RI Executive Office of Health and Human Services
Integrated Care Initiative: Forum for Interested Stakeholders

Deborah Castellano, ***Chief Casework Supervisor, Long Term Care***
Michelle Szylin, ***Chief, Family Health Systems***
Sharon M. Kernan, ***RN, MPH, Assistant Administrator, Medicaid Program***

Today's Agenda

- Welcome and Introductions
- Integrated Care Initiative Overview
- Understanding Long Term Care Eligibility
- Home and Community Based Services
- Nursing Home Transition Program and Money Follows the Person (MFP)
- Rite @ Home… A Choice for Care at Home
- Discussion
- Conclusion

Welcome & Introductions

Integrated Care Initiative Forum for Interested Stakeholders: Moderator & Speakers

Moderator

- **Sharon Kernan** *RN, MPH, Assistant Administrator, Medicaid Program*

Speakers

- **Deborah Castellano,** *Chief Casework Supervisor, Long Term Care*
  - **Understanding Long Term Care Eligibility**

- **Michelle Szylin,** *Chief, Family Health Systems*
  - **Home and Community Based Services**
  - **Nursing Home Transition Program and Money Follows the Person (MFP)**

- **Sharon Kernan,** *RN, MPH, Assistant Administrator, Medicaid Program*
  - **Rite @ Home**

Purpose of Interested Stakeholder Forum

- To provide information about the programs EOHHS offers for individuals with disabilities and elders. Particular focus will be given to long-term services and supports (LTSS) programs which include:

  - Eligibility process for long-term care
  - Overview of home and community based LTSS programs
  - Overview of Personal Choice/Participant-Directed program
  - Overview of Rite @ Home Program

Integrated Care Initiative Overview

The Problem?

- Inadequate person-centered care coordination
- Lack of focus on primary and preventive care
- Long Term Services and Supports/Behavioral Health coordinated separately
- Fragmentation of benefits coverage leads to confusion and inefficiencies
- Cost shifting (Hospital and Nursing Facility)

The MME Population

26,727 Total Average Dual Eligibles

- LTC = 5,481
- MRDD = 2,324
- Waiver = 2,230
- SPMI = 2,551
- Community = 13,409

