



EOHHS Task Force
Monday, July 25, 2016 1:00 pm
Hewlett Packard Conference Room 203
301 Metro Center Blvd, Warwick, RI 02886
Meeting Summary

EOHHS Task Force Meeting Attendees: Jim Beasley; Sylvia Bernal; Edward Curis; George Dubuque; Sandra Fournier; Chris Gadbois; Kathy Heren; Linda Katz; Kathleen Kelley; Betsy Loucks; Maureen Maigret; Roberta Merkle; Kayla Mudge; Anne Mulready; Kevin Nerney; Andrew Petersdorf; Wendy Phillips; Beth Pinkham; Lorna Ricci; Melvin Smith; Catherine Taylor; Sharon Terzian; Tara Townsend; Mike Walker; Vivian Weisman

State Agency Staff: Deborah Garneau; Holly Garvey; Ann Martino; Paula Parker; Elizabeth Shelov; Stephanie Terry, Linnea Tuttle

Introductions & Overview

The meeting was convened at 1:10 p.m. by Senator Tom Izzo, EOHHS Task Force Committee Chair and former Rhode Island State Senator. Senator Izzo welcomed all! He indicated that it is challenging to convene meetings in the summer, so thank you for attending. There were no announcements and Sen. Izzo proceeded directly to the agenda.

LTSS Systems Update: Stephanie Terry, DHS Administrator for Adults, Families, and Long-Term Services and Supports (LTSS), provided an overview to the group that included:

- Update on RI Bridges; today is first mock pilot in Pawtucket;
- There will be simultaneous use of INRHODEs and RI Bridges;
- The full roll-out of the new system will happen in September;
- Mock pilots are generally going well;
- Applications that come in by paper will go to central mailing and be scanned. Cases will be created at this time. Everything goes through the Medicaid Modified Adjusted Gross Income (MAGI) eligibility methodology first;
- There is a revised DHS-2, which is the paper application. The online system is a simpler process than the paper process;
- If applying for Medicaid, the applicant cannot be asked questions that are not relevant to Medicaid eligibility;
- Persons 65 and over will be bumped out of MAGI and the transfer of assets will be checked. Resources over \$4000 are permitted;
- Steps for LTSS application process will be laid out in rule #1500 (forthcoming);
- One DHS staff person will work a case from intake to completion. But assessments and home visits will be done by a social worker. Referrals will still be sent to the Office of Medical Review (OMR). As soon as a case comes into LTSS, an assignment is made for a home visit;
- Level of care and home based assessments are not the same thing;
- LTSS: have to meet specific criteria – amount and scope of services are determined during the home visit;
- LTSS: 90 days to render a decision on a “completed application.” The case should be done in 90 days. The 90-day clock starts when all documents required from applicant are received. System confirms receipt and indicates what is missing or pending. Automation will reduce the amount of time to process an application. Lack of physician documentation can slow things down;
- There are problems with access (e.g., 60 days average wait time on co-pay waiting list);



- Access should be on agenda for the August meeting;
- Agencies are having a hard time filling positions which affects access; lowest level of need has good services that can be accessed. Access is a function of the delivery system too;
- Options counseling is the beginning stage –most clients know where they want to go. Many people do not know what services are available. Options counseling should be done before the LTSS system kicks in. Most people come in crisis;
- We have to explore the financial disincentives to receiving care in the community. This will be addressed in rule #1500 (e.g., shelter allowance, special maintenance of needs + \$400);
- A forensic comparison of home versus nursing facility care incentives would be a great exercise for this group.

MFP Update: Holly Garvey, Project Manager for EOHHS, began with an update on the Money-Follows-the-Person (MFP) Program. MFP is a demonstration grant awarded by CMS to Rhode Island for targeting persons who have nursing home stays >90 days and assisting them transition to home or qualified settings.

- MFP grant manager Jennifer Reid has left EOHHS and is working for the Massachusetts Rehabilitation Commission. A new candidate for Jennifer’s position has been identified and will be on-boarded in the next few weeks;
- In State Fiscal Year (SFY) 2016 (as of May 2016), 50 transitions back into community were reported;
- An evaluation of the EOHHS rebalancing efforts is being done by the Lewin Group.

