



The Long Term Care Coordinating Council  
 Wednesday, September 10  
 10:00-11:30 am  
 Child and Family  
 1268 Eddy St.  
 Providence, RI

**Draft Minutes**

Nelia Botelho Teresa Mota Jenn Crosbie Jim Nyberg Jillian Vanhouwe Jackie Dowd Ken Pariseau Paula Parker Kathleen Dalton Precious DePena Olga Sanchez Ray Rusin Jennifer Reid Maureen Maignet Maria Barros	Carolyn Walsh Robin Etchingam Bonnie Sekeres Marge Pimental Anni Valdez Marie Carpenter Kathy Heren Arnetta Guadette Holly Garvey Craig Stenning Sally Annhay Dianna Shaw Marlaea Peabody Diana Beaton Virginia Burke	Amanda Clarke George Sousa Carla Corona Kathleen Kelly Donna McGowan Jodi Glass Marjorie Waters Nicholas Oliver Bill Flynn Flayiah Tambah Roberta Merka Marea Tumber Lt. Governor Roberts
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**I. Welcome**

**II. Approval of minutes from July 9**

The minutes were approved, and are posted on the Secretary of State's Website.

**III. Nursing home update**

*Ray Rusin, Chief, Office of Facilities Regulation,  
 Director, Radiation Control Program*

Month	State/Federal Inspection	Standard	Follow-up	Complaint	SQC <sup>1</sup>
March	state	8	6	19	0
April	state	8	6	11	0
April	federal	1	-	-	1
May	state	9	5	6	1
June	state	8	6	22	0
July	state	4	6 <sup>2</sup>	22	0
August	State	4	4	17	0

<sup>1</sup> Substandard Quality of Care

<sup>2</sup> July- 6 Desk audits; August- 1 unannounced follow-up inspection and 5 follow-up desk audits

Ray stated that July and August were slow on the federal side because the focus at this time of year is on home health and community care facilities. His office is monitoring Charlesgate and Elmhurst. They inspected Elmhurst on June 25 and Charlesgate on July 30; both inspections went well. Maureen Maigret said she hoped that DOH was requesting additional staff in their 2016 budget so that they have the capacity to stay current with inspections.

#### **IV. Non-emergency Medical Transportation (NEMT) Update**

*Robin Etchingham, Transportation Services, EOHHS*

*George Sousa, LogistiCare*

Robin Etchingham is taking over for Tom Martin as the point person at EOHHS for NEMT/LogistiCare.

Marjorie Waters brought 6 consumers with her to the meeting so that they could share their experiences with the members of the LTCCC. Several of the consumers received bus passes, and they had numerous issues with this service. Arnetta Gaudette said that it is very difficult for people with medical conditions to walk to the bus stop, and that she has fallen using the bus. Olga Sanchez said that sometimes the bus drivers do not wait for people to take their seats before starting to drive and this can cause people to fall. Marga Pimental said that she has multiple medical conditions, and that everyone needs better service statewide. Marga brought her daughter Precious, who said that her mom has chronic pain and has to walk to the bus stop. She said that she does not want to see her mom have so much pain, and that her mom needs better transportation.

Anni Valdez said that she sees this every day, and advocates for all to have better service. There are no shows and people are not getting to the correct location; they are just dropped off and left. Flayiah Tambah said that his father is disabled after having three heart attacks. He missed his neurologist appointment in March due to a no-show vehicle. He rescheduled for July, and his ride was a no-show again. Anni Valdez stated that surgeries get cancelled as well. Some medical issues, like wound care, are urgent and cannot be delayed. Marjorie stated that many doctors charge \$25-30 for a missed appointment. Fragile riders really need reliable transportation. The Lt. Governor thanked

the consumers for coming to the meeting and said that it is very useful to hear about real life experiences.

Robin thanked everyone for coming, and said she was also glad to hear people's experiences. Tom Martin was on the startup side of the contract, and now Deb Florio at EOHHS is overseeing it.

