

Long Term Care Coordinating Council

FULL COUNCIL MEETING

Wednesday, December 14, 2005

Room 313 iV State House

Providence, Rhode Island

10:00 a.m. to 11:30 a.m.

MINUTES

I. Call to Order iV Chairman Fogarty called the meeting to order at 10:10AM.

In Attendance were:

Lt. Gov. Charles Fogarty, Chairman

Kathleen Kelly (rep. Jim Flanagan)

Maureen Maigret, Executive Director

Bill Jackson

Bonnie Sekeres

Patrick Quinn

Mary Benway

Elizabeth Morancy

Paula Parker (rep. Dir. Calise-Russo)

Karen Beauchesne (rep. Nancy Robert Roberts)

Cynthia Conant-Arp

Senator Elizabeth Roberts

Al Santos

Kathleen Spangler

Neil Corkery

John McGehearty (rep. AG's office)

Jim Benedict (rep. Dick Freeman)

Paul Tencher (rep. Sec. Brown)

Senator June Gibbs

Ray Rusin

Don Williams (guest)

Susan Sweet

Sister Marietta Walsh

II. Approval of Minutes of November 9, 2005 ¶ On motion of Mr. Corkery, seconded by Ms. Benway, the minutes were approved as distributed.

III. Chairman's Report

1. The Chair announced that several Council members were excused due to their attending the White House Conference on Aging in Washington DC and he noted the first conference was the result of a resolution introduced 47 years ago by his uncle, Congressman John Fogarty.

2. Chairman Fogarty congratulated CARELINK and DHS for the recent opening of

the PACE program which is now accepting clients. He noted that the program is the culmination of much hard work and commitment from

the CARELINK Board and state staff and announced that the official ribbon cutting will be in the spring.

3. Chairman Fogarty noted that the LTCCC had provided comment at the November 14th Public Hearing held by the Department of Elderly Affairs on proposed revisions for the Home and Community Care regulations. He stated that the current co-pay program is one of the most successful programs in the state, and that Ms. Maigret, on behalf of the LTCCC, requested that co-payment amounts be set in regulation at the same fixed amounts as in present practice and not at the discretion of DEA. This would provide opportunity for public input on co-payments and less opportunity to raise consumer portion when budgets are tight.

4. The Chairman noted that the issue of co-payments for prescription drugs for persons on Medicaid who will transition to Medicare Part D had been raised and said his office is in discussion with Senator Reed's office on the matter. He also noted that the National Legislative Association on Prescription Drug Pricing is calling on Congress to make some changes to Medicare Part D and distributed his recent, related press release. (Attachment #1)

5. Chairman Fogarty thanked Delta Dental of RI for their recent endowment, to be managed through the RI Foundation, which will assist elders and needy children of RI with much-needed dental care. The chairman acknowledged Senator Elizabeth Roberts for her work on this effort.

II. Reports

„h HEALTH ;V Ray Rusin (Attachment #2)

1. Facilities Regulation conducted annual unannounced inspections at eight nursing homes in November. Five facilities received reports outlining areas of concern to be corrected. Two facilities, Vanderbilt REHAB of Newport and Harborside-Pawtuxet Village, were deficiency free and one, Ballou Home in Woonsocket was in substantial compliance. Two facilities were not in substantial compliance.

1. Chairman Fogarty inquired about the status of the hiring of the additional surveyors funded in the FY2006 budget and Mr. Rusin reported that 4 of 6 new surveyors recently passed the federal test but there still remain 3 vacancies. Interviewing for these will occur this week and the filling of these vacancies will take approximately 3-4 months to process.

**„h Medicare Part D and Medicaid Transition Issues ;V John Young ;V
DHS**

1. Mr. Young stated that approximately 30,000 Rhode Islanders enrolled in the Medicaid program will be transitioned into the Medicare Part D program and noted that where previously they has not been a co-pay requirements for this group, there will now be a \$1.00 generic/\$3.00 brand co-payment requirement. Of particular concern, Mr. Young noted, are those people with severe psychological needs who are heavily medication-dependent and whose co-payment obligation could total \$45 or more per month when they receive possibly only \$80/month for expenses. Mr. Young stated that he anticipates some difficulties in this regard and noted that although CMS plans to honor prescriptions made in January, he

is unsure about their commitment in the months to follow. Ms. Maigret noted that for some persons in assisted living on SSI enhanced payments, their personal needs allowance is only \$55/month which will make it very difficult to afford the required Part D co-payments.

Ms. Sweet noted that even after the transition occurs, it appears the new rules will be financially burdensome for those with multiple health problems and asked if there is any help coming from DHS in this regard. Mr. Young noted that they will no longer fall under DHS's jurisdiction for prescription coverage and he noted that in most cases, the person's physician is often the most helpful for advice in this regard.

