

District of Columbia Health Care Association DCHCA

Meeting Minutes

March 19, 2013

**I. Call to Order**

Janine Finck-Boyle called to order the Board meeting of the DCHCA at 10:00am on March 19, 2013.

**II. Roll Call.** The following persons were present unless noted absent:

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

Brinton Woods - Ron Cheli (Ron), Administrator  
Brinton Woods - Marvin Rabovsky (Marvin), Owner  
Deanwood Rehab & Wellness Center – Keysha Dale (Keysha), Administrator - Absent  
Ingleside at Rock Creek - Regina Kim (Regina), Administrator  
Jeanne Jugan Residence - Absent  
Knollwood – Barbara D'Agostino (Barbara), Administrator  
Knollwood - Cheryl Lucas (Cheryl), ADON  
Methodist Home of DC/Forest Side – Alexis McKenzie (Alexis), Administrator  
Sibley Renaissance - Absent  
Specialty Hosp of Washington/Capitol Hill - Calanthia Green (Calanthia), Administrator  
Specialty Hosp of Washington/ Hadley - Leonard Smith (Len), Administrator  
Stoddard Baptist - Remy Johnson (Remy), Administrator  
Stoddard Baptist - Mahesh Tyagy (Mahesh), CFO  
Stoddard Baptist's consortium, Capital Hill Village - Gail Kohn (Gail)  
United Medical Center - Donna Allen Williamson (Donna), Administrator - Absent  
Unique Residential Care Center - Rosalind Wright (Rosalind), VP/Administrator  
Unique Residential Care Center/VMT - Solanges Vivens (Solanges), CEO  
Unique Residential care Center(URCC)- Scott Taylor (Scott), CFO  
Washington Center of Aging Services/SBGC - Rhea Gilliam (Rhea), Administrator  
Washington Home - Tim Cox (Tim), CEO  
Washington Nursing Facility - Gail Jernigan (Gail), Administrator

As a point of information only, and not part of the roll call, 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 McKenzie  
Finance Committee Chair – Mahesh Tyagy

Convention Chair - Sue Hargreaves  
Associate Business Member Committee Chair, Remedi Senior Care, Larry Kelley (Larry)

### **III. Approval of Minutes for Last Meeting**

After a request to modify typos, a motion was made by Gail, which was seconded by Ron, to approve the February, 2013 minutes.

### **IV. Review of January Financials**

The Treasurer presented report of the financials as attached. Still awaiting dues from 3 facilities, and those facilities are receiving notices. YTD positive variance of \$42K. Convention income will not show in the budget until April. The convention expense noted was for the venue deposit fee. Monthly net income is \$39K positive variance. In March, there will be a large withdrawal for the convention food, and it will show on the financials. A motion to accept the financials was made by Larry and seconded by Ron.

The budget was reviewed. The Treasurer presented a report of the financials as attached. 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 presented. The motion was seconded and passed.

### **V. Regulatory Legislative**

#### **A. DHCF**

1. Council Meetings - Veronica reported no further individual meetings with Council members. We will still meet with Council member Orange.

HCFA has determined that by FY 2015 there will be a PACE program in place in DC. Director Turnage reported on challenges in getting the budget director to allocate dollars that Director Turnage would like to use for programs, thus he advocated to place control of those dollars within the DHCF budget, rather than the OCFO's (Darren Shaffer's) office. This recommendation is likely to be instituted. Additionally, there was discussion about the personal care program, which is growing exponentially at 26% and is unsustainable. CMS is monitoring fraud in personal care in home care.

The Ombudsman program testified on challenges within the EPD wavier process. The Ombudsman program is in favor of using Quality of Care funds to pay for gero-psych services.

2. 2010 Rebasing - Vernica attended hearings and reported that Director Wayne Turnage recognized that the DCHCA has made a fair accounting of all the issues with DHCF. Council member Yvette Alexander pointed out that facilities have the right to appeal rates, and that other facilities should not be held up during the appeal process.

Veronica reported that the \$16 million lump sum was distributed to the DCHCA homes. DHCF used our numbers to determine the payment of the lump sum. The Methodist Home reports in their current audit (the first facility to be audited) that the auditors were targeting the rehab exclusion; DCHCA should protest as this is not part of the formula.

3. Case Mix adjustments – Veronica reports facilities have a new set of data due back some time in April. There will be payments in late May and June.

4. Provider Tax - Andrea Clark did share her numbers. There was discrepancy in two facilities over bed count, which has been resolved. \$5532.69 per bed is the current assessment number, and it should go lower since facilities had overpaid in recent previous months. In March, the number will be corrected.

Quality Initiatives - There was discussion as to whether we would want to use the quality of care fund to pay for the RN staffing requirements. Sue proposed that we use the funds to pay for part of the Quality Act of 2010 to pay for RN staffing regs. Gail seconded. Vote passed unanimously. Veronica will follow up with a discussion with Director Turnage.

