



Long Term Care Coordinating Council

Wednesday September 16, 2015 10:30 – 12:00 pm

Child and Family Main Conference Room 1268 Eddy St. Providence, RI

Attendees LTCCC 9-16-15

Bicket, Michelle	Lupoli, Michelle
Bradley, Paula	Maigret, Maureen
Brophy, Michele	Maria Barros
Burton, Deborah	McGowan, Donna
Clark, Amanda	Mckee, Daniel
Coronado, Jennill	Moran, Mary Lou
De Castillo, Rosa	Mowry, Jessica
Dixit, Seema	Nyberg, Jim
Dwyer, Craig	O'Brien, Kellie
Etchingham, Robin	Pullayo, Arthur
Flynn, Williams	Reid, Jennifer
Gorman, Cathy	Rotelh Angelo
Havens, Brooke	Sekeres, Bonnie
Heren, Kathleen	Silva, Nancy
Kelly, Kathleen	Ulrick, Kathy
Laurence, Melody	
Lebeau, Rebecca	

- I. **Welcome** — Meeting called to order at 10:34 am by Lt. Governor, Dan McKee.
Note: This meeting was originally scheduled for September 9th, but had to be changed due to many conflicts.
- II. **Approval of Minutes June 10, 2015**, Lt. Governor Dan McKee motioned to approve them at Next meeting.
- III. **Nursing Homes Regulatory Update:**



Office of Facilities Regulation – Ray Rusin
 LTC Enforcement Report 6-10-15

May 2015 - corrected

	Survey Types			SQC ¹
	Standard	Follow-up/Monitoring	Complaint	
May – state inspections	9	5	6	1
June – state inspections	8	6	22	0
July – state inspections	4	6	22	0
August – state inspections	4	4	17	0
September – state inspections	1	7	21	1
October – state inspections	11	6	12	0
November – state inspections	6	3	5	0
December '14 state inspections	8	8	13	0
January '15 – state inspections	5	6	14	0
February – state inspections	6	1	11	0
March – state inspections	9	5	9	0
April – state inspections	10	10	3	0
May – state inspections	9	8 ²	6	0

May 2015: No citations of substandard quality of care.

Substandard Quality of Care Monitoring:

Elmhurst Extended Care’s unannounced full annual inspection completed on April 3, 2015 was deficiency free. The Elmhurst Extended Care facility has completed the monitoring for substandard quality of care.

The Office of Facilities Regulation (OFR) is currently monitoring one facility for previous citations of substandard quality of care and conducted no monitoring inspections in May 2015

	SQC origin dtd	Mar '15	Apr '15	May '15
Charlesgate, Providence	7/29/13 4/18/14	3/6/15	Monitoring Completed	
Elmhurst Extended Care, Providence	5/16/14	-	4/3/15	Monitoring Completed
North Bay Retirement Living	9/16/14	-	-	-

¹ Substandard Quality of Care as defined in federal statute and regulations.

² May – 7 Follow-ups by desk audits

IV. Subcommittees Reports

A. Alzheimer's Update – No report-

B. Aging in Community – Maureen Migret

The Long Term Care Coordinating Council Aging in Community Subcommittee Report:

The Long Term Care Coordinating Council Aging in Community Subcommittee

MEETING MINUTES

Wednesday, June 24, 2015

9AM-10:30AM

SHALOM APARTMENTS MULTIPURPOSE COMMUNITY ROOM

1 Shalom Drive, Warwick RI

1. In attendance: Heather Amaral, Bernie Beaudreau, Barbara Capalbo, Catherine Cool Rumsey, Meghan Connelly, Joyce Dolbec, Craig Dwyer, Rachel Fillinson, Bill Flynn, Cathy Gorman, Judy Jones, Kathy Mckeen, Connie Milbourne, Mary Lou Moran, Nicholas Oliver, Paula Parker, Susan Pomfret, Marianne Raimondo
2. Ms. Parker introduced Meghan Connelly, the new CIO for the Division of Elderly Affairs. Meghan will be working on all forms of the Division's communications including the website.
3. Upon motion of Kathy Mckeen, the minutes from April 29, 2015 were approved as distributed via email.
4. Focus Group Summary
Drs. Marianne Raimondo and Connie Milbourne provided a handout summarizing the 6 focus groups that have been conducted to date.

