several issues. Research other states and how they are able to make assisted living affordable.

North Dakota Health Care Review, Inc.

Barb Groutt provided an update on the current activities of the North Dakota Health Care Review, Inc. North Dakota is currently serving as the Local Area Network for Excellence (LANE) convener for North Dakota for the Advancing Excellence in America's Nursing Homes Campaign. This campaign has eight areas of focus: staff turnover, consistent assignment, restraints, pressure ulcers, pain, advance care planning, resident/family satisfaction, and staff satisfaction. Barb said they are helping nursing homes enroll, select priorities, and set improvement targets. Currently 35% of ND nursing homes are enrolled as compared to 47% on a national level. North Dakota nursing homes have the same top three goals as nationally – pain, pressure ulcers, and resident/family satisfaction.

Barb said they continue to provide technical assistance to a group of nursing homes to reduce the use of physical restraints and pressure ulcers. These percentages have continued to drop since their involvement with them, and the nursing homes have experienced significant improvement. At baseline, pressure ulcer rates for this group of nursing homes was 20%, and the most recent data shows this has dropped to 9.0%. Barb provided a chart on pressure ulcer reduction in North Dakota nursing homes, which also included information on NDHCRI intervention, and nursing home action. Physical restraints rates were 7.3%, and are now 2.2%. Arvy Smith asked what nursing homes need to do to reduce pressure ulcers. Barb responded they need to get them to look at what they are currently doing and whether they have the right policies in place – complete an assessment of their policies and plan. She said this is a whole assessment process, and what do you need to change for that resident to prevent breakdown, care of the wound, etc. Once you can show a nursing home that they are having some success, this is real encouragement for them to keep on working. We continue to identify strategies in helping nursing homes sustain their improved performance. Bruce Pritschet stated that pressure ulcer deficiencies have definitely declined in the last ten months. Lucille Torpen asked how many facilities they are working with. Barb said they are currently working with 13 facilities. Under their Nursing Home in Need project, they continue to work with two nursing homes that are/were special focus facilities.

Another area the NDHCRI is working on is drug safety, specifically working to reduce drug interactions and potentially inappropriate medications in the Medicare population. Barb said they are sharing/ disseminating information and data on this topic in a number of different venues, including to the prescriber and pharmacy communities. Randy Albrecht stated that they are seeing admissions on a lot more medications. He said there is ongoing dialogue between the physician and the pharmacist, and that within 48 hours of admission, they are having the pharmacist review the medications.

The NDHCRI continues to await more information about the QIO 10th Scope of Work, which should come out in April as a draft. They believe transitions in care, pain management, and preventing healthcare acquired infections will be part of the focus, and assume this focus will include work in the long term care setting. Barb asked this group if they would like a quality improvement specialist to come along with her to the meetings of the LTC Advisory Committee, and the group felt this would be a good idea sometime in the future.

Barb said that Key Health Alliance, which is a Minnesota based partnership, was recently awarded a grant to serve as the Regional Extension Center for Minnesota and North Dakota. NDHCRI has been a key partner in this effort, and will subcontract to provide field staff to support North Dakota provider implementation. At the present time, the focus is on physicians and midlevel practitioners in small practices, but at some point they expect this will expand to nursing homes.

Comments from the Ombudsman Program, ND Department of Human Services

Joan Ehrhardt, State Long Term Care Ombudsman, presented a report on recent highlights in the Ombudsman Program. She said that due to the redistribution of nursing facility and basic care beds since 2008, the cities of Bismarck/Mandan and Fargo/West Fargo have experienced a growth in long term care beds. There has also been continuing growth of assisted living facilities. From 2008 to 2009, nursing facility and basic care beds in the Bismarck/Mandan area increased 21%, and will increase an additional 14.5% in 2010. In the Fargo/West Fargo area, nursing facility and basic care beds increased 2% from 2008 to 2009, and will increase an additional 11.6% in 2010.

