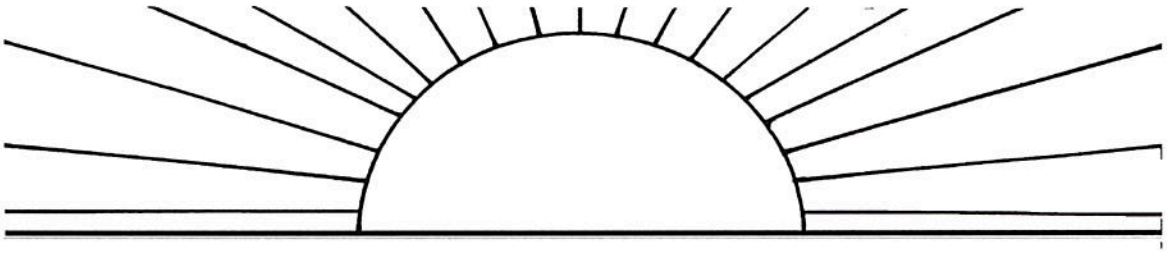

The Tennessee Open Meetings Act passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM
SECOND AMENDED

Date: August 17, 2015

To: Woody McMillin, Director of Communication and Media Relations

From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities-Assisted Care Living Subcommittee Meeting
(Call-in Number: 1-888-757-2790 passcode: 457462#)

Date of Meeting: August 18, 2015

Time: 9:00 a.m. – 12:00 noon, CST

Place: Poplar Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243

Major Item(s) on Agenda: See attachment.

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

PH-1850 (Rev. 3/79) RDA N/A

TENNESSEE HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND IMPROVE THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE

AGENDA

BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITIES
STANDING COMMITTEE MEETING

AUGUST 18, 2015
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m. to 12:00 noon

PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN THE BOARD IS IN SESSION

1. Call the Meeting to Order and Establish a Quorum.
2. Approval of Minutes – March 24, 2015 – ACLF Standing Committee Meeting
3. ACLF Rule 1200-08-25-.06(5)(a) – What is the reference for "communicable disease"?
4. ACLF resident and facility clinical picture.
5. ACLF administrator testing.
6. ACLF Rule 1200-08-25-.10(2)(f) & RHA Rule 1200-08-11-.08 vs. NFPA 101 Life Safety Code 32.3.2.3.3 – Corridor requirements.
7. Medication Administration.
8. Other Discussion(s).
9. Public Comments.
10. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITY (ACLF)
STANDING COMMITTEE MEETING

AUGUST 18, 2015

The Board for Licensing Health Care Facilities' Assisted Care Living Facility (ACLF) Standing Committee meeting began on August 18, 2015. Joshua Crisp, Chairman, called the meeting to order.

A quorum roll call vote was taken:

Mr. Joshua Crisp – here
Dr. Sherry Robbins – here
Ms. Carissa Lynch – here
Ms. Annette Marlar – here
Mr. Roger Mynatt – here
Dr. René Saunders - here

A quorum was established.

The meeting began with the approval of the minutes for the March 24, 2015 ACLF Standing Committee meeting. Mr. Roger Mynatt made a motion to approve the minutes; seconded by Dr. Sherry Robbins. The motion was passed and moved to the full Board for approval.

The first item for discussion was ACLF rule 1200-08-25-.06(5)(a) and the regulation's reference to communicable disease. Ms. Ann Reed, Director of the Board for Licensing Health Care Facilities presented information and a letter from a licensed ACLF to the standing committee members regarding the survey process relating to this regulation. Surveyors when in the presenting facility to conduct the annual survey were looking for evidence or proof in the facility records that staff and residents were free of communicable disease. This would be the case for all licensed ACLFs during the survey process. Ms. Reed went on to state the term communicable disease is not defined or further explained in the ACLF regulations. She did make the standing committee aware the Performance Improvement Issues (PI) Standing Committee addressed in the ambulatory surgical treatment center regulations the term communicable disease as it is found in the Records and Reports section of those regulations. Ms. Reed wanted to make the ACLF Standing Committee members aware the consideration of the term communicable disease is not new, but the consideration is within a different section of the regulations and a different rule as well. A facility representative, Ms. Darlene Hill, presented to the standing committee her facility's concerns and issues with the citation received and the regulation language. She indicated to the standing committee the surveyors directed her to a two page document of listed communicable diseases that staff and residents are expected to be free of based upon the signing of a physician or nurse practitioner. Ms. Hill indicated this is very costly and that her facility does TB testing and provides the opportunity for influenza vaccination. She questioned who would be responsible for paying for these services. Ms. Hill also informed the Board that she checked with licensed hospitals and nursing homes and did not find that these facilities are required to have this level of testing completed. Dr. Robbins questioned where the communicable disease list came from. Ms. Reed stated it can be found on the Department of Health's website under the Communicable Disease Division within the Department of Health. The standing committee members focused and began a discussion on regulation