- 64 persons participated in the focus groups.
- 48 female, 16 males
- Ages 65 – 97 years (except one person age 50)
- Extremely high value placed on services offered by Senior Centers with key role they play in socialization and psychosocial support
- Needs and Gaps

- Financial concerns (present and future)
- Transportation
- Lack of Housing
- Enhanced services at senior centers
- Loneliness and “alone-ness”
- Dissatisfaction with DHS customer service
- Respect for seniors in society as a whole and by health care and other service providers (Ageism)
- Possible Solutions
 - Improve reliability of current Transportation program, consider use of school buses
 - Innovative housing models such as shared living (e.g. “Golden Girls)
 - Grandfathering in of property taxes
 - Offering financial planning services and money management assistance
 - Expanded home-based services (chronic disease management, companionship, behavioral health, barber and hairdressing, health coaches)

Ms. Maigret noted a 7th focus group was scheduled for the following day in Newport with participants age 75 and over. Also, one is being planned for northern RI communities not included in the focus group done at Landmark Medical Center. There was also a request to do one in South County with participants not representing the communities at the Richmond Center focus group. This request will be held until September. Dr. Raimondo noted that Ms. Maigret had done the recruiting of participants. Dr. Raimondo noted that additional next steps will include interviews with aging services staff, analysis of data with final report and development of a plan to address the needs and gaps identified.

Ms. Maigret recognized and thanked other subcommittee members including Mary Lou Moran, Joyce Dolbec and Susan Pomfret for their help in recruitment and coordination.

5. Discussion of Older Volunteerism Research and Opportunities for RI

Bernie Beaudreau, Executive Director, SERVE RI, discussed research on older volunteerism specific to RI and a project he will be implementing to increase the numbers of older volunteers. (Handout attached)

 - National survey findings show RI is lagging in volunteering . It ranked 48th in volunteering by persons 65+. Reasons not clear, but there are several theories.
 - 3yrs ago Serve RI did something many said they shouldn't do, too risky---recruited volunteers to help snow shovel out isolated seniors and disabled folks. Blizzards of 2015 produced several thousand calls for help. Vetting volunteers took time but they were able to help about 480 households. During the process, Serve RI's phone lines were overwhelmed, and they are working on an automated system to handle a variety of requests for help. Many senior callers wanted to discuss more than their need for snow shoveling. They wanted to tell their stories about how isolated and lonely they were.
 - Serve RI will be doing some focus groups in connection with crafting a 3-year state plan for volunteerism that they must submit to the feds. He noted that the RI Organizing Project and Senior Agenda, and other groups will be collaborating with him. He promised to reach out to the people at this meeting to learn more about their ideas on how to increase senior

volunteering.

6. Civic Engagement and Older Persons Pew Research – Ms. Maigret distributed a handout (Attachment 2) showing national research done by the Pew Foundation on civic and political engagement by age groups and whether persons were using social networking on these activities. There was a dramatic drop off in older persons using internet for political activities and even more so in use of Social Networking in connection with these activities.
7. Future Meetings Schedule – Ms. Maigret said the group will reconvene in September after a summer break at a date TBD,

ATTACHMENT 1

Civic Engagement and Healthy Seniors: Building a Strategy and Plan to Increase Volunteerism and Service Among Rhode Island's 55 Plus Age Groups

This proposed collaborative planning and community organizing effort is warranted by the fact that relative to our neighboring states, Rhode Island suffers from a lack of participation of our older adults and seniors in volunteerism and civic participation. Not only does the state miss out on the contributions of this age group, the seniors themselves are missing out on the health and social benefits of volunteering.

In the context of developing its 2016-2018 State Service Plan, Serve Rhode Island intends to partner with the Rhode Island Department of Elderly Affairs and Senior Agenda to undertake a 6-month planning and organizing process that will: a) create a three-year plan for improving senior volunteerism and b) engage more nonprofit and government leaders and volunteers in a renewed campaign to engage more of our older Rhode Islanders into volunteer service.

The Need: RI's Older Adults Underrepresented Among Volunteer Ranks

One of our state's hidden resources for strengthening communities and rebuilding our economy is the wealth of untapped potential volunteers who are not engaged in service. This is especially true for our older adult population.

