

Long Term Care Coordinating Council

Regular Meeting

May 11, 2011

10:00 am

RI State House – Room 313

Providence, RI

MINUTES

ATTENDEES

Lt. Governor Elizabeth Roberts

David Kirchner

Kathleen Heren

Bonnie Sekeres

Cynthia Conant-Arp

Dawn Wardyga

Larry Ross

Maria Barros

Maureen Maigret

Ray Rusin

Bonnie Larson

Ken Pariseau

Denise Saran

Roberta Merkle
Donna McGowan
Kathleen Kelly
Ellen Mauro
Marie O’Laughlin Jenkins
Carly St. Pierre
Deanna Casey
Holly Garvey
Diana Meaton
Jim Nyberg
Cathy Cranston
Director Craig Stenning
Elizabeth Earls
Susan Sweet
Dan Meuse

1. Call to Order

a. The meeting was called to order by Chairwoman Roberts at 10:06am.

2. Approval of Minutes

a. Minutes from the March and April meeting were unanimously approved.

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

Department of Health

- a. Chairwoman Roberts introduced Ray Rusin from the Department of Health to discuss the surveying and monitoring of nursing homes. Mr. Rusin stated that for the month of April 50% of the homes undergoing a standard inspection had no deficiencies. Additionally, there were no new citations of sub-standard quality of care in April.**
- b. Westerly Health Center appealed a citation for sub-standard quality of care from February using an informal dispute resolution. Through the resolution process, the definition of the citation was modified and the designation of substandard quality of care was removed. The council discussed process for informal dispute resolutions and their affect on the “permanent record” of a home.**

The council also discussed the resurveying process for citations for sub-standard quality of care, which Mr. Rusin stated are resurveyed on a quarterly basis. The council also discussed the process for Pawtuxet Village has had major reforms including the hiring of an outside consultant as well as a permanent quality consultant.

- c. Mr. Rusin stated that Rhode Island has about 13% deficiency free rate for nursing homes.**

4. Discussion of Nursing Home Reimbursement Policy

- a. Chairwoman Roberts introduced Jim Nyberg of Leading Age Rhode Island (formerly RIAFSA) to discuss the proposed changes in nursing home reimbursement policy.**

i. Mr. Nyberg stated that the nursing home industry has had good meetings with EOHHS and House Finance. The desire from the administration, as Mr. Nyberg saw it, was a reimbursement system that was predictable and efficient, while maintaining the high quality that Rhode Island nursing homes are known for. My Nyberg stated that a pure price based system is an incentive to meet efficiencies without quality measurements. From the industry perspective, staffing is a major factor in any new reimbursement policy as both direct staff and support staff are a major cost driver and a major factor in quality of care. He also stated that hospital readmissions are lower for a NH patient with longer staff longevity

ii. Mr Nyberg stated that acuity adjustment is important, but that some systems might encourage “cherry picking” of patients. Any incentive that encourages a nursing home to select patients based on care needs creates inefficiencies in the system and should be avoid for both quality and efficiency purposes.

iii. After being asked about interim reimbursement rates, Mr. Nyberg stated that higher staffing cost homes saw a decrease in rates.

b. Council discussion

i. The council discussed the importance of culture change. Any reimbursement policy that results in cutting labor is a bad route for the state. If CNAs no longer have the time to spend with patients, culture change will be nearly impossible.

ii. One council participant stated that there are potential major changes to very vulnerable populations and is this proposal is the first step.

iii. One council member asked about proposed CMS regulations that affect reimbursement - is there a negative affect on access? The consensus was that there was not a negative affect on access, but that it would be monitored.

iv. The council also discussed the points that the amount of reimbursement and the methodology may not be connected and that real focus on quality and acuity, not just on the dollars. Also, there is a need to make sure that there is not a rush to decision making in order to meet the budget targets.

Another need is identifying high need patients, including a high need among very acute behavioral health patients.

v. The council discussed the desire to have a patient-based system. There was a question of whether a high acuity patient become a problem of a delay in an increased payment. Additionally, there was a discussion of the administrative burden of a patient based system – for example, how often do you update, how do you deal with dementia care?

5. Legislation

- a. The chair introduced Dan Meuse from the Lt. Governor's office to discuss legislation.
- b. Mr. Meuse discussed the three pieces of legislation discussed at the previous meeting, including the Certificate of Need legislation for home care, personal care attendant licensure and new dementia care definitions.
- c. The council also discussed a piece of legislation that would provide funding for home modifications through a revolving loan fund through Rhode Island Housing.

6. New Business

a. Ombudsperson regulations

- i. The council expressed concern about the stipulation that the ombudsperson cannot be the executive director of the office of long term care ombudsperson.
- ii. Additionally, there was a desire to make sure that the regulations do not hinder the ability of the ombudsperson to be an advocate

7. Public Comment

a. No Public Comment

8. Adjourn – Next Meeting June 8