



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. The Office of Facilities Regulations conducted a complaint investigation at the Charlesgate nursing facility in Providence and determined immediate jeopardy existed in several areas, including: development of abuse/neglect policies, providing sufficient fluids to maintain hydration. There was one death at Charlesgate this summer. The Director issued an immediate compliance order

banning new admissions and re-admissions. As well, the facility was required to engage with an independent clinical consultant. There was a follow up visit to Charlesgate; the visit showed that the facility had corrected all immediate jeopardy conditions. There will still be one full follow-up visit before the Director lifts the ban on new admissions. Charlesgate is the only facility that is currently cited for substandard quality of care.

- i. Lt. Governor Roberts asked why it was that there were so many problems with Charlesgate when the OFR inspected after a complaint investigation. She asked why regular inspections did not cite these violations. Mr. Rusin notes that there are no state dollars going into the regular inspections of these nursing home facilities. However, the OFR responds quickly to all complaints in nursing homes. He noted that the OFR is unable to enforce state laws pertaining to regular inspection without state funding.
- ii. Maureen Maigret stated that in the past, there has been miscommunication between the Department of Health and the executive staff about administering and overseeing state laws.
 1. The IT, gov would like to know who is informed about the lack of resources for inspections as the budget is being prepared. She would like to take measures to ensure that these departments are in compliance with important state laws regarding inspections. Maureen Maigret also noted that the general assembly should be notified as well.

4. Lt. Governor's Office Transition

- a. Lindsay McAllister Lang will be taking the role of legal counsel at HealthSource RI and will be leaving the Lt. Governor's Office.
- b. Sadie DeCourcy will take over for Lindsay in the role of Health Policy Director at the Lt. Governor's Office. She will serve in Lindsay's place as main staffer for the Long Term Care Coordinating Council.
- c. Donna Leong from the Lt. Governor's Office will be assisting Sadie in the Long Term Care Coordinating Council.

5. Impact of Federal Shutdown

- a. The Lt. Governor asked the LTCCC participants if their departments or organizations have been impacted by the federal shutdown.
- b. Director Catherine Taylor from the Department of Elderly Affairs stated that one of two things will happen:
 - i. If the shutdown is resolved within the next few days, there will be no impact
 - ii. Federal payments through the older American act might be impacted. We have to decide how to stretch the dollars to conserve resources.

who respond immediately. The caregiver and care recipient are contacted individually to ensure that everything is going smoothly.

- iv. Kathleen Heren asked if there is a bill of rights given to the care recipients. The Seven Hills spokeswoman stated that there are bills of rights and they are signed yearly. Seven Hills has used representatives from 2-1-1 The Point before as advocates.
- v. Ken Pariseau asked what the capacity of the program at Seven Hills is. Lisa Provencal noted that while there are 26 people in the program, the organization is looking to expand it to double or triple its current capacity. Last November had the most participants (32), but again, the winter was harsh and many care recipients passed away.
- vi. Sally Hay from SAGE/RI asked if Seven Hills has any experience with the LGBTQ community. The spokeswoman answered that there are one or two couples participating in the program who identify as LGBTQ. Sally Hay also asked how Seven Hills finds participants. Seven Hills answered that there is a lot of marketing involved and a lot of care is taken to ensure that Seven Hills is a good fit for the potential care recipients.
- vii. Kathleen Heren asked if it takes a while for the potential care recipients to get admitted into Seven Hills. The spokeswoman answered that long-term care is allotted 90 days to respond; it is long because there are specialized care plans. The caregiver credentialing process is also lengthy. Additionally, making the house into a safe place is also a time-consideration
- viii. The Lt. Governor asked about Oregon's long-term care process because that state has significantly more of its qualified population in shared living than any other state. She would like to learn more about Oregon and Massachusetts' programs for shared living.

b. Caregiver Homes – Rachel Richards, Vice President of Government Relations

- i. There are over 2,000 people who participate in this shared living program in Massachusetts. There are more females in this shared living program than in other comparable programs.
- ii. Like Seven Hills, Caregiver Homes has seen an increase in the number of Spanish-speaking care recipient enrollees in the past few years.
- iii. Caregiver Homes is working on new ways to measure consumer satisfaction. The organization engaged with UMass Medical School to look at surveys to redesign their previous survey. There is an external administrator for the survey and there are telephone follow-up calls for most of the surveys.

- iv. Someone from the group asked what the capacity of Caregiver Homes is. Rachel Richards noted that the organization's capacity is only constrained by the ability to hire nurses and caregivers.
- v. There was a question about how many Rhode Islanders were served by the Caregiver Homes program. Rachel Richards will provide more data for the RI demographics through email.
- vi. Someone asked if there are ways to help caregivers with burnout. Ms. Richards noted that there is a low usage of respite. The stipend that caregivers receive is not much and people have to make that budget work financially. Ms. Richards will provide through email the specific count of how many of the care recipients use adult day. There was concern that usage of adult day would lower the payments for the caregivers.

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

- a. Director Taylor and the Lt. Governor submitted the plan at the end of June. There was a large unveiling of the plan. The workgroups will convene again on October 30th to prioritize recommendations in order to figure out time frames for the objectives.
- b. Director Taylor noted that the state budget will be a challenge for implementing the recommendations.
- c. The notice for the Alzheimer's meeting will be sent through email.