1200-08-25-.06(5)(a). Mr. Crisp asked how long the facility has been in operation. Ms. Hill stated 15 years with her employment at the facility being the last seven years. Mr. Crisp asked if this deficiency has been cited during the last seven years. Ms. Hill stated no and indicated that TB skin testing is done annually along with a questionnaire concerning diseases and other items prior to anyone entering the facility. It was asked if there was a newer version of the regulations. Ms. Reed indicated the regulation being discussed has been in place since roughly 2009 if not longer. She further stated the listing found of the Department of Health's website has been brought before previous standing or subcommittees when communicable disease language has been discussed. Ms. Reed stated the Board has not concretely stated this list is the list to be referenced for the rule being discussed, but at this point in time it is the only reference for surveyors to use during the survey process. She further provided to the ACLF Standing Committee members that the PI Standing Committee met and discussed as previously stated the use of the term communicable disease as it relates to what disease is to be reported and on who it was to be reported in the Records and Report section of multiple facility type regulations and this standing committee determined the website link to this listing of communicable disease to be added to the rule language for those identified facility types with this rule language reference. Mr. Mynatt questioned if other ACLFs have been cited for this same deficiency and Mr. Crisp wanted to know how many facilities are actually testing for all of the diseases on the list. Ms. Reed did not have a firm number for either of these questions. Ms. Annette Marlar indicated her preference to have consistency with all facility type regulations, but feels the current application of the ACLF regulation is too stringent. Mr. Crisp questioned if the signing off by a physician on the list of communicable disease found on the Department's website would be considered excessive. Dr. Robbins indicated it would not and agrees there should be a standardized regulation across all facility types on this. Dr. René Saunders agreed this requirement would not be excessive. Ms. Hill then asked how after hiring do you test for/prevent communicable disease with employees. Dr. Saunders interprets the rule to mean the employee would be responsible after being hired to make the facility aware of any potential for a communicable disease. The facility should have written protocols addressing like situations. Ms. Hill gave further explanation on her facility's situation. Ms. Marlar indicated that is an operational issue and not an issue under the scope of the Board's decision making. Ms. Stacia Vetter, NHC representative, spoke to the standing committee regarding rule 1200-08-25-.06(5)(a). She stated to the standing committee that the rule does not state the facility must ensure a resident or staff member is free of communicable disease, but that the facility ensures that neither a resident nor staff member with a reportable disease shall reside or work in the ACLF unless a written protocol is in place. Ms. Vetter stated this was debated a couple of years ago with the question circling around what is communicable disease which lead to the Department of Health's list. Mr. Crisp asked how the phrase, '...unless the ACLF has a written protocol approved by the Board's administrative office...' process would look like. Ms. Reed provided the standing committee with a summary of the last approved protocol by the administrative office. It was for a resident of a facility. Ms. Marlar expressed confusion with the discussion at this point. She stated every facility may have a different type of protocol, but how would we know this is what the surveyors are looking for. Dr. Saunders stated it appears what is missing in the regulation is how a facility should write a protocol and that all this section of the rule is requiring that a facility have a protocol indicating how to address a resident or staff member presenting with a communicable disease. Ms. Hill stated her facility has this in place, but the citation was due to the fact the facility did not have a form signed off by a physician or nurse practitioner indicating the individual is free of communicable disease. Ms. Reed asked the standing committee for an interpretative guideline which captures the committees understanding of the regulation which can be provided to the surveyors. Ms. Kyonzté Hughes-Toombs, Office of General Counsel, concurred with the interpretation of Dr. Saunders. She stated the rule is indicating that if you find an employee or resident to have a communicable disease that in order for them to remain in the facility working or living there must be a written protocol approved by Board staff

