

MINUTES OF THE MEETING  
HUMAN SERVICES AND AGING COMMITTEE  
MONTANA STATE  
HOUSE OF REPRESENTATIVES

January 21, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on January 21, 1985 at 3:00 p.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present.

HOUSE BILL NO. 202: Hearing commenced on House Bill No. 202. Representative Steve Waldron, District #58, sponsor of the bill stated an act revising the method of funding community mental health services; eliminating the authority to transfer funds from the Montana State Hospital to community mental health services and for reversion of such funds was needed.

Proponents included Carroll South of the Montana Department of Institutions who indicated applicable patients served in the community instead of in an institution was far less expensive; Joy McGrath of the Mental Health Center and David Briggs of the Mental Health Center also testified.

There were no further proponents or opponents present. Representative Waldron closed the discussion.

Questions were asked by Representative Wallin.

There being no further discussion on House Bill No. 202, the hearing was closed.

HOUSE BILL NO. 165: Hearing commenced on House Bill No. 165. Representative Mary Ellen Connolly, District #8, sponsor of the bill said an act providing for annual unannounced inquiries at long-term care facilities by the Department of Health and Environmental Sciences was needed.

Proponent Representative Paul G. Pistoria commented on the abuse of patients in nursing homes; Tom Ryan of the Montana Senior Citizen Association indicated that inspections should be unannounced; Paul Birch said that visits should not be announced because care of patients after an inspection will revert back to bad care if a yearly inspection was accepted; Joe Upshaw of the Association of Retired People indicated his support of unannounced inspections and inspections more than on a yearly basis; Nancy Harte of the Montana Democratic Party supplied testimony attached hereto as Exhibit 1; Wade Wilkerson indicated his support; Shirley Thennis of the Montana Nurses' Association supplied a witness statement; George M. Fenner, Administrator of the Health Services and Medical Facilities Division of the Montana Department of Health and Environmental Sciences

questions paragraph 4 of the bill; Charles Briggs of the Governor's Office indicated his support; Anne Brodsky of the Women's Lobbyist Fund supplied her testimony and is attached as Exhibit 3; Doug Blakley of the Long Term Care Association and Jim Smith of the Human Resources Association indicated their support; Rose Skoog with the Montana Health Care Association supplied testimony and is attached herewith as Exhibits 4 and 5. Ms. Skoog also supplied a proposed amendment to this bill and is attached as Exhibit 6. Frank Gresgon, a local insurance salesman supports this bill and Bill Larry of the Montana Hospital Association suggests that a Saturday or Sunday inspection would not be feasible; Virginia Dawkin commented on the care of a family member in a Montana nursing home.

There were no further proponents or opponents to this bill.

The discussion was closed by Representative Connolly.

Questions were raised by Representatives Waldron, Wallin, Hart, Simon, Bergene, Phillips and Cohen.

There being no further discussion on House Bill No. 165, the hearing was closed.

#### EXECUTIVE SESSION

ACTION ON HOUSE BILL NO. 165: A Fiscal Report will be ordered by Chairperson Keenan on this bill and further action will be taken at a later date.

ACTION ON HOUSE BILL NO. 114: Representative Joan Miles, sponsor of the bill, supplied information to this bill and is attached as Exhibit 7. Representative Darko made a motion that House Bill No. 114 DO PASS. Representative Waldron seconded the motion. A roll call vote was taken (11 voted Yes and 7 voted No). A statement of intent was indicated and House Bill No. 114 voted DO PASS.

ACTION ON HOUSE BILL NO. 202: Representative Bergene made a motion that House Bill No. 202 DO PASS. Representative Brown seconded the motion and the bill was unanimously voted to DO PASS.

Human Services and Aging Committee  
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ADJOURN: There being no further business before the committee, the meeting was adjourned at 5:23 p.m.

Nancy Keenan  
NANCY KEENAN, Chair

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date January 21, 1985

NAME	PRESENT	ABSENT	EXCUSED
NANCY KEENAN	X		
BUDD GOULD	X		
TONI BERGENE	X		
DOROTHY BRADLEY	X		
JAN BROWN	X		
BUD CAMPBELL	X		
BEN COHEN	X		
MARY ELLEN CONNELLY	X		
PAULA DARKO	X		
BOB GILBERT	X		
STELLA JEAN HANSEN	X		
MARIAN HANSON	X		
MARJORIE HART	X		
HARRIET HAYNE	X		
JOHN PHILLIPS	X		
BRUCE SIMON	X		
STEVE WALDRON	X		
NORM WALLIN	X		

# STANDING COMMITTEE REPORT

January 21

19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 202

first reading copy ( white )  
color

An act revising the method of funding community mental health services; eliminating the authority to transfer funds from the Montana State Hospital to community mental health services and for reversion of such funds

Respectfully report as follows: That House Bill No. 202

DO PASS

# STANDING COMMITTEE REPORT

January 16 ..... 19 85 .....

MR. Speaker .....

We, your committee on Human Services and Aging .....

having had under consideration House ..... Bill No. 114 .....

first ..... reading copy ( white )  
color

An act to generally revise and clarify the laws relating to swimming pools and bathing places; clarifying that the Department of Health and Environmental Sciences may set safety standards for public swimming pools and bathing places

Respectfully report as follows: That House ..... Bill No. 114 .....

DO PASS

STATEMENT OF INTENT ATTACHED

STATEMENT OF INTENT

A statement of intent is needed for House Bill 114 because it grants the department of health and environmental sciences express authority to adopt enforceable, binding rules setting safety standards for public swimming pools and bathing places.

