

**North Dakota Department of Health  
LTC Collaborative Workgroup Meeting  
May 26, 2016 – 10 am to 3pm  
State Capitol, Pioneer Room**

**Welcome and Purpose of Meeting**

Darleen Bartz called the meeting to order at 10:00 am and welcomed everyone.

The purpose of the workgroup is to identify key issues/concerns related to the survey and compliance of Long Term Care Facilities, prioritize those issues and concerns; and to discuss ways we can collaboratively work together on the identified priority issues/concerns.

**Introductions:**

Each member of the group then introduced themselves and identified who they were representing:

**Present:**

- Darleen Bartz, Chief, Health Resources Section, NDDoH
- Bruce Pritschet, Director, Division of Health Facilities, NDDoH
- Rocksanne Peterson, Recorder, Division of Health Facilities, NDDoH
- Lucille Rostad, Manager, Division of Health Facilities, NDDoH
- Dr. Terry Dwelle, Health Officer, NDDoH
- Gail Grondahl, Director of Nursing, St Aloisius Medical Center
- Char Christianson, Director of Nursing, Golden Acres Manor
- Karla Backman, State Long Term Care Ombudsman, Division of Aging Services
- Shelly Peterson, Executive Director, North Dakota Long Term Care Association
- Janessa Vogel, Administrator, Elm Crest Manor
- Bruce Hetland, MD, North Dakota Medical Directors
- Pam Tyler, Quality Improvement Director, Sanford Health Continuing Care Center
- Michelle Lauckner, Quality Health Associates
- Barb Groutt, Chief Executive Office, Quality Health Associates
- Joan Ehrhardt, former State Long Term Care Ombudsman, Consumer Representative
- Guy Tangedahl, MD, Medical Director, UND Family Practice Center

**Also present:**

- Tammy Buchholz, MSN, RN, CNE, Student
- Nikki Wegner, Program Manager, Alzheimer's Association

**Also Present by Phone:**

- Robert Casteel, Centers for Medicare and Medicaid Services

**Absent:**

- Arvy Smith, Deputy Health Officer, NDDoH
- Steve Przybilla, Administrator, St. Gabriel's Community
- Jerry Jurena, ND Hospital Association

**Ground Rules** – Darleen reviewed the ground rules of the meeting.

- It's your meeting (all participants).
- Everyone's comments will be considered equally (it is important for everyone to participate as we need to look at the whole picture)
- Respect each other when talking so that we have one conversation going at a time. You will have a chance to speak.
- Respect the time frames identified.
- No relevant topic is excluded.
- Respect each other's opinions (people think differently).
- Refrain from attribution (no placing blame).
- Silence is considered an agreement (so if you do not agree you need to voice your opinion).
- Work together toward common goals (finding a solution takes balance)

**Review and Approval of the April 4, 2016 Meeting Minutes.** Char Christianson motioned to approve the minutes of the April 4, 2016 meeting. Janessa Vogel seconded the motion; motion carried.

**Presentations and Discussions**

- Mental & Behavioral Health Subcommittee Report and Next Steps
  - Karla Backman reported the subcommittee met on April 18, 2016. The subcommittee discussed the mental and behavioral health issues in long term care (LTC). They have another meeting scheduled for June 16, 2016. The group has started putting some talking points together so the mental and behavior health issues in LTC can be brought forth in the next legislative session.
  - One participant identified that residents with sexual behaviors is also an issue for LTC facilities. Several participants indicated that one to one supervision is more of an issue with residents with sexual behaviors than their medical needs.
  - Darleen asked if the workgroup thought the subcommittee on Mental and Behavioral Health was headed in the right direction and if the workgroup members had any other feedback for them.
  - One participant stated staffing is a big issue. Shelly stated that we should have a better understanding of what is going on related to this issue after the June 16, 2016 meeting with Pam Sagness, DHS.
  - The workgroup indicated that the Mental and Behavioral Health Committee should continue to work on developing talking points to present during the legislative session to stress the significance of this issue and the need for resources.
- Western Division Survey & Certification Report

