Health Care System Planning - Long-Term Care & Health Aging Workgroup Meeting #2

October 10, 2024

12:00pm EDT

Virtual

Meeting Deck and Recommendations

Co-Facilitators: Director Maria Cimini (OHA), Joan Kwiatkowski (PACE)

Work Group Members, State Staff, Consultant Staff, and Members of the Public: Nicholas Oliver (RI Partnership for Home Care), John Gage (RIHCA), Maureen Maigret, Alex Moore, Meg Grady (Meals on Wheels), Jacqueline Kelley (RIDOH), Jim Nyberg (LeadingAge RI), John Bonin (RI Medicaid), Paul Murgo (VETS), Lori Sims, Catherine Taylor (AARP), Tina Spears (CPNRI), Sandra Powell, Sarah Coutu (UHC), Angela Lello (UHC), Kathleen Gerard (ABC-RI), Lt. Gov. Sabina Matos, Cheryl Leclair (RIDOH), Mike Florczyk (United Healthcare), Jennifer Crosbie, Patrick Vivier (URI), Diane Pelletier (RIDOH), Aryana Huskey (EOHHS), Meghan Connelly (OHA), David Folcarelli (Lt. Gov's Office), Melody Rodrigues (OHA), Cristina Amedeo (United Way), Margaret Franckhauser (JSI), Anne Doyle (Spark Living and Learning), Alec McKinney (JSI), Lizzy Jones (JSI)

Notes:

Agenda Item	Notes
Welcome, Introductions, and Meeting Goals *Director Cimini & Anne Doyle* *Slides 1-3*	• At 2:03 pm EDT, Director Cimini welcomed the group to the second Rhode Island Health Care System Planning (HCSP) Long-term Care & Healthy Aging Workgroup meeting and thanked participants for their continued participation and contributions to the workgroup. • Anne Doyle shared the agenda and primary meeting goals. She noted that this meeting will focus on reviewing the top priorities for long-term care services and supports and healthy aging. In addition to this review, the workgroup will discuss actionable steps to address those priorities and identify opportunities for collaboration and collection active across all of the sectors.
Review Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative	• Alec McKinney from JSI reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-7 of the accompanying slide deck.

Alec McKinney, Slides 4-7	
Review Key Deliverables/Timeline, and Content of the December 2024 RI HCSP Report *Alec McKinney, Slide 8*	• Alec McKinney from JSI reviewed the workgroup charge and meeting schedule. See slide 8 of the accompanying slide deck.
Discuss Approach for Workgroup and Questions to Consider *Anne Doyle, Slides 10-11*	• Anne Doyle shared the approach for the workgroup meeting and the questions that the group should consider when reviewing the top priorities for long-term care and healthy aging. See slides 10-11 of the accompanying slide deck.
Work Group Feedback & Discussion	
Priority Area #1	• Anne reviewed the first priority area: Financial Instability and Reimbursement. The draft priority statement is as follows: Nursing home closures and continued financial challenges and instability of facility-based and community-based options, have accelerated the need to address reimbursement pressures and quality imperatives. The core findings underlying this priority area include reimbursement, nursing home closures, workforce shortages, memory and dementia care, change in ownership of nursing homes, people living with disabilities of all ages, and the low capacity for Medicaid covered assisted living. ○ Director Cimini noted that she would like to see the priority statement rephrased because financial instability and reimbursement is beyond nursing home closures. She added that nursing homes with a more diverse population are facing challenges as a result of them not being built for having younger adults with disabilities, mental health, or substance abuse issues. ○ Alex Moore noted in the chat that during the last rate adjustment, all nursing homes received a flat reimbursement percentage of 14%, which is patently unfair and rewards bad actions while punishing good actors. ■ Nicholas Oliver added in the chat that incentives drive quality improvements. Removing incentives was one of the mistakes made in the Office of the Health Insurance Commissioner (OHIC) report that the legislature adopted. ○ Anne Doyle suggested that perhaps the focus should be on financial strength since that is what this workgroup is really after. ○ Maureen Maigret asked for clarification about whether there are only three dementia specific memory care units. ■ Diane Pelletier responded that there are only three dedicated and