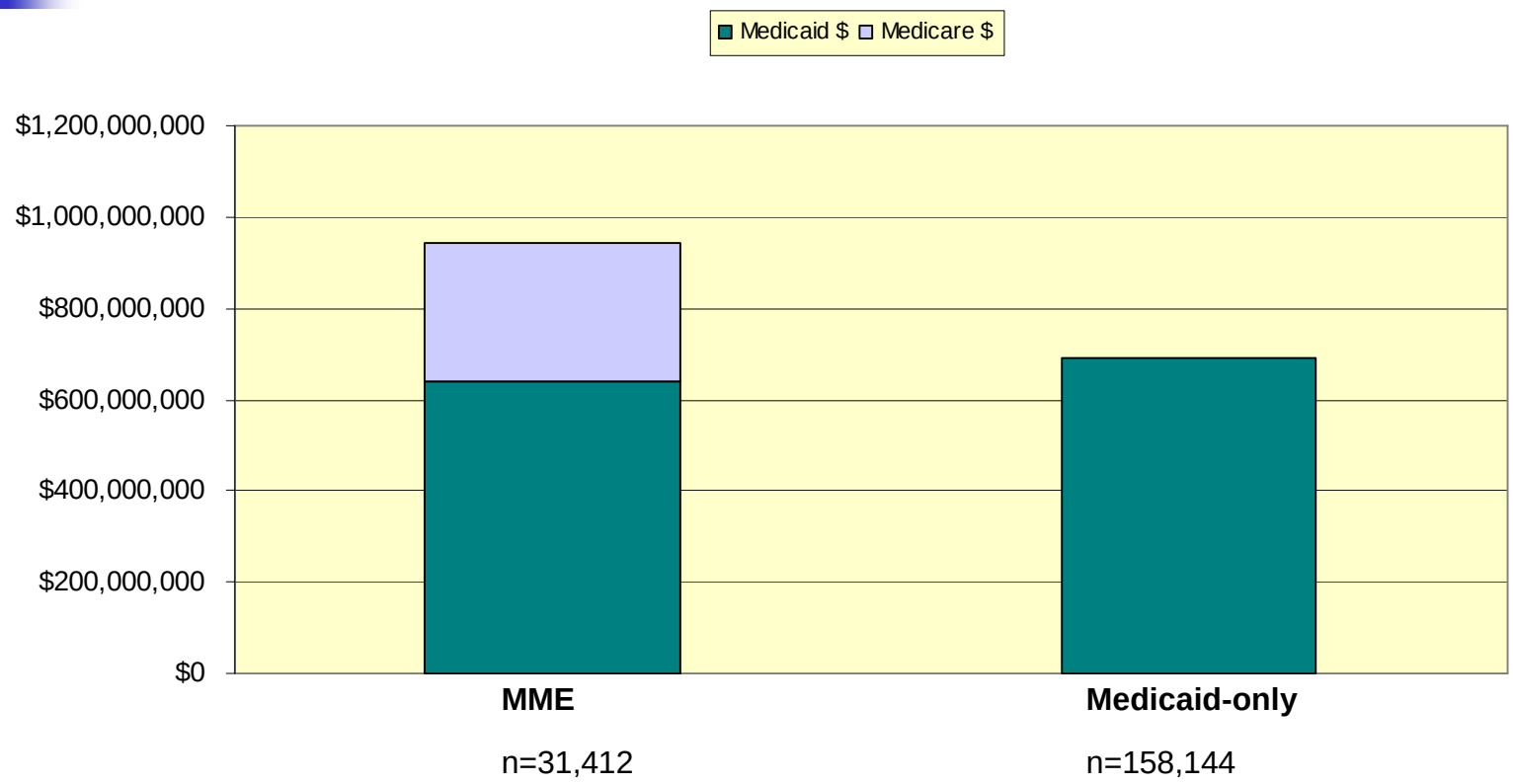
The MME Population

- Habilitation Services = 27
- Rite @ Home = 78
- Personal Choice = 363
- Preventive Services = 425
- DEA = 429
- Assisted Living = 470
- Core Services = 1,753
- Nursing Home = 5,524

The MME Population

- Gender
  - 64% Female
  - 36% Male
- Age
  - <35 = 8.7%
  - 35-64 = 41.3%
  - 65 and older = 50%

Expenditures for Medicare and Medicaid Members in Rhode Island



Data Source: Medicaid Management Information System SFY 2010

Vision

- The State of Rhode Island will have an Integrated Health Care System for all Medicaid-only and MME members that will achieve improved health and well-being, better healthcare and lower costs.

Mission

- To transform the delivery system through purchasing person-centered, comprehensive, coordinated, quality health care and support services that promote and enhance the ability of Medicaid-only and MME members to maintain a high quality of life and live independently in the community.

What are we trying to achieve?

- Improve the integration and coordination of:
  - primary,
  - specialty,
  - hospital/acute,
  - behavioral and,
  - long term services and supports
- Address the fragmentations in coverage between the Medicare and Medicaid programs
- Ensure alignment of incentives for the development of a more person-centered system of care with quality outcomes

Critical Elements for an Effectively Managed System

- Outreach and Information
- Identification of Risk and Emerging Needs
- Robust Network of Health Care Services and Supports
- Value Purchasing, Oversight and Continuous Quality Improvement
- Strong Consumer Protections

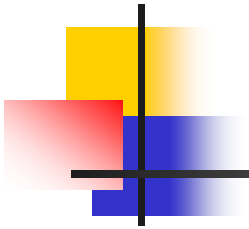
How will RI Achieve the Goals of an effective system for MME and Medicaid-only eligible Adults with disabilities and elders?

