

HEALTH FACILITY COMMITTEE MEETING
February 11, 2004, Room 125, 9:00-12:00

Members Present: Jill Andrews; Paul Fairholm; Carol Blosswick; Glade Bigler; Paul Clayton; Keith Tintle; Susan Marquardt; and Denell Bredsguard.

Members Excused: Mary Peterson; Tracy Stocking; Galen Ewer; Joyce Wanta and John Kesler.

Staff Present: Joel Hoffman; Connie Payne; Pennie Knudson; Donna Riley; Kimberlee Jessop; Marsha Bentley; Debra Wynkoop; and Joan Isom.

1. **Minutes:**

Mr. Bigler made a motion to accept the minutes with no additions. Dr. Clayton seconded the motion. The **MOTION PASSED** unanimously.

2. **Ambulatory Health Services Sub-committee:** Dr. Clayton

Dr. Clayton reported that the Ambulatory Health Services sub-committee concluded that they would like to create a minimum level of regulation for ambulatory health care settings in which sedation is used. This would include all dentist offices, imaging centers and ambulatory health settings and would allow deemed status for other regulating bodies in the areas of policies and procedures, personnel training, required equipment when sedation is used. They had proposed that they would assemble all of the existing regulating bodies guidelines, make a comparison and try to formulate some sort of rule. Dr. Clayton stated that Mr. Hoffman discovered that the statutory language of exemptions indicates that the office of a dentist or physician whether it is a group or individual practice is exempt and that we don't have the authority to make the rule until the statute has been changed.

Ms. Wynkoop explained that statutorily there is no definition for a physician-based office or group practice. The Ambulatory Health services sub-committee could define the physician based office or group practice as a practice with a specific kind of sedation in rule without a statutory change. Ms. Wynkoop stated that next year a definition could be added to the statute. It was recommended that the Ambulatory Health Services sub-committee be on the agenda for the next Health Facilities Committee meeting.

3. **Satellite Sub-committee Report – Keith Tintle**

Mr. Tintle explained that a definition of a satellite was developed. (see rule) Dr. Bruce Murray, Utah Hospital Association explained that he had distributed a proposed copy of the rule to the hospitals and he had received two favorable responses and one response that

needed clarification concerning the rule. Ms. Andrews made a motion to accept the rule as proposed. Ms. Blosswick seconded the motion. The **MOTION PASSED** unanimously.

4. **Activity Therapy Sub-committee:** Joel Hoffman
Mr. Hoffman explained that the members of the Activity Therapy sub-committee had been selected and that they would be contacted in the next month. It was recommended that Laura Poe from the Department of Occupational and Professional licensing be invited to attend.
Mr. Hoffman stated that the Hospice committee would be meeting on February 18, 2004. Ms. Wynkoop stated that a copy of the concept summary is in the committee's information to review.
5. **Variance Summary:** Debra Wynkoop
Ms. Wynkoop explained the summary. This summary supports the need to review the assisted living and hospice rules.
6. **Separation of the Personal Care Agency/Home Health Agencies and the Assisted Living I and Assisted Living II.** Debra Wynkoop
Debra Wynkoop stated that providers were having a difficult time determining which part of the rule applies to them. Dr. Clayton commented that the separation of the rule is clean and clarifies which part pertains specifically to each entity.
Dr. Clayton made a motion and recommendation that the Bureau copy the separation of Personal Care/Home Health Agency and the Assisted Living I/Assisted Living II for providers. Ms. Marquardt seconded the motion. The **MOTION PASSED** unanimously.
7. **Rule Change Request** – Jackie Lehman, Utah Medical Association (Regarding physician visit within a week when PA or FNP admits a patient to a nursing facility.)
Ms. Lehman explained that Utah Law requires a physician to visit a resident within five days after they have been admitted into a nursing care facility and Medicare is not reimbursing physicians. Mr. Tintle clarified that Medicare will only allow the physician to bill every 30 days for a patient, unless the condition of the resident changes.
Ms. Wynkoop clarified that the Utah Law requires a physician to visit a patient within five days only if a Nurse Practitioner or Physician assistant has admitted the patient. The Utah Medical Association is recommending deleting (4B) on the rule, where the physician must see the resident within five days. (see rule)

Ms. Deb Barcombe, Utah Health Care Association stated that there is a continuing problem of physicians following patients into a nursing care facility. Mr. Tintle suggested that patients need the continuity of care. Ms. Bredsgard expressed concern with the patient's health

especially during a move because at this time the patient's health diminishes the most and needs to be seen by a physician and if we eliminate the five day requirement then the patient will not be seen. Ms. Lehman clarified that a physician by federal law must have completed a comprehensive evaluation at least within 30 days, and if it is medically necessary to visit the patient a physician may bill Medicare. Ms. Marquardt made a motion that this item be tabled until the next Health Facility committee meeting in May where interested parties may come and share their observations and opinions concerning this issue with the committee to help them understand all of the issues. Dr. Clayton seconded the motion. The **MOTION PASSED** unanimously.

8. **Banking Beds** – Debra Wynkoop

Ms. Wynkoop explained the concept summary of Banking Beds. She explained that the Utah Health Care Association approached the Department of Health with the intent to define the process of how we can bank beds. A facility may bank unused beds and have the license reflect the current number of beds that could be occupied within 24 hours. There are 75 facilities that would bank beds immediately which would decrease their liability insurance and their reimbursement rate for Medicaid may increase because their census level would increase based on operational beds as opposed to total licensed beds.

Ms. Barcombe explained that originally most of these facilities were built with the intention of having three beds in each room. Most facilities now only have two beds in each room, but the facility license still reflects the capacity based on three beds to a room. Those beds are an asset to the owner and the value of the facility.

Ms. Wynkoop clarified that a facility does not have to bank beds. She explained that the Bureau licenses 7700 beds, but there are only 7000 that are operational.

Ms. Blosswick made a motion that a sub-committee be established to discuss the issues and make recommendations to the Health Facility committee's at their next meeting. Mr. Fairholm seconded the motion. The **MOTION PASSED** unanimously. Mr. Ewer was nominated to chair the committee. Ms. Blosswick and Mr. Fairholm volunteered to be members of the committee.

9. **RFP Proposal Patient Safety**- Debra Wynkoop

Ms. Wynkoop explained that Accreditation Association for Ambulatory Healthcare has submitted a response to be added to our list of auditors. Dr. Clayton made a motion to accept the Accreditation Association for Ambulatory Healthcare as an auditor. Ms. Marquardt seconded the motion. The **MOTION PASSED** unanimously.

10. **Immunization Report for Long Term Care Facilities** – Debra Wynkoop
Ms. Wynkoop introduced the Draft Immunization Report and explained that the final report would be available for the next Health Facility Committee Meeting. Ms. Wynkoop stated that this report will allow the Immunization Bureau to re-evaluate the questions and data for next years report.
11. **Other Business:** Debra Wynkoop
Ms. Wynkoop reviewed the Legislative bills. HB 70 Geriatric Care Manager; HB 127 – Certified Medication Assistant; SB 70 Health Care Licensing Exemption Act and HB 249 Nursing Care Facility Medicaid Certification Amendments.

Mr. Bigler made a motion to adjourn the meeting. Dr. Clayton seconded the motion.

Joyce Wanta, Chairperson

Debra Wynkoop, Executive Secretary
