



Long Term Care Coordinating Council

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

Present:

Catherine Taylor
Jill Anderson
Bob Caffrey
Jim Nyberg
Bonnie Sekeres
Kathleen Kelly
Ray Rusin
Roberta Merkle
Ann Martino
Tom Izzo

Elena Nicolella
Ellen Mauro
Maureen Maigret
Cathy Cranston
Maria Barros
Dawn Wardyga
Caroline Van Allen
Hannah Wojick
Craig Stenning
Tom Marcello

1. **Public Announcement as Follow-Up to a Question from the Council's last meeting:** The federal money available to implement Criminal Background Checks for direct care workers is still available under an extension the state was able to obtain in light of the failed legislation last session.
2. **Ray Rusin – Report of Nursing Homes:** Nothing to do in nursing homes last month. There were 23 onsite complaints, none of which generated substandard quality of care reports
 - a. The Chair asked about the court ruling about the gentleman who now owes money where do those resources accrue? It is about \$12 million?
 - b. Ray answered that it goes to HUD at the federal level.
 - c. Cathy Cranston asked Ray when he went out and did investigations, if there were any trends he was seeing?
 - d. Ray answered not really. Home Health agencies are not all certified. They're not having any major problems. There is an expansion of home health agencies in the state.

- e. Maria Barros – there is a school in MA to turn around CNA’s in 4 weeks. It is 114 hours over 4 weeks and you can get a MA license and then bring it to RI and get licensed here, despite not meeting qualification for CNA in RI. We require more hours in RI. There’s a long term care and a home health license in RI, but RI is accepting Home Health licenses from MA as CNA’s. I would suggest that we look at that.
 - f. The Chair said she was in support of reciprocal licensure, but there may need to be some supplemental training in light of this.
3. **Senator Tom Izzo – Community Chair, Global Waiver Task Force.**
- a. The Chair introduced Senator Izzo and explained that the Waiver ends at the end of next year (2013). Today, we are looking at the impact of the waiver, the status of the waiver now and what we might expect in the future.
 - b. Senator Izzo said that working with OHHS has been enjoyable. Initially, he was worried whether the cap would be too low or if people would be waiting too long for services. He’s been reassured through this work that that isn’t the case. The Departments have been very hard working around this issue.
 - c. The Taskforce was part of the legislation that allowed for the waiver and allowed the group to work with OHHS to plan, design and implement the waiver and look at its outcomes and evaluate whether it was working or not. He has come into this work two years into the Waiver. He approached it from a perspective that the more you bring folks together around a “safe table,” the better.
 - d. The work is moving along. Initially there were 72 members and now there tends to be between 40-50 people at each meeting. Participation is open to anyone who would like to attend. Staffing and reorganization of those departments took their toll in terms of demands upon staff. A recurring theme from the task force was to engage the Directors more often in the discussion. This has happened to an extent. There are many advisory committees across the state and the demands on peoples’ time makes this tough.
 - e. The Task Force is divided into work groups, which have developed reports and recommendations. The Department has put that together into a document, however it’s unclear how actively it is being improved. It included Katie Beckett, regulations, housing, etc. This work has fallen by the wayside a bit. He is now attempting to reconstitute this conversation. The focus really needs to be on outcomes. The tensions around whether a waiver is necessary has really been put to the side and the focus has shifted to what sort of a tool this can be and how we can make it effective and drive outcomes.
 - f. The Task Force provides a monthly opportunity for direct exchange of information among consumers, advocates and providers to speak directly with professional staff from the departments. A few issues that have arisen have been able to be dealt with directly rather than going out to the work group(s). For example, the concern over the payment model for

nursing homes was an issue where they could use the Task Force to expedite the conversation. More recently, there was concern around the periodic review of services levels for kids with certain severe health issues so a group worked with the department. Supplemental payment for certain nursing home residents was another issue where emergency regulations were able to address the issue and conversations were had at the Task Force meeting.

