

District of Columbia Health Care Association DCHCA

Meeting Minutes
February 19, 2013

I. Call to Order

Sue Hargreaves called to order the Board meeting of the DCHCA at 10:10am on February 19, 2013.

II. Roll Call. The following persons were present:

DCHCA President - Sue Hargreaves, Administrator - Lisner Louise Dickson Hurt Home DCHCA
DCHCA President Elect - Janine Finck-Boyle, Administrator - The Washington Home (via phone)
DCHCA Secretary - Tina Sandri, Administrator, Carroll Manor Nursing and Rehab
DCHCA Treasurer - Denise Chadwick Wright, Administrator - Carolyn Boone Lewis DCHCA
Immediate Past President - Sandy Douglas, CEO/Administrator - The Methodist Home DCHCA
Executive Director - Veronica Sharpe

Brinton Woods - Ron Cheli, Administrator
Brinton Woods - Marvin Rabovsky, Owner
Deanwood Rehab & Wellness Center – Keysha Dale, Administrator
Ingleside at Rock Creek - Regina Kim, Administrator
Jeanne Jugan Residence - Absent
Knollwood – Absent
Lisner-Louise-Dickson-Hurt Home – Lisa Harfoot, Admissions
Methodist Home of DC/Forest Side – Alexis McKenzie, Administrator
Sibley Renaissance - Absent
Specialty Hosp of Washington/Capitol Hill - Calanthia Green, Administrator
Specialty Hosp of Washington/ Hadley - Leonard Smith, Administrator
Stoddard Baptist - Remy Johnson, Administrator
Stoddard Baptist - Mahesh Tyagy, CFO
United Medical Center - Donna Allen Williamson, Administrator
Unique Residential care Center(URCC)- Scott Taylor, CFO
Washington Center of Aging Services/SBGC - Rhea Gilliam, Administrator
Washington Home - Tim Cox, CEO
Washington Nursing Facility - Gail Jernigan, Administrator
Radiation Physics - Absent
Remedi Senior Care - Absent

As a point of information, Committee Chairs for the year include:

Legislative Committee Chair - Sandy Douglass
Emergency Preparedness Committee Chair - Gail Jernigan
Education Committee Chair - Janine Finck-Boyle
Assisted Living Committee Chair - Alexis Mackenzie
Finance Committee Chair – Mahesh Tyagy
Convention Chair - Sue Hargreaves

III. Approval of Minutes for Last Meeting

After a request to modify three minor typos, a motion was made by Sandy Douglas, which was seconded by Marvin Rabovsky, to approve the January 2013 minutes.

IV. Review of January Financials

The budget was reviewed. Two new associate business members joined as of December, 2013. The Treasurer presented a report of the financials as attached. Eleven facilities have paid dues thus far this year. ACHA dues are due March 31st. We get a discount if we pay early, so everyone is encouraged to pay their dues timely. A motion was made to accept financials as is by Gail Jernigan, and it was seconded by Janine Finck-Boyle.

V. Regulatory Legislative

A. DHCF

1. Council Meetings - Veronica reported for Mahesh and noted that DCHCA spoke with Eric Goulet, the Mayor's budget director, mostly about the 2014 budget to reinstate the cost of living factor that stopped in 2010. Also, he was reminded that the provider tax was to fund quality of care projects, rather than fund DC budget gaps. He said that the 2014 budget does not use any of the provider tax to fund any of the DC budget gaps. He suggested speaking with the Mayor and Deputy Mayor. There is a meeting with DHCF Director Wayne Turnage and Nathan to discuss the 2014 DC budget and DCHCA's ability to use the provider tax this Friday. DCHCA also mentioned to Mr. Goulet that the providers need the provider tax funds to help pay for the new RN staffing regulations. Sandy suggested we inquire what is being done with the DC Medicaid budget surplus.

