Long Term Care Coordinating Council

Regular Meeting
December 14, 2011
10:00 am
RI Council of Community Mental Health Organizations
40 Sharpe Drive, Suite 3
Cranston, RI

Draft Minutes

Lt. Governor Elizabeth Roberts	Bill Flynn
Director Craig Stenning	Ellen Mauro
Cynthia Conant Arp	Holly Garvey
Jim Nyberg	Craig Stenning
Bonnie Sekers	Catherine Taylor
Kathleen Heren	Dawn Wardyga
Kathleen Kelly	Emmanuel Falck
Maria Laferriere	Jocen Woods
Patrice Cooper	Teresa Mota
Donna Martin	Angelo Rotella
Jill Anderson	Cathy Cranston
Ken Pariseau	Ray Rusin
Bonnie Larson	Thomas Marcello
Elizabeth Earls	Deanna Casey
Karen Amado	Lindsay McAllister
Maureen Maigret	

1. Call to Order
    a. Meeting was called to order by chairwoman Lt. Governor Elizabeth Roberts at 10:05 am.

2. Approval of Minutes
    a. The minutes from the November meeting were unanimously approved

3. Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health
    a. Mr. Rusin had three months of reports to share. There was one substandard report which was an "immediate jeopardy." The facility in question has since corrected the situation and has requested an informal dispute resolution
    b. Mr. Nyberg asked if there is a legal time frame for IDR's to be heard. Mr. Rusin responed that there is not because it's an informal process.
    c. Maureen Maigret asked how often civil monetary penalties are used – Mr. Rusin said CMS puts out a quarterly report that he can share. Mr. Rusin also added. He reported that about four to six hearings a year result in CMP's.
    d. Cathy Heren remarked that her office will also be involved with this process.

4. Discussion of Developmental Disability Providers Rate Cuts - The perspective of the Department of Behavioral Health, Developmental Disabilities and Hospitals
    a. The Chair recognized Craig Stenning to provide an overview of the recent rate cuts applied to developmental disability providers.

        Mr. Stenning explained that the department is implementing two transformation projects in the department -- implementing health homes for individuals with chronic and persistent mental health issues and Project Sustainability, which he stated was aimed at making rate methodology more transparent. Mr. Stenning said the point of standardizing rate methodology was so that all providers are paid the same rate for the same service.

        Mr. Stenning noted that there are just over 3,500 people receiving funded services through his department and 2-3 new providers in the state. He then explained how the rate methodology was developed. He then addressed the breakdown of budget cuts affecting providers, emphasizing that there had been a large structural deficit, which was made up for by reductions to both the direct DD budget and a reduction to the transportation budget under HHS.

    b. The Chair asked if there was any transportation at all in the DD budget and Mr. Stenning clarified that there was a small amount that was still paid out that amounted to a few million dollars. The Chair asked if there were other changes to the transportation rate across other providers. Mr. Stenning said that there were new rates under Project Sustainability, which were posted based on the proposed budget, but not reflective of the final budget.

    c. Mr. Stenning then addressed changes to the billing process. The new quarterly billing authorization system, which began July 1sts, means that providers are authorized for certain services as defined by BHDDH's 16 service definitions. Mr. Stenning explained that they moved to a quarterly

system in order to be able to make mid-year changes to provider rates. The new billing system was necessary in order to comply with CMS requirements,

d. Mr. Stenning also explained that the new DD regulations were a combination of existing DD regulations, the Medicaid manual, and a document known as the Health and Wellness Standards. He noted that the new regulations would likely be reviewed in approximately 6-9 months and that staffing ratios for day facilities would likely be addressed during that review. Mr. Stenning addressed concerns that providers were closing, but stated that the state had not yet lost any providers, but that an ongoing pilot project had not been successful. There are 49 vacancies as of today. On January 1, 2012, rates will change again, and at a minimum, will increase by 3%. In some cases rates will increase as much as 29%. All told, $5 million will go back into the system next month. Transportation rates are $17.62 or $26.96, depending on whether wheelchair accessibility is required.

e. Maureen Maigret asked if there are in fact 49 vacancies and whether that was typical and why? Mr. Stenning explained that they were struggling to get people out of hospitals and into vacancies. These individuals are in any one of the state's community hospitals, but it has been increasingly difficult to properly find and identify them.

f. The Chair asked if there was a waiting list from the community as opposed to from the hospitals and Mr. Stenning said that there is a priority residential list based on anticipated future need. The Chair asked if there were people currently in the community who needed to be in a residential placement and Mr. Stenning said that there were, but that it was challenging to place them and that it could take a few months in each case depending on how complicated the case was.

g. Elizabeth Earle asked if the raising of rates in January will mean a deficit or did the General Assembly restore? Craig Stenning responded that it was neither – that they'd be reinstating that money to increase rates and were supportive.

h. Dawn Wardyga asked whether the 49 vacancies were an issue around capacity level at the placements. Craig Stenning replied that there were people in hospitals ready to be discharged, and Ms. Wyrdyga asked why they could not be? Mr. Stenning answered that it was voluntary and agencies have to accept and they don't force people. It's largely a matching issue, he added.

i. Dawn Wardyga commented on younger individuals now transitioning – who are relatively stable in their childhood system and then drop off cliff at a certain age. What do we do about them? Mr. Stenning replied that once

individuals are identified, the easier that case can be. The biggest problem is subsidized adoptions. BHDDH doesn't pay direct care family workers in the home to provide services. They approve 8-10 per week once turning 21.