Assisted living units in the Bismarck/Mandan area increased 205% from 2008 to 2009, and will increase an additional 4% in 2010. Assisted living units in the Fargo/West Fargo area increased 4.5% from 2008 to 2009, and will increase an additional 47.5% in 2010.

Joan talked about ombudsman staffing in North Dakota, which is currently the equivalent of 3.25 full time employees. There are a total of 11,236 beds, with the following breakdown: Williston and Minot area has a half time ombudsman with 2,199 beds; Dickinson has 866 beds with 15% of an FTE allocated to ombudsman duties; Devils Lake and Grand Forks have 2,080 beds with 60% of an FTE; Bismarck has 2,049 beds with the State Ombudsman allocation of 20% of her time to regional ombudsman duties; and the Fargo/Jamestown area have one full time ombudsman for 4,042 beds. The ombudsmen try to visit the assisted living and basic care facilities three times per year. Joan has been doing some research regarding the number of residents per ombudsman. The last study was conducted in 1995. She said some states have cut their ombudsman by 50%. The Institute of Medicine included in one of their reports the fact that each state should have one ombudsman per 2,000 residents. Randal Albrecht asked if there was a way to track requests or calls regarding changes in the family dynamics. He feels we need someone to advocate on behalf of the residents. Joan said this is the first year for the Ombudsmanager (NORS) reporting system, which is utilized by most of the states. She stated that every state has noticed a decrease in their numbers after using this system. Shelly Peterson asked Joan from her perspective if she is seeing a need for more ombudsmen, and if they establish priorities. Joan responded yes, but that each division describes what their needs are, and then it goes to the cabinet for consideration.

Joan said there are 60 volunteer community ombudsmen throughout the state, and they are a great asset to the facilities and the Ombudsman Program. The community ombudsmen are encouraged to maintain visibility in their assigned facilities by regular visitations, and provide friendly visitations to the residents. Weekly visits are encouraged. The community ombudsmen are not trained or expected to

solve major and time consuming problems in their facilities, but are trained to refer complaints and concerns to the regional ombudsman. Training is provided to the Community Ombudsmen annually, and this year they will attend the Home and Community Based Symposium in Bismarck. At this symposium, an evening has been set aside for them to meet with the regional ombudsmen and participate in a group discussion of issues in the facilities.

Comments from the ND Department of Health, Division of Health Facilities

Bruce Pritschet discussed several reports relating to deficiency citations. The first report on Double G Citations compared North Dakota with the other states in the number of double G citations issued. Bruce stated that there were no citations of double back to back G's for this fiscal year in North Dakota. He said that G-level citations in a nursing home mean actual harm to one or more residents.

The Citation Frequency Report compares deficiency citations in the health survey for fiscal year 2010, and ranks these citations in North Dakota in comparison to State, Region, and National statistics. Bruce said the top three tags are very close and those tags are F441 (Facility Establishes Infection Control Program); F323 (Facility is Free of Accident Hazards); and F309 (Provide Necessary Care for Highest Practical Well Being). With the exception of F441, the rest of the tags have remained pretty much the same. In North Dakota, F441 went from 7th place to #1. On a state level, F441 was cited 17 times in 56.7% of surveys; F323 was cited 15 times in 50.0% of surveys; and F309 was cited 10 times in 33.3% of surveys. In the Region, F323 was cited 98 times in 47.1% of surveys; F441 was cited 75 times in 36.1% of surveys; and F309 was cited 65 times in 31.2% of surveys. Nationally, F323 was cited 1,594 times in 33.7% of surveys; F441 was cited 1,458 times in 30.8% of surveys; and F309 was cited 1,237 times in 26.1% of surveys.

The Average Number of Deficiencies Report lists the average number of health related deficiencies per survey by scope and severity for the current fiscal year. The first chart compares Region VIII, which includes North Dakota, to the other Regions. It also breaks down the statistics within Region VIII and compares North Dakota to the other five states. In Region VIII, North Dakota averages 3.32 deficiencies per survey in 41 surveys; Colorado averages 5.97 deficiencies per survey in 167 surveys; Montana averages 3.95 deficiencies per survey in 38 surveys; South Dakota averages 3.45 deficiencies per survey in 29 surveys; Utah averages 2.52 deficiencies per survey in 67 surveys; and Wyoming averages 5.58 deficiencies per survey in 19 surveys.