George Sousa from LogistiCare gave a call report. In August, the time to call answer was 30 seconds, with 3.8% abandoned calls. This is below their contract rule, but they are keeping a close eye on that number. In July, they had 102,700 total trips with 438 complaints (243 were NVAs) and in August they had 102,927 trips with 417 complaints (128 NVAs). LogistiCare now has 37 providers under contract: 6 ambulance companies, 4 medical transportation companies, 5 taxi companies, 21 private motor vehicles (PMVs), and RIPTA. They have increased the number of providers under contract from 17 to 37, for a total of 509 vehicles.

George Sousa said that there was a training session for drivers on August 28<sup>th</sup>. The PMV drivers were invited because they needed training in order to drive patients with mobility/medical issues. The goal was to get them up to the standards of RIDE/non-emergency ambulance drivers. Twenty-two providers attended and the training included topics such as: the aging process, elder abuse, declining senses, Alzheimer's facts and moving frail patients. The vehicles are unmarked because DPUC will not allow signage on PMVs. This policy cannot be changed; drivers are using hand-held laminated signs that have "LogistiCare" printed on them to help a new member find their driver. Drivers have badges with their names and photo on them, and they also carry an informational packet to help them answer questions. All drivers have Criminal Offender Record Information (CORI) checks; this is a Community Transportation Association of America federal level program requirement for passenger safety.

Marjorie Waters asked how LogistiCare decides the mode of transportation, because some people are switched to bus service without an explanation. George said they ask people if they are ambulatory. He has to keep budget in mind, and LogistiCare will send them on public transportation if possible. If a person has a medical necessity, they need to have a doctor call LogistiCare to arrange for a car. However, many doctors do not want to go on record if it is not a true necessity. If a person has the need, George will elevate them to car service. Robin stated that facilities can call, too. They do not expect people who cannot take the bus to do so. But, in the past, they have had people with bus passes who were taking private vehicles when they should not have been.

Carloyn Walsh said that many people struggle with a ½ mile walk to bus, and that many with psychiatric issues or anxiety cannot do it. She has been told that nothing can be done to elevate them to car service. Robin said car service is available for psychiatric as well as physical needs.

The Lt. Governor asked what the appeals process is. Robin said they can call LogistiCare and ask for a supervisor. If there is still a problem after that, they can file a complaint

with LogistiCare or EOHHS. Transportation information is available on EOHHS's website, and they can call or email Robin. If a person is calling about a missed ride, they should call LogistiCare because she is not always at her desk and they can respond faster. EOHHS and LogistiCare are holding bi-weekly meetings about complaints, but they will address a phone complaint immediately.

Craig Stenning said that he sent an email to EOHHS six weeks ago about many of the same concerns expressed here. Drivers need special training in order to drive people with developmental disabilities (DD). It is not enough to train drivers in the transport of "frails;" people with DD have different needs. Also, people with DD often do not understand the system of filing a complaint. There have been instances of people with DD left sitting outside in the street, and he asks that these concerns be on the radar screen.

Bonnie Sekeres stated that it is not always human error, but often due to the process itself. There are a lot of steps people have to go through; if she cannot understand, how can a person with DD? The script needs to be looked at and made simpler. People should get a letter that states, "Based on our assessment we decided that you will receive (car vs. bus) service. If you have any concerns, please call us at this phone number."

Bonnie asked for the percentage of no-shows. George stated that in August, out of 417 total complaints, there were 285 late or no-shows. Craig expressed concern that if no complaint is filed, we do not know if there are more late or no-shows than that. George stated that he is willing to talk to providers so that there is no "patient firing" by doctors, but he cannot hold providers accountable without a complaint. If a vendor's numbers are bad, they do not get full pay; LogistiCare needs details to correct the issues. Craig asked if providers file a trip complete form. Robin said that they do, but a late ride does not show up there.

Jackie Dowd said that consumers should not be paying for missed appointments. She has called LogistiCare for members and agrees that behavioral health issues are not weighed the same as physical needs. A patient who had a doctor's note that said he needed a car/taxi was told that a note is not acceptable. LogistiCare told him that if you can walk to the front door, you can walk to a bus stop. Jackie said that people are scared to complain out of fear they will not get a ride next time. Robin said that all calls are recorded, so they can review conversations and take action if the information given is incorrect. Jackie stated that rescheduling appointments is difficult with specialists, and that she think the numbers are down due to less reporting, not due to fewer actual complaints.

