



Long Term Care Coordinating Council

Minutes of the meeting held Wednesday, September 13, 2017

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

Attendance:

Amanda Graziosi	Edmundo Donatin	Maria Petrillo	Rachel Azzolina
Arthur A. Pullano	Holly Garvey	Mario Olivieri	Rick Gamache
Ashley Oshea	Janet Sule	Mark Kraics	Roberta Merkle
Bethany Skinner	Jennifer Crosbie	Mary Barry	Robin Etchingam
Bonnie Sekeres	Jim Nyberg	Matie Walker	S. Cournoyer
Brenda DuHamel	Karen Statser	Maureen Maignet	Sandra Fournier
Connie Milbourne	Kathleen Heren	Michelle Szylin	Sandy Curtis
D. Karen Enright	Laurie Ellison, RN	Mykahla Gardiner	Sarah Harrigan
Dawn Allen	Laurie Mantz	Nelia Botelho	Steven Guadalupe
Deb Burton	Leonor Tavarez	Nelia Silva Odom	Susan Bouchard
Diana Beaton	Lori Light	Nicholas Oliver	Tina Pearl
Dianna Shaw	Maria Barros	Paula Bradley	

- Welcome:** Meeting called to order by Lt. Governor McKee at 10:03am. Welcoming remarks by Lt. Governor McKee.
- Approval of Minutes of 6/14/17:** Motion to approve by Maureen Maignet seconded by Nicholas Oliver; all in favor.
- Introduction and Remarks:**
 - Eric Beane – Secretary of OHHS:** sworn-in in June and here more to listen today, then to speak. This group is very important now with the aging population. It's vital that we have a robust long-term care system in the State. We need to focus and make investments for in home aging. Wages in RI are lower than our neighboring states, we are making improvements, but we still need to move forward. Looking forward working with everyone.
 - Lt. Governor McKee thanks Eric for his participation and support of this group.
 - Sarah Harrigan – Acting Administrator for Long Term Care Programs:** started in May. LTSS – top priority is the eligibility cases. We now have a team of 57 employees and are investing in training employees. Taking steps to work with an interagency team to bring policies on board. Working through cases and the issues with the cases. We are moving forward.
 - Question: at some point, could you provide a current list of who to call on the team? Answer: Yes, Sarah will provide it to this group.
 - Question: What is the current backlog? Answer: 2,000 applications currently, 1,298 over 90 days
 - Interagency group to review cases where the payments are not getting to the agencies. We are at 95% of fixing those errors.
 - Question: where can people find the information on the status of their cases? Answer: call center number 415-8455 / 2 day turn around in call backs. We are adding additional support in those centers.
 - Question: What is a reasonable turnaround time for a completed Medicaid application? Answer: 90 days
 - Janet Spinelli:** Coalition trying to expand the elder mental health. This month we are having a forum, October 4th. Long Term Care Reform – expanding the behavioral health requirements. Person Centered Planning – free education on the website – great for staff training. Behavioral Health Services – What's available in RI. Looking to see how these initiatives are helping to support LTC balancing.
- ICI Report – Dawn Allen:**

- a. Stopped passively enrolling from nursing homes. But on October 1 we will start passively enrolling them again.
- b. You can call United Way and they will come to your facility and help your residents with the plan options.
- c. Question: Do we have any understanding as to why people are opting out? Answer: Yes, we do track it the slide covers the most popular reasons.
- d. Question: is the only way to opt out to call? Answer: Yes, unless they loss their insurance. With Medicare open enrollment coming up, it causes some confusion for people.
- e. Question: 76% are in Unity or Integrity, do we have the highest? Answer: MMP population, we are about 3, some states don't have a phase 1. We have had great feedback for these plans.
- f. Public monthly meeting – provider work group – meets 4th Wednesday of the month

