

Long Term Care Coordinating Council

Regular Meeting

September 14, 2011

10:00 am

RI Council of Community Mental Health Organizations

40 Sharpe Drive, Suite 3

Cranston, RI

DRAFT MINUTES

In Attendance:

Lt. Governor Elizabeth Roberts

Eric Batista

John Cucco

Stephen Kavanagh

Jeff Stevens

Susan Earley

Kathleen Heren

Bonnie Sekeres

Cynthia Conant-Arp

Jill Anderson

Rebecca Martish

Jim Nyberg

Dawn Wardyga

Maria Barros
Bonnie Larson
Elizabeth Earls
Ken Pariseau
Emmanuel Falck
Jospeh Reppucci
Nicholas Larmore
Kathleen Kelly
Marie Stoeckel
Roberta Merkle
Karen Amado
Virginia Burke
Deanna Casey
Holly Garvey
Ellen Mauro
Paula Parker
Alysia Mihalakos
Chad Nelson
Daniel Meuse

1. Call to Order

a. Meeting was called to order at 10:10am by Lt. Governor Elizabeth Roberts

2. Approval of Minutes

a. The minutes from the previous meeting as amended were accepted unanimously.

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

a. The chair recognized Ray Rusin from the Department of Health who discussed the surveying and monitoring activities from June, July and August. During the 3 months, 4 new findings of Substandard Quality of Care were found.

4. Hurricane Irene Post-Storm Report

The chair stated that the experience of Hurricane Irene and anecdotal reports that she heard caused her to ask for reports on the hurricane from long term care industry segments.

a. Nursing Homes and Assisted Living

i. Virginia Burke of the Rhode Island Health Care Association stated that weather reports provided to her members was timely and accurate. 3 RIHCA members evacuated without incident. She stated that the bigger problem was with power outages. Nursing home regulations require generators to be tested weekly, so fortunately they functioned well. Only one nursing home had a failure, which was due to a fallen tree landing on the generator. If there were any problems, nursing homes were directed to call their local EMA directors. Unfortunately, many local EMAs did not respond The home

with a failed generator called their local EMA and got no response. There was also no response at the police and fire stations due to downed phone lines. They called National Grid and the line was busy. They called the Department of Health and were told to call their local EMA. Finally, the home flagged down an electrician travelling past who obtained a replacement generator from a college dormitory. Ms. Burke stated that a secondary issue with prolonged power outages are that homes do not necessarily know how quickly they will go through fuel and may not be able to get fuel refills. Ms. Burke stated that some EMAs were very helpful and stayed in close contact with homes. The question was raised about the prioritization of nursing homes by National Grid in the event of a widespread power outage.

Jim Nyberg of Leading Age RI stated that prior to the storm there was no information on obtaining backup generators. He also stated that in future emergencies, Adult Day Centers could play valuable roles for persons who care for frail elders at home, but lose their power. He agreed that the main corrective action after the storm would be improved contact with the local EMA directors. Kathleen Kelly of the Rhode Island Assisted Living Association stated that her member facilities learned much about operating on generators. One facility discussed learned “best practices” for generator preparation, including changing the color of a switchplate on an outlet powered by the generator. Alysia Mihalakos from the Department of Health stated that there is always variation in response to an emergency. She stated that there were five nursing homes that were on generator

power but lost communications. Each contacted their local EMAs and developed alternative communications structures.

b. Home Care

i. The chair stated that she understands that National Grid has a priority list for customers that are technology (and therefore, electrically) dependent. Dawn Wardyga of Family Voices stated that there was a mixed response from families with technology dependent children. Some did not know exactly what to do or who to call or if they were on any priority list. Jeffrey Stevens from the Department of Health stated that there is some cross link between the special needs registry and the national grid priority list, but that it can always be better linked. Mr. Steven's also stated that some local EMAs were very proactive with their special needs registry lists, including visiting registrants to check on them, replacing oxygen tanks and recharging battery powered equipment. Ellen Mauro from the Department of Human Services stated that there were a few emergency placements in nursing homes. She stated there should be better coordination between the state and oxygen vendors to determine who is technology dependent. Maria Barros stated that her home care service prepared for the potential of power outages and that the biggest problem she saw was patients that were on insulin that became unusable due to lack of refrigeration. When a patient lost their insulin, they called the pharmacy to replace the prescription but the pharmacy would not fill the request because there are limits on the number of refills a patient can get in an allotted

time period.

c. Senior Housing

i. The chair recognized Paula Parker from the Division of Elderly Affairs who stated that senior housing seemed to be the biggest trouble point in storm response. DEA developed a post-storm report that highlighted specific challenges including an inability to communicate with residential management or coordinators, a lack of alternative options for residents, lack of evacuation plans and potentials for mobility-limited residents to get stuck on high floors. Bonnie Sekeres from Shalom Housing stated that a root of the problems for senior housing is that there is no overseeing body or monitoring agency. As such, there are no emergency requirements, no emergency protocol for alternative housing, no required evacuation plan. Not all developments have generators, but if it was mandated, how would it be paid for. Some developments have multiple buildings that would require multiple generators at a very high cost. Roberta Merkle stated that a family member was in a senior housing development where the door was automatic and was unable to be opened from the outside without power.

Jim Nyberg stated that there are some senior housing developments that are members of Leading Age RI and that those developments with full-time staff fared much better than those with part-time or no staff. Ms. Sekeres stated that there are a number of best practices that all senior housing developments could use to mitigate the risks

posed by a natural disaster, including asking residents for up-to-date medicine lists, keeping a list of most needy residents and their locations and forcing a coordination between the development and municipalities for evacuations.

d. Special Needs Registry

i. As the registry had been discussed earlier, the chair asked about sheltering. Challenges of transportation to the shelters was discussed, as was informing home care agencies of patients who get transferred to shelters.

5. Discussion SSI Changes and Effects on Assisted Living

a. The chair introduced Kathleen Kelly of the Rhode Island Assisted Living Association to discuss the impacts of the SSI change. Ms. Kelly stated that there was a specific cut in the FY2012 budget that impacts those persons that receive SSI and live in Assisted Living residences. The cut brings the reimbursement level for the population to 1997 levels. The SSI Assisted Living population tends to be specific and therefore, some specialized providers have developed around the population. There are two types of persons that the cut will affect. The first use almost all of the SSI payment to pay the Assisted Living for meals, lodging and services. The second uses some of the SSI payment for the Assisted Living and some for the persons contribution for care to Medicaid. For this group, there will be no budgetary savings, simply a cost transfer to Medicaid. For the first group, many providers will have no choice but to close or to evict those residents on SSI, which will result in those persons being

placed in higher cost settings, or becoming homeless.

6. Public Comment

a. Karen Amado commented that United Methodist has purchased the former St. Joseph Assisted Living on Dean Street and it will be opened as a lower cost assisted living in October

7. Adjourn – Next Meeting October 12

a. The meeting adjourned at 11:48am.