

Health Care System Planning Long-Term Care & Health Aging Workgroup

Meeting #1

September 4, 2024

2:00pm EDT

Virtual

Co-Facilitators: Kristin Sousa (OHHS), Director Maria Cimini (OHA), Director Kasim Yarn (VETS RI), Joan Kwiatkowski (PACE)

Work Group Members, State Staff, Consultant Staff, and Members of the Public: Nicholas Oliver (RI Partnership for Home Care), Tom Boucher (PACE), John Gage (RIHCA), Maureen Maigret, Aura Medina, Mariana Moore, Meg Grady (Meals on Wheels), Virakone Phiuphonphan, Jim Nyberg (LeadingAge RI), John Bonin (RI Medicaid), Parker Gavigan, Catherine Taylor (AARP), Tina Spears (CPNRI), Angela Lello (UHC), Lt. Gov. Sabina Matos, Ana Novais (EOHHS), Mike Florczyk (United Healthcare), Patrick Vivier (URI), Marti Rosenberg (EOHHS), Marianne Raimondo (RIC), Cristina Amedeo (United Way), Margaret Franckhauser (JSI), Anne Doyle (Spark Living and Learning), Alec McKinney (JSI), Lizzy Jones (JSI)

Notes:

Agenda Item	Notes
<p>Welcome & Introductions</p> <p><i>Directors Yarn & Cimini</i> <i>Slides 1-3</i></p>	<ul style="list-style-type: none"> At 2:00 pm EDT, Directors Yarn and Cimini welcomed the group to the first Rhode Island Health Care System Planning (HCSP) long-term Care & Healthy Aging Workgroup meeting and thanked participants for agreeing to be part of the workgroup. Director Cimini discussed the importance of the public-private sector collaboration and encouraged all participants to provide their perspectives in order to develop a strong, comprehensive, well-coordinated, equitable long-term care and healthy aging system capable of meeting the current and future needs of those who live in the State. See slides 1-3 of the accompanying slide deck.
<p>Clarify Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative</p> <p><i>Alec McKinney,</i> <i>Slides 4-6</i></p>	<ul style="list-style-type: none"> Alec McKinney from JSI reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-6 of the accompanying slide deck.

<p>Clarify Role of the Work Group, Key Deliverables/Timeline, and Content of the December 2024 RI HCSP Report</p> <p><i>Alec McKinney, Slides 7-10</i></p>	<ul style="list-style-type: none"> ● Alec McKinney from JSI reviewed the workgroup charge and meeting schedule. See slides 7-10 of the accompanying slide deck.
<p>Baseline Understanding of the long-term Care and Healthy Aging Sector’s Strengths and Challenges</p> <p><i>Margaret Franckhauser, Slides 12-19</i></p>	<ul style="list-style-type: none"> ● Margaret Franckhauser discussed the information compiled so far regarding the strengths and challenges of the Long-Term Care and Healthy Aging sector. See slides 12-19 of the accompanying slide deck.
<p>Work Group Feedback & Discussion</p>	
<p>Discuss National and State Baseline Assessment</p>	<ul style="list-style-type: none"> ● Maureen noted that more attention needs to be paid to budgeting at the state level to understand older adults who need less intensive services. By doing this, we can assess what services they may need to prevent them from exacerbating any chronic condition that would lead to needing assistance for activities of daily living (ADLs) or instrumental activities of daily living (IADLs). ● Maureen also emphasized that more data on the workforce was needed. More specifically, data regarding rates, recruitment and retention of staff. <ul style="list-style-type: none"> ○ It was also noted that data on the gaps in care and access to durable medical equipment was critical. ● Jim noted that there needs to be particular focus on capacity in nursing homes due to the increasing number of nursing homes that have closed. <ul style="list-style-type: none"> ○ He also noted that it would be helpful to have data on nursing homes not accepting admissions.
<p>Identify Current and Future Service Gaps</p>	<ul style="list-style-type: none"> ● Maria noted that it is important to move out of the “crisis response” and be proactive about building a system for the needs of tomorrow. ● Nicholas highlighted that there is a problem related to continuity in care transitions. He added that for patients and clients transitioning from a facility-based setting, there tends to be gaps in services, such as in initiation of home-based services as a result of information regarding a patient or client’s needs not being properly communicated. ● Tina discussed the importance of including the Intellectual and Developmental Disability (IDD) population as well as older people. She added that the IDD population has tremendous