The department presently has the authority to ensure that public swimming pools and bathing places are safe. However, the section of the law granting the department authority to make binding rules relating to swimming facilities omits mention of safety standards. Therefore, the rules the department has adopted to indicate the safety measures it considers necessary to protect public health are not legally binding, except in regard to pools in hotels, motels, roominghouses, tourist homes, boardinghouses, or retirement homes, for which the department has separate regulatory authority under other statutes.

Therefore, it is the intent of the legislature that the department of health and environmental sciences have express rulemaking authority to adopt binding safety standards for swimming pools and bathing places, including construction specifications and operational requirements such as lifeguards.

(Type in committee name, committee members' names, and names of secretary and chairman. Have at least 50 printed to start.)

ROLL CALL VOTE

HOUSE COMMITTEE HUMAN SERVICES AND AGING

DATE 1/21/85 House Bill No. 114 Time 4:45

NAME	YES	NO
Nancy Keenan	X	
Bud Gould		X
Toni Bergene	X	
Dorothy Bradley	X	
Jan Brown	X	
Bud Campbell	X	
Ben Cohen	X	
Mary Ellen Connelly	X	
Paula Darko	X	
Bob Gilbert		X
Stella Jean Hansen	X	
Marian Hanson		X
Marjorie Hart	X	
Harriet Hayne		X
John Phillips		X
Bruce Simon		X
Steve Waldron	X	
Norm Wallin		X

Alberta Strachan  
Secretary

Nancy Keenan  
Chairman

Motion: Representative Darko made a motion that House Bill 114 DO PASS. Representative Waldron seconded the motion.

A roll call vote was taken, a statement of intent was voted upon and House Bill No. 114 was voted to DO PASS

(Include enough information on motion -- put with yellow copy of committee report.)



January 21, 1985

TESTIMONY IN SUPPORT OF HOUSE BILL 165, A ACT PROVIDING FOR ANNUAL UNANNOUNCED INQUIRIES AT LONG-TERM CARE FACILITIES.

My name is Nancy Harte, lobbyist for the Montana Democratic Party. The Democratic Party is here today in support of House Bill 165.

The 1984 Montana Democratic Party Platform, adopted in convention last summer, supports unannounced inspections of nursing homes at least annually. HB 165 allows for annual unannounced inquiries at long-term care facilities, and the party supports this positive measure.

If there is any one group more dependent on another in our society, it is the residents of long-term care facilities who depend on the care they receive in those facilities. They are often too ill to act on their own behalf, and many do not have families able to care for them.

HB 165 will help insure that patients in these facilities will receive quality care. The inspections provided by current law are strengthened by the yearly inquiry provision.

We urge you to support House Bill 165.

Montana Democratic Central Committee • Steamboat Block, Room 306 • P.O. Box 802 • Helena, MT 59624 • (406) 442-9520

Executive Board						
Bruce Nelson Chairman	Donna Small Vice Chairman	Mary Hempleman Secretary	Bobbie Wolfe Treasurer	Tony Jewett Executive Director	James Pasma Nat'l Committeeman	Dorothy Bradley Nat'l Committeewoman
Phil Campbell	Helen Christensen	Virginia Egli	Wendy Fitzgerald	Chas Jeniker	Les Morse	Les Pallett
Sharon Peterson	Gracia Schall	Barb Skelton	Clara Spotted Elk	Chuck Tooley	Mike Ward	Blake Wordal
Sen. Chet Blaylock	Rep. Dan Kemmis	Jim Foley	Rep. John Vincent	Phillis Moore		

WITNESS STATEMENT

Name Shirley Harris Committee On H.S.  
Address 4070 Lake Helena Dr. Helena, MT Date 1/21/85  
Representing Montana Nurses Assn. Support ✓  
Bill No. 165 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. M.N.A. Supports unannounced inspections, and supports staffing to give the Department
2. the ability to make these inspections - We feel the Department knows which facilities
3. will need yearly or more frequent inspections, and it must be left to them, not tying
4. their hands to <sup>annual</sup> yearly inspections of all.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

# WOMEN'S LOBBYIST FUND

Box 1099  
Helena, MT 59624  
449-7917

EXHIBIT 3  
January 21, 1985



January 21, 1985

TESTIMONY IN SUPPORT OF HB 165

Madame Chairman and Members of the House Human Services and Aging Comm.:

My name is Anne Brodsky and I am here today to speak on behalf of the Women's Lobbyist Fund (WLF) in support of HB 165. The WLF is interested in this bill because 3,666 of the 5,384 people living in long-term care facilities last year were women -- roughly one third.

If inquiries of long-term care facilities by the Department of Health and Environmental Sciences can occur unannounced, inspectors will observe the facility in the same way the residents and employees see it every day. It is to state an apparent aspect of human nature that with this knowledge, there will be greater incentive for long-term care facilities to be in tip top shape at all times.

The WLF supports this legislation because we believe it will improve the quality of care provided by long-term care facilities and promote a consistently clean and caring environment for those served by these facilities.

We urge you to pass HB 165.

STATE OF MONTANA  
DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

New 1/85

GENERAL INSTRUCTIONS TO  
INSPECTION OF CARE (IoC)

I. General Requirements

- A. An Inspection of Care (IoC) of each facility must be conducted at least annually. This IoC must include observation of and review of the medical record of each resident.
- B. The IoC team will consist of:
  - 1. The assigned review coordinator(s); and
  - 2. The physician advisor, as needed.
- C. No facility will be notified of the time of inspection more than 48 hours before the scheduled arrival of the team.

II. Scope of Review

- A. Review of medical records will be limited to the month previous to the current month, as well as the current month, with the following exceptions:
  - 1. Review of history and physical;
  - 2. Review of lab work;
  - 3. Review of physician orders and progress notes;
  - 4. Review of social services records; and
  - 5. As deemed necessary, additional review to document variances/deficiencies.

