

Maryland Commission on Aging
Maryland Department of Aging
301 West Preston Street Suite 1007, Baltimore, MD 21201
February 10, 2016
Minutes

Members Present: Stuart Rosenthal, Chair; Sharonlee Vogel, Vice-Chair; Maria Jimenez; Rose Maria Li; Louise Lynch; Dot Principe; Mary Ellen Thomsen

Members Absent: Hon. Barbara Frush; Hon. Jordan Harding; Michael McPherson

Staff Present: Rona E. Kramer, Secretary of Aging; Dina L. Gordon, Deputy Secretary of Aging; Stevanne A. Ellis, State Ombudsman; Rosanne B. Hanratty, Staff to the Commission; Andrew Ross, MDoA

Guests: Tricia Nay, M.D., Executive Director, Office of Health Care Quality (OHCQ), Department of Health and Mental Hygiene (DHMH); Michael Mannozi, Chief of Staff, OHCQ, DHMH

Chair's Greetings and Introduction: Mr. Rosenthal noted that the Maryland Legislature's Baby Boomer Initiative had produced a report after several years of research, but that the Initiative (on which he sat representing both the Commission and the business community) had sunset, leaving an excellent report not well disseminated. The Commission has been invited by the Initiative's former chair to take up the report and attempt to generate some interest in its recommendations. Mr. Rosenthal has invited one of its authors to address an upcoming meeting so we can decide whether, and how, to proceed.

Mr. Rosenthal then welcomed and introduced the new Deputy Secretary, Dina L. Gordon. Ms. Gordon told those present that she comes to MDoA with 20 years of experience in the not-for-profit sector. Immediately before assuming her position at MDoA, she was the Executive Director of the Greater Washington, DC/Virginia Chapter of the Crohn's Disease and Colitis Foundation. Commissioners introduced themselves to Ms. Gordon, provided information on their backgrounds, and explained their goals for their service on the Commission.

Secretary's Remarks: Secretary Kramer said that the Department's budget proposal had been released and had been submitted to the General Assembly as part of Governor Hogan's budget. The budget contains additional funds for senior centers to correct an error in the distribution of funding in prior years. In addition, the Department has sponsored a bill in the current session to modify the statute of the Senior Center Operating Fund program so that the definition of "distressed jurisdiction" conforms to other sections of the annotated code.

Secretary Kramer also said that the Department had modified the formula it utilizes to determine the level of funding necessary for the required "maintenance of effort" (MOE) for continued

federal funding. In prior years, the Department's MOE reporting was higher than the necessary amount--which then became part of the base MOE requirement. This necessitated the Department to begin asking for deficiency appropriations in order to meet the MOE requirements. Under the present administration, the Department analyzed the federal regulations regarding MOE and then worked with its federal partners to realign the Department's MOE calculation based on reporting of only those amounts necessary to meet the federal requirements.

Secretary Kramer also explained another major issue that the Department's new fiscal officer had identified. This issue had been partially identified in an audit done under a previous administration but had not been fully addressed. The Department had been including in its budget a higher dollar amount for federal grants than could be substantiated and that the Department had actually received. This situation had necessitated the Department's requesting a total of \$6 million in state deficiency appropriations cumulatively over the last several years. Going forward, the budget submitted by the Department will include only actual amounts for the federal grants that the Department receives.

Secretary Kramer described a medication management demonstration program that the Department plans to introduce in a number of affordable housing units. In the future the feasibility of including programs such as this in services paid for by Medicaid will be examined. This is consistent with the Department's goal of reducing older adults' movement from the community into nursing homes by enhancing older adults ability to successfully manage the treatment for their chronic health conditions.

Approval of the December 9, 2015 Minutes: The minutes were adopted without change.

Legislative Update: Mr. Ross, the Department's legislative liaison, said that the analysis of the department's FY 2017 budget proposal by the nonpartisan Department of Legislative Services would be received in the following week. He also stated that one Departmental bill passed the full Senate as of the date of the Commission meeting. This bill deals with clarifying certain funding for senior centers, which the Secretary had explained in her remarks.

