



Long Term Care Coordinating Council

Regular Meeting

June 13, 2012

10:00 am

RIDOT Maintenance Headquarters

360 Lincoln Avenue

Warwick, RI 02888

Minutes

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Chris Barnett

Michale Menard

Cynthia Conant-Arp

Maureen Maigret

Bonnie Larson

Cathy Cranston

Donna Martin

Ken Parisean

Catherine Taylor

Kathleen Kelly

Bill Flynn

Kathleen Heren

Bonnie Sekeres

Katie Ryan

Roberta Merkle

Stacy Paterno

Ray Rusin

Holly Garvey

Emmanuel Falck

**1. Jeff Stevens - Changes and Updates to the Rhode Island Special Needs Emergency Registry**

- a. Individuals with chronic conditions, special needs are enrolled in this program and that information gets shared with emergency and first responders. This lets them know when folks may need additional or special assistance. The program also works with e-911: If someone calls this number (from the # on their form) it pops up with the persons top three disabilities that may need to be addressed. As an EMS provider, this is important because you can pre-plan a bit before arriving at the scene. For officers to have that ability to advance-plan makes things safer.
- b. In the future, the program may be augmented by computer-aided dispatch.
- c. The form that is handed out was updated at the end of April: autism spectrum disorder and dementia were added.
- d. There is also a new web application. It is accessed through an online portal that is dual-secured. It's a database but one can also see a GSI system and

map out those who are in congregate facilities or where folks are, etc. Flooding lines can also be mapped and compared to where folks are. Phone, text messaging and or email contact can be accomplished through this portal as well.

- e. The emergency medical information card can be left on the refrigerator so that emergency responder staff can easily access.
- f. The brochure is available in English, Spanish and French and Portuguese. They are working on developing in some additional languages.
- g. A portfolio is also available – if someone is out engaging with patients on a regular basis, this is easily transportable and contains all of this material as well.
- h. To get these packets, just email Jeff or go to [www.health.ri.gov/erregistry](http://www.health.ri.gov/erregistry).
- i. To address concerns of confidentiality, this system is dual-secured. The current legal interpretation is that this is self-identification and people sign a consent at the bottom of the form. They also clearly state that this is only for business use. A disclaimer may also get added to the website.
- j. Maureen Maigret: If we think someone should be in the system can we find out if they are or not?
- k. Jeff answered that if you're not sure you're enrolled, please enroll again. As you're talking with clients just suggest that if they're not sure, enroll again. A part-time staffer looks through the system for duplication. They're working on an algorithm to accomplish this as well.
- l. Bonnie Sekeres: Complimented Jeff on the application, as it is very easy to read. Their coordinator has approached every person they have on oxygen so that they are registered. They have also retrofitted sockets in the hallways so they're attached to an emergency generator. She also suggested that if possible, DEA might send letters to all residences to request that all those who are oxygen sign up.
- m. The Chair asked what happens when someone moves?
- n. Jeff answered that every year, enrollees get a letter (moving this to September from October) to renew/update. Central mailing services can help with these types of mass mailings. Every piece of returned mail gets a phone call – they have 3 outreach staff and a data manager. This is their role come October/November. They verify information with folks and try to follow up on those that area returned. They're trying to have regular contact with their enrollees too – trying to put a name to the face and just reach out and see if any of their information has changed.
- o. The Chair suggested that there shouldn't be an expectation that you're getting a personal visit if there's an emergency – rather, this is to help you know if something is happening in a particular area, responders will know what's going on in that area in terms of additional support needs, special needs, etc.
- p. Jeff pointed out that this is one tool in the tool box and this point is very clear in the materials. This creates an environment where if there are time and resources, there can be necessary outreach. They also carry the FEMA “Ready brochures.” This helps people get ready for emergencies

because this registry is not an automatic outreach in the case of an emergency, but it does help with preparedness and awareness of what needs are present in particular communities.

