

**Board of Directors
Champaign County Nursing Home (CCNH) –Minutes
Urbana, Illinois
January 12, 2015**

Directors Present: Anderson, Banks, Emanuel, Lyn, Hodson, Palinkas

Directors Absent/Excused: Cowart

Also Present: Busey, Gima, Noffke, Nolan

1. Call to Order

The meeting was called to order at 6:03 p.m. by Chair Emanuel.

2. Roll Call

Nolan called the roll of Directors. A quorum was established.

3. Agenda & Addendum

Agenda was approved as amended (motion by Palinkas, second by Lyn, unanimous).

4. Approval of Minutes

The minutes of December 22, 2014 were approved as submitted (motion by Hodson, second by Palinkas, unanimous).

5. Public Participation

None

6. Progress Report from Healthcare Group Services

Mr. Justin Schneider, Regional Manager of HCSG, introduced Diane Spencer as the new, full-time Food Service Director. Ms. Spencer has 29 years of dietary and administrative experience working with nursing homes in long-term care.

Mr. Banks entered the meeting.

Mr. Gima asked if hiring Ms. Spencer as the full-time Food Service Director will correct the inconsistencies in meal times and food service the nursing home has experienced. Mr. Schneider confirmed and added that new food delivery carts are being used to ensure that residents are receiving their meals quicker. Additionally, an on-demand system has been implemented to serve meals quicker. Mr. Schneider reported that resident satisfaction scores are up to a 79% approval, up from a starting score of 62%. Mr. Emanuel asked Ms. Spencer and Mr. Schneider about the Food Service Director's top priorities for the next 60 days at the nursing home. Mr. Schneider responded that top priorities include staffing, recruiting, continuing education for staff members, sanitation and resident satisfaction. Ms. Emanuel asked about the main areas of focus for staff education. Mr. Schneider explained that staff members are being trained on regulatory guidelines, long-term care procedures and dining services procedures. Mr. Gima noted that food presentation is still an issue and proper supervision is needed to reinforce staff responsibilities.

7. Administrator's Report

a. Quality – Fall Interventions – Lori Campbell, ADON; Andrea Flenniken, ADON

Ms. Noffke introduced Lori Campbell and Andrea Flenniken. Ms. Campbell has worked as the Assistant Director of Nursing for 30 years and Ms. Flenniken has worked as the Assistant Director of Nursing since Nov. 18th. Ms. Campbell explained that residents' falls are a major concern and challenge in long-term care at the nursing home. Daily fall huddles have been implemented to discuss any falls that have occurred and any intervention methods that can be utilized to prevent future falls. Families are consulted about falls and the orientation of the resident's room is taken into consideration as well.

Falls are decreasing with the implementation of the falls huddle. Both Ms. Campbell and Ms. Flenniken are following staff members on safety round checks to ensure they are completed. Ms. Flenniken noted that the Director of Therapy, the Rehabilitation CNA and the unit managers will accompany her and Ms. Campbell in the falls huddle where they ensure proper documentation of resident falls (family notification, doctor notification, etc.) Ms. Campbell explained that residents with a history of falling are integrated into a therapy program to rebuild strength and encourage activity. Ms. Flenniken noted that fall huddles occur every morning at 10:30 a.m.

Ms. Emanuel asked when most falls occur. Ms. Flenniken noted that there is no specific time and falls occur sporadically. Ms. Campbell noted that the trend shows falls occurring around the time when staff members are ending and beginning shifts with the night shift not having many falls. Cameras are utilized in the review process of falls to educate staff members on how supervision can be changed to avoid future falls. Ms. Emanuel asked for examples of falls intervention after staff members have reviewed the camera footage. Ms. Campbell noted that interventions have changed since differences can be seen in how a fall was reported versus how it actually happened. Ms. Noffke noted that the camera footage has been used to show staff members exactly how they responded. Beyond camera footage, Mr. Gima and Ms. Noffke explained that the root of the problem must be solved in order to intervene falls. Musical intervention and room orientation intervention are small steps to prevent future falls.

Mr. Lyn asked Ms. Campbell to look at the brakes on wheelchairs in the nursing home to prevent falls. Ms. Noffke and Ms. Campbell confirmed that this is part of staff training and the daily fall huddle.

