

EOHHS Task Force Meeting
Monday June 27, 2016
1:00pm – 2:00pm
Meeting Minutes

I. Welcome – Senator Izzo

II. Budget & Legislative Wrap-Up

Jennifer Wood: The main parts of the budget that we felt were vulnerable after the Governor's budget was introduced were the DD area and that we can unpack in the DD consent decree discussion. The delivery system transformation initiative in the original version would have been on accessing anew newly matchable costs that the state is occurring and thereby generating funds to invest in transformation activities, with a backstop of DSH. These were belt and suspenders actions for EOHHS for the fed program. The House agreed to the newly matchable funds for transformation efforts, DSH/UPL was not approved; we now therefore rely on some federal funding to move that forward. Anya and the Medicaid staff have been working for months with CMS and they have given every indication short of a formal approval that we should have those funds approved, but we will not know for sure until September.

Tammy Russo: Where can the public find updates on the consent decree and its progress?

Jennifer Wood: One of our project goals this month is working on a means of getting that message out with full information on the consent decree.

That is all part of the communication plan we are working on right now.

Mary Madden: There will be a BHDDH consent decree bulletin by sometime in August.

Maureen Maigret: There was a provision in the original budget to help with the expansion of the DEA co-pay program for people with dementia and Alzheimer's disease. In the end I know that I heard it was not included do you know if it was elsewhere?

Ann Martino: We did not get the authority needed to implement those changes, it may have been in the final moments it was put elsewhere but the House did not have it in there. Initially they had asked (House) to extend funds on those already authorized to include in the resolution that we would be extending. All those paragraphs that would include that were removed – when it originally came out there was no funding in that final group, but we can go back to DEA.

Maureen Maigret: What was the final outcome of the issue related to reimbursement increases to home care workers?

Jennifer Wood: That made it in.

Maureen Maigret: On the request for newly matchable funds, is there a detailed plan if that is approved?

Jennifer Wood: Deb Florio has been working on that night and day, and there is a federal application with a list which notes sources of funds. For example, state general revenue dollars for those in higher ed world the health care field, serving low income individuals, those funds could be matched by federal dollars. The funds would be then invested to encourage the move to value based purchasing in nursing homes and hospitals.

Linda Katz: The list of the sources also included a note for uses.

Rich Glucksman: The plan you discussed, could we distribute it to the group?

Jennifer Wood: If we are permitted to distribute that application we will do so.

Jennifer Wood: I wanted to be sure to introduce someone who you mostly know, Becky Boss who is as of today the Acting Director of BHDDH. She is working with us diligently in the transitions, but being sure that nothing is being lost in the shuffle. It is a big job and thank you Becky for your willingness to hold the scaffolding for us. Any questions for Acting Director Boss?

Becky Boss: I've had a chance to hear many of your questions - in terms of sustainability we do get federal dollars, we put them in the treatment arena but when the money dries up it's a concern. We have now been working on moving grant funding into the planning unit - so that from moment one we are looking at the sustainability plans. We know that BH conditions like chronic health conditions are best treated early - we can use that model to catalog the data and show that these initiatives make an impact. That is why internally we have met - we have a SBIRT grant, early intervention on substance abuse disorders - we will be continuing to apply that sustainability planning ahead.

Tammy Russo: For the budget that was set aside for the DD world, when can they expect the pay rates will update and change?

Jennifer Wood: August.

Tammy Russo: That will help a lot with families experiencing a lot of turnover - that is a major issue among providers that they leave for other establishments for more than they would be paid to care for a patient like my son. Helping families rest a bit.

Jennifer Wood: I want to say yes, absolutely, that is very valid. I do also want to be very honest that \$4million dollars spread across that whole worker population will not solve all the problems, we need to keep

working, keep fixing some of those holes. A step in the right direction.

Linda Katz: If Rick Brooks is now at EOHHS working on workforce issues, will he be used to help BHDDH?

Jennifer Wood: As with so many things in EOHHS, Rick's scope of work is massive. He is looking at all healthcare workforce issues in the SIM world, in the Reinventing Medicaid arena, and the agency workforce issues.

III. **System Updates**

Jennifer Wood: You certainly most all know this, but – a few months ago we were here talking about the Integrated Eligibility and Enrollment System, and we were tentatively planning to go live with the new system in mid-July, and now we have extended and moved that to mid-September, to give the state and community partners time, comfort and familiarity with the testing needed. I am happy to announce that as of this morning we had concluded UAT, our contractor has been using computer codes, and we had to test it and go through a typical case to see how it works. A month ago UAT was slogging through, but everyone worked really hard, overtime, and weekends, and as of this morning UAT is complete. It is critically important to hand it back to the software developers so that it is sealed and ready to buff the edges. That will also afford us the opportunity to be in a great spot to go-live.

