



Long Term Care Coordinating Council

Regular Meeting  
September 12, 2012  
10:00 am  
RICCMHO  
40 Sharpe Drive  
Cranston, RI  
Minutes

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Holly Garvey	Bonnie Sekeres
Cynthia Conant-Arp	Kathleen Kelly
Elizabeth Earls	Kathleen Heren
Thomas Marcello	Ray Rusin
Ken Pariseau	Stacy Rounds
Maria Barros	Jim Nyberg
Maureen Maigret	Rebecca Martish
Hannah Wojcik	Ellen Mauro
Dawn Wardyga	Bonnie Larson
Elaina Goldstein	Craig Stenning
Anthony Ascitutto	Cathy Cranston

**1. Call to Order**

- a. The Chair called the meeting to order at 10:06 am.

**2. Approval of minutes**

- a. The minutes from the Council's June meeting were approved unanimously.

**3. Report on Nursing Homes and Other Administrative Updates from Ray Rusin**

- a. Staffing update: the Director is working to fill positions. A radiation supervisor starts on Monday.
- b. They have 9 FTE's to fill that would mostly be licensure work are outstanding. The Department has received a lot of support from the Alliance and the OLG.

- c. Report for June, July and August – no substandard quality of care notices went out. Continuing to focus on complain investigations and being more timely. The facilities being monitored (3) – were all surveyed in August and were fine and will come off of required monitoring.
  - d. Ellen Mauro – Are there any innovations to impact the substandard quality of care designations – why are some doing well versus others?
  - e. Ray Rusin – no reason in particular, everyone has just been in compliance. I think they’re doing something right.
  - f. Maureen Maigret – anything happening with Pawtuxet Village?
  - g. Ray Rusin – there is a change in effective control process Genesis has signed a merger with Sun Health and have filed for CEC. Pawtuxet wasn’t originally within that group to be merged and Sun Health was told they could no longer operate so it was eventually included in the merger. Greenwood was in the original merger and remains a part of the transaction.
  - h. The Chair asked if the company has any other facilities in RI currently?
  - i. Ray Rusin answered that they do; three or four which all have good records.
  - j. Kathy Heren stated there are 6 locations. They all are under the Genesis umbrella, but go by different names. They’ve been very cooperative when there are complaints.
  - k. Ray Rusin– once the CEC is approved, Genesis plans to take the Pawtuxet beds off “hold” and reopen the facility with the approval of the Department.
4. The Chair provided a quick update on the Alzheimer’s work that has been underway under the umbrella of the LTCCC. Many Council members are involved and we appreciate it very much. Our next full group meeting is next Tuesday at 1268 Eddy Street at the Casey Family Services building. We’ve been working on background work to get the work groups organized. We will have two full group meetings this month and next, and will also be starting town halls. We’re working with the Alzheimer’s Association to provide some help so that caregivers may participate.
- a. Elaina Goldstein – That meeting is on Rosh Hashanah, and I will not be able to attend. If perhaps Lindsay could provide a briefing afterwards, it would be much appreciated.
  - b. Chair – We will accommodate anyone who will not be able to attend because of the holiday through briefings conducted by Lindsay. We’re happy to do that.
5. Chair – we’ve invited Elaina Goldstein to present on the Innovation Grant. There is a sizeable grant available from the federal government to take successes and bring them to scale locally. It is a major accomplishment that this grant was achieved in RI.

6. **Elena Goldstein – Living Rite Project.** This project – Living Rite - goes far back in this state. It lost its momentum over the years, but when you look at integrating care, a lot of what was done in that project has been accomplished by the state.
- a. It is a 3 year grant and projected savings is 15.5 million by preventing illness, emergency room use, nursing home placement and hospitalization for the target population.
  - b. A summary of the project goals and the target population was given.
  - c. The mobile dental unit piece of the project – to have them come to the locations – was taken out because CMS was not willing to fund it. Lifespan also could not fund that piece, so they are still looking for a funding source to float that program.
  - d. Ellen Mauro – is Well One an option? There are other mobile units
  - e. Elaina – the way this particular program, Apple Tree, is the one that we wanted to accommodate the needs of this population.
  - f. Elaina continued, another piece would be sensitivity training – to work with providers to understand populations with neurological diseases. We were unable to include that but are still looking for potential funding streams. Behavioral Health Swat Team was also not funded. We've gone from 6 sites down to just 2. We are currently working to choose them.
  - g. Maureen Maigret – 2 sites for \$14 million? And, will they serve the DD population only?
  - h. Elaina – We would like to have one site that serves the developmental disability population and another which serves Alzheimer's patients. We have more work to do to understand how many people will be served by each location.
  - i. Jim Nyberg – when will the sites be identified?
  - j. Elaina answered that they weren't expecting some of the responses we got about how many people they would serve, so we're still working through the responses. We are reviewing them and will speak with them tomorrow.
  - k. Elaina continued, the first project goal is to include the cross-disability coalition. It will also be a holistic approach, fully accessible (e.g., equipping locations with scales capable of weighing those who are in a wheelchair), aimed at improving self-management of chronic conditions, ensuring financing method produces good health outcomes, and improving workforce development needs of persons with disabilities while coordinating training, etc.
  - l. The innovation comes in three parts: development of Living Rite Centers, Workforce Development (hiring PWD in health professions) and URI Center for Inter-Professional Health Education.
  - m. A Center will be a team of providers actively working with consumers to navigate referrals, funding sources and related services and supports – this is different from a primary care center. It is similar to

what is being developed by employers in that there will be a clinic to go to for coordination of all a persons doctors, prevention and chronic care management. The emphasis is on the place where you work – eliminates concerns about transportation.

