



OHCQ Report to the Oversight Committee State Fiscal Year 21

Tricia Tomsko Nay, MD, Executive Director
Office of Health Care Quality

November 10, 2021



Office of Health Care Quality

- Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health (MDH) charged with monitoring the quality of care in 45 types of health care facilities and community-based programs (47 types in FY 22)
- Mission: To protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems



Functions of OHCQ

- Licensure: Issues licenses, authorizing a facility to do business in the State
- 2. Certification: Recommends certifications to the Centers for Medicare & Medicaid Services (CMS), which allow a facility to participate in the Medicare and Medicaid programs
- 3. Survey: Conducts surveys to determine compliance with State and federal regulations
- 4. Technical Assistance: Provides technical assistance to applicants, licensees, consumers, and other stakeholders



OHCQ is an Agent of CMS

- The Centers of Medicare & Medicaid Services (CMS) has designated OHCQ as Maryland's state survey agency
 - Social Security Act mandates the establishment of federal minimum health and safety and CLIA standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs
 - In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies
 - Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers
 - On behalf of CMS, OHCQ conducts certification, recertification, and CLIA activities



Purpose of Certification

- OHCQ makes recommendations regarding certification of a provider or supplier to CMS
- Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid
- If a provider or supplier is not certified, they are not eligible to receive any Medicare or Medicaid funds



OHCQ's Strategic Planning Process

- Regulatory efficiency and effectiveness: Efficient and effective use of limited resources to fulfill our mandates
- 2. Core operations: Focus on core business functions and maintaining accountability
- 3. Customer service: Consistent, timely, and transparent interactions with all stakeholders
- 4. Quality improvement: Sustain an internal quality improvement process



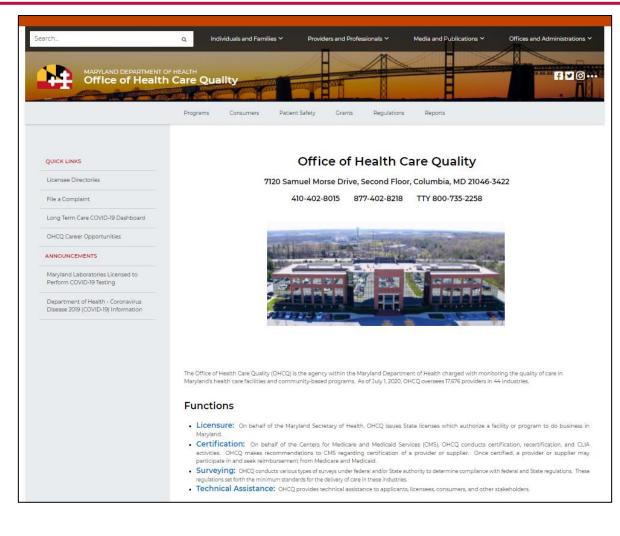
Agile Technology Modernization

- Implemented internal- and external-facing dashboards for employees, consumers, applicants, providers, and other stakeholders
 - Organize important information in a single on-line location that is easily accessible from any device connected to the Internet
 - Internal dashboards provide real-time information about tasks and deadlines, allowing supervisors to more effectively manage personnel and data



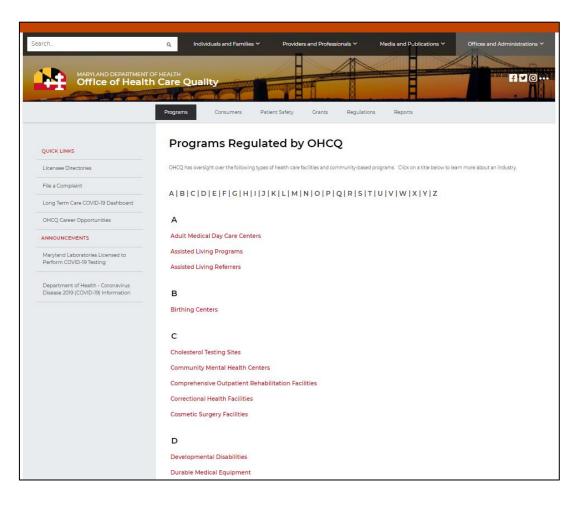
During the COVID pandemic, OHCQ remained committed to clear communication

