

**Developmentally Disabled Facility Advisory Board Meeting  
November 9, 2016 • 10 a.m.**

**APPROVED MINUTES**

Call To Order and Introductions

Chair Connie Jensen called the meeting to order and introductions were made.

Members Present: Michael Bibo, Lois Sheaffer-Kramer, Deborah Kennedy, Dr. Geunyeong Pyo, Susan Fonfa and Greg Shaver

Members Not Present: Kevin Switzer, Dr. Tracy Aldridge, and Nancy Andrade

IDPH Representatives: Sean Dailey, Connie Jensen, George Logan, Darlene Harney, Henry Kowalenko, Gina Swehla and Elaine Huddleston

Guests: Jeffrey Stauter and Marie Rucker

Approval of August 10, 2016 meeting minutes

The Board was not able to vote on the August 20, 2016 minutes due to lack of a quorum; will bring back to the February 8, 2017 meeting for review and to vote on.

Membership Update

1. Membership vacancies – two (2) vacancies
  - a. One (1) General Public voting member
  - b. One (1) Resident Advisory Council member voting member

Board members were reminded that the Board has two (2) voting vacancies that need to be filled. Members were reminded to contact the Department if they know of any candidates to fill vacant positions.

- a. Expired terms – four (4) members' terms have now expired.

Board members whose terms have expired were reminded to submit a completed Board Membership application as soon as possible for reappointment if still interested in serving on the Board. If Board Membership term have expired they will not be able to designate a proxy to represent them at the meetings or able to vote.

a. Old Business

1. Rulemaking - (77 IAC 350) 350.340; 350.2810; 350.2820
  - i. Changes to the Proposed Amendments 6-01-16 (77 IAC 350) (IDPH Rev. 8-12-16 & 10-30-16) Sections 350.340; 350.2810 and 350.2820 were discussed
  - ii. Board members were reminded that deletion of language is stricken out, additions are underlined, and italicized words are statutory language and cannot be changed.
  - iii. Henry Kowalenko commented effective November 1, 2016 all LSC surveys are conducted under the new 2012-LSC and the 2012 HCFC edition
    1. Proposed changes were presented at the last LTC Facility Advisory Board Meeting;
      - a. Proposed Rules were discussed but not voted on
      - b. Looking at 300 Rules as these sections closely correspond to the 350 Rules
    2. 2087 Booklet will have different Tag numbers

3. Different Tag numbers will clarify deficiency process
4. Updates by Mike Bibb were presented in color and printed in grey
- iv. Mike Bibb commented has not had a chance to review changes that were suggested.
  1. Will review changes and add "DRAFT" water mark to revised document
  2. Changes will be brought back to the Board for review for discussion at the next Board meeting.
2. 77 IAC 350, Physical Restraints
  - i. A copy of the draft proposed language for non-emergency and emergency restrictive interventions in ID/DD facilities- with federal regulations as the framework was reviewed;
  - ii. Mike Bibb commented to modify the Federal Rules as a base.
  - iii. Several Board members expressed their questions, concerns and recommendations to some proposed changes;
    1. Page 1
      - a. #2 – Inform each client, parent, or legal guardian of clients medical condition; two (2) questions raised:
        - i. Can refuse restraints- harm or emergency
        - ii. Can refuse to agree under certain circumstances
    2. Page 3
      - a. (d) Physical Restraints
        - i. #1- concern with statement that restraints is used as a treatment/ punishment for behavior;
        - ii. Two(2) different restraints used for two different purposes;
        - iii. Would like to see a change in language under Federal/Regulation Code to not read as staff use as punishment for behavioral issues
    3. Page 4
      - a. #4- Federal Regulations state one (1) hour; suggested proposal, one (1) hour time frame to meet medical side and go along with Federal Regulations; staff trained in the use and guidelines for restraints; develop a training cycle for facility;
      - b. #11- Clinical staff person must inform facility director in writing of use of restraint within 24-hour; question was raised why just the "facility director" is notified
      - c. Suggested change in wording of language:
        - i. obtain permission (order) for restraint
        - ii. 24-hour clinician check
        - iii. notify facility director or someone else
        - iv. notification done daily as some staff does not work every day
        - v. look at wording for time frame and individual responsible for ordering restraints
  4. Board member Deborah Kennedy commented to continue to work on the document; will discuss further with Mike Bibb with suggestion made by other members.
  5. Board member Mike Bibb commented this is a good start and will address with Sean Dailey about adopting Federal Regulations with some changes.
  6. Sean Daily will address these changes and bring back to the Board
  7. Connie Jensen commented the Department will take in consideration comments made by members.
  8. Board members were encouraged to bring out issues to address with the Board to fine tune as a group

b. New Business

1. Emergency Preparedness
  - i. Gina Swehla, Office of Emergency Preparedness presented this information to the board.
  - ii. Board Members were given a copy of the CMS S&C Memo 17-05-ALL that provided general information regarding implementation plans for the new Medicare/Medicaid Programs Emergency Preparedness Rule (EPR).
    1. Final Rule was published (Federal Register Vol. 81, No. 180) on September 16, 2016;
    2. Rule becomes effective on November 15, 2016, which affects all 17 provider and supplier types eligible for participation in Medicare;
    3. Interpretive guidelines and survey procedures will be developed and anticipated to be

- published in spring of 2017;
4. Implementation of the new requirements must be in full compliance by November 15, 2017;
    - a. Providers and suppliers not in full compliance with new regulations will be cited for non-compliance when surveyed.
  5. Each provider and supplier type must have its own Emergency Preparedness regulation to participate in the Medicare or Medicaid program;
  6. Final rule requires participating providers and suppliers to meet the following four (4) core elements of emergency training:
    - a. Emergency plan
    - b. Policies and procedures
    - c. Communication plan
    - d. Training and testing program
  7. Final rule outlines what each type of provider and supplier are required to do;
  8. Providers and suppliers are encouraged to work with;
    - a. Regional healthcare coalitions
    - b. Public health agencies
    - c. Local emergency management
    - d. Assessing risks
  9. Resources and contacts are available to providers and suppliers to help develop emergency plan:
    - a. Assistant Secretary for Preparedness and Response's (ASPR's) Technical Resources
    - b. Technical Resources, Assistance Center and Information Exchange (TRACIE)
    - c. TRACIE can be accessed via <https://www.asprtracie.hhs.gov/>.
    - d. CMS will host a Medicare Learning Network (MLN) to discuss requirements and to answer any questions
    - e. Questions regarding EPR Rule contact: [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov).
    - f. Questions regarding Training contact: [SCGTraining@cms.hhs.gov](mailto:SCGTraining@cms.hhs.gov).
- iii. Handouts will be given to Connie Jensen with information covered today.
  - iv. Connie Jensen commented will forward to Members and for facilities to make plans now, look ahead, look at resources given and not wait till 2017 to begin.
- c. Meeting:
1. Next Board meeting is February 8, 2017 at 10 a.m.
  2. Agenda items to Connie Jensen, [connie.jensen@illinois.gov](mailto:connie.jensen@illinois.gov) by January 11, 2017.
  3. Confirm attendance (or designated proxy) via email to Elaine Huddleston, [elaine.huddleston@illinois.gov](mailto:elaine.huddleston@illinois.gov) by January 25, 2017.
  4. Agenda will be sent to the Board two (2) weeks prior to the meeting date.

Meeting adjourned