Senator Roberts announced that tomorrow, December 15th at 2:00, the Joint Committee on Healthcare Oversight would be meeting with a CMS federal official/s to report on what is happening in regard to Medicare Part D in RI. She noted that it would be a televised hearing whose airing will be repeated to give consumers opportunity to hear the testimony.

Mr. Jackson questioned whether a co-payment spending cap could be set for the severely mentally ill to which Mr. Young responded that the law would need to be changed or the state would need to pay for the obligation. He noted that legislation in this regard was discussed last year but did not pass.

Director Spangler expressed concern for those who fall in the dual-eligible group saying that they will automatically be ineligible for Medicaid/pharmacy reimbursement. She also noted that she feels the

public emphasis on seniors has overshadowed the needs for dual-eligibles who are not seniors and who largely fall in the mental health population. There are nine plans for residents at the Eleanor Slater Hospital.

Mr. Young noted that previously those who were on Medicaid had options but now dual eligible enrollment is assigned and there has not been opportunity to assign by their particular case needs, whether living in the community, group home or other setting. When asked by Director. Spangler how auto-enrollment does occur, Mr. Young stated it is evenly distributed over the plans available. Ms. Sweet said that it was noted in today's paper that there is a chance the entire program might be postponed.

„h Legislation Committee iV Senator Gibbs

Senator Gibbs stated that the Long Term Care Coordinating Council Legislation Committee had met on December 8th and had reviewed last year's bills and current issues and needs to determine recommendations for the new legislative year. The Committee will meet again January 4th.

„h Long Term Care Budget Work Group

Ms. Maigret stated that she had sent requests to the members of the Long Term Care Budget Work Group to gather information to compile the FY2005 LTC spending report and had asked that the information be submitted to her by the beginning of 2006. Ms. Maigret hopes to have the report ready by March or April of next year.

„h Roundtable on Emergency Preparedness

Ms. Maigret reported that immediately following the November 9th

LTCCC full meeting, a well-attended Roundtable Discussion on Emergency Preparedness in Long Term Care was held. She noted that the meeting was productive and identified some areas that need addressing and ways for the long term care community to be involved in this issue. The roundtable discussion group started a review of the current regulations for emergency preparedness to ascertain if there is a need for any revisions. As a follow-up to this first session, a detailed review of current state requirements for home and community care providers and recommendations from accrediting bodies will be led by Karen Beauchesne of VNA of Care New England. This study group will include other home care providers and report their recommendations for appropriate revisions to Ms. Maigret. Ms. Maigret noted that HEALTH may also consider working with the newly formed Roundtable to do a needs assessment for long term care emergency planning and she hopes to provide follow up on this matter to the LTCCC during the year.

II. Work Plans ;V M. Maigret

,,h 2005 End of Year Progress Report / 2006 Plan Development

(Attachment # 3)

Ms. Maigret discussed selected items from the Work Plan as follows:

- 1. Ms. Maigret reported that the Legislation Committee is working on legislation requiring that inspections of assisted living be done annually and that a methodology be developed for designating substandard care with appropriate follow-up action. (Page 2 ;V Item 3)**
- 2. As the PACE program has begun, Item 5 on Page 3 is now**

completed.

3. Ms. Maigret noted that in regards to Item 6-Page 3, she would like to meet with members of the Minority Elder Task Force to follow up on the results of the "Report of Survey of Services Available and Assessable to Minority Elders in RI" and determine what is being done to address those needs and how the LTCCC could be helpful.

4. In addressing long term care workforce issues, (Page 4 ;V Item 9) Ms. Maigret noted that RI Health Care Association has been instrumental in securing additional funds for nursing education at the state;s colleges. She also stated that she attended a recent event announcing that CCRI has secured federal grant money to address Allied Health professionals and that nursing would be a central component of the grant project. She noted that former President Sepe had recommended a "Nurse Faculty Equity Adjustment" in the FY2007 Higher Education budget as nursing faculty salaries needed to increase to recruit and retain nursing faculty as often their wages were not competitive with nurses in the workforce. She recommended adding a Recommended Action for 2006: #4 ;V Support Equity Adjustment for Nursing Faculty.

5. In addressing the oral health care needs of nursing home residents and other long term care clients and elders with low-income (Page 6 ;V Item 12) Ms. Maigret noted the recent endowment given for distribution to the RI Foundation by Delta Dental. Ms. Maigret asked John Young if an RFI had yet been developed and if so, what it included. Mr. Young stated that a request has been made and responses are expected next week and that these responses will be

used for developing a model of care. He stated that he had also asked for comments on a rate structure because even though this is not a budgeted item, costs need to be taken into account.

6. Ms. Maigret noted that, in regard to Home and Community Care Services (Page 7 ;V Item 13.2) the LTCCC hopes to explore the role provided by supportive services in elderly housing and hopes to have a meeting with HEALTH and RI Housing to discuss supportive services.