Robin is also going to look into the process about patients getting charged for no-shows. Kathy Heren stated that LogistiCare needs one phone number to keep things simple for callers. Carla Corona from LogistiCare said that the phones set up for tracking and recording. They have first call resolution, so that any person who answers can help the caller.

Ken Pariseau agreed that patients with behavioral health issues are not being treated the same way as those with physical issues, even with documentation. LogistiCare cannot act

if people do not call, so partners need to encourage them to do so. Ken said that EOHHS has told people to call LogistiCare directly, so EOHHS maybe not aware of all the complaints.

Maureen Maigret asked about the curb-to-curb service because DEA requires door-to-door. Robin said that the facilities and members can request this service.

Riders need to request a car seat when they make a reservation (limit is 2 children), but drivers cannot be expected to provide durable medical equipment.

There is a monthly transportation meeting at Alliance with LogistiCare on the last Wednesday of each month. Please contact Kathy Heren ([Kheren@alliancebltc.org](mailto:Kheren@alliancebltc.org)) if you would like to attend.

## **V. Subcommittees Review**

### **a. ICI CAC**

The ICI-CAC met on September 3<sup>rd</sup>. Holly Garvey gave a brief enrollment update: RHO had 17,137 members; 4CP had 5,025; and PACE had 285. The next ICI-CAC meeting will be October 1, 2014 from 10:00-11:30 at the Department of Labor and Training.

Holly gave a presentation about Phase 2 (see attached slides). The timeline begins with the MOU being signed in September, and enrollment beginning in April 2015. There were no bidders to the additional procurement request, and NHP was deemed a qualified bidder. The slides detail the demonstration authority, contracting process, enrollment, delivery system and benefits, participant protections, participation and customer service, integrated appeals and grievances, administration and reporting, quality management, financing and payment and evaluation.

### **i. ICI CAC Marketing Subcommittee**

Diana Beaton said that in Phase 1, Medicare stayed the same. In Phase 2, there is opt-in or out. There are not as many requests for opt-ins; there is a 90-day letter, then a 60-day letter. There are still trying to figure out the best way to present the benefit to people. Maureen Maigret said that the recent nurses e-newsletter included a section about the ICI, and they are waiting for the physician version to be circulated soon. The fact sheet for consumers is almost finalized. Outreach presentations will be done for medical directors, LTC nurses and social workers in October. Maureen also mentioned that the webinars at ([https://www.resourcesforintegratedcare.com/Webinar1\\_Introduction\\_To\\_Geriatrics\\_Competent\\_Care](https://www.resourcesforintegratedcare.com/Webinar1_Introduction_To_Geriatrics_Competent_Care)) are great for clinicians.

### **b. LGBT Elder Care**

The subcommittee updates will be presented at next month's meeting.

### **c. Alzheimer's State Plan Commission**

The subcommittee updates will be presented at next month's meeting.

#### **VI. Public Comment**

Jay Padroff stated in the beginning of the meeting that he was assigned to NHP, then to United, and now has no acupuncture coverage. He believes that it should be covered, as should transgender health. The Lt. Governor acknowledged his concerns and informed him about the new Medicare transgender coverage. The Lt. Governor said that there are partners here at the meeting who can assist him with his other concerns.

Paula Parker announced that there would be a falls prevention event on Monday, September 22 at the State House. The Lt. Governor and Dr. Fine will be in attendance.

Nicholas Oliver asked that someone from EOHHS present the final budget numbers of the Medicaid program.

Jim Nyberg asked that the Lt. Governor speak at a LTC meeting on October 3. He will send her an agenda.

Jennifer Crosby would like to discuss a FLSA ruling regarding wage requirements for domestic service workers at next month's meeting.

Donna McGowan announced two Alzheimer's Association Walks: the first is on September 21 at Salve Regina, the second is on September 28 at Slater Park. All are welcome!

#### **VII. Next Meeting: Wednesday, October 8, 10-11:30 am, at Child and Family.**