



**The Long Term Care Coordinating Council  
 Wednesday, October 8  
 10:00-11:30 am  
 Child and Family  
 1268 Eddy St.  
 Providence, RI**

**Draft Minutes**

<p>Jenn Crosbie          Teresa Mota          Kathleen Heren          Bonnie Sekeres          Steven Patriarca          Jennifer Reid          Michelle Szylin          Sakinah Abdur-Rasheed          M. Murray          Ken Pariseau          Judy Fox          Jim Nyberg          Nicholas Oliver          Dianna Shaw</p>	<p>Holly Garvey          Thomas Martin          D. McDonald          Thomas Marcello          Maria Barros          Maureen Maigret          Julia Gold          Paula Parker          Jodi Glass          Gretchen Bath          George Sousa          Carla Corona          Marjorie Waters          Deborah Chattman</p>	<p>Robin Etchingham          Marlanea Peabody          Nelia Botelho          Sally Hay          Amanda Clarke          Katie Enright          Deb Burton          Diana Beaton          Rick Gamache          Ray Gagne          Ray Rusin          Marea Tumber          Lt. Governor Roberts</p>
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**I. Welcome and Overview**

Lt. Governor Roberts welcomed everyone to the meeting. The Lt. Governor stated that we had a request at the last meeting to discuss the recent Department of Labor Final Rule entitled: "Application of the Fair Labor Standards Act (FLSA) to Domestic Service." The ruling has been put on hold for now, so we will discuss the topic at a future date if/when the ruling is implemented.

**II. Approval of minutes from September 10**

The minutes from the September meeting were approved. The minutes were circulated via email and they are posted on the SOS website. If there are any issues please let Marea know and she will make the corrections.

### III. Announcements

The Lt. Governor stated that the “Aging in Community Act of 2014” was passed during the last legislative session. The Act establishes a subcommittee whose charge is to develop a plan to provide the needed infrastructure and program improvements in support services, housing and transportation. These vital support services will enable the state's growing elder population to safely remain living at home and in community settings, thereby delaying or preventing institutionalization. The “Aging in Community Plan” will include an inventory of available programs and services, and the identification of any gaps and resource needs.

The Lt. Governor announced that Maureen Maigret will be the chair of this new subcommittee. The first meeting will be Monday, October 27, 2-3 pm at DEA, Garden Conference Room, Cranston. Please email Marea if you are interested in participating in this group.

Paula Parker announced that there will be a Community Review hearing on October 16 at 1:00 regarding copays for people with dementia under age 65. The hearing will be held in the DEA Garden Conference Room in the Hazard building. There will also be a hearing on October 14 at DOH about assisted living regulations.

### IV. 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>
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	22	0
August	state	4	4	17	0
September	state	1	7 <sup>2</sup>	21	2

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

<sup>2</sup> September - 7 Desk audits

There were 2 citations in September for patients with pressure ulcers. State inspectors investigated Pine Grove Health Center on September 11 based on an immediate jeopardy situation. The facility’s hearing has not taken place. The second investigation took place on September 16 at North Bay Retirement Living, also based on an immediate jeopardy

situation due to pressure sores and a failure to rectify immediate jeopardy. DOH will monitor for the upcoming year due to substandard care.

Charlesgate and Elmhurst Extended Care monitoring: Elmhurst had a complaint in August that was not in the last report. Both facilities were in substantial compliance for the month.

The Lt. Governor expressed concern about the reports pressure ulcers, since there was a focused effort in this area. Ray said not all nursing homes are participating in QIO, and he did not know if these particular homes are participating in the program. The Lt. Governor asked for an update from the Collaborative (i.e. trends, the number of facilities that are participating) because we have not seen this issue in a while. Kathy Heren stated that Pinegate had a dignity issue, and that she will in-service them.

**V. Subcommittees Review**

- a. **ICI-CAC** - *The next ICI-CAC meeting is November 5, 10:00-11:30 am. Location: Child & Family, 1268 Eddy Street, Providence.*
- b. **LGBT Elder Care** - *The next full meeting is November 18, 2:30-4:00 pm at the YMCA on Pine St. The writing group will meet October 21, 2:30-4:00 pm at the State House.*

Sally Hay discussed the trip to Fenway Health Center and to Emmanuel Church for a meal site visit. The Lt. Governor and several others from the LGBT Elder Care Committee went to the meal site to learn how we could incorporate their ideas and start a café in RI. There are 17 cafes in the greater Boston area. The group continues to work on diversity issues, particularly in the African American LGBT community, and they are also trying to attract more women to the cafés. The group performed a survey and found that women are more likely to still be in the work force, so it more difficult for them to attend the daytime cafés. Accordingly, they started an evening café to accommodate and attract working LGBT women, and it is very well attended.

