



Long Term Care Coordinating Council

Regular Meeting

October 09, 2013

10:00 a.m.

RI Council of Community Mental Health Organizations

40 Sharpe Drive, Suite 3

Cranston, RI

MINUTES

ATTENDEES: Ellen Mauro, EOHHS/Xerox; Ken Pariseau, NHP; Kathleen Kelly, RI Assisted Living; Maria Laferriere, BCBSRI; Joan Kwiatkowski, PACE/Carelink; Elaine Goldstein, URI/COP; Lisa Pontarelli, PACE/Carelink; Diana Beaton, EOHHS/Xerox; Teresa Mota, Healthcentric Advisors; Kevin Nerney, RIDD Council; Tina Spears, RIPIN; Liz Boucher, Carelink; Amanda Zoref, CCCCCP; Renee Rochon, CCCCCP; Miriam Ricardo, PACE; Marian Barros, Nursing Placement Home/Hospice; Deb Burton, Prov VAMC; Bonnie Larson, Christian Science Committee; Sally Hay, SAGE/RI; Bonnie Seceres, Housing; Mary Lou Moran, RI Senior Center Directors Association; Holly Garvey, EOHHS/Xerox; Nicholas Oliver, RI Partnership for Home Care; Jenn Bergeron, EOHHS; Maureen Maignet, LTCCC; Catherine Taylor, DEA; Suzanne Burman, Seven Hills; Lisa Provencal, Seven Hills; Pat Lindquist, SHRI; Ray Rusin, DOH; Kathleen Heren, Alliance for Better Long Term Care; Lt. Governor Roberts

1. Call to Order

a. Lt. Governor Elizabeth Roberts called the meeting to order at 10:00 a.m.

2. Approval of Minutes

a. No amendments.

b. Past minutes can be found on the Secretary of State's website

3. Report of Nursing Home Deficiencies Monitoring - Ray Rusin, Department of Health

a. July, August, September.

b. End of July, we had substandard of care. There were some citations. Director banned enrollmen. August 14th to work on overall citations.

c. Drop in numbers because there are no federal dollars.

d. Problems at Charlesgate. Death at charlesgate.

- e. LG asked about the air conditioning as well as other issues that they have to deal with. There are inspections that take place. How can there be such issues with an inspection WE are able to go into facilities more frequently. For the issues. Because there is no federal money available because there are no federal or state dollars for it. Without the federal dollars, we are not able to go into the facilities to do inspection. There is no one doing nursing home with state funding. When we get the complaints, we will still inspect, especially quicker. We are unable to enforce the state law without state funding.
- f. Maureen Maigret said that there was miscommunication between department of health and the executive staff about the amendment. There is a reference for a report for one of the. This was a dilemma because no one knew about the situations. We need to be in compliance with statutory law. We need to communicate.
- g. LG said that Maureen that she would like to communicate with the director of health and **who is informed about the lack of resources? who knows and what is the channel of info dissemination?**
- h. Does anyone object to the LG following up. Important to make sure that important state law is being used. We need to make sure that people outside of the dept can be aware of this before the bad stuff.
- i. Maureen said that we will make sure that the general assembly will see it as well.
- j. LG is concerned because the budgets are being set.

4. Lt. Governor's Office Transition

- a. Lindsay McAllister Lang will be taking on a role of legal counsel

5. Impact of Federal Shutdown

- a. Open call for the council participants
- b. Director Taylor from DEA said that if the shutdown doesn't go on for too much longer, no impact. If we see the shutdown go for longer, we will see that there are impacts. There will be a payment for grants for older americans. The state will have to choose as a state what to do with the grant. They need to conserve resources
 - i. Maureen- of your staff, how many are funded through federal funds. Everyone is paid a portion on federal funds. Everyone is still being paid. If
 - ii. Kathleen – is it funding under the older americans act. It is federal, state and local funds.
- c. Senior center directors assn.. constituents are worried about their benefits for SNAP and social security. If things keep going past Oct 17, then the benefits for MARY LOU November might be affected.
 - i. We were never in the territory before for Catherine. DEA can arrange presentation for the debt.
 - ii. LG said that the debt limit is more impactful for the SSI checks.

