

I. Welcome

II. Ongoing Initiatives

a. Reinventing Medicaid Update – Tom Cahill

On behalf of Deb Florio & Reinventing Medicaid Team today, very happy to be there today. Responsible for advising Deb & the EOHHS team to monitor and report on the program's help. Deb Florio recently assumed project director role from Matt Harvey.

The program is on track to implement all 44 + initiatives. On track to realize \$166.2million in all funds savings. Mitigating ideas are being formed to help cover the shortfall in general revenue. Begun to highlight areas that are especially challenging, five specifically come to mind that were somewhat mis-scoped from the outset. First is the pilot coordinated care program, initially date was Jan 1 2016, revised date is Feb 1 2016. The second is coordinated care for SPMI, revised \$2.1 million and Jan 1 2016; Electronic Visit Verification revised is \$250K, April 1 2016; RICLAS cost reductions revised \$2million December 1, 2016. Assisted Living now revised \$50K and Jan 1 2016. Weekly initiative reviews to cover 3-5 initiatives to allow Deb & initiative owners and there is set time to cover detail on each of these items with the Secretary on Mondays, to closely examine those on target.

Q. The RICLAS Numbers and dates again, please?

A. Original savings and implementation date was 9/1/ 2015, revised to \$2million and December 1 2015.

Linda Katz: Is there a list that currently tracks where things are at, and how those items are tracking?

Tom Cahill: Absolutely, we can send that list around to this group.

Maureen Maigret: Can you speak to the Assisted Living initiative, why the numbers changed?

Tom Cahill: The number of people that we anticipated to be transitioned was not quite the numbers that were thought there.

Jim Nyberg: Can you re-state the savings overall?

Tom Cahill: At the current trajectory at 97.4% estimate \$68.7million in general revenue savings. Already started to brainstorm ways to address that shortfall so that we can talk about what initiatives are underperforming, what ways to address the shortfall, and to keep the work moving. We do anticipate all the initiatives to be completed, just not on

the original timelines.

Senator Izzo: In terms of weekly monitoring, a lot of focus on the bottom line, obviously, so how are you monitoring the impact on capacity? It is anticipated that over the longer term that we would reach those dollar targets, but in the meantime how are we monitoring what is happening, where is the reconciliation?

Tom Cahill: That is a great question, we can bring this back to Deb and have a response for you next month.

b. Integrated Care Initiative Update – Jennifer Bowdoin

We had our first meeting of the reconvened Consumer Advisory Implementation Council, a shift in name only at this point. There is a goal to shift this from us speaking to an audience to a format in which it is led by consumers and advocates. We would like to start bringing more consumers into the work, and some co-chairs to have a voice different from the state. Please email Lauren Lapolla if you would like to be added to that group.

The first meeting was informational mostly, we have an agenda planning meeting coming up in the next few weeks. What we may do at our next session is talk about the new model proposed for the council and how we make that shift deliberately, efficiently and effectively. Still working out some details around transportation for consumers and caregivers, and we will try to figure out a way that is more systematic. In the mean time we do not want to make folks feel like that cannot attend due to those barriers, so let us know what those issues are and we will see what we can do now, and how we can build down the road.

c. Money Follows the Person [MFP] – Jennifer Reid

A few updates to the group, last month we had an overview of MFP and how it looks at rebalancing. There are two upcoming work groups that are being led by the MFP program. The first is a hoarding work group, as that can be a concern for people living in the community whether at risk of eviction, or some health care concerns related to hoarding. Jessica Mowry with Maria Monceibo will be running a hoarding work group. The next meeting will be at November 10 at Butler Hospital from 10-11. Process to navigate care for individuals. Looking at an analysis of total cost of care, not just Medicaid individuals, but all those living with hoarding, and work on a curriculum for how to manage, and how to mitigate.

The second work group will be pulled together to look at the housing strategic plan, and see where efforts need to be focused. That meeting will be on November 4, 10-11 in the Garden conference room.