Sally also updated the group on the LGBT Elder Care Workplan. The LGBT subcommittees merged once again into one Full Committee meeting and are working on the RI State Plan for LGBT Elder Care. The group is developing a strategic plan for the state, and they are compiling the information gathered over the past 5 months. The Plan will outline LGBT competency training, social services engagement strategies and ways to empower individuals to advocate for themselves. The Lt. Governor welcomed all to participate in both the writing group and LGBT Full Committee meetings.

Sally announced that the Senior Agenda Coalition Expo is October 24 at the Crowne Plaza. The movie GenSilent will be shown, and this movie is a moving portrayal of some of the challenges that LGBT seniors can face. Also, the Senior Nutrition Group wants to collaborate with the LGBT Elder Care Committee to start a RI café because improving access to other programs is a Federal Title III priority. The group is performing a site search, and is also developing a survey to assess convenient days and times for the café.

**c. Alzheimer's State Plan Commission - Next full commission meeting is December 2, 10:30am-12:00 pm at Child and Family.**

The Lt. Governor stated that she will be inviting the new Lt. Governor to the December 2 meeting to come and meet everyone. At that meeting, we will discuss the State Plan and the steps for moving forward. If you would like to be included in any of the task forces, please email Marea.

**Task Force Updates:**

**1) Cultural Competency TF-** Next meeting: November 6, 11 am-12 pm at Nursing Placement in Pawtucket

Maria Barros said that this Task Force has had poor attendance, so they are trying an earlier meeting time next month. The group is working on recommendations for a more culturally sensitive mini-mental assessment tool. The one that is commonly used in RI is copyrighted, so they are looking at other options. The group is also working on a survey to assess needs of different cultural groups regarding access to health care. The group wants to involve more community members in the conversation. The survey will be brought to places in the community where people gather, i.e. churches, senior centers, community centers. The survey will act as a template to facilitate a small group discussion so that participants feel comfortable sharing their experiences. Maria is piloting different language versions of the survey with her clients at Nursing Placement.

**2) Research Conference TF-** Next meeting: November 20, 4:30-5:30 pm at Coro West

Marea Tumber updated the group on the Research Conference Task Force. The first one-day conference will be held on March 5 at the Crowne Plaza. The Conference will focus on research developments in Alzheimer's research and will be held in conjunction with the Alzheimer's Association Caregiver Journey Conference. The Research section of the conference now has sufficient funding: DEA budgeted \$5000 and Tom Ryan generously donated another \$5000. The keynote speaker will be Sid O'Bryant, PhD. He has been instrumental in the blood-based diagnostics for Alzheimer's and mild cognitive impairments. He will give an opening speech for the caregiver/lay audience, and a keynote speech for researchers. There will also be a juried poster session, and CEU/CME credits will be available.

**3) Professional Workforce TF -** The next meeting is October 9, 3-4 pm at Elmhurst

Rick Gamache said that the group has finalized a Workgroup Charter to examine current statutes and regulations in RI and compare them to other states to see where gaps might exist. The goal is to have providers and facilities caring for those with cognitive impairments to have standardized training and requirements in order to promote best practices. Also, the group wants to create consistency in the way that people are diagnosed with Alzheimer's and other cognitive impairments. Now that the Charter is finalized,

invitations will go out for the Workgroup and they will join the Task Force meeting on November 13.

Rick announced that Maggie Calkins will be presenting on November 12th at 8:30am at the Radisson. She is a designer who specializes in creating environments for people living with cognitive impairments. Maggie works with organizations that are setting up facilities for patients with Alzheimer's.

#### **4) Caregiver TF – Next meeting is October 9, 4-5 pm at Elmhurst Extended Care**

Marea Tumber said that Caregiver Task Force is working on identifying ways for caregivers to connect with one another. One great resource is the Alzconnected.org on the national Alzheimer's Association website. It is a chat function that is staffed 24/7 by volunteers, and provides a place where caregivers can share their experiences and ask each other questions. The site is very active and gets 50-60,000 hits per month, so the group is discussing ways to get the word out about this resource.