While there are about 65,000 volunteers ages 55 plus already engaged in service in Rhode Island – an impressive number by itself -- we are unfortunately about 24,000 volunteers short of where we should be, when comparing RI's volunteer rates to our New England neighboring states.

Volunteer rates among Rhode Island's older population trails our neighboring states and the country as a whole. In fact, Rhode Island ranks 48th among states for its older adult volunteer rate of 18.5 percent among the age group 65 and older. Nationally, 24.2 percent of older adults volunteer.

Why should this be of concern for Rhode Island? Simply put, our state NEEDS the benefit and positive community impact of these 24,000 older adults, seniors and elders. The annual dollar value of their missing contribution to RI economy is estimated to be \$29 million.³ While we are missing their contributions addressing a wide spectrum of community needs they are themselves missing out on the benefits inherent in volunteering as well.

Health Benefits of Volunteering

It is well documented that volunteering is not only helpful to the community, but has beneficial health effects on the volunteers themselves, especially among older adults, seniors and elders⁴. Volunteering among older adults age 65 and older has a positive effect on mental health due to the personal sense of accomplishment that an individual gains from their volunteer activities⁵. For age 65 and older, volunteering is related to lower levels of depression⁶ and those who volunteer at an earlier stage in life are less likely to suffer from ill health later in life⁷. For many ages 55 to 64, volunteering may be a relative new focus, which may introduce a cycle of good health and future volunteering.

Theories About Low Volunteer Rates Among Older Adults, Seniors and Elders

³ \$29 million represents 1.3 million "missing" volunteer hours multiplied by the average volunteer hourly value of \$22.21 per hour calculated by Volunteering in America 2013 Report.

⁴ See: The Health Benefits of Volunteering: A Recent Review of Recent Research. Corporation for National and Community Service 2007

⁵ Herzog, A.R., Franks, M.M., Markus, H.R. and Holmberg, D. (1998) "Activities and Well-Being in Older Age: Effects of Self-Concept and Educational Attainment." *Psychology and Aging*, 13(2): 179-185.

⁶ Musick, M. and Wilson, J. (1999) "Volunteering and Depression: The Role of Psychological and Social Resources in Different Age Group." *Social Science and Medicine*, 56(2): 259-269.

⁷ The Health Benefits of Volunteering: A Recent Review of Recent Research. Corporation for National and Community Service 2007, page 7.

For the purpose of thinking about plans and strategies for increasing volunteerism of our older population, there are perhaps at least three distinct groups among the 55 plus population for which new strategies must be developed for increasing civic participation: Older Adults ages 55 to 64, Seniors ages 65 to 74, and Elders ages 75 and older. Each of these demographic groups are deserving of specific strategies for increasing civic participation, volunteerism and service appropriate to their age cohort.

While there are few definitive studies analyzing the factors related to increased volunteering among older adults, seniors and elders, it is logical to imagine that there are several factors that influence the level of volunteering among these age groups:

- Lack of availability of suitable and appropriate volunteer opportunities for older age groups
- Lack of support for assisting elders, including transportation and accompaniment, to participate in volunteer opportunities
- Lack of capacity of nonprofits to accommodate senior and elder volunteers.

\$29 million represents 1.3 million “missing” volunteer hours multiplied by the average volunteer hourly value of \$22.21 per hour calculated by Volunteering in America 2013 Report.

See: The Health Benefits of Volunteering: A Recent Review of Recent Research. Corporation for National and Community Service 2007

Herzog, A.R., Franks, M.M., Markus, H.R. and Holmberg, D. (1998) “Activities and Well-Being in Older Age: Effects of Self-Concept and Educational Attainment.” *Psychology and Aging*, 13(2): 179-185.