and if the protocol is in place and the staff is following there should not be a deficiency. Ms. Marlar questioned whether someone in the facility would have the qualifications to make the decision on ensuring an individual is free of a communicable disease. Ms. Hughes-Toombs stated the term ensure means that if someone is found to have a reportable communicable disease they are not allowed to remain in the facility unless a written protocol is in place directing how the facility will ensure being free of a communicable disease. Debate continued on this interpretation by legal counsel. Dr. Saunders added that the written protocol could include giving an individual a questionnaire to complete regarding various health issues and diseases. Ms. Marlar asked what the recommendation of the CDC is. Ms. Hughes-Toombs indicated this can be found at 1200-08-25-.06(5)(c). Ms. Marlar further stated concern over human resource issues with taking the word of other employees concerning the health status of one employee. Mr. Crisp recommended development of an interpretative guideline based upon the interpretation of legal counsel. Mr. Crisp further asked how the work of today's standing committee would assist the presenting facility. Ms. Reed indicated the interpretative guideline when approved by the full Board would be applied to the situation of the facility and would address the deficient practice. Ms. Marlar continued to question the role of the physician in signing off on an individual's communicable disease status, facility practice, and maintaining consistency from facility type to facility type. Dr. Saunders stated having the physician involvement could be accomplished by rule language change, but today is to assist the facility presenting the issue. She did not feel the rule indicated the need for physician or other high level practitioner sign off acknowledging this is probably not the best practice. Dr. Robbins stated that legal's interpretation made the rule and situation much clearer. Ms. Reed emphasized again to the standing committee that the term communicable disease is found in other sets of facility regulations and has been addressed by the Performance Improvement Issue Standing Committee by giving direction as to what are considered communicable diseases and how to find this. The rule presented to the ACLF Standing Committee today is a different rule. Ms. Marlar questioned the intent of the regulation and knowing this in light of developing guidance. Dr. Saunders made a motion that the standing committee provide an interpretative guideline to rule 1200-08-25-.06(5)(a) that would clarify the wording in the rule as it stands; seconded by Ms. Carissa Lynch. The motion was approved.

The next item for discussion related to the assisted care living facility resident and facility picture. Ms. Reed stated this was a discussion at the March 24, 2015 ACLF Standing Committee meeting when the administrator requirement language was discussed. The discussion evolved to asking the question what does an ACLF resident look like; what does the facility look like. This was taken back to other Board administrative staff i.e. statistician to produce a report addressing these questions and this is what was presented to the standing committee. Ms. Marlar felt the provided report is beneficial to other issues being addressed by the standing committee specifically medication administration. Ms. Reed suggested providing the report to the full Board for educational purposes and to be of assistance as other items as ultimately brought before the full Board.

The next item for discussion was administrator testing. The information being presented was requested at the March 24, 2015 standing committee meeting. To recap, this standing committee has changed the requirement age to 21 for the ACLF/RHA administrator. Another 'homework' item from the March 24, 2015 meeting was to research and gather information from the NAB on ACLF administrator testing. NAB does have an ACLF administrator track just as it does for nursing home administrators. The document, Residential Care Assisted Living Administrator Licensing Examination Information for Candidates, outlines the subject matter areas to be covered with further breakdown of those subject matter areas. The other 'homework' item was to research other state requirements for ACLF administrators. Linda Estes with THCA provided information relative to this request which was from one source and Board

