



**Long Term Care Coordinating Council
Wednesday May 9, 2016
10:00 am – 11:30 am
Child & Family – Main Conference Room
1268 Eddy Street Providence, RI**

In attendance:

Sylvia Bernol	Robin Etchingam	Jim Nyberg
Lindsey Bouchard	Holly Garvey	Nicholas Oliver
Paula Bradley	Jeanne Gattegno	Paula Parker
Deborah Burton	Carole Graves	Marianne Raimondo
Kim Capuano	Sally Hay	George Sousa
Suzanne Carson	Kathleen Heren	Kate Sullivan
Ceceley Chambers	Robin Knoderer	Sindi Terrian
Sandy Curtis	Kelly Lee	Linnea Tuttle
George Debugue	Maureen Maigret	Kathy Ullrich
Jessica Doyle	Connie Milbourne	Mike Walker
Laurie Ellison	Brain Miller	Faye Zuckerman
D. Karen Enright	Manny Murray	

I. Welcome

- Meeting called to order by **Maureen Maigret** at 10:07 a.m.
- Introductions made by meeting members

II. Approval of Minutes

- Minutes from March 9, 2016 approved at 10:11 a.m.

III. ICI Report

- **Holly Garvey** provides an enrollment update on the Integrated Care Initiative Phase I launched in November 2013 as summarized below. She notes that in this report, the opt-out numbers were included per the request of the council.

The Integrated Care Initiative Phase I
 RI Executive Office of Health and Human Services
 May 11, 2016

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Presentation Overview

ICI Phase I Enrollment as of 4/1/2016 and 4/1/2016
 • 2,520 Mailing of 70+ ICI eligible individuals
 • ICI Enrollment by Program and Setting

ICI Phase I Opt-Outs as of 3/1/2016 and 4/1/2016
 • 2,520 Opt-Outs by Setting
 • Enrollment Trend

ICI Phase I Enrollment Help Line Statistics
 March and April 2016

ICI Demographics as of 4/1/2016
 • ICI Demographics - Average Age and Gender

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RHO Enrollment Mailing to New ICI Eligible Individuals

RHO Mailing by Enrollment Category for June 1, 2016 Effective Date

Final RHO Enrollment Mailing	Nursing Home - 90 Days	Community - with LTSS	ID/DO	SP/MI	Community - no LTSS	RHO "MA Only"
473	46	39	4	39	311	32

*Includes DO and SP/MI

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RHO Enrollment Mailing to New ICI Eligible Individuals

RHO Mailing by Enrollment Category for July 1, 2016 Effective Date

Final RHO Enrollment Mailing	Nursing Home - 90 Days	Community - with LTSS	ID/DO	SP/MI	Community - no LTSS	RHO "MA Only"
432	39	35	9	32	301	26

*Includes DO and SP/MI

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ICI Enrollment Statistics as of March 1, 2016

ICI Enrollment by Program and Setting

Setting	RHO	PACE	Not Enrolled	ICI Eligible Total
Nursing Home > 90 Days	2,771		2,203	4,974
ID/DO	2,074		403	2,477
Comm. With LTSS	1,748	279	1,346	3,094
SP/MI	1,719		609	2,328
Comm. No LTSS	12,431		4,294	16,725
"MA Only"	384		342	726
Total	21,227	279	8,895	30,751

*Includes DO and SP/MI
 **Excludes PACE

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ICI Enrollment Statistics as of April 1, 2016

ICI Enrollment by Program and Setting

Setting	RHO	PACE	Not Enrolled	ICI Eligible Total
Nursing Home > 90 Days	2,754		2,096	4,850
ID/DO	2,073		388	2,461
Comm. With LTSS	1,718	279	1,322	3,098
SP/MI	1,740		263	2,003
Comm. No LTSS	12,287		4,087	16,374
"MA Only"	360		237	597
Total	21,252	279	8,094	30,525

