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DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Emily P. Bissell Hospital  
2<sup>nd</sup> floor conference room  
3000 Newport Gap Pike  
Wilmington, Delaware 19808

**FINAL**

Meeting September 8, 2009  
Minutes

Commission Members Present: Brian L. Posey, Chairman; Yrene E. Waldron; Karen E. Gallagher; Wayne A. Smith; Patricia C. Engelhardt; and Lisa A. Furber.

Commission Member Absent: Senator Robert I. Marshall; M/Sgt Ferris; Representative Valerie J. Longhurst; Joe DiPinto; Holly L. Rolt and Vicki L. Givens.

Others present: Margaret Bailey; Rob Smith, Licensing Administrator DLTCRP; Pete Feliceangeli, AG Office; Candace Brothers, Aid to Ms. Gallagher; Lisa Zimmerman, Administrator DMMA; Mary Rodger, Quality Insights of DE; Dr. Greg McClure; DPH Dental Director; Sheila Grant, Compassionate Care Hospice; and Nora Satalino, Executive Director Odyssey Healthcare of Wilmington.

1. Call to order

The meeting was called to order at 9:57 AM by Brian Posey, DNHRQAC Chairman.

2. Approval of the Minutes of the meeting of:

The July 14, 2009 meeting minutes were not voted upon due to lack of a quorum.

3. Discussion of:

Mobile Dentistry Unit- Dr. Greg McClure, DPH

The Division of Public Health (DPH), dental Services provides focus in 2 areas:

1. Provide direct clinical services to Medicaid eligible children under the age of 21 years of age. The service has been in place for approximately 40 years due to federal mandate that any State that receives Medicaid dollars must provide dental care for children under 21.

Until 1999, this was the only way Medicaid eligible children received dental services. Since then, private dentists and community clinics have been added into the Medicaid program.

2. Provide population based services to:

- Ensure there are services provided
- Keep track of disease and resources
- Help formulate/establish policies to address the issues
- Maintain prevention programs

Dr. McClure shared that dental disease is relatively easy to prevent, however the prevention must begin at an early stage in life. There are grants being used to assist in the prevention of dental disease- in which, DPH focuses on:

- A. Increasing awareness
- B. Changing behaviors

Dr McClure, a staff of one, also provides Medicaid consultation services.

The Division of Public Health's dental services focus primarily on children.

An Oral Health Coalition was established a few years ago under Public Health. The focus is to have the coalition become an independent non-profit organization and provide advocacy.

2002 the Surgeon General issued a report on oral health which emphasized oral health essential to over-all general health.

There are individual's with special healthcare needs that face additional barriers (financial) or need additional accommodations to meet their needs.

There are dental services provided beyond the Division of Public Health. Locations include: Stockley, DDDS and LTC State facilities.

Medicaid has a narrow definition when it comes to paying for residential care. A person could be walking around with an abscess on their leg and the treatment would be covered under Medicare. The same person could have an abscess in their moth and the cost for treatment would not be covered because it is not considered medically necessary.

The Institute of Medicine and American Dental Association has submitted their recommendations regarding of the above and continues to remain a significant gap. Medicaid in Delaware does not have adult Medicaid dental benefit coverage.

There are other States that offer limited Medicaid dental benefit coverage for adults like New York.

Currently, when a resident is admitted to a nursing home, an assessment is performed. Periodically, assessments are made regarding the resident and their medical condition.

Under the current regulations, a facility must ensure that a resident can access dental care- but not necessary pay for it. Therefore, a dentist may be contracted or hired part-time and be available to provide dental services for that nursing home.

Dental and oral health status for nursing home residents throughout the country is a problem. The Minimum Data Set (MDS) can provide Delaware with a general idea; however does not address the whole picture.

The Pennsylvania Dental Hygienists Association prepared a report a few years ago regarding PA nursing home residents. The potential solutions from their findings were to allow dental hygienists ability to perform more services to residents in nursing homes. The recommendation would impact licensing and scope of practice issues.

Collaborative Practice Law- The ability to permit hygienists to enter a nursing home without the supervision of a dentist and therefore provide more services to residents. Dr. McClure is not advocating for a collaborative practice law at this time.

Medications and mental/physical conditions also contribute to dental and oral health issues. It's important to educate care givers regarding oral hygiene.

In the past, a Dover area dentist provided mobile dentistry. He has since retired. The State of Delaware looked at the van he used but decided to build one instead.

Chairman Posey clarified- Should a 14 year old enter a LTC facility, they would be entitled to Medicaid dental services. At age 22, are the dental services no longer available per the Medicaid guidelines.

Ms. Zimmerman, DMMA, shared that if a client is on LTC Medicaid and has a source of income (SS, SS Disability) there is a mechanism for DMMA to protect that income and allow the resident to pay for dental services as long as it is medically necessary. The process is called protection of income.

