

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYIGENE
OFFICE OF HEALTH CARE QUALITY

ASSISTED LIVING FORUM
WEDNESDAY, JULY 7, 2004 – 9:30 AM TO 11:30 AM
SPRING GROVE HOSPITAL CENTER
MARYLAND PSYCHIATRIC RESEARCH CENTER - AUDITORIUM
CATONSVILLE, MARYLAND

MEETING NOTES

Individuals in Attendance

- 1) Karen Acton, Sunrise Senior Living
- 2) Dorinda Adams, DHR
- 3) Michael Banscher, Anne Arundel
- 4) Dina Barclay, Charles County
- 5) Dianne Bryant, Voices for Quality Care
- 6) Carol Benner, OHCQ
- 7) Fran Blacker, Golden Age Retirement
- 8) Debra Campbell, Montgomery County
- 9) Jackie Carson, Brooke Grove
- 10) Sandra Cephas, Classic Residence by Hyatt
- 11) Linda Cole, MHCC
- 12) Sabrina Cooley, Lorian Health Systems
- 13) Yvette Dixon, OHCQ
- 14) William Dorrill, OHCQ
- 15) Michele Douglas, Alzheimer's Association
- 16) Otto Drengwitz, Voices for Quality Care
- 17) Sister Irene Dunn, Victory Housing
- 18) Helene Gardel, Baltimore County
- 19) Douglas Fostel, Maryland Association for Small Assisted Living Providers
- 20) Marcy Gouge, Baltimore City
- 21) Bonnie Hampton, Charles County
- 22) Wanda Harding, Morningside
- 23) Francene Hill, Montgomery County
- 24) Shirl Hirshauu, Cache House
- 25) Marie Ickrath, BMHS
- 26) Danna Kauffman, Mid-Atlantic LifeSpan
- 27) Robin Kelly, Sunrise Senior Living
- 28) Sharon Kruskamp, Asbury Methodist
- 29) Karen Lakin, Senior Network
- 30) Stephanie Lyon, Alzheimer's Association
- 31) Sheila Mackertich, HFAM
- 32) Kathy Mansberger, Baltimore County
- 33) Cinda Martin, Neighbor Care
- 34) Susanne Matthiesen, CARF
- 35) Kim Mayer, OHCQ
- 36) Phyllis Meyerson, AARP
- 37) Ted Meyerson, AARP
- 38) Marge Mularov, MHA
- 39) Robert Molder, Anne Arundel
- 40) Sharon Ohlaver, MHA
- 41) Linda Osborne, Harford County
- 42) Betty Otaro, Howard County
- 43) Joe Podson, Springvale Terrace
- 44) Leanne Purvis, Summerville Senior Living
- 45) The Honorable Shirley Nathan-Pullium
- 46) Susan Quast, Montgomery County
- 47) Bruce Raffel, Catered Living Group
- 48) Cheryl Reddick, OHCQ
- 49) Valerie Richardson, OHCQ
- 50) John Sarver, Asbury Assisted Living
- 51) Susan Shubin, Legal Aid
- 52) James Slade, Board of Pharmacy
- 53) Jill Spector, Medicaid
- 54) JoAnne Stough, Project Home
- 55) Alicia Sumilas, MHE
- 56) Nanci Target, Heartlands
- 57) Janie Torres, Baltimore City
- 58) Jean Moody-Williams, MHCC
- 59) Meta Townsend, SALA
- 60) Alise Williams, Board of Nursing
- 61) William Yang, Brooke Grove

I. Call to Order

Ms. Carol Benner, Director of the Office of Health Care Quality (OHCQ), called the Assisted Living Forum meeting to order at approximately 9:45 AM. Ms. Benner thanked everyone present for their interest in Maryland's Assisted Living Program.

