

Maryland Commission on Aging
Maryland Department of Aging, 301 West Preston Street, Suite 1007, Baltimore , MD, 21201
April 15, 2015
Minutes

Members Present: Stuart Rosenthal--Chair, Sharonlee Vogel--Vice-Chair, W. Lee Hammond, Hon. Jordan Harding, Marial Jimenez, Louise Lynch

Members Absent: Sandie Callis, Hon. Barbara Frush, Michael McPherson, Chandhok (Jesse) Singh

Staff Present: Rona E. Kramer, Esq., Secretary of Aging; Stephanie Hull, Deputy Secretary of Aging; Alice H. Hedt, State Long-term Care Ombudsman; Rosanne B. Hanratty, Staff, Commission on Aging

Approval of Minutes: The March, 2015 minutes were approved with additional discussion of Maryland Access Point (MAP) local funding to be supplied by Mr. Rosenthal.

Presentation—Maryland Ombudsman Program Update—Alice H. Hedt, State Long-Term Care Ombudsman: The Maryland Ombudsman is Alice Hedt, a member of the Department of Aging staff. Ms. Hedt presented background on the Maryland Long-Term Care Ombudsman program; described ombudsman program improvements; and outlined FY 2014 data on program personnel, utilization, and types and frequency of complaints in nursing homes and assisted living facilities.

The MD Dept. of Aging (MDoA) commissioned a 2009 report by an independent national expert to evaluate the State Ombudsman program and make recommendations for its improvement and hired Ms. Hedt to implement the recommendations. Working with Ms. Hedt is one full-time ombudsman specialist and one-third full-time equivalent (FTE) administrative assistant.

Since 2009 several improvements have been made including,

- in 2010, passage of MDoA-sponsored legislation to align Federal and State ombudsman statutes;
- implementation of a workload-based funding formula to equitably allocate local ombudsman resources based on number of nursing home facilities and beds and geographic size of the local program;
- establishment of ombudsman certification requirements for all employed and volunteer ombudsmen utilizing national curricula and assessment tools;
- establishment of a stakeholders group; and

- expansion of the volunteer component of the MD long-term care ombudsman program from 98 to the present 155.

Presently there are 19 local ombudsman programs with 36 FTE paid positions located in the 19 Area Agencies on Aging (AAAs). The 155 volunteer ombudsmen, of whom 94 are certified, contributed \$548,093 worth of service time in FY 2014.

Ms. Hedt explained that the long-term care ombudsman program serves over 47,000 people in 231 nursing homes and 1514 assisted living facilities across the state. In FY 2014 ombudsmen made over 11, 000 facility visits; addressed almost 3,000 complaints; and provided approximately 10, 500 consultations to individuals, and almost 5,400 to facilities. Of the complaints, 37% came from residents, 35% from a relative or friend of a resident, 6% from the facility or its staff, and 12% were from anonymous sources. Another 10% were from a variety of sources such as clergy, bankers and other private and public agencies.

Ms. Hedt said that the most frequent complaint concerning both nursing homes and assisted living facilities were issues involving discharges, such as discharge planning, notice, procedures and eviction. The second most frequent complaint in nursing homes involved inadequate resident care plans and assessments. Difficulties with medication were among the top ten complaints in both types of facilities, as were staff shortcomings in exhibiting respect and acknowledging the dignity of residents. Complaints about accidents, injury or falls and failure to respond to requests for assistance were also in the top ten.

Ms. Hedt stated that rapid, unanticipated growth in the number of assisted living facilities presents the greatest challenge to regulators and surveyors in the Department of Health and Mental Hygiene (DHMH), Office of Health Care Quality (OHCQ) and to the ombudsman program. She said that the "Nursing Home Compare" feature of the Centers for Medicare and Medicaid Services (CMS) website provides detailed information on nursing homes, their staffing and survey results but there is no similar resource for assisted living facilities. She observed that the public may incorrectly assume that because the DHMH OHCQ licenses assisted living facilities, it provides monitoring similar to that provided for nursing homes. She noted that OHCQ capacity to do so has not kept pace with the unprecedented growth in assisted living facilities.

Ms. Hedt informed the Commission that OHCQ will shortly publish in the *Maryland Register* revised nursing home regulations for public comment. She said MDoA and stakeholder groups have been working with OHCQ on the revisions and that the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities, which Secretary Kramer chairs, has been briefed on many of the proposed changes. Ms. Hedt said that OHCQ will utilize a similar

process of informal stakeholder meetings and comments to revise the assisted living regulations.