- g. Next month they'll focus on decisions raised by the waiver process and what may need to be done in the last year of the waiver. Looking at the questions that were raised when the waiver was originally considered will present good questions to address in the coming year (payment methodologies, long lines for care? Etc.).
- h. The reorganization of the Secretariat has really been a good thing and he would encourage its support. There has to be aggressive and further interdepartmental cooperation. The issue of dual eligibles raises a great example to this point; this demands great interdepartmental cooperation.
- i. The Chair thanked Senator Izzo for being so successful at going beyond the politics of things to think about the importance of convening people in such an effective way. Issues don't always have to be escalated and can be dealt with at the work group level.
- j. Senator Izzo also mentioned members of the Task Force who focus on kids and families and who often feel there is too much of an emphasis on elders. The Children's cabinet and Children's Policy Forum don't exist anymore. The Task Force cannot always meet that void, but so far has been able to accommodate at least some of that need.
- k. **Elena Nicolella – Medicaid Director:**
 - i. The Chair asked Elena Nicolella to bring the Council up to date on the work to renew the Waiver.
 - ii. Elena introduced Anne Martino as co-chair of the Task Force.
 - iii. Elena reminded the Council that one of the important factors to keep in mind is that the Waiver is a request to the federal government to continue the flow of money to RI for Medicaid even when RI is attempting to implement the program in a way that does not match federal regulations. You cannot, however, just talk about the alternative way you want to implement the waiver, you have to widen the scope. For example, children's services – how can we use the waiver to respond to those questions while also limiting the scope of the Task Force to issues related to Medicaid and how the Waiver authority impacts Medicaid.
 - iv. OHHS will be thinking about how to best use the Task Force and how to contemplate a wider scope beyond just the waiver authority; using the Task Force as a forum to talk about EOHHHS goals broadly. We'll be working with Senator Izzo on that. If the Waiver goes forward, the Task Force will be a huge part of that.
 - v. She reminded the Council that a proposal for the Secretary to consider renewing the state's application for the Waiver will be

submitted to him soon, but no formal decision has been made to date. The input of the Task Force will be a part of that. There will be an upcoming meeting to discuss where EOHHS is starting from There are three areas:

1. 1 – The ACA: the opportunities it offers and whether there are areas in the mandated sections of the ACA which don't meet RI's needs. The Waiver may be an opportunity to address some of those, for example, the Basic Health Plan. The BHP is a program the state could use if it felt there was a population that might not be able to afford commercial insurance options on the Exchange. Perhaps the state could design its own bridge between the exchange and Medicaid. Where there is insufficient guidance in the ACA and the state may want to address that with authority in the Waiver.
 2. 2 – Hospitals: one part of the ACA addresses Disproportionate Share Payments – the payments to hospitals to address the uncompensated care they provide. Uncompensated care may decline under the ACA, but hospitals will need to transition to that future revenue flow from where they are now.
 3. 3 – The Long Term Care arena is the third area. We also need to look at kids and families, but since this is the LTCCC, Elena focused on elders. We asked for authority to determine eligibility from the functional perspective rather than institutional level of care so we are looking at all those changes we made with the original waiver and seeing how effective they were. Did they assist us in meeting our goals? What else can we do? If we renew it would be for 3 years. If we renew, we'd want to look at financial eligibility requirements, and under the ACA you cannot change eligibility for Medicaid (financial or otherwise). In January 2015, the maintenance of effort (MOE) requirement is lifted. We want to look at how the state might encourage the purchase of long term care insurance as a way of potentially delaying the state's investment. We want to do this responsibility and work with individuals and families and the industry along the way.
- vi. We also have an integrated care initiative and that is an effort we've discussed here before, and one which seeks to coordinate care for adults with disabilities and the elderly. Pieces of that initiative will also inform the waiver renewal. Whether we need an 1115 Waiver to pursue that initiative is something we're discussing with CMS now.
 - vii. To go back to the involvement of the Task Force in the potential renewal, we'd want to really focus on outcomes in future meetings.

We'll have additional thoughts on paper for the next Task Force meeting on this.

- viii. Thinking about Medicaid in four areas; administration (different departments providing finance services), services Medicaid pays for, delivery systems we use to ensure services are provided, and the ways we finance those services. These four areas need outcomes we can work on through the Task Force. We would like to present our data to the Task Force and get feedback on how they could improve.
- ix. This outcomes focused approach is very much in line with where the Secretary would like to take EOHHS generally.
- x. The Chair – one of the things that is unclear is where reform proposals like the duals, changes to developmental disability payment system changes, and the waiver overlap. Does the waiver surround everything? If it weren't renewed, would things continue the same way?
- xi. Elena Nicolella answered that the basic notion is to think of Medicaid as a way to access federal matching funds. You have different levels of authority to access them- the most basic of which is the state plan authority and above that is the various waiver authorities. The broadest authority is an 1115 Waiver request.
- xii. Elena continued, stating that Health Care Reform provides opportunities to states to, for example, expand your Medicaid program. The ACA provides options or requirements of states which can be done through your state plan authority. Nothing in the ACA requires us to pursue an 1115 Waiver. If you want to do things differently you have to do it through 1115 Waiver.
- xiii. If we didn't have an 1115 Waiver and wanted to implement the integrated care initiative as it stands today, we' have to do it through an 1115 Waiver on the managed Care piece. We're *mandating* people to enroll through managed care organizations and its that mandate that triggers the need for a waiver.
- xiv. The RI Waiver, which was unique when we first pursued it because it is so broad... Some states do them narrowly and it will only apply to certain populations, but today ours in RI encompasses the entire Medicaid population.
- xv. Dawn Wardyga – Senator Izzo mentioned the needs of children with disabilities and where they're being addressed – sometimes coggng the wheel – some of this comes from the initial emphasis on the nursing home population. There wasn't a lot of attention paid to kids issues at the time. We've made some progress, but the question lingers whether the Task Force is the right venue to bring up these issues. If not there, where is the accountability? Who do you go to if services aren't working properly or aren't being

