



Long Term Care Coordinating Council
November 10, 2010, 10:00 am
Rhode Island Council of Community Mental Health Organizations, Inc.
40 Sharpe Drive, Suite 3, Cranston, RI 02920
Minutes

Present:

Karen Amado
Kathleen Heren
Carly St. Pierre
Susan Sweet
Maureen Maigret
Elizabeth Earls
Roberta Merkle
Dawn Wardyga
Elena Nicolella
Bill Flynn
Craig Stenning
Kathleen Kelly
Bonnie Sekeris
Joan Kwiatkowski
Stacy Paterno

Corinne Calise Russo
Bonnie Larson
Cynthia Conant-Arp
Rebecca Martish
Jim Nyberg
Kate McCarthy-Barnett
Joseph Reppucci
Mary Lou Moran
Marie O'Loughlin Jenkins
Holly Garvey
Angelo Rotella
Jennifer Wood
Lt. Governor Roberts
Virginia Burke

1. Call to Order at 10:00am

2. Approval of Minutes

The Lt. Governor thanks the council members for their expressed support and briefly discusses the prospects for important changes in what promise to be an interesting four years coming up. Minutes are unanimously approved.

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

Report is attached with these minutes.

4. Presentation: Kate McCarthy Barnett and Joe Reppucci provide an overview on how emergency planning is being conducted on a statewide basis with a particular emphasis on the efforts to integrate specialized plans for Rhode Islanders with special needs.

Kate McCarthy-Barnett is the Disability & Health Program Manager for the RI Department of Health. In this position, Dr. McCarthy-Barnett is responsible for the coordination of emergency preparedness initiatives for individuals with disabilities, chronic conditions and special healthcare needs. She serves on the RI Emergency Management Advisory Council and Co-Chairs the statewide Emergency Management Special Needs Workgroup.

Joe Reppucci is the Assistant Hospital Preparedness Program Coordinator for the Center for Emergency Preparedness and Response (CEPR).

Kate McCarthy Barnett introduces the work of the CEPR – her focus is on groups with special needs including elderly Rhode Islanders. She is the Co-Chair with Steve Florio (RICDHH) of the special needs work group – focusing on home health, RIPTA, hospice, dialysis, ARC, looking at areas of gaps and barriers, and providing updates to EMAC. Transportation is a big issue – a survey of cities and towns re evacuation strategies is being conducted. This will work in conjunction with the special needs registry. The work group is also examining communication issues particularly with the deaf and hard of hearing community and others with communication barriers. The work group has planned how the special needs registry can be used as a planning tool, not just a tool for personal preparedness. By elevating awareness of where residents with special needs are located planning can take these special issues into account. The special needs registry is also a tool to enhance personal preparedness. A Red Cross Go Kit is provided to all registered participants. This is the only statewide registry of its kind in the country. It is linked with E911 – an indicator on the screen at 911 shows up if a registered household calls 911. The system includes an incorporated emergency notification system. This system enables emergency response officials to get notifications out to participants. It is password protected and contains important privacy protections. Only local community officials have access – RIEMA and DOH can gain access in appropriate circumstances to respond to statewide emergencies. For example during the H1N1 emergency public health officials were able to quickly identify where to locate children on ventilators in order to prioritize their access to vaccination. During the March 2010 flooding emergency managers were able to use the GIS capacity of the registry to identify people within the flooding area on GIS and make direct contact with them during flooding re evacuation.

10,000 Rhode Islanders are currently registered in the special needs registry. FEMA recently released guidance for those with disabilities or special needs – written by FEMA in conjunction with the National Red Cross. California and Rhode Island participated in the team to write the guidance. These two states are piloting what will be a national model. A new policy direction has been formed which departs from segregated medical or special needs shelters and instead relies upon fully integrated shelters. In this model every shelter has the capacity to meet special needs on the premises of the shelter. This is a RIEMA/DOH/RedCross/EMAC collaboration. Functional Assessment Service teams (“FAST” Teams) made up of medical reserve corps members will staff the shelters. During flooding some people were inappropriately removed from their homes and placed in inappropriate settings (i.e. hospital, nursing home). Afterward work was done to analyze the situation with input from hospitals, nursing homes, advocates and the LTCCC. This work has resulted in the creation of a fourth subcommittee under the special populations workgroup. This additional workgroup is particularly focused on the LTC population.