8. Updates on the State Innovation Model

- a. Lt. Governor Roberts noted that at the end of October, there will be a public draft sent out by the health reform commission. The draft will outline a redesign of the system for payment delivery and reform. There will be four weeks in which the public can comment on the plan. This is an initiative using federal money to create more integrated care.
- b. Maureen Maigret asked whether the people in the LTCCC/long term services community were involved with the SIM process. Lt. Governor Roberts stated that long term care participants were at several of the SIM workgroups, but encouraged all LTCCC participants to read the draft and send in comments for the areas that lack services that affect the long term care communities.
- c. Lt. Governor Roberts stated that there is still a division between the funding streams of long term and acute care. For the elderly, managed care coordination is important because majority of the elders are not on Medicaid.

9. Updates on the Integrated Care Initiative

a. EOHHS – Holly Garvey, Medical Services Manager

- i. The Integrated Care Initiative has been launched and there were over 5,200 letters sent out in the first wave of mailings. There is also a recently opened call center that will help the eligible populations with the choices presented.

- ii. If there is a problem with the mail, such as an incorrect address, the eligible people are not enrolled. Enrollment happens only when all the information is correct and the people are contacted. Enrollment starts November 1st.
 - iii. EOHHS is also creating a consumer advisory council for the integrated care initiative to ensure that there is robust consumer feedback and incorporation into the program. The first meeting will be held on October 28th. There will be an email invitation sent out later. This advisory council is modeled after the RItecare Consumer Advisory Council . The council is looking for consumer experience and input on the guidance of the program, in addition to the development and implementation of the program.
 - iv. This Consumer Advisory Council is a joint project between the LTCCC and EOHHS. They are currently seeking recommendations for consumers who can participate on this council. Please email Donna at the Lt. Governor's Office (dleong@ltgov.state.ri.us) if you have someone in mind.
- b. There was a question from the audience about whether the developmentally disabled adults will be enrolling for Medicaid/Medicare through the ICI.
- i. EOHHS staff explained that BHDDH funds for developmentally disabled clients and CPMI clients will continue to be managed by BHDDH. However, hospital and physician services for those group still be coordinated under the ICI.
- c. Neighborhood Health Plan (Rhody Health Options)– Ken Pariseau, Manager of Government Affairs**
- i. Neighborhood health plan has member advisory committees for each of its current groups. They are trying a number of different models to create robust discussion. There are discussions to engage with PARI, but that is still in development.
 - 1. NHPRI wants to use the voices and discussions in the member advisory committees to drive change within the organization and in the larger system of care. Advisory committees are composed of family members, caregivers, advocates, and community partners in addition to consumers. There are providers who send NHPRI recommendations for consumers to reach out to.
 - a. There are ombudsmen assisting the NHPRI consumers in the program. NHPRI is taking the steps necessary to remove barriers to participation. There is a stipend paid to each participating member. NHPRI also provides meals and stipends for childcare in order to have more members come

to the meetings. Jackie, one of the ombudsmen, recruits members to sit in on the meetings. Often times, the most engaged consumers are those who called Jackie to complain, and were recruited to participate in the council. There is also a member satisfaction survey that goes out to the consumers as well.

2. There are many action plans in place to address the voices of the member advisory council. The plans can be made to change small practices, such as reviewing materials, or it can be system wide.
3. There was an email invitation sent out to community partners to attend a brainstorming session on November 6th to discuss the new advisory council. Please pass the invitation along to anyone who is interested in participating. NHPRI wants to hear from people who have used models that work.
 - a. NHPRI wants to know what are the best supports that Neighborhood can provide to its consumers.

d. PACE – Miriam Ricardo, Enrollment Manager

- i. PACE is in the process of creating an advisory committee that includes board members, staff, and families. The families would have a chance to meet the doctors and staff in a participatory setting.
 1. There are upcoming listening sessions that will serve as a forum for families and participants to voice their concerns.
- ii. Lt. Governor Roberts asked if PACE is required to have a consumer group within its organization. Ms. Ricardo noted that PACE is required to create a consumer advisory committee because of CMS regulations.
- iii. Maureen Maigret asked if the participants for the PACE consumer advisory committee are able to access their own medical records. Is the system through CurrentCare? Joan Kwiatkowski, the Chief Executive Officer of PACE and Carelink, answered that there is a patient portal that the participants are able to use, but it is not through the CurrentCare system.

e. Carelink (Connect Care Choice Community Partners) – Liz Boucher, Chief Operating Officer

- i. Liz Boucher stated that CCCCCP (4CP) is building the infrastructure to create a consumer advisory committee that intends to include community health teams, provider networks, consumers, and caregivers.
- ii. There is a toll free number in place currently that allows for consumers to express concerns and receive guidance for enrollment choices. The telephone number gives individual points of contact for the callers so that there is continuity.

1. There is a formal policy for the call center workers to follow in order to manage the complaint process. It defines how to walk the consumer through the process to ensure that there is a feedback loop for improvement.
- iii. CCCCCP hopes to have joint advisory councils with the other Integrated Care Initiative consumer advisory councils to trade best practices.
 1. These consumer advisory councils (EOHHS, PACE, NHPRI, CCCCCP) work at a systems level instead of an individual consumer level. The collaboration of all four councils could ensure that best practices were used so that there is maximum impact of the consumer feedback.

10. Public Comment

- a. No public comment

11. Adjourn

- a. The meeting was adjourned at 12:00 p.m.
- b. Next Meeting November 13, 2013.