
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE
COMMISSION

St Francis Life Center
1072 Justison Street
Wilmington, DE 19801

FINAL

Meeting September 25, 2018
Minutes

Commission Member(s) Present: Lisa Furber, DNHRQAC Chair and Amy Milligan. Also in attendance, Deputy Attorney General Karin Volker, Esquire.

Commission Member (s) Absent: Representative Kim Williams; Karen Gallagher; Yrene Waldron; Lt Gov. Bethany Hall-Long; and Dr. Michela Coffaro, Psy D.

Others Present: Margaret Bailey; Hooshang Shanehsaz, DSAAPD; Dava Newnam, DSAAPD; Maria Miller, St Francis Life Center; Dr, Melissa Winters, DHCI; Cara Sawyer, DSAMH; Elizabeth Romero, DSAMH; Dr. Lorraine Phillips, UD; Rob Smith, DHCQ; Karen Crowley, DHCQ; and Colleen Yezek, DMMA.

1. Call to order

The meeting was called to order at 9:32 AM by Lisa Furber, DNHRQAC Chair. Meeting participants introduced themselves.

2. Approval of the Minutes for the meeting of:

The meeting minutes' draft of July 11, 2017, September 12, 2017, November 14, 2017, January 9, 2018, March 13, 2018, May 8, 2018 and July 10, 2018 were not voted upon due to lack of quorum.

3. Discussion of:

Div of Substance Abuse & Mental Health (DSAMH)

Elizabeth Romero, DSAMH Director, provided an overview of DHSS's Substance Use Treatment and Recovery Transformation (START) Initiative to engage more Delawareans suffering from substance use disorder (SUD) in treatment and wraparound services. This initiative is expected to be roll out October 3, 2018 as a way to engage meet clients accompanying needs for housing, employment, education and other wraparound services.

The START Initiative will increase access to care and treatment for individuals living with substance use disorder by fostering system-wide improvement based on a framework that measures client outcomes. A week prior, DSAMH launched a new online treatment referral system called Delaware Treatment and Referral Network (DTRN) that allows Delaware health care providers seeking substance use disorder treatment or mental health services for their patients to make an online referral with one of 24 organizations included in the first phase.

Additional addiction and mental health treatment providers will be included in subsequent phases.

In its first year, START Initiative is expected to engage and treat more than 900 new clients using certified recovery peers connected to emergency departments, primary care, urgent care, EMS, police officers and families as the gateway. The peers will assist individuals suffering from substance use disorder as they navigate their way through both the treatment and social services systems, helping meet their needs for housing, transportation, employment, social services, legal or financial counseling, and other behavioral health or medical care.

The START Initiative builds on the best evidence-based treatment and wraparound services needed for long-term recovery, but also offers technical supports to providers in the community to evaluate for quality and standards.

As part of the START Initiative, DSAMH awarded contracts to Brandywine Counseling & Community Services and Connections Community Support Programs as Level 4 providers, the highest level in Delaware for SUD treatment. That means the two organizations can provide clients with every level of treatments and services, including all three FDA-approved forms of medication-assisted treatment. Later this fall, DSAMH expects to add more treatment providers at each level of care. DSAMH also awarded a peer recovery specialist contract to Recovery Innovations International to help navigate individuals into treatment and to maintain their connection to that care.

The START Initiative received a boost of \$2 million in federal funding through the State Targeted Response to the Opioid Crisis grant, made possible through the signing of the 21st Century Cures Act. Through the federal grant from the U.S. Substance Abuse and Mental Health Services Administration, Delaware received \$2 million per year for two years. START also will receive funding from Medicaid reimbursements and state general funds.

The new system of care ensures 24/7 support through certified peer recovery specialists who will meet with individuals suffering from addiction wherever they connect with the system - a hospital emergency department, a doctor's office, EMS transport, a police encounter or through a family or self-referral. Once individuals are in treatment, peers will help clients to navigate and stay engaged in their own care. Peers also will engage family members as appropriate to discuss treatment questions, issues, needs, options and preferences. In addition, peers will connect pregnant women to existing programs that provide home visiting and prenatal care.

Elizabeth Romero, director of the Division of Substance Abuse and Mental Health, said peers are critical to building trust in the treatment system among individuals suffering from addiction. "Relying on someone with a similar lived experience will help individuals suffering from substance use disorder to believe that treatment can work in their case and they can begin the road to recovery," she said. "We know that addiction is a disease with a high rate of relapse, so

peer support person can be the one that someone calls at 2 o'clock in the morning when they are afraid they might be tempted to use again."