- d. HUD money is flowing, but no one to talk to. There was a funding issue, and hud was delayed four months. Before.
- e. WE don't have any staff for the people in Medicaid.money follows the person is still funded.

6. Updates on Shared Living

- a. Seven Hills – Lisa Provencal, Program Coordinator
 - i. Has handouts.
 - ii. RITE at home program. Our overall objective is that everyone receives the right type of care. We keep the participants at home. Cuturla way of living. Can provide lots of stuff.
 - iii. Initiatives:
 - iv. Get the systems up and running for an electronic system.
 - 1. We want to see it grow . we now have 26 people and winter had several people pass away. We have a high quality team
 - 2. Our team works on monitoring and ensuring safety of host home. Planning and training will be important. Communicate with the caregivers and with home visits. Progress notes are required.
 - 3. There are solutions for them to alleviate some of the stress for caregivers.
 - v. Sue Berman is the nursing person.
 - 1. Small program. We have run for the past two or three years. We try to run a small, intimate program. We look for short term and long term goals we are down to 26, but we are picking up adults with developmental disabilities.
 - 2. We see that a lot of our people see dementia.
 - 3. We get people on hospice. Weekly visits for eight weeks, then monthly visits. Full nursing assessment and social services assessment. There are a lot of risks with elderly.
 - 4. Seeing a strong ethnic group for the participants. These people would normally be taken care of for by the family. Stipend is not enough to get people leave their jobs.
 - 5. Sometimes we connect with social workers or assisted living homes.
 - 6. Of the 26 people participating, who are within the seven hills have developmental disabilities. They are in homes that are reviewed for safety? They are checked monthly and yearly. These are points that we check. We do home inspection and nurse case managers. Situation requires attention: we would immediately call for a team meeting along with the coordination and nursing team. With

families. Have a conversation about the other resources available for the individuals. Need to identify ahead of time.

7. Sometimes it can be a quick fix, sometimes not. Sue wants to talk about the caregiver and recipient privately. Is everything going smoothly.
 - vi. Heren- is there a bill of rights? Yes, signed yearly. Who is their representative. We have used the point an others in the past. There was a controversy as to who is their advocate. Do the patients have access to a telephone number for their advocates?
 1. 99%.
 - vii. Ken- what is the capacity of your program? Lisa said that they want to double or triple that. LG wants to know about the trend of enrollment and such? LISa said that there has been an influx and winter hit them hard. Last November was at 32, then 26 now.
 - viii. How do folks get to you and what is your experience with lgtbq,
 1. Made contacts with different spheres. We have one or two couples who are gay.
 2. There is a lot of marketing. We are constantly going out there to get word out about the program that is available. We need to make sure we do the telephone interview. is seven hills a good fit for you?
 - ix. Heren said that it takes a while to get in. LTC gets 90 days to say yes or no. ltc is processes long. When they are approved by ltc, we can do another visit and assessment through the careplans that take thoughts. We sent it to the state.
 1. Heren- we are looking to do immediate placement.
 2. Lisa said that if we see a good lead, we prepare ourselves.
 3. LG asked if it is different for the nursing homes. Heren said that nursing home is hard. Is it because the state or the agency manages? It is about how the agency manages it
 4. The caregiver needs to be credentialed. How fast it can be collected. Are there stairs involved? Etc etc etc. national background checks if they are giving the insurance. Do we have inspections for the homes.
 5. Maureen- 1115 extension. We have a. would this be with the state program? We don't have a problem expediting the community piece. We have the financial problems. **How has Oregon gotten people into the shared living programs?**
 - 6.
- b. Caregiver Homes – Rachel Richards, Vice President of Government Relations