	licensed dementia care units in Rhode Island. However, there is a plethora of general memory care units within nursing homes that do not fall under that specific license. ■ Kathleen Gerard discussed the idea of de-incentivizing the facilities that have dementia general memory care units, but do not have a special care license. She added that they may have residents with dementia, but without having the license they do not have the requirements for enhanced training for dementia care and activities. ■ Director Cimini offered to speak with her team at Office of Healthy Aging (OHA) about the dementia care in nursing homes issue and invite members of this workgroup to a separate conversation regarding the issue. ■ Jim Nyberg noted in the chat that as a practical matter, virtually every nursing home has a high rate of residents with dementia, and even if they do not have the specific licensure, they do know how to care for this population. ○ Alex Moore noted in the chat that in regard to changes in effective control in nursing homes, it would be helpful to enforce and implement conditions that new owners must abide by if they have a poor track record. ■ Nicholas Oliver responded that all providers should be held to one standard. Creating specific requirements or conditions of licensure for one provider over others tips the scale on market competition, ability to remain financially solvent, and workforce recruitment and retention effectiveness. ● Kathleen added that the scales are already tipped by stark differences in business models and care quality. Conditions are imposed already on facilities with serious deficiencies. Instead, what Alex Moore is suggesting is simply a proactive condition on new ownership with extensive serious deficiencies in their facilities in other states. ● Alex Moore responded that there are a number of out-of-state operators with poor track records purchasing Rhode Island facilities and going from 5CMS stars to 2CMS stars over the course of a year. He added that he agreed all providers should have quality improvement plans implemented, with input from residents and direct care staff, to improve quality of care when it is below average ○ Catherine Taylor noted that as it relates to requirement of training as part of the recommendations, it will be important to remember that those trainings should be incentivized. She added that in general it will be important to incentivize the changes and recommendations being made.
Priority Area #2	● Anne reviewed the second priority area: Workforce. The draft priority statement is as follows: Work with state and community partners and existing initiatives to support and provide strategies and solutions to build and sustain an adequate workforce prepared to address the health-related and social service needs of an aging population. The core findings underlying this priority area include workforce shortages across all healthcare

settings and levels of care, workforce shortages constraining the ability of hospitals to discharge patients, turnover of existing healthcare workforce, and Rhode Island providers competing with one another and other states for a skilled workforce.

- Aryana Huskey noted in the chat that the total licensed homecare workforce has grown 14.74% from 2019-2023, primarily due to a significant increase in the number of Nursing Assistants employed in homecare. Over the same five-year period, the total licensed workforce in residential/skilled nursing experienced a negative 10.64% change in workforce likely due to nursing home closures. She cited the Health Workforce Data Dashboard through the Executive Office of Health and Human Services.
    - Nicholas Oliver asked whether that data point was adjusted for a data point he referenced around 12.43% loss in home care CNAs from the 11/01/2021 vaccination mandate enforcement. He added that he is not seeing data from other sources that support recovery or growth in workforce versus pre-COVID workforce data.
- Catherine Taylor noted that it will be useful to elevate the issues and recommendations regarding workforce in this plan in hopes that the recommendations will be adopted by administration.
    - Joan Kwiatkowski added in the chat that it is important to reimagine what the healthcare job looks like as there is competition with remote options. She noted that hospitals have done impressive work in this area.
- Joan Kwiatskowski discussed that when it comes to recommendations and strategic opportunities, it is important to remember that the talent of the leadership and management of organizations matters as well. She added that if the leadership of organizations are not going to commit to ongoing stewardship of these initiatives, then it will not be worthwhile.
- Director Cimini disagreed with the first emerging recommendation and strategic opportunity which states, “the OHA should engage with other state and community initiatives to address the development, recruitment, and retention of a skilled healthcare workforce.” She added that this recommendation is out of OHA’s scope of what they are charged with doing and resourced to do. She noted that OHA does participate in workforce conversations but should not be leading the charge for workforce.
    - Nicholas Oliver added in the chat that it would be great to see DoH take the lead on workforce initiatives- especially in the space of scope of practice, licensure and continuing education requirement, and in-service requirements.
    - Lieutenant Governor Sabina Matos noted in the chat that the Lieutenant Governor’s office can take on the charge of engaging initiatives on development, recruitment, and retention across the workforce.
- Kathleen Gerard emphasized that a lot of great work is ongoing around developing and recruiting the skilled healthcare workforce. However, the main difficulty is retention which is largely based on making a living wage. She added that many caregivers and direct care staff have left the profession for retail food service and other areas where they can make a few dollars an hour more with a lot less stress. A lot of those individuals loved caregiving but they left because

