

ICI Implementation Council Meeting
April 18, 2016 – 3:00pm
Department of Labor & Training Room 73-1
1511 Pontiac Avenue
Cranston, RI 02920

Attendees: Kathy Heren, Maureen Maignet, George DuBuque, Sandra Fournier, Andi Mullin, Gretchen Bell, Tammy Russo, Mary Ladd, Cristina Amedeo, Jim Nyberg, Bill Flynn, Sam Salganik, Alison Croke, Betty Murray, Linda Katz, Margaret Gradie, Lauren Lapolla, Moise Bourdeau, Jennifer Bowdoin, Majorie Waters, Michelle Szylin

I. **Welcome**

Jennifer Bowdoin, EOHHS/Xerox welcomed everyone to DLT. Advised that today we would go over a few updates generally about the status of the demonstration, and then move into an additional conversation about the proposed rule.

II. **Update on Demonstration**

Good news the three way contract has been executed. Almost officially complete a few last items to clear to make it official. The official version will be publicly posted and linked to our EOHHS website, which we can send out to stakeholders.

Maureen Maignet: Is there anything that may stand out in particular that we should look for?

Alison Croke: I think a section that would be of relevance for this group may be the grievance and appeals section?

Jennifer Bowdoin: Yes that is a little complicated. CMS starts with the default of everyone gets a face to face assessment and care time, we have tried to relax some of the requirements so that the plan doesn't need to do unnecessary work that does not benefit the client. There are some different financial provisions for RI rather than other states; we have some additional language that requires CMS to make up if their rates are inadequate on the Medicare side they have to make a payment to the plan to make up for that. Language that requires the plans to meet VBP and alt payment arrangements and some of the payment on the Medicaid side are tied to those benchmarks. The continuity of care rules are pretty similar to the Medicare rules. A lot of the language is similar to what CMS has out there in an effort to keep consistency across demonstrations.

Jennifer Bowdoin: The demonstration will be through 2020, CMS saying the contract can be renewed on an annual basis through 2020. Changes in federal government administration could bear some changes, but otherwise moving forward. In addition to the contract, we have state specific requirements that the demonstration will need to follow; not official appendices of the contract, but they do augment the requirements. It does give us some flexibility to tweak and adjust as we go along as opposed to a more heavy contract amendment. If things aren't working well and we hear from you all that there are problems in certain areas, there is a way to make an adjustment fairly quickly.

Maureen Maignet: What is the state's plan to communicate this program will start on July 1

and letters going out towards the end of May.

Jennifer Bowdoin: We do have outreach and communication plans. We are partnering with NHP to an extent so that whoever it makes the most sense to do the outreach does so. Although we will start enrolling people July 1, our enrollment extends on our current process for about eight months. We do not need to hit every group right at once, but particularly when we get to the passive enrollment phases, we are going to be able to target groups differently. We will access the SHIP counselors, NHP has its own groups, we have our identified groups. Website and email blasts to people. Diana is not hear today, but if anyone is interested in meeting with us about certain groups or different type of outreach work we can get into that.

Mary Ladd: I wanted to advise that the counselors have been hired through United Way of RI and are in training at this time.

Jennifer Bowdoin: Yes thank you. We are in the process of reviewing the proposal and hopefully we will have a decision soon. Nothing much more we can say right now. Moving along and in a good position.

Maureen Maigret: How is the call center set up going?

Jennifer Bowdoin: Good. Sooner rather than later, hard to say until we are live and things are up and running. Slow ramp up is helpful.

MW: Will they use a script?

Jennifer Bowdoin: Yes, as needed, and have strong training and background materials on main questions, with supervisor experienced backup.

Cristina Amedeo: We call these counselors we have hired and our training will be doing person centered options counseling based on a list we get from EOHHS. They will be helping consumers as this work is being done. They are known as the Federal Alignment Demonstration Counselors (FAD Counselors).