	<p>needs related to long-term services and support.</p> <ul style="list-style-type: none"> ● Catherine discussed the importance of housing. She stated that the AARP long-term services and support scorecard rated Rhode Island last at 51st for the availability of housing for older adults. <ul style="list-style-type: none"> ○ Marianne agreed with lack of housing being a gap in current services. She added that more specifically it is a lack of housing with support. ● Catherine highlighted that behavioral health needs of older people (and those with IDD) are critically important, but there is little to address these needs. ● John noted that nursing homes are still down 12% of their workforce from pre-pandemic levels. Rhode Island is almost twice as bad as the national rate of 7%. He added that long-term care and healthy aging is still suffering from the effects of COVID. ● Joan noted that the one group not often addressed is the criminally involved population. She emphasized that there are a fair number of individuals who are released from the criminal justice system as older adults back into society, and they do not qualify for certain types of housing, depending on what their criminal involvement might have been.
<p>Clarify Service System Needs and Challenges</p>	<ul style="list-style-type: none"> ● Catherine highlighted that the inclusion of caregiver needs and supports are critical to the long-term care and healthy aging system. <ul style="list-style-type: none"> ○ Anne agreed and shared that in a recent report there were found to be 130,000 informal caregivers in Rhode Island and without them those working in long-term care and healthy aging would not be able to do their work. She added that thinking about how to support those informal caregivers will have to be a huge part of any plan. ● Maureen noted the need for facilities that are prepared to address behavioral as well as physical needs, training in behavioral health for the staff who work in these facilities, and a new model of staffing and acuity reporting that reflects the unique needs of this population. <ul style="list-style-type: none"> ○ John reported that attempts to enhance reimbursement were not successful because the new regulatory requirements that accompanied the new reimbursement could not be met by nursing homes. ○ John added that the current clinical acuity model of care, staffing and reimbursement do not reflect the unique needs of people with behavioral health issues and should be redesigned. ○ Joan noted that there are significant differences in licensing of behavioral health and nursing homes, and this creates some unique challenges. ● Nicholas noted that there continues to be supply chain, cost and overall access issues for durable medical equipment and medical supplies in the community setting, and some patients are unable to access what they need (i.e. commodes, wheelchairs, dressings). It was added that this should be addressed because it affects the ability to keep people in community settings. ● Nicholas discussed that continuity of care continues to be an issue for home-based care, especially for those with complex needs. He added that often homecare has little information about the full range of patient needs, including the patient’s behavioral health needs. ● Maureen discussed that nursing home type and capacity are important issues. The increasing number of nursing homes transitioning from local non-profit to for-profit (often large entities) is having a profound impact on the state and taking local decision making out of the equation. Out of state or corporate interests do not reflect the interest and needs of local

	<p>communities. The state should demonstrate greater oversight and control of this process.</p> <ul style="list-style-type: none"> ● Jim noted that the upstream impact of fewer nursing home beds and community long-term services and supports staffing and capacity is important. Hospitals end up housing more people longer, which impacts overall hospital capacity.
<p>Discuss Potential Strategies to Strengthen the long-term Care and Healthy Aging System</p>	<ul style="list-style-type: none"> ● The RIHCA CEO stated that in order to address the issue of nursing homes being unable to meet the new regulatory requirements that accompanied new reimbursement, regulators should work with the industry to design alternative regulations that are achievable. ● The workgroup agreed that with the Governor’s budget set to emphasize health, it is the right time to bring forth solid recommendations such as: <ul style="list-style-type: none"> ○ Stabilize essential services and programs that are under threat of closure. Rather than allow important programs to close when they run into financial and other challenges, identify ways the state could intervene to stabilize essential services. ○ Strengthen the state’s ability to restrict or control conversion of non-profit community services and residential long-term services to for-profit. ○ Consider revising the Meals-on-Wheels funding formula to reflect current and emerging needs and use models such as the school meals model to establish equitable funding. ○ Encourage the state/Congress to deem parts of Rhode Island as eligible for the “Rural Add On” under home health reimbursement. Currently, no location is able to access that supplemental payment that can be accessed in rural communities in other states. ○ Consider/evaluate a mechanism whereby the state can offset costs for those who are above the Medicaid level of income/assets but who cannot afford services without financial assistance. ○ Initiate/expand an equity purchasing policy.
<p>Meeting Close</p>	
<p>Review Next Steps</p> <p><i>Margaret Franckhauser & Anne Doyle</i> Slide 26</p>	<ul style="list-style-type: none"> ● Margaret Franckhauser and Anne Doyle reviewed next steps, including that the next meeting will be scheduled for the week of October 7th and will focus on recommendations for action and strategic opportunities. Materials will be circulated in advance.
<p>Public Comment</p> <p><i>Directors Cimini & Yarn</i> Slide 27</p>	<ul style="list-style-type: none"> ● Directors Cimini and Yarn opened the floor for public comment, of which there was none. ● The meeting was called to a close at 3:30 pm EDT.