6. Money Follows the Person - Gail observed the lottery. People from the resource center have been visible in the facilities that received the 30 voucher slots, the 10 public housing slots, and the wait list names slots.

7. Eligibility Criteria for NH admission - Veronica reported that the hospital association has not meet regarding this matter, as they have been dealing with proposed nursing staffing legislation as a group. Veronica will touch base with Claudia Schlossberg again.

7. Oversight Hearing - Veronica reported that DC will definitely do a PACE program by FY 2015. The Ombudsman program testified on problems in the EPD wavier program, and that quality of care funds should be used to fund gero-psych programs. Director Turnage mentioned there is a split system between operations in his own office and access to resources in the OCFO's (Darrin Shaffer's) office to implement programs. He is asking the Mayor's office to allow him access to funds needed to run DHCF. Personal Care Assistants in the home care industry are under scrutiny for fraud. Veronica testified about the IDR/IIDR process and lack of timely follow up with facilities. Dr. Woldu was at the hearing and said he would commit to finishing IDRs within 60 days.

## **B. Survey & Certification**

1. IDR/IIDR process - Veronica reported that Tina and Gail and Veronica held a conference call with a consultant to CMS regarding this process and how other jurisdictions besides DC handle the IDR/IIDRs. Per the consultant, there does not seem to be uniformity across states on how the IDR process is handled. The consultant suggested that DCHCA work more closely with DOH to help suggest alternative methods to run the IDR process in DC. As an example, Massachusetts uses a mail system with a volunteer panel of 14 interdisciplinary people that meet monthly with 7 persons constituting a quorum to vote on outcomes. Gail is requesting the DC IDR process in writing, then she plans to forward it to CMS regionally for feedback. DCHCA may consider putting together recommendations on how to improve the IDR process in DC.

2. List of questions for Dr. Sharon Lewis - No new questions have been received by the DON group. We will invite Dr. Lewis to meet with us, using the EMR as a reason to hold a meeting. DCHCA will give Dr. Lewis the questions head of time. The decision as to who attends from DOH will be up to Dr. Lewis. Janine made a motion to send the questions as of March 20, 2013, to Dr. Lewis to attend he April meeting.

3. Wavier denial - Sandy sent her denial letter on staffing requirements to the DCHCA membership. DCHCA will ask Dr. Lewis about how this was determined at the tbd meeting with Dr. Lewis.

4. Oversight hearing - Dr. Woldu committed to tuning around IDRs with facilities in 60 days.

There was a discussion on a task force regarding deficiencies for nurse staffing. Tina will collect the POCs for the 5 facilities that have been cited. Veronica, Sandy and Sue to draft a letter to DOH on the collective challenge of meeting the RN staffing requirement, and the efforts made to meet the staffing. Solanges noted that many of the new RNs are not as effective with residents as some of the old LPNs, and this is impacting quality of care. Dr. Lewis will be invited to the April DCHCA meeting at Unique. Remy will see if Administrators can attend the DON meeting during the next meeting.

### **C. DC Boards**

1. Nursing - No report.

2. Nursing Home Administrators – No report.

### **VI. Workgroups/Task Force**

A. Convention – Sue reported that there will be a silent auction. A meet and greet flier was handed out to encourage at least 2 decision makers from each facility to attend the June 19, 6-8pm reception. Green House may want to do a break out session. Remy, co-chair of convention, mentioned there are 3 slots for speakers. Gail reported trade show invitations have been sent to 75 parties. A \$6K sponsor has committed already, and Remedi and Radiation Physics have already committed. Sponsorship booth packets were available at the meeting.

Booths and trade shows cover the cost; profits from the convention usually come from the registrations. Last year, we had about 300 registrations. Janine made a motion to allocate \$3,500 to pay for the Meet and Greet since the funds were not in the budget. Tina seconded. Vote was unanimous, except Larry did not discuss or vote; He abstained as a vendor. Motion passed.

B. Moving Quality Forward/Education – Janine reported the Compliance 101 seminar yielded \$1770. Anti psychotics seminar will be at Carroll Manor next week, and will yield approximately \$5K in revenues. On 4/25 there will be a Sexuality and Intimacy seminar. On May 16, from 10a to 12n, there will be an interactive seminar on LTC Trend Tracker Seminar at The Washington Home. Future topics may include Ergo Solutions for CNAs, HIPPA, Rehospitalizations, and ICD-10 coding. Educational seminars will target new license renewal requirements for NHAs, and other licensed professionals (nurses, social workers) in the DCHCA member facilities.

