



Long Term Care Coordinating Council
Integrated Care Initiative Consumer Advisory Council
October 1, 2014
10:00-11:30 a.m.
Department of Labor and Training Conference Room
1511 Pontiac Avenue, Cranston

Draft Minutes

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|------------------|-----------------|-------------------------|
| Michelle Szylin | Jennifer Reid | Lisa Corrente Hetland |
| Michelle Amado | Kathy Ulrich | Lauren Curci |
| Diane Taft | Anne Mulready | Deborah Burton Michelle |
| Nancy Tasca | Gretchen Bath | Marandola |
| Kathleen Heren | Marjorie Waters | Jim Nyberg |
| Linnea Tuttle | Leena Sharma | Donna Martin |
| Julianne Voss | Maureen Maignet | Linda Katz |
| Ken Pariseau | Bill Flynn | Randi Belhumeur |
| Meg Shanley | Paula Parker | Marianne Raimondo |
| Claire Rosenbaum | Mary Madden | Marea Tumber |
| Keila Rivera | Jorge Andino | Lt. Governor Roberts |
| Kara Neymeyr | Rita Terreno | |
| Shirley Palmer | Louise Povall | |

1. Welcome

Lt. Governor Roberts welcomed everyone to the meeting.

2. Approval of minutes from September 3 meeting

The minutes were sent through email. They are also posted on the Secretary of State's Website. If anyone has any edits to the minutes, please contact Marea. The minutes from the September meeting were approved.

3. Enrollment and Call Center Update (Holly Garvey, EOHHS)
(slide presentation attached)

Total ICI enrollees as of October 1, 2014: 17,162 in RHO, 4,964 in 4CP, and 309 in PACE, for a total of 22,447. There were 489 new RHO enrollees with an effective date of October 1, and 526 with an effective date of November 1.

Lt. Governor Roberts asked whether the “Community with LTSS” numbers were higher this month than in September. Holly said the number has varied a little, and that there is more information about this in the call report. The number changes since people can opt-out anytime, so this number reflects both “never enrolled” and “opt-outs.” The returned mail percentage is approximately the same.

Maureen Maigret expressed concern that people are remaining in FFS because they are afraid they will lose their provider network. Nicholas Oliver asked for a further analysis of these numbers to determine if the opt-outs are specific to certain contracts.

Jorge Andino asked for clarification about a plan “not paying for prescriptions” as one of the listed reasons that people opted-out. Holly explained that when a person calls the call center to opt-out, they are asked to give a reason why they are choosing to opt-out. The reason they give is their perception; it does not mean that their plan did not cover prescriptions. Jorge then asked why his insurance does not pay for vitamins prescribed by his doctor for neuropathy. NHP does pay for OTC medications with a prescription, and they will address this with him. The Lt. Governor stated that this is a big issue for consumers; they often do not know how to get help with a question like this.

“Opt-out” reasons:

The group discussed possible language barriers at the call center, and whether this is increasing the number of opt-outs. Holly stated that there are bilingual people working at the center, and they use a phone translation service as well. Linda Katz asked whether all the calls reported on the slide are opt-outs, or whether the number represents all calls received at the center. Holly said she believes it is just opt-out calls. Linda would like more information about the group that is choosing to remain in FFS, since this group represents 90% of the total opt-outs.

Holly said that the call center uses a script, but perhaps it could be modified. The Lt. Governor said that it would be useful to have some language questions on the script, and that this group can make some suggestions on how to improve the script. Holly said that a few months ago the state could not take this on, but she will take it back to HHS. The Lt. Governor said that we want people to live independently, so we need to get a handle on why they are opting-out. Marjorie Waters stated there is still a lot of confusion in the community about what services they qualify for in RHO.

Bill Flynn suggested that a phone survey of this opt-out group would be useful. The callers could be asked to reconsider their decision. If they are happy with their current plan and do not want to change, the surveyor could explain the benefits of switching, i.e. that they may be able to get even more services.

Jorge asked about assisted living centers not accepting NHP. The Lt. Governor stated that these are likely misunderstandings and misperceptions, not plan limitations. Nicholas Oliver asked about the opt-out reasons: “homemaker services not getting paid,” and “case worker told client to disenroll.” He would like to know if there is any validity to these or if it is a perception problem.

Shirley Palmer raised the issue of people losing Medicaid when their income increases. Holly said that this is a concern; there are eligibility rules for both Medicaid and Medicare. Some people with low incomes do not qualify for Medicaid; they do not qualify under the rules and therefore cannot participate in these two delivery models.

The Lt. Governor asked Holly to clarify how a person qualifies for Medicaid through the “flex” or “spend down” program. Holly said that if a person has Medicare parts A, B, and D, meets certain age eligibility criteria, and lives in a nursing home, the “flex” program might not necessarily affect them. They probably continue to qualify for Medicaid because their nursing care expenses are so high. However, it is more common for a person who lives in the community to be in the “flex” category. They need to recertify every 6 months, and the variability in their expenses may mean that in some cycles they do not qualify for Medicaid. The Lt. Governor expressed concern over the coordination of care when people are Medicaid eligible for only part of the year.

4. Self-Directed Care Populations (*slide presentations attached*) (*Michelle Szylin, EOHHS & Kathy Ullrich, NHPRI*)

The Personal Choice Program (PCP) is designed to give Long Term Care Medicaid eligible individuals more control over how they receive personal care services. PCP is a home and community-based program where individuals who are eligible for Long Term Care services have the opportunity to exercise choice and control of the management of individuals who provide them with their personal care. Also, participants have the ability to determine how a specified amount of funds in a participant-directed budget will be utilized.

