



Long Term Care Coordinating Council

Regular Meeting

January 9, 2012

10:00 -11:30 am

RICCMHO

40 Sharpe Drive, Suite 3

Cranston, RI 02920

Present:

Teresa Mota

Maureen Maigret

Cynthia Volante

Bonnie Larson

Bonnie Sekeres

Joan Kwiatkowski

Ray Rusin

Andrew Powers

Kathleen Heren

Rebecca Marish

Steve Morris

Deanna Casey

Debbie Burton

Jennifer Reid

Ken Pariseau

Jenn Bergeron

Sally Hay

Thom Marcello

Cynthia Conant-Arp

Catherine Taylor

Holly Garvey

Ellen Mauro

Craig Stenning

Roberta Merkle

Dawn Wardyga

1. The Lt. Governor called the meeting to order and asked for approval of the minutes. The minutes for the December, 2012 meeting were approved unanimously.
2. The Lt. Governor also announced the formation of time-limited, targeted sub-group focused on overlapping housing concerns related to emergency management issues and senior and disabled housing. There will be 2-4 meetings in winter/spring as follow-on to the October 4th meeting hosted by The POINT/Marlouise Gamache et al.
3. **Steve Morris, Deputy Chief Legal Counsel, DOH:** There has been a requirement from the Governor's office that all regulations would be looked at to determine if and how they affect small business as part of the Governor's interest in making sure RI is a business friendly place.
 - a. Initially there was a 4-year time period to accomplish this review, but it has been contracted to 1.5 years. Every agency must look at each

regulation and determine whether there is an impact on small business. The information will go to the Office of Regulatory Reform (a newly created office). This was part of the small business reform legislative package. Once you've done that, additional new regulations may be promulgated.

- i. For Health, there were 30 regulations that needed to be reviewed prior to the end of 2012. There was then a new directive requiring another 25% before doing any new regulations – for a total of a 50% review before May 1st. Health hopes to be done with this within 30-60 days in order to allow new regulations to go through this spring.
 - ii. The good news is that they can look at and review, clean, tweak the old regulations and review those that may no longer be appropriate.
 - iii. Their approach is to consider that they'll have to do 100% of their regulations at some point in near future before they're able to have regular ability to issue regulations.
- b. The Lt. Governor asked whether “small business” effects the family owned homes – is the question how do the regulations affect the regulated or how they effect certain businesses.
- c. Kathleen Kelly asked what defines a small business given RIALA's membership which can range from 14 licensed units to 60 unites.
- d. Steve Morris answered that the criteria is complicated but if you read through the criteria it's fairly easy to comprehend. Some explicit exceptions are listed, too. He can share some information with the council in writing. It probably takes 1-3 hours per regulation to do each one.
- e. Virginia Burke asked whether there is any external consultation to determine impact on small business and Steve answered that it is an internal process. Once the application goes to the Office of Regulatory Reform for a determination.
- f. Steve explained that the criteria takes a long time to explain, but he will share the list and the application package with Lindsay McAllister to share with the Council members.
- g. Joan Kwiatkowski asked whether there is there a way to argue hardship and ask for certain regulations that have been in the hopper far too long. The answer was that the Director of Health would have to determine its so critical – and there are a dozen or so that would easily qualify – in order to expedite it through without consideration for this requirement.
- h. Virginia Burke said that it took days to get power back after the hurricane. National Grid was saying that nursing homes are residences and they'll get power back once the neighborhood does. The Emergency Response unit at Health told her to go through local EMA's but they were not answering their cell phones. Virginia went back to Health and said there were electromagnetic locks, medications being given by flashlight, etc. She worked with EOHHS to solve the problem through pure advocacy.

National grid told her not to worry about legislation and that they'd respond next time without it. During Sandy, there was a huge difference and the problem was solved. The Culture Change regulations included a lot of specific requirements regarding generators.

