



## Long Term Care Coordinating Council

June 9, 2010, 10:00 am

United Way Conference Center, 50 Valley Street, Providence, RI

### *AGENDA*

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**In attendance:** Lt. Governor Roberts, Jennifer Wood, Cynthia Conant-Arp, Cindy Dressler, Jim Nyberg, Bill Flynn, John Cabral, Bonnie Larson, Alan Tavares, Bonnie Sekeris, Karen Amado, Rick Baccus, Ellen Mauro, Elena Nicolletta, Kathleen Kelly, Kathleen Heren, Maureen Maigret, Susan Saccoccia-Olson, Paola Fernandez, Roberta Merkle, Dawn Wardyga, Ray Rusin, Craig Stenning, Maria Barros, Jill Anderson, David Dosa, Marie O'Laughlin Jenkins, Robert DiCenso, Sharon Reeves,

#### **1. Call to Order**

Thanks expressed to United Way, 211 and the Point for hosting the Council again.

#### **2. Approval of Minutes**

May 12, 2010 Minutes reviewed and unanimously approved.

#### **3. Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health**

Nursing home inspection report for May:

- Ten annual surveys were done with no deficiencies cited
- Seven follow up surveys were conducted - all found to be in substantial compliance
- Eight onsite complaints were responded to – all found to be in compliance
- Nine facilities in ongoing monitoring:
  - The Charlesgate annual survey and monitoring were conducted together with no substandard quality and no actual

harm – low level deficiencies were noted – these were isolated and will be monitored until full compliance is achieved.

- Pawtuxet Village found to be in full compliance on both a monitoring visit and complaint visit (report generated by the facility).

The Alliance for Better Long Term Care representative inquired whether Summit has submitted a plan of correction – it was confirmed that they had and that a revisit will be conducted.

#### **4. Flooding 2010 Update – Discussion of developing a work group to examine sheltering concerns specific to people with disabilities and the elderly.**

Lt. Governor reports that she has had discussion with various groups – VOAD, Red Cross, CAPs, RIEMA, DOH – in the context of the Emergency Management Advisory Council (EMAC). They have had informal discussions about the particular sheltering challenges of vulnerable populations – the elderly living in congregate living settings like senior housing – public or private – persons with disabilities – there were indications during the flooding that this issue needs a closer look. Under the aegis of the LTCCC she will convene a group to look at this issue and make some recommendations. Council members were asked to email Jennifer Wood if they are interested in serving. The Lt. Governor noted that her office will also reach out to VOAD, Red Cross, RIEMA, CAPs and DOH to make sure that this is a coordinated effort.

Maureen Mairret discussed the issue of prescription medication management during a crisis. Rigidity of refill rules may be pertinent here. Some persons in shelters left their homes without prescriptions. The Lt. Governor noted that a checklist for emergency responders may be helpful – medications, other basic needs to be taken from home at the time of evacuation.

Liz Earls notes that homes serving persons with mental illness have very detailed plans for evacuation and she offers to share this knowledge with the group that will meet to discuss other vulnerable populations.

In RI many citizens will go to families when evacuated so that provides a safety net – but for others there are special issues to address.

Bonnie Sekeris offers to help with this work – notes that a neighboring facility to hers was evacuated and will be out of that facility for a while. Notes that in her facility they update annually the medication lists for everybody in the building – have this in one binder for ease of access in the case of an evacuation. Make this a best practice for residential settings where vulnerable populations are found. Notes new HUD regulations that require the collection of certain information – next of kin etc.

Roberta notes ER card would be a help in evacuation situations.

Maria O also offers her assistance and perspective – Stay at Home Little Compton is a model for this kind of sheltering-in-place, gathering necessary information to facilitate safety.

Kathy Heren from the ABLTC also offers to participate in the work group along with a few other members of the Council.

Dawn Wardyga reminds the Council that it will be important to include a pediatric component? There are similarities – caregivers are involved. Dawn volunteers to participate in the sheltering group from the pediatric perspective and Director Craig Stenning from MHRH offers to include information learned in developing emergency plans for people with disabilities.