November is National AD Awareness Month and National Caregiver Month. EOHHS will formally launch their Caregiver Guide then, and it is posted on the Alzheimer's Association website already. It will be available in English and Spanish. The Caregiver Alliance is sponsoring a kickoff event November 3 at 2:00 pm in the State House State Room. The Congressman Langevin award will be given to someone who has made significant contributions to advocacy and policy, as well as some caregivers and their supportive employers.

One of the ASP recommendations is to engage RWU Law Elder Society to assist in the development of a one-page document for caregivers who are concerned about loved ones and driving. The brochure will have signs to watch for, an overview of the driving laws and partners available to assist with driving concerns. The handout will be ready for the Commission for the Care and Safety of the Elderly Resource Conference for Police and Fire Senior Advocates that is scheduled for Wednesday, October 29<sup>th</sup>. Kathy Heren asked about the status of the license suspension procedure at DMV, and the Lt. Governor stated that the Legal Task Force will need to reconvene to address this issue.

**5) Website** –The information technology job description is posted. This group will reconvene once the new position has been filled so that he/she can participate.

#### **VI. Medicaid Budget Update (presentation attached)**

*Alda Rego, Chief Financial Officer, EOHHS*

In response to a request from our last meeting, Alda Rego gave the group a Medicaid Budget update. Alda gave an overview of the Fiscal Year 2014 Medicaid surplus, the budget process and the potential impact of the budget on LTSS. She stated that the FY2014 \$9.6M surplus was deposited into the General Revenue Fund to support the FY2105 overall budget. There is a carry-forward that is assumed. In response to a question by Nicholas

Oliver, Alda said that Medicaid uses cash basis accounting, and in June the \$9.6M surplus went back into General Revenue. Jim Nyberg asked what part of Medicaid program the \$9.6M comes from, i.e. assisted living, nursing homes. Alda did not have that information available and will get back to him. Maureen Maigret asked if a department can request to keep the surplus. Alda said that there is a reappropriation mechanism; the Governor can include it if he/she chooses. If it is being used for exact same purpose, it can be considered. This mechanism is used in administrative budgets, and one can appeal to build it into the current year budget. The Lt. Governor asked if bills waiting to be paid represent some of that \$9.6M; Alda stated that services provided to members through June 30, 2014 are captured in the Medicaid accrual calculation and are not part of the \$9.6M surplus. The surplus was net of any payments made for services members received through June 30, 2014.

Projected budgets are due October 1, and this begins the process. Assuming that an entity had to run all same services in FY2016 that they did in FY2105, how would they manage? The state budget office asks EOHHS and all state agencies in the Executive Branch to assume a 7% reduction across the board, and then propose how they will meet that budget target.

The Lt. Governor asked if the initial FY2016 budget proposal and reduction strategy is a public document. Alda confirmed that it is, but that it is a proposal and not necessarily what will actually be reflected in the budget as it is finally enacted by the General Assembly in June of 2015. The \$71.4M proposed reduction that is required to be proposed is actually approximately \$142M because the state is no longer getting the federal matching funds.

Deidre Gifford stated that the Medicaid program is very large, and there are 3 levers they can use to reduce expenses. One is to change membership, but due to the maintenance of effort requirements they cannot do this. Second, they change how members use the benefit, but this is difficult, too. The third option is changing how Medicaid pays for services delivered to members. Proposals for savings in LTC for FY2016 include:

1. Revise Personal Choice Program Payment Schedule: This proposal would modify the way EOHHS pays for service advisement; it would reflect the time spent with each member;
2. Reduce Managed Care Rates;
3. Implement Electronic Visit Verification: Use technology to verify/validate what services have been rendered; and
4. Eliminate Nursing Home Rate Increase and Implement a 5% Reduction in Base Rates.

The Lt. Governor asked if the 2000 person increase in the ICI population since the initiative began was considered in the budget conversation. Deidre said that they considered RiteCare and RHO when talking about managed care in the budget. She said that they had a significant Medicare reduction in FY2015. The integrated care rate becomes blended between Medicare and Medicaid, so it is difficult to translate this budget into product lines.

Deidre said that the electronic verification will be implemented in FFS, but they need to get NHP on board for RHO. The FFS changes needs to be contractually reflected with NHP. The Lt. Governor asked if a provider could have a cut to managed care rates and not have one in FFS rates. Deidre said that providers and plans negotiate on their own, so it is possible. Deidre said that bundled payments are not part of FFS yet, but it is on the agenda. Nursing home and provider rates are proprietary in RI, but there are new Massachusetts regulations aimed at making costs more transparent.

