

EOHHS Task Force Meeting
Monday April 25, 2016
1:00pm – 3:00pm
HP 301 Metro Center Boulevard, Warwick
Meeting Minutes

Attendees: Ann Mulready, Maureen Maigret, Mike Walker, Rick Brooks, Chris Gadbois, Joanne Malice, Mike Florczyk, George Dubuque, Sylvia Bernal, Deborah Garneau, Kathleen Heren, Rick Glucksman, Jim Nyberg, Kathleen Kelly, Nicholas Oliver, Kim Capuano, Sharon Terzian, Mike Burk, Holly Garvey, Kathy McKeon, Tammy Russo, Kevin Nerney, Diana Beaton, Sandy Curtis, Tom Izzo, Edward Curis, Janet Marquez, Sandra Fournier, Tara Townsend, Lauren Lapolla, Jennifer Wood, Michelle Szylin, Ann Martino, Michael Cronan

I. Welcome – Senator Izzo

Senator Izzo: Thank you for taking time from your busy schedules. Hopefully we will have a good exchange of information and ideas today. In terms of our agenda setting meetings, it is becoming more and more difficult with the volume of information how to get it all on workable agendas. Today is an intense agenda, so want to jump right in. On the one hand it is challenging for staff to work together to create these agenda, but on the flip side it is good as many initiatives are happening, and as we see change it is hopefully always change for improvement. Why don't we dive in – the legislative and budget update.

II. Legislative & Budget Update – Michael Cronan and Jennifer Wood

a. Legislative Update – Michael Cronan

Mike Cronan: Thanks for having me again. Last time we were here I handed out a packet of all the bills we and our sister agencies are tracking. Michael Burke is passing those out now, if not enough we will email those out to you, just let Lauren know. We have some budget hearings this week, the DHS department hearing, DOH hearing, BHDDH. BHDDH also has an article 21, a maintenance of effort article we put in so they can collect certain grant funds. This being handed around is Senate Finance for the week. Instead of going through line by line, I'll just touch on some of the harder topics we are following. Maureen, you had asked last time for a report you were interested in 40-8.9-6, transitioning folks from nursing homes to Home and Community Care. If you haven't heard on information on that, let me know we can delve further.

Maureen Maigret: I know that Kim Paull and Holly Garvey were working on that.

Holly Garvey: That is correct, and I believe that was submitted. We

will walk it back to see why it may not have been on our website.
Maureen Maigret: Kim Paull led us to believe that many of the reports are being worked on, and that is great.

Mike Cronan: Yes that is correct.

Ann Martino: The two being done are the one for the waiver and components of that for the senate report as well. The data is being moved to that.

Mike Cronan: There are deadlines in the legislature that talk about that a bill has to be heard in the Senate by such a date, but they do extend. The Senate was a bit behind in their introduction of a lot of bills, so you will see a lot being introduced. Keep your eyes peeled. A bill this week we had by the Attorney General's office is incorporations which would require EOHHS to create a critical prescription drug list; the point of this bill truly is to address the price gauging that has been going on. We are anxious to see how the Attorney General's office worked it up to see how it will be executed. We also had bill 7123, the asset test to determine program eligibility for Medicaid, for the Medicare savings program to have one standard for all groups.

Maureen Maigret: Nine states and DC have eliminated the asset test for that program.

Ann Martino: Can you remind me does the bill also require you have one standard income eligibility too?

Maureen Maigret: It aims to increase the income eligibility to 185% FPL and eliminate the asset test. Speaking for myself if just one is done that would be great. Maine is at 175% I believe, and Connecticut is over 200% on their MPP I believe.

Mike Cronan: Great and that is known also as income disregards and that is up this week. Also scheduled for this week – House Judiciary this week, Michael Burke has been following a Grandparents' Rights bill, which specifies relevant factors when granting visitation rights. Tuesday at the rise we have the BHDDH and the article 21 hearing previously mentioned. We have a lot of nursing bills this year; a few bills are up that you do see every year. Another related to child care assistance which eliminates the child care subsidy transition program – it has been pushed since the Chafee administration in collaboration with DLT they put some money aside – it may not be per se in the Governor's budget but if it is not they look at the money and DLT may have funds aside to continue the program. Also this week we have a bill related to substance abuse – allows BHDDH to certify 'sober houses.' DCYF has a bill that Ruggerio put in working with the sponsors on the committee. One other issue I know a topic near and dear to the Chairman's heart (Sen Izzo), banning smoking on beaches.