administrative staff found information from another source. Ms. Reed stated that none of the research of other states' requirements produced a direct requirement to the NAB testing for ACLF administrators. Ms. Reed also presented to the standing committee an example of a fee and testing process which was also requested at the March 24, 2015 meeting. She indicated the certification fee would need to be increased as there would be an increase in workload for administrative staff. Domains of practice relating to the regulations were identified for placement to an ACLF administrator testing document. Ms. Reed also provided the standing committee with the total number of currently certified ACLF administrators, total number of currently licensed nursing home administrators, and the total number of administrators certified as an ACLF administrator and licensed as a nursing home administrator. Dr. Robbins questioned the difference between certified and licensed. Ms. Marlar provided information concerning the nursing home administrator licensure in the context of the training hours required, educational requirements, etc. Mr. Crisp expressed one concern to making changes with the ACLF administrator requirements was that the population of the ACLF has changed, but the requirements for the administrator has not. Mr. Crisp also voiced the desire for the licensure of an ACLF administrator. Ms. Reed indicated that legal counsel would have to weigh in on the ability to change the requirement for an ACLF administrator from being a certification to a license given there is a statutory requirement. Ms. Hughes-Toombs indicated it would require a change of statute. She further stated the nursing home administrator has due process rights within the license; an ACLF administrator certification has no further oversight other than a requirement to do continuing education. Ms. Marlar asked of Ms. Estes if a trend from certification of ACLF administrators to licensure as an administrator was evident in the research she did. Ms. Estes indicated most states required certification, but further review could be done if desired by the committee. Mr. Crisp wanted to identify the original intent behind this being a discussion item. He felt it was related to the trend and pattern in number and type of deficiencies for ACLFs. Given the discussion today on the infection control rule, Mr. Crisp now believes it is not necessarily the education level/requirements of the administrator that needs to be addressed, but education on how rules should be interpreted. He wants to address the ability to clarify and improve the ACLF regulations before making drastic changes in the requirements for the administrators. Ms. Marlar stated for the continuing education topics this may need to be expanded to include infection control. Mr. Crisp asked what type of change adding infection control as a continuing education topic would require. Ms. Reed stated a rule change and she also pointed out that the listing does not exclude other topic items as the rule reads, '...including but not limited to...' The process of nursing home administrator licensure was discussed. **Dr. Saunders made a motion to entertain a change in the requirements for the ACLF administrator; seconded by Mr. Mynatt. The motion was approved.** As a result of the approved motion the standing committee began discussing the desired changes in the requirements for the ACLF administrator. One recommendation was for an open book test of the assisted care living facility regulations prior to receiving certification using the same guidelines for grading as the nursing home administrators' Board. Mr. Crisp wanted more information on the nursing home administrators' Board's guidelines for grading the administered tests. He also wanted to see a template of the test to be issued to the ACLF administrator applicants. Ms. Reed indicated to the standing committee that the nursing home administrators' Board administrative staff develops more than one test for use, but is not aware if the nursing home administrators' Board approves the developed tests and after the tests are completed they are graded by the nursing home administrators' Board administrative staff. Ms. Reed also stated to the standing committee that the topics of the test need to be determined, threshold of a passing grade determined, timeframe for taking the test, and timeframe for how long administrative staff would have to review the test results. Dr. Saunders questioned who would accomplish all the items mentioned. Ms. Reed indicated that for the nursing home administrators' Board the administrative staff issues the test to applicants and grades these same tests. Ms. Reed indicated adjustments would need to be made to the administrator applications as well

as the rule language. Mr. Crisp asked about the cost associated with this increase in work for the administrative staff of the Board. Ms. Reed indicated the application fee would need to increase to cover. Dr. Saunders questioned how labor intensive this would be given there are two segments of ACLF administrator applicants to consider, initial applicants and re-applicants after lapse of certification. Dr. Robbins indicated the desire to see a review of the continuing education requirements at a later date. The standing committee requested administrative staff to develop a template test to present to the standing committee at a later date, talk with the nursing home administrators' Board staff to determine the pass percentage, and to give a recommendation on how to handle the initiation of testing administratively.

