

Public Townhall Meeting
Working Group to Reinvent Medicaid
Monday March 16, 2015
6:00pm – 7:30pm
Woonsocket Harris Public Library
Meeting Minutes

Introduction and Overview:

RI Health and Human Services Secretary Elizabeth Roberts welcomed the public to this first Townhall, focusing the subject on comments, questions and concerns related to the effort to Reinvent Medicaid. Secretary Roberts welcomed Dr. Ira Wilson, one of the Co-Chairs of the Working Group to Reinvent Medicaid, and noted Dr. Wilson will be the moderator this evening.

Dr. Wilson welcomed everyone, and thanked the Woonsocket Harris Public Library for hosting this important event. He and the Secretary then turned and asked those EOHHS staff members present, and those members of the Working Group who could make it this evening to just introduce themselves to the crowd.

Secretary Roberts then gave a brief presentation for context on the Rhode Island Medicaid program, and what this initiative hopes to achieve. That presentation is available for viewing on the website <http://reinventingmedicaid.ri.gov>.

Dr. Wilson then took over the role of moderator, and advised he would begin calling on folks in an orderly fashion to hear comments, questions and concerns. He requested that everyone work to keep their comments under five minutes to ensure all who wish to be heard may have an opportunity to speak.

Comments, Questions, Concerns from the Public:

- ❖ Debbie, who declined to give her last name, stepped forward and identified herself as a senior citizen with several concerns about the program. She noted that there are many repetitious services, many specialists that she and others are sent to, and it is a lot of wear and tear, as well as time to try to get to this variety of medical services. She stated it would be helpful if all of the services could be coordinated, perhaps in one place. Debbie also stated she was very concerned with the rising costs of prescription drugs.

- ❖ Jon Dupree, who identified himself as a peer advocate, works within the mental health communities in RI. Mr. Dupree noted that there are objectives that the mental health communities has, including work for increased funding for housing, renewal of CNOMs, taking a look at expanding crisis intervention teams, and many other important recommendations that can help to improve care and bring down cost in long run for Medicaid. Mr. Dupree referenced an article citing similar changes and success stories in San Antonio, TX for review. The article and a list of his recommendations was given to

the EOHHS staff at this event for further study and review.

- ❖ Luke Pryeor a former city councilman and a home care worker stated his desire to see a pay increase for home healthcare workers. Mr. Pryeor noted the industry workers had not received a raise in a few years. He stated that as a CNA himself he cannot afford his own prescriptions. He noted there are other work environments, restaurants, etc. who pay more than he can as a CNA, but he enjoys helping others and doing his work. The work is important, and Mr. Pryeor thinks that a pay raise needs to be considered for those on the front line.
- ❖ Judy Glaude, also a home care worker, stood to underscore the call for a pay raise for this workforce. She states that there is also little allowance for personal vehicle wear and tear, which is critical to get from one client to another, and asked the group please consider all of these factors.
 - Dr. Wilson responded that he knows that one of the things home healthcare workers do is keep patients at home, where they want to be, which is both safer, and usually less expensive. He thanked the home healthcare workers for what they do.
- ❖ Laura (who declined to give a last name) is also a CNA. She asked why it is that nursing home workers have received an increase in pay several times in the past decade, while the CNAs have not witnessed the same number of pay increases. Why the disparity?
- ❖ Michelle Dupree came forward with a study¹ to underscore concerns about coordinated care for the mentally ill, and cost of care overall for those low wage workers in these populations. The study referenced many federal programs underway that she feels should be adopted in RI, as well as a strong focus on preventative care measures. She would like to know what the state of RI plans to do in the preventative measure and mental health care buckets to find the savings there.
 - Dr. Wilson assured Ms. Dupree that he agrees it is critical to look at one part of the state budget to see if applying funds elsewhere will save money overall in the long run. He reiterated that behavioral health issues are being closely looked at by the Working Group as they consider how to reinvent Medicaid. .
- ❖ Shirley (who declined to give a last name) raised a concern for dental service coverage, particularly for the elderly. She noted it is crucial to cover dental services, as poor dental hygiene can lead to problems elsewhere, such as consuming proper nutrition etc. Preventative care saves money.
- ❖ Colleen Stanley stood and told the crowd that she believes more can be done if funding is repurposed to CNAs, and the services CNAs need to use are streamlined. Ms. Stanley gave the example of trying to acquire hospital beds for clients, which she noted can help to prevent clients from unnecessary hospital readmission. She stated that she has seen