Every year there is a bill that would make it illegal to smoke on the beach and that is up. Thursday we have article 7 (Medicaid form resolution), article 8 (revenue licensing of hospitals), and article 9 (medical and uncompensated care). Senate HHS Thursday will review authorized pharmacies and refills – waiting for the Governor’s office for direction on that. On the calendar Tuesday, licensing of health care facilities. We took a position that they should have to go through the CON process like many other facilities. We have a bill that we put in, individuals permitted to share their health info in Currentcare into the HIE with other individuals coordinating their care. Working with RIQI on this to use this data without having to infringe on folks privacy. The bill had a decent reception.

Maureen Maigret: It is a bit related, sometime back the people who are working to advocate for consumers in the ICI were concerned that perhaps the nurse care managers at Neighborhood Health Plan (NHP) did not always know when a person was admitted to the hospital or was being discharged. We were told there was an issue related to privacy concerns and that nurse care managers may not have authorization under state law to get that information – so if the consumer in the ICI gave permission to the health plan to exchange that info, would that solve that problem?

Jennifer Wood: If someone is enrolled in CurrentCare and they haven’t restricted the data feeds, then their physician should be able to see if they have been transitioned to another location.

Maureen Maigret: This wasn’t the physician though but rather the nurse care managers @ the plans.

Jennifer Bowdoin: I can respond – there is nothing that prohibits the hospital from sharing that info with the health plans, but Currentcare cannot send it directly to the health plans. This bill is attempting to address that channel.

Mike Cronan: Another on access to provider directories, this aligns with a current initiative to implement a common provider directory.

b. Budget Update – Jennifer Wood

Jennifer Wood: All of you are familiar with the governor’s budget as proposed, most of the EOHHS departments have had hearings in either House or Senate or both. If there are questions that have come out of those – in the mean time we are waiting for the process to play itself out.

Maureen Maigret: Caseload and revenue starts soon?

Jennifer Wood: Actually this morning, should have some results perhaps by the end of the week.

III. Ongoing Initiatives Update

a. **ICI – Jennifer Bowdoin**

Jennifer Bowdoin: First piece of good news is that we have an executed agreement with CMS and NHP. That puts us at a timeline of no earlier than July 1, yet I will caution that is still an “if.” Although we have a signed agreement there are still some steps that we need to go through before we ‘go live.’ CMS has to finalize approval and have a readiness review to certify NHP as a Medicare/Medicaid provider. According to that current timeline we will send letters by the end of May, early June and we will do a series of enrollment waves, right now the plan is eight months. The call center – I know there were concerns about it being out of state. It will be out of state for the first six months, but then it will be in-state. We know that was a big concern for advocates, we heard you, and are excited to move it in state after six months. The Ombudsman program: we are reviewing proposals and will have news on that relatively soon. We have funding to expand ADRC Ship capacity, with counselors hired to provide specifically options counselors for the demonstration.

Paula Parker: They’re here! Kim Capuano, George Dubuque, Sylvia Bernal also known as FAD counselors. We hired these three motivated and experienced individuals, they have been at United Way, at DEA, going to numerous trainings and meetings. They need to be conversant with all the products and be able to dive deep before the ICI. We are thrilled.

Maureen Maigret: The letter that is going out enrollment – the phone number on there will that go to these special counselors?

Jennifer Bowdoin: That will go to the call center. We tried to limit the number of phone numbers on the letters so we want the call center to triage the calls. Some documents do have the counselors’ number.

Paula Parker: Right. The number for the counselors goes to united way and then gets sent to the FAD counselors.

