

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

ANNUAL REPORT FY 2017

(July 1, 2016 - June 30, 2017)

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DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Members of the Commission as of July 15, 2017

Elisabeth A. Furber - Chair

Lieutenant Governor Bethany Hall-Long

The Honorable Kimberly Williams

Karen E. Gallagher

Douglas Watts

Sue Shevlin, NHA

Melissa VanNeerden, RN

Amy Milligan, MS

Yrene E. Waldron, LNHA

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ANNUAL REPORT 2017

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I. BACKGROUND INFORMATION

The Commission

The Delaware Nursing Home Residents Quality Assurance Commission (the Commission) was established in 1999 - 29 Del. C. § 7907. The Commission's principal charge is to monitor Delaware's quality assurance system for nursing home residents in both privately run and state operated facilities with the goal that agencies responsible for the oversight of facilities are coordinating efforts to achieve optimum quality outcomes.

As part of its monitoring effort, the Commission reviews state agencies responsible for investigating complaints of abuse, neglect, mistreatment and financial exploitation, as well as other agencies that have input on the quality of care in Delaware's nursing homes. The Commission reviews reports of serious citations of quality of care issues and staffing patterns prepared and presented on quarterly basis by the Division of Long term Care Residents Protection as directed by the Joint Sunset Committee in 2006.

The Commission is also charged by the General Assembly and the Governor with examining policies and procedures to evaluate the effectiveness of the quality assurance system for nursing home residents, including the respective roles of Delaware Health and Social Services, the Attorney General's Office and law enforcement agencies

as well as health care professionals and nursing home providers.

Finally, the Commission is required to prepare and submit an annual report to the Governor, the Secretary of the Delaware Department of Health and Social Services (DHSS), and members of the General Assembly. This is the Commission's 2017 annual report.

Appointment of Commission Members

- The Commission is composed of a total of 12 members, eight of whom are appointed by the Governor.
- One of the members appointed by the Governor is to be a representative of the developmental disabilities community protection and advocacy system established by the United States Code.
- The remaining members are to include representatives of the following: consumers of nursing home services, nursing home providers, health care professionals, law enforcement personnel, and advocates for the elderly.
- Of the remaining four members, two members are appointed by the Speaker of the House, and two members are appointed by the President Pro-Tempore of the Senate. These four members serve at the pleasure of their appointing authorities.

Frequency of Meetings

While the Commission is only required by statute to meet at least quarterly, the Commission meets on a bi-monthly basis.

II. AGENCY REVIEWS

Introduction

Pursuant to 29 Del.C. § 7907(g) (1), the Commission is required to review and evaluate the effectiveness of the quality assurance system for nursing home residents. To do so, the Commission requests information and takes testimony (a snapshot in time) from representatives of state agencies and other providers. These include the Division of Long Term Care Residents Protection (DLTCRP), the Ombudsman's Office, Division of Medicaid and Medical Assistance, the Department of Justice, Division of Aging and Adults with Physical Disabilities, Guardianship Monitoring Program, law enforcement agencies, other state agencies, health care professionals and nursing home providers.

To that end, the Commission invited representatives from state agencies and other presenters to appear and testify before the Commission. The following is a summary of these agency reviews:

Division of Long Term Care Residents Protection (DLTCRP)

Tom Murry and Rob Smith presented the quarterly QART and Staffing Reports respectively to the commission. It appears one facility was not in compliance (on a Sunday) in 4th Qtr 2016 in which their hours per resident totaled 3.15 (should be 3.28). As a result, the facility was imposed a \$2,500 fine by the State of Delaware for not meeting the minimum staffing ratio.

Mary Peterson, DLTCRP Director, mentioned that effective September 1, 2016, Centers for Medicare and Medical Services (CMS) automatically assess Civil Monetary Penalties (CMP) for “G” level or higher deficiencies. DLTCRP makes a second follow-up visit to make sure facilities are in compliance.

Furthermore, Ms. Peterson shared that CMS is in the process of changing all ‘F’ tags often cited to facilities during annual surveys (deficiencies). CMS will also be reorganizing and rolling out a different annual survey process in the near future. The ‘new’ survey process will be a hybrid of the Quality Indicator Survey (QIS) which is pc based and will include more emergency preparedness.