¹ The study referenced is familiar to the EOHHS staff and is being closely looked at for this work.

other states with similar programs that are simply run more efficiently, and Ms. Stanley made the case that she would like the group not to reinvent the wheel, but rather learn how to use it properly.

- ❖ Lindsay (declined to provide last name) says she often hears a lot about physical health and mental health separately, but very often if physical health declines, those with mental health issues will see mental health decline further. She stated her desire to see more coordination of care.
- ❖ Vincent Ward stood up to express his concerns. Mr. Ward noted that many CNAs work with clients who use Medicaid services, and see how their health can also affect their use other programs; if one thing goes wrong, things in the client's life can easily fall like dominoes. Mr. Ward advocated for a better support system. He stated the Governor mentioned in her budget address that all most people want is a chance to earn a decent living that lets them provide for their families – and he believes that is what CNAs want, and why the group needs a rate increase. Mr. Ward stated that no one who works full time should be forced to raise their families in poverty – yet, he feels, working for the state that is what happens. Mr. Ward advocated for revisiting the 1115 Waiver to see what needs to be done for transitioning more folks out of nursing homes, as that same client in a home environment can provide large savings. Mr. Ward also noted his concern that the proposed minimum wage increase to \$10.10 an hour will make it hard for home care agencies to hire/recruit folks if all they can offer is \$11 per hour; reimbursing CNAs a bit more would be added incentive to go into this important workforce.
- ❖ An unnamed nurse care manager for a Woonsocket office came forward to state that she appreciated the comments made this evening, but also wanted to reply to the concern for the workforce. She states that her staff work because their heart is in it, not just for the money. They stay with it, because they care about the people they are with, they want to do it, but no they are not being paid enough. She reiterated that she would like to keep good people who love what they do, but she has too often had to say good bye to folks because they could not afford to keep being a home care provider as their job.
- ❖ Luke Paolino with Lifetime Medical Home Care came forward and mentioned how he heard Governor Raimondo's remarks that [the state of RI] wants to be more like Connecticut and Massachusetts in these fields. Mr. Paolino believes we can take note of what those states are doing, as our current system cannot be sustained as it is now. He encouraged the group to try to take politics out of the equation, focus on the large over 85 population and take a look at how to bring down their costs.
- ❖ Gail Peet stood up and told the crowd that she has a disabled daughter in her 40s. In 2000 she and others in similar situations started an independent living program, and was given funding from the state who at the time believed that families would know how to

spend the funding better than the government. Ms. Peet feels that there has been a slow impingement on that autonomy of spending, despite the fact that the state believed that families would spend the money better than the government. She is concerned about the disabled and elderly populations living at poverty level, and believes the system need to be rethought. Ms. Peet stated that when disabled populations are living independently (not with an agency) there is difficulty working without a financial intermediary at hospitals; it has also been her experience that many hospitals do not have personnel who are knowledgeable about how to treat chronically disabled populations. She told the group she has had to pay out of pocket for staff that works with her daughter to sit in during hospital visits, as the staff at the hospital they could access did not have adequate training or knowledge base for consistent, good care with this disability. Ms. Peet believes that poor service at hospitals drives up the cost of care; on a final note she also expressed her concern about the high costs of prescription plans.