Jennifer Bowdoin: A few quick updates, some materials at the front of the room on the ICI Consumer Advisory Council – trying to move it to a consumer led, consumer driven body, in the process of recruiting participants. You do not have to be a consumer or an advocate to be on the Council, but we do want 51% of the membership to be consumers/caregivers. We have a number of trainings and outreach activities planned, if anyone feels a need to have their organization planned, let us know. We do have some provider office hours that are scheduled, if anyone wants that open opportunities – testing it out so for now Fridays in May at 10:00am. WebEx capable.

Sharon Terzian: If the client has commercial insurance should they be enrolled?

Jennifer Bowdoin: That's a great conversation for an options counselor as it truly is case by case decision. Not the situation for most who are eligible for commercial but it could be.

Jim Nyberg: Since the PACE program is technically under the ICI umbrella, is that training a part of the counseling?

Jennifer Bowdoin: Yes, it's a great opportunity to put those into training. It can be a great choice for those for whom it is applicable.

b. Adult Supportive Care – Michelle Szylin

Michelle Szylin: Just a quick update to fill you in on these regs. At the request of the Secretary, DOH has pulled the regs for supportive care; they were too restrictive and didn't fall within the original intent of what the program is supposed to be. We will work to design new regs and do that quickly. It would still likely come under health licensing jurisdiction.

Maureen Maigret: Are you going to bring some stakeholders in? I think that is a good idea, as when that legislation was passed... it is so similar to the assisted living regs that it was hard to see what the differences was.

Michelle Szylin: Yes we will certainly work to include stakeholders - will pull a small group together.

Maureen Maigret: It may be good to do a straw man business model what would it take to cover those.

Ann Mulready: Is it based on other states' models that we are trying to replicate?

Ann Martino: It is somewhat unique to Rhode Island, targeted at a specific set of businesses at that point in time. You will see what emerges be more in line with the options that are available in other states.

Maureen Maigret: It was, at the time, folks looked at the state of Washington legislation, but I don't know if that is what happened.

Ann Martino: It was done for expediency sake, most other places they are licensed separately, they are not exactly assisted living, and there is great variation across the states, will be fun to see what we can come up with to suit the needs of the population.

IV. RI Bridges Deloitte Presentation – Matt Harvey

Matt Harvey: I am here to talk to you about the upcoming release of our new integrated eligibility and enrollment system. It goes by various different names, UHIP Phase II, Bridges, etc. This is a high level overview of what is changing and do my best to answer questions. The big date that all should mark on their calendar is July 12, 2016 which is our 'Go Live' date. A lot going on in HSRI, and DHS to get ready.

[PPT slides available upon request via email to lauren.lapolla@ohhs.ri.gov]

Matt Harvey: There will be a period in the first two weeks of July that we call our Go Dark period – more information will come on exactly when and what to expect. The big public message is to try to do any planned work in June, so things aren't held up for you.

Tara Townsend: I notice that it will say there is an alert that will come up for the staff to know if there is work to do. Is that the same staff that will see people?

Matt Harvey: DHS is doing a lot of work to how their staff will alter their efforts, and adjust the resources. We have requirements in the program which we plan to meet or exceed, and I can reach out to DHS.

Kathleen Kelly: Your examples in the video seem specific to people who receive benefits. Will UHIP fully integrate LTC ability in the system?

Matt Harvey: Yes all DHS and all Medicaid programs in the same system. When you apply you will be able to see if you are eligible for any and all programs.

Kathy Heren: If someone is in the nursing home, and they have to apply for Medicaid as their funding is running out, can the social worker in the nursing home see that?

Jennifer Wood: They can, yes. A person can be authorized to access the system on behalf of someone as well.

Matt Harvey: You can apply through all the existing channels, as well as these new ones.

Kathy Heren: I was just wondering as some folks have no families and would need help.

Ann Martino: They will have access, there are road shows going around the state, and it's a pretty user friendly.

Ann Mulready: For the person who is applying they log on to check for notices?

Matt Harvey: You create an account in the system, be able to set preferences for how you like to receive notices.

Jennifer Wood: They can request paper, but if you request paper you also get an e-notice in the portal. If you request e-only you will not get paper information. Those are the preferences.

Matt Harvey: In the general sense, all correspondence will be available in the portal.

Senator Izzo: The documentation that is submitted is then scanned and forwarded?

Jennifer Wood: Yes even if you submit it hard copy, it is scanned and sent in.

