

---

*Delaware Nursing Home Residents  
Quality Assurance Commission*

---

**DNHRQAC Meeting of August 15, 2024**

**11:00 a.m.**

**Virtually via Cisco Webex**

**Anchor Location: DE CLASI (Dover)**

**840 Walker Rd Dover, DE 19904**

**FINAL**

Commission member(s) present: Cole Adams, Esquire (proxy for Lisa Furber, DNHRQAC Chair); Cheryl Heiks; Kori Bingaman, RN, NHA; Norma Jones; Christopher Marques, Esquire; Senator Spiros Mantzavinos; Mary Peterson, RN, BSN; Dr. Melissa Winters, PsyD; Hooshang Shanehsaz, RPH and Dr. Avani Virani.

Deputy Attorney General (DAG) Patrick Smith, Esquire was in attendance.

Mr. Adams attended in-person @ the anchor location. The remainder of meeting participants attended virtually or by phone. A quorum of commission members was present.

Commission members not in attendance: Brian Frazee, Representative Eric Morrison and Jennifer McLaughlin, OT.

Others Present: Margaret Bailey, DNHRQAC Executive Director, Josette Manning, DHSS Cabinet Secretary; Dava Newnam, DHSS Deputy Cabinet Secretary and Maggie Goonan, Public Member.

1. Call to Order & Introductions

The meeting was called to order at 11:03 am. Commission members introduced themselves and their position on the Commission. Ms. Bailey stated the mission of the Commission and mentioned members convene via open public meetings to discuss the landscape within Delaware's long-term care (LTC) facilities.

Secretary Manning provided background information about herself and introduced Dava Newnam, Special Populations Deputy Cabinet Secretary/Chief Operating Officer. Secretary Manning mentioned she will be leaving her position in January 2025 and wanted to thank everyone for the opportunity to come and chat today. "A special thanks to Ms. Norma Jones for being here to participate because you have the most important opinion in the group. Thank you for being here and sharing it with us."

2. Approval of the meeting minutes

The July 16, 2024 meeting minutes were approved during the 8/7/2024 meeting.

3. Discussion of:

The primary purpose of this meeting was to invite DHSS Cabinet Secretary Josette Manning to join in a discussion regarding long term care services and supports in Delaware, including workforce shortages and need for collaboration. A list of questions was forwarded to Secretary Manning in advance of the meeting.

**An overview of Department systemic initiatives relating to LTC were shared with commission members:**

- **Division of Health Care Quality (DHCQ)** – The Division’s highest priority has been focusing on reevaluating and bolstering the annual survey process. DHSS has added full-time staff and contracted with temporary agency staff and developed procedures to streamline the survey process in the hopes of completing more surveys. The LTC bill packages (passed in FY 24) offers additional resources to continue to improve and support these efforts.
- **Division of Services for Adults with Physical Disabilities (DSAAPD)** – The Division is building a new facility on the grounds at Delaware Hospital for the Chronically Ill (DHCI). This building will have 120 licensed beds and is anticipated to open in December 2026. The current census at DHCI is 75 residents. This building will have improved residential rooms and a consolidated program service area. The current DHCI building has some safety and environmental issues that have been flagged by CMS & DHCQ. The new building will exceed all Federal and State requirements.
- **Division of Medicaid and Medical Assistance (DMMA)** – The Division is responsible for State directed payments authorized by Joint Finance Committee (JFC) during FY 24 and FY 25 epilogue. FY 24 there was \$25M one-time funding for facilities. The last of those payments was in June 2024. They are going to segway into increased provider-based payments in January 2025 which will first be made through another State directed payment. The Division is also updating the underlying authority documents in the State Plan for provider payments which will alleviate the need to seek annual CMS approvals, which impacted timing of payments in FY 24 (& a delay).

The Division has been focusing on long term hospital stays via Complex Case Unit, which was created in 2022, to address barriers and fill system gaps through cross divisional, cross departmental collaborations. The Unit explores the least restrictive environments and promotes personal centeredness to access the appropriate level of care. There are individuals that have complex needs currently in the hospital for long stay and so the Division is exploring changes to the payment methodology that would help facilitate appropriate placement. Additionally, DMMA provides screening for referrals to DHCI.