- n. Telemetry will also be a key component of the project with respect to enabling communication with providers and patients/consumers remotely.
- o. Living Rite teams will include CORE membership, hired by the Centers, including peer mentors and life coaches who are themselves persons with disability.
- p. Maureen Maigret – does the project have anyone with any experience for the change model with persons with dementia?
- q. Elaina answered that that Dr. Prochaska’s model and work will not be used in that part of the project. We’re also incorporating the model from Clayton Christensen’s book to locate the centers in adult day programs and senior centers – rather than hospitals, which are designed for the provision of acute care. We’re using other models, which show us the power of decentralization from a form centralized model to think about how to make healthcare more affordable and effective.
- r. Plugging new technologies into old business models has caused costs to rise rather than fall. For example, each new technology, like telemetry, will not realize its full benefit if plugged into an old model. The new system also decentralizes services from the hospital.
- s. The workforce development piece of the project will mean employment first (e.g. sustaining Rhodes to Independence as a non-profit and developing an employment center), creating new community health worker positions and hiring 31 people with disabilities in health care professions over next 3 years.
- t. The benefit here cannot be understated – those with disabilities on Medicaid cost far less if they are working – but it’s also about mental wellbeing.
- u. The Inter-Professional Health Care Education Center at URI – would be a “first in the country” to create student professional track to be certified as an inter-disciplinary team member. There will also be a continuing education component. Finally, “best practices” will be created for current health professionals for treating those with all neurological diseases.
- v. Maureen Maigret – how will you measure the outcome in terms of anticipated savings?
- w. Tony Ascutto (Ximedica) responded that the savings are related to the sites only. The workforce pieces are separate. As individuals are put into sustainable work and living independently, there is some cost savings, which is augmented by the workforce piece.
- x. Maureen Maigret – is there a base for what they cost the system now?
- y. Tony – yes, and we’ll be using that in the calculation.

- z. Maureen – the cost of the services being added on as part of this project included?
- aa. Tony – yes. The savings should generate new opportunities to create new programs as well into the future.
- bb. Elaina – these are services not currently covered by Medicare or Medicaid – they’re in addition to what is currently available.
- cc. Bonnie Sekeres – what is the cost for care of this population?
- dd. Elaina Goldstein – we approximate around \$7,200 per person per year.
- ee. Liz Earls – what about our existing pilot projects through CMS? Is the goal to take these individuals and separate them from the other initiatives? Otherwise, everyone will take credit for the cost savings.
- ff. Elaina – this is a private grant for private industry and companies and states were not allowed to apply. Among the deliverables is one to work with the integrated care model. We have yet to meet with Secretary Constantino and his Directors, but that should be forthcoming. These programs will not be a system in and of themselves – they will have to integrate.
- gg. Jim Nyberg – elders with dementia would be in phase one of integration.
- hh. Ellen Mauro – we want to take advantage of what you are doing and we still need to meet to go over how we can work together. Which database did you use?
- ii. Elaina – 2009. It did not include Medicare Advantage – the people who are eligible are fee for service Medicare.

7. **Jim Nyberg – Update on New pricing system for nursing homes.** There is a new price-based system for nursing homes – it has raised concerns about staffing and quality . It is scheduled to begin this October (2012) and by October of 2016, it would be fully implemented. In 2016, the direct care rate adjuster would expire so higher cost homes could experience a “cliff effect.” That said, its far off and it could change between now and then.
- a. Last week, there was another meeting with the industry to finalize the implementation and the plan is that part will be implemented Oct. 1 (price based model) and then acuity (resident specific piece) will not be implemented until April 2013. Technical issues can be worked out in the meantime.
  - b. Quality incentives were also included in the bill – there are few models in other states we’re looking at. Adjusters would promote staffing and quality of care, higher nurse staffing lower rates of turnover ad hospital admissions. In theory, that could mitigate the cliff effect we’re concerned about. This gets closer to Value-based purchasing.

## 8. Public Comment

- a. Bill Flynn Asked Maureen to announce Expo is November 2nd at the Crowne Plaza. A Pulitzer prize journalize doing work on aging/third phase of life will be speaking.
- b. Director Stennign announced several items:
  - i. This Saturday is 10<sup>th</sup> annual rally for recovery taking place in providence and Roger Williams national park (n. main street in Providence). Expecting about 5,000 this year. Its free.
  - ii. September 19<sup>th</sup> is dedication of the new mental health court. A private and confidential court that will be held every Friday. Presentation of the first annual behavioral health advocates award. This year it will be given to Deb Ruggiero. It is on the fourth floor in the morning. If you'd like to attend let him know.
  - iii. September 25<sup>th</sup> there will be documentary on institutional care from perspective of young woman who spent a year in an institution in NY – 7 pm and it s open to the public. It is at Cranston West auditorium.
  - iv. September 29<sup>th</sup> there will be annual Rx drug take back day.
  - v. Engage RI and RIALA annual conference on the 28<sup>th</sup>.
- b. Ray Rusin – RI Generations Coalition will have summit on Nov 13<sup>th</sup> – the day after Election day. This year they're asking for nominations for employees known for resident-centered care activities and will issue scholarship to those people.
- c. Maureen Maigret – legislation requiring criminal background check – what happened to the grant money?
  - i. Lindsay McAllister answered that she would try to speak with Joe Lindbeck and report back to the Council.

9. The Meeting was adjourned at 11:34 am.