

**Long Term Care
Reinventing Medicaid Implementation
Stakeholder Engagement Meeting
Meeting Minutes
December 10, 2015 – 2:30pm**

Attendees: Holly Garvey, Lauren Lapolla, Ralph Racca, Josh Pseveich, Diana Beaton, Joan Wood, Michele Szylin, Kathy McKeon, Kelly Lee, Nelly Botelho, Jim Nyberg, Jenn Crosby, Kathleen Kelly, Hugh Hall, Virginia Burke, Monica Hoten, Erin Casey, Andrew Powers, Jennifer Reid, Shaun Conoy, Kathy Heren, Maureen Maigret, Linda Katz, Joe Jobeck, Kim Brito, Stephanie Terry, Ben Copple, Ann Martino, Ricky Bell, John McDonald, Paula Parker

I. Welcome

Holly Garvey welcomed everyone, and the attendees went around the table to introduce themselves.

II. Updates: LTC & HCBS Initiatives

Holly went through a few overview slides of the work being done within the LTC sphere of the Reinventing Medicaid budget implementation efforts.

Questions & Discussion:

Maureen Maigret: Would it be possible to add the expedited eligibility item to that please?

Ann Martino: Expedited eligibility is on the agenda for rule making and scheduled with the implementation of Phase II of the integrated eligibility system (UHIP Phase II) in July. We are programming the system to do expedited eligibility in conjunction with the implementation. It is unlikely that the changes will not go into effect until July.

Maureen Maigret: That's good but think it would be helpful to have some benchmark measures. We used to get data reports that were provided to the Senate commission on Health and Human Services; I don't know if that statute was changed but that would include timeframes on eligibility. Haven't seen that in a very long time, in the interim if information could be provided on that it would be very helpful so that when the new program goes into effect we could have information on performance.

Holly Garvey: The request for the interim information will be raised internally.

Holly Garvey: We had a number of different initiatives, we have combined some, and others have already been accomplished. They have been put into categories with individuals leading like topic areas; you will notice you don't see level of care changes on this presentation or personal choice, those were some of the two initiative on another area that was being led by other folks. I just wanted to let you know that is why they are not on this list. As many know we are moving forward with revising levels of care for highest need. I know there has been some feedback.

Ann Martino: The rules are at the Office of Regulatory Review; there was an informal vetting, they are with ORR they have 30 days to evaluate and when we get clearance we will post them.

Jenn Crosby: I haven't seen an impact analysis that the state has done on impact of community based programs on highest level of care changes.

Ann Martino: I can tell you at this point those issues have been raised, a waiver amendment went forward with an opportunity for public comment. There will be an opportunity for additional public comment in the rulemaking process, but in terms of specific issues you have addressed and whether there will be fiscal impact some work is being done. They have a set LOC formula that we now follow.

Ralph Racca: We did a first cut of 2015 data, took the entire universe, did a sample, had the OMR nurses review those results compared to the old criteria to the new criteria. There was little change, there was some impact, minor, well within the parameters. Another cut on more recent data (from August 15 –Nov 15) just don't have all the info back yet to share with you.

Jenn Crosby: So in that universe, the Right at Home program only has 100 people involved, so that small scope may be missed.

Ralph Racca: You may miss it in the sample, hence why we are doing another run, but we will share the results.

Maureen Maigret: What will you do with those results?

Ralph Racca: The staff is looking at the results of the review to see if that initiative will achieve the results that we put forth, diverting 50 people per year. The review will help determine if that impact will exceed or be in line of the 50 per year. Once we have that info we can share with the group.

Ann Martino: Under the terms and conditions of the waiver, we also have to assess whether there have been any adverse impacts, or to prepare for them. There are grandfather clauses, a whole variety of things that we look at as we build the database. Anyone who is in shared living now will not be effected – they are grandfathered in. Only if your level of care or need changes will you then be affected by them.

Jenn Crosby: But for Caregiver Homes going forward ... what is the opportunity to come up with financial and administrative policy mitigation strategies? I am wondering what are the chances to come up with administrative solutions that are adversely going to effect the program going forward.

Ann Martino: I am pretty sure there will be opportunity to do that, and to what extent it is creating incentive, and there are also other opportunities in the HCBS settings, so must look at this as a whole. We are always open to input.

