



Long Term Care Coordinating Council

Regular Meeting

March 13, 2013

10:00 -11:30am

Child and Family

1268 Eddy Street

Providence, RI

Minutes

Maureen Maigret

Cynthia Conant-Arp

Deanna Casey

Bonnie Sekeres

Jim Nyberg

Tina Spears

Laura Jones

Debbie Burton

Kathy Heren

Dawn Wardyga

Nicholas Oliver

Craig Stenning

Catherine Taylor

Bonnie Larson

Ray Rusin

Holly Garvey

Sally Hay

Jordan Kennedy

Mary Lou Morgan

Maria Fatima Barros

Mike Menard

Teresa Mota

Ellen Mauro

1. **Approval of Minutes from January 9, 2013 Meeting** – The minutes were approved unanimously.
2. **Report of Nursing Home Deficiencies Monitoring by Ray Rusin-** January and February were. There were no citations of actual harm, or substandard care. Monitoring 4 facilities: Hebert's in compliance after survey, end of one year. Courtland had a Feb. survey and were found in compliance.
 - a. The Lt. Governor asked if there had been any changes in LTC Institutional World: Regs, Financial Status?
 - b. Ray answered there were no financial status changes, one facility in receivership - they have stabilized their finances; State has met with receiver. Draft of regulations has been submitted to Director for review, hearings are on hold; Director may request waiver to allow hearing.
 - c. Kathy Heren mentioned that an assisted living residence in Pawtucket will be closing, turning into Boarding House, maintaining 7 clients. Ombudsmen working with other residents to assist in housing.
3. **Healthcare Planning & Coordination - Kim Paull, Office of Health Insurance Commissioner, Director of Analytics:** Kim has been staffing the Health Care

Planning and Advisory Council and came to the LTCCC to talk about the ongoing work and structure of the Council.

- a. The Lt. Governor added that the Authorizing Statute is broad and she hopes this presentation will help to familiarize the group with their work.
- b. Kim Paull provided some background: Statute (RIGL §23-81(4)) was
- c. passed in 2008, most recently appointed insurance commissioner. Goals: to understand resources and utilize as best as possible.
- d. Council is chaired by Sec. Constantino, Comm. Koller, Dr. Fine
- e. Mission: to develop and promote unified health plan on state's health care delivery and financing system, to "connect the dots."
- f. Legislative Charge: focus on Certificate of need and Health Conversion Act: Assess state's current and future inpatient needs: how many beds available, how many need. Must report to G.A. by March 2013.
- g. Informing the Progress Report:
 - i. Form subgroups to review and make strategic recommendations on CON and HCA. (8-10 ppl per groups; leaders from health plans, hospitals, community). Developed recommendations to GA
 - ii. Worked with vender to determine inpatient hospital analysis.
 - iii. Worked with second vendor to conduct same analysis for primary care. Important realization was that if we do a good job with PC, it will reflect on inpatient hospital needs. If integrated well enough we can determine and identify surplus
- h. Report highlights:
 - i. C.O.N. (Certificate of Need) is a tool to ensure new health care services and equipment meet the needs of Rhode Islanders. Under the jurisdiction of DOH RIGL 23.15
 - 1. States with a CON do a better job of cost containment and improvement of certain healthcare outcomes.
 - 2. Lower health spending and fewer hospital beds.
 - 3. Ensures adequate volume at particular sites for volume of services. Idea being "practice makes perfect". Concentrate volume of procedures to increase success.
 - ii. Concerns are that its not designed to identify service gap, more reactive system. Additionally, the process is time consuming, expensive and politically charged. Few applications are denied, because of the cumbersome nature of the CON process.
 - 1. Could prevent competition because more difficult for smaller groups to get in the game.
- i. The subgroup reviewed the statute, made background findings, and then developed recommendations.
- j. Outcomes: We need to be connecting the DOH decisions with our state wide health plan and conditions for approval
 - i. CON thresholds for physician/podiatry
 - ii. Conditions of approval shall be relevant to a CON

- iii. Adequately defining terms. “Affordability” for a CON shall consider the impact on the per person per year cost of health care in RI and shall include a comprehensive cost impact analysis as defined by law.
 - iv. Evaluative standard shall be developed by the department by regulation, so that it is living and breathing.
- k. Maureen Maigret asked whether there are no national or state standard as pertains to number 4?
 - i. A little of both but primarily a lack of national standard.
 - ii. Follow up: would DOH develop standards by regulations?
 - iii. Not meant to take place of any national standard that could exist; just to be sure it is grounded
- l. Kathy Heren added that our office has brought before the state instances of multiple hospice providers, beyond need. Or where they aren’t necessarily the best provider needed in RI. Would these recommendations help to address this problem?
 - i. Kim responded that public comment will remain a key piece of CON...
- m. The Ombudsmen’s Office added that testimony could be helpful especially with home care agencies, over saturated market leads to decrease of quality care.
- n. Director Stenning asked whether there was there any consideration given to the scope of what the CON currently offers?
 - i. Kim answered that all five recommendations in concert should/could help to bring down needless spending.
- o. Maureen Maigret asked if, with staffing, anyone actually goes back and check approval standards?
 - i. Kim answered that there are not currently staff available to conduct these reviews
- p. Bonnie asked Why was “physician/podiatry ambulatory surgery center” singled out?
 - i. These areas represented major sticking points for providers, because they are operated outside the hospital, physicians had concern that they would have difficulty merging practices, so that is why they were singled out.
- q. Lt. Governor asked if there are representatives of LTC on the council because it seems to be largely focused on Hospital and Physicians and less on the LTC world, also heavily regulated.
- r. There is one representative from the nursing home industry, but many topics addressed by the Council have little relevance to this industry. The meetings are also in the middle of the work day which makes it very hard for an administrator to attend them.
- s. Bonnie added that there are many broader issues, number of hospices, LTC and the Lt. Governor responded that the Statute determined the focus of this study.