Eagles Law

Mary Peterson, DLTCRP Director, provided commission members with an overview of DHSS's proposed regulatory changes to Eagles Law. The proposed changes have been circulated to stakeholders for their input. Ms. Peterson advised commission members that there is a work group involved with the proposed changes & no definitive date as to when a final draft will be ready for public comment (Register of Regulations).

Eagles Law was introduced by Senator Robert Marshall during Delaware’s 140th General Assembly (SB 115) along with other long term care legislation. DHSS recently prepared a draft of proposed changes to Eagles Law which was forwarded to Senator Marshall & DNHRQAC members in advance of the November 22, 2017 meeting.

Ms. Peterson summarized the following proposed changes to Eagles Law:

1. Update regulation to reflect current practice of nursing home minimum staffing ratio's
2. Create staffing levels in assisted living & dementia units
3. Modify staff educator, nursing and other facility staff's minimum qualifications & requirements.
4. Require group & personal centered activities be offered on a daily basis: 10:00 am - 7:00 pm.

During the meeting of September 2016, Ms. Bailey read a letter prepared by Senator Marshall about DHSS's proposed changes to

Eagles Law. Ms. Furber asked if DNHRQAC members could participate in the work group. Ms. Peterson mentioned that stakeholders are currently involved in the work group and that DLTCRP will provide DNHRQAC with a final draft.

Ms. Peterson urged commission members to forward comments regarding proposed Eagles Law changes: mary.peterson@state.de.us.

Music & Memory Program (M & M)

During September 13, 2016 DNHRQAC meeting, Ms. Peterson mentioned that DLTCRP will be using some Civil Monetary Penalty (CMP) funds to pilot a music therapy program in LTC facilities. “Ten” Delaware nursing home facilities (10 residents each) will participate in the music program which will be mirrored after “Alive Inside”. The Division will focus efforts around dementia residents and utilize student intern, Casey Stradley, and volunteers to facilitate the program.

Renee Purzycki, DLTCRP, provided an overview of the M & M Program which offers residents an opportunity to awaken & connect with their lost memories, identity and personhood through inexpensive technology (iPods). A portion of the Alive Inside documentary video was also shown during the commission meeting.

Ms. Peterson offered to provide commission members with a future update regarding the M & M Program.

Civil Monetary Penalty (CMP) Report 2015 & 2016

Tom Murray, DLTCRP Deputy Director, presented information about CMP's imposed in 2015 and 2016. Seven nursing homes and one assisted living facility were charged with civil monetary penalties during the calendar year 2015 totaling \$290,519.18. The Centers for Medicare & Medicaid Services (CMS) imposed \$119,797.31 and State of Delaware imposed \$170,721.87 during 2015.

In the past, DLTCRP used CMP funds to pay for training of providers and staff throughout the state. Funds were also used to pay the vendor (Prometric) who maintains the online CNA Registry. The cost of the CNA Registry is currently being funded by the \$25 fee collected through renewals of CNA certifications.

Adult Abuse Registry 2015 & 2016

Tom Murray provided commission members with 2015 & 2016 Adult Abuse Registry referral information. In 2015, there were 12 individuals referred to Attorney General's Office, Licensing or Professional Regulations due to incidents of abuse, neglect, mistreatment or financial exploitation.

In 2016, there were 16 individual's referred to Attorney General's Office, Licensing or Professional Regulations due to incidents of abuse, neglect, mistreatment or financial exploitation.

Background Check Center 2015 & 2016

Tom Murray shared with DNHRQAC members about the Background Check Center applications that were submitted during FY 15 & FY 16.

The Background Check Center (BCC) was established through legislation passed in April of 2012. As a result, use of the BCC is required of all employers who provide long term care in licensed facilities and agencies within the state.

There were 15,943 applications submitted in 2015 - Nurses Aide 3,140 (Nurses Aide in training had an additional 1,046 applications), Personal Care Worker 1,704, LPN 1,116, RN 1,451, etc.

There were 17,666 applications submitted in 2016 - Nurses Aide 3,066 (Nurses Aide in training had an additional 1,047 applications), Personal Care Worker 2,015, LPN 1,226, RN 1,400, etc.

Promise Program

Tom Johnson, DSAMH Director of Provider Relations, provided commission members with a July 2016 update regarding the PROMISE Program.

PROMISE: Promoting Optimal Mental Health Through Supports and Empowerment is a comprehensive individualized behavioral health care management service for adults 18 and over, designed to provide specialized recovery-oriented services.