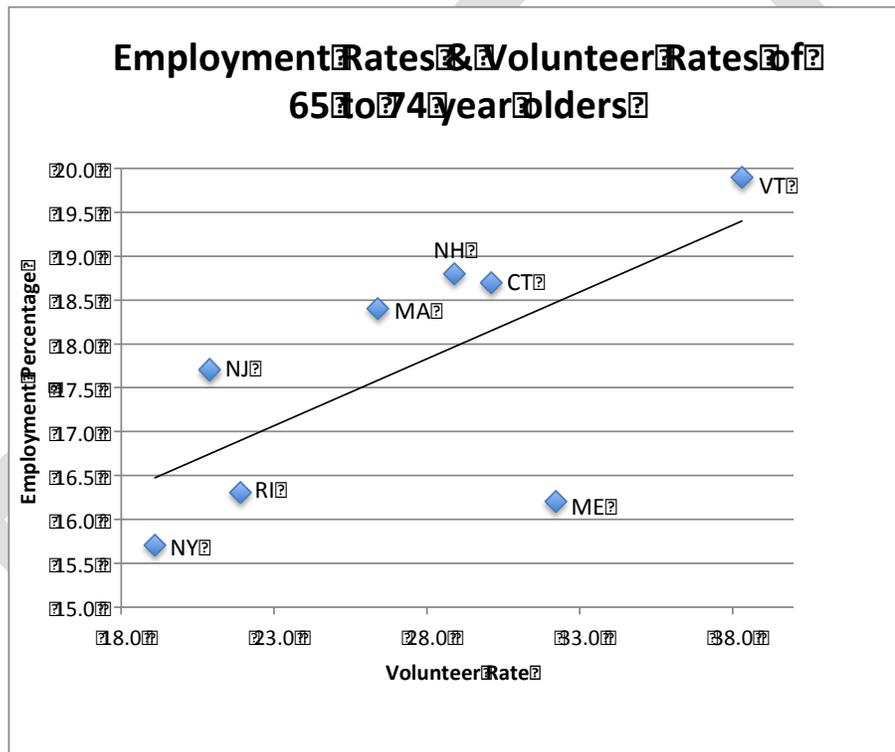
Musick, M. and Wilson, J. (1999) “Volunteering and Depression: The Role of Psychological and Social Resources in Different Age Group.” *Social Science and Medicine*, 56(2): 259-269.

The Health Benefits of Volunteering: A Recent Review of Recent Research. Corporation for National and Community Service 2007, page 7.

- Lack of care/skill in matching of volunteer skills and experience with needs in community
- Lack of motivation and/or ability of older adults, seniors and elders to volunteer
- Lack of outreach and promotion of the health benefits and the general idea of volunteering
- Lack of innovative programming of new areas for volunteering such as elder-youth mentoring, elder stories of career development, etc.
- Lack of available research on best national practices in older adult, senior and elder volunteering
- Lack of economic security of older adults dampening volunteer spirit

On this last point, some might suggest that maybe in Rhode Island, where more households are financially insecure, our older adults don't have enough time to volunteer because more of them are working. Actually, the opposite is true. When employment rates of 65 years and older adults are compared to volunteer rates across northeastern states, a positive relationship is found: higher employment rates correlate with higher volunteer rates. See figure below. This positive relationship between work and volunteering is true for all other age cohorts, which suggests that economic insecurity dampens participation as employment, as an element of community and economic engagement, strengthens volunteer activity. Ironically, those who could use the benefits of volunteering most are discouraged to do so by their relative poorer sense of overall well-being.

Figure 1. Employment rates and volunteer rates.



Learning from Rhode Island Practitioners in Volunteerism & Senior Volunteers

One obvious approach to learning more about why older Rhode Islanders are volunteering at relatively low rates is to *engage in an active dialogue with the network of nonprofits and senior corps agencies* that are most involved with senior programs and volunteering. National Service through the Corporation for National and Community Service Senior Corps programs (R.S.V.P., Senior Companions and Foster Grandparents) have decades of experience engaging older Americans into volunteer service. Learning from them and their coordinators is the first order of business in the steps that Serve Rhode Island must take to develop a state plan for engaging older adults, seniors, and elders in community volunteer service.

In addition to Senior Corps sites, Serve Rhode Island has identified 33 Rhode Island nonprofits that have identified volunteer opportunities specifically friendly to older adults and seniors. Engaging these organizations in dialogue about increasing older adult, senior, and elder volunteer opportunities is also key to building a foundation of best practices and strategic thinking for the state service plan. These nonprofits are listed in the table below.

Finally, community conversations with older adults, seniors and elders themselves will be a critical component of discovering what works for the target population in terms of engagement in volunteer service.