III. **Proposed Rule 1475**

Ann Martino: As you folks know this rule is part of a complete overhaul of all the rules related to community Medicaid and LTC. There are terms you may be unfamiliar with but we are in a new world since the passage of the ACA. These rules reflect the change in that world. There are two pathways to obtaining eligibility. Affordable care MAGI standard (with modified adjusted gross income), and SSI. Then there is LTSSS, and you can be eligible for LTSS if you are MAGI eligible, if you are SSI eligible, or if you are not for either and you are coming through the door. What you will be seeing next is 1400, SII eligible, Integrated Health Coverage eligibility. Chapter 1500 deals with LTSS. Chapter 1400 in total is 110 pages at this point, almost done. I will send out drafts to you tomorrow if you write down your email addresses. If you truly do not have access to a printer let us know and we can print and mail you a hard copy. Those are the context. We use the term EAD – Elder Adults with Disabilities which replaces the term ABD. EAD is a group with income up to 100% FPL which

is above the standard SPI eligibility level. The term ABD applies to SSI, rather than low income. You will see differences in the terms so you can distinguish between the pathways in which you enter. If we do not have them by July 11, we will have them in the next few months. Many things we are trying to do, like look at resources. The requirements to get SSI based eligibility are onerous to say the least. We have taken a lot of time to see what other states have done, but there are further changes that will come later- want to stand up what we can by July to get the system going. I do not think it will increase eligibility overall, but rather increase access to certain services, which is the goal overtime. We want to be sure medically needy is an option, but also be sure that categorically eligible is available to those who need it, particularly those who are over 65.

Maureen Maigret: In terms of the medically needy program, will you bring it up to FPL?

Ann Martino: Not at first, but that is the goal.

Maureen Maigret: That would help with the cost share?

Ann Martino: With spend down, yes. The states are encouraged to use the FPL limit for the highest eligibility limit for that group. It is not mandatory but we have the option, and it would be easier on the income eligibility side. We continue to retain a medically needy option for children, but spending down to 261 – you are no spending down to 100% as that is unrealistic. All this to say you will see things in this rule that may not make sense, but if you see it in the broader context it makes sense. We are also doing things in LTC, I would be happy to meet with you in smaller groups to meet with you before the rules are done.

Majorie Waters: For the new terminology are you providing a legend?

Ann Martino: For the larger rule there are definitions in each. We may miss one or two, but the effort is there.

Linda Katz: Is it possible ... I authored the categorically needy statute... is there any way to add the "B," [blind] to the statute now?

Ann Martino: No, because the federal law is that people who are blind can be categorically eligible up to the SSI income limit. If they fail, they can test at EAD. Blindness has to be a disability if your income is above the SSI limit.

Linda Katz: Is that built into the system?

Ann Martino: It will first see if you do not qualify at the SSI limit (75% if blind), for that population if their income is above they will automatically be evaluated for medically needy. They will also be evaluated for MAGI unless over 65, and then the last option would be going through a full disability determination.

Linda Katz: I have a disability and need some home modifications and home maker services, if I come through as MAGI eligible can I get those?

Ann Martino: No; preventive services are only available to those who come in through the SSI door, and then a LOC (level of care) determination.

Maureen Maigret: That is confusing – you can get preventive services through the clinical eligibility pathway.

Ann Martino: Yes - that is the SSI eligibility. If you are in the expansion for adults and that's how you come in, you cannot get preventive services.

Maureen Maignet: There is a provision in state law the gives authority to the state to increase the resource level for individuals?

Ann Martino: No, even though we have that authority implementation would require legislative authority. We are doing it indirectly – the \$400 disregard was only for people in our waiver transitioning out of our facility into the community.

Maureen Maignet: Actually referring to the 4000 and 6000.

Ann Martino: Now eligibility will say SSI or medically needy – no difference in type of benefits you get. There are certain kinds of services that are effected.

Maureen Maignet: What I have been concerned about are people living in their own home, only allowed the 4000. You may have more resources than that when living in your home for emergency situations, and the state doesn't consider that.

Ann Martino: True. The state can look at that. Typically states that do that do end up tightening up on the other side. We could try to make some provisions in the rule about that – when we sit down to talk in small groups we can look at where there is flexibility in the law that will not really cost us.

Jennifer Bowdoin: Let me walk you through what has changed since the last time you saw this. We may not have addressed every comment, but we did where we could and made some corrections. There is a table on the numbered page two. We took some of the repeated language and moved it to the end - pages 27-29 – has been moved to the end as applicable to three different delivery systems. We added LTSS as an added plan benefits on page 10. Home stabilization was not listed as an out of plan, and is now. I got rid of some abbreviations – ICP, ICI, IC 1, etc. so RHP is the Medicaid managed care program for those not dually eligible nor receiving LTSS. Rhody Health Options is Phase I of the ICI is the Medicaid only plan for people who are dually eligible or are receiving LTSS. Instead of ICP II it is now Medicare Medicaid Plan (MMP). The last thing was some consolidation and updating of the PACE information. All of it is shorter now by about 10 pages.