Joe Reppucci – Assistant Hospital Program Coordinator (all health care facilities) in CEPR –

discusses evacuation plans in LTC facilities – up to date evacuation plans are in place and local EMA directors in each town are meeting to discuss plans with all facilities in their towns. DEA advocates within in each town are getting actively engaged with emergency planners and first responders. Representatives of DEA will join the subcommittee. Communication a big issue highlighted during flooding and hurricane. Two way communication into LTC facilities – satellite phones, 800 mghz for example. Hospitals have seven forms of redundant communications, including a special emergency preparedness coordinator contact number for each hospital. CEPR will collect the 24/7 number for someone at each LTC facility, trade organizations will be reaching out to facilities to get those designated contact people. The next meeting of the subcommittee will take place in early January.

Bonnie Sekeris recommends that a template for emergency planning be developed that assisted living and LTC facilities could use. It is recommended that the trade organizations for long term care facilities and assisted living facilities could get together and make decisions about an appropriate template plan.

Craig Stenning – BHDDH offers the assistance of his staff in developing these plans. Much work has already been done in this area.

Angelo Rotella – Friendly Nursing Home – Woonsocket – points out that even before such communication plans are put in place there is always a charge nurse at every facility who can help if an emergency contact is needed.

Director Russo discussed the importance of coordination with policy and fire and how big a barrier transportation can be at the local level. Work is under way to coordinate transportation at the statewide level. A survey is being provided to each community. This is being conducted in coordination with the ORS State Rehab Council, which has a transportation working group focused on getting people to jobs. An outgrowth of this job transportation analysis is that it identifies the available fleet of vehicles statewide and enables an analysis of how to make coordinated use of these resources in the event of an emergency. This work is in progress with RIPTA and DOT. It is a robust work group and the information will be made available as the work is concluded.

Another challenge discussed is adult day clients who are not facilities based. The challenge is to identify how to best reach out to people who are living independently in the community. One method will be to use the FAST team and a reworked traditional Red Cross assessment form with a three tier level system: tier one = independent; tier two = may have medical needs; tier three = medically needy. Work is being done to pin down what are the right questions and supplies for the FAST teams to use. DOH is launching training with the FAST teams – beyond their medical background – what are you allowed to ask legally – what shouldn't be asked legally, in order that the FAST team members can reliably identify Tier Two people who might not even think of self-identifying.

The link for registering on the special needs registry is: <https://kidsnet.health.ri.gov/emregistry/>

Dawn Wardyga discussed the need to link in families of children with special health care needs and emphasizes the importance of outreach efforts for those that are at home. It is critically important for town based first responders to know where these children are residing and there is a big trust issue to be addressed in terms of who (what agencies and individuals do the outreach for the registry) as those who are working with a family will be most trusted to make the referral to

this program – better than relying upon first responders to enroll people.

5. State Agency Updates:

DHS - Director Elena Nicolella reports:

Nursing Home Transition – Month of October update

- 6 transitions from nursing home
- 3 to own home
- 3 to other living situations

Money Follows the Person Planning Grant – CMS led initiative to get all states to focus on transitioning people from institutions to less restrictive settings- new round of grant funding under PPACA – through global waiver and Perry-Sullivan RI had already adopted the principals now are identified as a Money Follows the Person. RI has received a \$200K planning grant.

DEA/DHS/DCYF/BHDDH all working together – advance goals faster than would have been possible separately – implementation moneys provide higher federal match for services for people transitioning to community including 100% federal dollars for building infrastructure.

Background Check grant – AG’s office and Medicaid have met – meeting scheduled with newly elected AG – plan is to put together legislation for submission as well as communication plan – working on how to get public input for the legislation – CMS grant – CMS has offered technical assistance on legislation as well as communication plan – CMS is invested in helping these states succeed as models for future states that will need to implement new regulations for background checks.

New procedure for supplemental SSI payment to some individuals with incomes higher than the federal limit. Some individuals receive both federal and state supplement. Federal SSA has been issuing these checks up to now – as a budget initiative DHS is taking over the process of issuing these checks no longer paying SSA to issue these checks – doing it in house. 31,000 people affected - 1,600 people only receive state payment. These recipients will be dealing only with DHS in future – notifications/letters have gone out – third notice will go out – payments from state will begin in January, will go out on same timeframe as SSA. DHS will make the content of the notice available to LTCCC members – assisted living facilities residents will still be processed by SSA – two checks will now go out – direct deposit people won’t see any change – bigger change is for the state payment only – they will need to be determined eligible by the state rather than by the feds.