The next item for discussion was ACLF rule 1200-08-25-.10(2)(f) and home for the aged (RHA) rule 1200-08-11-.08 versus NFPA 101 Life Safety Code 32.3.2.3.3 relating to corridor requirements. Ms. Reed indicated this has been an issue for life safety surveyors as they have inspected each of the respective facility types. The desire is to reach consistency in the survey process for requirement of corridor widths. Mr. Bill Harmon, Director of Facilities Construction, addressed the standing committee. He stated a desire for an interpretation of the intent of the rule from the Board. Mr. Harmon stated the life safety code reads similarly to the rule which ultimately states the corridors shall be clear at all times. The life safety code indicates the means of egress needs to be maintained free of all obstructions and impediments with a required minimum space for clearing. Mr. Harmon implored of the standing committee if the intent of the rule was to meet the space requirement in the life safety codes or for the corridors to be clear at all times. The standing committee members indicated placement of furniture in the corridors was for the safety of those residents who require a rest while walking about the facility. Mr. Harmon stated he believed this could be achieved as long as the minimum space requirement was met, but this leads to another question; does all the furniture need to be on one side of the corridor or can it be on both sides. The minimum size of the corridor is determined by the exit arrangement and number of individuals in the area. Mr. Crisp sees the rule and code as allowing furniture in the corridor so long as the minimum distance is met between the furniture and the wall or furniture on the other side, but can see the predicament. Mr. Harmon stressed the rules don't allow a variance and wanted reassurance from the Board the life safety surveyors are interpreting this correctly. If the standing committee determines the allowance of the specified life safety dimensions between the walls and/or furniture in a corridor are the intent then Ms. Reed indicated a rule change would be in order as well as the development of an interpretative guideline to use prior to the completion of the rulemaking process. Mr. Crisp stated the regulations for a facility should not be more stringent than the life safety code. Dr. Saunders expressed confusion on how to write an interpretative guideline for the rules in question. Ms. Hughes-Toombs indicated the Board has the authority to waive any of its rules as long as there is no detriment to the health, safety, and welfare of residents and patients and it is felt it is appropriate for the standing committee to develop an interpretative guideline. Ms. Lynch stated the term clear could be defined as it relates to the life safety code for sixty (60) inches. **Ms. Lynch made a motion to define the word clear in 1200-08-25-.10(2)(f) as meaning sixty (60) inch clearance as defined in the life safety code 32.3.2.3.3; seconded by Dr. Saunders.** Discussion ensued by Dr. Saunders on staff working the interpretative guideline out on the computer for viewing prior to the full vote being taken. Ms. Reed indicated the vote was for the administrative staff to develop an interpretative guideline for this item and that it would be brought back before this standing committee in its final form for approval before moving forward to the full Board. Dr. Robbins asked if the sixty (60) inches should be specifically referenced as the codes could change in the years to come. Mr. Crisp indicated with the sixty (60) inches specified it is a very clear definition. **The motion was approved.** Ms. Reed clarified that the vote was only for the development of an interpretative guideline and not rule language change. Mr. Crisp understood this was all that was needed. Dr. Saunders asked if from a legal perspective the

interpretative guideline covers the facility if something were to occur with a resident. Ms. Hughes-Toombs stated the legal liability for the facility and licensure are two (2) different things. From the standpoint of licensure requirements, if the facility is following the interpretative guideline they have meet the rule, but from a civil liability perspective that is a different course. Dr. Saunders asked if there was a downside to removing the rule language indicating the corridor be clear at all times. A downside was not noted. Dr. Saunders asked if it was not necessary since the interpretative guideline is in place. Legal counsel stated when you do an interpretative guideline you usually want to review the rule in question for a change in the language. Mr. Crisp clarified with Dr. Saunders that she is suggesting a rule language change deleting the rule being discussed and sought guidance if there would be conflict with the code having direction on corridor widths, but no rule to address. Mr. Harmon stated he would not delete the rule in its entirety, but insert or replace the language with the life safety code minimum distance. **Dr. Saunders made a motion to develop rule language as it relates to rule number 1200-08-25-.10(2)(f) and 1200-08-11-08; seconded by Dr. Robbins. The motion was approved.**

The next agenda item was a discussion of medication administration. This item being on the agenda at this time was a result of the March 24, 2015 ACLF Standing Committee meeting discussion of THCA convening a group to discuss medication administration and who is allowed to administer medication. The group was comprised of pharmacy and nursing board reps and others. Ms. Linda Estes of THCA provided a summary of this meeting to the standing committee. She stated the issue of medication administration has been discussed for the past four (4) to five (5) years. Ms. Estes indicated the acuity of the assisted living facility resident is getting higher. She further stated assisted living facilities when contacted by the Board of Nursing regarding the medication aide certified training programs indicate no interest in sending staff to the training. Ms. Estes corroborated this by calling TN Cal Board members and asking the same question with the same response received. Assisted living facilities indicated to Ms. Estes that if they had sicker patients requiring most assistance for medication administration the facility would hire the appropriate staff. Mr. Crisp asked about the location of any institutions with training plans in place. Ms. Estes indicated there were a couple in the Chattanooga area and one in Nashville. Mr. Crisp questioned what the medication aide certification would allow someone to do versus a certified nursing assistant (CNA) certification. Ms. Estes indicated a CNA can only remind someone to take their medications. The medication aid is allowed to give limited medications in a nursing home and assisted living setting. Mr. Crisp stated there appear to more issues at hand that are out of the scope of the standing committee. He further indicated that in Tennessee the definition of administration vs non-administration or self-administration or assistance with self-administration is different than many other states. Mr. Crisp would like to know how the Tennessee law on medication aide and training reads. He feels there are a lot of legislative issues at hand. Ms. Estes pointed out that the Department of Intellectual and Developmental Disabilities have homes which utilize medication aides after these aides receive prescribed training. This is allowed by state law. Ms. Marlar stated that assisted living facilities are functioning as 'little nursing homes' without the stringency of the nursing home regulations. Dr. Robbins spoke to the bulk mailing of medications to individuals and how the requirement to have them itemized per dose by day would be an imposition and not in the best interest of the citizens of Tennessee. Mr. Crisp stated the Board cannot loose site of improving quality for assisted care living facilities while taking into consideration associated costs, the continuum of care, and the law. He also questioned which Board owns the definition of administration or self-administration of medication; he felt the Board of Nursing may be the responsible Board. Ms. Marlar agreed the Board of Nursing has authority over the definition of administration of medication, but no assistance. Dr. Robbins questioned whether the standing committee was overstepping its authority on what administration of medication is as it appears to be a large impediment to the facilities. She also suggested contact with the legislature on the issue. Ms. Hughes-Toombs stated that Board's do not typically take political stances or advocate