Proposed Planning Process for Spring-Summer 2015

During the months of May through October, Serve Rhode Island, in collaboration with the Rhode Island Division of Elderly Affairs, will engage key stakeholders, practitioners, senior volunteers and the general public in a dialogue about the volunteer and service needs of our state's 55 years and older population, with particular focus on the 65 to 74 years age group. With the Division, we will form a Planning Committee to support the process and to review data and develop 3-year goals and strategies for the state service plan. We will use on-line surveys, community meetings, and individual meetings with key stakeholders. The proposed timeline for this planning process will be:

August/September:

1. Convening of Planning Committee (Serve Rhode Island & RI Div. Elderly Affairs)

- a. Development of research questions and planning objectives
- b. Agreement on planning process and schedule

2. Outreach and interviews with the 8 Senior Corps Sponsors

- a. Overall trends and concerns of senior corps volunteers
- b. Develop database for surveying volunteers & host sites

3. Surveys: Outreach and interviews with top 33 Senior-Friendly Nonprofits including Senior Corps Sponsors (listed below); On-line survey of 425 Senior Corps site managers.

October:

4. Analysis of Survey Data, Findings & Research of National Best Practices; Consultation with Janice Blanchard and other policy experts

October/November:

5. Community Dialogue: Conversations with small groups of older adults, seniors and elders.

November:

6. Development of Goals, Strategies & Action Plans (One or two meetings with Planning Committee); Writing of Plan and Best Practice Guidelines for Nonprofits

CMS and Rhode Island Partner to Coordinate Care for Medicare-Medicaid Enrollees

July 30, 2015 - The Center for Medicare and Medicaid Services (CMS) signed the Memorandum of Understanding (MOU) today for the *Financial Alignment Demonstration* with the State of Rhode Island, which begins Phase 2 of Rhode Island's Integrated Care Initiative.

This Federal-State partnership is designed to improve care and lower costs for 30,000 Rhode Islanders who are eligible for both Medicare and Medicaid.

For more information:

Please check the EOHHS website for a copy of the MOU and CMS press release and fact sheet.

<http://www.eohhs.ri.gov/IntegratedCare/NewsandUpdates.aspx>

Aging in Community

Focus Group Results are available upon request. Please contact Ms. Migret or Craig Dwyer at the Lt. Governor's office 401-222-2371

V. Integrated Care Initiative Report - Holly Garvey



RHO Mailing by Enrollment Category for July 1, 2015 Effective Date

Total RHO Enrollment Mailing	Nursing Home > 90 Days	Community with LTSS	ID/DD	SPMI	Community no LTSS	RHO MA Only*
413	31	28	4	34	290	26

*Includes DD and SPMI

RHO Mailing by Enrollment Category for August 1, 2015 Effective Date

Total RHO Enrollment Mailing	Nursing Home > 90 Days	Community with LTSS	ID/DD	SPMI	Community no LTSS	RHO MA Only*
602	38	30	10	41	458	25

*Includes DD and SPMI

ICI Enrollment Statistics as of June 1, 2015 ICI Enrollment by Program and Setting

Setting	RHO	CCCCP	PACE	Total ICI Enrollment**
Nursing Home > 90 Days	2,866	246	279	3,112
ID/DD	1,686	410		2,096
Comm. With LTSS	1,292	386		1,678
SPMI	1,314	508		1,822
Comm. No LTSS	10,592	1,676		12,268
MA Only*	468	601		1,069
Total	18,218	3,827		279

*Includes DD and SPMI

**Excludes PACE

CCCCP MA Only Enrollment by Category CCCC MA Only Enrollment as of June 1, 2015

Total	Nursing Home > 90 Days	ID/DD	SPMI	Community with LTSS	Community no LTSS
601	36	2	18	58	487

ICI Opt out Statistics

RHO Opt Outs by Setting as of June 1, 2015

Setting	# Opt out	# Returned Mail	Opt out %	Returned Mail %
SPMI	433	116	23%	6%
ID/DD	232	19	12%	1%
Community with LTSS	1,114	39	46%	2%
Nursing Home > Days	1,172	100	28%	2%
Community no LTSS	2,148	515	16%	4%
MA Only*	130	19	21%	3%
Total	5,229	808	22%	3%