Ms. Hodson asked where the cameras are placed in the nursing home. Ms. Campbell explained they are placed in the lounge area, in the dining rooms of units 4 and 5, but not in the resident rooms.

Ms. Flenniken noted that staff accountability for mistakes is being further implemented. Mr. Bank asked for specific examples. Ms. Flenniken explained that a CNA incorrectly assisted a resident in obtaining their weight on a scale and a fall occurred due to the CNA's mistake. The CNA was reprimanded accordingly. Mr. Palinkas asked about progressive disciplinary actions for staff members who have received verbal and written warnings in the past. Ms. Noffke explained that staff members with a history of problems have scheduled evaluations to improve their behavior depending on the nature of the staff member's problems.

Ms. Emanuel asked if a falls metric is available. Mr. Gima explained that it is a measurement used indirectly in the 5-star rating of the nursing home. Ms. Emanuel asked if falls can be

included in the management update at each meeting.

8. Management Report

a. November 2014 Financial Management Report

The average daily census fell from 203.7 residents in October to 198.9 residents in November. Medicare increased slightly from 14.0 residents to 14.6 residents between October and November. There were only 206 Medicaid pending conversion days in November. The census in December is 190.7 residents with 9.8 Medicare residents. Mr. Gima explained that the trend in inquiries has remained stable, averaging around 45 per month. The quality of inquiries remains an issue with many behavioral issues, younger referrals, alcohol and drug issues and payer source problems.

November closed with a net loss of \$15,421. Net income for the year is \$675,816. Cash flow from operations for the month is \$75,158. The YTD cash flow from operations is \$1,410,011. The primary reason for the net loss is an accounting decision to reduce the property tax revenue accrual in November and December due to a 13 month fiscal year. In a 12 month fiscal year, \$91,949 is accrued monthly for annual tax revenues of \$1,103,380. \$91,949 has been shown for the first 11 months of the year (December thru October). After discussions with the County Treasurer and Auditor, it was decided that while all operating revenue and expenses will total 13 months, the property tax revenue will reflect a 12 month accrual. As a result, November and December will record \$42,608 in property tax revenue (half of the normal monthly accrual) so that the property tax revenue will accrue \$1.103 million.

Mr. Palinkas asked what the bottom line would reflect if the calculation had been made on a 13 month accrual. Mr. Gima explained it would have been a positive \$25,000 for the month.

November operating revenues totaled \$1.244 million, down slightly from \$1.320 million in October. There were 206 conversion days in November which is not much of a change from the 141 conversion days seen in October. Changes in December show 1,980 conversion days, the second highest monthly total next to June which showed 2,139 conversion days. This shows some progress has being made after Mr. Stricklin's inquiry to DHS and the OIG on the nursing home's behalf. 19 pending Medicaid cases have been completed and processed since early November, with only 40 cases remaining.

The December ending cash balance is \$704,000. Cash peaked at \$1.6 million after the receipt of the tax anticipation warrant on December 26th. Normal December ending cash payments including payroll, county billings for IMRF/FICA, payables and a bond payment (\$246,000) occurred in the last week of the December.

Ms. Emanuel asked if CNA hiring in December will trend downwards since November's hiring numbers were above average. Mr. Gima explained that agency expenses in November were just under \$98,000 due to what he believes were status changes made by employees. Employees can change their status from full-time to part time or visa/versa once a year. There were 14 status changes in October and most of the changes were from full-time to part-time status. The push to hire additional CNAs is ongoing. Through October, CNA hiring has occurred at an average rate of 3.8 per month. 6 CNAs were hired in November (3.7 FTEs). 8 CNAs were hired in December, and 1 hired so far in January.

b. Strategic Objective Metrics Report

Currently, 16 residents comprise the wound care caseload. 34 residents have been healed and taken off of the wound care caseload. These numbers indicate a successful program is in place. Mr. Lyn asked about the number of repeat patients on the wound care program. Ms. Noffke explained that some return to the program for pain more than wounds.

Mr. Gima reminded the board that meal times start at 7 a.m., 12 p.m. and 5 p.m. in units 1 and 3, while meal times start at 7:30 a.m., 12:30 p.m. and 5:30 p.m. in units 2 and 4. Each meal is to last an hour and a half. Start times for meals have become more consistent. Mr. Palinkas noted that dinner is still a problem. Mr. Banks asked how the analysis of the plating time metrics is used to improve the planning of meals. Mr. Gima explained that the plating time data is given to Healthcare Group Services to ensure consistent plating time and meal times. The issues that remains is the inconsistently in staff supervision to ensure plating and meal times. Ms. Noffke explained that these times are discussed with staff members to see what problems occurred and what could have been improved upon to ensure more consistent times. Mr. Lyn encouraged more supervision of food service workers.