Website Modernization



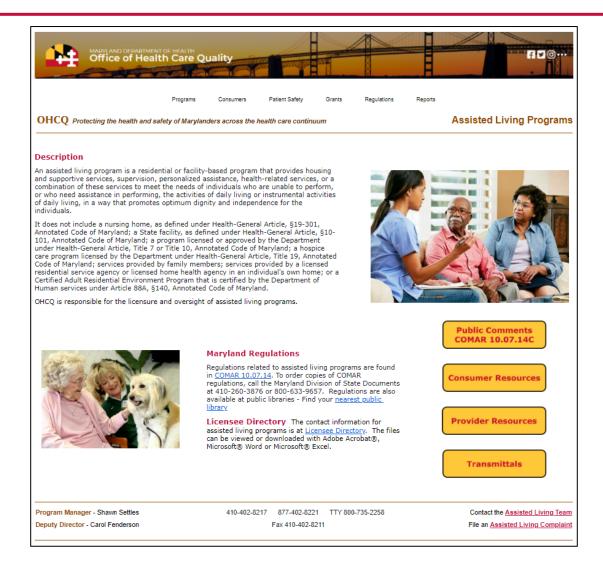


Program Specific Information



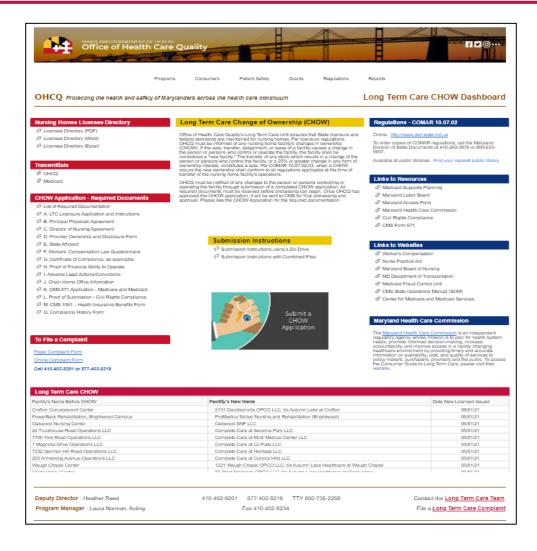


Assisted Living Dashboard



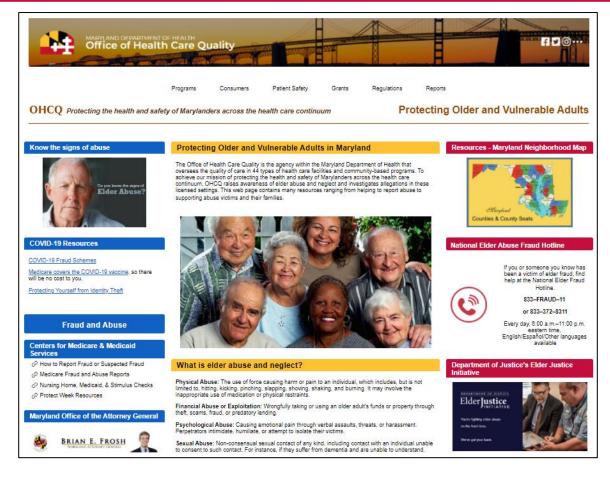


Long Term Care CHOW Dashboard





Protecting Older and Vulnerable Adults



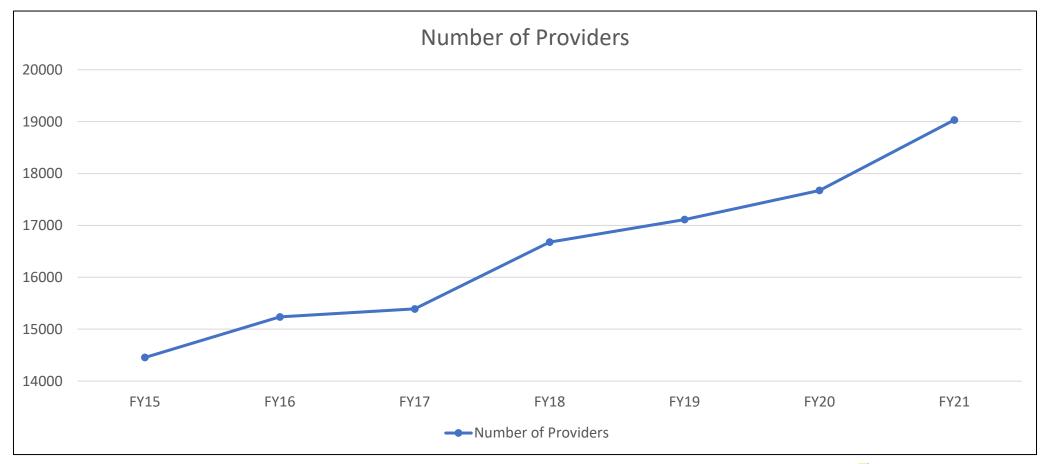


OHCQ's Oversight of Providers in FY 21

- As of July 1, 2021, OHCQ oversees 19,032 providers in 45 industries
- 7.7% increase in the number of providers overseen by OHCQ
- Primarily in residential service agencies, health care staff agencies, and clinical laboratories.



Number of Providers Under OHCQ Oversight





Long Term Care Unit

Office of Health Care Quality



Long Term Care Unit

• Determines if nursing homes are complying with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations, as well as administrative reviews



Reprioritization of Long Term Care Activities

- March 4, 2020: CMS reprioritized nursing home survey activities.
- March 16, 2020: Maryland Secretary of Health issued an order limiting survey activities in certain circumstances. The Secretary rescinded this order on October 1, 2020.
- August 17, 2020: CMS granted that normal survey activities could resume once a state entered phase 3 of reopening
 - Maryland, with the exception of Baltimore City, Anne Arundel County, Montgomery County, and Prince George's County, entered Phase 3 on September 4, 2020, at 5:00 p.m.



New State and Federal Nursing Home Mandates

- Focused Infection Control (FIC) survey for nursing homes
- HB0674/SB0704 Nursing Homes Transfer of Ownership
- Surveys related to COVID-19:
 - Testing requirements
 - CRISP reporting requirements
 - Review of emergency plans
- Informal and formal State and federal appeals



Nursing Homes Statistics

Units of Measurement	FY19	FY20	FY21
Number of licensed nursing homes	227	227	226
Initial surveys of new providers	1	0	0