- i. Background is in the management for the Medicaid program. There was a shared living model in mass.
- ii. There are 2k people who are in the program in Massachusetts
- iii. Serving 67 consumers from PACE. There is an average age of the consumers. Most are females. More females than the other programs in the state
- iv. The current breakdown of the race and ethnicity of the program. We are more Hispanic than a year ago.
- v. Significant length of stay. Final data point is for the clinical criteria for admission. There are greater needs for the admission.
- vi. The new development is that there are a few developments in the consumer satisfaction survey. They were unsatisfied with the older ones.
 1. Engaged with UM's medical school to look at the surveys. We want to see what the domains are assessed in the surveys. What should we ask questions about? We had recommendations with focus. We redesigned the questions. Tested the first set of questions.
 2. We used an external administrator for the survey. There is data that we can make available to you we have geographic disparities and racial disparities. We had telephone follow up calls.
 3. This is a model that supports people where they want to be. How engaged do people feel? We have results that set us back.
- vii. What is your capacity? Our capacity is only constrained by ability to hire nurses and home givers.
- viii. Do you have any data on the numbers of persons in the RI program? Living with family?
 1. **We will serve 85% are family caregivers** who are the caregivers? Majority are daughters, nieces, etc.
 2. **Rachel will provide to me the data for RI demographics or daughter/son ratio.**
 3. **There will be a burnout for the caregivers. They are accountable for personal care. Other ways for the a respite budget**
 - a. what is the rate of use of respite? It is low usage. The primary way for relief is the availability for adult day health.
 4. The stipend is not making anyone happy. People have to be able to make it work financially.

- 5. How many of the clientele attend adult day? **Rachel will get that for me.** It is significant. Is there a disincentive for the program use. It is an issue that comes up. Some people are reluctant.
- 6. Seven hills has found that some recipients are not into.
- ix. JIM- last time there was a reduction in adult day. There is still a reduction of use in adult day. We have the same thing because the folks are **are we giving more funding for adult day ?**
- x.

7. Updates on the RI State Plan for Alzheimer's Disease and Related Disorders

- a. Director Taylor submitted the plan at the end of June. Did an unveiling of it. We will convene again with the same workgroup. There are new people. WE will take the plan and prioritize the pages of recommendations. We will begin to figure out the time frame for the objectives.
- b. The budget on the state and budget side are going to be challenging for the recommendations. We need to just work on the coordination of everything.
- c. Encourage everyone who has been involved **to send the ALZ meeting notice.**
- d.

8. Updates on the State Innovation Model

- a. Redesign the system for payment delivery and reform. Improved health of the community we need to talk more about the community side. Lively conversations and work groups. At the end of October, we will be sending out the public draft for the health reform commission. There will be a 4 week long public comment period. Originally, the grant was to create the innovation plan. The federal gov't has pushed off the grant process.
- b. The feds want to rewrite the integration of care.
- c. Maureen- who from the Itess community was involved. **We can send out the list to them.** We want to look at broader reforms. We have a gap there about payment reform. The division still persists for the funding streams and providers. Majority of the elders are not on Medicaid. Need more managed care coordination we have little ability to integrate medicare policy. We have them as participants.
- d. Look at missed opportunities for the gaps where did we miss something?
- e. HEY EVERYONE, LOOK AT THE DRAFT!!

9. Updates on the Integrated Care Initiative

- a. EOHHS – Holly Garvey, Medical Services Manager
 - i. We have launched the initiative and mailed out 5,200 mails.
 - ii. There is a call center that has opened up to help everyone with the choices
 - iii. If there is wrong address, they can't enroll until they have everything.
 - iv. We have been doing trainings and working on the
 - v. November 1st will be the first date for enrollment into the program. We are making sure that everything is in place.

- vi. CAC with ICI October 28th from 2-3 at helaht centric. We are recruiting. His is our thinking fo rhte consumer advisory committee. Want to model this after ritecare advisory council. We are looking at the consumer experience. Looking for input on the guidance of program operationsm etc.
 - vii. First phase is under way.
 - viii. Need to get input from consumers.
 - ix. WE need recommendations for consumers who can participate.
 - 1. **Send to me@**
 - x. MENTALLY DISABLED POPUALTION. AT ONE POINT, THERE WILL BE A PHASE 2 AND PHASE 23. WHENA RE WE USING THE MENTALLY DISABLED PART. THE ENROLLMENT SCHEDULE WITLL HAVE LOTS OF THINGS. They have a choice ot enroll. We will try to hold off everyone in the group. The services for invidials with develomenta disabiliities are working of the hospitals the servies that buddah funds and manages wil be for the medicare we are talkinga bout the Medicaid services we don't want there to be a major confusion between living rite and other stuff.
 - xi. I am confused as to what Medicaid services are vabaile for those who ménage the development disabiliitys. What the heck. The next services even if they are paid for by Medicaid. Primary care and hspitlaizetions. There are services for now. We are trying to be better coordinated for services. Elena. This is a challenge.
 - xii. We will create counsil for the ohthe
- b. Neighborhood Health Plan – Ken Pariseau, Manager of Government Affairs
- i. Member advisory committee
 - 1. Neighborhood has member advisory commities for each of the current member ship groups. Ritecare, joint member advisory committee for kids with special healthcare needs, rhody health partners. We are trying a number of different models with some success not as much. We are tyring our third attempt to partner with pari. We are getting started in September, but...
 - 2. Member advisory commities are important for the consuemre to get into our health plan. We want to make sure that we can use the voces to drive change within the organization and the larger system of care. Advisory commtee made oup of member of family an caregivers advocates. Community cagency partners. The participants come through community partners. Volunteer to be on as well s people. Providers send recommendtations for the cuonsuemrs,