- t. Appointments are made by Sec. HHS and Health Insurance Commissioner, the law stipulates make up of the board.
 - u. Analysis shows that we have about 200 extra beds in RI (equivalent to a medium sized hospital)
 - i. Remove all fixed cost associated with these beds: closing one hospital entirely would create a drastic savings. Suggest converting to a useful purpose. Would save state \$70 million annually, back into healthcare system
 - ii. Craig Stenning: Within this analysis, did they consider the availability of psychiatric beds?
 - iii. Kim responded that they looked at beds by service and beds by community. (No psych beds south of Warwick), stable and slightly declining (just because of population)
 - iv. Craig Stenning: Increased by Butler Expansion. In order to keep someone beyond ten days, must go to court. No longer term psych south of providence. Huge gap in care.
 - v. What do we do next? Mental health and substance abuse is very high in RI. Considering focusing on those topics next.
 - w. Someone from the Council asked whether the number of gerontologists was considered?
 - i. Kim responded that this was considered; the full report does look at gerontologists, we are low comparatively.
 - x. Someone from the Council asked, when you talk about hospital admittances, there's a trend now when people are admitted for observation has that been taken into account?
 - i. Kim said that the State considered this: its happening a lot in RI, for example, who is leaving the state for care- see largest jump being for observation. Could be originating from outpatient procedures, all of the bed analysis take into account observation stays (do not count towards Medicare readmissions, Health Care Plan pays less, cost burden shifts to patient.)
 - y. Lt. Governor added that this group meets in public meeting, every two months, look on SOS website, you can join, email [kim.paull@ohic.ri.gov] for updates and to join distribution list.
 - z. The Lt. Governor added that she has submitted legislation on the Coordinated Health Planning Council and that there are some others, focused on membership of council and potentially putting CON and HCA recommendations into legislation.
4. **Legislative Update - Lindsay McAllister** – Lindsay provided a brief legislative update given the remaining time on the agenda;

- a. Caregiver assessment bill – S 615: The bill was held in Senate HHS last week in the but positively received and any concerns raised by the Administration have been worked out.
 - b. Background Check Bill: Concerns were raised in Senate Judiciary from the ACLU and industry. Lindsay will continue to monitor but there has not yet been another steering group meeting.
 - c. Palliative Care Bill: heard on both sides, received well.
 - d. The Legislative Subcommittee made recommendations for the Council to consider regarding letters of support for the following bills:
 - i. Restoration of Reimbursement Rates of SSI – S 525 (Senate Finance):
 - ii. Caregiver Assessment Bill –S 615.
 - iii. Formula Devised for Senior Service Grants – S 68.
5. The Lieutenant Governor asked if there were any questions or concerns. There were not. She then moved to have the Council approve sending letters of support from the LTCCC to the General Assembly. The motion was seconded by several members at once and the motion was voted in the affirmative.

6. Waiver Update – Holly Garvey, EOHHS

- a. 1115 waiver demonstration was submitted to CMS yesterday; will be sent to Department and General Assembly- will be posted on website shortly (day or two) Public comments are being finalized, will be sent to CMS, and posted on EOHHS website.
- b. A few members asked whether there had been any additional add-ons? Holly answered there'd only been a few small tweaks, no substantive changes.
- c. Maureen Maigret: When it goes to CMS, there's an additional Public Comment Period?
 - i. Once received, window of time to work back and forth with state, clarify, etc. It will then be posted on the CMS website for an additional 30 days.
- d. Early comments may or may not have been included, but a supplemental document will be submitted to CMS with a rundown of Public Comments and what was done with them.
- e. Global Waiver Taskforce: updates will be sent to Lindsay and she will update LTCCC via email.
- f. Timeline for CMS approval is unclear, whenever it happens, then 30 days CMS public comment, then likely 30 days for final approval.

7. Public Comment: There was no additional public comment.

8. **The meeting was adjourned.** The next meeting will be April 10. The LTCCC will continue to meet in this meeting room at Child & Family through June. In July we will return to RICCMHO at 40 Sharpe Drive in Cranston.