When comparing Region VIII to the other nine regions in the average number of deficiencies per survey by scope and severity, Region VIII averages 4.59. The national average is 1.97. Shelly Peterson asked why North Dakota at 4.59 is higher than the national average. Darleen Bartz stated that we have new leadership for Region VIII, and they will be looking at why there is a change in this region. She said the Denver region is smaller compared to the other regions.

Comments from the ND Department of Health, Division of Life Safety & Construction

Monte Engel discussed several reports related to the life safety survey, and the deficiency citations. He said that facilities are allowed to correct deficiencies on site. Shelly Peterson asked if he is seeing any compliance problems the second year. Monte responded that only a handful have been cited the second year.

The Average Number of Deficiencies Report provides statistics on the life safety code survey for the current fiscal year, and compares North Dakota with the other states in Region VIII, and also compares Region VIII with the nine other regions. Within Region VIII, the average number of life safety code deficiencies per survey by scope and severity are: North Dakota averaged 0.93 deficiencies in 30 surveys; Colorado averaged 6.24 deficiencies in 74 surveys; Montana averaged 7.64 deficiencies in 28 surveys; South Dakota averaged 3.34 deficiencies in 29 surveys; Utah averaged 5.74 deficiencies in 35 surveys; and Wyoming averaged 4.33 deficiencies in 12 surveys. The national total indicates an average of 3.80 deficiencies per survey by scope and severity.

On the Citation Frequency Report, only one of the top four tags in the State match the Region and National citations, and that tag is K062 (Sprinkler System Maintenance). In North Dakota the top four deficiencies are: K069 (Cooking Equipment) which was cited 4 times in 13.3% of surveys; K011 (Common Wall) which was cited 3 times in 10.0% of surveys; K030 (Other) which was cited 3 times in 10.0% of surveys; and K062 (Sprinkler System Maintenance) which was cited 3 times in 10.0% of surveys. Monte said that by August, 2013, all facilities will be required to be sprinklered. Monte stated that the two reasons deficiencies are cited is because they are significant enough that they can't be completed on site, or lack of documentation.

On a Regional level, the top four life safety citations are K062 (Sprinkler system Maintenance); K147 (Electrical Wiring and Equipment); K018 (Corridor Doors); and K029 (Hazardous Areas-Separation). In comparison, on a National level, the top four life safety citations are K147 (Electrical Wiring and Equipment); K062 (Sprinkler System Maintenance); K029 (Hazardous Areas-Separation); and K018 (Corridor Doors).

Darleen Bartz commented that there is concern on the national level as far as the qualifications of the life safety code surveyors, but this is not an issue in North Dakota. She said there is a certification program you need to attend out of state that requires this certification, but current surveyors have been grandfathered in.

Shelly Peterson said people have really liked the BPR (Business Process Reengineering) for life safety code. Also, regarding the two new positions in the life safety/construction area, she asked if we can report that issues are being identified early, and what kind of documentation would be good. Arvy Smith suggested we could utilize the financial analysis we used for the demonstration project. Shelly Peterson feels we should be proactive and show the benefits. Darleen Bartz said we could look at the evaluation that is sent out after the construction is completed. Randal Albrecht thought we could take a

look at the change orders and how many have been eliminated. He said the providers he has talked to are very grateful for the process. The providers could quantify this. Bruce Pritschet also suggested the evaluations that are currently used could be changed and sent for additional information from the facilities to use as a source. Monte Engel said we need to hear from the facilities when this goes before the legislature again. Shelly Peterson thought we could have the facilities put together some documentation regarding what they felt was beneficial, what they saved, etc.