Under the START Initiative, providers will be required to track and report aggregate outcomes, including intake assessments, clinical progress and receipt of supplementary services. The first step in understanding that level of accountability came with today's forum for treatment partners in which they learned about evidence-based practices and the need to improve the coordination of care.

That coordination will be enhanced by an Overdose System of Care, which will establish EMS and emergency department protocols to improve acute response, initiate medication-assisted treatment to manage withdrawal, and rapidly engage individuals with treatment. In September, Governor Carney signed legislation making Delaware the first state in the nation to have an Overdose System of Care.

In 2017, emergency medical service responders administered 2,711 doses of naloxone - a prescription medication that can reverse the effects of an opioid overdose - to 1,905 patients in Delaware. Both totals were up more than 16 percent from the 2016 totals. Additionally, law enforcement officers administered naloxone to 149 people in 2017.

Deaths from overdoses also increased in 2017, with 345 people dying in Delaware, according to the Division of Forensic Science (DFS). That total was up 12 percent from 2016. Through Oct. 1 of this year, 218 people have died from suspected overdoses in Delaware, including a record monthly total of 39 lives lost in August, according to DFS.

Currently DSAMH and Division of Services for Adults with Physical Disabilities (DSAAPD) has a team of psychologists and psychiatrists that rotate throughout Delaware Hospital for the Chronically Ill (DHCI), Governor Bacon Health Center (GBHC) and Delaware Psychiatric Center (DPC) to provide mental health services.

Ms. Furber shared that it would be useful to offer training for CNA's regarding de-escalation techniques, etc. Currently CNA's receive six hours of dementia training but it's not specific to diagnoses such as bipolar, etc. Ms. Furber added that training for all nursing home staff would be beneficial.

DHCI implemented (May 2018) a behavioral health program to assist staff, including CNA's. This project is being spearheaded by Dr. Melissa Winters where staff receives extensive & on-going training in subjects such as: dementia, schizophrenia, bipolar, etc. The focus is to offer non-pharmacological intervention techniques to staff for residents that might be experiencing behavioral health issues.

Ms. Bailey asked if this behavioral health program could be rolled out to privately owned long term care and assisted living facilities in Delaware, too. Ms. Newnam shared that DSAPPD would be willing to offer training to the private facilities, if desired.

Dr. Lorraine Phillips suggested the group consider exploring Civil Monetary Penalty Funds (CMP) as a way to possibly pilot such a training program and will connect with Ms. Bailey to discuss in greater detail.

Dr. Winters offered to attend a future DNHRQAC meeting and provide an overview of the behavioral health program being piloted at DHCI.

St Francis Life Center

Amy Milligan, St Francis Life Center Executive Director, provided an update regarding St Francis Life Center. Saint Francis LIFE provides a Program of All-inclusive Care for the Elderly (PACE).

Through a team of compassionate healthcare experts, LIFE provides participants with complete medical, health and social services at the LIFE Center, as well as in the home, as needed.

LIFE's comprehensive care includes medical and nursing care, physical therapy, occupational therapy, nutrition services, and social work support. LIFE also offers a Day Program that allows participants to socialize and join in activities.

LIFE served individuals who are the age of 55 or older; live in the designated service area (New Castle County); are certified by the state of Delaware at a nursing home level of care (at least one ADL); and are able to live safely at home with LIFE's support and services. Clients are reassessed every six months.

The average client is 75 years old, the oldest client is 102 years old. Currently, there are 248 participants – goal is 265.

The goal is to keep participants safe and healthy using a social service rather than medical model. Currently, 6 ½% of PACE participants (15) are residing in long term care facilities.

LIFE accepts a combination of Medicare and Medicaid, Medicaid only or private payment. There are no out-of-pocket charges if participants qualify for both Medicare and Medicaid or Medicaid only. Participants who do not qualify for Medicaid pay a flat monthly fee.

The goal at Saint Francis LIFE is to make sure the cost will never be a barrier to receiving the care that is needed and the cost will not vary based on the participant's changing needs.

St Francis Life Center plans to expand PACE services and will begin construction off Route 896 (New Castle County) next year.

St Francis Life Center: 302.660.3351.

MFP/Nursing Home Transitions

Colleen Yezek, DMMA Program Administrator, provided an update regarding Money Follows the Person Program (MFP). Money Follows the Person Demonstration, "Finding A Way Home" Program, is a special project funded by the Federal Government and the Delaware Department of Health and Social Services (DHSS) Division of Medicaid and Medical Assistance (DMMA).

MFP Program is available to assist eligible individuals that choose to participate in moving from an eligible Long Term Care (LTC) facility, (nursing home, Intermediate Care Facility for

Developmental Disabilities ICF/DD or state hospital) to an eligible residence in the community with available community services and supports.

In 2007, Delaware was awarded a demonstration grant. Since then, 271 individuals have been transitioned to the community and 21 individuals remain in the program. The last MFP transition occurred 12/31/17. The demonstration grant will end 2020 and be replaced with the Assisted Ability Plan which was rolled into waivers and managed care organization's services.

2nd Qtr 2018, 78 individuals were identified as having interest in moving to the community. As a result, 18 individuals were able to transition.

MFP provides assistance to eligible individuals that choose to transition from a LTC facility to the community, by providing:

1. Information to help make informed choices regarding transition and participation in the MFP Program.
2. Access to transition services and post-discharge follow-up by an MFP Transition Coordinator. This is to ensure their move is satisfactory and community-based needs are being met.
3. Assist with locating a place to live, arrange for medical, rehabilitative, home health or other services in the community.
4. Assist the person to develop their own plan of care
5. Fund for supplemental MFP Transition Services

MFP will pay for transition services to the community for the first 365 days of program: initial setup expenses, assistive technology, home delivered meals, personal assistance services, etc.

After 365 days of MFP Transition services, Medicaid and other home and community based services (HCBS) will be available to continue to help support eligible individuals to remain in the community: case management, personal care services, orthotics and prostheses, adult day services, assisted living, cognitive services, specialized medical equipment, etc.

Individuals accessing Developmental Disabilities (DD) waiver, services will continue: case management, habilitation services, prevocational services, supported employment, day habilitation and respite services and residential services.

3rd Qtr 2018 QART Report

Rob Smith, DHCQ, presented the 3rd Qtr 2018 QART Report. The survey team recommended 11 “G” level or higher deficiencies during 3rd quarter 2018. The QART Team reviewed the “G” level deficiencies and downgraded one of the citations because the team determined that the deficiency cited was instead a communication issue and did not cause the fall & subsequent injury.

Ms. Furber asked whether “charting systems” currently used in Delaware long term care and assisted living facilities offer an opportunity to include information to capture and communicate: when a resident is having an off day, documentation needed to validate complaint survey, etc.

Rob Smith shared that each facility is able to choose what type of reporting system they want to use (point care click, etc) and therefore there is not a standardized “charting” format.

3rd Qtr 2018 Staffing Report

Rob Smith presented the 3rd Qtr 2018 Staffing Report. The cumulative hours per resident totaled 3.70 hours during this snapshot in time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too.

4. Old/New Business:

FY 18 Annual Report

Margaret Bailey and Lisa Furber have been working on FY18 annual report draft and will present to commission members in the near future.

DHSS Cabinet Secretary Walker

Ms. Bailey shared with commission members that an invitation was extended to Dr. Kara Walker to attend and present about Delaware’s aging population during DNHRQAC meeting of November 13, 2018. Dr. Walker’s executive assistance responded that the DHSS Cabinet Secretary has a schedule conflict and therefore will not be able to attend the DNHRQAC meeting of November 13, 2018. Ms. Bailey provided alternate commission meeting times, and will update commission members as to Dr. Walker’s availability to present on the aging population in Delaware.

5. Public Comment:

Annual Caregiver Conference

Easter’s Seals hosted their annual caregivers conference August 29, 2018 at the Executive Banquet Center (NCC). There were over 200 participants and several providers for this event.

Health Observances

June 15 World Elder Abuse Awareness Day (HCR sponsored by Rep. K. Williams)
Alzheimer's & Brain Awareness month (June)
National Safety month (June)

Educational Initiatives

NH Administration Regulation Course - UD Professional & Continuing Studies started September 17, 2018. The course was designed to provide participants with an understanding of regulations that govern long term care facilities. Topics will also include: residents' rights, admission & discharge policies, quality of life/care, etc. UD Professional & Continuing Studies: 302.831.7600 or continuing-ed@udel.edu.

IV Therapy Training - Basic IV Therapy Training will be offered @ Bay Health (Dover site) beginning November 14, 2018. This course was designed to provide professionals with hands-on training, CEUs, policy templates, etc. Bayhealth: 302.744.7135.

6. Next commission meeting will be held November 13, 2018 @ 9:30 AM. The location: Point of Hope – 34 Blevins Drive Suite 5 New Castle, DE 19720.

7. Adjournment

The meeting was adjourned at 11:13 AM by Lisa Furber.

Attachments: July 10, 2018 meeting minutes draft
QART Report – 3rd Qtr 2018
Staffing Report – 3rd Qtr 2018
DSAMH Presentation – Electronic Referral Tracking System