- Bruce Pritschet reviewed pages 11-35 of the Western Division Survey & Certification Report.
  - Seventy-five surveys were completed in 2015; which was down from the previous year due to shortage of staff. Bruce indicated that the Division of Health Facilities has recently hired three surveyors which should improve our ability to complete surveys.
  - North Dakota had 40 complaint surveys in 2015. The percent of standard health complaints conducted in 2015 is 32.50 %.
  - North Dakota's average number of G-level citations in 2015 was 0.2.
  - The average number deficiencies for a facility in ND with less than 50 beds are 6.85. The average number of deficiencies for a facility in ND with 50 – 99 beds is 7.1. The average number of deficiencies for a facility in ND 100 – 199 beds is 7.47.
  - Dr. Dwelle asked if we knew the number of residents in each state versus number of facilities. Bruce indicated we do not know that information.
  - One participant noticed North Dakota is ranked higher than average in deficiencies and questioned what we would attribute it to. Robert Casteel, CMS, stated he couldn't give any specific reason why.
  - North Dakota had one Civil Money Penalty (CMP) in FY2015. The group discussed CMPs. The workgroup felt strongly that the CMP is not the way to go in ND. They feel an IJ, the deficiencies (G, H, I, J, and K), star rating, and reputation is enough for the administrators in ND to want to be in compliance.
  - Robert Casteel, CMS, stated that it is not just CMS that makes the decisions on the CMP, and consistent application of enforcement actions on a national basis is a consideration.
  - Robert and Darleen talked about where the CMP money goes and what it is used for. The Medicaid portion of the CMP money goes in to a fund and is to be used for LTC projects that would benefit the residents. Darleen talked about how the money collected in the past has been used to survey resident and staff satisfaction.
  - Dr. Dwelle indicated he thought the money should be used or invested in a specific project for the facility that paid the CMP. The facility could make a proposal on how they would use the CMP funds. Darleen indicated that while the Health Department can take the facilities' suggestions, ultimately it is CMS that decides which projects will be funded with CMP funds.
  
- Report on Status of MPRO Contract
  - Darleen Bartz reported that she has received a draft of the MPRO IDR contract. She reviewed the cost of the MPRO IDR. She stated an agreement for payment as well as a business associate agreement will need to be signed by the facilities and MPRO prior to facilities using this option for a preliminary review of an IDR. Payment for the preliminary review of an IDR would be the facility's responsibility.
  
- Update on CMS Presentation to ALL LTC Providers
  - June 29, 2016 has been set as the date for the CMS Presentation to all LTC Providers. Darleen is working on an agenda, it will be held from 9:00 am – 4:00 pm at the Russell Reed Auditorium in the North Dakota Heritage Center. Beverages in the morning and in the afternoon. We will have attendees register so that we have a count.

- Karen Tritz, CMS Central Office, will present via video conference. Robert Casteel and Linda Becker, CMS Denver Regional Office, and Steve Chickering, CMS Western Division, will present in person.
- Shelly asked if the new regulations could be addressed. Darleen indicated that Karen Tritz has agreed to present on that topic. Some thought civil money penalties could be discussed as well.
- Status Update on G-Level Citation Research Project: Darleen Bartz
  - The discussion regarding the G-level Citations has been completed at the workgroup level. We had discussed completing a research project or root cause analysis on this issue. Currently, there are no resources available to pay for this research. Also, with the cut in the state budget, it is anticipated that facilities may receive more G-level citations due to the need to reduce staffing to respond to the budget cut. The workgroup members were asked if there was a need to continue to pursue a research project or root cause analysis on G-level citation at this time. All workgroup members present agreed it would not be beneficial to pursue the research on G-level citations at this time and to place the research project on hold.
- Review of NDDoH LTC Collaborative Summary Report
  - Darleen Bartz reviewed Collaborative Summary Report.
  - Shelly briefly talked about the survey evaluations and facilities not submitting them to Health Facilities. She asked if there was something that could be done so that the evaluations would be filled out and submitted. Alternatives were discussed by the workgroup. The workgroup members recommended that both the Director of Nursing and the Administrator receive evaluations to complete as often the evaluation did not reach the Director of Nursing. It was felt there would be more of a response to the evaluations if both of these facility staff members received the evaluations.
  - Shelly stated the Department of Health may want to be at the fall LTC conference to talk about the new survey process and MPRO.
  - The group felt the summary was a good document and that they had accomplished a lot in the time they met. It may not have seemed like it at the time but they did.
  - Briefly discussed complexities of facilities taking care of behaviorally and medically difficult residents. And how this subject came to fruition for discussion at the meetings. It was recommended having the subcommittee group report to the LTC advisory committee.
  - Some minor recommendations were made by the workgroup for rewording and reorganization of the Workgroup Report summary document which will be incorporated into the document.
- Top Ten Regulatory Requirements that should be repealed
  - Shelly Peterson reviewed the Top Ten Regulatory requirements that should be repealed.
    1. Sharing of staff in facilities that have multiple licenses. Many facilities are closing their basic care facilities. It is unfortunate.
    2. Support S.2646, the Veterans Choice Improvement Act 2016
    3. Delay CMS's Implementation of the Payroll-Based Journal (PBJ) requirements that nursing facilities must comply with on July 1, 2016. ND is number 1 for registering their data. Shelly would love to see delayed for a year.