Home and Community Based Services

Karen Tescher from the Department of Human Services gave a report on the Home and Community Based Services (HCBS). Administrative rules were approved for the Level C Personal Care and are now being utilized by eligible clients that require up to 10 hours of personal care per day. This was identified as a need through the Money Follows the Person stakeholder meetings and approved in the 2009 Legislative Session. Non medical transportation was added to SPED and EXSPED as of January 1, 2010.

Karen said the HCBS waiver amendment was submitted and approved to increase the age limit to 18 years, increase the home delivered meals from 3 to 7 per week, and to update the Qualified Service Provider information for the rate increases that were received through the 2009 Legislature. The Tech Dependent Waiver renewal will be submitted April 1, and go into effective August 1. They are removing the requirement in the Tech Dependent Waiver for the attendants to be on the UAP listing, as the Board of Nursing has recognized the QSP registry as adequate for this specific waiver.

The HCBS team has coordinated a public education meeting to increase community awareness of the many services that are available. A power point has been developed and distributed among various provider groups. The team continues to work on a number of goals to further education concerning Home and Community Based Services. Counties are using the materials and coming up with innovative ways to communicate with clients about available services.

Karen provided information on an online searchable web site for Qualified Service Providers which can be found at: <https://secure.apps.nd.gov/dhs/qsp/qspsearch.aspx>. She said this database can be used to look up information on any QSP who has agreed to have their name and information shared with the public. The database can be searched by name, county, city, state, and region or approved service. This will be very helpful for anyone looking for services of a Qualified Service Provider in all areas of the state.

Shelly Peterson asked if Human Services is looking at what was contained in health care reform, and if someone is looking at that bill in particular regarding Home and Community Based Services. Karen said they have not looked at that.

Children's Hospice Waiver

Karen Tescher talked about the Children's Hospice Waiver and said it is in the final stages of writing and will be submitted on April 1, to have the services available by July 1, 2010. The purpose of this waiver is to keep children between the ages of 0 to their 22nd birthday who have a life limiting diagnosis that may be less than one year, in their home as much as possible. This would avoid lengthy hospital stays, and delay or divert institutional care. These children would qualify for nursing home level of care. This waiver would remove the hospice requirement of a physician certification that death is expected within six months. The waiver would allow the family to provide treatments that are both curative and palliative for the child to successfully handle each day from time of diagnosis to death.

Karen said children and their family would have access to the following services through this waiver: In-home support, nursing, home health aides, counseling, expressive therapies – for the effected child and siblings, routine and continuous nursing as daily living skills become more difficult. Children on the waiver will also have access to all Medicaid State Plan services.

Update on Infection Prevention and Control

Bruce Pritschet said we are still waiting for the CMS Survey and Certification letter regarding infection prevention and control. He commented that citations in infection control are dwindling in two ways – severity and number. Shelly Peterson asked if it seems to be in the area of deficiencies where there are inconsistencies with CDC. Bruce said not in particular, and it is not the differences that are causing the problem. Darleen Bartz stated that Dr. Dwelle will be writing a letter to ASTHO, to get to CDC to voice our concerns over infection control. Bruce said the CMS Regional Office staff understands where the issues are, and they are going ahead from their side. Arvy Smith stated that Dr. Lambrecht was previously our Medical Services Section Chief, but he has resigned. Our medical contract is now with Dr. Kent Martin at Medcenter One. Arvy said his medical expertise is in infection control, and that he would be available if you have a need for consultation from him.

Update on CNA/UAP Registry Workgroup

Darleen Bartz summarized her testimony regarding the study of registration of long term care professionals that she presented to the Interim Long Term Care Committee on March 10, 2010. She said the department's Registration of Long Term Care Professionals Workgroup includes members representing the Department of Health, the Board of Nursing, the North Dakota Healthcare Association, the ND Long Term Care Association, the Department of Human Services, Developmental Disabilities, and Home Health Care. Every effort was made to include representatives from the various entities that utilize individuals on both the Board of Nursing's registry and the department's registry. A listing of the workgroup members was provided to the committee.