Turnover and retention rates for employees need to be updated for the next meeting.

c. Management Update

In the month of October, five residents enrolled in Health Alliance Connect, the Medicare-Medicaid Alignment Initiative (MMAI) managed care plan, and one resident was covered by Molina Healthcare. October totaled 11.2 MMAI residents. As of December 1st, 27 residents are enrolled in Health Alliance Connect and 14 in Molina.

The transition between plans is causing problems as residents are enrolled. One long-time resident was enrolled in a Chicago-area managed care plan as of December 1st. Time was spent during December trying to get a one-time contract with the managed care plan to cover services until the resident can be enrolled into a Central Illinois health plan. The State had his current address in the Chicago area and not at CCNH, which resulted in the selection of a Chicago area managed care plan.

Another resident was covered under traditional Medicare Part A in November. This resident converted to a managed care plan as of December 1st. Repeated calls to the managed care plan in the first three weeks of December were unsuccessful in obtaining approval for continued Medicare coverage in December. The plan finally contacted CCNH on December 21st with a decision to retroactively deny Medicare coverage as of December 1st.

Under capitation, health plans have a strong financial incentive to limit/deny Medicare coverage. HFS has been contacted and a continuity of care provision is in their agreement with the managed care plans that will allow the continued Medicare coverage for this resident. This issue has not yet been resolved and is a larger issue than the two residents who have experienced these problems.

Ms. Emanuel asked what the next step in the process is since Mr. Gima has contacted HFS. Mr. Gima believes the nursing will get paid as the end result for this particular case; however, this will not be every case. Illinois State managed care plans have a financial incentive to limit and deny coverage, which will impact the amount of money the nursing home receives. Ms. Emanuel asked how the nursing home will deal with retroactive denials and limitations of coverage. Mr. Gima explained that objective measures of a resident's level of disability can be compiled to show they deserved coverage. Functional Independence Measure (FIM) scores can be compared against a large national database of FIM scores that have been conducted over many years in order to determine a resident's level of disability and if coverage is appropriate. If the nursing

home can successfully prove that they are able to take residents from a FIM score of 50 to a FIM score of 75, they can use this objective evidence to show managed care plans that residents require coverage. Ms. Emanuel asked if approval for residents was required before admission. Mr. Gima explained it was a transition problem where residents are between enrollments. Mr. Palinkas asked how this could happen. Mr. Gima explained that the state wants to automatically enroll as many patients as possible in the managed care program without taking into consideration where a resident lives and if they are able to understand the transition of their coverage between hospital visits and nursing home residency.

RFPs for Pharmacy and Therapy Proposals went out on December 16th and the nursing home is moving forward with the process. Board approval will come at the February meeting.

d. Compliance Update

The CCHN is working with Champaign County Information Technology in order to implement necessary preventions of security risks. Encrypted email has already been implemented. Auditing and monitoring of quality of care, billing and claims, care and discharge plans, security risk assessment, and record keeping are ongoing.

9. Other Business

a. Administrative Review of, and Expectations Development for, the MPA Contract November 10, 2014

An Administrative Review of the expectations for the MPA Contract was initiated in October. Concerns were expressed about the contract and Ms. Busey and Van Anderson, Deputy County Administrator, began the review of the MPA contract. To conduct this review and establish expectations, 6 issues were identified and supplied to MPA. Work is still being done on the full report and will be provided at the February meeting.

12. Next Meeting Date & Time

The next meeting date and time for the Nursing Home Board of Directors is Monday, February 2, 2015 at 6:30 p.m. in the Lyle Shields Meetings Room for a Board of Directors Training Session. The next meeting date and time for the monthly Nursing Home Board of Directors meeting is Monday, February 9, 2015 at 6:00 p.m.

13. Adjournment

Chair Emanuel declared the meeting adjourned at 7:26 p.m. (motion by Palinkas, second by Lyn, unanimous)

Respectfully submitted

Brian Nolan
Recording Secretary