II. Updates

A. Assisted Living Manager Core Curriculum – Ms. Benner reported House Bill 1190 entitled “Assisted Living Programs – Assisted Living Managers – Training Requirements”, of this past General Assembly Session requires that all program managers for assisted living programs with 17 or more beds to complete an 80-hour manager training course that is approved by the Department and includes an examination. Managers would also have to complete 20-hours of continuing education every two-years. The bill does provide for grandfathering for assisted living managers who have been employed for one-year prior to January 1, 2006. The Department has completed the development of draft assisted living manager training course core topics, with input solicited from various stakeholders. The Department is presenting the core curriculum Assisted Living Forum for its discussion and comment. The draft core topics for the proposed training program include:

<u>Core Topic Area</u>	<u>Content Hours</u>
<u>PHILOSOPHY OF ASSISTED LIVING</u>	2
<ul style="list-style-type: none"> • Philosophy and Background of Assisted Living and Aging in Place • Objectives and Principles of Assisted Living Resident Programs • Comparison of Assisted Living to Other Residential Programs • Basic Concepts – Choice, Independence, Privacy, Individuality, Dignity • Normalization of the Environment 	
<u>AGING PROCESS AND ITS IMPACT</u>	4
<ul style="list-style-type: none"> • Physical • Psychosocial 	<ul style="list-style-type: none"> • Basic Needs of the Elderly and Disabled • Activities of Daily Living
<u>ASSESSMENT AND LEVEL OF CARE WAIVER</u>	6
<ul style="list-style-type: none"> • Purpose and Process • Guidelines for Conducting Assessments 	<ul style="list-style-type: none"> • Level of Care Assessments • Collaboration with Case Manager Delegating Nurse
<u>SERVICE PLANNING</u>	6
<ul style="list-style-type: none"> • Required Services • Enhanced Scope of Services • Development of Individualized Service Plans • Scheduling of Appropriate Activities 	<ul style="list-style-type: none"> • Structure of Activities • Care Notes • Collaboration with Case Manager Delegating Nurse
<u>CLINICAL MANAGEMENT</u>	20
<ul style="list-style-type: none"> • Role of the Delegating Nurse • Appropriate Nurse Delegation • Concept of Self-Administration • Concept of Medication Management • Assistance with Self-Administration of Medications • Administration of Medications • Coordination of Services and Care Providers • Collaboration with Case Manager Delegating Nurse • Medication Error Prevention 	<ul style="list-style-type: none"> • Patient Safety • Medication Monitoring • Pharmacy Consultation • Medication Storage • Infection Control • Universal Precautions • Appropriate Staffing Patterns • Pressure Sores • Effective Pain Management

ADMISSION AND DISCHARGE CRITERIA

4

- Overview of Criteria for Admission and Discharge
- Resident Contracts
- Resident Rights
- Financial Management of Resident's Funds
- Working with Residents' Families

NUTRITION AND FOOD SAFETY

8

- Menu and Meal Planning
- Basic Nutritional Needs
- Safe Food Handling
- Preventing Foodborne Illnesses
- Therapeutic Diets
- Dehydration

DEMENTIA, MENTAL HEALTH AND BEHAVIOR MANAGEMENT

12

Overview

- Description of normal aging and conditions causing cognitive impairment
- Description of normal aging and conditions causing mental illness
- Risk factors for cognitive impairment
- Risk factors for mental illness
- Health conditions that affect cognitive impairment
- Health conditions that affect mental illness
- Early identification and intervention for cognitive impairment
- Early identification and intervention for mental illness
- Procedures for reporting cognitive, behavioral and mood changes

Effective Communication

- Effect of cognitive impairment on expressive and receptive communication
- Effect of mental illness on expressive and receptive communication
- Effective communication techniques: verbal, non-verbal, tone and volume of voice, word choice
- Environmental stimuli and influences on communication: i.e. setting, noise, visual cues

Behavioral Intervention

- Identifying and interpreting behavioral symptoms
- Problem solving for appropriate intervention
- Risk factors and safety precautions to protect other residents and the individual
- De-escalation techniques
- Collaboration with case manager delegating nurse

Making Activities Meaningful

- Understanding the therapeutic role of activities
- Creating opportunities for activities – productive, leisure, self-care
- Structuring the day

Staff and Family Interaction

- Building a partnership for goal-directed care
- Understanding families needs
- Effective communication between family and staff

Managing Staff Stress

- Understanding the impact of stress on job performance, staff relations and overall facility milieu
- Identification of stress triggers
- Self-care skills

- De-Escalation techniques
- Devising support systems and action plans

END OF LIFE CARE **4**

- | | |
|--|--|
| <ul style="list-style-type: none"> • Advanced Directives • Hospice Care • Power of Attorney • Appointment of a Health Care Agent | <ul style="list-style-type: none"> • Living Will • Pain management • Providing comfort and dignity • Supporting the family |
|--|--|