Mr. Ross stated that the Department is following the progress of other bills introduced in the current session. These include bills dealing with guardianship of older adults, authorization for the attorneys general to bring civil actions to recover assets of individuals who had been victims of fiscal exploitation, mandating a comprehensive report on the needs of older adults and the services being provided to address those needs, and other bills dealing with funding of programs addressing the needs of older adults. Mr. Ross said that as of the date of the Commission meeting over 1900 bills had been introduced and that 3000 bills were expected to be introduced before the end of the session.

Ms. Vogel noted that Commissioners may individually contact their state legislators regarding bills that address the needs of older adults. She requested that Department staff provide period

updates on legislation at Commission meetings. Ms. Thomsen, Ms. Lynch and Mr. Rosenthal reiterated Commissioners' ongoing interest in older adults' transportation needs and the services provided to address those needs. Secretary Kramer said that transportation issues are most appropriately addressed regionally and that the Department does not fund such services directly. Ms. Lynch stated that she believes that transportation needs of older adults should be a topic of a future joint training with local commissions and other Commissioners in attendance expressed their support for such a session.

Joint Training Event Update: Ms. Li, the chair of the training subcommittee said that the committee is moving forward to plan a training event focused on healthy aging. She stated that she had been in contact with researchers from the National Institute on Aging, who were enthusiastic about participating in the training. Dr. Luigi Ferrucci, who long ran the Baltimore Longitudinal Study of Aging, also expressed enthusiasm in presenting at the training. Mr. Rosenthal has heard Dr. Ferrucci's presentation on the BLSA and recommends it highly.

Introduction of State Ombudsman, Stevanne A. Ellis: Ms. Ellis noted that she has a background in social work and had held several positions in the past directly related to addressing the needs of older adults. She explained that she had been the Department's ombudsman specialist for two years and that she is enthusiastic about assuming the role of State Ombudsman. She also said that new federal regulations had recently been promulgated that better define and strengthen the authority of local and state ombudsmen and clarify the ombudsman's independence and authority. She stated that she is reviewing state regulations and memoranda of understanding on the ombudsmen's role to ensure that the state regulations are consistent with the updated federal regulations.

Presentation on the Mission and Activities of the Office of Health Care Quality (OHCQ)—Tricia Nay, M.D., Executive Director, OHCQ, Department of Health and Mental Hygiene (DHMH) (appended):

Dr. Nay explained that OHCQ's mission is to protect the health and safety of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems. In fulfilling its mission, OHCQ monitors the quality of care in Maryland's 16,499 health care facilities and community-based programs; licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders. Dr. Nay said that OHCQ monitors a rapidly rising number of facilities. Since 2011, OHCQ has had a 27% increase in the number of providers it oversees with only a 1% increase in the total number of OHCQ positions. The number of facilities has increased from 8,000 in 2008 to 16,499 in 2015, with the number of OHCQ surveyors having risen only from 120.4 to 125.0 in the same time period.

Dr. Nay said that in 2014 OHCQ published regulations on Medical Orders for Life-Sustaining Treatment (MOLST) and Physician Credentialing, Telemedicine, and Notice to Patients of

Outpatient and Observation Status. OHCQ regulations on Health care Staff Agencies, Day Care for the Elderly and Adults with Medical Disability, Cosmetic Surgical Facilities and a Uniform Emergency Code were published in 2015. Revisions to the nursing home regulations and to those on assisted living facilities, as well as psychiatric inpatient facilities and hospital palliative care, are in development. Dr. Nay suggested that the Commission extend Paul Ballard, from the Attorney General's office, an invitation to present at a future Commission meeting if Commissioners were interested in learning more about MOLST.

Dr. Nay noted that OHCQ had recently completed a strategic planning process that resulted in designating four overarching strategic goals: internal consistency in employee policy and procedures; regulatory efficiency by using limited resources to fulfill mandates; maintaining public confidence, including consistent, timely and transparent interaction with stakeholders; and quality improvement within OHCQ. As part of the regulatory efficiency initiatives, OHCQ conducted a comprehensive review of regulatory and statutory requirements, revised facility survey procedures, enhanced employee training, engaged in proactive interaction with stakeholders and set in place an internal quality improvement process.

Dr. Nay also supplied updated statistics on numbers of nursing home facilities, surveys and cited deficiencies. The number of licensed nursing homes from FY 2012 through FY 2015 has remained steady at approximately 232. Initial surveys of new nursing home providers in those years ranged from one to three annually. In FY 2015, OHCQ received 2968 complaints and facility self-reported incident reports. Of these, 913 were allegations of resident abuse.