Annual full surveys	172	84	27
Focused infection control surveys	N/A	38	434
Follow-up surveys (onsite)	22	35	33
Complaints and facility self-reported incidents	3,902	4,182	4,067
Complaints and self-reported incidents, investigated	2,417	1,350	2,281
Compliance with COVID-19 testing	N/A	N/A	47
Compliance with COVID-19 CRISP reporting	N/A	N/A	99
Emergency plan reviews	N/A	N/A	78
Follow-up surveys (offsite)	N/A	N/A	277



Most Frequently Cited Federal LTC Deficiencies in FY 21

Federal Tag	Description of Tag	Total Citations
F 656	Comprehensive Care Plan	124
F 842	Resident Records - Identifiable Information	121
F 684	Quality of Care	110
F 657	Care Plan Timing and Revision	101
F 623	Notice Requirements Before Transfer or Discharge	101
F 880	Infection Prevention and Control	97
F 584	Safe, Clean, and Comfortable Homelike Environment	81
F 812	Food Procurement, Store, Prepare, Serve Sanitary	81
F 641	Accuracy of Assessments	78
F 689	Free of Accident Hazards, Supervision, Devices	75
F 550	Resident Rights and Exercise of Rights	73
F 761	Label and Store Drugs and Biologicals	71
F 757	Drug Regimen is Free from Unnecessary Drugs	58
F 758	Free from Unnecessary Psychotropic Meds	57
F 756	Drug Regimen Review	56
F 625	Notice of Bed Hold Policy Before and Upon Transfer	54
F 580	Notify of Changes	48
F 655	Baseline Care Plan	47
F 692	Nutrition and Hydration Status Maintenance	44
F 697	Pain Management	37

Scope and Severity of Federal Deficiencies

- Federal nursing home deficiencies are rated from A L, based on scope and severity, with L being the most serious
 - Scope is the prevalence and is based on the number of residents affected by the deficient practice
 - Severity is an assessment of the actual or potential harm to residents caused by the deficient practice
 - Most serious deficiencies are G through L: Situations where the facility's noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident



Actual Harm and Immediate Jeopardy Deficiencies - FY 21

Federal Tag	Description of Tag	G	Н	I	J	K	L
F 550	Resident Rights, Exercise of Rights	1					
F 563	Right to Receive or Deny Visitors		1				
F 578	Right to Refuse, Formulate Advance Directives	1			2		
F 600	Free from Abuse and Neglect	5					
F 603	Free from Involuntary Seclusion	1					
F 678	Cardiopulmonary Resuscitation (CPR)				2		
F 684	Quality of Care	2					
F 686	Treatment to Prevent or Heal Pressure Ulcers	2					
F 689	Free of Accident Hazards, Supervision, Devices	10			7		
F 692	Nutrition and Hydration Status	1					
F 698	Dialysis				1		
F 773	Laboratory Services – Physician Order	1					
F 880	Infection Prevention Control				2	5	3
F 812	Food Procurement, Store, Prepare, Serve Sanitary						1
F 835	Administration						1
F 908	Essential Equipment - Safe Operating Condition						1
	Tags at G or above – 50	24	1	0	14	5	6

State and Federal Sanctions Imposed on Nursing Homes

Type of Sanction	FY18	FY19	FY20	FY21	FY22 First Quarter
Civil money penalties levied, State	0	0	49	86	108
Directed plans of correction, State	0	0	0	0	103
Civil money penalties levied, federal	36	23	76	70	15
Directed plans of correction, federal	0	0	0	43	18
Denial of payment for new admissions	1	4	2	14	4
Total Number of State and Federal Sanctions	37	27	127	213	248*

^{* 83% (206} of 248) are related to non-compliance with requirements for CRISP reporting or testing



Nursing Homes Statistics

Units of Measurement	FY19	FY20	FY21
Number of licensed nursing homes	227	227	226
Initial surveys of new providers	1	0	0
Annual full surveys	172	84	27
Focused infection control surveys	N/A	38	434
Follow-up surveys (onsite)	22	35	33
Complaints and facility self-reported incidents	3,902	4,182	4,067
Complaints and self-reported incidents, investigated	2,417	1,350	2,281
Compliance with COVID-19 testing	N/A	N/A	47
Compliance with COVID-19 CRISP reporting	N/A	N/A	99
Emergency plan reviews	N/A	N/A	78
Follow-up surveys (offsite)	N/A	N/A	277



GNA Abuse and Maryland Nurse Aide Registry

- When OHCQ substantiates that a GNA has abused a nursing home resident, the case is reviewed by OHCQ's LTC Abuse Unit
 - May be referred to the Office of the Attorney General's Health Occupations Prosecution and Litigation
 - GNA may be placed on the Maryland Nurse Assistant Registry
 - Administrative appeal process: If a ruling is in the favor of OHCQ, the Maryland Board of Nursing places the GNA on the registry
 - Registry is permanent for abuse, but in neglect cases, the GNA may petition OHCQ after a year to be removed
 - Since October 2013, 7 GNAs have been added to the nurse registry



Audits of Resident Fund Accounts

- Unannounced audit with the nursing home's business office staff:
 - Bank records, statements, and reconciliations for at least 12 months
 - Closed accounts since the previous audit
 - Disposition of expired residents' personal funds
 - Unclaimed property reports
 - Withdrawals for all residents for at least 12 months, including transaction receipts and supporting documentation
 - Quarterly statements for 4 consecutive quarters
 - Surety bond
 - Admissions contracts



Assisted Living Unit

Office of Health Care Quality



Assisted Living Unit

- Oversees all assisted living programs, including those that participate in the Medicaid waiver program
- Completes surveys for prelicensure, 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



Assisted Living Programs Statistics

Units of Measurement	FY19	FY20	FY21
Number of licensed assisted living programs	1,563	1,650	1,672
Initial surveys	114	153	164
Renewal surveys	994	626	817
Other surveys	71	85	100
Complaints and facility self-reported incidents	1,152	1,120	1,079
Complaints investigated	1,092	1,194	1,192



Most Frequently Cited AL Deficiencies in FY 21

State Tag	Description of Tag	Number of Citations
2600	Other Staff Qualifications	170
2550	Other Staff Qualifications	147
2780	Delegating Nurse	146
4910	Emergency Preparedness	145
4900	Emergency Preparedness	142
3330	Service Plan	141
4630	General Physical Plant Requirements	138
3680	Medication Management and Administration	135
2000	Administration	102
2220	Assisted Living Manager	99
1440	Licensing Procedure	97
3960	Resident's Rights	96
3380	Service Plan	89
3420	Resident Record or Log	85
2560	Other Staff Qualifications	79
2730	Other Staff Qualifications	76
2530	Alternate Assisted Living Manager	75
2280	Assisted Living Manager	74
3790	Incident Reports	74
4750	Emergency Preparedness	73