MANAGEMENT AND OPERATION **4**

- | | |
|---|---|
| <ul style="list-style-type: none"> • Role of the Assisted Living Manager • Overview of Accounting – Accounts Payable, Receivable • The Revenue Cycle and Budgeting • The Basics of Financial Statements | <ul style="list-style-type: none"> • Hiring and Training of Staff • Developing Personnel Policies and Procedures • Census Development • Marketing |
|---|---|

EMERGENCY PLANNING **4**

- | | |
|---|---|
| <ul style="list-style-type: none"> • Fire, Disaster and Emergency Preparedness • OSHA Requirements • Maintaining Building, Grounds and Equipment • Elopements • Transfers to Hospital • Evacuations | <ul style="list-style-type: none"> • Power Outages • Severe Weather • Fire • Emergency Response Systems • Security Systems |
|---|---|

QUALITY ASSURANCE **4**

- Incident Report
- Quality Improvement Processes

SURVEY PROCESS **2**

- State Statute and Regulations
- What to Expect
- Documentation

TOTAL HOURS	80
--------------------	-----------

There were some questions regarding the availability of the training course outside of the Baltimore-Washington Metropolitan region. The program will be similar in nature to those offered for GNAs and CNAs. Ms. Benner noted that any organization could apply to the Department to become approved provider of the course. It is hoped that, like with the GNA and CNA course, the community colleges in addition to the two large provider associations offer the course. It is believed that this would substantially decrease the cost of the program. All approved program providers will be listed on the OHCQ website. The Department also reported that a mass mailing to all assisted living programs with a list of approved providers will be sent out at least six months (June 2005) prior to the January 2006 effective date of the bill.

The Assisted Living Forum requested changes to the draft core curriculum. Those changes included required training in substance abuse, basic first aid and CPR.¹ There appeared to be overwhelming consensus by those present that these requirements with the amendments were more than appropriate. The next step in the process for the development of the core curriculum for assisted living managers is the development of regulations.

¹ Basic first aid and CPR training are currently required for ALM managers.

B. Assessment Tool – Lynne Condon, Education and Training Specialist with the Office of Health Care Quality, provided a report on the Assessment Workgroup’s activities in follow-up to recommendations made last year to re-evaluate the Assessment Tool and the Scoring Guideline to enhance its effectiveness. In addition, it was also recommended last year that the scoring for level two residents should be changed to 26 to 50 points which would sensitize the tool to more correctly identify the needs of individuals with dementia.

It has been noted previously that problems have been identified by providers with the present scoring ranges for the Tool being too broad. This has been attributed to: the wide range that allows for heavy care residents to be scored as level two and the majority of level two residents scoring at around 35 points or above. The current Tool does not adequately capture: behaviors that would require greater need for attention by the assisted living program manager and/or staff to manage (e.g., combativeness, biting, kicking, starting fires, disrobing, etc.); or the increased physical dependencies that when linked with behavior presents care and staffing issues (e.g., any of the above with medical complexity such as bed sores, renal dialysis, seizures, oxygen, post surgical wounds).

Preliminary revisions to the Assessment and Scoring Tool have been completed. There have been a few changes made in the two parts of the assessment and improved guidance in the Using and Understanding the Guide. Some items from the original assessments have been deleted where it was revealed that in the past these sections or items had not been completed with any degree of consistency. An example of this is in the Health Care Practitioners’ part, item 12 for the impact of diagnosis being moderate or severe. Some other data has been added such as anxiety aphasia and agitation in item 10e. There has been some reorganization in the Assisted Living Managers part with some new data in communication, eating patterns, food preferences and resident support systems. The number of pages of the Tool has not changed. The greatest changes have been made to the Scoring Tool to remove areas that had scored more than once and could have resulted in an artificial increase in points for determination of care.

During July and August preliminary testing is being conducted to determine reliability, validity and if there has been any bias built into the scoring mechanism. A number of providers had expressed interest in participating in the testing and have received copies of the draft documents. The workgroup requested that each participating facility use the Tool on at least 20-percent of their resident population, including new admissions and to stratify their sample over the current level two and level three residents. Results of the testing will begin to be evaluated in September and any necessary revisions to made after that time.

The draft Assessment Tool and Scoring Guidelines will be posted on the Assisted Living Forum’s website for provider review and comment. **It is important to remember that these documents are only drafts** and that the current Tool should be used by providers who are not participating in the testing. The documents may be accessed at <http://www.dhmd.state.md.us/ohcq/alforum/resources.htm>.

