Integration of Care and Financing for Medicaid-Only and Medicare and Medicaid Eligible (MME)

RI Executive Office of Health and Human Services
Tuesday July 24, 2012
Services and Supports
Work Group Session 1

Workgroup Series Facilitators

EOHHS Representatives

- **Deborah Florio,** *RN, MSN, Administrator, Center for Child and Family Health, RI Executive Office of Health & Human Services*
- **Ellen Mauro,** *RN, MPH Administrator, Office of Institutional and Community Supports, RI Executive Office of Health & Human Services*

Community Facilitators

- **Susan A. Allen, *PhD***, *Professor of Health Services, Policy and Practice, and Associate Director, Center for Gerontology and Health Care Research, Department of Heath Services, Policy and Practice, Brown University*
- **Kathleen Connell,** *Executive Director, American Association of Retired Persons, RI Chapter*
- **Robert Cooper,** *Executive Secretary, RI Governor's Commission on Disabilities*

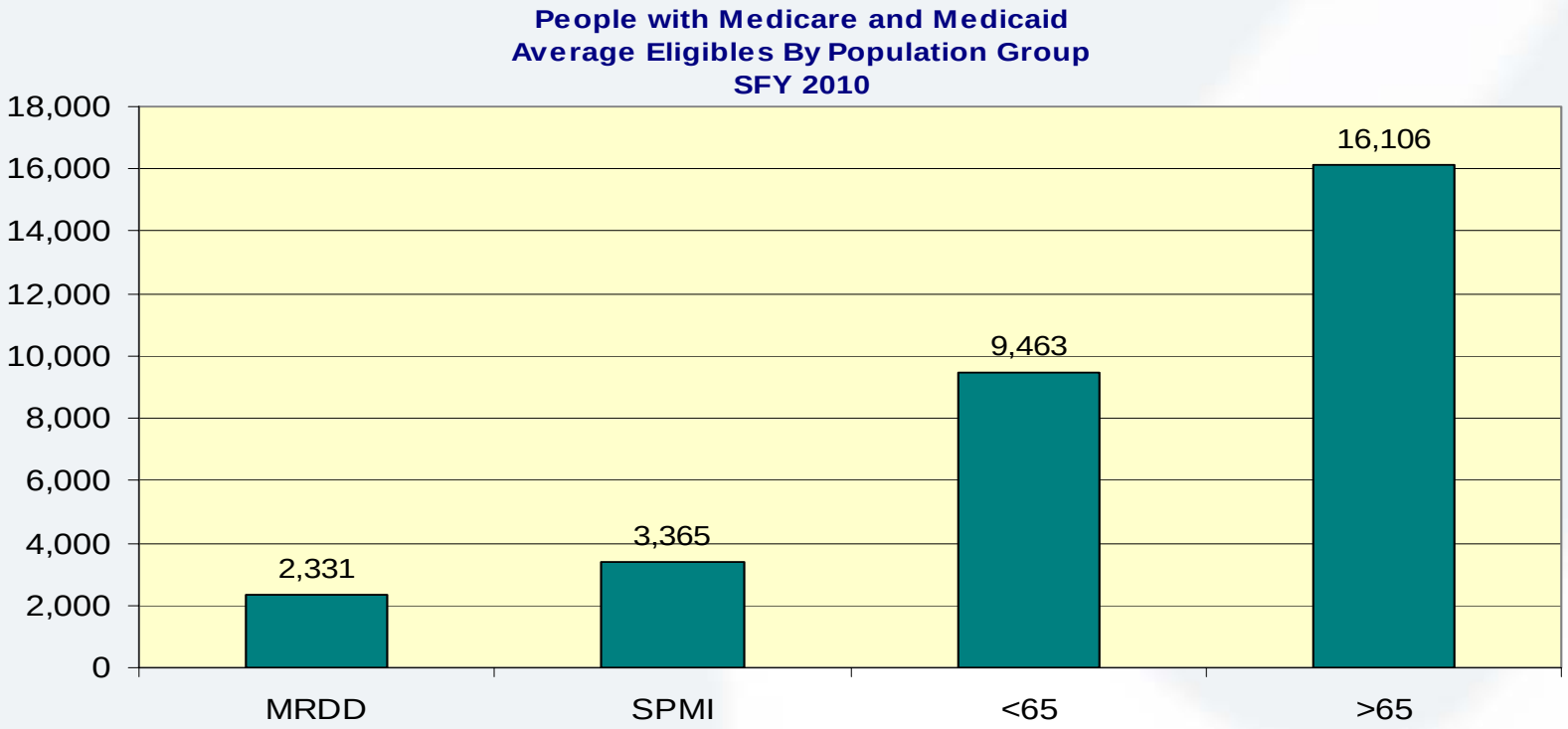
Welcome & Introductions

The Problem?