A recovery plan functions as a blueprint for individuals and is used to guide individuals during their journey so they can become successful, independent, active and engaged members in their community.

DSAMH's Enrollment and Eligibility Unit (302.255.9460) evaluates candidates for PROMISE through the individual's psychiatric and psychosocial assessments, as well as Delaware specific American Society for Addiction Medicine tool that evaluates mental health and substance abuse disorders.

PROMISE offers 15 service areas: individual employment supports, benefit counseling, financial coaching, nursing, short term small group supported employment, peer support, psychosocial rehabilitation, respite, personal care, community psychiatric support and treatment, community-based residential supports, care management, non-medical transportation, independent activities of daily living and community transition services.

Currently, PROMISE serves 3,000 clients; 50 % have a dual diagnosis.

State Long Term Care (LTC) /DSAAPD

John Oppenheimer, State Long Term Care Director, provided an overview of services to commission members. The Long Term Care section is under the Division of Aging and Adults with Physical Disabilities (DSAAPD).

As of July 2016, the state's census is 195 (residents) - total number of residents located at Delaware Hospital for the Chronically Ill (DHCI) and Governor Bacon Health Center (GBHC). The number of licensed beds: 205 DHCI & 82 GBHC.

DHCI

High percentage of individuals with disruptive behaviors
Locked all male unit
Double locked dementia unit
Six bariatric beds (five currently occupied)
Many younger male residents
Substance abuse program in Prickett building (47 beds)

GBHC

No locked units
One bariatric bed (will be adding two more beds – 2016)
Limited number of private rooms
Many older female residents

Mr. Oppenheimer mentioned that admissions continue to decline due to the lack of beds.

As of July 2016, there were seven individuals on the wait list – which can fluctuate. The wait list goes through the ADRC Care Transitions process.

During the past four years or so the state has discharged many residents to the community through Money Follows the Person (MFP). 12 of the 34 Emily P. Bissell Hospital (EPBH) residents were transferred last year to private facilities in New Castle County due to the facilities closure.

The state long term care facilities:

1. Receive referrals from Delaware Psychiatric Center (DPC)
2. Admit Adult Protective Services (APS) clients
3. Offer limited emergency placements
4. Serve prison & Meadow Wood clients

Ms. Bond, then DSAAPD Director, mentioned that DSAAPD is researching other health care delivery options for individuals with dual diagnosis or behavior issues related to dementia. A work group has been created to identify other options.

Statewide Antipsychotic Coalition

Sally Jennings, Quality Insights Project Coordinator, provided commission members with a July 2016 update regarding the Antipsychotic Coalition and other QI initiatives.

Quality Insights has a Nursing Home Collaborative that focuses on: QAPI implementation, improvement of Composite Scores (calculation using the Quality Measures), improved mobility, reducing hospital readmissions, decreasing the use of inappropriate anti-psychotic medications and antibiotic stewardship.

Nursing home providers are required to sign an agreement of participation and complete a QAPI self-assessment, which helps define where they are in the process. Once the agreement is signed the providers have access to My Quality Insights (MQI) which is a learning platform offering free e-learns that grant CEU's, and other resources, news and information. Providers receive data reports on their quality

measures and composite scores that are user friendly (can share with staff during QA meeting).

Most of Quality Insights work is executed virtually and offers many opportunities for facilities to participate in regularly scheduled webinars, live chats and open office hours. During these sessions, there is a specific topic of discussion and a subject matter expert is available to address questions or provide up-to-date information about best practices.

Quality Insights conducts Affinity Groups, which are small groups that meet virtually on a regular basis. Discussion focuses around a specific quality measure and together the small group utilizes QAPI process to address issues and concerns. In the past some of the discussions included: Bowel & Bladder incontinence, A/P medication reduction and pain. A new Affinity Group session will be meeting September 2016. The group generally meets every 2 weeks for 30 minutes for about 7 sessions.

Currently there are 19 LTC Delaware facilities participating in this effort. The goal is to have 33 providers involved in this initiative.

This QAPI effort was supported by DLTCRP and former Secretary Landgraf, as both sent letters of encouragement to Delaware LTC providers. LTC providers will be evaluated for enhanced payments based on their Star ratings and Quality Measures.

