

**Oversight Committee on Quality of Care in Nursing Homes and Assisted Living
Facilities Maryland Department of Aging
Wednesday, December 4, 2024 (Virtual Meeting)
12:30 – 2:30 pm**

Members Present

Carmel Roques, Secretary, Maryland Department of Aging
Claudia Balog, 1199 SEIU, United Health Workers East
Kirsten Bosak, Dir., Health and Behavioral Policy, Department of Disabilities
Karrie Craig, State Long-Term Care Ombudsman
Gail Gannon, Carroll County, LTCO
Anne Geddes, Mental Health Assoc. of MD
Kathryn Graning, Mid-Atlantic Lifespan
Molly Kirsch, Hospice & Palliative Care Network of Maryland, Talbot Hospice
Karin Lakin, Maryland Association of Adult Day Services
Stefani O’Dea, Behavioral Health Association
Megan Peters, Alzheimer’s Association
Heather Reed, Maryland Department of Health
Joanne L. Smikle, Consumer Representative
Tia Witherspoon, Executive Director, Office of Health Care Quality

Members Absent

Delegate Tiffany Alston
Senator Pamela Beidle
Alan Breitler, Consumer Representative Seat #3
Tammy Bresnahan, AARP
Virginia Crespo, United Seniors of Maryland
Joseph DeMattos, Health Facilities Association of Maryland (HFAM)
Catherine Hamel, MD Hospital Association
Marcy Hunter, Exec. Dir., Seabury at Springvale Terr.
Delegate Ken Kerr
Beverly Mylar, Consumer Representative Seat #2
Senator Justin Ready
Greg Seseck, Dir., Office of Adult Services, Department of Human Services
Karen Sylvester, AAA Director, Prince George’s County
Heang Tan, AAA Director, Baltimore City

Staff Present

Lisa O’Connor, Maryland Department of Aging
Carol Fenderson, Office Health Care Quality
Tyler Babich, Legislative Services
James McGill, in for Heang Tan
Amanda Celentano, Maryland Department of Aging

Welcome and Updates: Secretary Carmel Roques

Welcome by Secretary Carmel Roques and Introduction of new committee member:

- Tia Witherspoon, Executive Director, Office of Health Care Quality
- Karrie Craig, Director, Long Term Care Ombudsman and thanked Amanda Celentano for filling in while that position was vacant

Approval of Annual Report

The Annual Report was approved by the Committee via Google Form that was emailed to all members and sent to the Governor's Office, House Speaker and Senate President. If we receive any feedback, we will let the members know.

Approval of Minutes

There were not enough voting members present for a quorum. The minutes from the December 4, 2024 and November 13, 2024 meeting will be sent via Google Form that will be emailed to all the members for approval or edits.

Presentation: Office of Health Care Quality Annual Report: Tia Witherspoon, Executive Director, Office of Health Care Quality

A presentation of the Annual Report from Office of Health Care Quality

- Background, Mission and Vision: To protect the health and safety of Marylanders and ensure public confidence in the health care system and community service delivery system
- Have 7 units across OHCQ, AGs Office and OET (Office of Enterprise Technology) for Technical Support
- OHCQ is MD State Survey Agency and on behalf of CMS, conducts certification activities and makes recommendations regarding certification
- Core Function: oversees 47 types of providers and programs; State Licensure and Federal Certification
- Role of OHCQ; Given authority by Secretary to licensure and re-licensure on State side; Given authority from CMS for certification and re-certification activities.
- OHCQ Overview: Supporting the Surveyors: Administration, Quality Improvement, Tech Support
- Oversight of Providers: 47 provider types and programs OHCQ is responsible for, this is a 5.5% increase in number of providers overseen by OHCQ, between FY23 and FY24; lesser known are cosmetic surgery centers, tissue banks and hospitals in correctional centers
- For the 2nd year in a row, growth was primarily in: Residential Service Agencies, Health Care Staffing Agencies, Sites serving individuals with developmental disabilities and Clinical laboratories
- OHCQ experienced an 18% growth rate in total number of licensed providers over the past 3 years
- In FY24, OHCQ received 10 new merit positions one vacancy
- In FY25, OHCQ received 15 new merit positions, actively looking to fill, in the Long Term Care Unit
- 7 Year Staffing Plan: Planning to increase to keep up with demand
- LTC Unit Scope and Purpose: License, certify, and survey Maryland's 222 nursing homes
- Ongoing Responsibilities: Annual surveys, Complaint Surveys, On-site revisit surveys, LSC (Life Safety Code) surveys, Resident Funds Surveys, and CHOW surveys (Change of Ownership)
- OHCQ FY25 Priorities in addressing nursing home backlog: Secure the base for certified Health Facilities Surveyor Nurses (merit positions), Training, Improve efficiencies and Subcontract with certified nurse surveyors