- ❖ Ann Cleary came forward and identified herself as a registered nurse at Landmark but was clear to state she is here on personal time, not as Landmark's representative. Ms. Cleary stated that she works in the Emergency Room department and that the part of this reinvention process that she is keen to see more of is a cut down on fraud and abuse. Ms. Cleary is concerned that many that she sees day in and day out may be abusing the system, which raises costs and takes away from those who do need services. Ms. Cleary recommended considering an 800 number which healthcare workers can use to call and report if she/he suspects Medicaid abuse.
- ❖ Majorie Waters with the Rhode Island Organizing Project stood and informed the crowd that for the past year her organization has gone around the state to speak with seniors, seeking to learn what they need to stay in their communities. Ms. Waters stated they found that most are seeking help with house upkeep, cooking, or companionship. She noted they also found that the time it can take to acquire state Long Term Care Services and Supports can be a barrier to staying home, with clients noting the 30, 60, 90 day waiting period can be a time when a small crisis turns into a larger issue, and lands the client in a nursing home. Ms. Waters also raised a concern about transportation, noting that the current inconsistent system leads to frustration, embarrassment and acts as a deterrent to clients, as many will miss appointments or not make them. Finally, Ms. Waters asked the group to look into issues surrounding hospital discharge time, and see if there can be more gerontologists brought into these discussions for adequate discharge plans.
- ❖ A woman who chose to remain anonymous raised her concerns about care for the population with mental health issues. She identified as a grandmother and primary care taker of a 15 year old child with significant mental health issues. She noted that obstacles to care included a lengthy process to acquire access to Katie Beckett services, coupled with an inadequate explanation of the loss of those services. She inquired if there are checks and balances in place at mental health organizations to ensure the right families are receiving care, and not accidentally dropped from care without

explanation, as there seems to be a lot of talk from the state, but not a lot of action. The woman also raised her concerns about specialized hospitalizations: when she needs to call 911 for ambulatory care, the ambulance must take her grandson to the nearest applicable location. In turn she must then pay (fiscally and at cost to her grandson's well-being) to have him transferred to Bradley hospital, or an institution that can properly treat his issues. She raised a final concern that it is her experience not all hospitals have properly trained staff to handle individuals with severe mental illness, and the costs of transfers must add cost to the state, and stress to the patient.

- ❖ Bob Caffrey a former CEO of Homefront Healthcare, stood to provide the group with recommendations for expanding community based care. These recommendations are: Increase the community needs allowance for waiver eligibility. The current limits make it difficult to afford waiver services; implement expedited eligibility with a closer relationship between state caseworks and discharge planners; expand authorizations under the copay program to include non-personal care only; increase the maximum authorized hours under the copay program from 20 to 30 hours per week; create a medication management program for state funded home care clients; create a telehealth program to monitor chronically ill people at home; increase the supply of home care CNAs through training grants directly to providers, either individually or as an industry; hold providers accountable; require and pay providers to do weekend and evening admissions; restore cuts to senior centers and home delivered meals. Mr. Caffrey noted he had a caveat that without major financial investment in community based services, he believes that nothing else can change.
- ❖ Valerie who works with the Community Care alliance has experience working for a residential group home. She noted that she believes there are not enough group homes available to meet the needs of the populations, and not enough support in the community apartments. She noted it is much more cost effective to live in a community but the current structure does not support that. Valerie also states that there is not enough care out there for seniors who are living with mental health issues; she stated that there are not enough beds at Eleanor Slater hospital for this aged population, and the nursing homes are not equipped to handle their needs.
- ❖ Misty, who declined to give her last name, stated that she works in home care, and believes it is critical to consider the quality of life for the elderly. Many still wish to live on their own, and do things independently. Home care workers can help them to do this, and live wonderful, and healthier lives as a result. Home care is key and hospitals should be aware of that as well. Misty stated she believes it is a way to heal, a way to reduce costs, and give an added focus on a good quality of life.
- ❖ Mike (declined to provide last name) came forward and asked Secretary Roberts if she could elaborate on what specific areas of Medicaid are being considered for cuts, and how much?