The Lt. Governor notes that many things went really well during the recent flooding but also some challenges revealed themselves. Liz Earls observed that this situation was close to the impact of H1N1 because it affected staff as much as clients – absenteeism for caregivers is as big an issue as dealing with the vulnerable clients. Another area is the long term effects after the immediate crisis is past.

Director Corrinne Russo notes that no lives were lost – DEA and The Point would like to participate in planning going forward – 211/The Point was a vital resource in this flooding instance. The Director also notes the importance of involving CAP agencies – both immediately and in the long term recovery.

## **5. Updates on Agency Budget Initiatives/Issues**

The Lt. Governor requested agency budget updates – understanding that budgets are being acted on literally this week and thus it may be

difficult to provide the big picture before analyzing the actions of the General Assembly. However – at an upcoming LTCCC when we reconvene in the fall we would like to dedicate a significant agenda to having each agency present on budget realities for FY2011 and long term trends. Jennifer Wood will reach out to agencies to coordinate these presentations for an upcoming meeting of the Council.

Director Craig Stenning reports on behalf of MHRH – Only change from Governor’s proposed budget is reduction in savings in Mental Health – added back in \$1M all funds to Mental Health – 4.5M cut not 5.5M cut in the final analysis. DD was enacted as presented – hospital consolidation was enacted as presented. Hospital consolidation plan is a multi year plan to vacate three buildings on campus – consolidate into a single connected complex. DD and MH areas plan to reform funding model – discussions are ongoing – these discussions are complicated by global waiver provisions – discussions with CMS and provider groups are underway.

General Baccus reports on behalf of the Veterans’ Home – Not impacted – budget approved as requested.

Director Russo reports on behalf of DEA – FY10 a challenge – working through it – FY11 no change from proposed. Very little general revenue in the DEA budget – general revenue is flat from last year.

Director Elena Nicolella reports on behalf of DHS – Still trying to work out impacts on FY2010 – some of the language around hospital payments still being sorted out with committee staff. FY11 - Acuity adjustment will be effective July 1 – cut to nursing homes separate from acuity adjustment – to be implemented retroactively to Feb. 1, 2010. DHS is still meeting with nursing home industry representatives to sort out implementation of acuity adjustment – legislation was passed on this. The legislation provides that there will be no more than 2.2% impact (up or down) on any nursing home due to acuity adjustment. One piece of legislation still unclear – Sherlock Plan – Rhodes to Independence, Bob Cooper – not clear if this passed – Medicaid buy-in for working individuals with disabilities – not clear if this is going through as of the date of this meeting. Legislation did pass imposing reporting requirements DCYF, MHRH, DEA, DHS with massive data requirements and these agencies will be getting ready to make this report in September.

In response to a question Director Nicollella reported that projected savings on reprocurement of managed care were based on reductions of hospital payments – from managed care to hospitals – therefore it is not yet possible to estimate the impact of the hospital payment language changes in the budget.

Council members had some other specific questions about the DHS budget and hospital payments and also thanked Director Nicollella and the DHS leadership for a good faith, (albeit) long process to come to an acceptable interim approach on acuity. Council members expressed their commitment to continue to work with DHS on developing a longer term approach to acuity payment. Director Nicollella noted in response that legislation requires DHS to work closely with industry to develop new case rate methodology by October 2011. Hospital legislation requires a commission for cost containment in hospitals – These groups will be meeting and reporting frequently during FY2011.