Build Upon Established Models

- Program of All-inclusive Care for the Elderly (PACE)
- Connect Care Choice
- Rhody Health Partners

Goals & Principles

- Consumer Empowerment & Choice
- Personal Responsibility
- Community-Based Solutions
- Prevention, Wellness, and Independence
- Competition
- Pay for Performance
- Improved Technology



Understanding Long Term Care Eligibility

Deborah Castellano, *Chief Casework Supervisor, Long Term Care*

Why LTC?

- Inability to care for self and lack of caregiver support
  - May be precipitating event
  - Chronic medical conditions

Application

Who?

- Self or family member
- Legal guardians & POAs
- Legal representative
- Contracted agencies and social workers

How?

- DHS-1 and DHS-2
- Online downloadable application
- Local DHS LTC field office

Eligibility for Coverage:

- Adults
  - Elderly
  - Disabled
- Annual recertification

Coverage for Elderly

- Age 65+
- Must meet a level of care
- Resource Limit
- Income
- Citizen/eligible immigrant
- Resident of Rhode Island

Coverage for Disabled

- Under age 65
  - Level of Care, resource limit, income, citizenship, and residency
  - Must have a disability
    - Per Social Security or DHS MART

Level of Care

The processes for determining clinical eligibility are based on a comprehensive assessment that includes an evaluation of the medical, social, physical, and behavioral health needs of each beneficiary.

Level of Care

- Preventive
  - Must be Medicaid Eligible
  - Limited Services
- High
- Highest

  Nursing home residents must meet this level.
- Hospital (Eleanor Slater Hospital)

Resources for LTC

- Individual $4000 countable resources
- Separate allowance for community spouse
- Five Year look back for transfer of resources (0384.05)

Post Eligibility and Income

- LTC MA recipients are required to apply their income to the cost of their services (applied income).
- A personal needs allowance (PNA), and certain allowable expenses are subtracted from the monthly gross income to determine the applied income.

Post Eligibility and Income

- "Categorically" eligible LTC MA recipients receiving services in the community are allowed a PNA of $950.83 (eff. 4-2012)
- "Medically Needy" eligible LTC MA recipients receiving services in the community are allowed a PNA of $845. (eff. 1-2012)
- Institutionalized recipients are allowed a PNA of $50.
- Non-applicant spouse is entitled to monthly needs allowance

Services

- Home and Community Based Services (HCBS)
  - Must meet **High or Highest** level of care
- Institutional
  - Hospital
  - Nursing Home

Home and Community

- Core Services
- Assisted Living
- RIte @ Home
- Personal Choice

Core Services

Homemaker/ CNA	Environmental Modifications	Special Medical Equipment
Home delivered meals	Emergency Response System	Case Management
Senior Companion	Minor home modifications	Respite
LPN services		

Questions?

Home and Community Based Services

Michelle Szylin, *Chief, Family Health Systems*

Waiver Eligibility

- Must meet LTC financial eligibility- DHS LTC Field Offices
- Must meet Clinical Eligibility- EOHHS Office of Medical Review
  - Highest- Nursing Home or HCBS
  - High- HCBS
    - Core
    - Assisted Living
    - RIte @ Home
    - Personal Choice
  - Preventive
    - Max 6 hours for individual
    - Max 10 hours Couple
  - Hospital
    - Habilitation

Self Direction- Personal Choice

Allows the participant the opportunity to exercise choice and control (hire, fire, supervise, manage and train) individuals who provide their personal care.

Allows the participant to exercise choice and control over a specified amount of funds in a beneficiary directed budget.