The above excepted areas may require review of additional medical records in order to verify compliance.

- B. If the review coordinator identifies an incident/accident/omission within the medical record or through observation of the resident, verification of proper documentation should include:
  - 1. Initiation and completion of an incident report;
  - 2. Consistent and complete documentation of both incident report and medical record; and
  - 3. Timely notification of physician.
- C. "Comments" Section of the EA-51: If an item is checked "Unacceptable", use this section to briefly identify what is lacking. If additional space is needed, use back of form (original copy).

### III. Completion and Submission of Reports

- A. Upon completion of the EA-51, "Individual Resident Review", for each resident, the review coordinator summarizes the results on the EA-50.
- B. The EA-50 must be signed by:
  - 1. The review coordinator; and
  - 2. Facility administrator/designee. This signature does not indicate agreement with the results of the inspection; rather, it indicates only that the results have been reviewed by the administrator/designee. If the administrator/designee refuses to sign, this should be noted and the signature of a witness obtained.
- C. An exit interview must be conducted.
- D. The completed EA-50 and all related EA-51's should be submitted to the Department within 30 days after completion of the review.

### IV. Distribution of Copies

- A. EA-50: Upon completion of all items, the review coordinator should distribute as follows:
  - 1. Pink copy to facility; and
  - 2. Yellow copy and original to the Foundation, who will forward them to the Department.
- B. EA-51: Upon completion of all items and summarization of results on the EA-50, the review coordinator should distribute as follows:
  - 1. Pink copy to facility; and
  - 2. Original to the Foundation, who will forward them to the Department.

State of Montana  
Department of Social and Rehabilitation Services

INSPECTION OF CARE GUIDELINES

STANDARDS

GUIDELINES

PROCEDURES

I. PHYSICIAN CERTIFICATION/  
RECERTIFICATION OF LEVEL  
OF CARE

1. Upon admission, a physician must certify that the level of care is medically necessary.
2. A physician must re-certify that the level of care is medically necessary according to the specified schedule as follows, based on assigned level of care:
  - a. Skilled Nursing Care Level at 30, 60, and 90-day intervals upon admission, then every 60 days thereafter.
  - b. Intermediate Care Level at 60-day then 180-day intervals upon admission, then every 6 months (12, 18 and 24-month intervals) through the end of the second year after admission, then annually thereafter.
  - c. ICF/MR - every 12 months.

1. Admitting orders currently provide sufficient documentation of the certification.
2. Review medical record to verify that recertification has been accomplished, according to the specified schedule, by one or more of the following:
  - a. signed and dated physician orders;
  - b. verification of the medical necessity of care in a progress note; or
  - c. signed (or initialed) and dated facility - provided recertification stamp on a physician order or progress note.

II. PHYSICIAN SERVICES

1. Physician visits must be timely.
  - a. Skilled Nursing Care Level - every 30 days for at least the first 90 days, then an alternate schedule of every 60 days may be initiated if resident is not involved in special rehabilitation. The alternate schedule may not exceed 60 days.

An alternate schedule is justified under the following conditions:

1. the resident's condition is stable; and

1. Review medical record to verify that physician visits are within required timelines. Acceptable documentation of physician's visit: Physician orders and/or progress note.
2. If an alternate schedule is initiated, verify that the physician has sufficiently justified the rationale for the alternate schedule.
3. Review medical records to verify that a history and physical was done within the specified timelines. A copy of a physical

## STANDARDS

## GUIDELINES

2. the resident's condition does not require closer monitoring by a physician.

- b. Intermediate Care Level - every 60 days unless an alternate schedule is initiated. The alternate schedule may not exceed 90 days.

Please Note: This schedule of physician visits does not change with the new schedule of physician recertification.

An alternate schedule is justified under the same conditions itemized in (a) above.

- c. ICF/MR - every 12 months.

2. A history and physical must be done within 48 hours after admission, unless performed within 5 previous work days prior to admission to the facility.

Although a full history and physical is not needed annually, it should be updated annually with a notation in the progress notes.

3. If lab work is ordered, it should be done in a timely fashion and posted promptly in the medical record. Delayed posting of 2-3 weeks is acceptable if lab results have been phoned into the facility. These lab results should be signed and dated by an R.N. and posted.

The physician should be notified of any abnormalities in a timely fashion.

## PROCEDURES

examination done prior to discharge from a hospital and verified by the attending physician, is acceptable.

4. Review medical records to insure that all ordered lab work is included. If abnormalities are noted, check to insure that physician was notified.

## III. CARE PLAN

1. Must be initiated upon admission (within 72 hours) and updated at least every month for first 3 months, then every three months thereafter for skilled care residents; and quarterly for intermediate care residents (including ICF/MR).

1. If patient has been admitted within the last 90 days, determine whether care plan was initiated upon admission.
2. Determine whether the care is updated regularly.
3. Compare Care Plan with medical

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## PROCEDURES

2. Must provide a comprehensive profile of all needs - medical, physical, psychological, rehabilitative, nutritional, social.

record to determine whether:

- a. all needs are addressed in Care Plan and
- b. whether the record indicates that the plan is followed.

### IV. ADEQUACY OF CARE

#### A. Cleanliness

1. Resident is clean and well-groomed; shaven (if appropriate); appropriately dressed, including shoes/slippers if appropriate; hair/scalp clean and kept; nails trimmed and clean; oral hygiene adequate. Mouth should be free of food and/or excessive drooling.
2. Unless medically contraindicated, the resident is dressed and out of bed.