IV. **Ongoing Initiatives**

a. **ICI – Jennifer Bowdoin**

Ann Martino: Jennifer is on her way, but today is the last day for comments on the ICI Rule. They were in public hearing, and today is the final day to help. In that line, we also had a hearing on the 1400 regs and received with many comments and updates. I want to ask if the community review is useful to you as we didn't receive many comments prior to hearing, but we do want to address the concerns upfront and we encourage you to always reach out so that we can meet with you, and discuss with you to effectively work together.

Maureen Maigret: The 1500 regs, what is the status?

Ann Martino: Those were the LTSSS which we gave a preliminary draft early last month. We are still working on those – there are two issues we need to look carefully at – post eligibility transfer of income and how to address the discrepancies between our waiver, the federal rules, and legacy programming. If it is going to affect people we want to know how it will affect people. The LOC as you are aware, we are going back to the old rules, and we are seeking the approval from the feds to go back to the LOC. Other issue is the transfer of assets and how it affects people coming through the MAGI pathway. In that route you are not subject to an asset test but you are subject to a transfer of asset test. It is designed to protect you and allow you to legally leave

your assets to your community spouse, but it does pose some complexities because of the way that the system is programmed. Those are the backup issues there. Everything else, there have not be substantive changes in terms of policy, more so procedural. The main one in LTSS rather than having you go through test for \$2000 and then go back and test for \$4000, we will test for \$4000 initially. I am happy to meet with anyone on this topic if you would like to go more in-depth.

V. Transitions

a. Healthy Transitions Grants:

Brenda Amodei, John Scott and Sarah Smith

Brenda Amodei: I was here with Michelle Brophy about a year ago and gave an overview on these grants. It is focused on 16-25 year olds that have either a SPMI or are at risk for one. The name healthy transition is focusing on that step from adolescence into adulthood. The grant is a system change grant, and a service component. We are working in Warwick and Woonsocket to deliver an evidence based practice on coordinated specialty care. It is a team approach, people think of the old ACT team model, but it is very youth friendly, person centered. I am a bit remiss to go into the details of the clinical components of the program as the field folks can give you a better picture of the outcomes you really see. One example, there is a youth in care in the program and this is the longest period of time that the person has stayed out of the hospital. It is not Medicaid only, it is grant funded so not reimbursable, but we are also looking for sustainability planning. We are using evidence based practices and gathering to help maintain this model. We are still collecting the data, our data system is being built now. We need to look at this for any young person who needs it. We have a screening tool we are using, for the two mental health centers in Warwick and Woonsocket are doing the outreach and screening in Warwick and Woonsocket. I will turn it over to John and Sarah, I do want to pose this idea for thought is how the state can better coordinate care and transition of care for young adults. Food for thought, we need to look at age and eligibility criteria.

Sarah Smith: Some things we have heard in the community is a concern about the age foster care ends. We hear that if kids are in foster care till 21 often they have more success in services. The service array that comes with being in foster care, beyond medical care ends at 18. Not all kids age out, however, and those who do.

Vivian Weismann: I heard the program starts with the first episode of psychosis. There is a model I know in Portland Maine where they are

pre- the episode occurs. Are you looking at that?

Brenda Amodei: Yes, we are looking at that and trying to capture in advance.

Linda Katz: It strikes me that this issue is ripe for a work group, what policy changes need to happen, what are outlying issues. Is there a work group to look at the policy issues, the Medicaid issues, the outside benefit issues? If that doesn't exist yet, we don't want to have a silo discussion that doesn't grow.

Senator Izzo: I am concerned that it sounds we are driven by grants. How does this piece fitting into the overall puzzle for what the children's cabinet is doing for children's transitions issues. I am amazed that this conversation has been ongoing with this committee for three years, and I personally have been talking about this since the '80s.

Linda, even if we were to do what you suggested, we cannot get all the right stakeholders to the same table.

Brenda Amodei: The Children's Cabinet had a meeting this morning, this topic hadn't been on their agenda since being reinvigorated as a specific agenda item. You are right; we do have another stakeholder group through BH and with Anne Mulready on how to move forward. We do need a unified voice, and a messenger from state staff to the Children's Cabinet.

Senator Izzo: The piece is, Jennifer (Wood), one of the things we are looking for is where the focal point is making an effort to bring this conversation together. We have been assuming since the reinvigoration of the children's cabinet that they were discussing it, but we heard it wasn't a set topic?