Kathy Heren (ABLTC) points out that it would be helpful to have a contact person at DHS for those in assisted living to get questions answered about checks/eligibility etc.

Maureen Maigret questions whether– persons in assisted living who get SSI supplement and also receive a special payment for assisted living will experience any change and Director Nicolella clarifies that there will be no change for this population.

Bonnie Sekeris asks whether clients will need to make two contacts now?

Director Nicolella further clarifies that if a recipient is getting BOTH payments – all will be

handled by SSA – but if only state check – they will need to contact DHS – won't be handled by SSA. State eligibility and payment will be handled by state – no effect on amount.

Notices will come from both agencies re: new amounts. Letters NOT sent to assisted living payment only – call center set up for questions.

After a discussion of the amount of budget savings achieved through this initiative Director Nicolella offers to provide this information to the council after the meeting.

The Lt. Governor questions the status of any readmissions from the nursing home transition project as well as asking for an update on the shared living program.

Director Nicolella reports on Shared Living – 7 participants – 26 in process – mix of people entering from home and entering from institutional settings.

Angelo Rotella provides an overview of the impact of the diversion and transition programs on nursing homes: average census in nursing homes down to about 90% - this is a substantial drop – it used to be 100% for 100 nursing homes – down to 85 or 86 nursing homes and census is down to the lowest level in 30 years – goal of keeping people out of nursing homes is working – DHS should take more credit – discharge planning initiatives are really having an effect – big swing. This is good from a nursing home perspective because nursing homes are getting the most appropriate people now.

Shared living talking to people for St. Joe's as part of an ongoing process there – but some will be appropriate for this option

Director Russo - DEA Reports that DEA is working with AARP conducting 10 listening sessions explaining PPACA and how it effects older people – first one held at Pilgrim Senior Center.

Open enrollment for Medicare Part D is under way. There is counseling available at senior centers taking appointments for this – an average appointment takes 1 hour to conduct.

PPACA may make changes in RIPAE plan – 50% discount and 7% with generic – may need legislative changes – RIPAE is payer of last resort – don't want the 7% discount to effect RIPAE discount.

Home Care – no waiting list – two assisted livings looking to participate in waiver program - 25 already participating. 268 DEA waiver; 168 RHIMC waiver.

New LIHEAP application for energy assistance is causing big problems for the elderly – it is not legible – unreasonable documentation requirements – a big headache – causing a lot of hardship – older people may not be accessing LIHEAP due to new application confusion. DEA is working with the Energy Office to remedy this problem. CAPs are also working with them – new federal guidelines – tightening up because in the past some unqualified people were getting vouchers.

BHDDH- Director Stenning: Changes to funding for DD population - three work groups meeting weekly to implement this – community agencies have worked really hard on this – commend their efforts - 1/3 of the way into FEMA flood counseling grant – frequent calls from people still effected – rolling out major outreach effort to reach people that didn't come forward initially – nine month program - 1/3 of the way through the nine months.

Six months into trauma grant – veterans and people coming out of hospitals – important program veterans facing big problems – contracts mandating that companies employ people with disabilities council members comment on newly homeless veterans – this issue seems to be increasing – connex between BHDDH and National Guard greater than in any time in the past – guard doesn't want veterans to be stigmatized –

Liz Earls – advisory group for trauma grant – Sue Storti – advocate in this area very active Veterans Task Force is involved with the implementation of this grant.

Director Stenning will make a report on the Trauma Grant at the next meeting.

6. Update: Healthy RI Task Force Implementation of National Health Reform

Jennifer Wood – Lt. Governor's Office

Meetings of the Task Force are continuing – next meeting will be in December. Work groups are meeting as necessary independently and will be reconvened as the new administration takes office.

7. New Business

8. Public Comment

- Virginia Burke announces the upcoming Culture Change Conference and encourages people not to miss the keynote from Bill Thomas
- Roberta Merkle reports that there is a very informative national study released on adult day services – go to the NASDA website or Met Life mature market for access to this report.

9. Adjourn

**Note December 15 next meeting –
this is a change from the regularly scheduled December 8 date.**

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