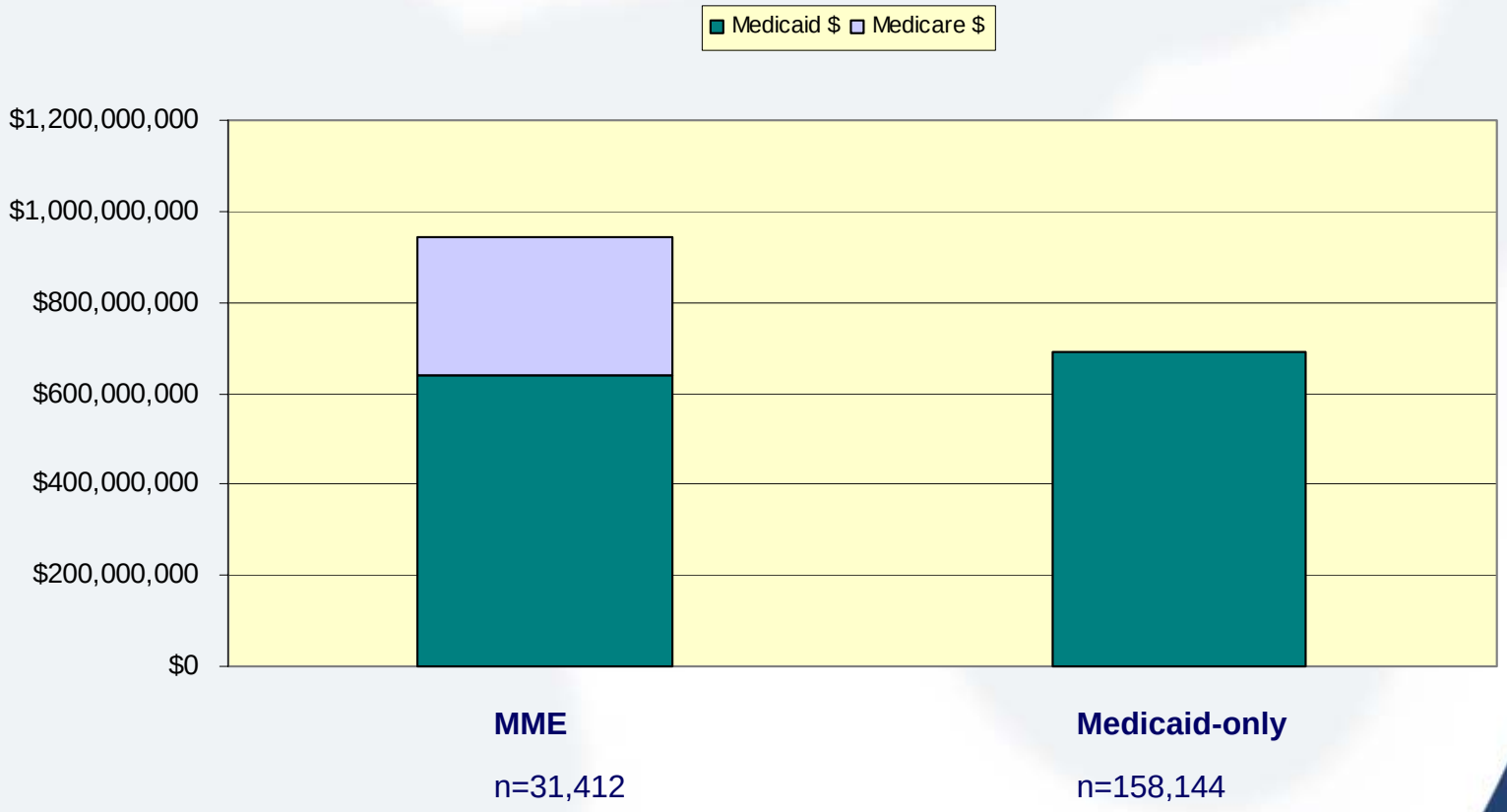
- Inadequate person-centered care coordination
- Lack of focus on primary and preventive care
- Long Term Services and Supports/Behavioral Health coordinated separately
- Fragmentation of benefits coverage leads to confusion and inefficiencies
- Cost shifting (Hospital and Nursing Facility)

Medicare and Medicaid Member Populations

MME Population : ~31,500



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 to Target Efforts
- Robust Network of Health Care Services and Supports
- Value Purchasing, Oversight and Continuous Quality Improvement
- Strong Consumer Protections