Through MFP we have rebalancing dollars used to increase access to Home and Community Based Services. Gone through the state purchasing process and can now start operationalizing that program. It was just released Friday at 5, and we will report back. Something we are very excited to start using that service in conjunction with the voucher.

Linda Katz: All three of those initiatives certainly impact people who are not in MFP, so within EOHHS, in looking at the pilot coordinated care proposal and what issues need to be dealt with by providers, how is what you are doing with MFP carrying over?

Jennifer Reid: The hoarding and housing are not MFP specific. The invitations have gone out to Community Health Teams and others; we are taking the lead through MFP, but a larger discussion in building capacity.

Linda Katz: Can you talk a little bit about the tenancy services?

Jennifer Reid: The pilot was a precursor to some of the 7B initiative as it relates to tenancy services, but in the works prior to the Reinventing Medicaid Act. They align with the Category II.

Linda Katz: Can those be used to prevent eviction?

Jennifer Reid: Yes. For the pilot it is designed to teach individuals how to be a good tenant, to divert from nursing home and avoid back to the hospital. Teach the skills to really learn how to keep their home.

Linda Katz: Right, but say the property was rat infested and they needed to learn how to talk to the landlord?

Jennifer Reid: In those cases would work with the person to help him or her to learn how to resolve. The plan is to help them, but not do it for them.

Jim Nyberg: Who is the “they” in the helping category?

Jennifer Reid: At this time it is folks at Houses of Hope.

Senator Izzo: A person is transitioned back, and we keep them there. At the point of transition does one make the assumption that they have the ability to help themselves, but then if they fall off the wagon then they are in this program?

Jennifer Reid: There are two groups. The MFP only for nursing home transitions, and then the other, the change that came out is for Medicaid eligibles out of that group.

III. **BHDDH Transition Grant Presentation & Overview – Michelle Brophy & Brenda Amodei**

BHDDH applied for four grants in the summer and received three of them, which is very exciting. Today we will be discussing the two transition grants.

The healthy transitions grant is already a year old, began year two in September. This is healthy transitions for young people into adulthood; we are drilling down into specifically who we will be servicing.

The grantee is BHDDH, in full cooperation with DCYF, and we have a formal MOU, sharing staff on the project. The majority of the money is going into the community to provide services. The only two staff members are the project director (Brenda Amodei) and a youth transitions coordinator who is yet to be hired.

It took this past year to plan the service model – it is involved and we wanted to get it right. Highly competitive so very fortunate to have it come to RI. Aside from getting the service model down we are also figuring out what we need to do by talking to young people,

thinking about what needs to change across the state. We are on the hook to develop a finance plan (done by the end of this month), a plan for a plan. We are in the data collection phase right now, doing as much financial mapping of where we are currently spending the service dollars by age and demographic. Also going to use that data to help us target who to enroll in the program; this is a treatment intensive program, working with the Kent Center and community health alliance. We want to be strategic about the enrollment as well so that we can show some cost savings and thus give the state incentive to maintain this program.

For those of you who want to be more intimately involved in how this project unfolds, there is a stakeholder group that meets once a month (2nd Tuesday of each month) and you can follow up with us to learn more.

Senator Izzo: In terms of targeting the calculations, there has always been a sizeable number of young people who are not physically under the jurisdiction of DCYF. There was a meeting a while back to try to have interdepartmental coordination.

Mike Burk (DCYF): Children absent from care is the terminology for those who meet the diagnostic criteria and who live in one of those few pilot areas. For those who meet the diagnostic criteria before they are in our system, then we may open it to them to try to mitigate. Very specific criteria.

Brenda Amodei: We have some stringent diagnostic criteria, working interdepartmentally as Mike said to identify earlier and enroll earlier. Our adaptation of our evidence based practice is to really get those who had that first episode of psychosis and avoid a second episode.