1. Observe patient's general appearance for cleanliness and good grooming. Note any mal-odors.

#### B. Physical Functioning

1. Ambulation/out of bed activity is encouraged/facilitated on a daily basis, when appropriate, to maintain the resident's optimum physical functioning.
2. If resident is bed-chair or bed-confined, appropriate body alignment and range-of-motion (ROM) exercises are employed to facilitate muscle tone and joint mobility.
3. If resident refuses ambulation/out-of-bed activity/ROM exercises as indicated, this should be documented at least monthly in nursing summary.

1. Review documentation of physical activity within the last 2 weeks to determine if consistent with physician orders and care plan.
2. To determine whether ambulation/out-of-bed activity is sufficient, review resident's progress.  
\*Note any substantial reduction in activity level; specify possible rationale.
3. If resident is bed-chair or bed-confined:
  - observe body alignment
  - review documentation on range-of-motion exercises and determine whether frequency is consistent with physician orders and care plan.

#### C. Nutritional Status

1. Dietary restrictions and food preferences are incorporated into resident's care plan.
2. Food and fluid intake are monitored, as deemed appropriate (physician orders; substantial change in condition; nursing initiative).

1. Review care plan; determine whether it is consistent with nutritional needs identified in medical record.
2. Review medical record to identify instances which would indicate need to monitor food and fluid intake.

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## PROCEDURES

3. Untoward weight gain/loss may be addressed through medical regime, diet (including supplementation), and/or intake monitoring.
4. If monitoring activities are deemed necessary, these should be documented in medical record (at least nursing summary).
5. Diet supplements (therapeutic supplements ordered by the physician) should be documented each time given (preferably on med sheet).

3. Determine whether appropriate measures are employed to address untoward weight gain/loss.
4. Determine whether monitoring activities are documented properly.
5. Determine whether diet supplements are documented properly.

### D. Drug Administration

1. Drugs and biologicals are administered according to physician orders.
2. Recording must include:
  - a. method of administration;
  - b. name and dosage;
  - c. site of injection (if applicable);
  - d. medication errors, adverse reaction, and corrective action, if applicable; and
  - e. name or initials of person administering.
3. If drugs are withheld, rationale must be documented in medical record.
4. Errors or adverse reactions are reported to the attending physician in a timely fashion.
5. PRN medications should not be administered daily on a regular basis, i.e., more than 30 days consecutively.
6. Vital signs should be monitored on a regular basis, where indicated. (See Addendum A)

1. Compare the previous month's medication records with physician orders.
2. Review the previous month's medication records and nursing notes for completeness and accuracy.
3. Verify that errors or adverse reactions are reported to attending physician in a timely fashion. Compare medical record with incident report for completeness and accuracy.
4. Review the previous month's medical record to determine whether PRN medication are being administered daily for more than 30 days.
5. Review the previous month's medical record to determine whether the appropriate monitoring is being done on drugs listed in Addendum A.

## STANDARDS

## GUIDELINES

## PROCEDURES

### E. Use of Physical Restraint(s)

1. Physical restraints include all soft restraints, poseys and other apparatus used to physically restrain a resident.
2. Physician orders should include specific directions on use.
3. Rationale for initial/continued use of restraint(s) must be documented in the nursing notes.
4. Appropriate safety precautions are employed when resident is restrained.
  - restraints checked or released every 2 hours;
  - good body alignment is maintained.
5. Safety precautions must be documented daily (flow sheet is acceptable).

### F. Skin Condition

1. Sufficient measures should be taken to prevent skin breakdown i.e., cleanliness; reduction of pressure areas; etc.

1. Check physician orders to determine whether order specifies: type of restraint, reason for its use, location of application, and duration.
2. Review the previous month's nursing notes to verify that orders are implemented as specified.
3. Review nursing notes to verify that rationale for use is documented at least monthly.
4. Check the previous month's medical record for documentation of safety precautions. Observe resident. \* Note any adverse effects, i.e., pressure areas, impaired circulation, etc.

1. Observe general skin condition. Note any tears in skin or extensive bruising.

- If injury is noted, determine whether incident reports were appropriately filled out.

2. Check medical record for presence of decubiti.

\*Note location(s), stage(s) whether condition was present upon admission, whether condition has improved in last 30 days.

3. If decubiti is reported, observe decubiti for cleanliness, drainage, general appearance.

Please Note: Observation of decubiti treatment is suggested as a good time to make this observation.

This observation should not be done without the accompaniment of a member of the facility's professional staff and permission of the resident, if feasible.

## STANDARDS

## GUIDELINES

## PROCEDURES

### G. Bowel/Bladder Functioning

1. Appropriate measures are taken to facilitate an optimum bowel/bladder program. A bowel/bladder training program is implemented, if applicable.
2. If resident is catheterized, appropriate measures are taken to reduce possibility of infection.

1. Check to insure that Physician's orders and/or facility's routine bowel care program is followed.
2. Observe closed drainage system to determine:
  - a. whether collection bag is kept off of floor; and
  - b. if sediment or cloudiness are noted and/or observed, check medical record to insure proper recording.

### V. SOCIAL SERVICES

1. A social history of the resident and his/her family, including identification of social problems and recommendations, if appropriate, is included in the medical record.
2. Social, emotional and discharge-planning needs are addressed in Care Plan, particularly those related to his/her illness, response to treatment, and current adjustment. These needs are reviewed and updated; if appropriate, every quarter.
3. Social Services records are maintained to specify all actions taken and contacts made. An activity/response log is suggested.

1. Review social history for completeness.
2. Review care plan; compare with medical records or other appropriate documentation to determine whether social needs are being met. Determine whether care plans have been updated, as specified.
3. Determine whether the social services record, including record of contacts, is current.
4. Determine whether the activity program is sufficient to meet all identified social needs.

### Interview Sample

Section IV and V must be further evaluated by conducting an interview on 10% of the facility's total Medicaid population or no less than 3 Medicaid residents, whichever is greater. The review coordinator should obtain the assistance of the facility in selecting residents to be interviewed.