Supporting the Health & Wellbeing of Rhode Island’s Older Adults: Holly Garvey presented on this topic as well. Highlights of her presentation included:

- The Governor’s Office is looking for recommendations about services that can be established for Rhode Island’s older adults. A subject matter expert team is being put together that includes Maureen Maigret and Dominic Delmonico. The group will build on the work done in the past: Reinventing Medicaid, Division of Elderly Affairs (DEA) State Plan, and the Alzheimer’s State Plan. A public process will be developed for this work;
- Work on a hoarding training curricula is being done; training is being done by Butler Hospital with community agencies. There are not enough people trained in the community to deal with this issue. Massachusetts has a good peer model for hoarding training. People may lose their community-based housing because of a hoarding issue.

Home Stabilization: Linnea Tuttle, Chief at EOHHS, presented a PowerPoint on EOHHS’ Home Stabilization Program. Ms. Tuttle has been managing this Program for the last month since Jennifer Mowry left EOHHS. (The complete PowerPoint presentation appears below).

- There are two components to this Program: “home find” and tenancy support services;
- RI Housing is an active part of the process as well as sister agencies, Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH); Health (DOH); and Children, Youth, and Families (DCYF);
- This is a Task Force initiative dating back to 2010;
- Persons eligible for this Program learn how to budget and be appropriate tenants;
- This is a time limited Program for six months but can be renewed for up to two years;
- Three provider applications are currently under review. Approved providers will be listed on the EOHHS website. Providers may work in conjunction with other agencies and have to be certified by EOHHS.



- This could be a great add-on service for adults with behavioral health care needs;
- Sharon Kernan will be running the home locator piece of this Program.

Rules/Regulations Update: Ann Martino, PhD, EOHHS Policy Director, began her presentation with a recap of the Medicaid Code of Administrative Rules, Section #1400: “Integrated Health Care Coverage” that was posted for public comment on May 16, 2016 and was the subject of a public hearing on June 20, 2016.

Highlights:

- All of the public comments are being addressed; revisions are in the final stages;
- No substantive changes have been made in the proposed rule;
- Staff are trying to ensure that the system is programmed correctly and in accordance with the rules;
- Two outstanding issues: 1. Increase the Medically Needy Income Limit (MNIL) to 100% FLP. This would need approval from the General Assembly related to cost increases; 2. The *Stanley v. Rhode Island Executive Office of Health & Human Services Consolidated with Senay v. Rhode Island Executive Office of Health & Human Services* case (Case No: PC-2015-1857 and PC-2015-3094) requires EOHHS to change the income eligibility standard for the Medicare Premium Payment Program (MPP) to a household size of two if a married couple is applying for the Program. The Medicaid methodology will have to be changed to accommodate the Superior Court decision. A state plan amendment might be required;
- The Office of Regulatory Reform (ORR) will provide guidance as to whether or not an additional public hearing will be required for MCAR Section #1400: “Integrated Health Care Coverage”;
- EOHHS is seeking volunteers to review the Sherlock regulations and related requirements for working persons with disabilities;
- Medicaid Code of Administrative Rules, Section #1500 Proposed “Medicaid Long-Term Services and Supports”: Two outstanding issues: 1. Post-eligibility Treatment of Income (PETI) and cost of care arrangements have to be reworked to make the process equitable for community versus institutional beneficiaries. 2. Eligible resource rules for all applicants (except SSI) will be increased to \$4000. SSI rules related to eligible resources are determined by the federal government. A societal cost/benefit analysis and the cost of the rule will have to be established before re-noticing the rule for public comment;
- Rule #1500 will set forth in clear detail all the steps of the LTSS application process;
- The Medically Needy Program has to be reviewed. Other states’ requirements are being studied.

Public Comment

There was no public comment.

Next Meeting

The next meeting date/time: **Monday, August 29, 2016 at 1:00 pm at HP in Warwick.**

With no further business or discussion, the meeting adjourned at 2:59 p.m.

Notes prepared and respectfully submitted by:

Elizabeth Shelov, MPH/MSSW

Chief, Family Health Systems

Executive Office of Health & Human Services

July 27, 2016



EOHHS Reinventing Medicaid Initiative: Home Stabilization Services

July 25,2016

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