*Includes DO and SP/MI
 **Excludes PACE

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RHO Opt out Statistics

RHO Opt Outs by Setting as of March 1, 2016

Setting	# Opt Out RHO	% Opt Out of total ever enrolled	% Opt Out of total ever mailed
SP/MI	263	100%	9%
ID/DO	273	100%	10%
Community with LTSS	1,362	40%	30%
Nursing Home > 90 Days	1,222	20%	19%
Community no LTSS	1,084	11%	10%
"MA Only"	143	13%	13%
Total	5,191	18%	14%

*Includes DO and SP/MI

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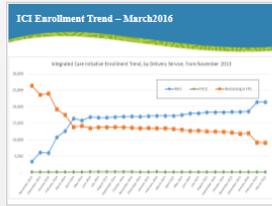
RHO Opt out Statistics

RHO Opt Outs by Setting as of April 1, 2016

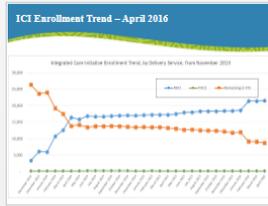
Setting	# Opt Out RHO	% Opt Out of total ever enrolled	% Opt Out of total ever mailed
SP/MI	264	100%	9%
ID/DO	273	100%	10%
Community with LTSS	1,369	40%	30%
Nursing Home > 90 Days	1,222	20%	19%
Community no LTSS	1,088	11%	10%
"MA Only"	146	13%	13%
Total	5,262	18%	14%

*Includes DO and SP/MI

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ICI Enrollment Help Line Statistics

ICI Enrollment Help Line Statistics March and April 2016

Description	March 2016	April 2016
Total Calls	12	22
Total Opt-Out Requests	34	31

March Statistics
 • 10% Satisfied with SP/MI
 • 8% Pre-call done on average
 • 1% Not happy with 1/202 benefits

April Statistics
 • 60% Pre-call done on average
 • 4% Satisfied with SP/MI
 • 2% Service they received from 1/202 was fine in house

March
 Average talk time: 4:23
 Average # of All Calls Only: 28

April
 Average talk time: 4:10
 Average # of All Calls Only: 25

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ICI Demographics: Average Age

Setting	RHO	PACE	Not Enrolled	Total ICI Eligible
Nursing Home > 90 Days	82		82	82
ID/DO	48		47	48
Comm. With LTSS	72	76	74	73
SP/MI	40		31	40
Comm. No LTSS	59		61	60
"MA Only"	27	69	52	27
Total	61	73	67	63

*Includes Nursing Home > 90 Days and Comm. With LTSS

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- **Nick Oliver** notes that on page 4 of the ICI Phase I packet, the opt-out rates are greatly reduced compared to last year's rates which were as high as 51% at times. He asks what environmental change occurred in such a small time period that caused the opt-out rate to be reduced so many points. He also asks if there are individuals who opted out in the past and are now opting back in.
- **Holly Garvey** responds that she doesn't have that specific information right now but that it can be looked into and reported back.
- **Maureen Maigret** questions the accuracy of the information on daily average calls on page 6 of the ICI Phase I packet.
- **Holly Garvey** notes that the information on daily average calls is affected by the call centers handling various different areas/products. This explains the discrepancies Maureen pointed out.
- **Holly Garvey** provides an overview of the ICI Phase II Report as summarized below. She notes that a three way contract for financial alignment demonstration has been signed. She notes that this second piece is where all services are brought under one plan (MMP). Neighborhood Health Plan of Rhode Island is the MMP in Rhode Island for this demonstration—the plan is referred to as Neighborhood Integrity. Holly Garvey gives an projected start date of July 2016 for this initiative. She adds that Rhode Island is the thirteenth state to execute such an agreement. She adds that Rhode Island's demonstration is unique to Rhode Island and its robust delivery system. For this reason, Rhode Island has chosen a fully integrated model.