Michelle Brophy: The other piece of this, which is very exciting, is that we wrote a planning grant the cooperative agreement for state adolescent and transitional aged youth treatment enhancement and dissemination planning (State Youth Treatment – Planning). That is \$250K a year for two years with the opportunity to apply for an implementation grant at the end of the award. Adolescents aged 12-19 and transition aged youth (16-25) with substance use disorders and or co-occurring substance use and mental health disorders with the goal to develop a strategic plan to improve treatment. We want to talk as many people as we can in the community, the more we can get involved, the better our plans can be. We are hoping by the beginning of the year that we can hear from you what needs to happen and to really incorporate it into our plans. One of our big goals was to have a Children's Cabinet, and pleasantly that has now been re-convened, which is great.

Maureen Maignet: Some of the anecdotes we have heard do not necessarily relate to these young adults who have co-occurring issues, but who have mental health issues or have been in a Developmental Disability facility. How will that help this group?

Brenda Amodei: It may not. SAMHSA grants are designed with co-occurring mental or substance use disorders. It is not casting a wide net to do all transitions at this point, but

that is not to say that there may be some who are outside the criteria but for whom it may be a good fit.

Michelle Brophy: With the planning grant though, we don't want to exclude anyone, we need to have people at the table to re-iterate how important that is to have DD populations, etc. Hopefully at the end of this if we hear that, it gets pulled into our implementation group.

Senator Izzo: This is only one piece of that overall transitions that we have been talking about for years. Now making an assumption that the children's Cabinet would be the coordinating group and finance stimulator to handle all that. What we should arrange for is to get a sense of how all of that is being coordinated.

Michelle Brophy: I would use this group and this chance to tell the Children's Cabinet that this work is important that the transition work is key – beyond the calls from us.

Senator Izzo: I don't think it would be out of scope for us to make a request for them to come and update us on their work.

Brenda Amodei: There is a staff person there now too, a policy director, and they are working on a strategic plan.

Tina Spears: I would also just add a strong recommendation to tie in the SIM population health plan where possible.

IV. Rules

- a. Elizabeth (Betz) Shelov presented on EOHHS Regulations and Executive Order 15-07 Slides available upon request via email to Lauren Lapolla at lauren.lapolla@ohhs.ri.gov

Senator Izzo: Is there differentiation in the Executive Order between rules and regulations required by federal regulations vs. required by state statute for what has to go to the Office of Regulatory Reform (ORR)?

Elizabeth Shelov: Great question. If we determine that the costs and benefits are less than \$500,000 annually we have to point out to ORR where we are. Emergency Regulations we are held harmless, and regulations that impact only internal workings as well.

Senator Izzo: What impact does this have to the day-to-day revision of services while all this is going on? In some ways it sounds like this is good for business rules and regs but...?

Elizabeth Shelov: That is our conversation with ORR these past few months; many of our rules impact our Medicaid population and are difficult to quantify, but nevertheless we move forward. We are just trying to come up to speed. Anecdotally, I think that it has slowed rulemaking.

Senator Izzo: It has not come before the General Assembly, correct?

Elizabeth Shelov: Correct. This is an executive order, nothing legislatively that I am aware of. It is a work in progress as that was explained in August.

Question from unidentified participant: Do these regulations take in quality of life

issues? I am thinking about the proposed change to what brand of diapers would be covered, so is quality of life factored in?

Elizabeth Shelov: They could be – and then we have to quantify it. The breadth of the analysis should be equivalent to the impact of the rule. Three and half hours of analysis in general but it is dependent on the nature of the rule.

Unidentified Participant: It is built on a business model, and often when these concepts are fleshed out there may not be a person with a health and human services background in the room, which cannot help to demonstrate the long-term impact. If someone with a medical background was there it would be helpful.

Elaina Goldstein: A few months back we were talking about a particular regulation, and we heard there may be a process to go through the rules and regulations to weed out. Was that a part of this Executive Order?

Elizabeth Shelov: No, this Executive Order is in addition to, not in place of, other things going on. It does not impact the Administrative Procedures Act, for example. This is an overlay.

