

DHSS & Long-Term Care in Delaware

LTC & Memory Care Task Force
Meeting #1

August 9, 2022





Oversight and Regulation

Corinna Getchell

Director, Division of Health Care Quality (DHCQ)

Overview of DHCQ

- The mission of DHCQ is to protect Delaware citizens utilizing service in acute, out-patient, and long-term health care settings through:
 - The promotion of the quality of care, quality of life, safety and security; and
 - The enforcement of compliance with State and Federal healthcare laws and regulations.
- DHCQ licenses, inspects, and regulates many acute, out-patient, and long-term healthcare facilities.
- DHCQ also investigates resident and patient complaints.



Long-term Care Facilities

- Regulatory authority: 16 **DE Code** §1102
- Facilities under the definition of “long-term care facility” include:
 - **Assisted Living Facilities**
 - 32 facilities, 4,989 beds
 - Combination of housing, supportive services, supervision, personalized assistance, and healthcare to support those who need help with activities of daily living.
 - Low – Medium level of care, many residents are relatively independent but need some assistance.
 - No staffing ratios in Code, but facilities are required to “meet the residents’ individualized needs”
 - Consistent with other states.
 - **Nursing Facilities**
 - 47 facilities, 2,456 beds
 - Residential institution which provides services to residents including resident beds, continuous nursing services, and health and treatment services.
 - Higher level of care
 - Staffing ratios established in Title 16, Chapter 11. Ratios have been waived since the beginning of the pandemic.
 - **Rest Residential Facilities**
 - 2 facilities, 44 beds
 - Housing and personal care services in a homelike environment for adults who are normally able to manage their own activities of daily living.



Memory & Dementia Care

- Dementia occurs in various stages and on a spectrum
- In Delaware, not all LTC residents with dementia reside within a dementia unit
 - Some do, and some live in units not specifically designed for dementia
- Staffing ratios
 - DHCQ queried other states regarding staffing ratios in Assisted Living Facilities
 - No other state reported having ratios set in Code, all reported they require facilities to “meet the individualized needs of the resident.”



Staffing

An illustration of five healthcare professionals standing in a row. From left to right: a man in a light blue scrub top, a woman in a white lab coat, a man in a white lab coat with a stethoscope, a woman in a white lab coat, and a man in a teal scrub top. To the right of the white lab coat group, there is another man in a teal scrub top, a man in a white lab coat holding a tablet, and a woman in a purple scrub top. All individuals are wearing white face masks. The background is a solid light blue color.

- Shortages in DHCQ
 - Workload
 - Training Requirements
 - Have been working to improve staff hiring and retention for the past several years, including by hiring a full-time nurse recruiter.
- Facility shortages
- Provider shortages
- Competition with other states and higher-paying providers



Medicaid and Long-Term Care

Lisa Zimmerman

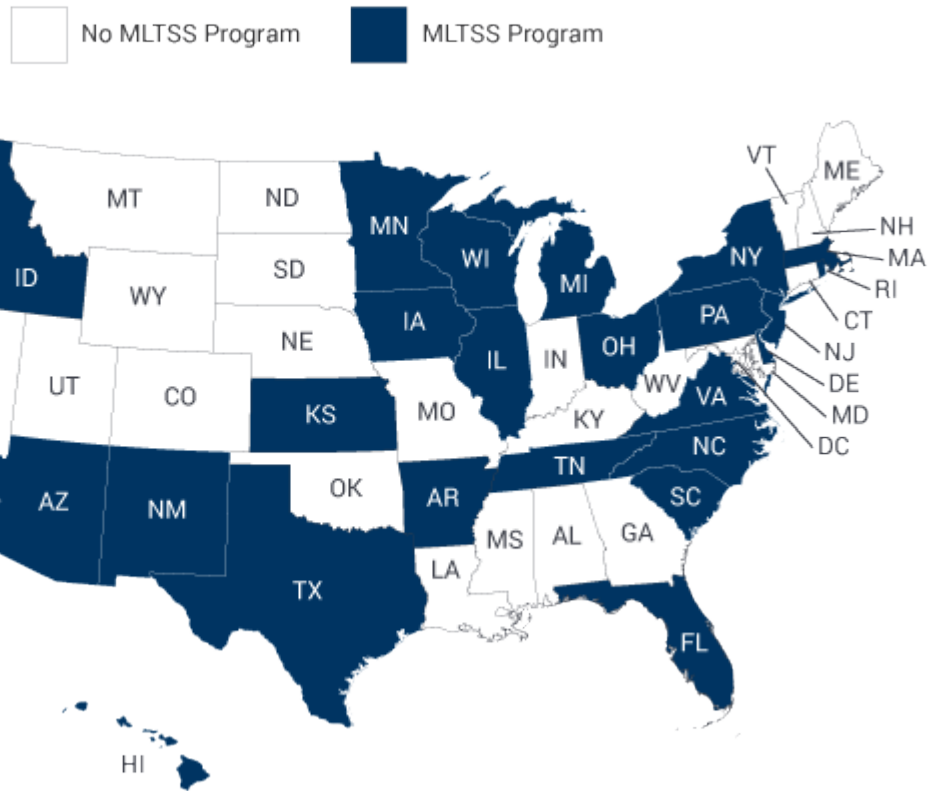
Deputy Director, Division of Medicaid and Medical Assistance
(DMMA)

Overview of DMMA

- Medicaid is a public insurance program that provides health coverage to low-income families and individuals, including:
 - Children
 - Pregnant Women
 - Seniors
 - People with Disabilities
- Oversight and administration of the program comes from the Centers for Medicare & Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services, in partnership with states.
 - Each state operates its own Medicaid program within federal guidelines, which causes Medicaid eligibility and benefits to vary between states.
 - Jointly funded by the federal government and the state.



Medicaid Long Term Services & Supports (LTSS)



- Medicaid is the primary payer across the country for long-term care services.
 - LTSS coverage extends over a continuum of settings, ranging from institutional care to community-based services.
- Eligibility for Delaware Medicaid's LTSS program:
 - Delaware resident
 - Must be in need of skilled or intermediate level of care
 - Income <250% of the Supplemental Security Income (SSI) standard
- Delaware Medicaid Managed Care Organizations (2023) include Highmark Health Options, Amerihealth Caritas, and Centene.
- Approximately 3,000 Medicaid clients in nursing homes in Delaware.





Managed Care Organizations

- Delaware began to contract with Managed Care Organizations (MCOs) to manage services for the LTSS population in 2012.
- MCOs must assign a case manager for every Medicaid client in the LTSS population.
 - Case Managers work with each member to develop a “member centered care plan” that is specific to the member’s needs and goals. Together the member and/or their family determine how they would like care provided.
 - Case managers provide face-to-face visits yearly and review care plans every 180 days. Members can change their care plan at any time.
 - Case Managers must attend all nursing facility care conferences to assure the member is receiving the care they need and want.
- If a member would like to leave LTC and return to the community, the MCOs will develop nursing facility transition plans.
 - Within 14 days of a referral, the MCO will send the case manager to the facility to meet with the member and develop a plan, including first identifying housing options.
 - MCOs have dedicated staff to assist in this transition.

DMMA Reimbursement Team

- Medicaid reimbursement nurses review each facility three times per year.
- DMMA reviews medical records for each resident at a facility who has Medicaid as a payor source.
 - Does the client have a nursing home level of care?
 - If so, what payment calculation will be assigned to the client?
- Payment calculation areas:
 - Amount of assistance needed with Activities of Daily Living (ADLs)
 - Clinical Care Items
 - Skilled nursing needs
 - Add-ons
 - Voluntary program the facility can apply for that provides additional payment for clients with rehabilitative or psycho-social needs.

*** This is a retrospective review for prospective payment. Therefore, the reimbursement level can change every 3 months.**





Supporting Delawareans with Dementia

Brian Bayley

Deputy Director, Division of Services for Aging and Adults
with Physical Disabilities (DSAAPD)



Overview of DSAAPD

- DSAAPD is Delaware's "State Unit on Aging."
- The division provides an array of home and community-based services to support individuals living with dementia, as well as their caregivers.
 - Savvy Caregiver
 - REACH through the Roslyn Carter Institute
 - Adult Day services
 - Personal Care services
 - Respite
- Operates the Delaware Hospital for the Chronically Ill (DHCI).
 - Skilled nursing facility (SNF) located in Smyrna.
 - Considered a facility of "last resort".

Dementia and Memory Care: Interventions

- Must be consistent with Centers for Medicare & Medicaid Services (CMS) requirements.
- Person-centered
 - Respect the individual, and seek to understand their unique preferences, desires, and history to best meet their needs.
- Emphasize non-pharmacological approaches.
- Encourage use of quality measurement to ensure consistent use of assessment tools.
- Enhanced coordination of Care and Multidisciplinary teams.



Continued...

- Effective non-pharmacological interventions for treating persons with dementia:
 - Yoga and Movement
 - Meditation
 - Storytelling
 - Music
 - Pet therapies
- Interventions targeted to individual needs and preferences
 - Including different presentations of dementia
 - Different times of day



Dementia and Memory Care: Training and Education

- Broad training on understanding dementia and its manifestations
- Training on effective and dignified communication strategies that do not talk down to or past the individual
- Emphasize learning how each individual communicates, and learning to interpret needs and wants based on knowledge of the resident themselves
- Training on de-escalation strategies that are compassionate, informed, and nonconfrontational.





Considerations for Creating Dementia Care Policies

- Applicability of policies to all facilities
 - Different levels and types of care provided
 - Different resident acuity levels
- Individuals with complex needs, often those with behavioral health dual diagnoses, are already often denied admission.
 - Crucial to ensure that additional requirements will not result in an increase in admission denials.
- Workforce to support.

THANK YOU