Virginia Burke: When you presented at the Task Force meeting on the new level of care, you said we were doing this to bring us in line with other states – I have tried to find those states, and I cannot seem to do it. Can you send that to us?

Ralph Racca: They have a policy and that is what we looked at.

Kathy Heren: Why pick an example of a state, like MA, that doesn't deliver good care?

Ralph Racca: That was the charge, to bring us in line with MA and CT – regionally.

Ann Martino: We didn't look at the quality issue as much as it was ensuring that (in line with empirically sound data that shows that we have a higher number of people with lower levels of acuity than others in the state). We are bringing us in line to keep our patients geared towards the appropriate levels of care.

Kathy Heren: All I am saying is that when you make a change, you need to look at what care is given in those states.

Ralph Racca: Those are two different issues – one is eligibility, the other is care delivered in the state.

Kathy Heren: You don't think if you have a lower level of care that will contribute?

Ralph Racca: That is not the care delivered in the nursing facility – different than the entrance level to get into that facility. And those patients who are already there will remain – grandfathered in, unless their level of care changes.

Linda Katz: To the extent we get a sense of how many people would not be found eligible going forward for nursing home care, we need to look at what resources we need in place to take a look at HCBS services for those folks. Do we have sufficient services in the community for people who may have been directed to a nursing home and will be now be changed?

Ann Martino: Which is a great segue to Michelle's adult day topic.

Maureen Maigret: Before you make mention, the Reinventing long term care group did make mention that we were concerned about changing the levels of care, and not having enough community resources.

Kathy Heren: Since you are taking people out of nursing homes, we want to know if the regulation will be there for the Assisted Living. What are the parameters for NHP overseeing this program?

Ann Martino: The certification standards for Assisted Living were developed by EOHHS and consistent with the HCBS standards the feds have adopted. They are much more aggressive than those that exist now, you will have a much more aggressive approach to the scope and quality of services that much be available.

Kathy Heren: Have you had anyone apply for the license for limited health services?

Andrew Powers: Yes. We have had two applications, they have not yet been approved yet.

Virginia Burke: We are looking to align with CT and MA correct?

Ralph Racca: That is the budget initiative.

Jenn Crosby: Massachusetts is less stringent than this.

Ralph Racca: We obtained the policy from MA, did an analysis based on our data and came up with the language you see in place.

Holly Garvey: Thank you. We have gone a bit off agenda, so let us get back to topic. Any comments that you would like to send in advance of the public hearings when those are posted feel free to send those to Lauren Lapolla.

Holly Garvey: Personal choice update – the initiative is to change the reimbursement structure from case rate to per diem rate. EOHHS is waiting for CMS approval.

Joe Jobeck: How would an organization such as Welcome House get more info on the Home stabilization initiative?

Holly Garvey: Our category 2 is posted, once we get approval on rules and Provider Certification Standards they would be made available. Rules need to be signed off by Office of Regulatory Reform (ORR), and then go posted and for public hearing.

Ann Martino: It will be a Medicaid coverage service – Michelle Brophy would ultimately be your contact person, along with Jenn Reid.

Holly Garvey: Yes, Michelle Brophy has the BHDDH grant, and she is helping us reach out to non-participating Medicaid providers to help us transition them to being Medicaid providers. We have work ongoing with Michelle doing outreach with the providers, and on our side what are the requirements for MMIS to be a participating Medicaid provider.

Joe Jobeck: Thanks. Michelle had directed me to this group.

Jennifer Reid: We are in the midst now, working on a marketing plan to get the message out, answer these questions. We have a standing meeting each week to talk about that, how to roll it out.

Joe Jobeck: We also run an overflow area w peace dale congregational church, we see about 5-8 people with mental health issues, and how do we connect them with medical services.

So I should connect with you, Jenn?

Jennifer Reid: Yes.

Linda Katz: On home stabilization, I think it was just category 2 there was a hearing on?

Holly Garvey: Correct.

Linda Katz: I raise the issue of this was targeted to people already in, to maintain them? Not to help people find and maintain. Has that changed?

Holly Garvey: We haven't changed the language but we read it as find and maintain.

Ann Martino: When the federal government defines tenancy supports they include locating housing.