There has been a reduction in antipsychotic medication use nationally; 24.8 to 18%. Delaware ranked 4th in the nation (4th Qtr 2015). As of July 2016, 8.74 % of Delaware nursing home residents use antipsychotic medications.

Federal Laws and Regulations for nursing homes emphasize the importance of limiting the use of psychotropic medications (F Tag 329) to individuals who have a documented need. The regulations encourage implementation of gradual dose reduction of these medications and applying non-pharmacological interventions for individuals who exhibit behavioral symptoms.

The Investigative Protocol for F329 advises the surveyor to: (1) evaluate non-pharmacological approaches the facility uses; (2) determine if the facility in collaboration with the prescriber identifies the parameters for monitoring medications (including antipsychotics) that pose a risk for

adverse consequences; and (3) determine if during the Medication Regimen Review the pharmacist has identified and reported to the director of nursing and the attending physician excess dose or duration of medication including lack of gradual dose reduction (as indicated).

Alternatives to antipsychotic meds: complete pain assessment, learn resident's story, provide consistent caregivers, identify triggering events that stimulate behaviors, evaluate medication changes, identify sleep pattern and offer resident a snack before providing care.

Quality Insights is also involved with improving the use of antimicrobial medications in long-term care setting, known as the antibiotic stewardship. Antimicrobial stewardship refers to a set of commitments and actions designed to optimize the treatment of infectious diseases while minimizing the adverse effects associated with antimicrobial medication use. The Centers for Disease Control and Prevention recommend all nursing homes take steps to improve antimicrobial prescribing practices and reduce inappropriate use.

Point of Hope

Tiffany Stewart, Program Director, provided commission members with an overview of Point of Hope which was founded in 2006 by the Robinson family (Barbara, Melvin, and Damian).

The founders envisioned a place where people with disabilities would be treated with dignity, compassion, and distinction. Barbara and Melvin's daughter Tiffany Stewart, M.Ed., a Certified Brain Injury specialist (CBIS) joined the family business in 2008. Since then, Point of Hope has grown, but remains grounded in their mission to provide a day program where clients are treated like members of the family.

Point of Hope offers specialized facility based programs for persons with severe and profound intellectual disabilities, Autism, ABI/TBI, neurological impairments and those with special medical needs. Treatment plans are tailored to each individual's goals based on the recommendations prescribed in their Essential Lifestyle Plan (ELP) and on their personal choices.

Point of Hope's Day Programs allow participants to experience their interests in personal life & skilled activities through educational, vocational, leisure and recreational interests.

DSAAPD piloted this program to clients about two years ago. As of July 2016, five LTC residents have been approved for Point of Hope services.

Point of Hope Day Program (New Castle and Smyrna locations) currently serves 82 individuals. The day programs are open 8:00 am – 2:30 pm Monday - Friday. For more information, visit: <http://point-of-hope.com/>.

Programs All Inclusive for the Elderly (PACE) and St. Francis Life Center

Colleen Yezek, Program Administrator, provided an update regarding the PACE Program. The program began February 1, 2013. As of September 2016, the program has served 194 participants at the St. Francis Life Center. The goal is to have 250 active participants in the PACE Program. The geographic area served is New Castle County. PACE criteria:

- 55 years old+
- Designated nursing home level of care
- Financial approved
- Assessed by PACE to be safe in the community

Amy Milligan, Executive Director, provided an update regarding St. Francis Life Center (administers the PACE Program) located in Wilmington, Delaware:

- Average age = 75 years (range 57 – 102)
- Population 75 % female
- Must require assistance with 1 Activity of Daily Living (ADL)
- Interdisciplinary team (physician, nurse, SW, Activity Specialist, OT/PT, etc)
- Adult Day & Rehab services on-site
- ~ 5% of PACE members reside in LTC facilities

For more information regarding St. Francis Life Center:
<http://www.stfrancishealthcare.org/LIFE.aspx>

Money Follows the Person (MFP)

Colleen Yezek provided an overview of MFP, which was designed 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.

MFP Eligibility:

- 90 consecutive days in an inpatient facility
- Medicaid eligible at least 1 (one) day prior to discharge
- Health needs that can be met through services available in the community
- Voluntarily consent to participation
- Be eligible for available Home and Community Based Services (HCBS) as of the first day of transition
 - Elderly, age 65+ or Person with a disability Age 18-64, meeting a nursing facility level of care (LOC) and Medicaid eligibility requirements. Or
 - Developmental Disabilities (DD) waiver services: Individuals meeting Medicaid eligibility and medical requirements and receiving an ICF/DD level of care and are eligible to access Delaware's DD waiver (DD waiver provides residential and other services).

MFP Program will pay for Transition services to the community for the first 365 days of program participation (set up costs, counseling, training, home modifications, etc)

After 365 days of MFP Transition services, services will be available to continue to help support eligible individuals to remain in the community which includes: case management, personal care services, medical and social care, orthotics and prostheses, adult day services, assisted living, cognitive services, specialized medical equipment and supplies and more.

As of September 2016, 228 clients have been transitioned out of Delaware nursing homes. For more information, please access: <http://dhss.delaware.gov/dhss/dmma/mfphome.html>.

Delaware has decided to end MFP effective December 31, 2017 for a variety of reasons (lack of family support & housing, client's former financial debts, etc). Ms. Yezek mentioned that the state will most likely offer Community First Choice in its place.

Care Management

Linda Brittingham, Corporate Director, Social Work @ Christiana Care Health System (CCHS) provided commission members with an overview of Christiana Care's Care Link. CCHS's Care Link is a clinician-led management service that links clients with coordinated health care to promote safety, empowerment and self-management.

Care Link is expected to go live via Delaware Health Information Network (DHIN) and Chesapeake Regional Information Program (CRISP) in 2017. There are currently 26k active ACO members within CCHS & CRISP.

As of November 2016, Care Link supports 224 primary care physicians in 51 practices (Delaware & Maryland combined). The program expects to increase the number of physicians to 300 and practices to 70 – January 2017.

Care Link was developed to make it easier for individual's to take care for themselves/stay well; and provide tools, knowledge and support to achieve health goals which includes:

- Care Link Team: Doctors Pharmacists, Social Workers, Nurse Case Manager, Social Workers & Health Ambassadors
- Medical care coordination – includes hospital stays and doctor visits
- Address social, behavioral, transportation and financial assistance barriers to accessing care
- Promote patient engagement in self-management of chronic conditions and medication management
- Answer questions regarding medicines, lab work or tests
- Connect individual with community resources
- Support individual's & keep client on track

Contact Care Link: 844.227.3565

Medical Marijuana Program

Paul Hyland, Program Manager for Medical Marijuana Program, provided an overview to commission members. The Division of Public Health (DPH) implemented Title 16, Ch 49A of the Delaware Code; the Delaware Medical Marijuana Act which regulates the medical use of marijuana in Delaware.

Physicians may authorize a patient (adult or child) to use marijuana to treat symptoms of terminal illness and other qualifying medical conditions. The goal is to provide patients with an opportunity to receive therapeutic or palliative benefit from medical marijuana, and that its potential benefit would likely outweigh any health risks.

The State of Delaware issued three (3) licenses for marijuana distribution centers, known as compassion centers in Delaware. Delaware opened a pilot compassion center in Wilmington (37 Germy Dr) on June 26, 2015 with First State Compassion Center (FSCC). The Office of Medical Marijuana recently contracted with Columbia Care Compassion Center to begin growing medical marijuana in Kent County. A Kent County dispensary is expected to open Fall 2017. In Sussex County, FSCC will open a retail location West of Lewes, Delaware.

Facts:

- MM Program began 2011
- Physician must have a bona fide relationship with the patient and care for the patient's qualifying medical condition
- Patient designates a caregiver to pick up/purchase
- Patient will be issued a registry card (if application is approved)
 - The law provides for revocation of the card and penalties when a patient fails to comply with the requirements of the program, redistributes the marijuana, or makes false statements
- There is an appeal process, too.
- As of January 2017 there are 2,200 – 2,300 patients utilizing the program
- Clients began receiving registry cards in 2012 (cost \$125/year but 45% receive free); must be renewed annually

- Average age of client: 40 – 55 years
- Cost is approximately \$300 per ounce; can possess six ounces at one time & obtain three ounces every 14 days
- Future plan: allow edibles

For more information, contact Medical Marijuana Program: 302.744.4749 or medicalmarijuanaDPH@state.de.us.

Community Legal Aid Society, Inc (CLASI) - Elder Law Program

Olga Beskrone, Esquire provided an overview of the Elder law Program through CLASI. Community Legal Aid Society, Inc. represents individuals in some consumer matters; advanced care directives; economic exploitation; Medicare/Medicaid issues; fair housing; discrimination issues, social security payment issues, etc.