Alison Croke: When listing preventive services if a RHO patient...

Michelle Szylin: If these folks are already on Medicaid they would apply for preventive services through LTC if SSI, if not they go through OCP, not the full long term care application. You remain community MA, but not entitled to this just by virtue of being an RHP member.

Jennifer Bowdoin: I did move up more language about medical necessity.

Alison Croke: If you are saying, under non-emergency transportation that is coordinated under the plan which is Logisticare?

Jennifer Bowdoin: That is confusing, we can strike that, or say that the plan must support or help people access the benefit. The language is misleading.

Linda Katz: Right I would say keep it as Logisticare is not always dependable, so something to provide a fall back.

Alison Croke: Ok coordinate with the state transportation broker?

Jennifer Bowdoin: OK.

Maureen Maignet: If in RHP your preventive services are out of plan but you could get them

(YES), and home stabilization.

Michelle Szylin: We get referrals from NHP all the time. They make referrals to the office of community programs. Originally it was the Title 20, the SSI program that adult services originally did and the non-SSI population was a new population.

Sam Salganik: If I have John Smith in front of me and he says he wants these services, I tell John Smith to call NHP?

Michelle Szylin: In a word, yes...

Linda Katz: Can your doctor make a referral?

Michelle Szylin: Yes, anyone can. OMR does the determination.

Linda Katz: There has to be a full review at OMR to determine if someone is eligible for preventive series?

Michelle Szylin: Yes.

Sam Salganik: A few questions about the definitions of medically necessary as it shows up in a few places. The definition is a bit different than the traditional definitions I am used to seeing. Is there a historical reason, or a federal reason? For example on pg. 4, any such services necessary to prevent a detrimental change, I would say slow not detrimental.

Alison Croke: I think that is a typo – detrimental not detrimental.

Sam Salganik: Right I agree, but also slow, for would be more broad. Is that a definition we would go back to?

Alison Croke: This is in our contract, I think this is federal language...

Jennifer Bowdoin: It is the definition in the three way contract, so I do think federal.

Sam Salganik: But then when you get to pg. 9 and 10, it brings in the concept of setting, I am still not seeing a concept of medically necessary. I want to be sure that in four years from now someone could see and look this back and end up steering patients to lower cost providers or holding back.

Jennifer Bowdoin: I think it may be in the three way contract as well, but we can confirm to be sure it is in line with the feds. It is standard, but we will check it for you.

Betty Murray: Sometimes people will say they want an electric wheelchair or a scooter; they may not be eligible as they should be ambulating. Just as someone may want it, that doesn't mean they need it as a part of their physical assessment. That is something I come up against once in a while – I think that this language makes sense in that perspective.

Maureen Maigret: Well appropriate is very subjective.

Betty Murray: That would be picked up in the assessment tool.

Linda Katz: It may be we want to add a line to clarify to bring up the concerns that Sam raised here.

Sam Salganik: Is there a timeline when this will be issued for formal/written comment?

Jennifer Bowdoin: As soon as possible. I do not know the exact date but ASAP.

Bill Flynn: Going back to the term medically necessary and the word 'service'. We had a conference several years ago, there was a woman who was obese but could move with a specialized chair. They touted that as one of the points of things that could be covered. Is

that a service? Some type of device? I am sure it's somewhat unusual but something that could prevent someone from being chair bound.

Sam Salganik: I have usually seen it as medically necessary service or device.

Jennifer Bowdoin: In the Medicaid program we do not usually have "or device" though it makes sense. I will walk it back to see if there is any reason it is cemented in or if we can make that adjustment.

Linda Katz: Are the preventive services listed in RHP also in RHO but in plan?

Jennifer Bowdoin: Yes. In RHO and MMP.

Sam Salganik: The appeals system – on pg. 24 – subsection B Medicaid only service. The plan twice, then in line three subsequent appeals at fair hearing office, and then subsequent to the RI review process. Is that preceding, or is it a choice?

Jennifer Bowdoin: You can do it in any order. We can clarify that.

Sam Salganik: Say you enter in both and you win with the external review entity, then you could withdraw from the fair hearing officer?

Jennifer Bowdoin: Yes, if you win 100%.

Sam Salganik: Could we add some clarifying language? I want the hearing officer to respect the outcomes of the external review.

