



## Long Term Care Coordinating Council

Regular Meeting

June 10, 2009

10:00 am

Department of Labor and Training, 1511 Pontiac Avenue  
Cranston, RI

### *Draft Minutes*

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Chairwoman Lt. Governor Roberts	Jim Nyberg
Director Corinne Calise Russo	Donna Martin
Director Craig Stenning	Maureen Maigret
Virginia Burke	Marcia Mascena
Cynthia Conant-Arp	Elaina Goldstein
Bonnie Sekeres	Susan Sweet
Kathleen Heren	Ryan Simmons
Ray Rusin	Helen Drew
Maria Barros	Janet Anderson
Robert DiCenso	Steve Jennings
Dawn Wardyga	John O'Hara
Lillian Magee Lloyd	Roberta Merkle
Alan Tavares	Anne Mulready
Ken Pariseau	Holly Garvey
Elena Nicolella	Jennifer Wood
Edwin Alvarez	Daniel Meuse
Lori Rossi	

Chairwoman Roberts called the meeting to order at 10:08am

The minutes of the previous meeting were approved

The chair recognized Ray Rusin from the Department of Health to report surveying results of the office of facilities regulation. Mr. Rusin stated that in May there were 6 surveys with no citations for sub-standard quality of care. The office also revisited 5 facilities that were being monitored

due to previous citations, there were no new citations for sub-standard quality of care. The office also investigated 5 complaints made to the office.

The chair introduced the presenters at this month's meeting, which included representatives of the Departments of Health, MHRH and DCYF. The presenters discussed the effects of the waiver on their departments.

The chair introduced Helen Drew from the Department of Health. Ms. Drew stated that the biggest impact on Health was the costs not otherwise matchable (CNOMs) for grants made to community health centers. Beyond those grants, Health does not play a large role in the Medicaid system. The council discussed whether VNA grants from the Department of Health would qualify as CNOMs. Ms. Drew stated that she was not sure and would check with Medicaid officials. The council also discussed the department's HIV/AIDS program, and its possibility as a CNOM or waiver-expanded program. Ms. Drew stated that almost all of the funding for this program is from the federal government already, and the effect of applying it as a CNOM would be negligible.

The council also discussed the important role of the department of health as changes are proposed to the Medicaid system. The council expressed a sense that the regulator of long-term care providers should play a large part in any plans to change the long-term care system.

The chair introduced Dr. Janet Anderson from the Department of Children, Youth and Families (DCYF). Dr. Anderson stated that DCYF, in 2001 and 2002, began examining the systems of care that it provided, with an overall goal of increasing family involvement for children under its care and increasing the level of individualized supports. Since that time, DCYF has been successful at transitioning children from residential facilities and providing them with community based services in the least restrictive setting. The waiver allows DCYF to examine what new, individualized services had been paid for with state-only dollars and whether those could become CNOMs.

An additional benefit of the waiver to DCYF is for children with the highest clinical needs. Often these kids cannot be services with the provider mix in Rhode Island and therefore are sent to out-of-state facilities at extremely high costs. The waiver may encourage providers in Rhode Island to pick up some of these kids so they can remain in-state. DCYF currently has between 600 and 700 children in residential treatment facilities and about 100 children are in out-of-state facilities. The care for those 100 kids is often more than \$100,000 per year.

Dr. Anderson pointed out an important distinction that DCYF tends to focus on those children with behavioral health issues. Children with other special health care needs are handled by programs at the Department of Human Services. Dr. Anderson also stated that one of the biggest challenges in Rhode Island's current system is the bridge between DCYF services and MHRH services.

The council discussed the challenges in the fragmented systems run through DCYF, specifically that there are two separate system depending on diagnostic factors. Additionally, the council

discussed the fact that while the services provided to kids and to the elderly are different, the systems are similar and can learn from one another.

The chair introduced Craig Stenning, Director of MHRH. Director Stenning discussed the programs for MHRH and where it sees an influx of persons needed services. The first bubble comes from persons transitioning out of the school systems or DCYF care systems. The other bubble is persons in their 40's and 50's who lost a caregiver (usually a parent). Often, these older persons never received any services from MHRH in the past.

Director Stenning discussed the Mental Health system, which is 78% Medicaid funded, is almost entirely community based, including assessment and eligibility functions. However, the system is not based around a patient's needs, but around a set of regulations. For example, one program might mandate that you receive 8 hours of treatment per month – no more, no less – regardless of your needs. MHRH is currently running a pilot program designed to break this model and provide capitated payments for services.

The council asked if MHRH separates service based on diagnosis? Director Stenning stated that there are services that are provided for different diagnosis groups, such as supportive employment, and that those services are available. The council discussed whether services will be better integrated with the waiver, or if there will still be siloed services. Director Stenning discussed that Medicaid is not the service provider, but rather the funder. If a person qualifies for a program and is Medicaid-eligible, that is when Medicaid becomes involved. He stated that there will always be some siloed programs for certain diagnoses, but the goal is to make sure that the system can provide the entire suite of services that a person needs regardless of diagnoses.

The council discussed the path that a person with a physical disability would take through government programs throughout their life. It would start with Early Intervention (Department of Human Services) from birth to 3. From 3 to 18 (or 21), services would be run through the school district. Then, there could be a number of different programs that a person could enter, including ORS, MHRH or others.

The council discussed an issue that nursing homes have been reporting more often recently. There are a larger number of older persons with mental health issue appearing in nursing homes. Other providers agreed, stating that more people with mental health issues are entering the elder long-term care system at earlier ages.

The council also discussed the Eleanor Slater Hospital. Director Stenning stated that the department is currently reviewing ESH to determine what lines of service it should continue to offer.

The chair thanked the guests for attending the meeting.

Robert DiCenso announced that the Board of Directors of the Alliance for Better Long Term Care selected Kathy Heren as the permanent Executive Director.

The meeting adjourned at 11:48am.