Integrated Care Initiative
RI Executive Office of Health and Human Services
May 11, 2016

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Overview

- Align care and financing for and creates new health plan options for:
 - individuals with Medicare and Medicaid
 - individuals with Medicaid who are receiving long-term services and supports in a nursing facility or the community
- Partnership with Neighborhood Health Plan of RI and the Centers for Medicare and Medicaid Services (CMS)
- Two phases
 - Phase 1: Medicaid managed care
 - Phase 2: Medicare-Medicaid integration

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Phase 2 overview

- Federal/state partnership
 - Financial Alignment Demonstration
- Will start in July 2016 (tentative)
- Medicare-Medicaid Plan (*Neighborhood INTEGRITY*)
 - Integrates Medicare and Medicaid benefits

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Phase 2 overview

Phase 1 State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, December 2015

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Phase 2 eligibility

- Rhode Island residents
- Over age 21
- Medicare Part A, B, and Part D
- Medicaid

Estimated number of eligible individuals: 30,000

Nursing facility LTSS	4,900
Community LTSS	3,200
Intellectual developmental disabilities	2,600
Severe and persistent mental illness	2,400
Community no LTSS	16,900

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Phase 2 covered services

Combine Covered Services in Medicare, Medicaid, and Medicaid LTSS (if eligible)

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Medicare-Medicaid Plan benefits for members

- Single, integrated benefit package
 - Medicare Parts A, B, and D and Medicaid benefits
- Preventive services (e.g., home care, respite) for people at risk for hospitalization or nursing facility admission
- No co-payments for prescription drugs
- Care management and care coordination
 - Assessments to proactively identify members at high risk
 - Services vary based on needs, risk level, and preferences of members
- One place to call - answer questions, find services, solve problems
- Expanded customer service hours
- Nurse advice line 24/7

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Medicare-Medicaid Plan enrollment

- Voluntary enrollment
 - Phased in over several months
 - Opt-in waves
 - Not enrolled in Neighborhood Unity
 - Enrolled in Medicare Advantage
 - Has other comprehensive coverage
 - Has been auto-assigned to a Part D plan
 - Passive or auto-enrollment waves
- Enrollment notices sent prior to the health plan start date
 - Will include an FAQ and an application (opt-in enrollees only)

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Consumer support

MMP Enrollment Line

- Dedicated call center for Phase 2
- Help consumers opt-in or out-out and answer basic questions

SHIP Counselors

- In-person Medicare options counseling

ICI Ombudsman Program

- Advocacy and support for consumers with understanding their rights and responsibilities, accessing covered benefits, and filing appeals

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- Kathleen Heren** raises the issue of sparse dental benefits for those nursing homes. She notes that she receives many calls from people who are in nursing homes, some who have dementia, and need extractions. She asks what Neighborhood Health Plan of Rhode Island's responsibility is to help her if such a person calls her office and asks to have an extraction.
- It is noted that dental is an out of plan service, but more specific information can be report back at the next meeting.
- Kathleen Heren** also notes that the Oral Health Commission only looks at individuals without insurance, not those in assisted living.
- Lieutenant Governor McKee** adds that the Rhode Island Dental Association is looking for an avenue to assist in issues like this—it was discussed at their last annual meeting. He notes that RIDA could be a good ally and that the Lt. Governor's Office will connect the two groups.
- A question is raised on whether there has been any movement on the relocation of the call center.
- Holly Garvey** replies that it is a work in progress and eventually the call center will be local.

- Nicholas Oliver provides positive feedback on EOHHS provider hours. He notes that the session was helpful and thanks those who participated. He adds that homecare providers present via teleconference and encourages others to participate and attend.
- **Lieutenant Governor McKee** notes that he would be happy to have someone from the Office of the Lt. Governor present at these meetings.
- **Maureen Maigret** notes that she has been working with a small team to promote geriatric competent care. The group made a series of recommendations to the state, some of which were included in the three way contact. One included piece was language from California's contract that deals with case managers with a specialty in dementia care. Other suggested language that was included dealt with including family members in the development of the care plans and specific types of care in chronic diseases.