2. 2010 Rebasing - Veronica reported that a lump sum should be at the NFs on 2/22/13, and covers the 15 months of 10/1/11 to 12/31/12. It will be 75% of the amounts due as suggested by DCHCA. To get the lump sum payment, you must be current on your provider taxes per DHCF. Once the lump sum is paid, the payment formula will go back the payment formula that was being used for facilities prior to the lump sum. Marvin suggested that the new rate for the lump sum should be the ongoing rate, and that this should be discussed with DHCF Director Wayne Turnage; Veronica said this question was raised and the request denied. Three facilities will not be receiving a payment. Rehab rates should not be taken out of reimbursements until May, 2012; it could be about \$15 per day on average in DC. Currently, the focus on DCHCA meetings with Mr. Turnage are focused on getting the reimbursement dollars owed. Thus, for the short term, matters related to provider tax and quality of care fund in particular, have been tabled by DCHCA until the lump sum payment is resolved.

3. Case Mix adjustments – All the DCHCA facilities filed an identical appeal to request info on how the casemix was calculated. In response, Wayne Turnage's office, DHCF, will release the rate calculations to the facilities so we may verify the formulas. Claims will be reprocessed as needed. The Case Mix Index (CMI) period will cover 10/1/2011 through 3/31/2012. DHCF is a year behind in their work on this matter. Data has been sent to providers for the next CMI starting 4/1/12 and are due back on March 4, 2013 to DHCF.

4. Provider Tax - Veronica asked that the provider tax be recalculated since it was miscalculated. Providers seem to have been overcharged by approximately 8%. If you feel your rate is incorrect, you have the right to appeal as a facility. DHCF is billing a higher amount than we think they should. Veronica is following up on this matter on behalf of the homes.

5. Money Follows the Person - nursing facilities are being visited by ADRC in February to promote the lottery that is coming up in March. There may be one slot for each facility coming up, yet this does not seem like a lottery. Veronica sits on the committee, and will ask how the "lottery" formula is implemented.

6. Eligibility Criteria for NH admission - Jan 24, 2013 was the initial meeting with DHCF with NFs. DCHCA put together a work group about the potential evaluation tool. Tomorrow afternoon there is a joint follow up meeting with the DC Hospital Association, the NFs, and DHCF. The workgroup/Gail distributed said feedback on the evaluation tool was sent yesterday to DCHCA membership via email, and it is being distributed today at this meeting. Overall feedback from DCHCA will be:

a. The tools seems to be made for all people for all things. Many items on tool did not apply to Level of Care requests, and there was no indication that not applicable portions could be skipped. Compared to the current 1728 LOC forms, the ADL/IADL info is similar, and the new form seems to use MDS language. There seem to be questions more related to placement in the community.

b. How will the independent info be gathered while the patient is in the hospital? The 1728 form is two pages, and the new form will be 14 pages. For example, how do you assess patient's ability to take a bath while patient is in the hospital?

c. Who would do this conflict-free assessment?

d. The form asks for too much information to get a LOC, and unrealistic to get patients discharged from the hospitals. The new form seems like more of a case management tool than a discharge form to get a LOC.

Veronica suggests we send Claudia Schlossberg the DCHCA comments on the new proposed form. All NFs are encouraged to bring people to the meeting tomorrow at Hospital Association. Home health has not been brought into the discussion by DHCF. Veronica will combine feedback and prep it for the meeting tomorrow for NFs.

B. Survey & Certification

1. Methodist Home waiver request outcome– Sandy reported that The Methodist Home request a staffing wavier for the new nursing staffing regs (the .6 RN oversight) on the basis that 1) culture change initiatives would have had to been implemented *after* the new regs came into effect, 2) there has not been enough time that has passed for DOH to decide that facility acuity is stable, and 3) the last deficiency had an "F" level infection control deficiency. Therefore, "RN oversight is clearly needed" per DOH.