	they had to. In her conversations with direct care workers both union and non-union state that money and recognition are the two things that they want. Kathleen noted that perhaps this workgroup can look at the needs for building the workforce from a data perspective and make recommendations. ○ Joan Kwiatowski noted that there are certain regulations in place that prevent individuals from moving from one entry level job in a particular sector (i.e. behavioral health) to a job in another sector (i.e. long-term care). She added that removing these types of regulations will make the industry itself more accessible.
Priority Area #3	● Anne reviewed the third priority area: Community-Based Options. The draft priority statement is as follows: Invest in and expand existing community-based options and explore new avenues for supporting older adults through care transitions. The core findings underlying this priority area include capacity that is underutilized ○ Director Cimini made four points about this priority area: ■ First, she highlighted that there seems to be some misunderstanding about the roles within the system in response to the second core finding which states, "Medicaid enrollment delays currently impede enrollment in alternative settings: the current enrollment process can take a month or more, and communication of enrollment status to supporting agencies (e.g. OHA's The Point) lags." She added that there should be no expectation that the staff at The Point know an individual's Medicaid status. The staff at The Point are not state employees and therefore do not have access to the eligibility system. ■ She also noted that one of the emerging recommendations under this priority area is about providing adequate funding for OHA and elevating its position to cabinet-level status, however, as director of OHA, she is in fact already a member of the Governor's Cabinet. ■ Then, Director Cimini called attention to the fact that nursing home bed conversion to assisted living level of care introduces a payment challenge. There is not the same amount of subsidy or availability of subsidy for assisted living care. While there would be some people who would benefit from being in assisted living instead of the restrictive environment of a nursing home, there is no support to help pay for it and private pay is out of reach. She added that as this group discusses nursing home bed conversion, the realities of who that serves and who that leaves behind financially should be part of the conversation. ■ She also shared that she thinks there needs to be greater opportunities for folks receiving Medicaid to be able to use their Medicaid to be in assisted living. She believed there would be value in expanding the state's at home cost share program to have an assisted living component. Currently, there is a sliding scale fee for adult day and for home care, and if there was a way to extend that sliding scale fee for assisted living that would be hugely beneficial. ● She added that assisted living is expensive and forces people to become poorer and sicker, to decline at home until they reach the level of care and level of spend down that they are then

	eligible for a Medicaid funded nursing home bed which costs the state more money and reduces the quality of life of that individual. ○ Maureen Maigret noted that the provision to subsidize assisted living beyond the Medicaid population was included in the housing report of the Long-Term Care Coordinating Council that Lieutenant Governor Sabina Matos had commissioned. ○ Nicholas Oliver noted that in regard to the emerging recommendation which talks about expanding the at-home cost share program, there is a dichotomy between trying to build up the workforce and having the workforce available to be able to take care of a new or expanded population. Nicholas expressed concern with having this as a recommendation particularly in the short term because the workforce is not available to be able to expand into populations despite the need. He added that there has been a lot of difficulty around collecting co-shares of the expanded populations which has been a prohibiting factor for that population's ability to be able to continue in the program. He believes that this recommendation would be good for the long term but in the short term may be problematic as it creates longer waitlists due to the lack of workforce able to take care of an expanded population. ■ Jim Nyberg noted that the at-home cost share program was expanded a few years ago. Instead, Jim would like to see the program expanded for assisted living people who might not be eligible for Medicaid.
Priority Area #4	● Anne reviewed the fourth priority area: Healthy Aging. The draft priority statement is as follows: Elevate healthy aging across sectors and geographies, including investments in preventive care and evidence-based approaches to promote socialization, exercise, walkable communities, nutrition, and wellbeing. ○ Catherine Taylor does not believe this priority area requires new interventions, rather it is an opportunity to lift up some of the good work and strategic thinking that has been done in the state. For instance, the Department of Health's Healthy Eating and Active Living (HEAL) plan. Catherine noted that this plan calls for the walkability and safety of streets in every city and town in Rhode Island in an effort to promote increased physical activity.
Priority Area #5	● Anne reviewed the fifth priority area: Collaboration. The draft priority statement is as follows: Enhance the state's focus on aging and disability by coordinating the work of state offices that address the needs of the aging and disabled population. ○ Tina Spears noted although disability is mentioned in this priority area, it is applicable and should be embedded throughout all of the priority areas. ○ Director Cimini asked whether a coordinated entity already exists that works across agencies or is the proposal to create a coordinated entity that does the work of identifying possible areas of overlap, collaboration, and collective action. ■ Margaret Franckhauser responded that there is not currently a coordinating entity, therefore one would need to be developed.
Priority Area #6	● Anne reviewed the sixth priority area: Regulatory and Licensing Efficiencies. The draft