Self Direction-Personal Choice

- Must meet LTC Financial Eligibility requirements
- Must have High/Highest LOC
- Must be able to self- direct care or have a representative

Self Direction-Personal Choice

- Personal Care Attendants
- Environmental Modifications
- Specialized Equipment
- Minor Assistive Devices
- PERS
- Meals on Wheels
- Other goods and services
- Service Advisement
- Fiscal Agent

Self Direction-Personal Choice

- **Service Advisement- Provided by Tri-Town Community Action and PARI**
  - Service Advisors:
    - Conduct an initial and annual assessment using the Consumer Directed Module (CDM) which determines functional need and budget.
    - Assists participant with development and implementation of the individual service and spending plan (ISSP).
    - Monitors participants to ensure health, safety, satisfaction, adequacy of current spending plan and progress toward participant goals.

Self Direction-Personal Choice

- **Fiscal Intermediaries- PARI and Options**
  - oversees the budget spending by the participant
  - Acts as a conduit between employer (participant/Rep) and MA agency.
  - Oversees purchases of other goods and services.
  - Performs all necessary payroll functions, including, but not limited to, processing payroll, payroll taxes, obtaining workers compensation insurance.

Self Direction-Personal Choice

- Contact Information for Referral
  - PARI- 725-1966
  - Tri-Town- 349-5760

Assisted Living

Provides a secure living environment with 24 hour supervision. Includes meals and medication administration, assistance with personal care and homemaking tasks.

Assisted Living

- SSI Enhanced
  - Financial benefit for those individuals who do not have a Level of care for waiver but may have a need for assisted living and meet the financial requirements
    - $1,050 income
    - Less than $2,000 in assets
  - Referrals to the Point to triage for assessment 462-4444
  - Assessment completed by NH, Inpt. Hospitals, BHDDH, DEA Case management.
  - For those individuals who do meet Level of care for waiver and meet income requirements for SSI, they must also apply for this benefit in *addition* to the waiver.
  - Assessments are sent to the Office of Institutional Community Services and Supports (OICSS) for review along with the Category D Verification form.

Assisted Living

- DEA AL – Administered by the Div. of Elderly Affairs (DEA)
  - Must Meet LTC financial Eligibility
  - Must met High/Highest Level of Care
  - Generally Shares Apartment
  - Pays all of income except $100.00 per month
  - Must apply for SSI Enhanced benefit if income is under $1,050.00
  - Eligible for Minor Assistive Devices
  - Assessed initially and annually by the DEA case management network.
  - Case management provided by the DEA case management network.

Assisted Living

- RIH AL- Administered by the Division of Elderly Affairs (DEA)
  - Meets LTC financial eligibility .
  - Must meet High/Highest Level of Care
  - Individual Apartment
  - Pays all of income except $100.00 per month
  - Must apply for SSI Enhanced if income is under $1,050.00
  - 3 ALR's to choose from
    - Forest Farm
    - Franklin Court
    - St. Elizabeth
  - Assessed initially and annually by the DEA case management network.
  - Case management provided by the DEA case management network.
  - Eligible for Minor Assistive Devices

Habilitation

Provides a community-based alternative for individuals who meet a hospital level of care.

Habilitation

- Must meet LTC financial eligibility
- Must meet a Hospital Level of Care
- Tri-Town Community Action or PARI conduct annual assessments and provide on-going case management.
- All care plans are approved by the Office of Institutional and Community Services and Supports.

Habilitation

- Case management
- Personal Care/Homemaking
- Residential Habilitation
- Day Habilitation
- Environmental Modification
- Specialized Equipment and Supplies
- Minor Assistive Devices
- PERS
- Private Duty Nursing
- Rehabilitative Therapy

Preventive Services

Preventive services are designed to promote and preserve health and safety or to alleviate symptoms to address functional limitations. Preventive Services may avert or avoid institutionalization.

Preventive Services

Individuals must be eligible for Community Medicaid but meet a Preventive Level of Care

- Assessed by DHS Long Term Care Field Workers who determine and authorize hours of service and provide on-going case management for those individuals who are SSI Eligible.
- Assessed by Office of Community Program (OCP) who determine and authorize hours of service and provide on-going case management for those individuals who are not on SSI but do not meet a flex.