In selecting residents to be interviewed, include residents in the following categories:

- those requiring substantial assistance in performing activities of daily living; and/or
- those having special nursing and/or rehabilitation needs.

Residents who are verbally non-responsive, confused, and/or who become easily agitated should not be included in the sample.

Obtain the approval of the facility and the resident prior to conducting the interview.

Conduct a brief (no more than five minutes) interview utilizing suggested questions in Addendum B, as deemed appropriate.

Document interview briefly on back of original copy of EA-51.

## STANDARDS

## GUIDELINES

## PROCEDURES

### VI. SPECIALIZED SERVICES (Psychiatric - Active Treatment) (ICF/MR - Habilitation/Training Services)

1. Definition of Active Treatment (Psychiatric Services): See Addendum C.
2. Habilitation/Training Services: See Addendum D.

1. Review medical record to insure that active treatment has been initiated within 14 days of admission and provided on a continuous basis thereafter according to criteria in Addendum C.
2. Review IHP Plan to determine that it fulfills all criteria in Addendum D.
3. Review medical record to determine whether habilitation/training services have been provided regularly according to IHP recommendations.

### VII. CONTINUED STAY REVIEW

#### A. Level of Care

1. Level of Care Definitions: Use Medicare guidelines provided by Foundation.

1. Review medical record and assign level of care, utilizing appropriate guidelines.

#### B. Alternative Placement

1. The feasibility of an alternative placement out of the facility should be addressed in the discharge-planning summary and updated quarterly.

2. Review discharge-planning notes for completeness and currency.
3. Complete by indicating one of the following if resident is assigned "Intermediate Care" level:

- a. Feasible - Resident/Family resources available.
- b. Feasible - Refer to Community Waiver Team. (Check only if team is available in the area.)
- c. Feasible - Waiver Team not available. (Check if other community resources available.)
- d. Not Feasible - Due to medical needs.
- e. Not Feasible - Appropriate community resources not available.
- f. Not Feasible - Due to resident's long-term placement.
- g. Not Feasible - Due to resident's resistance/lack of cooperation.
- h. Not Feasible - Other (specify).

#### ADDENDUM A

Please Note: The following drug monitoring tasks do not require a physician's order. However, they can be initiated as a nursing order and are strongly recommended as a good nursing practice.

1. Antihypertensives - Weekly blood pressure is recommended.
2. Antiarrhythmics - (such as Inderol, Lanoxin) - Daily apical pulse is recommended.
3. Cardiotonics - Daily apical pulse is recommended. If pulse less than 60 or greater than 100, medication should be held until physician consulted.
4. Beta-Blockers - (such as Inderol or LoPressor) - Daily apical pulse is recommended. If pulse is less than 50, medication should be withheld until physician consulted.

## ADDENDUM B

### SUGGESTED INTERVIEW QUESTIONS

#### I. PATIENT SATISFACTION

Ask patients if they get the help they need in getting dressed, using the bathroom, commode chair, bedpan and eating their meals.

Ask patient if their calls for assistance are answered quickly.

Are eyeglasses being used and do they fit the patient properly? (Ask the patient if the glasses help them to see.)

Ask how they like the care they are receiving.

Ask how the staff treats them and do they have any complaints.

Ask if they know the names of their doctor, nurses and aides.

Does your doctor visit regularly?

Does your doctor come to see you quickly if you are having pain or a problem?

Do you take part in planning your care? Do you know what your health problems are?

Does the staff talk with you about your limits and how to adjust for them (i.e., why you can't go outside alone? Why you have to take certain pills?)

#### II. SKIN CONDITION

If a patient has a skin condition and the patient is alert, ask:

- Do you know what caused the skin irritation or rash and what does the staff do for it?

For the patient with edema, ask:

- Do you know why you have edema?
- How long have you had it?

#### III. NUTRITION/PATIENT MEALS

Ask patients if they are comfortable when they dine.

Ask how long they usually have to wait before their food is served.

If patients are eating in their rooms when they are physically able to eat in the dining rooms, ask them why they are eating in their rooms. (Ask staff also.)

If over 50% of meal is not eaten, ask the patient why he/she did not finish the meal.

Are your meals usually hot or are they too cool?

Do you have enough to eat? Are you still hungry after eating a meal?

Do you have difficulty chewing or swallowing your food?

How many meals do you receive a day?

Do you receive snacks between meals and at bedtime? What kinds?

Do you have to wait too long between meals? How long?

If you do not like the food served, are you offered a substitute that you do like?

Are you able to make your choices known when menus are planned?

Are you able to obtain water when you want it?

#### IV. SOCIAL SERVICES

What kind of problems have you had because you had to come to a nursing home?

Who helped you with them?

When you have a problem or a complaint, who do you tell about it?

If patient is upset, disruptive, agitated -- "I noticed that you seem upset (quiet, unhappy) today. Has our visit or anything else bothered you?"

Do you have a family? Do they have any problems in getting to visit you here?

Have you had any problems that the facility hasn't helped you with?

Ask patients if they are receiving therapy. If so, how often? Ask if they know the therapist by name.

V. PATIENT ACTIVITIES

For alert patients not participating in activities, ask them:

- Would you like to be involved in some activity program?
- Why are you not participating in the facility's activities?
- What would you like to do that you do not have the opportunity to do?

For alert patients participating in activities, ask them:

- Are you forced to participate in activities?
- Is there a variety of activities that you enjoy? If not, what other things would you like to do?
- Do you enjoy the type of activities that the facility has to offer?