- Secretary Roberts replied that when the Governor announced her budget last week, she listed some proposals, which we can put up on the website. She noted that part of the purpose of this process is that we want public input on some of those choices. We are considering changing rates for nursing homes and hospitals, looking at managed care organizations, and making an effort to coordinate services better. For those clients who use the system more than usual, we see an opportunity to coordinate services as well to reduce costs where appropriate. The Secretary stated that if better approaches emerge from these meetings, and public submissions, and online suggestions then the state will consider those. The goal is to have what passes in the budget be better and smarter than what is in the system now. It is important to think, she continued, about how we invest in things to keep people healthier, but hopefully in a less expensive manner. Medicaid is a partnership with the federal government. The proposal is to cut \$90million in our state budget, but that number in terms of impact with the federal match is about \$180million. We have not proposed to cut eligibility for services; however, the Governor was asked if anything was off the table in this process, and the answer is no. We need to see what we can do to make this program run better.
 - Dr. Wilson reminded the crowd that the Working Group deliberations are transparent, all are public meetings, and folks are welcome to come listen to the work being done.
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- ❖ Mark (declined to provide last name) thanked the group for selecting Woonsocket for the location of a Townhall meeting on this important topic. Mark stated that there are currently over 800 clients in a community support system; currently Medicaid requires one hour of direct service each month with each of those clients. However, he noted, some clients do not require the full hour per month, other require more than an hour per month, and he believes this is something the group should look at. He would also recommend that there be an effort to cut down on emergency room visits, with a push towards increase use of urgent care facilities and community health centers such as Thundermist, as those make a difference. Mark also raised the issue of the cost of ambulatory use, and suggested perhaps an education program to cut down on the use of rescues.
 - ❖ Linda (declined to provide last name), a CNA who wanted to crowd to know that people in her experience do want to remain at home, and [the state] should keep working to do that. Linda encouraged the Governor to think about what she, and others in the legislature would do if their parents needed assistance.
 - ❖ Mary Dwyer, with the Community Care Alliance stepped forward to raise the issue of the cost of discontinued medications being filled for patients at the pharmacy. In her experience, automated refills often show up for patients when they go into the pharmacy and they pick them up, but are not used, and there could be great savings to streamline costs there. Ms. Dwyer was also concerned about the funding for emergency services –

it is hard to have 24/7 coverage required to maintain a licensed facility when the funding has been cut.

- ❖ Christina, who did not provide a last name, stated that she is a new recipient of Medicaid through the Affordable Care Act. Christina noted she is 49 and a farmer and has been on Medicaid for a year and a half. She told the crowd that her business is growing but her income level is not yet above the federal poverty level. She could not afford health coverage in the past. She had been a patient at Thundermist Health Center, and found good programs through their sliding scale fee. What was expensive before Medicaid was bloodwork, and it was not until she became eligible for Medicaid that she had peace of mind. Christina expressed that hopefully in coming years she will be able to grow more food and rise above the FPL, but wanted to express that Medicaid is a good program that helps all different kinds of people.
- ❖ Marie, a home health care advocate, stated that of the gaps she has found through her work is when children turn 21 they are forced to go to another care setting, and Marie believes that aging out is a serious issue. Parents have trouble getting services for their children, and many who are seeking services for a 20 year old hit road blocks as agencies will not take a Medicaid client for mental health services when they know the client will age out in a year or less. This causes a problem for the child, for the family, a delay of care and the associated rise in costs of delaying care. Transitions of care is an important area to think about when reinventing Medicaid.
- ❖ Pat Slater addressed the crowd stating that she didn't know what to expect at this meeting today. Ms. Slater works at Thundermist as a caseworker, and she applauded the crowd for coming out and speaking to issues that are so important. Ms. Slater gave a personal thank you to all the CNAs in the room. She stated that Thundermist has served a large indigent patient population for years and if you come you are welcome. Her concern is the reiteration of the prescription medication costs. Thanks to the Affordable Care Act she noted that patients do have more access to affordable medications and bloodwork and she believes that patients having access to prescriptions, such as insulin for diabetics, helps to reduce costs across the system in the long run.
- ❖ Michelle Taylor with the Community Care Alliance stated that she wanted to speak on behalf of health home programs. These programs work to coordinate home health care with multidisciplinary teams, working to keep folks out of hospitals. Ms. Taylor states that the burden supporting these programs often falls to community mental health organizations. The Case Management and the wrap around support teams, helping patients gain access to detox services, and eventually into lower level of care services is key for patient success. Ms. Taylor noted some challenges are found when individuals are discharged and are unable to or do not remember to get a copy of the discharge record. She believes it is important to increase use of the health information exchange to grant providers more access to patient data, securely. This data would allow for a faster