C. Medication Management - Alise Williams, a consultant to the Maryland Board of Nursing, provided an update on the medication management policy changes currently being considered by the Board. Delegating Nurse: The curriculum for case manager delegating nurse nearing completion. All nurses who current serve as a delegating nurse – approximately 1,200 to 1,500 – will be required to take the course. Administration: The curriculum for the medication administration course is still under development. The training will most likely consist of 20 hours. The core content of the course will be broken into population specific categories – i.e., assisted living, juvenile justice, school health, developmental disabilities, etc. and will include additional chapters on common disease processes, high risk and PRN medications, abbreviations, and special routes of administration. A basic reading and math examination is being developed to be used a screening tool for applicants for the course. The requirement for certification of medication technicians begins in October 2004. All Aides that are currently registered with the Board will receive certificates. Programs are encouraged to remind aides to notify the Board of any changes in their contact information.

III. Discussion: Quality Standards for Assisted Living Programs with 16 or Fewer Beds

Ms. Benner reviewed the following proposed regulatory framework for Assisted Living Programs with the Forum to determine areas of agreement:

	Awake-Overnight Staff [^]	ALM Training	On-Site Nursing
Assisted Living Program			
All Programs with 12 or more Beds	Yes	Yes	50+ beds = 56 hours per week, 8 hrs/day, 7 days per week, available 24/7 on-call 26-49 beds = 40 hours per week, available 24/7 on-call 17-25 beds = sufficient to meets the needs of residents <i>(Needs to be clarified)</i>
All LOC = 3 Regardless of Size	Yes	Yes	Sufficient to meet the needs of residents <i>(Needs to be clarified)</i>
Residential Care Homes*			
8-11 Beds LOC 2	No Agreement	No Agreement	Sufficient to meet the needs of residents
8-11 Beds LOC 1	Sufficient to meet the needs of the residents	No	Sufficient to meet the needs of residents
1-7 Beds LOC 1 and 2	Programs with fewer than 8 beds may choose either registration or licensure: <ul style="list-style-type: none"> • Registration requires compliance with minimal standards to protect health and safety. Homes will be subject to complaint investigation and enforcement (<i>Medication Admin?</i>) • Licensure is required to participation in the Medicaid Waiver Program or to receive discharges/referrals from hospitals or other health care programs. Licensed ALPs with fewer than 8 beds would be required to meet the same standards as ALPs 8-11 for LOC 1 or 2. 		
Adult Family Homes			
1-4 Beds	An Adult Family Home is defined as a private residence in which the owner of the home is the primary caregiver, resides in the home and is generally the head of household. Homes will be subject to complaint investigation and referral to Adult Protect Services. A home may not advertise as an ALP or receive referrals.		

[^]Awake-overnight staff defined as coverage between 11:00 PM and 7:00 AM.

*Areas shaded are those that there has not been agreement and are still under discussion.

The Assisted Living Forum discussed the proposed requirements for all assisted living programs with 12 or more beds and those programs regardless of size that are licensed for Level of Care 3 as it relates to awake-overnight staff, assisted living manager training and on-site nursing. There was overwhelming consensus by those present that these requirements were more than appropriate.

IV. Next Steps

The Department is tentatively planning to hold Assisted Living Forum meetings: August 11, 2004, at the Department of Health and Mental Hygiene, 201 West Preston Street, Lobby-Level Conference Room L3, Baltimore, Maryland; and, September 8, 2004, Dix Building, Basement Conference Room, Spring Grove Hospital Center, Catonsville, Maryland.

The new assisted living regulation booklets are available and may be ordered from the Office of Health Care Quality. Individuals may contact the Office of Health Care Quality at 410-402-8015 or toll-free at 1-877-402-8218 for more information or an order form can be downloaded from the Office's website at

<http://www.dhmh.state.md.us/ohcq/html/reg.htm>.

A smaller group of core stakeholders similar to a Steering Committee will meet sometime before the next Assisted Living Forum meeting to discuss Maryland's definition for assisted living and quality standards for programs with fewer than 11 beds. A report will be provided at the next Assisted Living Forum.

V. Adjourn

There being no further business before the Assisted Living Forum, the meeting was adjourned at approximately 12:00 Noon.