



## Long Term Care Coordinating Council

Regular Meeting  
April 7, 2010  
10:00 am  
Johnston Senior Center

Johnston, RI

### *Minutes*

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Chairwoman Lt. Governor Roberts	Jim F. Vargas
Ray Rusin	William Camara
Craig Stenning	Paula Parker
Donna Martin	Bonnie Larson
Kathleen Heren	Maureen Maigret
Angelo Rotella	Dawn Wardyga
RM Stineman	Denise M. Saran
Marylouise Gamache	Rick Baccus
Jim Nyburg	Rebecca Martish
Dottie Santagata	Marie O'Loughlin Jenkins
Rebecca Martish	Jennifer Wood
Edwin Alvarez	Daniel Meuse
Virginia Burke	
Alan Tavares	James Flanagan

Chairwoman Lt. Governor Roberts called the meeting to order at 10:02 am.

The chairwoman thanked Anthony Zompa for hosting the LTCCC at the Johnston Senior Center.

The chairwoman moved new business to the top of the agenda, due to concern about the flooding. Ray Rusin reported that nursing homes and other LTC centers have escaped the flooding largely unscathed, while some urgent care and primary care centers have been harder hit. The concern at primary care centers is that many old medical records are stored in basements, and some have been largely destroyed in areas affected by flooding. Council members emphasized that while nursing homes largely avoided physical damage, many nursing home employees left their own houses and families to come to work at nursing homes, causing significant strain. Further concerns included care for seniors living at home, evacuation of

seniors into hotels and motels, debris removal, and medication continuity during an emergency. The chairwoman proposed that the LTCCC form a work group to examine nursing home protocol for emergency situations. A meeting date for the working group will be determined, and an email will be sent out asking for participants.

Discussion ensued about the Department of Health's Special Needs Emergency Registry. Council members emphasized the importance of the registry, but concern was expressed about identifying one's diagnosis on the list in terms of confidentiality. Reassurance was provided that the registry information relates to functional limitations, not diagnoses. The functional limitations information enables first responders to know how best to help those enrolled in the registry should an evacuation become necessary.

The minutes were approved unanimously.

Ray Rusin provided an update on nursing home deficiencies monitoring. Mr. Rusin discussed the notice and procedural requirements of the monitoring process: he reviewed the sequence in which the monitoring and public notice process occurs which can lead to the perception that not all reports are being made public at the time that findings are made because of the need to provide the information to the facility and obtain facility response.

Discussion was held of the monitoring visit to the Rhode Island Veterans Home. Mr. Rusin emphasized that the RI Veterans Home is not currently being monitored for substandard quality of care, and that it has entered in a consent agreement with the department. The home has also contracted with an outside group to review management concerns, and contracted with patient safety organization to monitor medication errors. Kathleen Heren reported the very positive findings of the Alliance staffer assigned to the Veterans Home.

Council members discussed how monitoring of nursing homes differs from monitoring of other health facilities. Mr. Rusin pointed out that the current occupancy of the RI Veterans Home is 165 individuals, and that a documentation issue was found with only one individual. General Baccus from the RI Veterans Home pointed out that the facility also receives significant press coverage, unlike many other long-term care centers. Angelo Rotella pointed out that nursing homes are being measured against perfection, and that a single error identifies a facility as out of compliance. The chairwoman emphasized that people do understand that there are levels of error, and that throughout healthcare, perfection is the standard. Dawn Wardyga pointed out that there is an opportunity, as we begin implementation of health care reform, for some changes to equalize review standards across settings.

Director Craig Stenning led a discussion of the MHRH budget. He focused on a major consolidation plan in the 2011 budget. MHRH will be vacating three buildings at the Cranston campus, and consolidating all services in the footprint of the major hospital space, within the Reagan building, and in two adjoining buildings. This consolidation will allow for an expansion of services, and allow for more efficient and effective staffing. Mr. Stenning highlighted that if this plan is approved, there will not be the opportunity for an alternate plan in the future. He also discussed major reform initiatives being proposed in mental health and developmental disabilities: the articulated goal of these initiatives is to take available dollars, provide flexibility

to the community provider network, and maximize the number of individuals served. He emphasized that the reform does not represent a decrease in dollars, but instead, a projected increase in the number of people served.

Director Stenning then addressed a new budgeting proposal. Currently, 80% of MHRH's dollars are spent through Medicaid, which is a very prescriptive system, and creates wide disparities in the type of services received by individuals. He proposed a move towards a per-person rate, but acknowledged that the budgeting hearing hasn't yet occurred. A discussion of developmental disabilities followed. Director Stenning reported that there are currently a variety of levels of care, including four different funding levels in three different areas (overnight services, day activities and family support). He informed the council that MHRH has been gradually decreasing the quantity of overnight care, in large part because a small decrease in overnight care translates into big dollar savings. He explained the department's long-term vision for the DD funding system: he emphasized that the system of DD funding is currently complex, and that the department hopes to streamline the funding system, and establish networks with involved lead agencies to allow administrative savings.

Dawn Wardyga pointed out that national health care reform legislation could impact the global waiver, and that it is uncertain how it will be affected. Depending on the timeline of reform and how reform ends up being implemented, the state could be looking at a very different global waiver in a year. She pointed out that the state has the option to reexamine the global waiver in a few years. She then distributed a document from Speaker Pelosi's office about national health reform.

Dan Meuse provided a legislative update. He began by noting that there are not as many bills affecting the long-term care system this year as in past years, but there are a few new bills. One addresses assisted living and the definition of a "resident" – an issue brought up by Kathleen Kelly at the last LTCCC meeting. There is also a proposed moratorium on new home care licenses due to the dramatic increase in the number of home care licenses issued since the waiver was implemented. There is a concern that these licenses do not represent an actual increase in available services and service providers, but rather that administrators are maintaining the same level of services and receiving different funding. Dan asked that council members send him information on any additional bills, as his research was not necessarily comprehensive given the high volume of bills introduced. Director Stenning brought up one bill about the due process rights of individuals in the psychiatric ward of hospitals. The bill would close the loophole allowing hospitals to operate a psychiatric ward without facility status. Senate bill 2206, which would establish an adult protective services division, was also discussed.

Kathleen Heren thanked the DOH for its response to the H1N1 epidemic. The chairwoman seconded this resounding appreciation from the Council for the excellent work done by DOH to ensure that RI was one of the leading states in the nation in terms of H1N1 vaccination response, and emphasized that the RI response has been used as a national model.

Mr. Rusin announced a RI Generations meeting on April 8<sup>th</sup> at the Department of Health. The meeting is open to the public.

The Rhode Island Geriatric Research Center, in conjunction with the URI Department of Gerontology, is sponsoring a talk by Rudolph Tazni, PhD, who is a noted Alzheimer's researcher.

The council noted that May is both Mental Health Month and Older Americans Month. The kickoff for Mental Health Month will be at the State House at 1 PM on April 29<sup>th</sup>.

The chair announced a talk that she is co-hosting at the RI Foundation on cost containment as part of health care reform. The talk is on April 8<sup>th</sup> at 5:30 pm, and is part of a series of talks about implementing health reform in Rhode Island. She referred council members to either the RI Foundation website or her own.

The chairwoman announced that the next meeting will be held on May 12, 2010. The location is yet to be determined, and council members should expect an email about the location before the next meeting.

The meeting adjourned at 11:16.