Assisted Living

Ann Martino: In order that you all are aware, after a lengthy discussion with Social Security Association (SSA) we are creating one new category, it will go up to 1530, 120 is the personal needs allowance, but again only for those participating in the ICI. There will be category, D, Category F, should be up by second week of January, have to be in an Assisted Living that meets the new standards.

Kathy McKeon: How many meet the standards now?

Ann Martino: Many do, but I do not know if they are participating.

Kathy McKeon: Do you expect to see an increase in those participating?

Maureen Maigret: I am not clear – the new payment category on SSI is that for just people who will participate in the ICI? [Yes] so those in FFS in D, they don't get it?

Ann Martino: No. They can move, from D to F if they live in a facility that meets the standards.

Maureen Maigret: But the resident would have to be in, or choose to be in the ICI.

Kathleen Kelly: Can you clarify for me, it was my understanding that the new SSI payment was only for those participating in the pilot program.

Ann Martino: The pilot program you refer to is only for those who are in the ICI – gives the plans flexibility to negotiate in ways that we cannot. If it works out, and it does prove to be successful then the legislature and the secretary have indicated would seek to do it on a broader level. The pilot is not time limited, but have to come back and show it has to be at least as cost effective as care within a Nursing Facility. NHP will pick the facilities.

Michelle Szylin: And we haven't gotten there. First, they would need to be certified at the higher levels of care.

Maureen Maigret: Will the reimbursement rates for the Medicaid services be determined by NHP or the state?

Michelle Szylin: By Neighborhood.

Joan Wood: Also, we [NHP] have just met with the state this past week. I can get back to you on the question of if that info is proprietary or public.

Redesign of Connect Care Choice/Connect Care Choice Community Partners (CCC/4CP)

Paula Parker: Are their waves to enrollment of 4CP redesign?

Holly Garvey: The second wave is opt out – those individuals who are in 4CP. Some will be offered enrollment into RHO; some will not and will remain in FFS.

Diana Beaton: Is there a timeframe that we know?

Holly Garvey: January & February

Linda Katz: It's often been helpful to have feedback on notices being sent to recipients. We have been working with Diana on ICI stuff – can we have input for this 4CP program?

Holly Garvey: I can take that back - we have tried to mirror the enrollments into managed care, mirroring on the existing distribution.

Linda Katz: Right, but this will be explaining one system to another, so to ensure people get care coordination maintained we should talk off table.

Adult Supportive Care Residences

Drew Powers: We are hoping for the end of January for public hearing on those.

III. Adult Day Health Provider Certification Standards

Michelle Szylin passed around four documents – standards, ADC 1.1 activities of daily service levels, ADC 1.1 skilled services, and ADC 1.3 service leads.

Michelle Szylin: Currently there are no standards – the point was to develop standards and develop a new rate structure. In working with the DOH, stakeholders etc., we came down to two different rate levels. 1.3 describes what the service levels are, and you can review. Any individual applying for adult day care must meet at a minimum the preventative level of care as developed by OMR. If you already receiving care and are meeting enhanced levels of care, you do not need to be assessed again. Adult day determines what they will bill – there are two different rates. The rate today will be lowered, and then there will be a higher rate than we pay today. Those rates should be finalized this week. If they are providing these services, they can bill under the enhanced rate; if they are not providing these services they have to bill at a lower rate. We will back-end audit.

Kathy McKeon: High level – this sheet we are looking at talks about Medicaid reimbursement for adult day; in addition there is the copay program and the respite program, and private pay etc. What can we do to simplify this? The family that uses respite care where we provide a subsidy for that, are going to expect some kind of comparable rate for the person there for need enhanced care. Is there a strategy to look at this, simplify for the providers, payers and families.

Michelle Szylin: I'll be honest, there has not been one, but it is a good idea.

Jim Nyberg: There have been discussions at least about the co-pay program.

Michelle Szylin: Yes, but DEA is waiting to hear from us on that.

Paula Parker: We were looking at what the rate would go to and think about if we would increase the co-pay to \$15 per day from \$11.

Michelle Szylin: We can certainly meet to discuss that.

Kathy McKeon: We would very much like that.

Kathleen Kelly: The preventative level of care referred to here, are you referring to the one that dates back to original creation of waiver (YES). Ok and who is setting the rates?

Michelle Szylin: State will have rates NHP will have their own rates, United will have their own this is for the FFS Medicaid.

