



Long Term Care Coordinating Council
December 15, 2010, 10:00 am
State House Rm. 313

Draft Minutes

In attendance:

Cynthia Conant-Arp
Jill Anderson
Bonnie Sekeres
Kathleen Heren
Virginia Burke
Ray Rusin
Maria Barros
Maureen Maigret
Ellen Mauro
Marie O'Loughlin Jenkins
Kathleen Connell
Deanna Casey

Jim Nyberg
Tara Townsend
Bonnie Larson
Stacy Paterno
Cathy Cranston
Joan Kwiatkowski
Cathy St. Pierre
Roberta Merkle
Kathleen Kelly
Susan Sweet
Lt. Governor Roberts
Jennifer Wood

1. Call to Order

The meeting was called to order shortly after 10am.

2. Approval of Minutes

- Virginia Burke is added to the attendance for the November Meeting -- with that change the November minutes are unanimously approved.
- LG thanks all LTCCC participants for their support over this past year – a particularly challenging one for all concerned and extends a personal thank you for all the hard work and dedication exhibited despite the many distractions and difficulties of the year.
- The Lt. Governor extends her own, and the Council's thanks to Director Russo – for her long years of service to older Rhode Islanders. The Lt. Governor announces that she will send a thank you and recognition on behalf of the Council to the Director who is unable to attend due to a briefing for the transition.

3. Report of Nursing Home Deficiencies Monitoring

Ray Rusin, Department of Health

- Report circulated with the minutes.
- Handrail issue in one facility – results in technical finding of substandard quality of care, however already remedied thus ongoing monitoring may not be necessary.
- Woodland closed thus 35 of those 40 beds will be added to the culture change initiative.
- No monitoring visits in month of November. Cortland Place will remain in monitoring until follow up to annual survey conducted in October.
- St. Joe's – 19 people of 62 left to place. They will not close until all residents are placed.
- Residents transferred from Woodland to Berkshire Place are doing very well in their new setting.

The Council transitions to a discussion of the total “inventory” of “beds” in Rhode island. In general terms the discussion yields around 91 total nursing homes in the state. 85 are certified (federal), additional 6 are licensed only (state). 9,500 licensed beds in state – 604 beds “on hold.” These statistics become more complicated at the second level of detail so Virginia Burke graciously offers to forward some materials that summarize this “current status” for the reference of the entire Council.

The Lt. Governor requests that we set aside time on an upcoming agenda for Ray (and others) to provide an overview on stats for nursing home beds in the state. Virginia Burke will provide the historical picture from 2001 to present. Medicaid will provide related information that they collect. **Note: Preliminary numbers are attached as an appendix to these minutes but will require discussion at an upcoming LTCCC meeting.**

Summary of trends in occupancy – fairly stable percentage of occupancy but on a reducing base of beds. Trend downward since 2001 because the number of beds has been reducing.

4. State Agency Updates:

DHS

- Transition Numbers November 2010 - 9 transitioned out of nursing home: 7 to home, 2 to assisted living
- Since this initiative began 178 people have been transitioned with only 1 “failed” placement.
- 867 people have been diverted from nursing home care after acute care hospitalization or otherwise – Connect Care nurses track these patients – work with primary care physicians to help them remain at home. In the new three level assessment roughly 35% of those who score high would likely have been in nursing home using the old standard and are now more likely to be diverted to

community based care; 70% of those who are assessed are placed in the “highest” level of care.

- July 09-July 10 plus to November 10 is the relevant period for these stats. Some patients have returned to a nursing home due to medical deterioration but only one was due to the nature of the placement – transitioned patients are monitored by the nurses in the Office of Community Programs.
- DHS has developed better ability to know when patients are hospitalized and is working closely with hospital discharge planners. DHS staff recently met with Shiela Smith at RIH to develop faxback system and to get further integrated into the discharge planning process. Also adding a housing specialist to this transition team. 10 people are in nursing homes now waiting for access to assisted living.
- Information is provided about Innovations.cms.gov – a website where information about grants can be accessed.
- The Council discussed the issue of a new CMS interpretation on the “face to face rule” (physician seeing a patient within 30 days after nursing home discharge), including a discussion of the critical need for 30 days prescription from nursing home physician to ensure a smooth transition. The challenge of ensuring that every patient has a physician in the community before they are discharged from a nursing home or acute care hospital is discussed.
- The so-called Face to face encounter is to achieve a sign off on plan of care – CMS requirement that needs to be dealt with – hospitals and medical society. The Lt. Governor will take steps to discuss this issue with RIMS and form an ad hoc group, if needed, to work on implementation solutions for this requirement.
- Money Follows the Person Grant from CMS – supports long term care rebalancing – DHS is applying – increased federal match to rebalance and discharge those in an institution for over 90 days – additional staff and supplementary services (transition, housing specialist, rent and furniture, costs of moving, respite, first 365 days – transition coord., coaches, peer navigators, DCYF and BHDDH also involved). CMS working closely with RI team to make this happen given our long history of commitment in statute and otherwise, to this concept.
- DOH, DHS, ABLTC are all working on the implementation of MDS 3.0 Section Q – training for community agencies – in-service for social workers in facilities re admission process – all referrals generated through Section Q questioning go through DHS – requests for transition services to the community. This began as of Oct 1, 2010. Incorporate this issue into quarterly care planning for all patients in an institutional setting. MDS, Transition, Money Follows the Person – all need to be integrated efforts.
- The questions arises about whether Money Follows the Person would apply to

transitions from Slater Hospital to a nursing home? The Council concludes that this does not apply as the transition needs to be “qualified residence” not hospital to another institutional form of care. ABLTC is assisting with Slater Hospital transitions – some are very complex.