Preventive Services

- Homemaker services and limited personal care.
  - Maximum hours available: 6 hours per week for an individual or 10 hours per week for a household with two or more eligible individuals.
- Minor Assistive Devices

Nursing Home Transition Program
and
Money Follows the Person (MFP)

Executive Office of Health and Human Services
Office of Community Programs

Primary Goal

Increase the use of HCBS and reduce the use of institutionally-based services

How does Money Follows the Person (MFP) Help?

- A federal rebalancing demonstration grant under the Affordable Care Act designed to:
- Provide assistance to States to balance their long-term care systems; and
- Eliminate barriers and mechanisms in State law, State Medicaid plans, or State budgets that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive long-term care in the settings of their choice;
- Strengthen the ability of Medicaid programs to assure continued provision of HCBS to those individuals who choose to transition from institutions; and
- Ensure that procedures are in place to provide quality assurance and continuous quality improvement of HCBS.

Transition Team

Current Staff

- 5 RN'S
- 3 Social Workers
- 2 Administrative Assistant
- Housing Coordinator

Key Elements of The Transition Program

- Community Outreach and Education
  - Options Counseling Information (ADRC/The Point)
- Early identification
  - MDS Section Q
- Coordinated person-centered care management plan
  - Comprehensive needs assessment
  - Care plan development and authorization
  - Arrangements for housing needs
- Care coordination
  - Transition Coordinators or Peer Mentors
  - Access to network of quality providers
  - Oversight and monitoring of care and services
  - Development of metrics that evaluate the effectiveness and cost of care

Participant Eligibility NHTP

- Reside in a nursing facility
- LTC Medicaid Eligible
- Agrees to move to the community and receive HCBS

Participant Eligibility MFP

- Reside in a nursing facility for at least 90 days;
  - Days where the individual was admitted for the sole purpose of short term rehabilitation are disallowed;
- Are covered by LTC Medicaid at least 1 day prior to discharge;
- Agree to participate in the demonstration; and
- Move to a qualified community residence:
  - Apartment or home like setting with living, sleeping, cooking and bathing areas
  - Owned or leased by the individual, their family or guardian
  - Allow for unrestricted access to the apartment unit (by the individual)
  - May be a group home with no more than 4 individuals residing in the home.

Community Based LTC Services Available

Global Waiver Service Package

- Assistance with bathing, dressing, eating, toileting, ambulation
- Homemaker services for meals, shopping, laundry, and light housekeeping
- Adaptive equipment
- Minor home modifications, like grab bars in the bathroom
- Life-Line response system (PERS)
- Meals on Wheels
- Adult Day Services
- LPN Services
- Assisted Living
- Shared Living
- Care coordination
- Other benefits for which they may be eligible

Additional Services Available to MFP Participants

- MFP Demonstration Services:
  - intensive care management for 365 days (already in place)
  - 24 hour / 7 day per week emergency back up plan (finalizing plan)
  - Housing coordination
  - Peer Mentor support

Additional Benefits of MFP

- The Federal government provides an enhanced federal match on the expenditures for both services provided and administrative costs
  - Enhanced federal match is used to further rebalance LTC services by reinvesting into community LTC services and supports.
- Received additional $400,000 supplemental grant to further enhance ADRC LTC Options Counseling

Discussion / Q & A

Integrated Care Initiative Forum for Interested Stakeholders

RIte @ Home… A Choice for Care at Home

November 20, 2012

Sharon Kernan, RN, MPH
Assistant Administrator, Medicaid Program,
Executive Office of Health & Human Services

RIte @ Home…

SHARED LIVING:

One of the home and community based services in the Global Waiver

RIte @ Home…

Goal:

- Provide a cost-effective alternative to institutional care in a home-like setting

RIte @ Home…

Who is eligible?