Kathy Heren: On pg. 5 of the standards, nursing service and oversight... does that mean in these day care centers we will have RNs, LPNs and med techs?

Michelle Szylin: That comes right from the regs.

Kathy Heren: Ok. On nutritional services, will the food have to be prepared by someone with a license?

Drew Powers: For meals, there has to be a food operator's license, and the adult day care as to be assessed by the office of food protection as well.

Michelle Szylin: Most of what is in the certification standards comes out of the rules and regs. Differences are the assessment, reimbursement for Medicaid payment.

Drew Powers: Referencing pg. four of the certification standards, section 2. We have adult

day care providers that request variances – the big one is the issue of age. The requirements for adult day care have to have at least 51% of residents are 55 or older, and many are not meeting that. If the DOH grants their variance would they be in compliance?

Michelle Szylin: Yes, if you license them, you grant them the variance, then they are in compliance.

Linda Katz: You could added a phrase compliant w DOH regs or variance.

Drew Powers: How does the CMS final rule in payment considered here, and wouldn't it be a part of the standards for payment?

Michelle Szylin: Yes it is considered, but the reference will need to be added. I changed some language around person centered planning. But these settings do have to meet the HCBS rule. You are correct it should be referenced.

Linda Katz: These only apply to Medicaid FFS -how many?

Michelle Szylin: Currently 184 receiving HCBS, a little over 200 that attend adult day with no assessment. Some may move into managed care.

Linda Katz: Just to make the point that rules should be consistent over who the payer is.

Michelle Szylin: And we have had many conversations with NHP, our standards are fairly in line. I cannot speak much to rules.

Any additional questions about adult day certifications, they are posted for public comments.

IV. **Public Comment**

Virginia Burke: At caseload there was a projection of how much would be saved through the Reinventing initiatives. These were shared again with the EOHHS Task Force. According to reinvention expected to save \$68million. \$8.8million is from initiatives implemented, \$14million those not yet implemented, and \$46 million is straight funding cuts and increases to provider tax. Not sure why cuts and taxes are considered reinvention. Since the bulk comes from cuts, we should anticipate as LTC providers everything will be starved as subject to cuts.

Jim Nyberg: The Medicaid application approval process is getting longer and longer, regardless of provider. I know there is talking about UHIP being a panacea to this – will it really start in July?

Ann Martino: Yes. Many things will happen – streamline eligibility criteria, lean initiative in DHS to look at how eligibility is determined (in process).

Stephanie Terry: Looking at point of entry, what the barriers are – Deloitte did some mapping, looking at consistencies among offices, streamlining what families know. I lived this system recently with my mother, and with my years of social work I couldn't figure out what I was eligible for. I just left a supervisors meeting and while the universal application will not change, what we are looking at is sending out key instructions, and really giving a

menu of a simplified user friendly attachment that is going out. What sections they need to skip, what need to bring, have prepared. A check list at the office level to make sure all of that has been reiterated, and in addition a very consistently updated provider service directory and then looking at the website and taking out things that do not make sense. Make it as simple as possible if you want it simplified.

Ann Martino: One thing now is there is a two page sheet that the LTC staff use to determine eligibility and it all will be one starting in July, and it will streamline the process. Right now we have 3 categories of LTSS, SSI eligible, special income, or HCBS 217 eligible, if not look to see if medically needy. The medically needy is the highest, so it will be set up to look at first. In the LTC world, things don't really change unless through the rulemaking process, legacy in the old days.

Linda Katz: Are you looking at the LTC part?

Stephanie Terry: Just the LTC part.

Hugh Hall: During that deliberation and finalizing can you include people outside who help to file the applications day in and out?

Stephanie Terry: Yes, we are developing user groups, handbooks, manuals, training staffing. My role is the management piece but need to go further.

Hugh Hall: Biggest piece is information given to families that they cannot spend. The hurt goes to the provider if the money is discounted the group that feels that is the nursing homes.

Ann Martino: I also want to point out that we are aware of lucrative practice among lawyers charging people significant amounts of money to spend down; we are seeking to address that.

Virginia Burke: I think the problem is people in hospitals are trying to place people in nursing facilities, and because the eligibilities are delayed they aren't accepting people

Ann Martino: Yes but they cannot demand \$30,000 upfront.

V. Adjourn – Meeting adjourned.