She furthered stated that every month; clients, who have an income, pay that income (patient pay amount) directly to the nursing home. Should the resident require something not paid out right by Medicaid like dental services; the resident may use that income source to pay for that service/item for as many months as it would take to pay it off. An example used: If a residents income is \$200/month and a dental procedure costs \$600, Medicaid would allow the resident for the next 3 months to take their patient pay and apply it to their dental bill. Medicaid would then pay the difference to the facility so they are still receiving the residents patient pay amount and would not forgo the money.

Ms. Waldron mentioned that a group of stakeholders met approximately a decade ago to address dental needs; however it appeared that the dental association did not want to relax any of the barriers regarding hygienists coming to provide services in LTC facilities.

She further suggested that this might offer a great career ladder opportunity. Dr. McClure shared that Minnesota recently started a program called a Dental Therapist.

It appears that the law should be reviewed, research performed on other States practices and a round table discussion in legislation would be the progression of steps needed for this venture. There would still be a funding issue.

Chairman Posey asked whether it is an effective argument for no care versus some dental care. He further asked if it would be adverse to a resident in receiving care from a hygienist other than diagnosing a disease. Dr. McClure shared that dentists are responsible for the examination and that a hygienist cannot diagnose, but rather assess and conduct an examination.

Ms. Waldron asked Dr. McClure if he could provide the Commission with other States laws regarding dental service care for individual's who live in nursing homes. Dr. McClure shared that a great resource is the American Dental Hygienists Association. He encourages commission members to visit the University of Minnesota Dental School website which addresses federal and state laws regarding dental care for nursing home residents: <http://www.dentistry.umn.edu>.

Chairman Posey asked what could be done regarding adult preventative dental services for residents of LTC facilities. Dr. McClure shared that a bill was introduced last year in Delaware to include Medicaid dental services for adults, however the bill was not passed.

Geographically, NCC is in pretty good shape in regards to dentists versus population ratio. Sussex County has the highest growth rate and fewer dentists available per population. Kent County also has a professional shortage of dentists and has the greatest demand of all the counties in Delaware.

Henrietta Johnson, West End Neighborhood House and LA Red Health Center offer sliding fee scale services for more mobile individual's regarding dental services. LA Red also leases office space at Stockley Center.

DPH is having a mobile dental van being built. The construction should be completed the end of September 2009. There will be 2 fully equipped dental suites- one on the back and one in the front. The middle of the van will be used for intake and sterilization center.

Ms. Waldron asked whether the grant submitted for the mobile unit requested funding for the van alone or did the request include a request for staffing. Dr. McClure stated that the original funding request was for the mobile van- a separate grant was submitted that asked for part-time funding for a dentist position.

The mobile dental van will be available state-wide to provide services at schools. DPH would like to loan the van out to community organizations and nursing homes. DPH is not able to provide dentists to staff the van- it would be the responsibility of the facility to hire staff.

Dr. McClure mentioned that DPH is still working out specific details as to restocking supplies, costs associated with using the van and other administrative procedures.

Ms. Gallagher asked whether the van will be equipped with a lift or other amenities to assist individuals with disabilities. Dr. McClure stated that the mobile dental van will have adult chairs. She further encourages DPH to review those amenities prior to the completion of the project.

DPH will unveil the mobile dental van October 2009.

#### 4. Old Business/New Business:

##### DNHRQAC 2009 Annual Report

Ms. Bailey shared that each agency cited in the DNHRQAC 2009 Annual Report has reviewed their section of the report.

Chairman Posey asked DNHRQAC members to forward any changes to Ms. Bailey before the next meeting.

##### 2010 DNHRQAC Meeting Schedule

Chairman Posey asked members to provide feedback regarding 2010 meeting location ideas for Kent and Sussex counties. All meetings currently are held in NCC.

#### 5. Public Comment

A. Ms. Engelhardt mentioned that the 8<sup>th</sup> Annual Resident's Rights Rally will be held Thursday October 8, 2009 from 1:00-3:00 PM at the Dover Sheraton. Contact Sandra Dole at: (302) 684-2755 or [sandy@qualityage.net](mailto:sandy@qualityage.net) for more information.

B. Three Little Baker's Cadia Healthcare facility in Pike Creek will be finished construction November 2009. Free hard hat construction tours are available. Contact: Mike Gnade (484)731-2515.

C. Money Follows the Person Brochure was distributed to commission members. An electronic version of the document is also available.

6. Next meeting will be **Tuesday, November 10, 2009** at 9:30 AM. The location:  
Emily P. Bissell Hospital  
3000 Newport Gap Pike  
2<sup>nd</sup> floor conference room  
Wilmington, DE 19808  
Switchboard: (302)995-8400

7. Adjournment

The meeting was adjourned at 10:47 AM by Chairman, Brian Posey.

Attachments: Meeting agenda  
July 14, 2009 minutes draft  
Money Follows the Person Brochure  
Mobile Dentistry Handouts