

**Joint Access and Caregivers Subgroup Meeting
January 29, 2013
Providence Diocese
One Cathedral Square
Providence, RI
02903**

1. Discussion prior to beginning agenda for today's meeting:
 - a. There's a real need to work more closely with primary care physicians, but no one is asked by the doctor how their memory is – it's the caregiver or individual saying there's a problem which ultimately alerts the pcp. Typicall this means the person has already progressed with the disease to some extent.
 - b. The pcp's are overtaxed already. It would be a lot to ask them to be doing a lot of talking and screening – we may need to focus on getting them to refer out or handing over to another entity.
 - c. Part of the annual Medicare physical for anyone over 60 should include a mini mental.

2. Recap and Follow-Up from December 13th Joint Meeting on The POINT
 - a. Rhonda Schwartz explained that there are a few areas in the notes from the December meeting that needed clarification.
 - i. Case management agencies aren't really part of ADRC. The agencies fit with what they have to do in the ADRC (following through on the management services for example).
 - ii. The POINT agencies don't refer to case management agencies for home visits - the agencies themselves are obligated to do home visits (affiliated with home and community care and the other is protective services). These referrals go through DEA.
 - iii. If the ADRC decides that case management needs to be provided, how does that happen?
 - iv. The main office: serves as intake for home and community care services. The documents are sent to the appropriate unit and they track all sent to DEA for services and follow up monthly with the agencies to make sure that person got services.
 - v. The POINT and case management agencies don't means test and provide management and other services based on a needs assessment

 - b. Maureen Maigret – The regional agencies are funded to deal with private pay people. What is their capacity to do that? What is the time frame? If someone gets referred and wont be a co-pay, yet wants to talk to some case manager to the get the lay of the land, how will that be handled?
 - a. Rhonda answered that there is no distinction made based upon what they may or may not qualify for – its probably more based on need. Level of need is the initial part of the conversation, but

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the options counseling is needs based. You can only offer services if they meet the eligibility amount.

- b. Case management agencies provide options counseling and if they assess and the person will be private pay, they still have to help them understand what is available as a private pay client
 - c. Its what a person who will be private pay gets that we need to know and people aren't aware of that.
 - d. Susan Soccacia-Olson added that they do home visits for some of their members and if need care or case management they can have access to that. Its part of their benefits and not an extra cost.
 - e. Karen Proffit – The essential piece to this is linking someone with a case manager. We can use that as a base to educate everyone.
 - f. Maria Barros – they underutilize the Medicare program. If they have a condition and are home-bound – there is a face to face (through CMS) requirement and this necessitates seeing that patient within 90 days and diagnosing what is required. Additionally, assessing/teaching the caregiver short-term is covered. This gives the family access to a clinical social worker in the home, under Medicare, who will get reimbursed to go out and identify community resources.
- c. Rhonda Schwartz added that she wasn't sure what Catherine Taylor's comment about additional federal funding meant. SHIP is the only health insurance benefits counseling entity. She also clarified that with respect to calls/data quality: it is up to DEA to improve data collection and they're looking to get input from the regional agencies, but its not up to the POINT.

3. Subgroup Planning through Spring

4. New Business

- a. Maureen Maignet – The Older Women's Policy Group, AARP of RI and other national AARP folks to develop legislation to require caregivers assessment when ltc assessment done. There's a trend to emphasize the needs of the caregiver's needs and provide support and info on the supports available.
- b. There is no fiscal note as of yet. The agencies would decide who in particular would be doing the assessments (contract out to the case management agencies or decide themselves in house)
- c. It is sponsored by Reps. Naughton and Coderre. There is a hearing next Wednesday in the HEW Committee.
- d. Another piece of legislation – a Caregiver Insurance program parallel to the TDI program – up to 8 weeks and run like the TDI program for those

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who have to care for newborns or a seriously ill family member. Probably introduced next week. The sponsor is Coderre.

- e. Takes a year to develop pool of money through TDI Tax. Employees would each pay .01%. This is based on a CA law as well as one in NJ. WA is also looking at this.

- 5. The meeting was adjourned.