Unlicensed Assisted Living Programs

- An unlicensed assisted living program is a facility that is not licensed, but provides housing and supportive services, supervision, personalized assistance, and/or health-related services to meet the needs of residents who are unable to perform or need assistance in performing activities of daily living
- Anyone can file a complaint, including residents, family, employees, neighbors, EMS, police, or others



Investigation and Substantiation

- Investigation: Surveyor uses observation, interviews, and review of available documents; may monitor the site at various hours and days; and may review AMDC records and interview AMDC staff
- If substantiated, OHCQ issues a violation notice
- The law allows the owner 30 days to come into compliance by submitting an application or by moving all residents out of the unlicensed program and cease operation



Residents of the Unlicensed Assisted Living

- If OHCQ receives an application, the owner is cooperating and there is no immediate threat to the health and safety of residents, then the residents may remain at the program throughout the licensure process
- If OHCQ has not received an application, OHCQ does a repeat visit after the 30th day to determine if residents have been re-located
- If no application was submitted and residents remain on the repeat visit, then a felony violation notice and a civil money penalty of \$10,000 is imposed on the owner



Assisted Living Referrers

- Senate Bill 966 in 2021 required all referrers to assisted living programs to register with OHCQ by October 1, 2020.
- A referrer is an individual or agency that
 - makes referrals to assisted living programs without cost to the person receiving the referral and
 - 2) is compensated by an assisted living program or other third party for referring individuals to a licensed assisted living program.
- 55 assisted living referrers have registered with OHCQ.
- To date, OHCQ has not received any complaints related to AL referrers.

Staffing Analysis

Office of Health Care Quality



OHCQ Staffing Plan FY 18 - FY 24

- Allows for controlled growth and for flexibility to adapt to changing needs
- Considers historical data as well as anticipates changes in federal and State oversight and industry trends
- A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated and is progressively improving compliance with mandates



OHCQ Staffing Requirements, FY 18 - FY 24

OHCQ Unit	Position	FY18	FY19	FY20	FY21	FY22	FY23	FY24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	5
Long term care	Nurse surveyor	1	4	3	5	1	3	4	21
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
Long term care	Nurse trainer surveyor	1	0	0	0	0	0	0	1
Assisted living	Coordinator	1	0	0	1	0	0	0	2
Assisted living	Nurse surveyor	0	2	1	0	2	2	2	9
DD	Coordinator	1	1	1	0	1	0	1	5
DD	Nurse surveyor	1	2	2	2	0	1	2	10
DD	Coordinator special program surveyor	0	1	1	1	0	0	0	3
DD	Administrative officer III	0	0	0	0	4	2	1	7
DD	Office secretary II	1	0	0	0	0	0	0	1
Federal	Coordinator	1	0	1	0	0	0	0	2
Federal	Nurse surveyor	0	0	0	1	1	1	0	3
Federal	Triage specialist	0	0	0	0	1	0	0	1
Federal	Assistant deputy director	1	0	0	0	0	0	0	1
Federal	Health policy analyst	1	0	0	0	0	0	0	1
State	Health policy analyst	1	0	0	0	0	0	0	1
Positions per fiscal year		12	12	10	10	10	10	10	74

Surveyor Staffing Deficit Projected for FY 22

- OHCQ continually works to decrease unnecessary administrative burden for the agency and providers
- Where possible, vacant administrative positions are reclassified to conduct survey, certification, and licensure activities



Surveyor Staffing Deficit Projected for FY 22

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit	
Long Term Care	54.5	79.55	25.05	
Federal	22	22.99	0.99	
Assisted Living	33	36.99	3.99	
Developmental Disabilities	46	52.75	6.75	
Laboratories	6	7.97	1.97	
Totals	161.5	200.24	38.74	



Long Term Care Unit

- Long term care surveyor: 11.5 months of training and must pass a national exam
- Consider this example of a hypothetical survey activity:
 - Each certified surveyor completes an average of 12 activities a year
 - Year 1: 10 certified surveyors complete <u>120</u> activities
 - Year 2: 10 certified and 2 new surveyors complete <u>108</u> activities
 - A new surveyor decreases the productivity of a certified surveyor by 50% for a year
 - Year 3: 12 certified surveyors complete <u>144</u> activities