- Long Term Care eligible elderly or adult disabled
- Unable to live independently
- Meet "high" or "highest" level of care under Global Waiver

RIte @ Home…

Also known as:

- Shared Living
- Supportive Living
- Supportive Living Arrangements
- Adult Foster Care
- Adult Family Care

RIte @ Home…

Caregiver may be relative, friend, neighbor or other.

Spouse is not eligible to be a paid caregiver.

RIte @ Home…

- Competitive procurement Fall 2009
- EOHHS contracts with two agencies
  - Caregiver Homes of Rhode Island
  - Seven Hills Rhode Island
- Agencies must meet all terms and conditions in Program Standards
- Both agencies provide services throughout state

RIte @ Home…

Agency Responsibilities:

- Recruit host homes/caregivers
- Train caregivers
- Match client with caregiver
- Develop individualized Service & Safety Plan
- Provide RN supports as needed
- Ongoing monitoring, including weekly/monthly home visits to ensure client safety and well being

RIte @ Home…

Agency must:

- Ensure safety of host home
- Ensure caregiver is competent, committed and will provide a nurturing, home-like environment

RIte @ Home…

- Service & Safety Plan is uniquely tailored to meet client's individual needs

RIte @ Home…

- Issues to be considered in matching client & caregiver:
  - Geographic location
  - Compatibility
  - Pets
  - Children in home
  - Lifestyle preferences, schedules, etc.

RIte @ Home…

Caregiver Responsibilities:

- Meals
- Assistance with ADL's/Personal Care
- Attendant Care
- Socialization/Home-like environment
- On call 24/7
- Provided in a private home by a care giver who lives in the home

RIte @ Home…

Medicaid pays for
4 discrete services

RIte @ Home…

- Agency Administration & Management
- Development of Service & Safety Plan
- Caregiver stipend
- Respite for Caregiver

RIte @ Home…

Adjustments to Daily Caregiver Stipend

- Higher rate for clients who meet "highest" level of care
- Lower rate for days in which client participates in adult day care
  - Provides break for caregiver allowing him/her to be employed or pursue other interests

RIte @ Home…

Caregiver Stipend is tax-free to Caregiver when Care Recipient lives in Caregiver's Home

RIte @ Home…

Room and Board
are not
paid
by Medicaid

RIte @ Home…

- Room and Board typically paid from client's SSI or Social Security check
- Room and Board are taxable income for caregiver