- Shared living – not a lot of activity in this area at this time – about 10 people enrolled, has been a very slow process thus far.
- DHS is now making direct payment of the SSI supplement as was discussed at the last LTCCC meeting. Bonnie Sekeres points out that the letter is confusing and gives the impression that the payment will be reduced (no more state payment). Although this is not correct, the misimpression has been created. Perhaps an additional communication is needed. There is a call center but people don’t understand why they will be getting three checks now. This complicates the ability of the housing facility to confirm income annually – housing developments (over 200) will need a mechanism to confirm income numbers to retain eligibility for the housing agencies. DHS notes this concern and will follow up to try to solve the problem.
- **DEA** – No report this month due to transition under way.
- **BHDDH** – Report on Trauma Grant Implementation will be made at January meeting.

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

Lt. Governor discusses her new role with the new administration in health reform. Discusses role of LTCCC going forward. Discussion of immediate priorities: exchange, payment reform, delivery system reform. Discussion of asset mapping to explain positive reforms already underway in RI - communicate in the way that is understood by the public. Council will be kept fully apprised of the deliberation, format and content of all activities of the Task Force and, after the issuance of an Executive Order, the new collaboration between the Governor and Lt. Governor. A standing group of the Council will serve as the Work Group for Long Term Care to implement the Task Force recommendations.

6. New Business

Cynthia Conant-Arp announces that the Nancy Brayton Osborne Adult Day Center is closing in Little Compton. Unfortunately the Center was unable to retain sufficient census to remain open. Day Centers have been part of the discussion for transitions from nursing homes. Referrals are coming from a wider range of sources – need better understanding by the public of this service.

The Lt. Governor notes that we will place a presentation on community based services on the LTCCC agenda for an upcoming meeting. Quality Partners is planning a program in March, DHS in April focused on discharge planners – important to include day center

information in these trainings about options for those transitioning to community. Rite Resources will be the DHS database to see what is available in terms of placement choices.

7. Public Comment

8. Adjourn

Next Meeting January 12, 2010
Rhode Island Council of Community Mental Health Organizations, Inc.
40 Sharpe Drive, Suite 3, Cranston, RI 02920

The State House is accessible to persons with disabilities. Individuals requesting interpreter services for the hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Jennifer Wood or email Ms. Wood at jwood@ltgov.state.ri.us.

APPENDIX – NURSING HOME STATISTICS

Submitted by Virginia Burke subsequent to December LTCCC meeting:

By way of background, there are two accounting firms that between them do most of the accounting for Rhode Island’s nursing homes. They are Sullivan & Co, and LGC& D. Every year LGC&D produces a “Nursing Home Cost Array” report, with information on licensed beds and occupancy levels. The first three columns are directly from LGC &D reports. As you can see, nursing home usage has been declining in our state for years now. This is true in other states as well. Industry pundits tend to point to the rise in assisted living as the primary cause. I am not certain the extent to which this is a factor, but clearly many of the people living in assisted living today would have been in nursing homes in the past.

The blue “Bed Days” column has been collected by our organization. It shows the result of the available bed days, multiplied by the occupancy rates for each year. If I understand these numbers correctly, this should yield the number of nursing home bed days used during that year. These numbers are still being confirmed.

We don’t have 2010 data, of course, but for 2009, the first year of the Global Waiver and its “diversions and transitions” program, no effect is visible. In fact, the downward trend is slowed.

My impression from speaking to my members is that occupancy dropped in 2010, however. Ray Rusin said at the last meeting that he would be taking a snapshot census of the nursing homes on December 31. This will likely reveal low occupancy, but unfortunately December 31 is not a representative date. Typically Decembers are slow, because the elective surgeries (hip and knee replacements) that give rise to rehab admissions are not generally scheduled around the holidays. Best, Virginia

Year	Available Bed Days (expressed in thousands)	Occupancy	Bed Days (expressed in thousands)
2001	3538	90.93	3217
2002	3505	91.49	3206
2003	3388	91.72	3107
2004	3297	93.19	3072
2005	3323	93.52	3108
2006	3266	94.72	3093
2007	3257	93.76	3054
2008	3158	92.41	2918
2009	3185	92.13	2934

Virginia M. Burke, J.D.
 President, CEO
 Rhode Island Health Care Association
 401 732 9333