1. Call to order

   The meeting was called to order at 9:37 AM by Lisa Furber.

2. Approval of the Minutes for the meeting of:

   The meeting minutes of July 12, 2016, September 13, 2016, November 22, 2016 and January 10, 2017 were approved as written.

3. Discussion of:

   Oral Health and Dental Services

Dr. Nicholas Conte, Jr, DMD provided commission members with an update regarding oral health and dental services in Delaware. Dr. Conte began his position as Dental Director for the State of Delaware - Winter 2016/2017. The unit, Bureau of Oral Health and Dental Services (BOHDS), is located within Delaware Division of Health & Social Services, Public Health.

BOHDS’s Mission: To Protect and Promote the Oral Health of People in Delaware.

BOHDS’s Vision: All Delawareans will have the resources to achieve optimal oral health.
BOHDS’s Goals:

1. Improve access to care for families, particularly from disadvantaged backgrounds.

2. To decrease the burden of oral disease among Delaware residents through promotion of oral health and primary prevention.


Dr. Conte added that BOHDS’s success would mean that all members of the Delaware population, regardless of age, ability, or financial status, will be able to achieve optimal oral health through an integrated system including prevention, education and appropriate treatment.

The Board of Oral Health and Dental Services partnered with UD – Center for Disabilities Studies (CDC) where they conducted a survey:

1. Assessed current oral health practice in state-licensed facilities.
2. Identified gaps and promote recommended practices
3. Offered strategies to enhance the capacity of long term care facilities to provide appropriate oral health care for this population

Survey findings concluded:

1. Lack of consistency & structure in managing oral health care across and within facilities
2. 64% - Oral Health was an element of their Quality Mgmt. Systems
3. 67% - Have a written oral health policy
4. 63% - Standard assessment tool to guide staff monitoring
5. 24% - Report using it regularly
6. 73% - Residents have an oral health care plan in place
7. 36% - Requirements for annual dental visit
8. 15% - In house Dental Professional
9. 39% - Have contracted arrangement
10. Resident declines care, cost, finding a dentist and transportation- most common obstacles encountered

Recommended practices within long term care facilities:

1. Routinely assess oral health status
2. Implement oral health care plans
3. Facilitate access to oral health services
4. Actively manage the oral health program
Recommendations for Delaware Oral Health System improvement:

1. Enhance oral health data collection and surveillance practices
2. Adopt policy and financing initiatives that will expand access to care
3. Implement strategies that will strengthen oral health work force
4. Establish relationships with oral health professionals to extend care options


KEPRO

Tara Cooke, KEPRO Outreach Specialist, provided commission members with an update regarding services. Ms. Cooke previously presented to the commission November 10, 2015.

KEPRO was awarded five year contract (began August 2014) by Centers for Medicare & Medicaid Services (CMS).

KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in CMS Areas 2, 3, and 4. Delaware resides within area 2.

KEPRO currently provides the following services for Medicare Beneficiaries:

1. Discharge Appeals and Service Terminations
   A. Acute Care – Discharge Appeals
      a) Important Message from Medicare
      b) Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)
      c) Hospital Requested Review (HRR)
   B. Post-Acute Care – Service Terminations
      Notice of Medicare Non-coverage
2. Beneficiary Complaints: Quality of care issues/concerns within the last three years
   A. Complaint submitted to KEPRO
   B. KEPRO nurse discusses concerns with beneficiary and prepares case review by physician
   C. Physician determines whether care met professional standards of care
   D. Care not meeting standard is referred to Quality Improvement Plan & beneficiary receives disposition/provided reconsideration opportunity
3. Immediate Advocacy (IA)
   A. Informal process used to resolve a complaint quickly.
      Process begins when the Medicare beneficiary or representative gives verbal consent to proceed.
C. After receiving consent, provider or practitioner is contacted on behalf of the beneficiary.

Medicare Appeal process:
1. Provider issues notice
2. Beneficiary or representative calls KEPRO to submit appeal
3. KEPRO requests record
4. Record is reviewed by KEPRO physician
5. Beneficiary and provider are notified
   a. KEPRO notifies beneficiary by phone and letter
   b. KEPRO appeal staff is available seven days a week (including holidays).
   c. Translation services also available.

Common questions/concerns regarding Medicare appeals:
1. Financial liability – Who is responsible during appeal process
2. Time frames – How long does provider have to provide medical records and what is the window of opportunity to submit an appeal
3. Observation versus admission status in hospital

Quality of Care Reviews – Time frame changes
1. Providers have 14 calendar days (was 30 days) to forward medical record to KEPRO when a quality of care complaint is filed.
2. Providers that wish to respond to an inquiry from KEPRO will also have a shortened time frame, which will be noted in the inquiry letter
3. After medical records are received, KEPRO has 30 days to complete a review (reduced February 2017 from 90 to 30 days).
4. Due to shorter review time frames, KEPRO encourages providers to fax medical records rather than sending them via mail.
5. Additional information and education is available at: www.keproqio.com/aboutus/newchangesQOC.aspx

To contact KEPRO: 844.455.8708 or website: https://www.keproqio.com/

Supported Decision-Making

Lexie McFassel, Esquire, provided an overview of Supported Decision-Making. Supported Decision-Making empowers individuals with disabilities to use a support system to carry out their own choices and live a self-directed, independent life.
Supported Decision-Making does not replace more formal substitute decision making structures, such as Advanced Health Care Directives, Powers of Attorney or Guardianships.