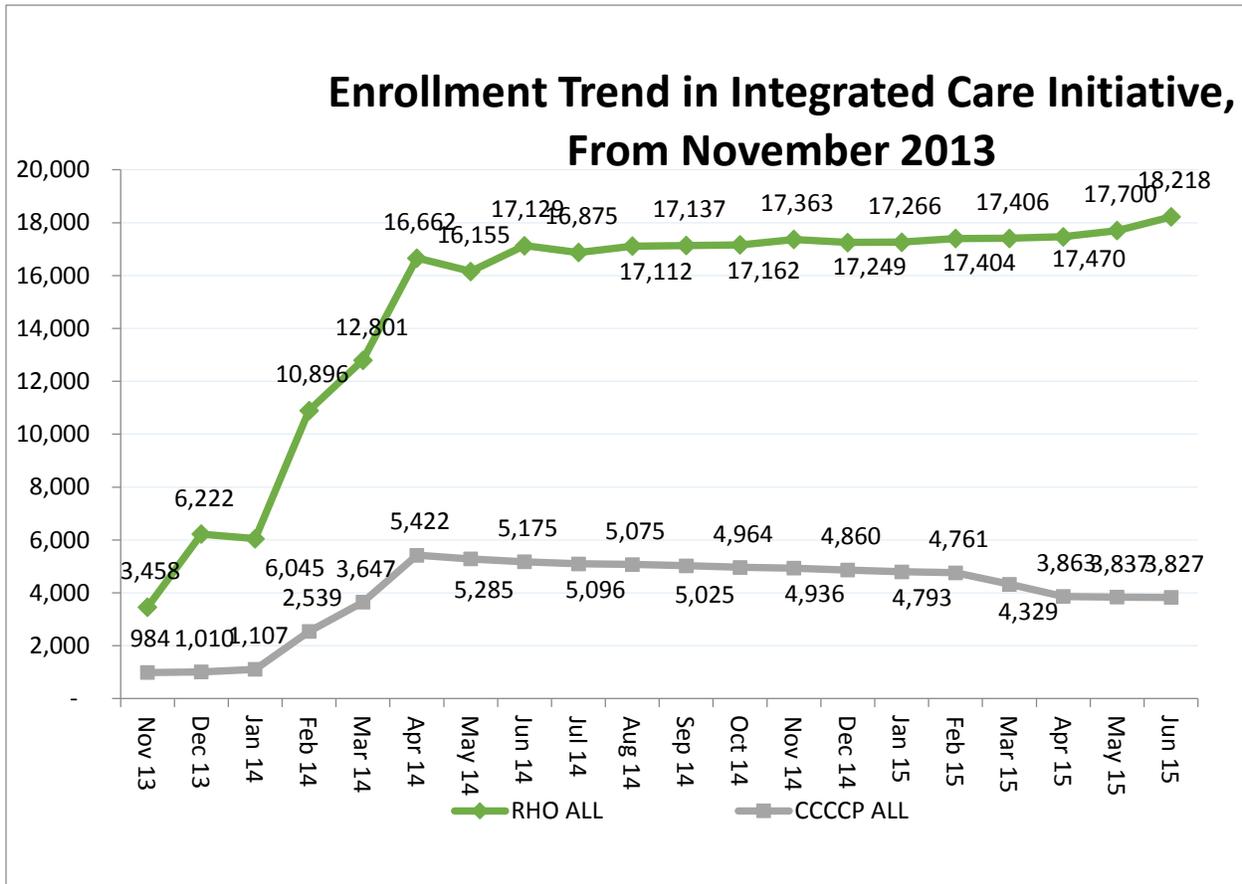
*Includes DD and SPMI

Setting	# Opt out	# Returned Mail	Opt out %	Returned Mail %
SPMI	183	45	25%	6%
ID/DD	112	9	21%	2%
Community with LTSS	292	11	42%	2%
Nursing Home > 90 Days	114	16	30%	4%
Community no LTSS	649	127	26%	5%
MA only, SPMI	0	0	0%	0%
MA only, ID/DD	0	0	0%	0%
MA only, Community with LTSS	13	1	18%	1%

MA only, NH>90 Days	8	5	16%	10%
MA only, Community no LTSS	6	60	1%	11%
Total	1377	274	25%	5%