During the subsequent discussion with Commissioners, Ms. Hedt said care for residents with mental and behavioral health issues, including dementia, is especially challenging and that OHCQ had formed a Behavioral Health Workgroup to address some of those issues in the pending nursing home regulations. Ms. Lynch reiterated Ms. Hedt's observation about mental health issues, adding that treatment needs of veterans with post-traumatic stress disorder was an additional example of the challenge of providing care for residents with behavioral health impairments.

Ms. Jimenez said she had a concern about the increasingly common decision by nursing home operators to specialize in short-term rehabilitation rather than long-term skilled nursing care. Reimbursement for rehabilitation, often paid for by Medicare, tends to be higher than for long-term care-- a large portion of which is paid for by Medicaid. Ms. Jimenez stated that this decision may result in reduced availability of long-term care beds and decreased provider choice for potential residents. She also stated that complex multi-tiered ownership structures present a challenge to consumers and regulators in assigning accountability for performance issues.

Mayor Harding requested the minutes reflect compliments to Ms. Hedt for the efforts she has made to enhance the long-term ombudsman program.

Secretary's Remarks: Secretary Kramer described the modified AAA area plan approval cycle-- implemented to ensure distribution of state and federal funds to AAAs coincident with the beginning of the fiscal year on July 1. Mr. Hammond complimented the Secretary and MDoA on the improved process, noting that a AAA in his jurisdiction had in the past been obliged to seek bridge funding until its area plan was approved.

Secretary Kramer also outlined the process to effect the 2% state-wide across-the-board spending cuts necessary to balance the FY 2015 budget. The cuts were effectively 4% because spending reductions were implemented half-way through the fiscal year. Each AAA director was asked to identify the specific cuts his/her agency could best absorb. Secretary Kramer complimented AAA and MDoA staff for their efforts in revising the area planning process and responding to spending exigencies.

She also referred to a funding and policy issue MDoA identified with conversion of nursing home beds to assisted living beds. Mr. Rosenthal requested that Marty Roach, Chief, Division of Continuing Care Retirement Communities be invited to the May Commission meeting to brief Commissioners on this issue.

Status Report on Tentative Joint Training: Mr. Hammond and Ms. Hanratty outlined the facilities, services and costs for the training if it is held at Chesapeake College, as well as a proposed agenda for the training session. The agenda proposed two morning keynote addresses with questions and answers and an afternoon program and policy update session. Commissioners decided that one keynote speaker will be Teja Rau, Chief Long Term Services and Supports, addressing Maryland Access Point (MAP) and the services and programs, such as Community First Choice, to which it is a portal. Mr. Hammond said the training subcommittee would identify a second keynote address topic and speaker. He also stated that, in light of the uncertainty of MDoA funding for the training, he had identified a possible grant funding source on the Eastern Shore. Ms. Hanratty will work with Mr. Hammond to assess the feasibility of securing funding and preparing a grant application.

Talking Points on MAP Program and Funding: Deputy Secretary Hull summarized a background document on MAP prepared at the Commission's request. She said MAP is a "first-stop" for individuals seeking information and access to available long-term services. It is the point of entry for all long-term Medicaid programs, including the MD Community First Choice program, an uncapped Medicaid entitlement program serving individuals with long-term care needs in their homes. She stated MAP helps to appropriately divert people from nursing home care, providing desirable quality of life and potentially saving money for the state because average Medicaid nursing home costs are approximately double average Medicaid costs for individuals enrolled in Medicaid home and community-based programs.

Deputy Secretary Hull explained the Federal government provides a 50% match for state and local funds invested in certain activities related to Medicaid outreach, planning for services, and assistance with enrollment—which fall within the scope of MAP services. Beginning in 2016, MDoA, through DHMH, will request the match provided there are sufficient state and local funds invested in MAP.

Other: Mr. Hammond, on behalf of an Eastern Shore local commission on aging, asked about the legal requirement for AAAs to establish local commissions on aging, and their relationship to the functions of AAAs. Deputy Secretary Hull noted that the provision for local commissions is in the Older Americans Act. Ms. Hanratty will provide the statutory language to commissioners. (There are still two counties in Maryland without local commissions on aging. They are Caroline and Allegany Counties.)

Discussion of topics for remaining 2015 meetings of the Commission on Aging was tabled.

Adjournment: The meeting was adjourned at noon.

Minutes submitted by Rosanne B. Hanratty