j. The Chair aksed whether money follows the person provided an opportunity here? The answer was that there are resource to help people stay under subsidized adoption. Ellen Mauro added that they hadn't included this population yet, but rather, focused on physically disabled first. Mr. Stenning added that we don't have an institution in RI and some of the requirements in the funding is designed to help person leave institution. It has to be a qualified long-term care institution.

k. Emmanuel Falck asked if there would be a hearing because there was a hearing on original, but not on the increased $15 m. Mr. Stenning stated that there's never been a final hearing on the final version of the budget.

l. Maureen Maigret asked what phase the budget development was in for 2013? Mr. Stenning stated that they were required to submit a current services budget saying what it would cost to do everything they're currently doing, in the coming year.

m. The Chair added that there's been a focus on metrics for discussing what agencies do rather than what the agencies are spending. The Chair also commented that the reimbursement structures were leaning towards FFS when everywhere else there is bundled payments. Mr. Stenning noted that they were trying to work towards per person case rate system so as to do outcomes care, but to get there, we're doing FFS.

5. Discussion of the Federal Opportunity for the Dually Eligible population
    a. The Chair then introduced Ellen Mauro to lead a discussion on the dual eligible population. Ms. Mauro used a presentation which can be found [here].
    b. The Chair asked whether the entire developmentally disabled population was considered dually eligible? Donna Martin clarified that 2/3 receive both, but not sure what is Medicaid only – some comes through survival benefits.
    c. Ms. Mauro remarked that in the next few weeks they'll be working on how to better work with that population and design integration for duals across the state.
    d. The Chair asked how many duals were among the Chronically mentally ill?
    e. Ms. Mauro stated that a lot of the additional expenses associated with duals was associated with nursing home care. It's a very diverse population so we're trying to provide coordination for all the needs of the

population. She stated all could agree we can do better and our goal is that folks will have choice and stay well in their homes and communities – but there are bits and pieces of strong coordination in each of those settings that is supported by CSI, Health Centrix Quality safe transitions program, etc. We can see gaps where folks have chronic needs and it's in the transitions where trouble starts.

f. Liz Earle stated that the Medicaid Health Homes for serious mental illness included no duals.
g. Ms. Mauro continued that there was an article in the 2012 budget requiring Medicaid to contract with managed care agency for Medicare and for duals, and that they must give the General Assembly a report at the end of this December.
h. A question was raised as to whether the capitated model was a voluntary opt-in or whether there were populations for whom it would be mandatory? Ms. Mauro stated that it would be an auto-enroll with an opt-out option and that they were considering strategies to this end. She added that they're working on features for integrated models – we want one model and two delivery systems with same components.
i. The Chair asked if there were examples from other states that could be used, even if they were not outside the box. Ms. Maura said that there were and that as part of the Center for Healthcare Strategies, the state receives grant funding for duals and may access the Center's design and staff, as well as NASHP's patient centered medical home resources.
j. The Chair asked what the timing would be for what happens next. Ms. Mauro replied that they would submit a proposal for the General Assembly and provide it to CMS as well.
k. Bill Flynn asked how big a challenge it was to identify and communicate with the participants themselves. Ms. Mauro stated that it was a challenge but that a huge part of their initiative was outreach and education and that there was also an opportunity for savings in better quality and continuity of care.
l. Angello Rotello pointed out that under today's rules the only way to access the program was after a hospital stay. He also stated that Also, overall eligibility has declined -- before will is probated, must get statement of good standing from state as to good standing taxes. Mr. Rotello posited whether state could do same for Medicaid funding - to discover if there are hidden assets. There is a program for this in existence, but its not staffed.
m. Cathy Cranston suggested that state prosecution of these scenarios was one option.
n. Maureen Maigret asked if any state had sought a PACE-like program for under 55 population or sought an exemption? Ms. Mauro replied that they were looking into doing a PACE-like program, but must get 3-way funding for that.
o. Holly Garvey noted that age contributes to cost as well and with that data, the different cost pockets could be better appreciated.

p. Maureen Maigret complimented the stakeholder input throughout the process and said that it was noticed. Ms. Cranston also noted it was tough work and complimented the Money Follows the Person initiative. Ms. Mauro added that they were recruiting a deputy project director and project director.
q. The Chair added that the stakeholder input was important and that, to Mr. Flynn's point, it was a real challenge to reach out to these populations – especially to new individuals to defragment the way they are receiving care. Ms. Garvey noted that they're trying to include in every conversation, how they can help get more consumers and families engaged – and that they're working with DEA as far as Part D engagement.
r. The Chair suggested that senior housing and places where people were visiting now – before they're moved into the system – such as food pantries, was a good place to look into for this. Ms. Garvey added family counselors, nursing homes, and meal sites.

6. The Chair provided an opportunity for public comment.
    a. Mr. Nyberg brought up the nursing home rate change: last meeting there was an overview of price-basing model which they had concerns about as far as potential huge swings. After a FOIA they received data and info on another "hybrid" model that might mitigate the swings among homes – this is a budget-neutral exercise. This hybrid does mitigate, but there are a few Q and concerns they have. More discussions with industry at DHHS in future on this.
    b. The Chair commented that the assisted living community met with finance last week around the SSI change put in place and noted that there will likely be a follow-up. The Chair added that the meeting opened up the conversation with the House Finance Chairman going forward.
    c. The Chair reminded the members that the next meeting would be January 11, 2012.

7. The meeting was adjourned by the Chair.