provided? If Medicaid isn't being made aware of the issue, who does the email or call go to?

- xvi. Elena Nicolella – the introduction of the Global Waiver did not disrupt the regular channels of calling Medicaid to discuss issues. Deb Florio administers programs for kids with special healthcare needs. None of that has changed. If kids aren't getting what they need, it's troubling to hear people don't know who to contact. We can have a sidebar conversation on this because every provider should know who to call. The other question is whether the needs of families are being met at the Task Force – we didn't try to do something alternatively for that population. There wasn't a request to the Federal government to do something new. There may be a need to address that elsewhere given that the Task Force is focused on the waiver.
- xvii. Dawn Wardyga – The Secretary has not made a commitment to go forward with a request for another waiver? If the decision is made not to pursue the Waiver, what is the mechanism to provide all of the services that have been brought under the Global Waiver? This is an issue that needs to be made clear to the Secretary.
- xviii. Elenga agreed.
- xix. Jim Nyberg stated that one of the positive tools obtained through the Waiver has been the CNOM program, for example the co-pay and long term care rebalancing. There seem to be cuts, freezes, etc. in the past and those problems haven't been apparent through the Waiver.
- xx. Elena – the CNOMs are substantial. There are a few changes that will effect them; the Medicaid expansion and the development of the Exchange. There are people receiving CNOM services today who will be Medicaid eligible or get commercial coverage. We need to look at the CNOM program and make sure we're able to say it was effective in order to protect these programs. Are there ways to make them more effective or other expenses we want to try to fund? We're committed to the CNOM program and need to bolster it with further analysis.
- xxi. Maureen Maignet said that she was glad Jim brought that up and asked how changes brought about by the ACA might impact the older population – for example, community Medicaid at 130 FPL change?
- xxii. Elena answered that the expansion of Medicaid affects people under 65. The increase to 138 will only be for people under 65.
- xxiii. The Chair added that you're eligible for Medicare at 65 and the ACA was not intended for long term care.

4. **Public Comment:**

- a. The Chair asked if there were other questions. There weren't, so she asked about an email dialogue that had been started about Manchester Manor.

- b. Kathy Heren – it's a small assisted living that has the DEA and SSI waiver and takes various people. Most residents have physical and mental illness. When we get the roster, we may see some have criminal backgrounds. It has been confirmed that they're closing. The goal was to get the notice to the patients today. We have a team that will work with them, but it will be a challenge because assisted livings wont want to take people with SSI payments. The owner wants to close the home in a month, but we've told him that he cannot until we find everyone a placement. There are 4-5 insulin dependent people in there and they're young. This will be a real challenge. There are about 25 people total.
- c. Ellen Mauro clarified that there are 17 on Medicaid.
- d. Kathleen Kelly said it was her understanding that the group had at least half SSI payment only residents – therefore not community or long term care Medicaid, and the other half are mostly on DEA Waiver. So the 50k the General Assembly put in for those living in assisted living providers who accepted SSI but don't participate in the Medicaid Waiver program wont apply - -that's about \$206. That building has – for a full year – has had half their population with significantly lowered ability to pay their rent.
- e. Anne Martino said that the statute says for non-Medicaid. Kathleen Kelly answered that it does.
- f. The Chair asked how many homes are in this category?
- g. Kathy Heren said there are a few with rumblings they may close.
- h. Maureen Maigret asked how many assisted livings would be in category of accepting SSI but aren't Medicaid certified and Kathleen Kelly said maybe as high as seven, but not all entirely SSI only. Willows would be both, for example. They might have a few on SSI only who aren't Medicaid eligible. In others, they may be half and half.
- i. Maureen Maigret reiterated that facilities might not be willing to take them because the future of the SSI payments is unclear.
- j. Kathy Heren express concern that the Pawtucket and Central Falls residents will be hard to place in same area. Kathleen Kelly added that the Manchester people tend to be people who have been moved a few times already when homes closed.
- k. Maureen Maigret asked if any of them have affiliations with mental health centers? Director Stenning stated that if they've been diagnosed with mental illness, they're still not Medicaid eligible.
- l. Elena Nicolella added they're not long-term care Medicaid eligible. The home isn't receiving payment from Medicaid. They're community Medicaid so eligible for primary and acute care services, but since assisted living is not covered by Medicaid, they're not getting that payment.
- m. The Chair felt this is a great thing to simplify with the Waiver application. It is a crazy system.
- n. Elena Nicolella said that this is a housing issue. We're happy to ensure that a medical or community-based service is covered.