ICI Opt out Statistics CCCC CP Opt Outs by Setting as of June 1, 2015

ICI Enrollment Trend



ICI Enrollment Help Line Statistics

ICI Enrollment Help Line Statistics April and May 2015

Description	April 2015	May 2015
Total Calls	148	157
Total Opt-Out Requests	85	41

May Statistics:

- 85% Satisfied with Medicaid Fee for Service
- 11% Providers do not accept
- 2% Not Satisfied with Neighborhood Benefits
- 1% Nursing Home does not accept
- 1% Home Care does not accept

IV. Transportation Update: George Sousa

The Lt Governor's Long Term Care Council Meeting LogistiCare Notes 20150610

✦ The current LogistiCare contract amendment doesn't limit Non-Emergency Medical Transportation under the Elderly Non-Medicaid Transportation Program for medical related appointments. However, there is the 10am-2pm time limit related to Senior Nutrition Transportation services only, due to the hours that program is available to members. The State and LogistiCare does encourage medical related appointments for both the Non-Medicaid elderly and Medicaid members to be scheduled during the hours of 10am - 2pm when possible, since these are the periods of time with greater availability between the various transportation providers to provide transportation. Currently the early morning and late afternoon are high peak trip volume periods for our transportation providers, due to the Standard orders across the various facilities - dialysis, cancer treatments, Adult Day Care, etc. The State is monitoring the access/availability of transportation for these services and will implement time restrictions if necessary for Priority 3-5.

✦ **Priority Categories Related to the Non-Medicaid Elderly Non-Emergency Medical Transportation Program. (RI Resident age 60 or over)**

- **Special Medicals (Priority 1)** – Special medical transportation includes transportation for the purpose of kidney dialysis or cancer treatments.
- **Adult Day Care (Priority 2)** – Transport to and from Adult Day Care Centers that are licensed by the Department of Health (DOH).
- **General Medicals (Priority 3)** – Transportation for any medical/health services that is part of a total patient plan of care supervised by a health care professional. Trips eligible under this service category include visits to physicians' offices as well as all trips for tests and/or treatments ordered by a health care professional as part of a treatment plan.
- **IN-SIGHT (Priority 4)** – Transport to and from IN-SIGHT, 43 Jefferson Boulevard, Warwick, RI. Riders must have a sight impaired condition and/or presently registered with the IN-SIGHT agency.
- **Senior Nutrition Transportation (Priority 5)** – Transport to and from congregate meal sites for the elderly. The Nutrition Site shall verify residence of all clients in the geographic area. Meal sites must be on an approval list by the Executive Office of Health and Human Services or the Department of Elderly Affairs.

*Emphasis is placed on the five priority categories of transport services mentioned above in relation to existing state funding. Funding for these transportation services are taken from the General Revenue Appropriation Account, Title XX State Block Grant, and 21% of the State Revenue from the 1 cent gasoline tax. The State reserves the right to limit transportation based on funding constraints or other programmatic requirements.

The Elderly Transportation is for individuals age 60 years and older who are not on Medicaid, and who are not getting transportation from the RIPTA Ride Program or from the Americans with Disabilities Act (ADA) program. The program requires a \$2 co-payment for each trip segment. The \$2 co-payment is collected and retained by the transportation provider.

Transportation Update: George Sousa

	GROSS TRIPS	DAILY AVERAGE	# COMPLAINTS	% COMPLAINTS	# NVA'S	% NVA'S	(No Vehicle Avail)
May-15							
EOHHS - Medicaid	138573						
EOHHS - Elderly	15127						
TOTAL	153700	6245	1406	0.90%	39	0.02%	
			Complaint Breakdown				
			RNS	632 or 45%			
				341 or			
			TP Late	24%			
			TP No Show	86 or 6%			

VI. Reinventing Medicaid – EOHHS report

**VII. 2015 Legislation of Interest:
S-838, S-609, and H-5201**

VIII. Public Comment –

Meeting adjourned at 12:37 am

- **Next Meeting November 18, 2015
Main Conference Room, Child, and Family
1268 Eddy Street, Providence, RI 02905**
- **Reminding Meetings for 2015**

November 18, 2015

December 9, 2015

Minutes respectfully submitted by: Rosa E. De Castillo