Health Care Quality Account Grant Program

Office of Health Care Quality



Health Care Quality Account Grant Program

- Funds collected from civil money penalties imposed by CMS or OHCQ to nursing homes and by OHCQ to assisted living programs
- Support activities that improve the quality of life of individuals who reside in nursing homes and assisted living programs
- Three non-lapsing special funds:
 - Federal nursing home account
 - State nursing home account
 - State assisted living account



Grant Applications

- Applications are accepted throughout the year
- Grants are awarded on a rolling basis, contingent on funding
- Committee reviews the applications:
 - OIG, OAG, and OHCQ (Fiscal Officer, Deputy Director of Federal Programs, Deputy Director of Long Term Care, Deputy Director of State Programs, and Chief Nurse)
- CMS determines the use of federal funds



Available Balances in Funds

- As of June 30, 2021, the current assets balance available was:
 - \$11,398,462 Nursing Home Federal CMP Account
 - \$1,564,344 Nursing Home State CMP Account
 - \$53,288 Assisted Living State CMP Account
- As of June 30, 2021, the reserve funds are:
 - \$1,500,000 NH Federal CMP Account
 - \$100,000 NH State CMP Account
 - \$50,000 AL State CMP Account

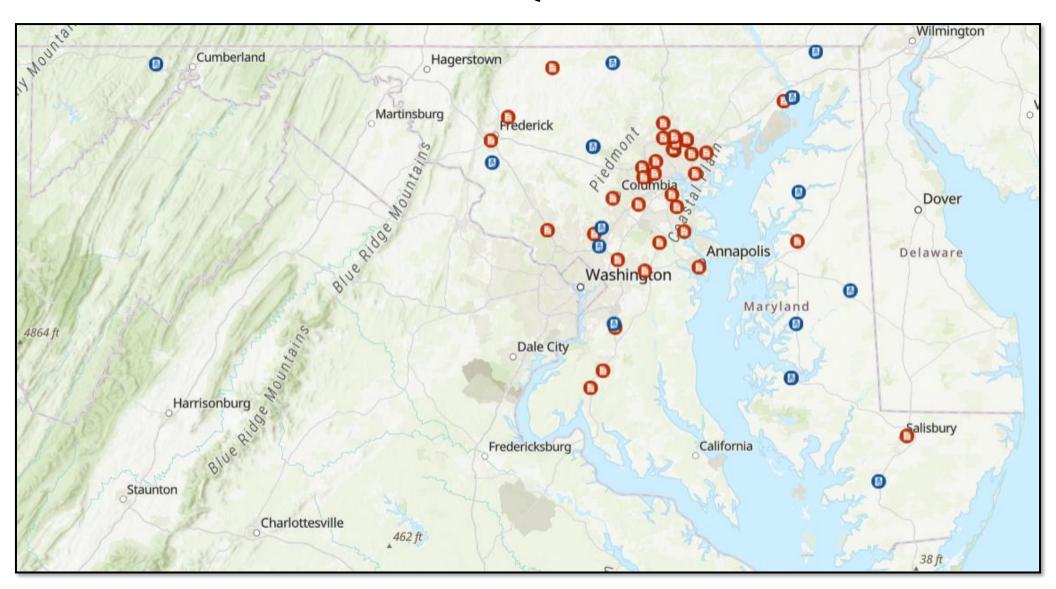


HCQA Grants

- The Beacon Institute: Nursing Home Behavioral Health Certification Program, \$23,797 federal NH funds
- Mental Health Association of Maryland: Engage with Other Adults Behavioral Health Skills Training for LTCF Direct Care Workers, \$67,892 federal NH funds
- CMP Maryland State Plan: \$81,455 federal NH funds for OHCQ HCQA grant administration
- Communicative Technology Grants
- Visitation Aid Grants



FY21 HCQA Grants



OHCQ Priorities for FY 22

- Adapting to new federal and State licensure, certification, and survey procedures
- Implementing technological solutions to enhance efficiency and maintain effectiveness of OHCQ's activities
- Continued investment in our staff, our most valuable resource
- Continue protecting the health and safety of Marylanders across the health care continuum



Contact Information

Office of Health Care Quality
7120 Samuel Morse Drive, Second Floor
Columbia, Maryland 20146

Tricia Tomsko Nay, MD 410-402-8055 Tricia.nay@Maryland.gov