3. One of the ombudsmen are assisting people who navigate our program. We would like to make the barriers to stop the how can we help the members participate more? Jackie is the ombudsman Jackie recruits members to sit in on the consume meetings. We are having the engaged members from. The most engagement members are those who call Jackie with a complain. We have a member satisfaction survey
 4. We have member satisfaction work group to comprise of the department staff that deal with members in the nhpri. There are a number of community providers.
 5. There are a lot of choices in the committee to gather the voices of the committee. We establish action plans to address these needs for change. The change can be as small as reviewing the change in materials. This doesn't work from a member perspective. We are changing our prior med process.
 - ii. There are changes that come from the committees. There are a few ways in which there can be a change in the member center focus.
 - iii. What our plan to move forward is like. Many will receive an email to invitation to attend a brainstorming session on wed November 6th from 5-7 our experience with rhody health partner is that what worked for we are trying to find a different model to use. We want to do the advisory committee from hearing from those who know what models can work.
 - iv. As we move forward, we can see the best format and the best way to correct. What are the supports that neighborhood can provide? Current advisory committee have a stipend for attending. There is a meal. There is a stipend for childcare. There are a few attempts to remove the barriers for the participation.
 - v. Those who have an invite to pass the invite the members along.
- c. PACE – Miriam Ricardo, Enrollment Manager
- i. Developing the advisory group is very important. We are hoping that the advisory committee can include a board member and staff and families. Provider forums can help with the there is a program to assist for everyone. There is a complex model and there is a complex model started earlier this year. They have a change to meet the doctors, and staff who deal with them on a day to day basis. We have a survey thirty days after enrollment to make sure that there are ways to make changes to the enrollment. Participation changes with the families. Here are a few listening sessions for the families and participants to come in to voice concerns another change is the participant. There are a few things that will

happen for the years. They will continue to do that. We want to include everyone.

- ii. WE will show you how this process works
 - iii. LG said that they are required to have a consumer group within your organizations. PACE required aout of the cmss regulations.
 - iv. Maureen 0- participants are able to access their medial records. Is that through current care or something else? She does not know. This is in the early stages. Joan said that they have a patient portal and it is separate form current care.
- d. Carelink – Liz Boucher, Chief Operating Officer
- i. Parterning with the connect care choice community partners program. Advisory committee the vision is to have reps form the community health teams and provider network and the consumers and and caregivers. They are new. We are building this infrastructure
 - ii. How will members be able to express concerns? There is a toll free number there is somethinone who can do a home screening fro htme nad they are a ssined with a primary care maager. These are individual points of contact that people can express for grievances and other stuff.
 - iii. They have a collaborated integration they want to group the consumers into a cic feedback forum for the individual concerns. We want joint advisory council.
 - iv. Developing formla policies for grieivenance management we will define how to walk someone through these processes.
 - v. There is idnvidual consumer need, and system imporvements. This consuer advisory goroup is located at the systems level of change. Is ther a way that we can share the effort so that.
- e. There are internal requirements that can make sure that we are still making the maximum impact. Rachel said that when we are developing the first senior care that allowed us to once a quarter we will have someone. We will have the shared living stuf.
- f. If we are going to be responsive the for the populations.... What is going on...

10. Public Comment

- a. A system improvement will not be in its own world.
- b.

11. Adjourn – Next Meeting November 13, 2013.