Matt Harvey: You could take a picture of an email and upload it, you can mail it

in and DHS will scan for you. You can walk into DHS and they will scan it for you.

Jennifer Wood: I anticipate if you have one document and have the skills to take a picture and upload you will. If it's a stack of documents, you may choose to go to the DHS office and rapid scan.

Unidentified Commenter: Is there a receipt that goes to the consumer saying that all are included?

Matt Harvey: Yes, when you submit the application you receive confirmation yes. If you submit a document, you can look in the system and see yes document is received, not certain if a paper notice goes out on that.

Diana Beaton: Is this similar to HSRI that people need an email account to go though the initial log in?

Jennifer Wood: Yes. They will also create an email account for you at that juncture – you can create one specific to the work, say 'momsDHS@gmail.com' or something like that, so it is singular to the work here, and easier to share with authorizes users.

Matt Harvey: And of course you can always call the call center for help.

Kathleen Kelly: Under the current system if a person is trying to access assisted living services, they find a location and work with a DEA contracted agency case manager. Will that still be the case?

Ann Martino: You have to be Medicaid eligible first, and that process would occur before you get to the assisted living facility, or the DEA agency. The process has been streamlined considerably. Someone can apply for them, yes, online do not have to go through DEA.

Senator Izzo: For privacy purposes, does a person just change passwords if they change facilities?

Jennifer Wood: Yes, just like your online banking or your online utility bills.

Kathleen Kelly: If a person is already receiving assisted living services, will their current approval information be migrated into the new system?

Matt Harvey: Yes, it will all be in there on July 12. File conversion is happening now.

V. Rules Update – Ann Martino

Ann Martino: We sent around the rule 1400 to you all, and the purpose is to try to get our rules to represent our new world. For our purposes in RI we have put together a chapter of rules that deals with anyone who goes through that MAGI process – income based eligibility. The other group, which this particular rule 1400 deals with, are subject to the SSI standards. They are rigorous, they are cumbersome, but they are

associated with the relevant populations. The requirements that you have to meet are laid out in this rule. It establishes a new broad category for those covered in this group; it starts out with an overview of the SSI eligibility, then it discusses the group subject to the SSI methodology, then applies that methodology to community Medicaid. We get a list from the social security administration. If you lose SSI due to excess resources, we will see if you fit into one of these protected statuses to see if you can get Medicaid even though you have lost the cash assistance. The principal group that we handle are Elders and Adults with disabilities (EAD). You may be familiar with the moniker ABD – that is tied to the SSI program. In 1998 RI expanded eligibility for people who are aged and disability above the SSI income limit. If you are blind you have to meet the disability criteria to be eligible in this group, so now referring to as EAD. The income is higher, we have a simpler view, we are not going to be as rigorous in how we look at those things unless you are applying to LTC, at which point we are bound to look at your assets. That's the broad view of this rule. There are not great changes in terms of eligibility; we have discussed the possibility of raising the medically needy income limit to the FPL as we are one of the only states that doesn't, but we are looking at possibly a January implementation of that group. You will not increase eligibility, rather allow people to move into the groups. A few other changes but nothing significant.

Ann Martino: The most significant change is the explanation of how this new system will impact applicants. All who apply on July 12 will be tested to see if they are MAGI eligible first. You come in, you apply, and you are evaluated for MAGI. This system that we have will start with the MAGI eligibility question and will test to see all the possible coverage groups that you could be eligible for; you have the option under federal law to continue to see if you are eligible in other categories. The benefit is that you may be eligible for retro eligibility for the three months prior, but it is your choice. You can choose, if medically needy, stop at MAGI or go the next step. SSI is one of the doorways for getting Medicaid eligibility. This new process for determining one type of eligibility after another is also not mutually exclusive. If you are being evaluated within the EAD (you are not applying for a coverage group, the system behind the scenes looks for the best way to get you the care you need with the least amount of burden on your or us).

