Long Term Care Coordinating Council

Regular Meeting
January 11, 2012
10:00 am
RIDOT Maintenance Headquarters
360 Lincoln Avenue
Warwick, RI 02888

Minutes

Bonnie Sekeres	Rebecca Martish
Maureen Maigret	Michael Menard
Deanna Casey	Ray Rusin
Kathleen Heren	Holly Garvey
Chad Nelson	Ellen Mauro
Jim Nyberg	Katie Ryan
Bonnie Larsen	Catherine Taylor
Craig Stenning	Cynthia Conant-Arp
Jill Anderson	Kathleen Kelly
Lisa Pontarelli	Roberta Merkle

1. **Call to Order**
    a. The Chair called the meeting to order at 10:05 am.

2. **Approval of minutes**
    a. The minutes from last month's meeting were approved unanimously.

3. **Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health**
    a. There were 9 follow-up for the month of April, two of them were on site. There were no citations.
    b. All Pawtuxet Village residents were transitioned out of the home as of May 3rd.

4. **"RIte @ Home"** - Sharon Kernan, Assistant Administrator, Family and Children Services at DHS.

a. *Presentation available upon request.*

5. **Brian McKaig** - Program Manager at Caregiver Homes of Rhode Island
    a. Their job is to find, credential and train qualified caregivers. This is not easy and caregivers apply often and are disqualified given criminal background check requirements. A nationwide Crimlinks check is done for reach applicant. This costs about $1,800 per qualification.
    b. An important link they make is to adult day health programs. Those caregivers with dementia clients need respite care services.
    c. At Caregiver Homes, they use *Seniortouch* for care coordination. This is important for the acute needs of the population. Internet access is required, but if the caregiver doesn't have access to a computer they can get a Netbook from the company at no cost.
    d. Notes have to be provided each day. Based on triggers, questions are pre-populated to prompt care and follow-up as appropriate. If answer is "no" and should be "yes", there is a nurse care manager who will follow up.
    e. Caregiver Daily notes: consumer screening is fishing for new behavior that might be concerning – to catch something the caregiver might not think to ask or report on.
    f. Incidents are also tracked, as are falls, medication changes, etc.
    g. This is moving towards a predictive modeling system – for example, if someone is diabetic at a given age and has other given co-morbidities, modeling would predict that person will have average of X days in community before a hospitalization. This helps predict possible events in the patient population and can inform number of visits that might be recommended and can also help coordinate with adult day or home health, etc.

6. **Lisa Provencal** – Program Coordinator at Seven Hills of Rhod Island.
    a. They don't do online reporting for their clients. They go into the home and do assessments based on the plan of care they develop, but have a data sheet they've developed. This includes long-term and short-term goals that are filled out on a daily basis. The information given by the client informs the frequency of assessment (daily, weekly, monthly).
    b. A nurse will make the visit and inform the company of what might be needed in terms of follow-up.
    c. They've been getting a lot of calls from BHDDH on funding – they've been funded through BHDDH but are not attending a day services and want to come into the DHS RIte @ Home system. Seven Hills is trying to accommodate those requests.
    d. Sharon Kernan clarified that they can take developmentally disabled populations into adult day as well as BHDDH populations adult day.
    e. Attending a day service – they get a daily stipend, but an amount is being taken off to reflect use of adult day. The caregivers need enough of a stipend to be able to continue the care despite being employed, so the fact tht there's an amount coming off is challenging at times.

f. DHS has been good at trying to get programming out to the agencies like dental.
g. They're also working with hospice and adult day health. They have 7 people in hospice.
h. Getting people to realize, as they're getting ramped up into the program, it's a long process and they've had a few folks pass away during the process. They are working to avoid this by having the caregivers sign a form explaining that there is no retroactive payment.
i. Sharon Kernan added that there is an assumption that caregivers can maintain their current system and habits without having to change much as they get qualified and it's harder than that.
j. The Chair asked how long this application process typically takes?
k. Sharon Kernan answered that it can take a few months if they're not already on Medicaid long-term care. There's financial information that must be shared. It can be expedited. There may be cost-share issues that end up. Ninety percent come without long-term care and that takes a high of 80 days. They work on credentials and home assessment during that time. This is the Medicaid long-term care application that takes so long.
l. Lisa Provencal said that it helps to map this out and give folks a time frame. This helps with expectations.
m. The Chair added that it would be ideal for the enrollment to someday not take three months.
n. Lisa Provencal – I've had good results as of late. It hasn't been a 3 month wait, but I tell people it could be that long. We complete all the other work so that when the eligibility forms come in you're ready to go.
o. Sharon Kernan clarified that their services are statewide. There's a map available.
p. Kathy Heren asked Brian McKaig; with the electronic process, if person has mild dementia, who authorizes?
q. Brian McKaid answered it would be the consumer if they're a responsible party, they sign off. Once they sign, they're understanding and acknowledging that other providers, such as they're physician, have access to the "daily note." Unless there's a dementia issue, the consumer themselves can do it.
r. Maureen Maigret – If there's no access to the computer, they get a netbook, but who pays for internet?
    i. The family does, but if that's a struggle, their stipend will be increase.
s. Jim Nyberg – adult was envisioned as playing a prominent role, but you said its only 5 people taking advantage. You mentioned the stipend decrease is an issue… any chance that will change?
t. Sharon – we're conducting an internal review. Bottom line for many folks is that they don't see themselves wanting to spend time there with that population. It is the client themselves who are not interested.

