



## Long Term Care Coordinating Council

Minutes of the meeting held Wednesday June 14, 2017

Child and Family, Main Conference Room, 1268 Eddy St., Providence, RI 02905

### Attendance:

Adderlin Bailey	Kathleen Heren	Patrick M. Tigue
Amanda Grazio	Kathleen Kelly	Paula Bradley
Andrew Powers	Kathy McKeon	Paulette Hamilton
Arthur A. Pullano	Katie Enright	Rachel Flynn
Angelo S. Rotella	Laurie Ellison	Rick Gamache
Anna Delgado	Mackenzie Thiessen	Rita Towers
Chris Gadbois	Maria Petrillo	Robekta Merkle
Dawn Allen	Mario Olivieri	Rosa DeCastillo
Deborah Burton	Marjorie Waters	Sam Zwetchkenbaum
Dianna Shaw	Mary Bennett	Sandra Fournier
Donna McGowan	Mary Lou Moran	Suzanne Carson
Jim Nyberg	Maureen Maignet	Virginia Burke
Karen Statser	Nicholas Oliver	

- 1. Welcome:** Meeting called to order by Lt. Governor at 10:07am. Introductions made by everyone who is in attendance.
- 2. Approval of Minutes of 5/10/17:** Motion made to approve the minutes as amended by Nicholas Oliver seconded by Richard Gamache.
- 3. Introduction and Remarks:**
  - a. Patrick Tigue - Medicaid Director** – 1. Internal priority – organizational development. Feedback is necessary. 2. UHIP – prioritizing the outstanding issues and get them resolved. 3. New Contracts – United, NHP, and now Tufts. Continue that high-quality healthcare.  
If you would like a meeting, please contact us and we will schedule a time.  
Senior Staff: Vacant position, John Bonin – Chief of Staff, Marlana Peabody – Oversight of enrollments, information systems, NMIS system  
UHIP community meeting at 3pm today, Arnold Conference Center, updates to be given.
  - b. Mary Bennett – Chief for the Center for Health Facilities and Regulation at DOH** – open door policy, undergoing a transition, vacancies right now. Her background includes position at Blue Cross and Blue Shield. She will provide further remarks at the September meeting.
  - c. Sarah Harrigan – Acting Administrator for Long Term Care Programs** – unable to attend. Will ask to attend the September meeting.
- 4. ICI Report – Dawn Allen:** working on the process of the quarterly enrollment plan.  
*Q: 2<sup>nd</sup> slide – does this include the pending applications?*  
*A: pending would not be counted.*  
*Q: Who is the contact for the transition changes?*  
*A: passive or active enrollment options. Letters are sent out to 60 days and then 30 days describing the changes that will be made. They can respond to state that they do not want the changes.*

*Q: would the ICI special ombudsman be helpful to help with these issues?*

*A: Yes, they are always a resource for members or possible members. People can also call member services for more information and advice.*

*The POINT is a great resource.*

## **5. Transportation Report – Edmundo Donatin, Logisticare:**

Mario Olivieri: The Logisticare contract is continuing with the State July 1<sup>st</sup>; the 1<sup>st</sup> option has been taken and continues for 18 months.

An RFI was issued for NEMT. It closes on June 20<sup>th</sup>. It is available on the State's website. Includes non-Medicaid elderly transportation piece; looking for ideas on better way to collect a fee from the client; fee to match the ADA program which is \$4 per trip. M Maigret raised concern about raising the fee would be a hardship for many elders.

Edmundo Donatin, Logisticare:

*Q: in terms of the transportation provider being late, what is that based on?*

*A: the rider calls in the complaint. There is a system that is going in place to show where the provider is. We do research to find out where the provider is and if in fact they are late. We also contact the providers when they are called on to say they are late or no show.*

*Q: what is the incentive for the providers to put this system in place?*

*A: they can get paid sooner/quicker, because there can be an electronic signature at the completion on the ride.*

*Q: how often is the appointment changed due to no rider available?*

*A: No answer now. It will be considered and a report will be given at the September meeting.*

*Q: contract being negotiated with LYFT?*

*A: LYFT is in place and is used as a last resource for a trip that needs to be recovered. LYFT has been used successfully. LYFT does not know they are picking up a Medicaid member from this program; it is for very independent persons.*

*Q: is there a policy for dealing with Medicaid members?*

*A: Yes, we always contact and verify with DHS.*

*Q: will call process when someone isn't sure how long an appointment will take?*

*A: on time performance – average of 89% on time. The providers have up to an hour for pick up.*

*Q: Medicare members aren't aware that they are available to use LogistiCare.*

*A: We have people in our office to do outreach. We can work together to get the word out.*

*An issue of the word "provider". Members are confused thinking that their doctor is late or canceling the appointment and not the "driver".*