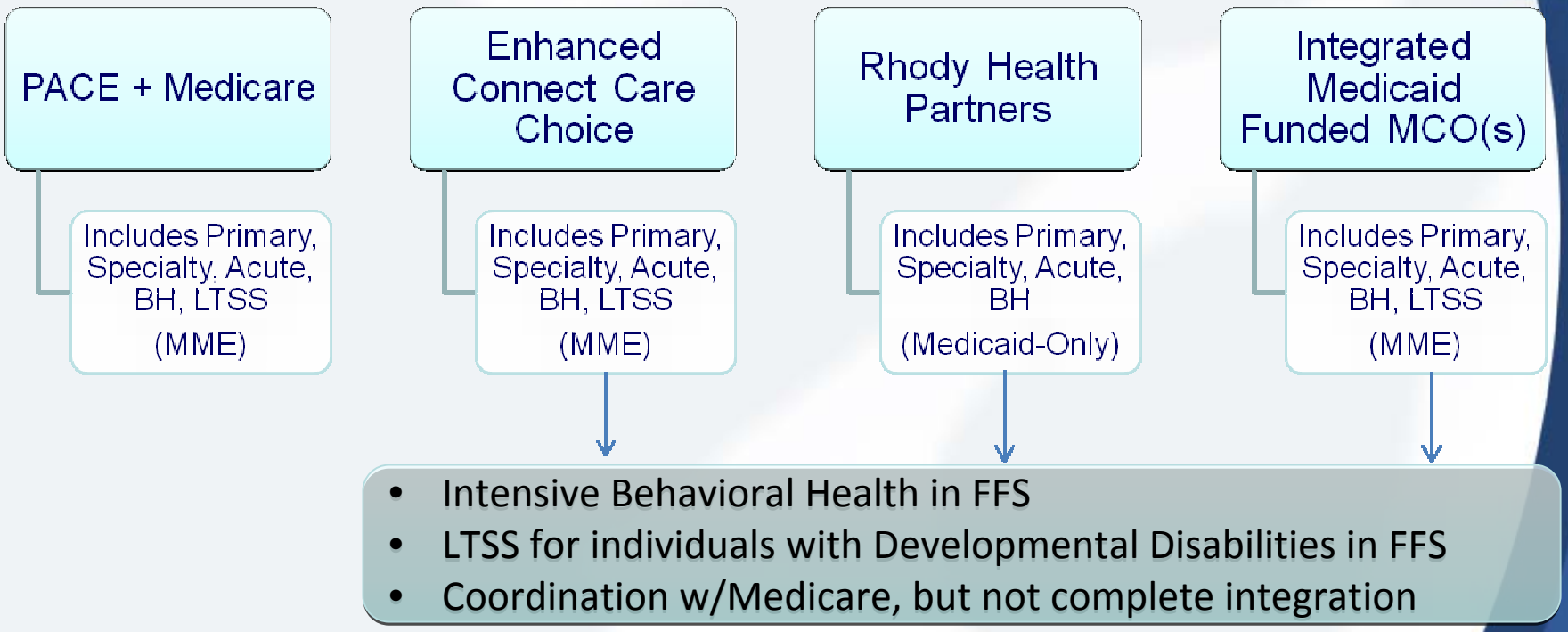
How will RI Achieve the Goals of an effective system for MME and Medicaid-only eligible Adults with disabilities and elders?

Build Upon Established Models

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

Delivery Model: Phase 1

1/1/2013 MMEs and Medicaid-Only



Delivery Model: Phase 2

1/1/2014 MMEs and Medicaid Only

Enhanced Connect Care Choice

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

- Intensive Behavioral Health in FFS
- LTSS for individuals with Developmental Disabilities in FFS
- Coordination w/Medicare

Pace + Medicare

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

Integrated Medicare and Medicaid Funded MCO(s)

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

- Intensive Behavioral Health in FFS
- LTSS for individuals with Developmental Disabilities in FFS
- Medicare Fully Integrated

Persons served by Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

- Determining how best to serve adults with developmental disabilities and adults with serious and persistent mental illness through each of these models will require additional study with BHDDH to ensure that the needs of adults with developmental disabilities and adults with serious and persistent mental illness will be well served by any option for integrating care the state chooses to pursue.

Rhode Island Medicaid

Improving Services and Supports

Overview of Current Medicaid State Plan and Long-Term Services and Supports Benefits

State Plan vs. Waiver Services, Defined

State Plan Services are those services that all Medicaid-eligible clients are entitled to, once they are determined eligible for Medicaid

No Level of Care requirement

Waiver Services are those services that can be accessed by individuals who meet a "Level of Care"

- Highest
- High
- Preventive

Medicaid State Plan Services for Adults

- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic services
- FQHC services
- Laboratory and x-ray services
- Diagnostic services
- Nursing facility services for 21 and over
- Family planning
- Physician's services
- Podiatrists' services
- Optometrist services
- Medical supplies, equipment, and appliances

State Plan Services, continued

- Skilled Home Care that may include Therapies (PT, OT, and ST) and CNA services
- Clinic services
- Dental services
- Prescribed drugs
- Over-the-counter drugs
- