
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

DDDS Fox Run
2540 Wrangle Hill Rd
2nd Floor Training Room 'A'
Bear, DE 10701

FINAL

Meeting of July 16, 2019
Minutes

Commission Member(s) Present: Lisa Furber, DNHRQAC Chair; Karen Gallagher; and Amy Milligan. In addition, newest commission members: Cheryl Heiks, Christina Kontis, Esquire and Kyle Hodges were present. Karin Volker, Esquire, DOJ also in attendance.

Commission members not in attendance: Dr. Michela Coffaro, Psy D, Lt Governor Bethany Hall-Long and Representative Kim Williams.

Others Present: Margaret Bailey; Barbara Bass, Aide to Karen Gallagher; Chantel Cunningham, Vitas; Nancy Ranalli, Easterseals; Dr. Lorraine Phillips, UD; Chris Morandi, Vitas; Bryan Fischer, Livanta; Leasa Novack, Livanta; Staci Marvell, DMMA; Karen Crowley, DHCQ; Mark Letavish, DHCQ; Maria Miller, St Francis Life Center; Lindy Scott, DSAAPD; Kate Keller, Esquire MFCU; Jill McCoy, LTCOP; Dava Newnam, DSAAPD; Chad Golden, Brandywine Nursing & Rehab and Melissa Smith, DSAAPD.

The meeting was called to order at 9:32 AM by Lisa Furber. All attendees introduced themselves.

1. Approval of the Minutes for the meeting of:

The meeting minutes' draft of January 8, 2019, March 19, 2019 and May 21, 2019 were not voted upon due to lack of quorum.

3. Discussion of:

DMMA Long Term Care Applications

Staci Marvel, Chief Administrator provided updates regarding Delaware's long-term care eligibility and services.

There are three steps in determining whether an individual is eligible for LTC services and supports: medical, financial and interview.

1. A referral is made to DMMA's Central Intake Unit (CIU). A nurse from the Division will visit and evaluate applicant to determine if he/she requires a skilled or intermediate level of care as defined by Delaware Medicaid criteria.

2. DMMA Central Intake Unit (CIU) will send an application packet to the applicant or family contact. The person receiving the packet will be instructed to call the DMMA CIU for an appointment with a financial eligibility social worker. DMMA Central Intake Unit 1-866-940-8963
3. Interview occurs where applicant or agent presents completed LTC application along with documents verifying applicant's identity and his/her spouse's income/resources to DMMA financial social worker. If additional documentation is requested, a letter will be provided to the applicant or family member regarding such items. Once DMMA has received all information, and if the applicant is determined to be medically and financially eligible, the start date for Medicaid coverage of long-term care services will be determined.

FY 19, there were 1,446 LTC applications received in New Castle County (NCC) and 1,813 applications received in Kent/Sussex.

The Division has an office located in NCC (staff of 32) and Kent/Sussex (staff of 31). They receive roughly 600 LTC referrals a month.

The average number of days to process LTC applications: 36 NCC & 37 Kent/Sussex. The Division's goal is to process LTC applications with 45 days. By law, the Division has 90 days to process an application.

In order to qualify for Medicaid, an applicant's income must fall below a certain level. Most states allow individuals to spend down any income above this level on their care until they reach the state's income standard. But in some states (called "income cap" states), Medicaid applicants who have excess income can qualify for Medicaid only if they put the excess in a special trust, called a "Miller" Trust or a "Qualified Income Trust". In Delaware, Miller Trust tends to be more common now.

The majority of LTC applications as submitted manually (paper) versus on-line. The Division hopes to promote on-line application awareness.

DMMA Central Intake Unit: 866.940.8963.

Livanta

Bryan Fischer, Communications Lead and Leasa Novack, Communications Director provided an overview of Livanta, which is a Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO).

The Centers for Medicare & Medicaid Services' QIO Program is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with Medicare beneficiaries and their families, providers, communities and health care stakeholders in every setting in which care is delivered.

QIO outcomes are not punitive. Ms. Bailey asked whether Livanta contacts State regulatory or Professional boards or other oversight agencies if outcome or pattern is determined egregious.

The two BFCC-QIOs — Livanta and KEPRO — provide support to all 50 states and three territories.

Livanta currently services five regions – Delaware is region #3. Also in region #3: DC, Maryland, Pennsylvania, Virginia, West Virginia.

Centers for Medicare and Medicaid Services (CMS) recently modified BFCC-QIO five year contract - effective June 8, 2019. KEPRO had been Delaware's BFCC-QIO since 2014 and now Livanta will be working with Delaware Medicare beneficiaries.