7. In reviewing the survey of health needs of persons using the state enhanced SSI program for assisted living (Page 7 ;V Item 14), Ms. Maigret stated that the LTCCC wants to look at a new model for behavioral health issues and assisted living.

8. The LTCCC plans to continue its advocacy for affordable prescription drugs for the elderly and persons with chronic illnesses. This will include support for full coordination of RIPAE with Medicare Part D and expansion to a RIPAE Open Formulary as a recommended action for 2006. (Page 7 ;V Item 15)

9. The LTCCC has been supporting a tax credit for those who purchase long term care insurance. As an alternative for state action, it will support Congressional legislation to expand the national "Long Term Care Insurance Partnership" program and for RI to implement such a program if the expansion to additional states is allowed by Congress.

10. Not listed on handout ;V The LTCCC has been speaking with the Alliance for Better Long Term Care about the issue of medication distribution within long term care settings and concerns related to

use of medication technicians. The LTCCC hopes to set up a work group to explore these issues. Mr. Williams noted that there is currently nothing in place to remove these people when incidents or complaints occur. He stated that they get a lot of complaints in this regard and there is no tracking method in place. Ms. Maigret stated that the LTCCC wants to look into this matter and requested emails and/or comments.

11. Additional suggested items added to work plan actions for 2006:

„h Infrastructure Items:

1. Notice to long term care providers of residents/clients who are convicted offenders on probation/parole and security screening and protocols.

1. Nationwide criminal checks.

II. Presentations

„h Choices Coalition ¡V Bob Caffrey, Chairman

Mr. Caffrey reported that, based on a report issued last year by MEDSTAT which ranked states on percentage of money used in home/community based care (Attachment # 4), RI has seen some improvements, but not much. A quick glance at the report finds RI way down at the bottom of the list and Mr. Caffrey believes it would be reasonable for RI to be spending 25% in this area instead of the 10.1% indicated. Mr. Caffrey stated that the United Way has agreed to fund a Choices Coalition proposal to hire a staff person to refocus public policy and research on home and community care issues and to organize public meetings to publicize what is happening within this

area. The group hopes to direct their efforts at lawmakers and build on the work that has already been done by the LTCCC and others. Mr. Caffrey noted that Choices wants to move into the implementation phase and to show that this is good for RI. Mr. Caffrey then introduced Mr. Alan Tavares, Executive Director of the Rhode Island Partnership for Home Care, who continued with the presentation.

Mr. Tavares cited a Vermont study done in 1991 which identified the need for increased home and community care over that of institutional care, not only because of the preference of most to remain at home when health needs increase, but also the cost savings of home care over nursing home care. Mr. Tavares stated that Vermont passed a law, ACT 160, shifting some of the state's budgeted money from institutional to home and community care, which has saved the state significant amounts of money. Mr. Tavares noted that Vermont is now well-positioned for the aging of the baby-boom population and suggested that RI would do well to follow suit soon as the process took several years to complete.

At 11:20 a.m. - Due to a schedule commitment, Chairman Fogarty needed to leave the meeting at this time and Vice Chairman, Neil Corkery, assumed presiding.

Mr. Santos raised concerns that an approach similar to Vermont's might shortchange the nursing home industry that has been budgeted certain sums. Mr. Tavares responded that if there are fewer people in nursing homes due to receiving care at home or in community settings, there would be less money needed for nursing homes.

„h Public Health Directory ;V Bryan Barrette, HEALTH / Sally Johnson, Project Coordinator

Mr. Barrette introduced the new Public Health Directory which is part of the national Public Health Information Network (Attachment # 5) being implemented under the CDC. He reported that it will keep tabs on the status of epidemics and infectious outbreaks, collect complaint data and provide alerts for emergency health situations (i.e. boil water notices) targeting specific areas and/or populations so that information gets out to the right people at the right time.

Mr. Tencher praised the program but asked if they are also working in tandem with the Emergency Management Advisory Council to which Mr. Barrette responded yes. Ms. Maigret asked about the source of the contact information to which Ms. Johnson responded that several state-owned databases are already in place to download and contacts are ongoing to build the channels with groups that own their own information which can be plugged into the system. Ms. Goldstein noted that the 911 registry identifies those people with disabilities to which Ms. Johnson stated that that would be a great list to download and that although the health directory would not be able to maintain it, it would be a beneficial list to download. Mr. Barrette reiterated that this will be an effort that requires much coordination with others. Ms. Spangler noted that coordination of the applicable state agencies occurs through the Office of Health and Human Services which has weekly meetings with Health and Human Service department heads.

II. Public Announcements and Public Comments-

No announcements or public comments were made.

III. Adjournment

Ms. Morancy moved for adjournment of the meeting, which was seconded by Mr. Santos. The meeting adjourned at 11:50 a.m..