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

- a. Transportation – Mario Olivieri, EOHHS, continue to roll along, we've received the responses for the RFI, we continue to analyze the responses and facts about the program.
- b. Edmundo Donatin – Logisticare report
 - i. Question: Late, is that the driver showing up late and is that tracked? Answer: we do track and investigate and take steps to resolve the issue. Also, because the driver is late doesn't mean that the appointment was missed. We have a recovery system in place to accommodate when the driver is late.
 - ii. How many shared rides average a month? Answer: We don't have the number right now. Most of our members share rides. Some members have to go alone due to their needs. We will provide that number for the next report.
 - iii. Logisticare gets paid monthly, but the driver gets paid per trip.
 - iv. Are there any concerns/problems concerning shared rides? Answer: Yes, there have been.
 - v. New process has been implemented: every time the trip has been completed they rider will get a survey call. Now there is a post reservation call survey or link on the web.
 - vi. We will share the numbers with this group. They have been increasing with the web-based system.
 - vii. Question:
 - viii. Answer: we are updating and working on the policies.
 - ix. RIPTA: haven't heard anything for about 2 months, regarding the 5-year plan to receive federal grant money.
 - x. Question: When will the RFI comments be responded to? Answer: no information received can be conveyed outside the agency until it is presented to the winning bidder. Who responded can be view on the website now.

6. **Subcommittees Review**

- a. **Alzheimer's Update:** meeting canceled today/report in October. We are working on securing money for the update of the 5-year plan, and looking to having concluded in spring.
 - i. Walk on Sunday Fort Adams park, 8:30am registration
 - ii. Walk on next Saturday Roger Williams
- b. **Aging in Community / Age Friendly RI:** legislation submitted, we had some success. The reinstatement of the no fare bus pass was successful. Senate resolution did pass to have EOHHS to provide some funding. State tax credits for home modification did not pass, but \$250,000 was made available from home community service money that was already in the budget; not for people on Medicaid. Through the work of subcommittee 2 forums are underway. One is tomorrow to encourage faith based organizations to get involved, 90 people have registered. Second is next week, Jim Nyberg, the idea is to bring together developers and providers to work together to develop senior housing and what's going on in the state, 100 people registered right now.
 - i. Next Meeting: Sept 26th 10am Corner Bakery in Cranston
- c. **LGBT Report:** no one present
- d. **Oral Health:** statewide plan in draft form, things are going well.
 - i. **Next Meeting: Sept 14th**

7. **Nursing Homes Regulatory Update:**

- a. June, July, August covered
- b. 17 LTC surveys – low level citations
- c. 11 follow up visit – all deficiencies were corrected

- d. 22 complaint investigations – 1 citation at harm level, fine was imposed against the facility (Banister House) they did correct and they are back in compliance. Banister House has really improved recently.
- e. Deficiency free surveys 60 completed surveys since beginning of the year/27 no health citations
- f. Question: how many small agencies are in danger of closing; how many beds are involved? Answer: we've have 1 facility close with 20 beds. The smaller facilities that are in danger possibly up to 175 beds. About 8-10 facilities.
- g. There are a lot of facilities that have empty beds. The facilities that are in danger of closing should let us know about 60 days in advance.
- h. If we lost 175 beds, we would be okay. The financial strains are getting worse for the facilities. We have a lower than average number of independently owned facilities. We have more out of state facilities coming in and buying out the locally owned facilities.
- i. Question: have there been any changes in staff? Answer: people have left and retired. We are down surveyors right now. We have no one for Assisted Living or Home Health at this time. We have people splitting their time.
- j. Question: Are there studies out there that shows the difference between smaller centers and larger centers? Answer: you have to keep your eye on the larger chains generally.

8. Public Comment:

- a. Virginia Burke: Cash flow interruptions have put a strain on the smaller facilities. The interim payment system is great, but there are places still struggling.
- b. Lt. Governor: There has been a shift in lag of payments. Please let my office know, because we would like to support the small businesses.
- c. Do we know how these seniors are surviving day to day and if their needs are being met? Answer: we are working on gathering this information and what the needs are. We are working with NHP regarding the Medicaid population. NHP has a case manager system and it starts with an initial triage call.
- d. Meals on Wheels weekend cuts, was not because of funding cuts. State funding has gone up over the last couple years.
- e. United Way – Annual Meeting October 5th. 3 open enrollments this fall. 462-4444 to request someone to come to your facility
 - i. September 27 & 28 program – coaching model
- f. Think about making the shared living process more efficient.
- g. DEA sent out a bulletin regarding the SHIP program. 7,000 SHIP clients served.