Elder Law services are provided state-wide. The program has two offices (Wilm & Georgetown). There is not an income cap for services; however the age minimum is 60 years old. The Elder Law Program's contract is to assist 250 clients.

Vitas Healthcare

Dr. Tim Langan, Vitas Medical Director; Karen Conway, Vitas RN; Melissa McNally, Vitas General Manager; and Gary Black, Vitas Healthcare professional provided an overview to commission members.

Vitas is the largest hospice provider in the United States and serves in 15 states. The organization was founded in 1948 and provides care for more than 15,000 clients. In Delaware, As of January 2017, Vitas serves 175 clients: 65 NCC, 37 Kent & 72 Sussex.

The organization provides service based on an individual's level of care: Routine Home Care, Respite, General Inpatient or Intensive Comfort Care.

Routine Home Care supports patients and caregivers in a home setting with nurse, aide, chaplain, social worker, medication, durable medical equipment, etc.

Respite service is provided via contract between Vitas and a nursing home (5 days at a time). This allows caregiver time to take a break. As

of January 2017, Currently Vitas contracts with 18 Delaware licensed facilities.

General Inpatient provides a higher level of care for acute symptom management. Skilled nursing services are required to address unmanaged symptoms such as pain, agitation, anxiety, change in level of consciousness, etc. General Inpatient is provided short term until symptoms are under control at nursing home, inpatient unit or hospital.

Intensive Comfort Care is provided at home, nursing home or assisted living setting. Individual requires a higher level of care for acute symptom management with a minimum of eight hours per day.

The Vitas Team shared that there is a lack of knowledge regarding the appropriateness of hospice services. In addition, the team shared that many healthcare providers are reluctant to have the end of life discussion. Finally, the team mentioned that there is a lack of understanding of the Medicare Hospice Benefit.

Dr. Langan shared that since Vitas is reimbursed as a federal healthcare provider, therefore Vitas staff may not actively facilitate access to medical marijuana: not able to complete state-mandated access forms; order marijuana for client; pick up/deliver marijuana to client or transport medical marijuana to client.

Gary Black (23 year Army veteran) is Vitas Veterans Liaison and provides community outreach to veterans and their families throughout Delaware. In particular, Vitas supports the We Honor Veterans Program.

The goal of We Honor Veterans Program is to provide the best possible care for veterans and honor veteran's preferences. This is achieved through education, resources, and technical assistance to health care professionals caring for Veterans, including those whose military service, combat experience, or other traumatic events that may come to light during their dying process. There are four levels of the We Honor Veterans Program – Delaware Vitas is the only fourth level provider in Delaware.

A vast majority of veterans are not enrolled in Veterans Administration and may not be aware of end of life services and benefits.

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.
3. Facilitate Delaware's mission to improve the oral health goals set forth in the Healthy People 2020 report and the Surgeon General's Oral Health Report.

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

To contact DHSS Division of Public Health Bureau of Oral Health and Dental Services: 302. 744.4554 or webpage:

<http://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html>.

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.
 - B. 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, medial facility, etc.
3. Participants may receive supplemental benefits

More information regarding the State Office of Volunteerism: www.volunteerdelaware.org.

III. JOINT SUNSET COMMITTEE

The Commission oversees the Joint Sunset Committee's 2006 recommendations made for the Division of Long Term Care Residents'

Protection and reviewed as follows:

- The Division of Long Term Care Residents' Protection established a Quality Assurance Review Team (QAR Team) that reviews deficiency reports quarterly. The QAR Team provides a written quarterly report to the Commission regarding any upgrades to "G" level or above and downgrades to "G" level or below by the QAR Team, setting forth the number of such downgrades and upgrades at each facility and the reason for each. Quarterly reports are submitted to the Commission on the 15th of every September, December, March and June.
- A Medical Director was added to the QAR Team who reviews medical records, advises the Division on medical issues, testifies on the Division's behalf at Informal Dispute Resolution hearings, and participates in the QAR Team.
- The Division of Long Term Care Residents' Protection submits a written quarterly report to the Delaware Nursing Home Residents Quality Assurance Commission identifying a nursing home's noncompliance with staffing ratios by shift under Eagle's Law (16 Del. C. §1162).