IV. Home Care Workforce & Access Issues

- **Maureen Maigret** notes that she placed this item on the agenda because she's heard a lot of comments dealing with difficulties in getting available workforce to take cases. She also notes that as Chair of Aging in Communities, she and Marianne Raimondo held many focus groups and consistently heard workforce availability issues as a complaint. Maureen Maigret notes that one case manager said, "Don't get old in South County," and another indicated a client had been approved for 20 hours of care but was having trouble getting a provider to take that many hours. Maureen Maigret also noted that providers hesitate to take cases with as few as 4 hours. She wanted to make sure everyone was aware and invite providers to speak to that issue.
- **Nicholas Oliver** responds that the Home & Community Care Advisory Council placed this issue on its agenda two weeks ago. He notes that the group has been hearing from case managers who say if they cannot find placement, they do not get reimbursed for their efforts. He adds that the group sent letter to Director Fogarty about a series of related issues. He adds that agencies haven't had a wage increase in 10 years which forces agencies to cherry pick cases. Nicholas believes we are already at crisis point where individuals who cannot get care are just visiting emergency rooms in the meantime until they can be placed. He adds that legislative intervention is necessary and he has asked DEA to bring this to the attention of Elizabeth Roberts.
- **Marianne Raimondo** also adds that the issue is not just a lack of services, it is turnover in staff and no consistency in caregivers which is hard for difficult patients who need stability.
- **Nicholas Oliver** notes that the Governor has proposed a 7% increase with a 100% earmark towards labor. He adds that the HCCAC believes those providing care should be compensated with competitive rates to their counterparts in facility-based care which is why they proposed a 40% increase. He adds that with all the years of frozen rates, CNAs are starting out at just above minimum wage and 40% gets pay just under \$14.75/hour.
- **Laurie Ellison** adds that in years past you could put an ad in the paper and have tons of people respond and you could chose who you want to hire. She shares that her office in Warwick is struggling and losing quality staff because they cannot recruit like they used to.

- **Deborah Burton**, asks for clarification. She asks if the issue is that there are there not enough people graduating with the proper skills. She notes that Marianne Raimondo's research shows high staff turnover which leads her to believe there are bodies to work but not with the ability to work.
- **Laurie Ellison** responds that as a provider she is not getting the response when recruiting staff. They're not coming to homecare.
- **Deborah Burton** asks if more money is figured into the situation can we make the caregivers 40 hour a week staff instead of two here two there.
- **Laurie Ellison** illustrates why that is not possible. If a nurse finds out that a 6-hour client was taken to the hospital at 6:00 am and does not need care that day, the provider cannot bill for that and cannot cover the cost of paying a nurse for that full day.
- **Maureen Maigret** makes a motion that Lieutenant Governor McKee make a request to the Governor on the subject of workforce access issues in homecare. She asks Lt. Governor McKee to request that EOHHS conducts a comprehensive workforce study in the area of homecare. She also asks that the Lt. Governor relay to Governor the seriousness of this situation to see if there is a possibility of putting together an action plan.
- **Nicholas Oliver** proposes an amendment that the study should also include barriers to access to care.
- **Maureen Maigret** adds that she is not sure if the office is ready to do that, but raises no objection.
- The motion and amendment is approved by all present.
- **Lieutenant Governor McKee** asks what a 40% increase in this area means in terms of dollars.
- **Nicholas Oliver** replies that there is not yet a fiscal note on the House or Senate side, but the estimate is 9 million dollars. The group is requesting 40% because Massachusetts and Connecticut have increased their rates 40% above Rhode Island.
- **Lieutenant Governor McKee** asks if the \$9 million is \$4.5 million from the state and \$4.5 million federal.
- **Nicholas Oliver** replies that it would be \$9 million from each for a total of \$18 million.
- **Lieutenant Governor McKee** asks if families can subsidize that cost.
- It is noted that under Medicaid, families cannot subsidize the cost but they could chose to private pay for additional services.
- Lieutenant Governor McKee notes that the request made by Maureen Maigret and Nicholas Oliver will be sent out via e-mail for their approval.