If you are looking for LTC you can get LTC as a current beneficiary eligible through the SSI pathway (so you could be medically needy, have community Medicaid) or be a member of the adult expansion group 19-64. In the next couple of weeks you will see new rules on LTC that explain how this process works, and how because of the process we have had to streamline the eligibility criteria. This is a broad overview – evaluated for every possible kind of Medicaid you can be eligible for

based on the information you provide. One other important thing, initial resource reports will be self-attestation, and a determination initially based on that attestation. Then verification will be sought out – we may do a provisional approval or pending approval – while we seek out the verification.

Maureen Maigret: I think you said that people in the MAGI group are eligible for LTSS?

Ann Martino: If you are a Medicaid beneficiary regardless of the door you come in, you are eligible for 30 days of LTSS. On day 31 the world changes – on day 31 if there is an assessment that you need another day or more days then you have established a need, or if it weren't for LTC services you wouldn't need 30 days. The new rule explains what those are. If you are an adult in the expansion group (under our waiver we have asked for and received the authority to provide people from 19-64 in that expansion with an entitlement to LTSS in the community).

Maureen Maigret: Under 65, you are entitled to community LTSS?

Ann Martino: Everyone has to go through a clinical determination and a fiscal determination, the scope changes.

Maureen Maigret: If you are over 65, there are rigid resources – but if you are under 65 there are no requirements?

Ann Martino: There are not, if you meet the MAGI which includes financial eligibility requirements. You are subject to the transfer of asset requirements and have to go through a clinical evaluation and if you have a spouse in the community you have to go through a review of resources.

Jennifer Wood: And that is where you will default to.

Michelle Szylin: If you are expansion you are receiving the services through the plan?

Ann Martino: For the first 30 days. On day 31 you go through the determination process, and then you are flipped into RHO or ICI Phase II (Integrity). In any case this rule does not specifically address LTC, it does address in detail what that SSI methodology. It also explains the highly complex deeming process.

Maureen Maigret: It would be really nice if in your call center you had a couple of people who really understand this stuff, and if a consumer calls up you can have a chat about it.

Ann Martino: You will see that this rule has many charts in it – and we have discussed putting up a consolidated chart that shows the ways to get Medicaid through these different pathways. The key is we are applying or health coverage, and the system will try to find health coverage in any possible way it can. Unless you request it stop, the system will continue so you may have the choice between whatever coverage you like.

Ann Mulready: For people who are working there may be some

advantage to do an SSI application – to have the SSI work advantage apply? If people are earning and on SSI you do not count dollar for dollar their earnings. If I am applying it doesn't take much for my earnings to fluctuate.

Ann Martino: If you are on SSI and you lose SSI for over income, then we do tests to see how to keep you on. The only time the hierarchy bumps something above expansion is when you have lost SSI, in one of those protective statuses. All of those take preference over MAGI if you have lost SSI. You will have the choice, and you can pick the one that is better for you.

Jennifer Wood: Fundamentally though it defaults in favor of eligibility.

Senator Izzo: When you were describing it, you were talking about one group where it was just that eligibility would be based upon what they attest to and there wouldn't necessarily be a more thorough documentation to that attestation. When they do have to provide documentation and it is found that documentation doesn't support their attestation what happens? Are they cut off cold?

Ann Martino: No. We use data exchanges to the extent we can about your income to determine if what you attested to is accurate.

Jennifer Wood: We have a live feed from DLT – if it is within +/- 10% of what you attested to the feed considers that verified enough for initial approvals. One of the reasons the state will save money on this in the long run is that in the past you may remain on eligibility for a long time after a change of circumstance and you didn't get around to telling anyone.

Everything is electronic verification – I put in my earnings to the best of my knowledge – it goes to DLT, it goes to the IRS and verifies and each month it checks in. If there is an increase, then a legal notice will be sent that says 'this is what we see you may no longer be eligible, and in 30 days we request you please let us know. If that is incorrect please send us verification that you are still eligible; if that is correct, then benefits terminate at the close of that 30 days.'

Ann Martino: That is correct. At this stage there are still some things we will need information on – we cannot verify annuities at this time, for example. There are still going to be some instances of initial verification – but the basic income issue you can self- attest to. This will expedite the eligibility process for all.

Kathleen Kelly: In the example Jennifer just gave, is there a vehicle in place to notify the providers?