- q. There is also some personal preparedness information in the brochure.
- r. Bonnie Sekeres – in the case of people who are brought in by rescue, the rescuers aren't necessarily looking for it.
- s. Jeff – their training is to look for a card like this and ask about it.
- t. Bonnie Sekeres – maybe something to be added to the system to put on the door?
- u. Jeff – perhaps they can be communicating more with the responders.
- v. The Chair agreed there are opportunities with responders to strengthen this piece.
- w. Kathleen Kelly – he did a session on emergency preparedness for their members at assisted living conference. It was really helpful.

## **2. Review of 2012 Legislative Session & Discussion of FY 2013 Budget**

- a. MOLST bill was signed by the Governor on Monday.
- b. The Joint Resolution to develop a State Plan for Alzheimer's Disease and Related Disorders passed and we will be convening that group, using the framework of the LTCCC very soon. Keep an eye out for the first meeting in July.
- c. The background check legislation did not pass, but the group was not sure what the ultimate obstacle was to passage.
  - i. Maureen Maignet suggested that there had been a Sub-A but no one knew exactly what the issues were that prevented passage.
- d. The Home Care findings legislation was also passed.
- e. **Elena Nicoletta, Director of Medicaid**
  - f. Adult dental was restored and DME provider cuts were implemented through a budget article. The other issues include administrative oversight of authorization for community-based services. This was an administrative change that will be in the form of utilization review.
  - g. They will be working to address questions of a more integrated long-term care system including Medicare-funded services. They are engaging the public on this as well. EOHHS is in the stage of taking in comments/ideas.
  - h. Next Thursday they have a hearing on personal choice program – seeking to implement the changes to that program in particular.
  - i. SSI restoration – out of DHS and would be a \$206 payment to non-Medicaid facilities.
  - j. Kathleen Kelly – Some have people SSI as part of the waiver and some who aren't on SSI but not part of the waiver.
  - k. Elena offered to reach out to House finance committee for clarification.

## **3. Craig Stenning, Director of BHDDH**

- a. Homeless Bill of Rights bill passed and forensic bill

- b. With respect to the budget, the major attention has been on the developmental disability budget. There was a partial restoration. Last year, the governor's budget, as submitted, accounted for a reduction of about \$7.5 million, which included a \$2.5 million reduction by way of programmatic changes being made. There had been a deficit, which they were confident they could close.
- c. There was also a reduction in DHS of \$5 million for transportation and we'd assumed those funds would be transferred over to BHDDH as part of new rate system (separate rate for transportation was being set up). Because transportation rate was never put in place, they had to set aside money for transportation. That \$24 m cut was 19.5 plus \$5 for transportation – it just wasn't transferred.
- d. The Chair asked if that meant transportation is in?
- e. Director Stenning answered that it was. He continued, we increased rates beyond what would've gone into effect last July but had to take that money from other areas (\$5 million taken from other areas to fund transportation).
- f. That \$5 was taken out of Medicaid and was going to be added to BHDDH for transportation, but instead it was taken a savings.
- g. Kathleen Kelly, the rate that providers were reduced by last fall, based on \$9.6 million - that funding has been restored to what their spring rate was before the reduction or from this past spring?
- h. Director Stenning answered that it will be used to maintain the increased adjustment for April. The \$9.6m allowed them to keep that elevated rate and if they hadn't received it they wouldn't be able to sustain that.
  - i. Rates were up but utilization is down so overall expenditure is down.
  - ii. \$9.6 m is good news because it enables them to stay at the level they're at currently. They're encouraged by that.
- i. The Chair asked if there's a way to monitor impact here from changes in rates and funding in the community served.
- j. Director answered they're doing as well as they can – some of it is anecdotal. Reviews and investigations are made on every complain/phone call they get. The major impact is on direct care salaries. In some cases, it made some leave and in others, it meant lay offs. The effect on service is an open question. Services were reduced in some areas, which would explain why utilization is at about 95%. They're working with providers on a nearly one-on-one basis.
  - i. They have an initiative to expand health homes for DD and substance abuse.
- k. Kathy Heren – with the bill of rights and housing discrimination issue, how do you get that information out – especially with police department?
- l. Director Stenning – Interagency Council on Homelessness is taking a look at that. Also, I've been asked to chair the open door initiative. On a person by person basis, new people coming into their system come in because of

homelessness – this is what has prompted our involvement. So some of this is one-on-one and other part is through council involvement.

