



Long Term Care Coordinating Council  
**Integrated Care Initiative Consumer Advisory Council**

March 5<sup>th</sup>, 2014

10:00-11:30

Child and Family Services

1268 Eddy St.

Providence, RI 02905

**DRAFT MINUTES**

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Jennifer Reid  
Kathleen Heren  
Bill Flynn  
Nancy Silva  
Laura Jones  
Nicholas Oliver  
Patrice Cooper  
Catherine Taylor  
Lt. Governor Roberts

Kate Sullivan  
Ron Barnett  
Marlanea Peabody  
Alison Croke  
Linda Katz  
Liz Boucher  
Aida Crosson  
Donna Leong

Maureen Marget  
Jim Nyberg  
Diane Taft  
Leena Sharma  
Diana Beaton  
Alison Buckser  
Holly Garvey  
Sadie DeCourcy

**1. Welcome**

Sadie DeCourcy called the meeting to order.

**2. Approval of minutes from January 15th meeting**

Minutes were sent out through email. Minutes were approved.

**3. Update on enrollment**

*Holly Garvey, Medical Services Manager, EOHHS & XEROX*

As of March 1<sup>st</sup>, 2014, there have been 16,448 people enrolled into the ICI. Currently, the opt-out rate has hovered around 17%. There have been about 1,000 pieces of returned mail, but EOHHS is following up with different databases in order to find different avenues of contact for these people.

Linda Katz asked if Holly would be able to give a detailed breakdown of how many consumers in the nursing homes are enrolled in RHO vs. CCCC. Holly stated that

she would be able to give a more detailed breakdown of the enrollment numbers at the next ICI CAC.

Kathy Heren stated that the ombudsmen have not been given enough information about the ICI BHDDH population to answer some of the questions that they have been receiving. Is there a possibility of having EOHHS train the ombudsmen? Holly stated that EOHHS will have more meetings to discuss this topic.

Ken Pariseau asked if the opt-out rate referred to the opt-out rate of the ICI as a whole, or just an opt-out of the program that was assigned to the individual. Holly stated that the number was the rate of opt-out of the program as a whole. Ken asked if this was the targeted opt-out rate. Holly stated that the current opt-out rate is a little higher than usual, but currently, there is no available study on how this compares with other states.

Linda Katz asked if the ICI CAC wanted to talk with the RI Disability Law Center to have them be resources. Sadie stated that she has reached out to Anne Mulready of the Disability Law Center and she said that she would try to send a representative for the ICI CAC meetings.

#### **4. Rhody Health Options – Handbook overview**

Ron Barnett, Manger of Member Services and Quality Support Services at NHPRI. *Please see presentation for details. Presentation available upon request.*

This presentation is on the handbook that NHPRI gives to all of its Rhody Health Options consumers.

Ron stated that RHO's managed care provides care plans for its consumers. Kathy Heren asked if these care plans are going to override the careplans that nursing homes and assisted living facilities write up for their residents. Ron stated that the care management teams at NHPRI will have conversations with the caretakers at these facilities in order to make sure that the consumer is the most cared for. Maureen Maigret asked if individualized care plans are given to all RHO consumers, or just those who request it. Kate Sullivan stated that all of the RHO consumers.

Alison Croke stated that perhaps the next ICI CAC meeting, we can go over the different care planning programs that can be recommended.

Shirley Palmer asked if RHO covers mental health services. Ron stated that mental health services will be covered if the consumers are admitted to the hospital for mental health-related reasons.

Ron also stated that there is protocol in place in RHO for its consumers to file complaints. Maureen Maigret asked if the consumers are able to complain about their current facilities, even though they are not specifically related to the RHO plan. Ron stated that the consumers are able to complain to RHO about the facilities that

they use and RHO's consumer advocates will be able to contact the facilities in order to pass on the complaint. Kathy Heren asked if RHO will also contact the ombudsmen if there are complaints. Ron said yes.

## **5. Consumer Protections**

*Alison Croke, Assistant Project Manager, EOHHS & Xerox*

### Ombudsman Grant

Alison stated that there is a preliminary okay for the ombudsman grant that EOHHS had submitted previously.

### Consumer Protections

Alison stated that primarily, the complaints for the program have been verbal. EOHHS mandates that the ICI health plans document all of the complaints that are received.

Bill Flynn asked if there are complains about the facilities that the consumers are in (i.e. bed bugs and subpar housing). Alison stated that the case managers will be in touch with the different departments and facilities to help the consumers out of the situations.

Alison stated that there is a stipulation in the EOHHS contract that states that if the case managers can do whatever is in their power to keep people out of institutional settings, it would be logged as a cost-savings alternative.

Alison stated that transportation has been a topic of many complaints and they are looking at finding ways to mitigate this.

### Appeals Process

*Presentation available upon request*

The first and second level of appeals goes to the managed care organizations. Often, it is a provider that is appealing on behalf of the consumer. Level three appeals go to the independent organization (Mass Pro). There is a fee, but the managed care organizations are often the ones who pay the fee. Level three is optional. A fair hearing at EOHHS the last resort and can only be access after level 1 and level 2 are exhausted. Lt. Governor Roberts asked why someone would go to Level 3 over a Fair Hearing. What would be the advantage of one over the other?

Alison stated that providers are not able to access the fair hearing process. A fair hearing is related to the eligibility of the program, as opposed to the service provision. There are also administration appeals that can be submitted by providers.

### Medicaid Hearing Process for ICI

*Diane Taft, EOHHS & Xerox*

*Presentation available upon request*

All appeals must be submitted in writing. Kathy Heren asked what the fair time frame is for hearing the appeals. Diane stated that the usual time frame is between 30-90 days. Kathy also asked what happens when someone is calling, but they do not speak English. Diane said that there are interpreters available in most languages for every appeal. The appeals number is (401) 462-0458.

Virginia Burke asked if this appeals office is the same office that handles the discharging of consumers. Diane stated that this is the same department that handles the discharging of consumers from nursing homes when they have exhausted their Medicare payments.

#### **6. Client Letters**

Alison stated that there was one set of feedback for the different letters that will be circulated in Phase II. There will be more information that people can access when they call the help line staff. There have been many enrollees who have cognitive issues and the letters should be cognizant of that. Sometimes, it is also the caregivers who give the

7. **Next meeting** will be held April 2nd, 2014 from 10-11:30 a.m. at Child and Family