Jennifer Wood: It is definitely a key piece of the Children's Cabinet's work, but there are so many moving pieces right now, so the broad thought process is there.

Senator Izzo: I guess what this group needs, at some point, maybe we can come back to how we can be of some assistance and input to finally find a way to get that conversation broad enough and targeted enough. Let's wrap up here.

Brenda Amodei: I do know that Dacia (Read) is working diligently on a mapping of behavioral health services across the two departments, and our funding is helping to support that. We do have reports that document these efforts, we need to take the packaged information and move it forward.

Linda Katz: The reason I mentioned this, is thinking about the relationship of this group to the Children's Cabinet. I think this is a good example of how to work together feeding each other so we get to the same result.

John Neubauer: I wanted to introduce myself – I am John Neubauer from DCYF, I wanted to say I think some of the issues who age out of DCYF care are not eligible for BHDHH – we do need to also think about just transitioning to adult hood. We have services at DCYF after care services, but they do not take the place of having an adult in that kids life.

Senator Izzo: I think it is great that when we get thee grants we can look at these targeted topics, but one of the issues for years are resources – what we need beyond the grants. The sustainability piece is a difficulty one, a challenge that eludes us more often than not. Whatever that system change is you need to change it without money.

Ann Martino: There are also opportunities to add to waivers to make it more sustainable.

Anne Mulready: Also data in other states can show the way to change behaviors as an early intervening service that ends up saving significant money down the road. It is an upfront investment, but we are realizing that and helping people NY had 80% of their participants 2 years after enrollment in school or post-secondary. It is transforming if you can do it right.

Brenda Amodei: Right. One thing we have been seeing in the two pilot sites are the number of young people who are homeless, who do you think will end up as the chronically homeless if these folks are not taken care of on the upfront side. We do believe we are already seeing that.

John Scott: We actually wanted to start that a bit younger if possible to keep working on this.

b. Coverage Concerns with Transitions – Ann Martino

Ann Martino: One of the things we need to look at is how we can maximize our Medicaid program and the expansion population to help those who are not eligible for the Chafee program up to age 26.

Automatically the new system will look to see if anyone is aging out is eligible under the expansion, and see if not I they can purchase at a low rate through the exchange. One thing we have looked at in the past, is states have established under their 1115 waivers or under the 1119C are allowing those who are at risk to be eligible for programs they may not otherwise have been. Budget neutrality there is key. Some states that have done that are those nearby – Massachusetts under their BH carve out; Wisconsin out of their wrap-around Milwaukee program. There are examples of using Medicaid to help fill those gaps – yes an upfront investment but the expectation is a long term return. There are a variety of things we can do using Medicaid to leverage the issues – but we had done that in the past, and perhaps want to bring that to the Children’s Cabinet. Happy to provide background materials to explain how we can use matches to pay for

those supports. There are also home stabilization services for people who are Medicaid eligible to address the risk of those who are homeless, regardless of what category.

c. DD Consent Decree Update – Jennifer Wood with Mary Madden

Jennifer Wood: A quick update on the status of the work of the consent decree. This is Mary Madden, acting since January as the state's consent decree coordinator reporting to EOHHS, working on the DD consent decree – for multiple agencies. We have been working feverishly on this case, to fulfil the requirements in the consent decree. This is a ten year program, with integrated public employment, moving away from sheltered work shop services of care.

Mary Madden: In an overview this is a consent decree about segregation, touching on transitions. It covers people with intellectual disabilities, the expectation is that we systematically move people over a number of years into integrated program and settings. We are in year three, not exactly there we would want to be, but working furiously to move forward. There are programs in high schools to shift to a focus on employment opportunities and guidance. We want to change their expectations and their families to broaden their ideas of what is possible. I have this dream that we begin to prepare and get oriented in a world with high expectations for an integrated world with a seamless transition into the adult employment world with meaningful employment to contribute. This is inclusion, productivity; we have targets for each year for number of people employed. This year for the adults targeted in BHDDH, there is some enhanced funding, to help those who were in a workshops setting move into the world of work.

Rory Carmody: As we find ways for people to work in a more meaningful way, we should look to easing the entrée to the Sherlock plan.

Mary Madden: I am about to go to my first meeting this week about the Sherlock plan, and understanding more about the benefits counseling, and the critical services needed to support that development. That's a very good point, and we are aware and going to mine the state for other opportunities there, how to protect assets, and be able to keep what you need.

Ann Martino: In response to some of the comments we will establish a separate section of the rules for people with disabilities who are working, to look at the Sherlock plan for example – looking procedurally and policy. If you are interested in that perspective let Lauren know.