- Stats and trends
- Assistant Living Unit Scope and Purpose: Oversees all 1,625 assisted living programs, including those that participate in the Medicaid waiver program, Completes surveys for precicensure, licensure, inspection of care, change of ownership, change of the level of care, and follow-up, Investigates complaints and facility-reported incidents and allegations of unlicensed assisted living programs, Unlike nursing homes, there is no CMS component for Assisted Living Facilities
- Assisted Living Levels of Care: Level 1 – Low: A resident needing occasional assistance or support in one or more personal care or health related areas, Level 2 – Medium: A resident needing great (substantial) assistance or support in one or more personal care or health related areas, and Level 3 – High: A resident needing extensive and frequent help to ensure that several personal or health related areas are maintained
- ALU Program Stats
- OHCQ's Regulation Update Page
(<https://health.maryland.gov/ohcq/Pages/Regulations.OHCQ.aspxV>)

Questions/Discussion/Comments (summarized)

Q: Are there any ramifications from CMS's point of view if surveys are not conducted in the time frame that they are required?

A: We have state performance measures from CMS every year. If they're not met then we have to come up with a corrective action plan. Ultimately CMS has the authority to take away our 1864 agreement which is what gives us the authority to perform these surveys.

Q: Do you have any information to share with us about civil money penalties in Maryland and where we are this year in comparative years? Both Fed and State CMP.

A: That information I can get for you.

Comment: It is helpful for this committee to understand that OHCQ has responsibilities well beyond what you do for the nursing home and assisted living sectors.

Q: A question regarding vacancies in surveying the other provider types or was this really specific to nursing homes and assisted living or was there more generally an issue with surveyors for other provider types in Maryland?

A: This presentation was specifically for nursing homes and assistant living and we are looking at staffing across the board at OHCQ to see where we can increase based on the demand. We do not have any vacancies in our lab unit or our developmental disabilities program. Our vacancy rate at the agency is very low. Our annual report, which is posted on our website, talks about completion of reports in each of the facility types that we have.

Q: How many assisted living surveyors they are there are at this point?

A: There are 36. There is a lot of training going on, but in FY25, they should all be trained. We do have a couple vacancies in assisted living.

Q: Are the regs going to go back into the register? I'm curious what the process for those will be to get them finalized and released.

A: Correct. They were in March 22nd of last year's Maryland register. The assisted living regulations are going through the internal extensive review process, but they are top priority of the Maryland Department of Health and there's not a freeze this year DLS announced and so we're hoping to see those regs sometime in the early part of 2025 as repropoed.

Q: One of the things that this committee is aware of is the work of the Moving Forward Coalition the recommendations that came out of the, I believe, the Academies for Health Science Engineering Medicine, the Federal recommendations that came forward and the Moving Forward Coalition has worked on making those something that are actionable across states and I know it's taking a very broad view of how do you improve quality in nursing homes, from ownership issues, to resident councils, to survey, and I wondered if you had any thoughts you could share with us in terms of what you see or if you see any need for the overall survey system to be modernized or perhaps take a different approach.

A: One thing that we used to hear from states is how long it takes surveyors to get trained has always been an issue. SMQT training could take a year and sometimes longer for surveyors to get trained and certified to be able to go out on their own to do a survey. The federal government has been working on ways to streamline the training and another item that they were also looking at is data modernization.

Q: We frequently hear the survey process doesn't always lead to better quality of care. Is there a way to better align the survey process itself and the punitive results of negative of a bad survey?

A: As we mentioned in the presentation, facilities are only required to meet the minimum standard that's in the State and Federal regulations. If they're meeting that minimum, then sometimes our hands are tied at OHCQ. What we are trying to do is provide more education to our provider community. We're going to be doing that at OHCQ by looking at the trends that we're seeing in our immediate jeopardy, trends that we're seeing in the survey. We can't give recommendations, but we can tell you we can definitely share with providers kind of what we're seeing, what's the trend that we're seeing when we're going out, what are things that are putting residents in immediate jeopardy we can share that information and I think that's where we're going to start with that.

We're bringing on a new medical director at OCQ that will be helping us to drive that forward and that is how we envision us starting this process is providing more education and technical support to our provider community.

Q: Are you having the opportunity to meet with the provider organizations in Maryland to have some discussion directly with them?

A: Yes. We're meeting with them to get a feel for what's going on in the provider community. Next year, one of the initiatives that we're going to start, we may do it quarterly, is a fireside chat or a call with where we can take a topic and educate our providers on where they can call in and listen to it. We're going to be recording it as well so that providers can download it at any time and go back and listen to it. That was kind of the big overarching theme that I got from the provider associations.

Proposed Dates for 2025 Were Approved

- Wednesday, April 9: 12:30-2:30 (*MD Legislation January 8 - April 7, 2025*)
- Wednesday, July 18: 12:30-2:30 (*this date was a change to the Wednesday, July 16 previously given*)
- Wednesday, Oct. 1: 12:30-2:30
- Wednesday, Nov. 12: 12:30-2:30
- Wednesday, Dec. 3: 12:30-2:30

Adjournment

Meeting adjourned at 1:00 pm