

Nursing Home Safety Task Force

Meeting Minutes

Tuesday, October 8, 2009

I. Welcome, Jerome Stermer, Chief of Staff

- a. **Jerry Stermer, Chief of Staff for the Office of the Governor** welcomed the Task Force members and audience.
- b. **Message:** Governor Quinn is dedicated to ensuring all nursing home residents are safe. We want all stakeholders to come together and work on the issue. Providers all over the state are working very hard. There are conditions that are unacceptable for all individuals. Governor Quinn pulled together members of his cabinet and Michael Gelder, senior healthcare policy advisor to address these issues. They will listen to as many people as possible, work together, identify strategies we have and develop new strategies. It is important to underscore the need to work with the community and the logistical capacity to work with people. If we have adjustments we need to make, let's do it.

II. Purpose and Process, Michael Gelder

- a. **Michael Gelder, Senior Healthcare Policy Advisor**, introduced the Task Force.
- b. **Message:** The Governor has certain responsibilities, but he can't address all the issues, such as greed. Some have said the solution is simple if only we had the political will. We stand together with the nursing home reps, non-profits who say that everyone deserves a safe environment. The state has paid very low rates for nursing care – but that's no excuse. Not a question of will, it's a question of when and how. No one in Illinois wants to run a bad nursing home and no one will be allowed to run a bad nursing home. The Public is our ally, there are not enough regulators in the world to know everything that is going on in every home. Our mission is to: Do no harm, then do as much good as possible. We will have a Website: nursinghomesafety.illinois.gov. We want to receive public comment.

III. Methodology

- a. Hearings – Up to six
- b. Site visits will be conducted by the task force.
- c. Testimony and comments will be posted on the website.
- d. The goal is to have recommendations to the Governor by January 31.
- e. Immediate implementation of the findings of the task force as appropriate.

IV. Current Department Oversight of Nursing Homes

- a. **ISP - Lt. Bill Colbrook**
 - i. ISP and Illinois AG, prosecution of crime, Medicaid and abuse in. 37 devoted to fraud, 10 AAG.
- b. **DOC – Roberta Fewes (representing Michael Randle).**
 - i. Can't just place someone from prison in a nursing home. Department of Rehabilitation or Aging does screening, if eligible then works with the nursing home. Someone on parole may be placed in nursing by hospital or family and DOC would not know. DOC would not know of someone with a prison record entering homes.
- c. **DHFS – Director Barry Maram**

- i. Responsible for reimbursing nursing homes for Medicaid. Works with other agencies on regulations and licensure.
 - d. **DHFS – Theresa Eagleson**
 - i. Federal requirements for screening to determine need for a nursing home. Level II screenings for DD or MI. More money put into rates and more individualized rates. HFS goes in with clinical staff to determine if what’s on evaluations is accurate.
 - e. **Aging - Sally Petrone, Ombudsman**
 - i. Every individual over 60 years old receives a pre-screening. Screen includes check to see if incarcerated in the last year. 220 volunteers and 47 paid staff in nursing homes
 - f. **Veteran’s Affairs**
 - i. Consumer of services with four state homes.
 - g. **DPH – Director Dr. Arnold.**
 - i. Has worked in nursing homes and in the military.
 - h. **DPH - Rick Dees**
 - i. DPH follows the Nursing Home Care Act. DPH regulates 1200 facilities. Performs routine evaluations and responds to complaints. It has the power to ensure compliance schedules and the power to close facilities. State requirements and federal regulations are throughout IDPH. A facility in non-compliance for 180 days can be decertified and usually closes. 5,000 complaint investigations and 9,000 other surveys last year. IDPH runs the felon tracking program.
 - i. **DHS – Grace Hou**
 - i. Spotlight on SMI. The Division of Mental Health ensures people have availability of MH services – 162 mental health centers, 9 psyche hospitals. No direct oversight of NHs, but responsibilities for ensuring services. Emphasized that we need to avoid stigmatization and we must remember MI is illness and all MI don’t pose a threat.
- V. **Issues – Where are the gaps in the system?**
- a. **ISP** – multiple sources of referrals. State’s attorney and AG are the sole authority to determine whether to charge someone with a crime. There is not set criteria on whether certain incidents go to AG or State’s Attorneys. AG mainly in Chicago. Referrals depend on law enforcement agency that investigates.
 - b. **Ombudsperson** – they need ok of victim before reporting
 - c. **IDPH** – has working relationship with ISP and AG for violations
 - d. **IDOC** – does ISP alert IDOC about violation by a parolee. We could look further than 1 year back.
 - e. **DHS** – Department of Rehab Services screens those under 60 years old. Their pre-admission screening is funded by HFS. Make sure facilities accepting population have appropriate staff. Brenda Hampton - Spoke on current comprehensive therapeutic services for MI. Pathway into NH is usually private hospitals. May go in for medical or psychiatric needs. Private hospital determines that NH is the appropriate placement. Pushing state hospitals to use community based system of care.
 - f. **HFS** – Does not coordinate the screening or certification, but needs to keep paying as long as certified. Everyone is screened. The task is given to different agencies depending on the circumstances. Gaps are in the sharing of information. We need an electronic system so that information can go to different departments and agencies.

- g. **DPH** – Definition of MI needs to be clear, people leaving facilities have been identified as MI. Demonstration Project -- Subpart T project – facilities with 100 % MI diagnosed with separate regulations. Staff is trained and primary focus is on MI. NH were set up as medical models, regs were for that and now trying to adjust and accommodate MI

VI. Public Comments

a. Pat Comstock, Healthcare Council of Illinois

- i. Professional trade association – 650 facilities statewide. Members of Illinois healthcare and long-term care providers. Currently involved in a dozen work groups. Need to avoid stigmas for both residents and the care providers. Recognize that not every facility is a bad facility. Take into consideration how things were done in the past. Rewind to 2004-05. Industry said this was a problem that needed to be addressed. 3 things industry thought were important:
 1. Mixed population presents issues. Proposed separate licensure for MI facilities
 2. Assessment process – IDOC needs to be involved
 3. When problems or conditions make a resident a problem, nursing homes need expedited process for involuntary discharge. Process now takes 90 days. There is a lot going on across many agencies. Much is focused on punitive action. Proposed a separate division apart from survey process for quality improvement.

b. AARP - They will be watching

c. Questions

- i. Question on VIP contract - Dave Carvalho of DPH responded. The VIP contract was one of 2 contracts in the identified offender program. Within 14 days if person with record of certain offenses is identified – IDPH must do criminal history. 125-140 persons identified as offenders per month. This contract involved an initial review of everyone in nursing homes and then ongoing review. If aggregated over the term of the contract, all fees average to \$1 million per year. Tribune article pointed out deficiencies re: arrest, not convictions. Arresting authorities, parolees – all entities need to provide info within timeframe

VII. Closing Statements by Chairman

- a. **Michael Gelder** presented closing remarks and announced the next meeting at which there would be public testimony.