Senator Izzo: You described a lot that is happening in school programs, what is happening in the employer base?

Mary Madden: Frankly, not enough not yet. BHDDH is hiring an employment specialist; the provider community is out there developing what we really need to consider.

Senator Izzo: As a suggestion as a lay person, commerce is spending a lot of money on education, why not in addition to the high skill workers, invest some of those dollars to have employers partner with the schools for the different levels.

Linda Katz: Building on that, more than commerce, is the real jobs RI initiative, in terms of workforce issues, we are pushing for Real Jobs to really include people with disabilities in this initiative. We see silos everywhere - I think raising this at the Governor's Workforce Board would be key, we have mentioned it a bit, but there is a chance to do more.

Rory Carmody: One of the easiest things we could do is work with Purchasing is require any contractor for the state have opportunity or commitment to hire someone with a disability. Indiana, NY they do it - we could build on that.

Jennifer Wood: The biggest area of change between January and the end of the leg session is the area of BH and MH. Largely good news; all of those changes were adds. There are three elements- an initiative to bring additional funding forward, expanded in the spring, Target population groups, with specific numeric goals for the number of individuals, stepping up year by year. Budget was set around a set of assumption for the services. There is a big discussion that the costs go up but then level off and go down after there is employment. There is a specific investment, during the spring there is an enhanced investment area. You have to expose more people to a new array of services and new models - not a one to one correlation, hence why there is an expansion. The third area relates to residential services; we are working to make those more community based, and expanding the amount of individuals using shared living arrangements. When that original initiatives was announced, there are significant savings associated with that initiative, so as a part of the revision, the savings were reduced. That is not to say we do not want to move responsibly and aggressively in an effective way, but we can do so thoughtfully now without just chasing a budget target. We thought those three budgetary adjustments were very important. We are very excited about that, it really does give us an opportunity around that. Mary eluded to a new employment specialist, there are a number of positions needed and built upon to make these happen; having a chief transformation officer, a position that keeps getting adjusted, quality assurance but QA program development and quality oversight. Many

positions are changing too – Charles Williams the DD division head is retiring in July. We met today with someone who will help us acting in an interim in that role, getting the right people in place, even more bureaucratic is much of the time we have spent is having basic systems in place to know where all clients are, what services they are receiving. Sherlock at RIC has been a huge partner, and they have been restructuring to provide even more detail and data in a system than anecdotal. We are now in a much better posture, with a number of requirements imposed by the courts this spring to get us positioned for more information to be clear.

Rich Glucksman: On the employment part, at BCBSRI we had about a dozen or so DD kids come in, and some we have offered full time jobs after that so happy to connect further on that issue.

Senator Izzo: Regarding these transitions issues, how do we get some reassurances that there is some focus to get together and solve this issue finally? One of the little frustrations for this group has been establishing better communication with DCYF, so happy to have folks here today. In terms of our agenda that is a challenging piece.

Jennifer Wood: I don't think that transitions has been an issue for 3 or 4 years, but for far longer – thus validating it is a central concern. Fully connecting that to Children's Cabinet, I am part of the issue there. As we faced a critical juncture with DD and the consent decree, we pulled Dacia from that Children's Cabinet work, and put her heavily into the DD efforts – not the answer, but important to note. I will be meeting with Dacia and rebooting the discussions, and really focus in on that. It is coming at us from every side. It has to be addressed; I need to figure out how we integrate between Children's Cabinet and EOHHS, bringing the expertise and knowledge in this room and bring it to Children's Cabinet.

Senator Izzo: Also there was some indication that some of the exercises you have to go through for DD, that may lend themselves to the larger transition work to bring more together.

Jennifer Wood: Certainly now there is that focus on starting earlier, to forward career development planning from 14 on, and actually implementing that; those efforts are really baring fruit in the elementary and secondary system – we have not yet integrated DD and BHDDH into those activities. ORS is doing more than I experienced in the education field when I was there, but we haven't done that integration yet. Getting those two things to connect is the big challenging.

Anne Mulready: Students with emotional disabilities are not identified as BH issues. Given what we know about the problems of MH for kids

with disabilities our special ed programs are decreasing –it is hard for parents to work with kids and programs for those who are not in crisis.

Jennifer Wood: Certainly one of the big challenges facing the Secretary, Director Boss and myself is children’s behavioral health. There seems to be a disconnect, and that is central to what we need to do now. With the leadership change at the department, and recruiting question for me is key is how will we get our arms around children’s behavioral health concerns.

VI. Public Comment – The public offered no additional comment at this time.

VII. Adjourn