Jennifer Bowdoin: The plan is to go with the decision that is closest to what the beneficiary is asking for.

Sam Salganik: I see that language in subsection C but not in subsection B.

Jennifer Bowdoin: We can review that.

Linda Katz: Notice language talks about a fair hearing vs hearing – but can you change it to be consistent across notices and documents?

Sam Salganik: I want to be sure that there is language to enforce that the hearing officers' decision.

Alison Croke: Might be clearer to specify that this appeals process is to appeal in-plan benefits. Out of plan benefits is a different process.

Sam Salganik: Just a qualifier of the whole provision – for MMP covered services. Then another part for out of plan services.

Jennifer Bowdoin: I think that for out of plan we should put in a reference to the existing regs on appeals there.

Sam Salganik: Is there a reason that we have two options, can pick your door? I know some advocates may like that but I think it's easier with a clear sequence. Is there a reason it had to go that way?

Jennifer Bowdoin: We do not have an ability to direct that, have to deal with existing state requirements there – outside of this specific program.

Sam Salganik: But if your next step after the plan is the DOH process and then fair hearing is that not compliant?

Jennifer Bowdoin: It's difficult as for the reviewer on the Medicaid side - you would have to pay.

Sam Salganik: OK. That makes sense.

Jennifer Bowdoin: Medicare has its own very structured process for review.

Sam Salganik: Right, but if not built into our system, we should consider adding that.

Jennifer Bowdoin: NHP has specific timeframes they have to adhere to, but they do have the option to extend past the appeals date to allow the client to get the detail needed.

Sam Salganik: Right they can, but I want to be sure that if they do they can start fresh/

Linda Katz: Is there a place that the timeframes for appeals are written in?

Jennifer Bowdoin: It is written in the contract, and indeed here as well.

Linda Katz: The chart is great –thank you for consolidating and making it more streamlined.

Jennifer Bowdoin: Thank you.

Jennifer Bowdoin: After you have had a chance to read and review, please email comments or question to Lauren and we can go from there.

IV. **Public Comment**

Jennifer Bowdoin: One last update – we have been talking about transitioning this group into a consumer council. We have some documents at the front for folks, walk you through what is here. This document is in draft form (the charter) and we will finalize it once our council is selected. It provides detail on structure and membership. It is helpful to better understand what we are trying to do. Then we have three things that we will send around very soon, and we welcome you all to distribute. The first is an outreach letter to explain about our new group, fill out a nom form. It talks about information sessions we can give more background and help people complete the forms. We have been hearing that mid to late afternoon works well, so that is what we focused on. We tried to go in different places and pick locations that are fairly accessible. That will be sent with an FAQ document (very basic) and a request to serve form/nom form. Learn about why interested in serving and why be on the council. In particular there are specific restrictions on leadership roles. We are giving folks till June 3 to submit the forms, then will review and select the council members. EOHHHS will select an interim chair and vice chair and then the council itself over time will select its formal leadership. Once membership is selected we will do some training and orientation on ICI and how to be an effective council member.

Bill Flynn: I just would mention that we got this from other states as well, families and caregivers of ICI participants are also eligible and considered consumers.

Maureen Maignet: Does the family member have to be in the ICI or just dual eligible?

Bill Flynn: Just dual eligible, not just ICI.

Jennifer Bowdoin: Correct. We are 99% sure we can provider stipends and transportation. The stipend would be to cover the transportation for most, but if someone requires transportation we can work on that.

Majorie Waters: Have we considered people who may need specific equipment or language?

Jennifer Bowdoin: Interpreter language services we have – for ASL we need more head's up

as it takes time to get. We can set up remote access as well. We want to finalize the info session.

Linda Katz: Can we put a picture of the integrity card on there?

Alison Croke: It is not yet approved....

Jennifer Bowdoin: We may be able to put a draft on there.

Maureen Maigret: Can we put return envelopes in there with postage?

Jennifer Bowdoin: We can check on that. I will also check on how long the translation will take, but if it will be awhile we will extend the deadline for return.

Unidentified Commenter: Will you have someone there to assist with those with developmental disabilities?

Jennifer Bowdoin: At the info sessions, yes and if they email or call.

Sam Salganik: The relationship again with this council and the ombudsman program.

Jennifer Bowdoin: This would be the steering committee for the ombudsman program as well.

Linda Katz: We may want to add a sentence in the letter to say please share this with others to expand our mailing lists.

V. Adjourn