November 29, 2018 Meeting Minutes  
FGI Standards Workgroup

**Date:** November 29, 2018

**Time:** 9:00am - 11:00am

**Location:** Portland State Office Building, 800 NE Oregon St., Rm. 1-B, Portland, OR


**Agenda Item: Welcome and Introductions**

Sam Imperati welcomed the group and began the meeting with introductions. Everyone in attendance introduced themselves and gave their affiliation.

**Agenda Item: Discussion of Religious Nonmedical Health Care Institution (RNHCI) Special Inpatient Care Rules**

Barbara Atkins provided an overview of Religious Nonmedical Health Care Institution (RNHCI). She said they are facilities that provide nonmedical nursing items and services to people who need hospital or skilled nursing care but who choose to rely solely upon a religious method for healing. These institutions provide nonmedical items and services through nonmedical nurses; nonmedical services include assistance with daily living activities, such as room and board, nutritional needs, comfort measures, and anything that doesn’t require a doctor’s order, such as non-medicated wound dressings or use of a walker. Ms. Atkins said Medicare covers only inpatient nonreligious, nonmedical items and services for those admitted to a RNHCI.

Mellony Bernal said that per statute, Special Inpatient Care Facilities include these Religious Nonmedical Health Care Institutions. Ms. Bernal said there is a concurrent RAC working on the licensing rules; their next meeting is on December 7th.

Elaine Dabrowski asked if there were any of these institutions in Oregon. Mellony Bernal said that a religious institution had been licensed at one time for several years. The same institution that had been previously licensed is interested in seeking re-licensure.

Erroyl Hawley said that that application is currently in a state of dormancy. He said they operated a facility for about 35 years that was up to 30 beds originally. He said that facility became too large of a scale of operation, so the new application is for a very small facility, in a
converted residence, which is currently in the application process. Mr. Hawley said the discussion today is pertinent because there are things that cannot be accomplished in a small residential facility.

Barbara Atkins introduced the set of rules to be covered during this meeting, created for the RNHCI facilities. Ms. Atkins said that the FGI does not have a special carve out for RNHCIs, so these rules were created using CMS standards, current SICF rules and other existing OARs that would cover these facilities. The document created, DRAFT OAR SICF RNHCI, includes citations from sources of the rules that were included. Those rules can be found in that accompanying document.

Sam Imperati also pointed out that several of the rules that are included have already been edited by this group in their application to other facilities. Mr. Imperati asked Erroyl Hawley to provide some of his thoughts on how these rules might apply.

Erroyl Hawley said it would be meaningful for them to be recognized as distinct from all of the CMS requirements. He said that he recognizes that the old facility fell under a category of requirements because of their Medicare use, but stated they are not intending to seek CMS reimbursement at this time. Mr. Hawley said they are hoping to be recognized as a much smaller, home-like institution. He gave the example of a threshold of more or less than 16 beds, but stated that that threshold was not useful because they are planning a much smaller facility. He asked that a different threshold be recognized and said that there was room for discretion in some of these rules. He said they are more likely to have somewhere around 5 beds and may be in a converted residence. He also pointed out that they do not have residents, they have patients, and would like to be distinguished there as well. Mr. Hawley said that he would like to see a threshold in the rules that would allow some discretion for the requirements for those falling below that threshold.

Barbara Atkins and the group discussed a few thresholds from various rule sets, such as the Oregon Building Code, and DHS rules. That building code has a 6-person and a 16-person threshold. DHS has a 16-bed threshold.

Mellony Bernal said that per statute, hospitals are licensed and pay a fee according to the number of beds they have (for example the lowest category is fewer than 26 beds; then 26-49 beds; and increased increments thereafter.) If a facility meets the definition of a Special Inpatient Care Facility they would pay the applicable hospital fee because an SICF is a type of hospital per statute. Statutes further specify that the Authority will specify in rule the physical environment standards.

Sam Imperati asked if there was another workgroup on licensing that could provide some answers to these questions.

Mellony Bernal said they are currently working on an overhaul of the SICF health and safety rules. If the Authority receives an application for a RNHCl, it would look to see if it meets the definition of an SICF classified as a religious institution, and would include physical environment rules.

Patrick Young asked Mr. Hawley to clarify if they do not wish to participate in Medicare with the new facility. Erroyl Hawley said they don’t have any particular ambition to participate in Medicare. He said their concern is the need to have a license even if one bed and they are trying to understand the physical environment requirements for such a small facility. Patrick
Young said if they are not interested in Medicare, then they may not fall under the SICF rules, and a different set of rules may apply.