## ADDENDUM C

### ACTIVE TREATMENT CRITERIA - PSYCHIATRIC SERVICES

1. Individualized Treatment of Diagnostic Plan -- The services must be provided in accordance with an individualized program of treatment or diagnosis developed and supervised by a physician/psychiatrist in conjunction with staff members of appropriate other disciplines on the basis of a thorough evaluation of the patient's restorative needs and potentialities. The plan of treatment must be recorded in the patient's medical record.
2. Services Expected to Improve the Condition or for Purpose of Diagnosis -- The purpose must reasonably be expected to improve the patient's condition or must be for the purpose of diagnostic study. It is not necessary that a course of therapy have as its goal the restoration of the patient to a level which would permit discharge from the institution although the treatment must, at a minimum, be designed both to reduce or control the patient's psychotic or neurotic symptoms which necessitated hospitalization and improve the patient's level of functioning.

The kinds of services which meet the above requirements would include not only psychotherapy, drug therapy, and ECT, but also such adjunctive therapies as occupational therapy, recreational therapy, and milieu therapy, provided the adjunctive therapeutic services are expected to result in improvement (as defined above) in the patient's condition. If, however, the only activities prescribed for the patient are primarily diversional in nature, i.e., to provide some social or recreational outlet for the patient, it would not be regarded as treatment to improve the patient's condition. In a case where milieu therapy (or one of the other adjunctive therapies) is involved, it is particularly important that this therapy be a planned program for the particular patient and not one where life in the hospital is designated as milieu therapy.

3. Services Supervised and Evaluated by a Physician -- Physician/psychiatrist participation in the services is an essential ingredient of active treatment. The services of qualified individuals other than physicians, e.g., social workers, occupational therapists, group therapists, attendants, etc., must be prescribed and directed by a physician/psychiatrist to meet the specific psychiatric needs of the individual. In short, the physician/psychiatrist must serve as a source of information and guidance for all members of the therapeutic team who work directly with the patient in various roles.

It is the responsibility of the physician/psychiatrist to periodically evaluate the therapeutic program and determine the extent to which treatment goals are being realized and whether changes in direction or emphasis are needed. Some evaluation should be made on the basis of periodic consultations and conferences with therapists, reviews of the patient's medical record, and regularly scheduled patient interviews -- at least once a week.

4. Services Provided in a Chronic Psychiatric Setting -- In an institutional setting, dealing predominantly with the chronically mentally ill, the services of the physician's/psychiatrist's certification are referred to as a "period of active treatment". This period should include all days in which inpatient psychiatric hospital services were provided because of the individual's need for active treatment -- not just the days on which specific therapeutic or diagnostic services were rendered. For example, a patient's program of treatment may necessitate the discontinuance of therapy for a period of time or it may include a period of observation, either in preparation for or as a follow-up to therapy, while only maintenance or protective services are furnished. If such periods were essential to the overall treatment plan, they would be regarded as part of the period of active treatment (e.g. suicidal patient with acute symptoms who needs protective services before therapy can be started).

ADDENDUM D

HABILITATION/TRAINING CRITERIA - ICF/MR

1. Habilitation/Training services must be provided to all ICF/MR residents, irregardless of age, degree of retardation, or accompanying disabilities or handicaps.
2. Individual evaluations of residents must:
  - a. Be based upon the use of empirically reliable and valid instruments, whenever these instruments are available; and
  - b. Provide the basis for prescribing an appropriate program of training experiences for the resident.
3. The ICF/MR must have written training and habilitation objectives for each resident that are:
  - a. Based upon complete and relevant diagnostic and prognostic data; and
  - b. Stated in specific behavioral terms that permit the progress of each resident to be assessed.
4. The ICF/MR must provide evidence of services designed to meet the training and habilitation objectives for each resident.
5. The training and habilitation staff must:
  - a. Maintain a functional training and habilitation record for each resident; and
  - b. Provide training and habilitation services to residents with hearing, vision, perceptual, or motor impairments.

MFB4/v

DEPARTMENT OF  
SOCIAL AND REHABILITATION SERVICES

EXHIBIT 4  
January 21, 1985

TED SCHWINDEN, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

December 7, 1984

HELENA, MONTANA 59604

TO: Nursing Home Administrators

FROM: John F. Larson, Chief *John F. Larson*  
Medicaid Financing Bureau

RE: NEW INSPECTION OF CARE PROCESS

The Department will implement a new Inspection of Care (IoC) process as of January 1, 1985. The Department has contracted the Montana Foundation for Medical Care to perform this review activity. General instructions, guidelines, and forms are enclosed for your review.

The new IoC has been developed with the assistance of the Health Department, Montana Foundation for Medical Care, and several nursing home directors of nursing. We are hopeful that it will more effectively address federal Inspection of Care requirements, which include observation of each resident, determination of the adequacy of care, and appropriateness of placement.

The new Inspection of Care has several additional features to assist the Department in addressing the above requirements. First, observation of all patients with reported a decubitus will include observation of the treatment provided. Specific instructions have been provided to review coordinators (see guidelines) to insure that this observation is as unobtrusive and non-disruptive as possible. Secondly, review coordinators are asked to interview a small sample of the facility's total Medicaid residents. Specific instructions have also been included for this task (see guidelines).

This form also incorporates new Physician Recertification requirements, as addressed on page 3. Residents at the Intermediate Care level no longer will require recertification every 60 days. The new schedule has been substantially liberalized. However, it is important to remember that this change in Physician Recertification does not change the minimum requirements (alternative schedule) of physician visits.

We hope to obtain your support and cooperation in facilitating the implementation of this new IoC process so as to insure quality care to all Medicaid nursing home residents.

If you have any questions or comments regarding the enclosed materials, please contact Barbara L. Bartell, R.N., Program Manager V, at 444-4540.

