

# **Long Term Care Coordinating Council**

## **Regular Meeting**

**June 11, 2008**

**10:00 am**

**State House Room 313**

**Providence, RI**

## **DRAFT MINUTES**

### **In Attendance:**

**Lt. Governor Elizabeth Roberts**

**Kathleen Heren**

**Bonnie Sekeres**

**Paula Parker**

**Christopher Novak**

**Joan Kwaitkowski**

**Bonnie Larson**

**Elaina Goldstein**

**Donna Rodrigues**

**Alan Tavares**

**Virginia Burke**

**Gavin Ward**

**Eric Correira**

**Ray Rusin**

**John Young**

**Robert DeCenso**

**Angelo Rotella**

**Cynthia Conant-Arp**

**Karen Amado**

**David Dosa**

**Bill Flynn**

**Roberta Merkle**

**Chairwoman Roberts called the meeting to order at 10:06am.**

**The minutes from the meeting of May 14 are approved unanimously.**

**The chair introduced Ray Rusin from the Department of Health to discuss the activities of the department on nursing home deficiency monitoring.**

**The chair asked about the pending Summit Commons licensure. Rusin stated that he expects state licensure within five days, but the department would be unable to complete Medicare/Medicaid certification with current staffing and funding levels. The department would need to be assured reimbursement for time and expenses by CMS for the completion of the certification survey.**

**The Chair introduced Dan Meuse from the office of Lt. Governor to give a legislative update. The report is available from the office of Lt. Governor. The council discussed a bill introduced by Sen. Perry and Rep. Sullivan that would allow DEA to use P/S money for co-pay programs.**

**The chair introduced Jennifer Wood to discuss the work of the Pressure Ulcer design group. Ms. Wood stated that the design group was still working, but some decisions had been made. The initiative would be a cross-setting collaborative that would include all levels of acute, post-acute, rehab, and long-term providers. The collaborative would begin as a pilot program with the expectation of moving to a state-wide collaborative. The collaborative would be modeled on the experiences of other states, including New Jersey and Colorado. The program would be managed by Quality Partners of Rhode Island. Chairwoman Roberts thanked the persons involved in the design group.**

**Chairwoman Roberts began a discussion of Global Medicaid waiver.**

**The council discussed the administration's community forums. Some members of the council expressed concern that the forums contained incorrect information about what services may continue and what services may stop under the waiver. The council discussed proposals from the department of human services regarding optional services and optional populations and how these optional decisions**

**will be made in cooperation with CMS.**

**The council discussed the Perry/Sullivan workgroups. The workgroup chairs stated that they have stopped meeting until October. The chairs stated concern that the workgroups produced a number of suggestions for the long-term care system that were not being implemented. The chairs stated that the department has developed an action plan on how to continue the work of stakeholder groups after the waiver decision is made. One major concern raised by the council was the lack of clarity of how the Perry/Sullivan structure fits in with the global waiver. The council discussed the desire to allow for Perry/Sullivan funds to be reinvested, even under a global waiver scenario.**

**The council discussed the level of care criteria being developed by the department. The council first discussed the assessment procedure, which will be a new tool. The assessment tool will be used not only to determine eligibility for services, but also to match patients to the best service mix. The council discussed the use of assessments and reassessments. The department stated that the level of care criteria will not be used to remove a person from a nursing home. The council also discussed whether the costs of care were considered as part of the assessment.**

**The council discussed the process of reassessments for patients in care. Reassessments will occur in all settings. The council discussed**

**the following scenario: If a patient enters a program on the highest level of care and responds well to treatment and makes progress, does that patient risk being dropped from highest level of care to high level of care and therefore risk losing all services? That question was not resolved.**

**The council also discussed the personnel that would be used for assessments. The council discussed the department's proposal that the current plan calls for departmental staff within hospitals to perform assessments and to work with discharge planners. Additionally, significant training of discharge planners would occur. The council discussed the role of discharge planners and the additional training needed. The chair suggested a workgroup for discussing the concerns around discharge planning.**

**The meeting was adjourned at 11:07am**