RIte @ Home…

Cost-

Approximately

$30,000 per year

RIte @ Home…

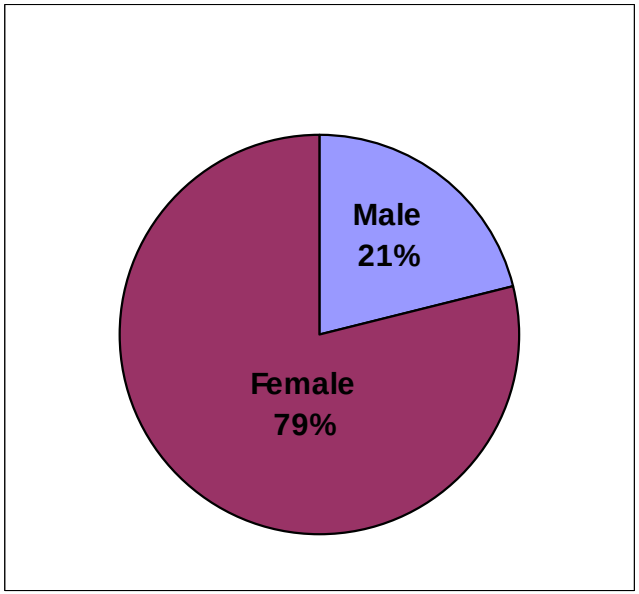
Rhode Island's Program

- First client enrolled September 2010
- 78 Clients currently receiving services

RIte @ Home…

Demographics

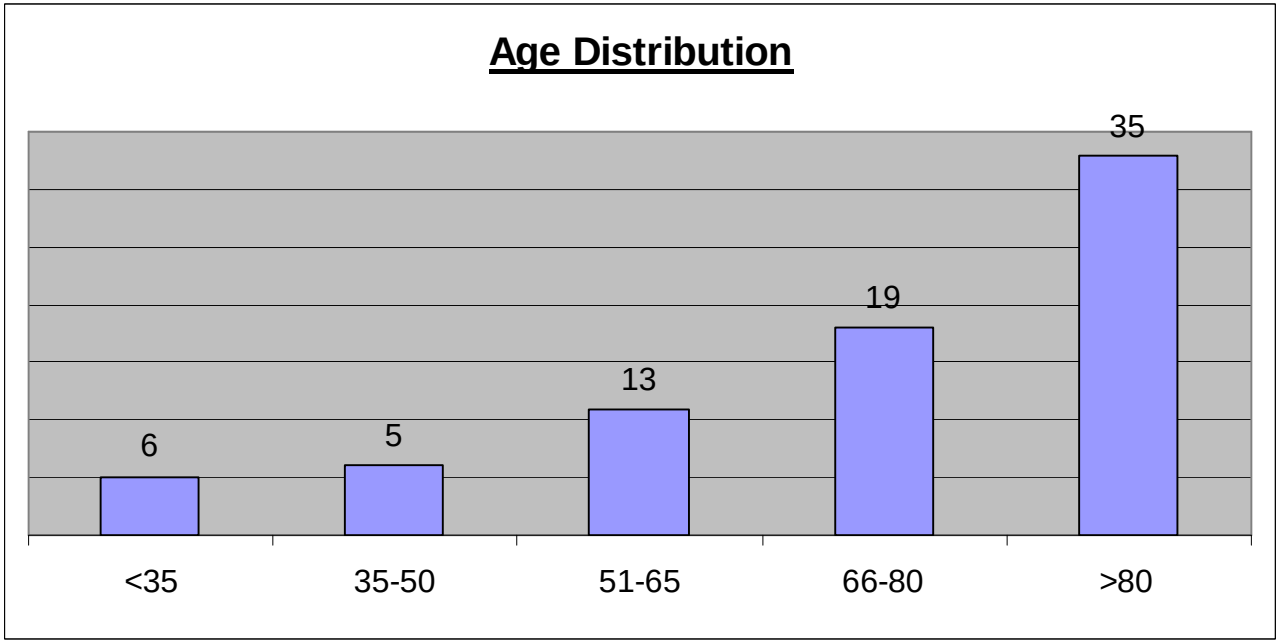
- Female 79%
- Male 21%



RIte @ Home…

Demographics

- *78 Enrollees as of 8/10/12*



RIte @ Home…

Level of Care

- 32% High
- 68% Highest

Cost Share

- About half of current recipients have $0 cost share
- Cost share range is from $43.50 - $1,118 per month
- The average cost share is currently $341.82

Adult Day Care

- 5% participate

RIte @ Home…

Medicaid Oversight & Monitoring

- All Service & Safety Plans closely reviewed to ensure compliance with program standards
- Home visit to all new clients before approval; additional visits as warranted

RIte @ Home…

Oversight & Monitoring by Medicaid Program

- Quality Standards are defined in Program Standards
- Annual agency site visits
- Home visit to all new clients before approval
- Bi-monthly operational meetings with agencies to address operational issues

RIte @ Home…

Oversight & Monitoring (Cont'd)

- Monthly Reports from agencies on Caseload, suspensions, discharges, etc.
- Monthly Reports on complaints/grievances and resolution
- Annual surveys of consumer/family and caregiver satisfaction conducted by agencies
- Claims reviews/audits
- Review of expenditures/savings

QUESTIONS??

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DISCUSSION

How Will We Keep You Informed?

RI Executive Office of Health and Human Services website "Integrated Care" section

All public documents will be posted to this site:

http://www.ohhs.ri.gov

Questions can be directed to this Email Address:

integratedcare@ohhs.ri.gov