- m. Emmanuel Falck: before \$24 m cut – they were reimbursing staff, went up to \$11.30 and we can now stay at that. To get back to 12.03, do you know what it would take?
- n. Director Stenning – the state wasn't paying. The direct care wages number was state being very transparent – info put out described method for developing rate (direct care wages, moved up through hierarchy – don't for transport and day activities). There's nothing that dictates providers have to pay those rates – they can pay less than what the state came up with. They presented this to the General Assembly: \$9.5 m to maintain April rates, in order to go back to July 1<sup>st</sup> rates, they'd need \$18 m. Basically double what was actually restored.
- a. **Catherine Taylor, Director of DEA**
- o. Community Service Grants – House finance had restore the 25% cut to DEA grants (senior centers don't get money from any other source). It may be about \$28k. Grants provided through DEA.
- p. They'd forecasted higher utilization in assisted living and homemaker waiver programs and in FY13 budget that money was provided.
- q. General Revenue for RIPAE was decreased and they were asked to use rebate money, which is fine unless the Supreme Court overturns ACA and donut hole exists again.

#### 4. **Public Comment:**

- a. **Chris Barnett** from the Secretary of State's office spoke during public comment to ask for input on voter id – how to get information into hands of service providers, caregivers, clients, etc.
- b. Beginning this year people will be asked for identification when they vote at the polls. A Social Security card, Medicare card, RIte care card are all acceptable forms of non-photo id. In 2014 it will be only *photo-ids*.
- c. There is a no-excuse mail ballot now as well. If you didn't used to qualify in the past for a mail ballot, you can have “no reason” now, and simply state that you cannot get to the polls and you will be able to use a mail ballot.
- d. The Secretary of States office also wants to work with assisted living facilities, home-bound folks, anyone who doesn't have a form of acceptable form of identification. For the elderly or those with a disability it is not uncommon for them to have no form of id. He is looking for advice. Go to [Sos.ri.gov](http://Sos.ri.gov) for more information.
- e. There have been 3 elections so far; Kingstown, Presidential primary and Central Falls. 23,500 votes cast. There were 30 voter-id related provisional ballots cast and 29 were verified. Provisional balloting is the fail-safe for those who show up without a valid id. No one will be turned way for lack of appropriate identification, so the provisional ballot is used in that case.

- f. Someone asked if you need an id to vote by mail? The answer was “no.” You do not need an id to vote with a mail ballot. Your signature on the ballot will be compared to that for the Board of Canvassers.
  - g. Official State Ids require going to motor vehicles and a fee, which would be considered a poll tax and cannot be required in order to vote.
  - h. A DEA Id doesn’t work – have to go to the Registry of Motor Vehicles photo id or the state-issued voter id.
  - i. The vehicle going around – the mobile van sponsored by the Secretary of State’s Office - only issues a voter id. This id is intended to be used only for voter purposes. It can be used forever for voting-and voting only.
  - j. Bonnie Sekeres – can the SOS office link that in with the RMV to create a card that can be used everywhere?
  - k. Chris Barnett – the question is ‘why can’t we have one state id?’ That is because it’s a balancing act between protecting the right to vote and making sure no one is disenfranchised and having an id that is easier to obtain. The level of verification of proof of identity to obtain the voter id is less rigorous than the state id (birth certificate, SS card and a third type of identification are required to obtain the state ID card).
  - l. **A public announcement was made to remind the Council that the group would recess until September.**
5. The meeting was adjourned at 11:32.