4. Allow each state the option of providing the F-tag citations at the exit conference of the nursing facility survey. The issue was addressed in S&C: 16-11-ALL.
  5. Nursing Staffing Information 483.30(e)
  6. Nursing Services-483.30(b)(i) Shelly would like more flexibility and would like the word consecutive eliminated.
  7. Accrediting Organization Deemed Status
  8. Requirements of Survey Agencies and Providers when a survey is completed.
  9. Facility Notification of Allegations of Abuse & Neglect.
  10. Observation vs. Inpatient Stay in a Hospital – discussed the impact the length of stay has on a patient /resident.
  11. Other issues: Telehealth - Physicians in Rural health and Physician Visits and Mid-Level Visitation (Nurse Practitioners) trying to get clarification. Being driven by the rural facilities that are struggling.
- Shelly has given these suggestions to Senator Heidi Headlamp.

**Next Steps for the NDDoH LTC Collaborative Workgroup**

- Darleen asked the workgroup members what the next steps for the Collaborative Workgroup should be. The workgroup has now discussed all five of the key issues. Darleen indicated another meeting could be scheduled to receive a report from the Mental and Behavioral Health subcommittee and review the final of the NDDoH LTC Collaborative Workgroup Report, or we could finalize the minutes of this meeting and the report by email, and consider the June 29, 2016 CMS/NDDOH All LTC Provider Meeting as the concluding meeting for the work group.
- One participant made the recommendation of making the changes to the summary document and sending it out to the committee members along with the meeting minutes and having the June 29, 2016 CMS Presentation to All Providers as our wrap up.
- Darleen asked each workgroup member present what they would like to see happen for the next step of this workgroup. All members present agreed that this should be our last in person meeting. The minutes from this meeting could be finalized by email as well as the Collaborative Workgroup Report. The June 29, 2016 All LTC Provider meeting would be the celebratory conclusion to the work that had been accomplished by this workgroup. All felt that a lot had been accomplished by the meetings of the workgroup.
- One participant stated she would like to have admission and discharge issues addressed. Shelly recommended addressing the issue with Karla Backman and possibly having a representative from the Health Department work with Karla on this. Darleen recommend the participant send her an email with their concerns and she will bring it forward at the next LTC advisory meeting which would be held on June 15, 2016.

**Next Meeting:** The final wrap up meeting for the NDDoH LTC Collaborative Workgroup Meeting will be June 29, 2016 from 9 am to 4 pm which will be a CMS/NDDoH All LTC Provider Meeting at the Heritage Center in Bismarck. No further meetings were to be scheduled. Follow-up on the work of the Mental and Behavioral Health Subcommittee work and discussion on the Admission and Discharge issues will take place with the North Dakota Department of Health LTC Advisory Committee.

**Meeting Adjourned:** 2:25 pm.