The workgroup met for the first time on February 2, 2010, and a second meeting is scheduled for March 22, 2010. At the initial meeting, HB 1269, Section 3 was reviewed, and the purpose of the workgroup was identified:

1. To study the steps necessary to enable the State Department of Health to administer the registry for certified nurse assistants, nurse assistants, and unlicensed assistive persons.
2. To examine the possibility of one registry.
3. To examine the potential location of the registry.
4. To report back to the Long Term Care Interim Committee regarding the recommendations of the workgroup.

Darleen stated that presentations were provided by Dr. Connie Kalanek representing the ND Board of Nursing regarding the BON Unlicensed Assistive Person (UAP) registry and by Bruce Pritschet representing the ND Department of Health regarding the Certified Nurse Aide (CNA) registry. At the conclusion of each presentation, the respective website was reviewed and a demonstration provided related to verification, renewal, and address changes. The workgroup members had an opportunity to ask questions throughout both presentations.

A series of questions were discussed at the meeting, including:

- In what settings and capacities do individuals on the Board of Nursing UAP registry and the ND Department of Health CNA registry work?
- What do you believe are the benefits/concerns of having two registries, Board of Nursing UAP registry, and the ND Department of Health CNA registry?
- What considerations do you believe the workgroup should examine when looking at the possibility of one registry?

Identification of information the workgroup members would like the Board of Nursing and the ND Department of Health to present at the next meeting included medication assistant levels, approved courses, and survey process by the Board of Nursing; nurse aide registries in other states by the Board of Nursing and Department of Health; and UAP disciplinary actions and processes by the Board of Nursing.

Representative Kreidt asked the State Department of Health to provide the committee with information regarding any additional funding that may be needed to implement the workgroup's recommendations.

Other

Darleen Bartz talked about neglect issues in long term care facilities, and a memorandum that went out regarding guidelines from CMS. Bruce Pritschet prepared and distributed a second "Draft" memorandum for this group to review and discuss. The purpose of this memorandum is to provide facilities with information to guide decision making related to reporting allegations of neglect of a resident to the department. The federal requirement for long term care facilities require that allegations of neglect be reported to the state nurse aide registry immediately (within 24 hours), and upon completion of the facility's investigation (within 5 working days). Shelly Peterson said the issue

continues to raise questions in her mind, and how much information can you really obtain in 24 hours. She feels that in the area of over-reporting incidents of neglect, there is a lot of work created for Bruce Pritschet, and also the skilled nursing facilities. Darleen Bartz said that because we are the regulatory agency, we still have to complete the investigations. Randal Albrecht feels the facilities were way over-reporting, which has created a big morale issue with employees. He said that since the clarification, they have a lot better idea than they did off the first memo. He also commented the problem is there is no forgiveness for CNA's like there is in other areas/professions. Darleen Bartz said CMS is trying to tighten up on this issue. More and more they are looking at what part the facility played.

Shelly Peterson feels the key is more education and training, and facilities were looking for additional guidance. Shelly also said that whatever the issue is, the facility needs to investigate, evaluate, and conclude. Randal Albrecht commented that we have an obligation to investigate, and should make our recommendations based on the investigation. He said it is the incident that is investigated, not the individual.

Following the discussion and suggested changes to the "Draft" memorandum, Darleen Bartz asked if this is something we should continue to work on, and if it is the consensus of this group to send it out. The group agreed it should be sent out, and that the providers have asked for additional guidance.

Next Meeting and Suggestions for Future Agenda Items

The next meeting of the Long Term Care Advisory Committee was set for Wednesday, June 2, 2010 from 10:00 a.m. to 3:00 p.m. in the Sakakawea Room of the State Capitol.

Agenda items will include standing reports:

- Division of Health Facilities
- Division of Life Safety & Construction
- North Dakota Long Term Care Association
- North Dakota Healthcare Review, Inc.
- State Ombudsman, Department of Human Services
- Legislative Update

Suggestions for future agenda items include:

- Nursing Consortium Workforce Issues
- Planning – Transfer of Property
- Aging Services 2020 Plan – Dr. Mariah Tenamoc
- Cost Share Discussion

The meeting adjourned at 3:05 p.m.