- Participants work with Service Advise ment (SA) and Fiscal Intermediary (FI) agencies who offer assistance to participants in making informed decisions that are consistent with participant needs and that reflect the participant’s individual circumstances.
- Participants must meet eligibility criteria, are competent to self-direct care or who have a qualified designated representative who is able to direct care for the participant may be candidates for the PCP.
- The SA and FI agencies must confirm the participant’s eligibility before PCP services are initiated and also at the time of each reassessment. The SA performs functional, mobility and nursing assessments, and the FI oversees the budget and performs the payroll functions.

- Each participant has an Individual Service and Spending Plan (ISSP). The ISSP is a written plan that outlines wages and fees, emergency back up plans and schedules for the personal care attendants (PCAs).
- EOHHS Medicaid, the SA and the FI will also monitor the participant to ensure health and safety, program satisfaction, the appropriateness of current spending plan, and progress toward goals.
- Currently, Tri-town is the SA agency, and Options is the FI agency.

The Lt. Governor asked whether the PCP can be integrated with compensated care from the participant's family. Michelle said yes, that family members may be paid as PCAs, as long as they are not the participant's dependents or spouse.

Michelle is going to double-check about whether all partner agencies perform national level background checks on PCAs. Kathy Heren asked what measures are in place in a client is being abused by a PCA. Michelle stated that there are several options: they can call the police, be disenrolled from the program, or the PCA can be terminated, depending on the circumstances.

The client sets the wages for PCAs, and the current range is from minimum wage to \$15. The client never handles the money; the FI manages it, and pays bills directly.

There are currently 479 people in the program, with a waiting list of approximately 200 people. There is no cap on the size of this program. Those on the waiting list are waiting for their assessments and paperwork to be completed. Marjorie Waters asked about the time frame between assessments and access to services. Michelle said that optimally it is 90 days. Linnea Tuttle said that this is a very complex program, in terms of eligibility, finances, background checks and level of care. If the process goes perfectly, it can be done quite quickly; the average is approximately 2 months. Additionally, they now have capacity issues because Tri-Town is understaffed and PARI discontinued services. Michelle does not know why PARI closed its doors, but they did pay all claims. Options took over as FA for PARI's clients as on July 1. Michelle hopes to have a new SA in the next few weeks. If anyone has questions about the PARI transition, please call Michelle or Linnea.

Tri-town is hiring, and EOHHS is looking for new agencies to partner with. EOHHS advertised, and several agencies came to an informational meeting. Initially, no one applied, but now they have 2 agencies interested, and one is halfway through the process.

Bill Flynn asked how long people would have to wait to be paid by a new agency. Michelle said they must pay as bills are received, so a new FI needs the ability to pay upfront and then be reimbursed by EOHHS.

The Lt. Governor asked if the 200 people on the waiting list are receiving services, and whether people on the waiting list are prioritized. Michelle said that the list is not prioritized, and that people on the wait list are eligible for all their regular services through community agencies.

Linda Katz asked about a breakdown of age and types of disabilities represented in the program. Michelle said that it started out being mostly younger people, but now it is about 50/50 disabled versus elderly. She did not have a breakdown by disability type.

Kathy Ullrich (NHP) said that 170 of the total 479 participants are NHP members. The Lt. Governor asked Michelle how being a NHP member changes what a participant receives in the PCP. Kathy said that the assessments, FI, and SA are all the same. The main difference between FFS and NHP is that NHP uses case management. One person takes care of everything, and acts as a point of contact for emergency room and inpatient care. They are able to coordinate care and help support members so they can stay home.

Kathy said that NHP members in this program range in age from 26 to 90 years old. Everyone in the PCP program needs help with the activities of daily living. Many of the PCP participants have spinal cord injuries, muscular dystrophy or multiple sclerosis. People with Alzheimer's or other cognitive impairments can be in the program as long as they have representation to help with decision-making. Kathy said the case manager would call family and the client's physician to be sure that the client is adequately represented.

Marjorie Waters asked if Kathy has seen an increase in the number of members who are receiving services, but need to be moved to a higher level of care. Kathy said sometimes people need more, but others recover from illness and require fewer services.

Maureen Maigret expressed concern about the large number of people without LTSS and asked whether they are receiving preventive care. Kathy said people in the program do receive preventive care. NHP wants to be sure people are at the correct level of service, or apply for LTC if that is needed. Maureen asked about the time frame if someone needs Medicaid LTSS, and Kathy said they use peer navigators and LTC field services to help facilitate the process. In the meantime, NHP increases the number of care hours to keep them safe while they are waiting for the change in enrollment.

The Lt. Governor asked whether family members can be paid as PCAs while a person is on the wait list for the PCP. Kathy said that you cannot provide payroll until the person is in the program because they use a FI to manage funds.

The new FLSA ruling states that if a participant is the sole employer of a PCA, and the PCA works for more than 40 hours in a week, they must be paid 1.5 times their hourly rate in overtime.

5. Engaging the Already Enrolled ICI Consumer (*Diana Beaton, EOHHS*)

Diana Beaton and Bessie DeLoach were not present at the meeting, so we will discuss this at the next meeting. There are approximately 7000 people in the ICI who are not engaged, and we will discuss the outreach process, marketing and card issues. We will also be discussing the IDD/SPMI case management challenges at the November meeting.

6. New Business

The MOU is not signed yet, so the ombudsman grant report will be discussed at the next meeting.

7. Public Comment

None.

Next Meeting: November 5, 2014, 10-11:30 a.m. Location: Child & Family Conference Room, 1268 Eddy Street, Providence.