- o. Kathy Heren said everyone wants to call it a housing model. These people are there because they need to be overseen for medical problems.
- p. Elena Nicolella added this isn't resolvable by EOHHS. We can only finance what we have authority to pay for. We can pay for things that make a housing situation successful.
- q. Maureen Maigret asked if they could get any payment for doing preventive care like housekeeping? Elena answered; yes, but the facilities we're trying to protect to ensure stability so people have places to live. The tension is where they live.
- r. Director Stenning – this is a dilemma. People think if you reach a certain level of disability then housing is covered by Medicaid and it's not. Really what they're looking for sometimes via a diagnosis is housing. Years ago the problem was service availability and now it's housing. The Housing First initiative is a focus of ours now. We cannot use the funding we have in our budget to pay for straight housing – the rent. We use vouchers for the initial payment under the ATR and have been trying to be creative, but this population really presents housing challenges.
- s. The chair added if we move you out of nursing home to somewhere else, the patient has to find the housing.
- t. Elena Nicolella – we're looking at ways to find transitional assistance like the first payment or security deposit. The federal government has made funding available for that first payment but that is as far as it has gone. I think the government is starting to realize the obstacles that restriction presents. We may be able to propose something to them that's attached to strong analysis. This doesn't address the question of the 25 people we're talking about today.
- u. Anne Martino added there are 26 people in assisted living who are on probation or parole. There is nowhere else to send them.
- v. Bonne Sekeres – As far as the prison population, we've been asked by the federal government to consider those who are getting out of prison. This is the first time we have been asked so I think this is something being considered at the federal level, but the funding is not there yet.
- w. Elena Nicolella mentioned that Director Stenning is the Chair of the Opening Doors project.
- x. The Chair asked Director Stenning to present to the Council on Opening Doors at the next meeting. It's a step down unit – an alternative to emergency departments. The General Assembly asked us to look at a city we'd select to deal with the overcrowded emergency departments. There are some who think there's a quick fix, however, the report we're going to deliver will be much more comprehensive and look at the problem and not just a quick fix. December 31st is the due date for that report. It is contingent on many aspects across agencies, including funding, to become apparent and available.
- y. Maria Barros – there has been an outbreak of bed bugs. As home health, we go in to assist with personal care and ADLs. The nurses don't want to go in there. The residents are being left alone. We're reporting to HUD,

protective services, etc. It is becoming an area we really need to somehow fix.

- z. Kathy Heren said that it is very hard to effectively clean because residents are so concerned about their belongings. What are that arrangements for taking care of this?
 - aa. Chair asked if home care provider refuses to go, is that patient abandonment? Maria Barros answered it depends. There was a particular challenge with motorized wheelchairs and mattresses.
 - bb. Kathy Heren said that they were told by DOH that it depends on the contract. Should the Housing authority know about this?
 - cc. Maria Barros – This is also a workers compensation problem.
 - dd. The Chair reminded the Council that there are only city housing authorities for city-run housing. There is no oversight there that can govern this.
 - ee. Bonnie Sekeres added housings throughout the country have been requiring the tenant to fund the service and it's between \$700-800 per extermination. HUD has since said the developments must pay. That said, there may be multiple rooms or multiple applications. It gets very expensive. An enclosure for the mattress can be \$80-100 and the development is allowed to ask the resident to pay for that.
 - ff. Maria Barrossaid that there are bed bug kits. We have them but we are not reimbursed for them and they are very expensive. It has gloves, masks, shoe covers, etc. The CNA walks in and has to dispose of those supplies right away.
 - gg. Kathleen Kelly – I wanted to say the money approved in the budget for SSI thanks to the emergency regulations is now flowing and we are thankful.
 - hh. Ray Rusin – the RI Generations symposium in on Thursday November 13th and a Direct Care worker will be given an award. There is a fundraiser at Tockwotton tomorrow evening.
5. The meeting was adjourned at 11:35 am. The next meeting will be December 12th.