Supported Decision-Making is a tool that enables people to use their own support systems and family to obtain information and make decisions instead of having someone else make the decision for them.

Elements to a Supported Decision Maker Agreement: Delaware Code - Title 16, Chpt 94A.

An adult may enter into a supported decision-making agreement if they do so voluntarily without coercion or undue influence AND the adult understands the nature and effect of the agreement.

Decision-Making Agreement contains:

A. Designation of at least one supporter
B. Types of decisions supported is authorized to assist
C. Types of decisions supporter is not authorized to assist
D. Agreement must be in writing, dated and signed by each party in presence of two adult witnesses

A supporter may revoke a supported decision-making agreement at any time in writing and with notice to the other parties of the agreement.

State Office of Volunteerism (SOV)

April Willey, Clare Garrison and Norma Teste provided commission members with an overview of services provided by the State Office of Volunteerism which is located within DHSS – State Service Centers.

SOV’s mission is to provide state-wide leadership for the promotion and encouragement of volunteerism to persons of all ages through venues including: Volunteer Delaware 50+, Governor’s Commission on Community and Volunteer Service, AmeriCorps Delaware and Foster Grandparents.

Volunteer Delaware 50+ (formerly called RSVP) facilitates volunteering for people aged 50 and over. The program helps participants identify their skills and talents and matches them with volunteer assignments in organizations. The mission of Volunteer Delaware 50+ is to engage persons 50 and older in volunteer service, to meet critical community needs, and provide a high quality experience that will enrich the lives of volunteers.

The Governor's Commission on Community and Volunteer Service is committed to enriching lives and communities by advocating service and volunteerism. The commission is comprised of representatives reflecting the broad diversity of the state including members of the public & private sector and business community. The Commission is supported by, and works in collaboration with the Delaware Department of Health and Social Services, Division of State Service Centers.
AmeriCorps Delaware is a federally funded national service program for full and part-time individuals focused on service to their community. The purpose is to engage members to meet critical community needs in education, public safety, health and the environment. Members receive a living allowance, health benefits (full-time members), and educational award upon completion of service. There are six AmeriCorp Delaware programs across the state: DE State Parks, Habitat for Humanity, Ministry of Caring, Reading Assist Institute, Summer Learning Collaboration and Teach for America.

Foster Grandparent Program builds bridges in the community by helping to raise healthier, happier children and create a strong relationship between younger and older generations.

Foster grandparents:

1. Must be 55 years +
2. Able to serve < 40 hours/ week as a mentor in daycare center, medical facility, etc.
3. Participants may receive supplemental benefits


4. Old/New Business:
   
   **FY 16 DNHRQAC Annual Report**

   FY 16 DNHRQAC Annual Report was approved as written.

   **DNHRQAC Memberships**

   Lisa Furber and Margaret Bailey have been in constant communication with the Governor’s Office regarding membership vacancies. Commission members will begin working on drafting proposed modifications to the current legislation and include relevant stakeholders to assist in the process.

   **Letters of Support or Reservation**

   After a robust discussion, commission members decided that letters of support is not something they fully support without reservation. As a result, members will review support requests on a case by case basis to determine whether there would potentially be any conflict.

   **CNA Schools – Pass Rates**

   Due to time constraints, this item was briefly discussed and will be reintroduced for discussion during the DNHRQAC meeting of July 11, 2017.

   **Letter from Family Member**

   Due to time constraints, this item was not discussed during this meeting and will be reintroduced during the DNHRQAC meeting of July 11, 2017.
5. Public Comment:

**WEAAD** - World Elder Abuse Awareness Day is June 15, 2017. Representatives Valerie Longhurst & Kim Williams and Senator Stephanie Hansen will sponsor a joint concurrent resolution for this occasion.

**National Volunteer Week** - April 23-29, 2017

**National Health Care Decisions Day** - April 1, 2017

**Older American’s Month** - May

DHCFA’s All-Stars Award Event – May 17, 2017 at Dover Downs

6. Next meeting will be held **Tuesday July 11, 2017 @ 9:30 AM.** The meeting location: TBD. Commission members have expressed interest in exploring videoconferencing options. Ms. Bailey will arrange videoconferencing for the DNHRQAC meeting of July 11, 2017.

7. Adjournment

The meeting was adjourned at 12:39 PM by Lisa Furber.


Oral Health Care Management folder
KEPRO Presentation
Supported Decision-Making Presentation
State Office of Volunteerism Presentation
Approved CNA Training Programs
CNA Pass Rates
Letter from family member
Article – Grievances and Resident/Family Councils
Article – Quality of Care