assessment of patients and determine the best way to treat so as to avoid recurring issues. Ms. Taylor stated that the more that Medicaid can support access to technology, and a move into a modern infrastructure the better care can be. She also stated that the model for reimbursement needs to be made more efficient.

- Dr. Wilson replied that he knows connecting mental health services, and mental health providers is something we are trying to do all over the country.
- ❖ Debbie Carol addressed the crowd stating she is speaking for the people who receive Medicaid services in various medical situations. She reminded the working group that people are unique, not all experience the same coverage. The current practice is to take a patient who requires surgery to the nearest and least expensive facility, not necessarily the facility with the team who is best able to address all the needs of the patient in question. Ms. Carol noted that often follow up surgery is required in cases as the needs of the patient could not be met the first time. Ms. Carol believes this happens often and and feels it is sad as patients should have a right to different medical options – just because a patient is on Medicaid, she continued, does not mean that she/he should not have a voice. Ms. Carol encouraged this administration to think about individual case needs.
- ❖ Jim McNulty stood and advised that he lives with mental illness and have all his adult life. Mr. McNulty stated he wanted to bring up his concern about a proposed 10% cut to Medicaid, one he feels is too large. He stated that the mental illness portion of Medicaid is a big piece of this, and should not be forgotten. Mr. McNulty noted that [BHDDH] Director Montanaro had recently stated that on average those adults in treatment for mental illness die 20-25 years earlier than their mentally healthy peers. He stated he has talked to mental health professionals, and they are telling him these folks are dying before age 65. Mr. McNulty asked the group to consider that, and think about these populations as well.
- ❖ Gail Peet requested to make an additional comment, noting her concern that many workers who assist her in the Medicaid process for her daughter often push for her to apply for additional programs, like food assistance, which she does not need. She is concerned about pushing assistance programs where it is unneeded as an unnecessary cost to the system.
- ❖ Peter Morris stepped forward and identified himself as an employee of Discovery House. Mr. Morris concerned about the health homes initiative that expires soon from the federal government. He noted that there is a stigma around the substance abuse treatment population, but it can be successful if people enroll in funded programs. Mr. Morris noted he would like to see a cut back on emergency room visits and would like to see what these programs can do to help with improving the health and the system costs. .
- ❖ Jasmine, who did not provide a last name, but noted she works with Comfort Home Care, asked to steer the conversation back to home care again. She reminded the crowd

that earlier one CNA mentioned that she does this because she and other CNAs have a heart. Jasmine wanted the group to recall the owners of home care agencies do too. She told a story of a client who developed a relationship with a CNA in her group, but the CNA had to take leave to find a job that would allow her to support her family. Due to the persistence of the client, and the desire of the CNA to return the owner's worked to find some funds to bring her back – but it was not easy, and was still a pay cut for the CNA from her other job. We have to do what we can to keep CNAs, as it helps health care, and saves clients.

Conclusion:

Secretary Roberts thanked the crowd for attending and sharing their thoughts, concerns, stories and experiences. She reminded the crowd that minutes had been taken and anyone who did not wish to have his/her name attributed to the comments should see the minute taker at the rear of the room. Dr. Wilson and the Working Group thanked the crowd and the Town Hall meeting was concluded.