on behalf of specific issues. The charge of the Board is to protect the health, safety, and welfare of residents and patients by regulating different facility types. Industry representatives have this ability. Ms. Lynch asked Ms. Estes if the group she convened to discuss this issue will meet again to determine requirements in other states. Ms. Estes stated the group was interested in reviewing the DIDD standard that is in place. Ms. Marlar asked if a standing committee of the Board has ever recommended a pilot study of certain facilities to test some of the issues at hand to determine the true level and significance of the issue. Mr. Crisp asked who should be involved in the development of rule language to affect this current dilemma. Ms. Reed indicated the Boards that Ms. Estes spoke of in her report would be effective. Mr. Crisp requested a recommendation from the standing committee on how the standing committee could be involved in the process; possibly bringing the Boards together with the committee. Mr. Crisp would like to have representatives of other Boards to speak to the standing committee on this issue because the standing committee feels its hands are tied to reaching a decision at this time. He indicated he would like for a discussion to ensue with the Nursing Board on the issue of medication administration and the medication aide certified training program. Mr. Mynatt voiced concern that by talking with these different Boards that something could be placed back into the Board's arena which would take the Board in a different direction than it is currently pursuing. Mr. Crisp indicated the committee needs to continue in this direction as this seems to be the consensus of the committee members. Dr. Saunders stated there are regulations in place which direct that a licensed person administer medications, but it appears the cost associated with having this level of staff in the facility is an obstacle so do the regulations need to be changed to allow someone that is not of the same pay grade to administer medications and is this really in the best interest of the patients. Mr. Crisp states this is core of the issue being discussed. Ms. Marlar stated that CMS is recognizing culture change, but the licensing of assisted living facilities is not making a culture change. The regulations remain as they were in 1998 and she feels the regulations need to be more progressive and do what is in the best interest of the resident including the financial interest. Dr. Robbins emphasized that patient safety is an integral aspect when moving forward with this discussion. Ms. Vetter spoke to the standing committee on various hurdles such as the requirement for statutory changes and getting medication administration certified programs up and running. Ms. Martha Gentry spoke to the balancing of the cost of doing business as an assisted care living facility as the number of individuals seeking the services of an assisted care living facility increases. Dr. Saunders again emphasized maintaining a level of safety with the administration of medication especially when patients may be taking medications such as insulin or nitroglycerin. Ms. Gentry indicated this would be a task of the regulatory boards to determine what medications are taken by assisted care living facility residents and could be administered by someone with some level of training. Dr. Saunders stated this seems to support what Ms. Estes had presented in that the scope of medications that may be administered by a medication aide certified is not sufficient given the higher acuity of the assisted living facility resident population. Ms. Gentry feels it is important to look at the various levels of residents found in assisted care living facilities so the costs associated with the care received can be matched appropriately. Dr. Saunders stated this would indicate the need for a tier system for patients based upon their medication needs. Ms. Gentry stated this is the best aspect of the assisted care living facility program in Tennessee that a facility by policy can determine what level of resident care the facility provides. The standing committee agreed it was a complex issue. Mr. Crisp stated the recommendations by the standing committee are to evaluate the current medication legislation and program that is under the supervision of the Nursing Board and to have a discussion with the members of that Board on this item. **Dr. Saunders made a motion to invite other interested parties to a special session of this standing committee to discuss the medication aide program as it currently exists; seconded by Mr. Mynatt. The motion was approved.**

There was no other discussion brought before the standing committee at this meeting.

Mr. Crisp adjourned the ACLF Standing Committee meeting.