2. RN staffing requirement – There was a discussion about the trend for DOH to cite for weekend shifts that do not meet the new RN staffing requirement. DOH seems to be looking for the RN staffing daily now, per shift, as opposed to an average that is calculated for the week. There was also discussion about who qualifies to be counted in the RN count. Two facilities have been cited on the .6 requirement. Three facilities have been cited on the 4.1. Facilities are being cited during annual surveys as well as complaint investigations for the staffing. The deficiency is a "D" level deficiency under DC regs. Federal regs only require facilities to staff "to meet the residents' needs." HLRA website defines who counts in the staffing number. Nurse practioners may be used as physician extenders OR as nursing staff RNs; no double dipping is allowed in how the NP is counted in staffing.

Sandy proposed a motion that DCHCA decide on an action to recognize the challenges of meeting the new staffing regs collectively, and share that stance with DOH. Further, she proposed that DCHCA develop a standard Plan of Correction response to address staffing deficiencies related to the new regulations. The motion was seconded by Remy Johnson. The

Legislative Committee will work on drafting such a letter, and Veronica and Sue will assist with the draft.

3. IDR/IIDR Process - Veronica shared a letter to Dr. Woldu from DCHCA asking for clarification of the IIDR process. Gail said it takes a long time for the IDR to run and there seems to be no timeline. Veronica said the IIDR process must be completed within 60 days per CMS. The letter will be copied to Dr. Levin. Veronica will ask the AHCA about the credentials of those who oversee the IDR/IIDR process, and their expertise to review cases.

2. List of Questions for Dr. Lewis – Scott asked for clarification on using transport aides; do they or do they not count towards the 4.1 staffing requirement in nursing?

C. DC Boards

1. Nursing - There is proposed legislation related to CNA registration.

2. Nursing Home Administrators – No report.

VI. Workgroups/Task Force

A. Convention – Sue reported that the convention will be June 20 at Arena Stage. On June 19 there will be a mixer for the Administrators and DONs, and perhaps another facility decision maker to meet vendors at Arena Stage. Dress is casual for the June 19 mixer. There will be VIP parking for \$25 for the day. Otherwise, there is \$14 parking around Arena Stage. Metro is 1.5 blocks away. RFP for presentations went out. There may be a CNA tract this year. All Administrators are asked to attend to support the vendors so that the vendors support us and will join DCHCA. Closing speaker is Uncle Junior of the TV show, The Sopranos, who performs art in NFs. We will pass the hat at the end for Uncle Junior's charity of choice. The theme of the convention this year is "The Art of Caring." We hope to make \$6,500 net revenue for the day. The trade show exhibit packet will be available tomorrow, per Gail. There are 57 booths to sell. There will be a silent auction, headed by Ward Orem. Registration costs for vendor booths and attendees is increased this year to \$105 per person.

B. Moving Quality Forward/Education – Gail announced that tomorrow the Compliance 101 seminar will be held at the Washington Home. All but two homes have registered to attend. The next presentation will be on Antipsychotics, and it will be at Carroll Manor on 3/27.. There will be an ICD-10 seminar later in the year as well. There may be a potential seminar on LTC hoarding and the other ramifications.

C. Financial Health – Mahesh discussed the Finance Committee report, as attached.

D. Legislative/Strategic – It took 8 months for The Methodist Home to receive the answer to their waiver request regarding the new .6 staffing regs. Task force members, Sue, Veronica, and Sandy will work on drafting a letter to DOH regarding the challenges in meeting the new staffing requirements. The committee met and discussed 3 new proposed bills surrounding acute care staffing:

1. Dialysis technicians, patient care technicians, CNA logistic adjustments proposed in acute care. This reg does not really impact DCHCA members at present. No follow up action recommended by the Committee.

2. The "Nurse Safe Staffing Act of 2013", sponsored by Mary Chea, concerned acute care nurse staffing. It is less stringent than the Patient Protection Act of 2013. Catania has signed onto Chea's staffing proposal for the hospitals, saying that mandated staffing levels are not the best since "one size does not fit all" for acute care.