- i. Steve Morris said that regulations are being developed pursuant to statute. The process he's speaking to today is a way of doing that process.
 - j. The Lt. Governor explained that they're reviewing existing regulations and then there are regulations that people are waiting for and those must wait until the review process is doesn't in order to be promulgated.
 - k. Steve Morris – its a balancing act as to whether there's an impact.
 - l. The Lt. Governor added that Leslie Taito comes from the manufacturing world and she is very capable. Perhaps we can have a conversation about how health regulations are being considered in light of this requirement. My experience has been that there is always a public comment period once regulations are drafted.
 - m. Steve Morris answered affirmatively; by law there is a public hearing. There is usually a community review as well prior to that point that often ends up changes regulations. They don't have to change the regulations after the public hearing, but they have to explain why.
 - n. Director Stenning said that the law states that you have to offer a hearing. If no one responds at all, the regulations will be promulgated. Comments may be sent in and that is the same as showing up to the hearing – those comments will be responded to. No changes have to be made.
 - o. Maureen Maignet asked If he could to explain the emergency regulations scenario?
 - p. Steve Morris explained that they could go into effect but are not permanent. They would be time limited to 90 days and then you have to go into the hearing process under the Administrative Procedures Act.
4. **Ray Rusin:** Ray introduced Drew Powers who is helping him in the Division on licensing.
- a. They did 9 surveys and 10 desk order/follow-ups. There were 6 unannounced visits. One monitoring visit that was the end of their one-year and there were no deficiencies. They'll be coming off the list.
 - b. They did a Cortland place survey where there'd been an emergency jeopardy cite and they were in compliance. They're a special focus facility. They've made a serious commitment to improving.
 - c. The report is available upon request.
5. **Staff from Money Follows the Person -** Jenn Bergeron – Project Director for MFP (Rhode to Home) and Cindy Volante who is the housing specialist.
- a. They work with the NH transition program to help folks move to a community residence. They identify personal care and other types of needs, what types of risks may be presented by their moving to community-based location, risks of social isolation, budgeting, and other needs like food, resources and moving expenses. They work to coordinate Medicaid process and with BHDDH to facility other services that aren't managed through EOHHS process. They also develop an individualized

care plan and how that will be incorporated with their housing. For example, if they have dementia, they might need some level of supervision and that would be taken into account with their housing placement. Case management is provided throughout the process.

- b. MFP began in November 2011. In total, they've transitioned 147. 116 went home with core services (personal care) and of those 116, the breakout between MFP to Nursing Home Transition is that MFP constitutes one-third. If disqualified for MFP because of the home setting they need or choose, they'll still be transitioned through the NHT program.
- c. Many who are on the waiting list are looking for housing with support. Shared Living or assisted living are the two options.
- d. Those on the waiting list are being assessed and will be transitioned: 45 are waiting on housing (25 for supportive housing) (21 looking for their own housing independently): and 1 looking for shared living arrangement. 4 are waiting and have housing, yet they don't have the ability to purchase furniture or move the furniture they already have to their new setting – could also be a security deposit or a past bill on a utility that must be paid prior to regaining service. These costs are not typical Medicaid-funded services so they're working on a way to fund those.
- e. Another need is for some sort of support in the home – ability to contact somebody if there's an emergency; health or otherwise. It may be a conflict with someone in the housing development or specialized case management services for substance abuse, for example and they don't qualify for SPMI services.
- f. Another need is for medication administration and one way of doing that is through Shared Living, but not everyone will work with that arrangement.
- g. Housing with behavioral health supports is yet another need. Again, having someone available in an emergency is critical to this setting.
- h. They've spoken to Michelle Brophy about housing with services for 1115 Waiver.
- i. Ellen Mauro mentioned that she submitted a proposal and they'll be looking at it to determine if that would be feasible.
- j. Trying to develop these new services to help support these housing initiatives. The barrier is the housing component and the need for housing with supports.
- k. Cindy Volante answered that she has worked on case management and Medicaid eligibility in the past. She comes from a social work background.
- l. Maureen Maignet asked why they don't have the funding to cover moving costs, etc. as part of the transition service package.
- m. Ellen Mauro answered that if it was in the waiver but was not developed or funded. They're working on proposals now in the renewal. \$1,000/person for transition assistance is the idea, but how to implement it is the challenge; a credit card or vouchers? They're intensely working on it. The NHT staff has been doing great work rounding up linens, food, furniture,

etc. to help these individuals move forward. They have no way to purchase these items now so they've been finding it on their own. It's a question of isolating money and then finding the appropriate way of drawing it down. Paying a mover, for example, or going to a Walmart-type store for basics are what present the real barriers.