Beneficiary and Family Centered Care-Quality Improvement Organizations help people who have Medicare exercise their right to high-quality health care by:

- Managing all complaints and quality of care reviews to ensure consistency in the review process
- Handling cases in which Medicare patients want to appeal a health care provider's decision to discharge them from the hospital or discontinue other types of services
- Using the Immediate Advocacy process to address complaints quickly
- Providing Health Care Navigation services

When Medicare beneficiaries have a complaint that is not related to the clinical quality of care, they can participate in a process called Immediate Advocacy. Immediate Advocacy is an informal alternative dispute resolution process facilitated by BFCC-QIOs with a beneficiary's health care provider. Examples of complaints that may be resolved through Immediate Advocacy include being treated disrespectfully by a provider, or concerns about the failure to receive medical equipment, like a motorized scooter, prescribed by the beneficiary's health care provider.

The BFCC-QIO is the point of contact when Medicare beneficiaries or their families want to file a quality of care complaint or make an appeal. Livanta receives 300,000 case reviews yearly. The largest number of case reviews are appeals (220,000). Medicare beneficiaries or representative should call: 888.396.4646 to begin the process. Livanta contacts beneficiary or representative by phone after review to communicate the outcome and will send provider a letter.

Livanta offers an on-line "tool" where beneficiaries or representatives can check the status of their case: <https://qioprogram.org/patients-and-families>.

Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs) can help when you have a concern about the quality of the medical care you are receiving from a health care facility (e.g. hospital, nursing home, or home health agency) or professional. You can file a formal Medicare complaint through your BFCC-QIO.

Examples of quality of care concerns include but are not limited to:

- Receiving the wrong medication
- Receiving an overdose of medication
- Receiving unnecessary surgery
- Receiving unnecessary diagnostic testing
- Experiencing a change in condition that was not treated
- Receiving a misdiagnosis
- Receiving inadequate discharge instructions

The remainder of Livanta’s case reviews are “Quality Reviews”. The quality reviews apply to anything type of service related to Medicare. The Quality Reviews need to be in writing. A complaint form can be downloaded: www.livanta.com or requested by calling: 888.396.4646.

Vitas HealthCare

Chris Morandi, Director of Marketing and Chantel Cunningham, Sales Representative provided an overview of Vitas Health Care services. Vitas is the second oldest provider in the country (41 years of service).

VITAS provides hospice care services across 14 states and the District of Columbia. In Delaware, Vitas has an office in Newark and Millsboro.

The hospice care team is a group of specially trained healthcare professionals who ensure that a hospice client’s last few months, weeks or days are lived in comfort and dignity. The members of this interdisciplinary team include a physician, nurse, hospice aide, social worker, chaplain, volunteer(s) and bereavement specialist.

Every hospice client is under the care of a hospice physician who closely monitors the progression of the client’s illness, prescribes appropriate medications and coordinates care with other members of the team. Hospice physicians invite a client’s preferred physician to stay as involved as they wish in the care plan.

Hospice nurses are skilled in assessing and managing a client’s pain and symptoms. They are trained caregivers who provide hands-on patient care.

Hospice aides are certified nursing assistants who provide personal care to the client, such as bathing and dressing. They are also available to ease the burden on family caregivers by participating in such activities as laundry and light housekeeping.

Hospice social workers provide emotional and psychosocial support to the client and family. They coordinate the logistics of the patient’s care, working with insurance companies or the Veterans Administration and helping with finances, funeral planning or other tasks.

Hospice volunteers are trained in hospice and end-of-life issues to provide compassionate companionship for clients and families or to facilitate their care. Volunteers also assist with music and pet therapy if a client is interested.

Bereavement specialist addresses both anticipatory grief and loss after death. Hospice families receive bereavement support up to 13 months after a death, including consistent contact, support groups, grief education and one-on-one visits.

Terminally ill clients do not usually have to pay for hospice care, and many use the Medicare Hospice Benefit. The Medicare Hospice Benefit provides access to services that address the physical, emotional and spiritual needs that accompany a terminal illness.

Medicare Hospice Benefit covers 100 percent of services including:

- Prescription drugs, over-the-counter medications, medical equipment and supplies related to the clients' terminal illness needed for enhanced comfort
- Physical therapy, occupational therapy, speech therapy and dietary counseling if indicated for palliative purposes
- Lab and other diagnostic tests necessary to achieve optimum palliative care
- Inpatient care for pain and other symptoms that cannot be managed at home
- Bereavement services for the family for at least one year after a loss

Medicare continues to pay for covered benefits for any health problems that are not directly related to the terminal illness. The hospice medical team determines what care is—and is not—directly related to the terminal illness.

There are four levels of hospice care defined by the Centers for Medicare and Medicaid Services (CMS):

- Routine
- Respite
- Inpatient (GP)
- Continuous care

In 2018, Vitas provided hospice services to 363 clients living in Delaware licensed long term care facilities. The total number of 2018 Vitas clients in Delaware was 850 – 900.

Vitas referrals: 844.334.8124 or Vitas mobile app: https://landing.vitas.com/download-vitas-referral-app/?cmpid=van-direct-vitasapp&utm_medium=van&utm_source=direct&utm_campaign=vitasapp%2F.