## **6. Subcommittees Review**

### **a. Alzheimer's Update**

- i. We need to update the plan; the deadline is June 2019. We want to be prepared to have an updated new plan. Putting an RFP looking for someone or entity to update and draft a new state plan. Hoping to have the RFP ready for the September meeting. Funding is needed and we have some options, but looking for more options as well. Anyone that wants to get involved please do so.
- ii. Sub-committee on Diversity – looking for new members. Next meeting is September 13<sup>th</sup> at 9am. Please help spread the word.
- iii. Advance RI show on Alzheimer's

### **b. Aging in Community / Age Friendly RI:**

- i. No fare bus pass – Big push by advocates to get this restored
- ii. Two priority bills are Funding formula for local senior centers and senior programs and codifying the ADRC with language to develop a website

- iii. Increased Rates for home care providers —Partnership for Home Care doing extensive lobbying to inform legislators of workforce crisis for home health aides
  - iv. Age Friendly RI: Group leads are working with small teams to develop action plans to be done by the end of the year. Plan to submit for a 3<sup>rd</sup> year grant from Tufts to continue the work.
- c. LGBT Report - Joan Kwiatkowski:** (update via email to Craig Dwyer) It is our intent to complete one task from the larger work plan. We have completed focus groups with older adults who identify as a part of the community and created a list of questions they have regarding community and long term care services. We have answered those questions and will post this resource to the SAGE website as a public tool. This list is also available to any other organization that would like to post the information. We will also develop a method to update the list over time. If anyone at the LTCC Council wants access to the list, they can reach out to me and I will be sure to get them the list.
- d. Oral Health:** 3 meetings have happened. Recognized at a regional level for the collaboration. Senior & Disabilities Oral Health Plan in the process of being created. Concerned about mouth care training in nursing home. Looking to work with Long Term Care Administrations to find out how we can get this training and information to the caretakers.

**7. Nursing Homes Regulatory Update:**

- a. May completed 5 surveys – citations found
- b. Waiting for plans of correction
- c. No deficiencies at the harm level
- d. 5 follow up visits completed
- e. Citations were corrected
- f. 2 facilities were found deficiency free
- g. Annual report to show deficiency free facilities.

Virginia Burke: 2 facilities are at the finalist level to receive the Gold Award. Bayberry Commons is one of them.

**8. Legislative Reports:**

- a. LTCCC revamp – final stage. Been approved by house and senate, now they are switching to approve it on either side.
- b. Ratepayer Protection Package of 5 bills, 2 have traction to get passed. This package is to bring competition and save the ratepayers money. Craig will distribute to the group.  
Maureen discussed legislation one passed in the Senate that would require the Dept of Health to allow certain exemptions to nursing home moratorium law. Banister House and Parkview facilities were discussed as reason for bill Kathy Heren noted she wants to make sure the residents have a choice in moving or not. Parkview building is in bad condition, but their care is very good.
- c. State Health system transformation project – LTSS accountable entities – draft standards were sent to CMS. LTSS AE could include nursing, adult day programs.

**9. Public Comment:**

- a. Healthcare Workforce Transformation conference – Friday, June 16<sup>th</sup> at Crowne plaza

**10. Next Meeting – September 13, 2017**

**11. Adjournment:** Meeting adjourned by Lt. Governor at 11:36am.



## Integrated Care Initiative Enrollment (June 2017)

Snapshot Enrollment by Program and Setting Compiled on the 1<sup>st</sup> of Each Month

	Neighborhood UNITY	Neighborhood INTEGRITY	PACE	Fee-for-Service	Total Eligible
Nursing Home	2,197	574		1,852	4,623
Community with Long-Term Services & Supports	815	1,209		1,173	3,197
Intellectual & Developmental Disabilities	785	1,318	269	410	2,513
Severe and Persistent Mental Illness	479	1,471		530	2,480
Community without Long-Term Services & Supports	5,477	9,444		4,108	19,029
Medicaid Only	577	-	31	195	803
<b>Total:</b>	<b>10,330</b>	<b>14,016</b>	<b>300</b>	<b>8,268</b>	<b>32,914</b>



## The Integrated Care Initiative Enrollment and Call Center Report

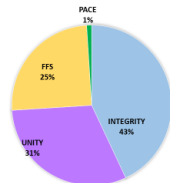
RI Executive Office of Health and Human Services

June 2017



### Integrated Care Initiative Enrollment (June, 2017)

Program Participation by Setting

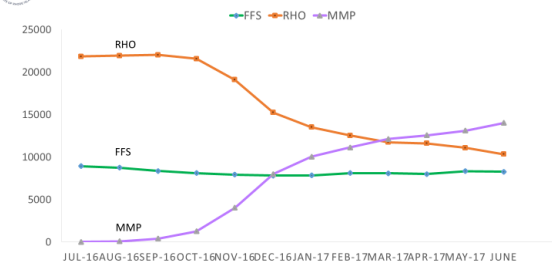


	Population	Neighborhood UNITY	Neighborhood INTEGRITY	PACE	Fee-for-Service
Nursing Home	48%	12%			40%
Community with Long-Term Services & Supports	25%	38%			37%
Intellectual & Developmental Disabilities	31%	52%	1%		16%
Severe and Persistent Mental Illness	19%	59%			21%
Community without Long-Term Services & Supports	29%	50%			22%
Medicaid Only	72%	-	4%		24%
<b>Total:</b>	<b>31%</b>	<b>43%</b>	<b>1%</b>	<b>25%</b>	