- n. Maureen Maigret complimented the team and their steering committee. They've really done a great job. The issue of medication administration on an ongoing basis – is that something Medicaid provides?
- o. Ellen we can cover repacking medication for those who don't have someone who can do it for them. The individual has to be able to take it themselves. For some, we can have someone pack for the week, but again, the administration has to be done independently of a Medicaid services.
- p. Maureen Maigret – there is a device, that would have to be filled, but should help with the administration piece.
- q. Ellen Mauro – so long as the individual can release the meds and take them, that is fine.
- r. Ellen Mauro said that she could provide an update on the 1115 Waiver via email to share in the minutes. January 29th is the next Task Force meeting. The letter of intent was December 31st. The timeline is March 1st.
 - i. Public Hearing
 - ii. Stakeholder meetings
 - iii. We will get an update to the Council via email as soon as possible.
- s. Maureen Maigret asked what the timetable was for LOI's, attachments, model contract for the Integrated Care RFP's
- t. Holly Garvey answered that they are very close and by the end of January, it should be available. The integrated care initiative has two pathways; a path for phase one that would include development of delivery systems that would incorporate a managed care model and enhance primary care management. The requirements for fully integrated, primary acute speciality and ltc services and supports for Medicaid-funded services – aka, individuals who have Medicare and Medicaid included (MME's) – will incorporate the Medicaid services for those individuals. The timeline should be by the end of January.
 - i. They're identifying what services will be needed through a Letter of Intent process: the requirements for successful bidders along with a model contract including reimbursement structure (capitated payment). These will be at the state purchasing office soon and they will post once they determine they're ready.
 - ii. There will be a question and response process after the LOI's are posted. Following that process, the bids will be reviewed and most likely, there will be a bidder's conference.
 - iii. All told it will likely be a 6 month period, including a regulations review. Early Fall/September.
- u. Debbie Burton asked if this was similar to the Senior Care Options in MA and she was told that it is in fact similar.

- v. In 2013 just Medicaid funded services, but in 2014, CMS has put out opportunities for states to fully integrate in a three-way contract (CMS, State and Managed Care Agencies) and RI has applied to participate. RI will be doing this in phase II in 2014. They're working with BHDDH to understand the needs of that population.
- w. Joan Kwiatkowski added that there have been a few states that have backed out of this program because of new changes CMS has made to their policy regarding this program. Is RI thinking of doing so?
- x. Ellen Mauro answered that RI is still moving forward.
- y. Virginia Burke asked what the change was and she was told that the expectations had changed and states were concerned that they could not meet them.
- z. Holly Garvey added that the negotiations had not yet begun between RI and CMS so we would not withdraw at this point – those are 2013 states and we are 2014 states.
- aa. Mauren Maigret asked whether in the LOI there will be references to reimbursement rates?
- bb. Holly Garvey answered yes, the model contract would include the reimbursement rates for the program. We have already set the price, which is different than a typical RFP. That is why we're using this type of purchasing vehicle.

6. Public Comment:

- a. Ray Rusin – The Director asked him to mention the flu epidemic – they're see widespread, high admission rates, etc. The current vaccine does include the current strain, however it will reduce the severity of the flu and length. Anti-viral treatment is proving very effective. Once you have the flu you need to see your primary care doctor because the vaccine will not treat it. The worst numbers are 19-48 years old.
- b. Kathy Heren asked how many who are getting sick in the nursing home s have had the vaccine?
- c. We are tracking a lot of data and working with the CDC – RI is at the top in terms of vaccination rate (60% or so are not getting it).
- d. Virginia Burke – you're required to offer it to the residents and if you work there, you must have it. It would be helpful to see information on the Health website as to the course of the flu. The outbreak seems to be having on longer than 4-6 weeks.
- e. Ray Rusin offered to pass that on to the Steering Committee. They've been doing teleconferences. We haven't yet seen the peak in this outbreak so it is lasting longer.
- f. Ellen Mauro – is there any recommendation as to injectible versus the nasal spray which is quicker before becoming effective?
- g. Ray was not sure, but often the spray is used on children.

7. The Meeting was Adjourned.