Jennifer Wood: Unless the provider has been designated as the legal representative of the individual, no. Just like today a letter goes to the home.

Kathleen Kelly: For those who provide residential settings – when do we find out?

Jennifer Wood: How do you find out today?

Kathleen Kelly: We submit the bill and it is rejected.

Jennifer Wood: There you go. At this time that will stay the same.

Maureen Maigret: If I am 62, I am disabled, I apply - I do not have to submit my social security letter showing that?

Jennifer Wood: No – we have a live feed from the SSA. If there is a discrepancy, you do not need to verify. The shock and awe in the room and the shock and awe for me is the instant feeds are so rapid. The meetings we have had with attorneys on data feeds have been extensive; under federal law under the ACA, in establishing these systems, it says data feeds made available. It has been revolutionary to get these live feeds in place. From an ease of keeping benefits in place, for the applicants supporting benefits and others is great. Now you do not have to go and apply for each program, it will say “are you aware you could be getting, say, SNAP benefits” it is amazing.

Ann Martino: It is new, it will take time, but we can modernize the requirements more and more and more.

Jennifer Wood: I do want to calibrate expectations. The same technology platform that has been in place for HSRI is basically to be expanded in July. When the nation launched and expanded their system, it crashed, and that happens. In RI when we launched in 2013, it ran, and has run these past three years. It is a robust system, it has been underway and churning along, but all the DHS programs are being newly added – on July 13 I do not think it will fall apart, but I do want to calibrate expectations that there may be some slow steps, some glitches, some hiccups at first. A year from July, it will seem like this is how it has been done and always been done. It will work, but I won't pretend there may not be glitches here and there, so we preach initial patience with our excitement.

Ann Martino: You will be hearing from Lauren as soon as I have done the LTC rules. If there are some of you who would like to meet one on one or in small groups let us know and Ill meet with you.

Maureen Maigret: So refresh our memories what is coming up?

Ann Martino: We are planning to provide updates new rules on facets of the LTC rules that are changing. There are things changing in terms of eligibility pathways, changing in terms of post eligibility treatment of income, pre eligibility medical expenses. You will not get 120 pages on LTC, eventually the whole thing will be overhauled. The important things for you all are the level of care stuff –we will go back to the way things were – but also for the first time putting all the HCBS.

Jennifer Wood: Ann is correct in terms of the LOC, it's not as though it will never change, we are hearing input, we heard you, but we don't want to say that in perpetuity it may never change, but for the moment we are status quo on that.

Ann Martino: We are still continuing to evaluate people using both set of criteria, we will have a discussion, look at other states.

Kathy Heren: I think the big thing is that so many people prior to that had sat down and talked to that – I sat on those chairs many a month – that’s what it all was.

Ann Martino: Right and you know what the genesis of that was – it was a Reinventing Medicaid initiative, and those rules came out at the same time as we submitted info to the feds. We understand and we are revisiting.

Senator Izzo: People’s perceptions of the various departments in EOHHS –will that evolve? When you think eligibility you think DEA or DHS – but that won’t really be it with the new system, correct?

Jennifer Wood: I think that over time that is correct. There will be one place you apply for medical or human services programs. I predict a year, year and a half, two years from now, someone won’t think that is the Eligibility Tech at DHS - rather that is a person at the contact center or at DHS who helps me with my care needs. All will be the same system, clicking through to different places. When someone answers the phone whether it be the contact center in East Providence, or the worker at DHS, no matter who you call they are looking at your same file. We took an extra year on this project to be sure they can all see the same files. If it really is related only to your commercial insurance, they may do a warm transfer, but for you the client it’s one person to one person, not one place to another totally different place.

Maureen Maigret: There are three pending regulatory changes? This one, the ICI, and the LTSS? What is the timeframe?

Ann Martino: Yes. This one will go to ORR hopefully by the end of the week, you will then see it posted, and noticed for hearing as well. Our goal is to finish as soon as possible on the LTC stuff.

Jennifer Wood: Chapter 1400 has to land on the beach before July 12.

Ann Martino: If you have comments or questions still, please send them to me as soon as you can as we want to move quickly on these.

VI. Public Comment

VII. Adjourn