Enc.

cc ✓ *Heath*  
Montana Hospital Care Association  
Montana Association of Homes for the Aging  
Dept. of Institutions  
Dept. of Health & Environmental Sciences  
MTFMC



MONTANA HEALTH  
CARE ASSOCIATION

34 So. Last Chance Mall, No. 1  
Helena, Montana 59601  
Telephone: 406-443-2876

1/21/85

**HOUSE BILL 165 - Annual unannounced inquiries at long term care facilities**

House Bill 165 makes it mandatory for the Dept. of Health and Environmental Sciences to conduct "annual unannounced inquiries" at all licensed long term care facilities. This "inquiry" is in addition to the annual survey and certification inspection conducted by DHES at each facility.

Thus, HB 165 mandates two visits to every long term care facility every year by DHES--one announced and one unannounced, and seeks additional staff to perform the unannounced visits.

Currently, DHES and other entities visit nursing homes to assure quality. Amongst those authorized to visit our facilities are:

1. DHES. DHES is authorized to:

a. visit any nursing home--announced or unannounced--"whenever it considers it necessary";

b. conduct an annual inspection--announced or unannounced--for licensing purposes and for certifying the facility for participation in the Medicaid and Medicare programs.

2. SRS. SRS has contracted with the Montana Foundation for Medical Care to perform annual "Inspection of Care" inspections. The facility cannot receive more than 48 hours notice of the visit by the inspection team. The sole purpose of this inspection is to evaluate the quality of services being provided to patients. Patients are observed and interviewed as part of this process.

3. OMBUDSMAN. A representative of the State Ombudsman's office currently visits nursing homes once a month. These visits are unannounced. The local ombudsman visits with patients and staff to determine whether there are any problems that need to be resolved. The local and/or state ombudsman becomes involved in complaint resolution where appropriate, or refers complaints to DHES, SRS, or other agencies.

The "annual unannounced inquiry" mandated by HB 165 is not needed and is duplicative of what other agencies/entities are already doing.

However, it may be appropriate to clarify and strengthen the role and responsibility of DHES in complaint investigation and quality assurance in health care facilities and to provide additional staff to DHES to ensure that it is able to perform these responsibilities.

Basically, additional inspections or visits should not be routine, annual visits to every facility, but should be directed at facilities most likely to need them. DHES should have the discretion to visit facilities, announced or unannounced, to investigate complaints, and to do "spot checks" on facilities with a history of survey deficiencies related to patient care, facilities which have experienced changes in key personnel, facilities which have a history of complaints to the ombudsman's office or have been involved in elder abuse complaints, or facilities which for any reason the Department feels should be "checked on".

The amendments I am proposing remove the requirement of an unannounced visit to every facility every year but clarifies the role and responsibility of DHES to keep closer tabs on facilities that might need closer supervision.

We also want to be on record as supporting an appropriate level of staffing at DHES to insure that it will be able to fulfill its responsibility to oversee the quality of care in all health care facilities.

STATE OF MONTANA  
DEPARTMENT OF SOCIAL & REHABILITATION SERVICES  
INSPECTION OF CARE (IoC)  
FACILITY REPORT

Facility	Date(s) of Review	Total No. of MA Residents _____ No. of MA Residents Reviewed _____
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	Total No. Unacceptable	COMMENTS <i>(Note variances briefly)</i>
<b>I. PHYSICIAN CERTIFICATION/RECERTIFICATION</b>		
<b>II. PHYSICIAN SERVICES</b>		
A. Physician Visits Timely		
B. History and Physical Available		
<b>III. CARE PLAN</b>		
A. Initiated and Updated on Timely Basis		
B. Addresses All Needs Identified in Medical Record		
C. Plan is Followed		
<b>IV. ADEQUACY OF CARE</b>		
A. Cleanliness		
B. Physical Functioning		
C. Nutritional Status		
D. Drug Administration		
E. Physical Restraints		
F. Skin Condition		
G. Bowel/Bladder Functioning		
<b>V. SOCIAL SERVICES</b>		
A. History is Complete		
B. Record is Current (Including record of contacts.)		
<b>VI. SPECIALIZED SERVICES</b> <i>(Psychiatric and ICF/MR facilities only.)</i>		
A. Active Treatment or Habilitation Services are Provided as indicated		
B. All Criteria for Active Treatment or Habilitation Services is Met		

  

**VII. CONTINUED STAY REVIEW** *(Indicate Total No. reported in each item)*

    A. Approved Level of Care:   \_\_\_ Skilled Nursing   \_\_\_ Intermediate

    B. Alternative Placement: *(Indicate Total Number in each item)*

        \_\_\_ Feasible—Resident/Family Resources Available

        \_\_\_ Feasible—Refer to Community Waiver Team

        \_\_\_ Feasible—Community Waiver Not Available

        \_\_\_ Not Feasible—Due to Medical Needs

        \_\_\_ Not Feasible—Appropriate Community Resources Not Available

        \_\_\_ Not Feasible—Due to Resident's Long-Term Placement

        \_\_\_ Not Feasible—Due to Resident's Resistance/Lack of Cooperation

        \_\_\_ Not Feasible—Other (Specify) \_\_\_\_\_

  

Review Coordinator's Signature	Administrator's/Designee Signature
--------------------------------	------------------------------------

STATE OF MONTANA  
DEPARTMENT OF SOCIAL & REHABILITATION SERVICES  
INSPECTION OF CARE (IcC)  
INDIVIDUAL RESIDENT REVIEW

Resident's Name: \_\_\_\_\_ Facility: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Review/Initials: \_\_\_\_\_