Dr. Nay said that the most frequently cited deficiencies in nursing homes in FY 2015 included deficiencies in: provision of care for the highest well-being of residents; accuracy and completeness of records; maintaining the facility free from accidents and hazards; and resident care plans. Other common cited deficiencies included those in maintaining drug records and a drug regimen free from unnecessary drugs. Dr. Nay also stated that in FY 2015 there were 54 allegations of deficiencies for the highest categories of actual harm and immediate jeopardy of residents.

Dr. Nay noted that the number of assisted living facilities requiring annual surveys had grown substantially in the four years (FY 2012-2015) covered in the OHCQ report. She indicated that OHCQ recognized that, with numerous inspection tasks having been added, "regulatory creep" had occurred in surveys of assisted living facilities. To address this, OHCQ utilized an evidence-based review to identify the primary tasks to be included in an annual survey. This resulted in a targeted survey that maximizes the use of federal software. Dr. Nay said that the targeted survey ensures that essential processes are in place to maintain the health and safety of residents, while the number of hours required for each survey has decreased. As a result, OHCQ was able to survey 70% of assisted living facilities in FY 2015, a significant increase in the percentage of surveys completed. OHCQ has also met its goal of performing an average of 80 assisted living licensure renewal surveys a month.

Preliminary data from the refined survey process indicate that deficiencies regarding quality of care and quality of life are being cited at approximately the same rate as under the previous survey procedure. Based on these data, Dr. Nay said she believes that the most important deficiencies in assisted living facilities continue to be identified.

Dr. Nay summarized the most frequently cited deficiencies identified in surveys in assisted living facilities in FY 2015. The most frequent deficiency was in medication management and administration. Other frequently cited deficiencies were in staff qualifications, delegating nurse staffing and procedures, and physical plant requirements. In addition, OHCQ is in the process of delivering training on assisted living required plans of correction which outline how an individual facility will address the deficiencies for which it has been cited.

Dr. Nay described the OHCQ grant program to enhance and reward effective quality assurance efforts. The program awarded \$744,750 in grants in state FY 2014. The source of the funds for the grants is the monies collected in fines levied for facility deficiencies. Dr. Nay also provided summary statistics on adult medical day care facilities and home health agencies which OHCQ regulates as well as data on hospices in Maryland.

Ms. Jimenez noted that the Affordable Care Act contained provisions that deal with readmission to acute care hospitals of patients discharged to nursing homes and assisted living facilities and asked Dr. Nay if there had been any data generated on the readmissions. While Dr. Nay said that she did not have any current data, she noted that facilities are required to do annual reports to the Maryland Health Care Commission. Ms. Lynch asked about the level of care classifications of assisted living facilities. Dr. Nay stated that 94% are licensed for levels 2 or 3 [higher complexity of resident impairment and care] and that there are a very small number of facilities licensed for level 1 [lowest complexity of resident impairment and care]. Dr. Nay also clarified, in response to questions, that the OHCQ grants are awarded on a rolling basis and that the grant applications follow a structured format consistent with CMS requirements.

Other: Ms. Vogel stated that, based on the experience of colleagues who had utilized the Maryland Access Point (MAP) website, some of the website deficiencies she had discussed with Teja Rau, Chief, Long Term Services and Support, and other Department staff, appeared to still be present on the website. She suggested that volunteers be identified to test the MAP site. Ms. Gordon said that she would refer the issue to Ms. Rau. [Ms Rau has since followed up with Ms. Vogel.]

In response to Commissioner questions, Mr. Ross said that he would keep the Commission informed on the bill to establish a “Senior Call Check,” as described by Del. Ben Kramer at the December Commission meeting. He clarified that the Department had not taken a position on the bill and that he would keep the Commission informed on the bill’s status.

Ms. Hanratty said that she continues to work on securing speakers for upcoming meetings, including Howard County Executive Allan Kittleman. Mr. Rosenthal stated that Monica

Schaeffer would present on the report of the Maryland Baby Boomer Initiative Council at the March meeting. [since rescheduled]

Adjournment: The meeting was adjourned at 12:00 PM

Minutes submitted by Rosanne B. Hanratty