



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

May 7<sup>th</sup>, 2014

10:00-11:30

Child and Family Services

1268 Eddy St.

Providence, RI 02905

**DRAFT MINUTES**

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Ken Pariseau	Maureen Rousseau	Nancy Silva
Jennifer Reid	Louise Povall	Leena Sharma
Judy Davis	Linda Katz	Ellen Mauro
Paula Parker	Loren Sidman	Marjorie Waters
Jim Nyberg	Diana Beaton	Nicholas Oliver
Michelle Szylin	Bill Flynn	Jenn Crosbie
Michelle Amado	Laura Jones	Nelie Botelho
Kathy Ullrich	Kara Neymeyer	Renee Rochon
Michelle Lupoli	Martha Watson	Amanda Zoref
Liz Boucher	Kathleen Heren	Marianne Raimondo
Maria Laferrier	Claire Rosenbaum	Patrice Cooper
Sister Marietta Walsh	Bessie Deloach	Joanne Savoie
Diane Taft	Shirley Palmer	Virginia Burke
Kate Sullivan	Donna Leong	Sharon Kernan
Lisa Corrente-Hetland	Sadie DeCourcy	Lt. Governor Roberts

**1. Welcome**

Lt. Governor Roberts called the meeting to order.

**2. Approval of minutes from April 2nd meeting**

The minutes from April 2<sup>nd</sup> were approved. They will be posted on the Secretary of State's website.

**3. Updates for 1115 Demonstration Waiver Quality Strategy**

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

Holly Garvey, on behalf of Debbie Morales, stated that there were four organizations that drafted comments about the quality strategy document. They will be incorporating the comments into the final draft.

#### **4. (Continued) Rhody Health Options Care Management Overview**

*Kathy Ullrich, LICSW, Manager of Care Management at NHPRI  
Presentation available upon request.*

Kathy continued her presentation from last month's ICI CAC. For all newly-enrolled RHO consumers, there are welcome calls that go out. There is a basic needs and care assessment given to all consumers and those who are at risk for needing additional services will receive additional follow-up calls and on-site orientation. There is a wellness plan given to people who are living healthily within their communities. RHO care managers will also be able to help consumers with home transitions.

Maureen Maigret asked if there were a lot of people requiring care transitions. Kathy stated that there were a few, but one of the things that the care managers can do is connect the consumers with other community resources. The managers follow through each case to ensure that there are desirable outcomes. They are the first point of contact for the RHO consumers.

Jim Nyberg asked what respite services are provided for those enrolled in RHO. Kathy stated that if there is someone who is a caregiver to the RHO consumer, the care managers are able to provide some home care services or temporary nursing home services for the consumer so that the caregiver can have respite.

Maureen asked what the ratio for acute patients is in RHO. Kathy stated that the case loads for care managers are high right now, but there are subcontractors who also provide case management for consumers who are in long term care and supports.

There was a question about whether the care managers take into account the family members' responses when creating a care plan for people with developmental disabilities. Often, it is the case that those with DD rely on family members who are not designated as caregivers or guardians. Kathy stated that these family members are still contacted by the care managers.

Lt. Governor Roberts asked how many people enrolled in RHO have been contacted so far. Kathy stated that there is a welcome call given to all consumers and the care management assessment has to be completed within 180 days of the consumers joining.

#### **5. Connect Care Choice Community Partners Care Management Overview**

*Ellen Mauro, RN, MPH, Medical Services Administrator at EOHHS  
Elizabeth Boucher, COO of Carelink  
Presentation available upon request*

CCCP is a partnership with Carelink and the state ICI. Currently, there are roughly 2,000 members enrolled in the program and they are a combination of dual-eligibles and Medicaid-only consumers.

The CCCCPC case management model uses primary care physicians and nurses to develop resources and care plans for the consumers' case management. The nurses are involved in the care management.

Currently, all consumers currently enrolled in 3CP will be auto-enrolled into 4CP. For consumers who would like to be enrolled into 4CP, but are not in 3CP, they must choose to change their PCP.

There is a concern about social isolation from home for 4CP consumers and there are 4CP workers who can help the consumers transition to nursing homes. They try to track people through the continuum of care.

There is a six-week education period that the 4CP care managers use to help consumers manage their own care. Consumers have peer navigators and there is a risk assessment conducted.

Carelink is the coordinating care entity for 4CP. Maureen Maigret asked if Carelink will create a consumer advisory committee for the 4CP program. Ellen stated that they would be trying to bring some 4CP consumers to the next ICI CAC meeting.

## **6. Update on enrollment & Outreach efforts for opt-out consumers**

*Holly Garvey, Medical Services Manager at EOHHS/Xerox*

*Presentation available upon request*

Overall enrollment has been 21,440 consumers. *Please see presentation for more detailed enrollment numbers.*

Holly Garvey opened up the discussion to talk about different strategies need that the state could explore in order to outreach to people who have opted-out of the ICI.

Given the way that the ICI is structured, consumers are able to enroll in one program, but are able to change their programs each month. How should the state reengage with the consumers who have opted-out of the ICI program entirely?

Sister Walsh stated that there were seniors who were advised by their doctors to stay with their own primary care providers and not to enroll into ICI. There are also people who don't want to change.

Paula Parker stated that many seniors are adverse to change generally and some were not happy by the fact that they were autoenrolled into the ICI. A lot of them are happy right now with their non-ICI programs and there has not been much talk about how the ICI can improve their existing services.

Linda Katz asked if there would be an outreach plan for providers who have opted out. It was stated that this would be a good idea to reach out to providers because they are the first point of contact of care for most consumers and potential consumers.

Additionally, there was discussion about creating a marketing group around the enrollment phase II for consumers. There would be a review of the letters that go out to consumers and there would be input generated for other parts of the enrollment timeline.

Ellen Mauro stated that there could be options counseling for consumers who want to know more. This will be the primary job of the ombudsmen.

**7. Public comment**

**8. Next meeting will be held June 4<sup>th</sup>, 2014 from 10-11:30 a.m. at Child and Family**