	Accept- able	Unaccept- able	COMMENTS (Note variances briefly)
<b>I. PHYSICIAN CERTIFICATION/ RECERTIFICATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>II. PHYSICIAN SERVICES</b>			
A. Physician Visits Timely	<input type="checkbox"/>	<input type="checkbox"/>	
B. History and Physical Available	<input type="checkbox"/>	<input type="checkbox"/>	
<b>III. CARE PLAN</b>			
A. Initiated and Updated on Timely Basis	<input type="checkbox"/>	<input type="checkbox"/>	
B. Addresses All Needs Identified in Medical Record	<input type="checkbox"/>	<input type="checkbox"/>	
C. Plan is Followed	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IV. ADEQUACY OF CARE</b>			
A. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	
B. Physical Functioning	<input type="checkbox"/>	<input type="checkbox"/>	
C. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
D. Drug Administration	<input type="checkbox"/>	<input type="checkbox"/>	
E. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
F. Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	
1. If decubiti present, indicate location and stage: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Treatment observed: _____ Yes _____ No	<input type="checkbox"/>	<input type="checkbox"/>	
G. Bowel/Bladder Functioning	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V. SOCIAL SERVICES</b>			
A. History is Complete	<input type="checkbox"/>	<input type="checkbox"/>	
B. Record is Current (Including record of contacts.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VI. SPECIALIZED SERVICES</b> (Psychiatric and ICF/MR facilities only.)			
A. Active Treatment or Habilitation are Provided as Indicated	<input type="checkbox"/>	<input type="checkbox"/>	
B. All Criteria for Active Treatment or Habilitation Services is Met	<input type="checkbox"/>	<input type="checkbox"/>	

**VII. CONTINUED STAY REVIEW**

A. Approved Level of Care: \_\_\_\_\_ Skilled Nursing \_\_\_\_\_ Intermediate

B. Alternative Placement: (Check one only)

\_\_\_\_\_ Feasible—Resident/Family Resources Available

\_\_\_\_\_ Feasible—Refer to Community Waiver Team

\_\_\_\_\_ Feasible—Community Waiver Not Available

\_\_\_\_\_ Not Feasible—Due to Medical Needs

\_\_\_\_\_ Not Feasible—Appropriate Community Resources Not Available

\_\_\_\_\_ Not Feasible—Due to Resident's Long-Term Placement

\_\_\_\_\_ Not Feasible—Due to Resident's Resistance/Lack of Cooperation

\_\_\_\_\_ Not Feasible—Other (Specify) \_\_\_\_\_

DD Client: \_\_\_\_\_ Yes \_\_\_\_\_

Interview Conducted:

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Document briefly on back  
of white copy)



34 So. Last Chance Mall, No. 1  
Helena, Montana 59601  
Telephone: 406-443-2876

HB 165 - PROPOSED AMENDMENTS

1. Amend page 2, lines 6 through 9 as follows:

(4) The department may inspect a licensed health care facility announced or unannounced whenever it considers it necessary to ensure that the services provided by the facility meet the needs of its patients and meet applicable state and federal quality standards, and shall inspect each licensed facility at least once annually ~~within the 3 years following the date of its last inspection.~~ Whenever the department inspects a facility in the course of investigating a complaint against the facility, such inspection shall be unannounced.

2. Page 2, lines 10 through 16:

Delete section 5 in its entirety.



*The Big Sky Country*

**MONTANA HOUSE OF REPRESENTATIVES**

**REPRESENTATIVE JOAN MILES**

HELENA ADDRESS:  
CAPITOL STATION  
HELENA, MONTANA 59620  
HOME ADDRESS:  
P.O. 105  
HELENA, MONTANA 59624  
PHONE: (406) 449-7035

COMMITTEES:  
JUDICIARY  
NATURAL RESOURCES

*Jan 18, 1985*

*To: House Human Services Committee  
Subj: HB114 - Swimming Pools / Safety Stds.*

*Dear Chairman Keenan;*

*During the hearing (Jan 16) on HB114 (concerning swimming pools and safety standards), there was some confusion as to whether or not this bill had been before the Legislature prior to 1983. My understanding from the State Health Department was that 1983 was the first time the Legislature discussed the subject matter in HB114. Mr. Phil Strope, representing the truckers, alleged that this had been before the Legislature several times before that.*

*I spent quite a bit of time with the head of the Legislative Council Library researching whether or not prior bills had been introduced. Council records show no record of any such legislation as far back as 1973. Unless it was a discussion brought up before the Legislature in a general manner, to my knowledge, Mr Strope's comments were in error.*

## VISITORS' REGISTER

HOUSE Human Services and Aging COMMITTEEBILL HB 165Date January 21, 1985SPONSOR Mary Ellen Connelly

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
EARL REILLY	Helena, MT.	M. S. C. A.	X	
Sam Ryan	100 W Main, Helena	Mont. State City, Assoc	X	
Shirley Thomas	Helena, MT	Montana Nurses Assn	X	
Phyllis Brown	Great Falls	911 system	11/22	
Joseph Upshaw	Helena, MT	NARP / Leg. Registrar	X	
Nolly Myers	Helena, MT	MONTANA		
William Gray	Helena, MT	Mont. Hospital Assn		
FRANK BRISENDINE	HELENA MT	DENTURIST -	X	
Est. Curtis	Helena, MT	Self	2/22	
Tom Ryan	Helena	AMS	X	
Nancy J. Hart	Helena	Mt. Democratic Party	X	
Doug Blalock	Helena	St. LTC ombudsman	X	
Paul S. Histeria	Mt. Falls	State Rep, Dist #36	X	
Anne Brodsky	Helena	WLF	X	
Rose Skoog	Helena	Mt. Health Care Assn.		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## VISITORS' REGISTER

HOUSE Human Services and Aging COMMITTEE

BILL HB 202

Date January 21, 1985

SPONSOR Steve Waldron

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.