	priority statement is as follows: Review, assess, and remove barriers to enrollment, transitions of care, and regulatory and licensing requirements that impede innovation in care delivery and workforce development. ○ Kathleen Gerard noted that there is a statute that requires all care staff to keep the Department of Health aware of where they are currently employed. She added that while it would be difficult to manage, enforcement of this statute could prove to be very helpful. ■ Diane Pelletier that it would be nearly impossible to keep track of where professionals are working. She added that to track the volume of professional staff out there would require a whole new department. ● Director Cimini noted that while it would be very expensive to build a system that conducts this level of tracking of professional staff, if the state decided that this was necessary, then it would be possible. ○ Maureen Maigret suggested adding a piece about age-friendly health systems to the emerging recommendations and strategic opportunities.
Other Discussion Points	● Maureen Maigret noted that there was an omission of caregivers from the list of priorities. ○ Alex Moore added in the chat that the caregiving workforce exists, but many of them have left the healthcare sector for either retail or service sectors due to better pay and less grueling work. ● Tina Spears noted that a continuum for the older community or aging community is needed. ○ Director Cimini responded that self-determination is the priority and for most people that is remaining in the community. She noted that her role, the Office of Healthy Aging seeks to support living with dignity, aging with dignity, and independence in community. A continuum is also the preference in the older adult space. ● Jim Nyberg asked about capacity across the spectrum. He highlighted the importance of receiving analysis or estimation of how many nursing home beds will be needed based on demographic trends, industry, etc. ● Lieutenant Governor Sabina Matos asked about which workgroup would be looking at co-housing individuals with mental health and substance abuse together with seniors. ○ Alec McKinney responded that the behavioral health workgroup has been discussing the needs and specific challenges of addressing older adults in respect to behavioral health both in nursing homes and other community and home-based settings. He added that there will be integration of the behavioral health and long-term care and healthy aging workgroups as there is movement towards the end of this process. ● Kathleen Gerard noted in the chat that many of the nursing home residents she has encountered do not need skilled nursing care, but do need help with the activities of daily living. However, these residents are unable to get adequate home care or assisted living placement that accepts Medicaid. ○ Catherine Taylor agreed and noted that the savings to the state would be significant. ● Patrick Vivier noted in the chat that long term care is not limited to adults. Given the

	numbers, it makes sense to focus on adults, but he is hoping that the pediatric age group can still be within this group's scope of work even if it is a much smaller piece of the long-term care in the state. ○ Tina Spears added that youth in transition that are aging in the disability space are a chronic issue. ● Maureen Maigret discussed that affordability of long term services and supports is a huge issue in Rhode Island and across the country. She added that Rhode Island is fortunate to have some non-Medicaid subsidy programs, but they are limited. ● Margaret Franckhauser noted that based on the discussion it appears that the workgroup would like these priorities to be framed as a continuum of care entirely rather than from a perspective of existing services. She added that she and Anne Doyle will be thinking about that in terms of the language they use in the report to ensure that nursing homes are not captured first, but that adequacy and the capacity of a continuum of care in Rhode Island is the focus. ● Joan Kwiatkowski noted in the chat that most of the individuals living in hospitals have a variety of medical/cognitive issues and have unsafe behaviors making community or nursing home placement a challenge.
Meeting Close	
Review Next Steps *Alec McKinney* *Slide 15*	● Alec McKinney reviewed the next steps, including that the next meeting will happen during the RI HCSP Retreat on November 7th. The focus of the next meeting will be on reaching agreement on priorities and strategic action steps. ○ JSI will distribute materials before the retreat, including a proposed list of priorities and action steps for workgroup members to review, refine, and agree on. ○ Anne Doyle urged workgroup members to remain at the retreat for the entire time as the third meeting will provide them the opportunity to incorporate information being presented by other sectors in the refining of these priorities. ● Alec McKinney also informed the workgroup that a survey would be distributed to them to help prioritize the areas discussed. In the survey, participants will have the opportunity to provide additional ideas and thoughts.
Thank You & Closing Remarks *Anne Doyle & Margaret Franckhauser* *Slide 16*	● Anne Doyle and Margaret Franckhauser thanked everyone for their participation in the workgroup meeting today. ● The meeting was called to a close at 1:30 pm EDT.