9. Pending Legislative Discussion:

- a. Handout with suggestions of legislation. Start this process now; we can have some legislation by January.
- b. Statue was passed and we are still waiting for a final version. Letters have been sent to get the appointments completed. Looking to have them completed soon.
- c. Some relate more to policy than to pieces of legislation. Attention to behavioral health issues is good.
- d. Nursing homes are not mental health centers and we want to make sure we watch what is happening.
- e. If you HCBS money on the same grounds than you automatically open yourself up to higher scrutiny.
- f. DHS said they did not approve it because they had no way to survey it.
- g. We want to ensure that there is a process in place to make sure that people are in the correct facility.
- h. Discussion ensued regarding behavioral health needs for the elderly.
- i. Nursing Homes are seeing an increase in behavioral health patients ranging from younger to elderly.
- j. Discussion ensued regarding nursing home facilities being able to care for behavioral health needs.
- k. There needs to be some discussion with BDDAH and the mental health advocate regarding the behavioral health issues and needs. Should create a sub-committee to study these issues and discuss what can be done.
- l. Elder abuse – 5/6 clients have been severe financial exploitation. Look to have legislation setup to give the ability to have banks freeze accounts when there is suspicion of financial exploitation without liability. Delaware had passed a law 2 years and it has been successful.
- m. The need to improve the POINT.

10. Next Meeting – October 11, 2017

11. Adjournment: Meeting adjourned at 12:38pm by Craig Dwyer.



The Integrated Care Initiative Enrollment and Call Center Report

RI Executive Office of Health and Human Services

September 2017



Integrated Care Initiative Enrollment (September 2017)

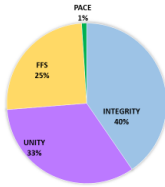
Snapshot Enrollment by Program and Setting Compiled on the 1st of Each Month

	Neighborhood UNITY	Neighborhood INTEGRITY	PACE	Fee-for-Service	Total Eligible
Nursing Home	2,191	491		1,633	4,315
Community with Long-Term Services & Supports	862	1,194		1,200	3,256
Intellectual & Developmental Disabilities	834	1,272	253	423	2,529
Severe and Persistent Mental Illness	528	1,426		550	2,504
Community without Long-Term Services & Supports	6,215	9,170		4,465	19,850
Medicaid Only	567	-	32	213	812
Total:	11,197	13,553	285	8,484	33,519



Integrated Care Initiative Enrollment (September, 2017)

Program Participation by Setting

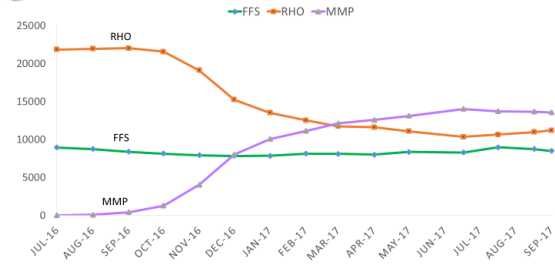


	Population	Neighborhood UNITY	Neighborhood INTEGRITY	PACE	Fee-for-Service
Nursing Home		51%	11%		38%
Community with Long-Term Services & Supports		26%	37%		37%
Intellectual & Developmental Disabilities		33%	50%	1%	17%
Severe and Persistent Mental Illness		21%	57%		22%
Community without Long-Term Services & Supports		31%	46%		22%
Medicaid Only		70%	-	4%	26%
Total:		33%	40%	1%	25%

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

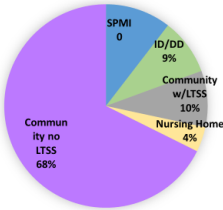


ENROLLMENT



Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Total Enrolled as of 9/1/2017



Cumulative Enrollment by Month

	Population	July	Aug	Sept
Nursing Home		512	510	493
Community with Long-Term Services & Supports		1,219	1,209	1,218
Intellectual & Developmental Disabilities		1,289	1,280	1,273
Severe and Persistent Mental Illness		1,449	1,446	1,427
Community without Long-Term Services & Supports		9,287	9,257	9,177
Total:		13,756	13,702	13,588