IV. LEGISLATION AND REGULATION REVIEW

The Commission received notice of regulations and legislation effecting long-term care residents in the State of Delaware during 148th General Assembly, including:

HB 160 – An act to amend Title 16 of the Delaware Code relating to End of Life Options, This bill is out of Health & Human Development as of 6/7/2017.

HB 195 w/ HA1, HA2 – An act to amend Title 16 of the Delaware Code relating to nursing facilities, Long Term Care Facilities and Services. This bill is in House Health & Human Development as of 6/31/17.

HB 196 – An act to amend Title 2, Title 11, Title 16, Title 18, Title 19, Title 24 and Title 30 of the Delaware Code relating to Long Term Care Facilities. This bill is with House Health & Human Development as of 6/21/17.

HB 201 – An act to amend Title 24 of the Delaware Code relating to Telemedicine was signed by Governor 7/12/17.

HB 208 – An act to amend Title 29 of the Delaware Code relating to the Division of Long Term Care Residents Protection. This bill is with Health, Children and Social Services as of 6/29/2017.

HB 210 – An act to amend Title 16 of the Delaware Code relating to the Delaware Medical Marijuana Act was signed by Governor 7/2/17.

HB 225 w/HA1 – An act to amend Title 16, Title 24, Title 25 and Title 29 of the Delaware Code relating to the Division of Long Term Care Residents Protection. This bill is with Senate Health, Children and Social Services as of 6/29/2017.

HCR 36 – Recognizing June 15, 2017 as “Delaware Elder Abuse Awareness Day” in Delaware was passed in the House 6/15/2017.

SCR 11- Honoring the 2017 All-State award recipients of the Delaware Health Care Facilities Association during National Nursing Home Week was passed in the Senate 5/3/2017.

V. COMMISSION STAFFING

The Delaware Nursing Home Residents Quality Assurance Commission members hired a full-time Administrative staff person as of January 31, 2007. The Administrative Office of the Courts manages the salary and budget of this position. The staff represents the Commission and works closely with State Agencies and other stakeholders to aid in

the quality of care for residents in licensed Delaware State and Private Nursing Homes and Assisted Living Facilities.

VI. NURSING HOME AND ASSISTED LIVING FACILITY VISITS

Commission Staff and members of Delaware Nursing Home Residents Quality Assurance Commission visited 36 nursing homes and 18 assisted living facilities during July 1, 2016 and June 30, 2017. The purpose of the visits was to promote an atmosphere of information sharing so that the Commissioners would be able to fulfill their responsibility to monitor the effectiveness of the quality assurance system in the State of Delaware. Staff and Commissioners interacted with facility administrators, staff, residents and families.

In addition, the staff received phone calls from family members and the community regarding:

1. How to locate long-term care and/or assisted living facility services;
2. Who to contact regarding Money Follows the Person or Nursing Home Transition services;
3. Which State agency would investigate a nursing home or assisted living facility complaint;

4. How to locate Ombudsman or Guardianship assistance.

As a result of being contacted by family members and the community, the staff provided contact information and alerted appropriate agencies so they could follow-up with the individuals directly.

Staff is a member of the Delaware Oral Health Coalition that is responsible for developing the States Oral Health Plan.

Staff has been involved with training efforts in Delaware regarding elder abuse, neglect and financial exploitation of the elderly and vulnerable adult population.

VII. FACING FORWARD: COMMISSION GOALS

The Commission has set the following goals for its work in the coming months:

- Continue to review agency performance and coordination.
- Form a sub-committee to review DNHRQAC legislation and update language to reflect current practices.
- Focus on assisted living by reviewing what other states are doing to ensure quality of care and provide recommendations to the Governor and Members of the General Assembly.
- Foster and promote abuse/fraud investigation training for law enforcement and other agencies statewide.

- Monitor enforcement of Eagle's Law so as to ensure minimum staffing level compliance.
- Enhance outreach to consumers of long-term care to increase Commission profile so as to ensure the Commission is called upon to review problems and deficiencies in long term care.
- Address quality of life issues for nursing home residents including end-of-life and hospice care services.
- Identify "Gaps" in services available for aiding in the care for the elderly and disabled.
- Review educational programs such as Certified Nursing Assistants (CNA) and make educational recommendations to enhance the programs.
- Focus on employee recruitment and retention challenges to aid in the quality of care for residents.

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