Ellen Mauro from DHS reported on the status of the Transitions Program – This program has been transferred from the Alliance (ABLTC) back to DHS staff – who are working with the Alliance to understand their expertise and process. Communication has been shared with nursing home staff apprising them of the transfer of the program and introducing involved DHS staff. A flow chart for this program was shared including an emphasis on the responsibility of nursing facilities to take charge of discharge planning under new requirements in the DHS structure setting forth specific responsibilities for discharge planners as distinct from the responsibilities for DHS staff. Seamless transition started on June 1. DHS also has an effort in place with hospital discharge planners particularly in Connect Care Choice to divert patients from nursing home – both diversions and transition out of nursing homes we be targets. There will also be a focus on dual eligibles – managing the end of Medicare skilled days and transition before Medicaid coverage starts in nursing home. Services can be put in place in the community to collaborate with Medicare funded services – robust program to get people home and wean them from services. The Office of Community Programs at DHS will take on this new focus on dual eligibles transitions by following these patients with nurse care managers, primary care physicians, medication monitoring etc. Staff will be following standard disease management guidelines – this is a new role and a new area of support and collaboration for dual eligibles.

Kathy Heren points out that Ombudsman program will provide info for patients – brochures from alliance will be provided – Ellen and Kathy will work out weekend coverage for inquiries from this population.

Director Russo mentions “after hours” program at DEA as a way to fill this gap. Ellen notes that there will be a refrigerator magnet for patients stating who to call on weekends holidays etc.

July 1 is the date of transition for these responsibilities.

It was reported that 130+ patients have been transitioned and 600 diverted from a nursing home stay since this program was started.

Kathleen Conant-Arp asked for public recognition for Ray Rusin in assisting to ensure that language to change the definition of specialty care in assisted living was included in legislation. This legislation, H8085 and S2047, will provide the ability for people who move into assisted living some short term specialty care. The legislation appears to be moving in both chambers of the General Assembly.

Liz Earls notes that the US Senate is deliberating on the FMAP enhanced rate extension. The Lt. Governor notes the profound budget implications if this does not get addressed and points out that the Council will continue to monitor this issue and its implications for the implementation of the FY2011 budget.

## **6. Discussion of Healthy RI National Health Reform Implementation Task Force – Long Term Care Work Group**

The Lt. Governor introduced the work of the Healthy RI Task Force, which had its first meeting on Tuesday May 25<sup>th</sup>. The Task Force for implementation of national health reform in RI has broad participation from hospitals, physicians, allied health professionals, policy makers, legislators, advocacy groups, consumer advocates and will work to chart a roadmap for the implementation of the national health reform here in RI. Lots of decisions and choices will need to be made at the state level. A key component will be the portions of the national reform that are relevant to Long Term Care and as a result the Lt. Governor requested that members of the LTCCC participate to join a work group on LTC issues in the reform. The convener of the LTC Work Group will be Dr. Vince Mor. Meetings of the group will be on:

1<sup>st</sup> and 3<sup>rd</sup> Tuesdays of the month – June 15, July 6, July 20, August 3, August 17, August 31. Schedule and details will be shared with anyone who would like to participate. LTCCC members were asked to contact Jennifer Wood to sign up – the goal is to identify the key decisions and deadlines in this area.

Maureen Maigret pointed out that the federal statute includes elements of Elder Justice Act were incorporated and encouraged the Work Group to include these issues in its scope of work.

Jennifer Wood will provide information to LTCCC members expressing an interest.

## **6. New Business**

Ray Rusin from the Dept. of Health reports that RI now has 100% of RI nursing homes enrolled in the national Advancing Excellence program. All of these nursing homes commit to working on three of nine clinical and quality of life indicators and incentive funds are available to support this work. The national average for states is 40-50% whereas RI is at 100% (including even some non licensed settings). The Lt. Governor notes that RI meets standards in a better way than in many other places – this is an area for pride – and yet of course we all agree that we can always do better and that this is an area for continuous improvement.

Cindy Dressler from The Point reports that they have received a lot of positive feedback on the work of The Point and 211 in RI in the aftermath of the floods – how impressed people were by the responsiveness and humanity of RIers in this context.

## **7. Public Comment**

There were no additional public comments.

## **8. Adjourn**

The meeting adjourned at 11:30 am.

**Next Meeting September 8, 2010 [Please note the Healthy RI Task Force Long Term Care Work Group will meet during the summer.]**