V. Subcommittees Review

a. Alzheimer's Update

- **Lieutenant Governor McKee** notes that he convened the Alzheimer's Executive Board with Tom Enright, the Chair, to take a close, hands-on look at a variety of issues in this area. The board meets on a regular basis and is working to implement the State Plan. He adds that the University of Rhode Island is heavily involved with this work and that the next meeting on May 18th will be held at URI. The Lt. Governor also adds that he has been visiting with doctors from across the state, most recently Dr. Salloway from Butler who is working on memory in aging. He also invites anyone who thinks they

have information or ideas for this board to share it and notes that the Lt. Governor's Office is open to hearing anything and everything on this issue.

b. Aging in Community

- **Maureen Maigret** announces that the report will be ready in mid-June and there will likely be an event at the State House at that time. The report the group has compiled looked at nine issue areas and gathered information from ten focus groups that involved over 111 seniors. The release of the report will be followed by the formation of a coalition to build an age friendly Rhode Island. Maureen adds that she would like to engage the Lieutenant Governor in working with cities and towns to see what we can do to make Rhode Island more age friendly.
- **Lieutenant Governor McKee** responds that he would be happy to make that collaboration happen. He adds that he has been working closely with municipal leaders on a range of issues since taking office. He is currently convening leaders on regionalized services in the state and he believes there is overlap and opportunity between the two areas. Lt. Governor McKee adds that he is looking forward to seeing the report.
- **Maureen Maigret** notes that the Governor is committed to building an age friendly Rhode Island and knows the Lt. Governor is as well.

c. LGBT Report

- Sally Hay notes that the group is working on a strategic plan, looking at education issues and plans to meet on a monthly basis. She adds that the alliance will help organize an event related to education in the fall. She notes that the group is excited and would love to have people join in and attend the next meeting on May 18, 2016 at 2:00 p.m. at CareLink.
- **Lieutenant Governor McKee** notes that he has someone he'd like to refer to Sally Hay and that she should see him after the meeting.

VI. Nursing Homes Regulatory Update

- A Center for Health Facilities and Regulation report was distributed. This report is required by law.
- Several members raised questions about the data accuracy in the report.
- All members are directed to send Craig any questions about the handout. No one is present at the meeting to answer the specifics.

VII. Transportation Update

- **George Sousa** reviewed the transportation update. This is the 2nd anniversary of the LogistiCare transportation report.
- He notes that the no vehicles available complaint is the lowest it's been all year. There are currently 95 providers up previously from 22.
- **Kathleen Heren** asks for an update on RIPTA and wants to know if a contract has been signed and who RIPTA is providing services for.
- It is confirmed that a contract has not been signed and most services are for adult daycares.
- **Paula Bradley** noted that she was told that an individual must cancel their ride 2 days in advance and that they cannot call up the morning of.

- **George Sousa** confirms that a rider can cancel right up until the time of the ride. It does take 48 hours advance to book a ride.
- **Maureen Maigret** notes that EOHHS put out a notice that transportation regulations were finalized. She asks if there were any changes made based upon public hearing?
- It is noted that minor changes were made.

VIII. Public Comment

- **Jeanne Gattegno** announced that on June 15th at the State House at 3:00 p.m. there will be Elder Abuse Awareness Day. DEA will present their report and all are invited to attend.
- **Lt. Governor McKee** reminds all council members that companies can shop their electricity using the new website Empower RI at <https://www.ri.gov/app/dpuc/empowerri> for competitive pricing. There are thousands of dollars to be saved through this site.

Meeting is adjourned at 11:53 a.m.