3. The Patient Protection Act of 2013, sponsored by Mendelson, has more specific, stringent staffing ratios for acute care staffing. Hospitals oppose them, and the National United Nurses Union has been supporting this bill.

We would have downstream impacts if hospitals compete with NFs more for RNs than they already currently do now. We will monitor the bills, and get on record with DCHCA opinion if it looks like the more stringent bill will pass. There is a push in the bills to use UDC for education. If DC is going to pay for education under these bills, then DCHCA should ask for funds towards LTC nurse education as well.

E. Disaster Preparedness – Gail reported that committee minutes are as attached to these minutes. All facilities are asked to sign emergency Memorandums of Understanding (MOUs). Those that signed MOUs in 2010 are asked to sign again, so ALL facilities are asked to sign. The MOU is an understanding, NOT a binding contract. About 12 of the 19 facilities attended the last committee meeting. Next meeting will be at Unique. Meetings will rotate to each facility that has a Duty Officer. On March 20, 2013, there will be a training session for house supervisors. Gail is working on a session with DOH surveyor, Ted Fykes, and fire inspector Harrison, for a two-person panel. DOH radios (not the HMARs/Hospital Mutual Aid Radios) are being replaced since they are moving from 700 to 800 megahertz. A flu update was given across the city, and the summary was handed out to membership. There has been significant increase in vaccination rates for both residents and employees across the DC nursing homes since last year. Flu season ends 3/31. Flu awards will be handed out for those showing greater than a 10% improvement over previous year at the April DCHCA meeting, and there will be another call for information updates before the next DCHCA membership meeting. Keysha Dale reported that the PEPCO emergency community advisory met in January, and there is another meeting on 2/28. The advisory group includes representatives from DOH. We are asked to put a PEPCO app on our telephones. Additionally, we continue to partner with

F. Assisted Living – Alexa reported that the Committee will visit the ALFs in the area to recruit membership. Veronica suggested perhaps someone from NCAL may accompany the committee on visits, and the committee will follow up on this suggestion. Leading Age tends to have members from non-profit CCRCs with ALFs and senior housing more so than NCAL.

G. Bylaws Task Force – The Committee met in December and has not met since. There is discussion about calling associate vendors members, and related voting status.

H. Directors of Nursing – The group is working on improving survey outcomes in the NFs.

VII. AHCA

A. Standstill Agreement - Veronica discussed the matter of being a member of AHCA without being a member of a related state association. As of July 31, 2013, all members of the state level associations MUST be a member of AHCA and pay national AHCA dues. This will effect some of the big nursing facility chains. This standoff will not substantially impact DC, but it will significantly impact MD and VA since they have numerous members at the state level that do not belong and consequentially pay dues to AHCA at the national level.

C. NCAL - will be held 3/12 to 3/13 in Ft. Lauderdale, FL.

D. Congressional Briefing - will be held 6/3 to 6/4 in Washington, DC.

VIII. New Business

A. Committee Minutes - Veronica led a discussion about how Committee Minutes should be documented, and how we want to communicate those minutes. The membership decided to continue to send out minutes by email ahead of the Board meetings, and to also begin archiving minutes on the DCHCA website.

B. Linked Senior - This vendor would like to be a DCHCA preferred provider. They provide web-based, customized activities for dementia and stroke residents. There is a monthly fee of about \$124 for one kiosk. Tim Cox reported that The Washington Home is using it and the product has been well received. DCHCA members would get a 5% discount on purchases. www.linkedsenior.com. There was interest from membership in scheduling a presentation by the vendor.

C. DOH Seminar – On March 21, 2013, DOH will conduct a wound care seminar for the NFs.

IX. Adjournment

The meeting was adjourned at 12:40pm. Next meeting: 3/19/13 at Carroll Manor.

Respectfully submitted,

Tina Sandri