\*Numbers may not add up to 100% due to rounding

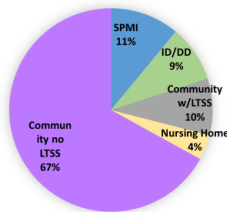


### ENROLLMENT



### Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Total Enrolled as of 6/1/2017



Cumulative Enrollment by Month\*

Population	Mar	April	May	June
Nursing Home	624	627	595	576
Community with Long-Term Services & Supports	1,082	1,221	1,210	1,234
Intellectual & Developmental Disabilities	1,120	1,311	1,299	1,319
Severe and Persistent Mental Illness	1,283	1,477	1,471	1,471
Community without Long-Term Services & Supports	8,018	7,965	8,558	9,452
<b>Total:</b>	<b>12,127</b>	<b>12,601</b>	<b>13,133</b>	<b>14,052</b>

\* Data has been updated to eliminate duplicate counting



### Estimate of Projected New Enrollments

Neighborhood UNITY (RHO)

Population	July 2017	Aug 2017
Nursing Home	68	46
Community with Long-Term Services & Supports	12	7
Intellectual & Developmental Disabilities	10	5
Severe and Persistent Mental Illness	20	17
Community without Long-Term Services & Supports	322	272
Medicaid Only	22	31
<b>Total:</b>	<b>454</b>	<b>378</b>

Neighborhood INTEGRITY (MMP)

Population	July 2017	Aug 2017
Nursing Home		-
Community with Long-Term Services & Supports	3	-
Intellectual & Developmental Disabilities	-	-
Severe and Persistent Mental Illness	2	-
Community without Long-Term Services & Supports	8	-
<b>Total:</b>	<b>13</b>	<b>-</b>



### Neighborhood UNITY (Rhody Health Options)

Opt-Out/Disenrollment: Nov. 2013 – May 2017

Setting	# Ever Mailed	# Opted-Out	% Opted-Out
Nursing Home	7,711	1,278	17%
Community with Long-Term Services & Supports	4,840	1,352	28%
Intellectual & Developmental Disabilities	2,761	281	10%
Severe and Persistent Mental Illness	3,157	262	8%
Community without Long-Term Services & Supports	22,809	2,078	9%
Medicaid Only	1,309	149	11%
<b>Total:</b>	<b>39,480</b>	<b>6,085</b>	<b>15%</b>

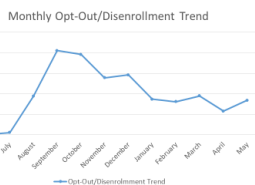
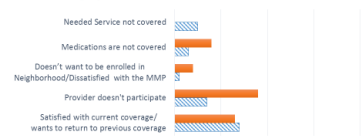


May 2017  
 Total Calls: 16  
 Total Opt-Out Requests: 5  
 Average talk time: 3:57  
 Average # of Calls Daily: 10



### Neighborhood INTEGRITY (Medicare-Medicaid Plan)

May Opt-Out and Disenrollment Reasons



### Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Enrollment Line (Call Center) Statistics

Month	Total Calls Received	Total Calls Answered	Average Talk Time (minutes)
December 2016	681	681	5:31
January 2017	651	651	6:06
February 2017	581	581	5:56
March 2017	581	581	6:00
April 2017	363	363	6:42
May 2017	370	370	7:12

Enrollment Line (Call Center) Call Actions

Month	Disenrolled from INTEGRITY	Opted-Out of INTEGRITY	Educated Member	Enrolled Member	Transferred Calls
December 2016	73	73	355	14	166
January 2017	56	31	323	46	187
February 2017	51	30	297	43	155
March 2017	51	44	334	16	136
April 2017	39	19	192	11	102
May 2017	52	32	212	13	103



### Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Enrollment Line (Call Center) Application Processing

Month	Total Applications Received	Total Enrolled	Ineligible	Missing Information	Other*
September 2016	71	59	4	6	0
October 2016	88	72	4	6	6
November 2016	20	20	0	0	0
December 2016	11	11	0	0	0
January 2017	49	43	2	1	3
February 2017	68	45	19	4	0
March 2017	13	13	0	0	0
April 2017	11	11	0	0	0
May 2017	13	13	0	0	0

\* Applications requiring manual intervention and later processed by EOHHS