Erroyl Hawley said they have explored a wide range of options and they believe there is no other appropriate place for them because they do provide the type of care laid out in the statute. Mr. Hawley said they would like to operate without being Medicare certified, which is why they seek a reasonable set of physical requirements for a smaller scale. Mr. Hawley noted that the threshold of 5 beds shows up in many codes and rule sets and they believe that is appropriate for them.

The group discussed Mr. Hawley’s concerns regarding non-Medicare certification, and staff may explore other options as well. The group discussed the necessity of these rules as they applied to Mr. Hawley’s wishes if there would be no Medicare certification. Mr. Hawley said that their accreditation status depends upon them being licensed in Oregon, and this was their best option for that.

After this overarching discussion about the space this facility might fit under, Sam Imperati asked Mr. Hawley if he had some specific rules that he would like to flag as those that were not appropriate for the smaller facility, and proposed that OHA work offline with those rules after this conversation.

Elaine Dabrowski asked for clarification that this type of facility Mr. Hawley was discussing would be a normal house with no unique features, and Mr. Hawley responded yes.

Michelle Donahue suggested possibly outsourcing many of the services, such as laundry or food preparation, and that may help accomplish some of their goals. Erroyl Hawley agreed that was a good overview of what they were thinking. Mr. Hawley explained that they used to provide those services in-house when they had a larger facility, but now, in the home setting they are envisioning, that model doesn’t seem appropriate. He provided an example of storing linens individually in each person’s room rather than in a special room for linens.

Mr. Hawley said that for five beds or less, there could be some kind of appreciation of individual treatment. Erroyl Hawley also mentioned the benefits of being in a residential neighborhood. Mr. Hawley said the dormant licensing application is for a facility of that type, and that they have run into these issues before of the regulatory institutions being unsure of how or why they might need licensing.

Jon Anderson asked Erroyl Hawley if the need for them to be licensed was because their accreditation board required it, and Mr. Hawley responded yes.

Sam Imperati suggested a process change and asked Mr. Hawley to highlight the rules in the proposed set that he believes they would need changed to accommodate their facility capabilities. Mr. Hawley flagged several rules, noted in the DRAFT OAR SICF RNHCI_11.29.18 NOTES document. OHA staff will work with those offline while they consider these suggestions and the policy implications.

Elaine Dabrowski asked if this was something like a Ronald McDonald Guest house, and if there was any rules that might apply there, or perhaps as a hospice facility. Mellony Bernal said that there are SICFs classified and licensed as freestanding hospice facilities, and she would have to look into the Ronald McDonald House. Follow-up: Mellony Bernal confirmed with Eric Brown, C.O.O. for Ronald McDonald House Charities of Oregon and SW Washington, that they
are not licensed. He stated that they are similar to a hotel and comply with Building and Life Safety Codes.

Sam Imperati wrapped up this conversation at 10:00am, and Erroyl Hawley left the meeting at this time. Kim Weller joined the phone conversation at this time, and Rick McGuffey left the phone conversation at 10:18am.

**Agenda Item: Schedule of Revisions, Hospital 2.2-1 General – 2.2-3.1 Emergency Services**

The group began their review of the rule text with rules from Hospital sections 2.2-3.1 in the Hospital FGI rules. The OHA suggestions for revisions to the FGI rules were provided in a revision index with links to the main rule document. The comments on the particular rules are noted in the FGI-OAR Hospitals Part 2_Combined document.

**Agenda Item: Wrap-up Discussion/Next Steps**

Matt Gilman said that he would like to have a discussion on implementation of these rules and development of the tools that will be used, particularly while we have the services of a skilled facilitation team to help guide them through that process. Mr. Gilman said the program has to work on developing the tools, and he hopes to hear from the workgroup about their hopes for that topic.

Barbara Atkins briefly overviewed the Excel sheet (FGI Crosswalk Outstanding Items 11.26.2018) sent out in the materials for this meeting that explains the sections that have been covered already and those that are upcoming as a way to track the work of the group.

Matt Gilman said that we are ahead of where they thought they would be, and is optimistic about getting through this quickly. He also said that he would like to get through as much as possible before the next legislative session.

Sam Imperati asked if there were any comments or issues with the notes from the previous meeting. There were none, and the notes were adopted.

The meeting was adjourned.
November 29, 2018 FGI Workgroup Meeting
Summary of Evaluations

Total Responses: 5

Frequency Tables:

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7. Most Useful?

- Like the sheets shared talking about what rules will be reviewed in the future meeting.
- The taupe paper with specific review areas
- Verbiage, nice!

8. Suggestions for Improvement?

- Working forward to implementation discussion
- You have to get materials out sooner than 2 days before the meeting, please.

9. Additional Comments or questions?

- Please talk at next meeting to protocol for sharing the follow-up items on what OHA FPS was going back to review.