Deidre said that the focus last year was on high-utilizers. They developed a part managed care, part FFS strategy to address this population.

The CNOM population was once funded only by the state, but is now part of the waiver.

Fifty percent of the CNOM population now has full Medicaid as part of the expansion group, and is funded 100% by the federal government. There were an additional 595 who were previously eligible for Medicaid but were unenrolled, and are part of the 50/50 match.

CNOM Population Transitions			
Description	BHDDH	HIV/AIDS	General Public Assistance
Number of Persons Active on 12/31/13	4,475	830	364
Number Converted to Expansion Group	2,291	190	319
Number Converted to other Medicaid Eligibility Groups	595	126	16
Total Number of Converted	2,886	316	335
Percent Converted	65%	38%	92%
Found Ineligible for Medicaid	2	0	0

## ICI- MOU- Phase 2

*Deidre Gifford, Medicaid Director, EOHHS*

Deidre said that the content of the MOU is still in final clearance at CMS. Maureen Maigret asked about the integration of the grievance and appeal processes, and whether this is possible. Holly Garvey said that it may not be possible given the Medicare rules. Maureen also asked if benefits will continue during the appeals process. Deidre suggested that we wait for the final MOU rather than speculate on its contents. Maureen asked if there will be an opportunity for comments to the MOU. Deidre said it may be possible; the MOU is very specific in some areas, but not in others.

CMS has core measures, and the state has some additional measures. EOHHS will need to do both. Quality is part of the payment strategy in the financial alignment demonstration

project. It is an exciting opportunity for HHS and NHP; EOHHS will now have the ability to look at integrated data from the Medicaid and Medicare data sets.

The enrollment begins April 1 by statute, and is the last date for voluntary opt-ins. There will be unified care management, with an enhanced focus on quality. Under the financial alignment demonstration, they must look at alternative payment structures with less FFS and more globalized capitation. They will be integrating behavioral health, physical health and LTC services. This has been fragmented; merging of BHDDH funds into EOHHS funds will help with this

The Ombudsman grant award was reduced from a \$2M request over 3 years to \$250K over 3 years. EOHHS will engage a 3<sup>rd</sup> party as Ombudsman as part of the demonstration, and they will disburse funds as soon as the MOU is signed. Maureen asked if EOHHS adjusted the original proposal. Deidre said that they have. The original plan was for 3 geographically diverse Ombudsmen and now they can only procure one. Kathy Heren asked if EOHHS will be keeping some of the funds or whether all will go to the Ombudsman. Deidre said that she cannot answer this question because the budget has not been revised yet. Paula Parker said that DEA is waiting to apply, but they need to wait until the MOU is finalized.

## **VII. Senior Resiliency Project findings and next steps**

*Julia Gold, Climate Change Program Manager, DOH*

We ran out of time before Julia could present her survey findings, so Marea will circulate the report with the minutes. Julia announced that her department has a Superstorm Sandy Recovery Grant from Housing and Community Development. They have \$150,000 to assess three high-priority pilot sites that will include one nursing home, one assisted living residence, and one senior housing complex. The project will focus on energy resiliency and the development of a shelter in place emergency plan. Julia encouraged people to apply; the applications are due October 31. If anyone has questions, please contact Julia (Julia.Gold@health.ri.gov).

## **VIII. Transportation Update**

Deidre Gifford said that she is now responsible for transportation, along with Deb Florio and Robin Etchingham. We ran out of time, so transportation will be first on the agenda for November. George Sousa (LogistiCare) was unable to give his update, but forwarded the complaint numbers via email. In September, they had 93,959 total trips with 418 complaints (63 were 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, for a total of 509 vehicles.

Kathy Heren said that there have been big improvements in transportation with more available vehicles. PACE has been through the application and public hearing processes with DPUC, so they should be all set. Forest Farm Adult Day closed, and the transportation aspect of that decision is being assessed. Forest Farm is now in process with DPUC to



provide transportation on Aquidneck Island. George said that the gaps are improving because they have more providers now. A few group members noted that the transportation situation has not really improved. The vehicles are still late, and too many people have to take the bus rather than being picked up at home, which is not ideal.

The Lt. Governor said that if an entity has a license with DOH, DPUC should accept that licensure for the governance piece. The driver licensure piece is separate. DPUC has stated that they cannot write a regulation to accomplish this; it would need to be addressed through legislation.

**IX. Public Comment**

None.

X. **Next Meeting:** Wednesday, November 12, 10-11:30am at Child and Family.