Elaina Goldstein: There was this issue that with all of the rules of Medicaid that they would go through some of the chunks of rules and regulations, I was told that they would review and get to that in this process. My question is are we going through one process and then tracking back to tie into another process?

Elizabeth Shelov: We have to do this in order to move our rules forward.

Senator Izzo: There are two things. You are explaining to us this new overlay. But for the last few years, there are a series of rules that required updating. It was explained that there was not a person to write them. I think in fairness you are explaining the procedure, but this question gets to what are those rules that require updating, what does the timeframe look like to get those done?

Elizabeth Shelov: We can provide more detail going forward, that said 13 of the 77 files are in good shape that we revised through Medicaid Expansion. The Long Term Care items, the remaining regulations need to be cleaned up. Some have been up there over the years; they may be archaic and need to be cleaned. The goal now is that as the rules come forward on Long Term Care (LTC), and with Phase II of the Integrated Care Initiative by July, thus those would have to be cleaned. Coming from the Health Department years ago it was interesting how Medicaid had done the rules, it was a bit like an eligibility binder.

Senator Izzo: The presentation you have today gives us a reason why those regulations have not been updated and what the challenges are there. What we want to know is just what you said – that by next July they have to be ready for 'X.'

Elizabeth Shelov: The plan would be that we would revise all the Medicaid LTC related work by July. Those outdated or irrelevant would be repealed. The ORR is recommending that we try to put in as many rules in one document as possible to make it easier for the users to read and review. We may get there as we go forward.

Maureen Maigret: It will be interesting to see how the societal costs and benefits will be calculated for those LTC rules.

Elizabeth Shelov: Right. The frustration for me as an analyst is that it becomes like a soundbite, which could oversimplify something.

Kathy Heren: How will your analysis of the rules writing for LTC go along with the CMS Nursing Home rules?

Elizabeth Shelov: As this is a state requirement it just goes through state rulemaking.

Rich Glucksman: Is there a rule for rules? What has to be done via a rule vs non rulemaking agency direction decisions? Related, when you talk about the role of the ORR the work that you have to do on the economic impact statement and the iterative process it seems that there is value in a pre-release draft that the community sees?

Elizabeth Shelov: In RI there has never been a guide for rules coordinators as far as rule promulgation process. The ORR stepped into that breach in the last six months. I do not think it was ever formalized or widely disseminated and it was a handy users guide to how to do a rule, write a rule. Written by Lisa Reid, so well done and well written. Whether anything will ever happen with it I do not know, you would have to ask ORR. That was great to see. To the second part of your question, the Health department has always done a first step that they call community review, everyone comes in and talks about it, very informal. It is a working session and I think of great value as everyone has something to contribute to this scheme that falls before you would even send to ORR. Thus the supportive care residence draft was looked at there, take the edits, then revise and do the net present value.

Linda Katz: I wanted to suggest that I find the Dept. of Health [rules] process very helpful, the dialogue is great. As you look at doing these chunks of Medicaid changes, I wonder if EOHHS could look at modeling after Health to have that feedback, have that dialogue. Some of it may be truncated a bit if you follow that and can truly add to the understanding on net present value. We can send that formally, if it helps to EOHHS.

Elizabeth Shelov: Thank you, a great idea, and perhaps send to the new Director.

Maureen Maigret: That is a good suggestion and request that perhaps through our chair request that is done for the upcoming rule changes to Medicaid.

Senator Izzo: Yes and we have that in the minutes.

Elizabeth Shelov: And maybe going forward we can give some information on how things are progressing.

b. Settings Update – Tom Martin

Insert tom's notes here.

V. Public Comment

Nicholas Oliver RI: Update on the Medicaid Director?

Lauren Lapolla: I spoke with Jennifer Wood briefly to inquire on this and she advised that the posting for this position is up, and the Secretary is very committed to filling that position

as quickly as possible.

VI. Adjourn – Next meeting November 23 at 1pm.