u. Lisa Provencaln– 99% of folks are family members and they want to be in the home. They don't have an incentive to go. The younger clients don't want to be there. It's just not what they're looking for.
v. Cindy Conant-Arp – the $30k average cost – does that include ancillary services like transportation or adult day costs?
w. Sharon Kernan answered no, just the 4 mentioned. The state is tracking ancillary costs per consumer. You're not eligible to receive duplicative services like meals on wheels or home health, but can get DME or home modifications or other Medicare VNA services. So there are other costs that accrue and we're tracking that over time
x. Bonnie Sekeres – the cost is about $30k/per person on average per year plus the room and board the person pays themselves?
    i. Sharon Kernan - the cost to the state is $30k. The person must pay room and board.
    ii. Bonnie – so no estimate of the total cost?
    iii. Sharon – we could do that analysis and its variable, but I didn't bring it today.
        Bonnie – What about the savings?
    iv. Sharon – we have that as well. For the highest level of care, you can take nursing home and deduct sharing living expense, and take other Medicaid covered services like DME and home modification…we can do those kinds of reports.
    v. Bonnie - it would be interesting to do that and see what the client's expenses are. The clients in this are in the community but are nursing home residents eligible?
    vi. Sharon – some have left nursing homes. They have been in any kind of situation. We work with MFP and other programs that are trying to divert from nursing homes.
    vii. Bonnie - initially they're referred or come to you?
    viii. Sharon – they can call our office or one of the agencies. We've tried to do outreach and welcome additional opportunities – so if anyone would like a presentation please let me know and we can come along with our agencies.
    ix. Bonnie – what percentage were in private homes versus caregiver versus seven hills.
    x. One-third are at seven hills. They're all in private homes.
y. The Chair asked for clarification on medications – what is the caregiver allowed to do to make sure the client gets their medications?
z. Sharon Kernan answered that you're responsible for monitoring the patient to make sure they get their medications.
aa. The Chair asked what percentage of people have to have someone else come in who is licensed to help give medications.
bb. Sharon Kernan – the intent is to meet needs through shared living, when the assessment is done, they look at ability to self—administer meds. Under Nurse Practice Act, we cannot tell the prompting and reminding is okay.

cc. The Chair added that if you're being paid, you loose that ability to administer meds.
dd. Kathy Heren– the nurse pours the meds for the week and the caregiver makes sure they're taken each day? What about a finger stick?
ee. Sharon Kernan – these rules prohibit some clients from being in shared living. We cannot advise the caregivers to do something that is not in conformance with the law.
ff. Craig Stenning – it's a slippery slope under state law. Thousands of family member perform sophisticated caregiving functions but once the state is involved… Nursing functions cannot be performed where the state is paying the caregiver.
gg. The Chair – the person who is trained to do that can no longer keep the person at home and perform those services. Can one person be the one getting paid and another person who lives there could provide these services?
hh. The answer was that theoretically, that could happen.
ii. Maureen – Could the caregiver simply make sure the right supply is available?
jj. Brian McKaig answered that pre-packs are prepared and the family member will unlock the container and allow the person to take the right pills. They then lock and put away. As far as insulin, non-paid family member lives in the home and does the sliding scale or finger stick.
kk. Catherine- Taylor – what has been your experience with caregiver reporting? Any differences between the online reporting versus the data sheet?
ll. Sharon Kernan– not noticed much of a difference. Its important that the caregivers know the agency is there to support them. We have a nurse and having that resource is really critical.
mm. Lisa Provencal – having that relationship and helping caregivers feel comfortable and having that resource to bounce questions off of is really important. Even if a nurse goes out, we'll still make a call to create that connection and develop that relationship.
nn. Brian McKaig – our system locks you out – there will be no payment to the caregiver if there is no note taking for 3 days.
oo. Kathy Heren – is there any physical abuse reporting?
pp. Sharon Kernan – if client is abused by caregiver, that would be reported to DEA. The agency must take immediate action.
qq. Catherine Taylor – We investigate it the way a community situation would be – because they aren't licensed by health. It doesn't go to Health.

7. Legislative Update: Given the time, a brief legislative update was provided, including a mention that the MOLST legislation had passed the House and would be in the Senate that afternoon. A request was made to try to gain some clarity on SSI as well as nursing home reimbursement The Personal Care Attendant background checks would be in Committee that afternoon in the House – and

given the grants funding were contingent upon a bill this session, there is some urgency there.

8. There was no additional public comment.
9. The meeting was adjourned at 11:38 am.
10. The next meeting will be on June 13, 2012 at RIDOT. It will be the last meeting before the summer recess. Meetings will commence again in September.