Easter Seals

Nancy Ranalli, PT, Dir of Community Outreach & Assistive Technology presented to the commission regarding Easterseals services offered at Delaware & Maryland's Eastern Shore location.

Easterseals is nonprofit health care organization, committed to the comprehensive health and wellness for people it serves. They offer outcome-based services for individuals with disabilities throughout the lifespan.

Services include: early intervention, inclusive childcare, medical rehabilitation and autism services for young children and their families; job training and coaching, employment placement and transportation services for adults with disabilities, including veterans; adult day services and employment opportunities for older adults – in addition to a variety of additional services for people of all ages including mental health (beginning 10/1/19) and recovery programs, assistive technology, camp and recreation, and caregiving support including respite.

Easterseals offers inclusive services provided through a network of 69 local Easterseals communities nationwide as well as four international partners. Easterseals offers hundreds of home and community based services and supports—categorized into five support areas: Live, Learn, Work, Play and Act.

Easterseals programs such as adult day services, personal attendant services, services for individuals with dementia and Alzheimer's, wellness programs and support for family caregivers strive to help people live as independently as possible, for as long as possible.

In Delaware, Easterseals offers adult day programs:

1. Individual's with intellectual or developmental disabilities - 5 days a week (funding covered by DDDS)
2. Adults with acquired disabilities – 1-5 days a week (funding source varies)

Adult Day Health Services addresses the medical and social needs of individuals who experience the effects of aging and/or the impact of a physical disability. Easterseals provides choices when a loved one needs assistance with daily living, and does not prefer full-time nursing home care.

Easterseals offers day programs for older adults with intellectual and developmental disabilities, including autism. Services are provided in New Castle, Kent and Sussex Counties in Delaware. Delaware's Division of Developmental Disabilities Services sponsors virtually all day program participants. A few individuals receive services through private fee arrangements.

Personal Attendant Services program (PAS) allows people with disabilities to maintain independent lifestyles, to live in the community and make choices concerning their personal assistant needs. Individuals who take part in the Personal Attendant Services Program choose and hire their own Personal Attendant and work with them based on their individual needs.

The Community Outreach Program offers disability-related education and resources to connect consumers, caregivers and professionals to the information they need. Our Resource and Technology Demonstration Center provides opportunities for "hands on" trial of assistive technology equipment.

Easterseals of Eastern Shore offers workshops, conferences and educational session to caregivers throughout Delaware. For local caregiver support: resources@esdel.org.

Easterseals has funding, when available, to provide respite services for caregivers. Contact Easterseals: 302.324.4444 for more information.

Assistive Technology (AT) is any device, system or related service that maintains or improves the functional capability of individuals with disabilities. AT can be beneficial to people of all ages with a variety of disabilities or special needs, both long-term and short term. AT could be considered "tools for independence" to allow someone to live, work, learn or play more independently.

Easterseals Resource and Technology Demonstration Center is located in the New Castle location where visitors can try hundreds of assistive devices on display and search through products in catalogs & DVDs that will help maintain or improve independence and safety. For more information, email resources@esdel.org or call (302) 221-2087.

4. Old/New Business:

DNHRQAC Legislation

Ms. Furber mentioned that Governor Carney signed the proposed DNHRQAC legislation (HB 62 w /HA 1) on June 5, 2019. Representative Kim Williams and Senator Jack Walsh sponsored this bill.

Since then, Ms. Bailey and Ms. Furber have been in touch with the Governor's Office and other appointing authorities regarding membership vacancies.

Christina Kontis, Esquire was recently appointed to serve on the commission representing the Attorney General's Office.

Ms. Cheryl Heiks also recently joined the commission through virtue of her position as new Executive Director of the Delaware Health Care Facilities Association. Ms. Heiks replaced commission member, Yrene Waldron, who served several years on this commission through Speaker of the House appointment. Best wishes with your new endeavors Ms. Waldron!

5. Public Comment:

Easterseals Annual Caregiver Conference

The 9th Annual Caregiver Conference - Caregiving: Up Close and Personal will be held on August 28, 2019 at Embassy Suites Newark, DE. Contact Easterseals: 302.221.2087 for more information or to register.

Residents Rights Rally

Residents Rights Rally will be held on October 21, 2019 at Modern Maturity Dover, DE from 1-3PM. This year's theme is "Stand for Quality". The Rally is sponsored by the Long Term Care Ombudsman's Program (LTCOOP).

6. Next meeting Tuesday September 17, 2019 at Division of Developmental Disabilities Services: 2540 Wrangle Hill Rd 2nd Floor Training Room "A" Bear, DE 19701 @ 9:30 am.

7. Adjournment

The meeting was adjourned at 11:36 AM by Lisa Furber.

Attachments: July 16, 2019 meeting agenda
May 21, 2019 meeting minutes' draft
2020 DNHRQAC meeting schedule draft
Easterseals handouts
Livanta flyer