**Secretary Manning shared how she envisioned opportunities for DHSS and DNHRQAC to be able to collaborate on issues affecting residents living in Delaware LTC facilities:**

- Implement the State’s staffing ratio waiver application/process for skilled nursing facilities
- Implement the Federal SNF ‘final’ staffing rule & guidance (awaiting guidance)
- Continue having discussions around current and future policies & legislation
- Address workforce shortages
- Implement the new Center for Medicaid and Medical Services (CMS) regulations for staffing ratios
- Execute recent Delaware LTC bill package

As stated by Secretary Manning “State agencies cannot do this alone, that’s the bottom line. We need this partnership and I will do everything I can between now and January (2025) to make sure we are collaborating with structure and support to continue when I am not in the chair.”

Concerns were raised about the use of temporary staffing agencies and the need to track individuals for better quality of care.

Ms. Bailey asked whether DHSS would consider including DNHRQAC in internal working groups, such as: Adult Abuse Registry, Quality Assurance Review Team, civil monetary penalties distribution, training opportunities, development of the Wellsky database system and other internal ad hoc meetings.

**Thoughts shared about the Department supporting quality of care in LTC:**

- Acknowledging there are workforce challenges and looking for solutions
- Being aware there are residents with higher acuity ratings
- Gaps to fill including services for individuals with behavioral health & substance use issues
- Prioritizing tasks to address quality improvement
- Conducting unannounced annual and complaint surveys

**Vision on how the Department will support work of DHCQ:**

Secretary Manning mentioned that there are 15 vacancies across the board in DHCQ. Ms. Peterson expressed concern with DHCQ workforce complements, something that has not been modified in a long time. Due to vacancies and being unable to fill positions is why DHCQ started using contracted surveyors in 2023 to fill the gaps. Per Secretary Manning “It was the quickest way to get people doing work while we fill the full-time complement and get them trained.”

Secretary Manning stated “DHCQ surveyors have tests and other requirements that take about a year before being able to independently do work on their own to be certified for Federal surveys.”

“Most of the most difficult staff vacancies to fill such as nurses and 24-hour staff fall with the Department.”

The Secretary mentioned some State positions need to be reclassified because they are not competitive enough with the private sector. She added that new positions are not being given to the Department, but rather existing positions are being reclassified. In the meantime, the Department is going to grow the contract use to supplement in the interim, until full-time staff can be hired. “It’s about getting bodies into the vacant positions, not needing more positions.”

Senator Mantzavinos appreciated working with the Department on the LTC bill package and although initial discussion involved adding staff complements, nearly a million dollars was added to contract budget in area of inspections for DHCQ. As a result, he believes this has moved the needle forward.

Secretary Manning states “Compliance nurses now receive a signing bonus and other compensation in the Department. The Department incentivizes as best as it can.”. Ms. Newnam added that DHSS worked with Department of Human Resource (DHR) and Office of Management and Budget (OMB) in 2022 to go into union negotiations for nursing contracts to counter offer a 30% average increase in salaries for compliance nurses and nurses working in 24/7 facilities. In addition, a tiering system was created for licensure. “We still fall behind but have made significant progress. DHR has provided DHSS with a full-time nurse recruiter that works with Delaware high schools and colleges to build up the workforce.

Ms. Bingaman asked if the State is looking at compression rate review to retain staff that has tenure with the Department. Secretary Manning mentioned a small percentage (5%) needs to exist between a nurse and nurse supervisor. Ms. Newnam concurred. In FY 23, the State implemented salaries based on years of licensure. A nurse starting out new would have a starting salary where a

nurse with 15, 20 or 30 years of service would have a premium on top of that amount. It would cap out at 30 years.

Ms. Heiks asked if the union negotiations also applied to staff at the Delaware Veterans Home (Milford) as they are struggling for staff there, too. Although in a different union, they were included in the discussions and salary increases, too. Ms. Newnam said DHSS wanted to make sure they weren't stealing from other areas within state Government so all negotiations for salaries remained consistent and therefore State agencies would not be poaching from each other.