C. Financial Health – Scott reported that the group met on Feb 27. DHCF is agreeable to bringing back the inflation factor into reimbursement. Also, there was discussion about the case mix calculations, and the fact that facilities cannot appeal the process of how the casemix is calculated. There was a brief discussion about the fact that the bylaws of DCHCA could be clearer about the role of the finance committee. There was also a discussion about holding a meeting about the 1445 notices with income maintenance. Once the 1445s are sent to the facilities, they cannot be retrieved by income maintenance, and income maintenance has to contact the facilities to get copies of the 1445s if needed later. There will be no March meeting. There will be an April 24 meeting via teleconference.

D. Legislative/Strategic – no report. Gail discussed the use of Medicine Aides in nursing facilities brought up in the last DCHCA Board meeting. The DON group said that the medicine

aide group could be a useful group in SNFs since they are already in ALFs. The legislative committee is asked to see if they are employable in DC nursing facilities, given that medicine aides are not restricted to a particular environment (hence optional perhaps in the LTC environment.). Sharon Lewis has not allowed med aides in NFs, yet it seems like she is not authorized to make that decision. Solanges said that originally the nurses in DC NFs were not in favor of using med aides. Larry said that in VA the ALFs were against using Med Aides in NFs because it would negatively impact staffing recruitment in ALFs because the NFs would take the med aides from the ALFs. The Maryland med aide training program is more comprehensive in MD than the one in VA since it is geared towards working in NFs. In Va the training program is less comprehensive since the med aides can only work in AFLs in VA.

E. Disaster Preparedness –

96 people are signed up for the seminar with DOH surveyor Ted Fykes and Inspector William Harrison. Info will also cover emergency generators. Jim Ott, RN, who chairs the emergency management coalition, will also speak on behalf of the emergency management coalition about DCHIS. The seminar targets off-shift supervisors especially. 8:30 registration to 4:15pm tomorrow.

F. Assisted Living – Alexis reported that she is meeting with NCAL folks to attract new members.

G. Bylaws Task Force – no report. Sue will follow up.

**VII. Directors of Nursing Report** - No report.

**VIII. AHCA**

A. Future Leaders - Steve Nash and Remy have been part of this group before. It is targeted towards people early in their careers, maybe in the first 10 years or so, who are interested in leadership positions. Steve Nash, Remy Johnson, and Keysha Dale have attended at Future Leaders previously. There is training on how to communicate with decision makers on Capital Hill. There are quarterly calls for people in the group. Veronica sent out the nomination form. Please let Veronica know if you nominate someone as there is paperwork that she would need to complete also.

B. AHCA Board Elections - Will take place in October at the convention.

C. D Halvorson visits - Is the not-for-profit point of contact at AHCA. Veronica spoke with her about possible loss of 501c3 donation tax benefits. Visit to Lisner has been tabled due to illness. However, they will visit Stoddard. Veronica is taking Alexis to meet with the NCAL staff.

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

**IX. New Business**

A. General Liability/Event insurance - In May we renew our insurance for injury/damage liability for DCHCA meetings and the convention, and it will be sent out to bid to 3 companies. Our insurance started at the DCHCA Annual convention at Trinity in 2008 since Trinity required us to have insurance. It was about \$300 for the convention and \$2,800 for the entire year. We are also considering insurance for day events, such as the convention. Sue noted that most likely, each host facility's insurance covers the DCHCA meetings in each facility since DCHCA is a guest in the building. We only need insurance for events like the Meet and Greet and the Convention. Arena Stage requires us to have insurance. Each facility may want to check to be sure meetings are covered under your facility insurance.

B. Sandy's mother passed recently, and Sandy is with her family for a few weeks. There was a motion by Janine to send a \$250 check to the charity noted by Sandy's family in support of Sandy; the charity is the nursing home where Sandy's mom resided. It was seconded by Larry. In the past, we have sent \$250. When Randy Burns passed away we voted to also send a memorial donation for \$250.

C. Solanges discussed CNA training school in DC as being a reimbursable cost by Medicaid. Facilities should recruit, hire, and then on the first day of employment, the person goes to the CNA training. Once the training is done, the NF pays the school, and then bills Medicaid. You bill Medicaid and it gets reimbursed. This should help facilities meet the 4.1 staffing requirement. Then, DCHCA can challenge the .6RN requirement. To be reimbursed, the CNA must pass the training. Downside: even though the training is at a 4th grade level, many students do not pass the course. Medicaid will only reimburse for CNAs that complete the class.

D. Gail passed out final flu vaccine numbers for review. Please let Gail know asap if the numbers are not correct. Janine's facility, The Washington Home, will participate in the coming trail vaccine program. Recognition certificates will be passed out at the next DCHCA meeting in April.

#### **X. Adjournment**

The meeting was adjourned at 12n. Next meeting: 4/16/13 at Unique Residential Care Center.

Respectfully submitted,

Tina Sandri