Neighborhood INTEGRITY Enrollment Schedule

Opt-In Enrollment (Voluntary)		
Year	Letters Mailed (Blue)	Enrollment Eligibility Date
2017	August 1	September 1
	October 1	November 1
2018	January 1	February 1
	April 1	May 1

Passive Enrollment (Automatic)		
Year	1st Letters Mailed (Yellow)	2nd Letters Mailed (Yellow) / Enrollment Effective Date
2017	August 1	September 1 / October 1
	October 1	November 1 / December 1
2018	January 1	February 1 / March 1
	April 1	May 1 / June 1



Estimate of Projected New Enrollments

Neighborhood UNITY (RHO)

Population	Oct 2017	Nov 2017
Nursing Home	36	32
Community with Long-Term Services & Supports	14	8
Intellectual & Developmental Disabilities	6	9
Severe and Persistent Mental Illness	28	15
Community without Long-Term Services & Supports	295	231
Medicaid Only	34	48
Total:	413	343

Neighborhood INTEGRITY (MMP)

Population	Oct 2017	Nov 2017
Nursing Home	63	-
Community with Long-Term Services & Supports	105	-
Intellectual & Developmental Disabilities	27	-
Severe and Persistent Mental Illness	78	-
Community without Long-Term Services & Supports	814	-
Total:	1,087	-



Neighborhood UNITY (Rhody Health Options)

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

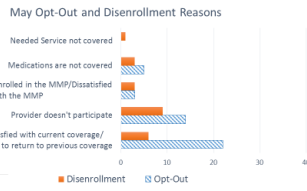
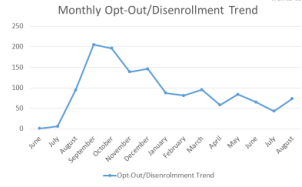
Setting	# Ever Mailed	# Opted-Out	% Opted-Out
Nursing Home	7,917	1,304	16%
Community with Long-Term Services & Supports	4,898	1,360	28%
Intellectual & Developmental Disabilities	2,781	284	10%
Severe and Persistent Mental Illness	3,198	266	8%
Community without Long-Term Services & Supports	23,544	2,110	9%
Medicaid Only	1,327	149	11%
Total:	40,435	6,160	15%



August 2017
 Total Calls: 56
 Total Opt-Out Requests: 35
 Average talk time: 4:45
 Average # of Calls Daily: 12



Neighborhood INTEGRITY (Medicare-Medicaid Plan)



Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Opt-Out/Disenrollment: July 2016 – Aug. 2017

Setting	Total Ever Enrolled	# Opted out/Disenrolled	% Opted-Out/Disenrolled
Severe and Persistent Mental Illness	1,712	56	3%
Intellectual & Developmental Disabilities	1,411	61	4%
Community with Long-Term Services & Supports	1,513	284	9%
Nursing Home	881	138	16%
Community without Long-Term Services & Supports	11,278	432	4%
Total:	16,796	821	5%



Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Enrollment Line (Call Center) Statistics

Month	Total Calls Received	Total Calls Answered	Average Talk Time (minutes)
March 2017	581	581	6:00
April 2017	363	363	6:42
May 2017	370	370	7:12
June 2017	365	365	7:56
July 2017	244	244	8:32
August 2017	455	455	7:05

Enrollment Line (Call Center) Call Actions

Month	Disenrolled from INTEGRITY	Opted-Out of INTEGRITY	Educated Member	Enrolled Member	Transferred Calls
March 2017	51	44	334	16	136
April 2017	39	19	192	11	102
May 2017	52	32	212	13	103
June 2017	63	2	169	12	119
July 2017	37	6	136	6	59
August 2017	26	46	170	80	112



Neighborhood INTEGRITY (Medicare-Medicaid Plan)

Enrollment Line (Call Center) Application Processing

Month	Total Applications Received	Total Enrolled	Ineligible	Missing Information	Other*
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
June 2017	12	11	1	0	0
July 2017	7	7	0	0	0
August 2017	112	100	0	12	0

* Applications requiring manual intervention and later processed by EOHHS