Job satisfaction was discussed. Ms. Peterson mentioned DHCQ used to do exit conferences with employees as to why they were leaving, etc. Secretary Manning agrees that many other issues could be the reason for individuals leaving the workforce besides salary concerns. Secretary Manning offered to see if the Department still conducts staff satisfaction surveys, particularly within DHCQ and will report back to the commission.

**Secretary Manning regarding her position on current Certified Nursing Assistants (CNA) training requirements:**

“They are consistent with minimum Federal requirements.” Commission members expressed concerns with the State of Delaware reducing the number of CNA clinical training hours during the Pandemic from 75 hours to 16 hours. There was discussion that the number of individuals placed on the Adult Abuse Registry has gone up and there appears to be a sharp increase in the number of immediate jeopardy and harm citations.

“DHCQ collected staffing ratio data during 2<sup>nd</sup> Qtr 2024, although not mandated. Despite that we decreased the training hours, when you look at the overall pass rate on CNA competency exam for the last 5 years, it's actually increased. This does not mean it's a good thing however it's interesting. Not sure what this says about the training.” Ms. Peterson mentioned DNHRQAC received a copy of the 2<sup>nd</sup> Qtr 2024 staffing data per shift from DHCQ.

“CNAs are required to clock 80 hours during orientation, 40 must be clinical.” Although orientation is required, commission members expressed concern about training hours prior to employment and to make sure staff are prepared. This may help with retaining staff and reducing staff turnover.

“We are actively working to recruit CNAs. The State of Delaware began offering through a work base learning program with Sussex Tech to allow their seniors to obtain employment and internships within the career technical area. Approximately 40 seniors have completed requirements and will take their test in January 2025, when they return to school. After passing their test, the students will have their CNA certification and be able to work.

“The State also implemented an innovative CNA Tuition Program. The goal is to enhance CNA recruitment. This program started in December 2023. Agencies were selected to train CNAs and cover the cost of tuition up to \$3,000 per student. There are employment conditions after the training has been completed, too. Funds are also available for LPN Training Schools, too.”

Ms. Peterson mentioned there may be a causal effect of sorts worth looking at relating to the decrease in CNA training hours vs the recent increase in individuals placed on the AAR and immediate jeopardy or harm citations. Ms. Manning wondered if the increase is based on a decrease in training hours or if the training (quality) component is lacking.

Ms. Bailey shared further discussion around CNA and Licensed Practical Nurses (LPN)/Registered Nurses (RN) Schools will occur during DNHRQAC Meeting of September 17, 2024.

Ms. Heiks also added that temporary staffing agencies are being used quite a bit and wondered if this could be contributing to AAR and level of harm deficiencies we are seeing in the buildings. Secretary Manning mentioned the LTC bill regarding staffing agencies might have been trying to figure this out.

**Implementing the Long-Term Care and Memory Care Taskforce recommendations:**

Secretary Manning shared there are limited resources available to implement the recommendations made by the LTC and Memory Care Taskforce. The recommendations did not come with any resources.

**Questions that were not discussed due to meeting time constraints:**

There were questions that were not able to be discussed due to time constraints.

**Action Item:** Ms. Bailey will follow up with Secretary Manning about the outstanding questions.

4. Old/New Business

N/A

5. Public Comment

Ms. Maggie Goonan spoke relating to recent legislation around surveys/inspections and asked whether surveys are announced or unannounced. Commission members and Secretary Manning shared that annual and complaint surveys are unannounced. Ms. Peterson mentioned facilities do have an idea when DHCQ will be arriving since there is a window of opportunity and facilities often talk among each other behind the scenes. Additionally, it was mentioned that the Long-Term Care Ombudsman Program (LTCOP) also spends time in facilities on a regular basis.

6. Next DNHRQAC Meeting – September 17, 2024 @ 9:30 am. This meeting will be conducted via virtual platform and in-person anchor location. Meeting invite and details will be forwarded to commission members & available on the Delaware Public Meeting Calendar.

7. Adjournment

This meeting was adjourned at 12:11 pm.

Attachments: DNHRQAC Meeting of August 15, 2024 – meeting agenda  
Questions for DHSS Cabinet Secretary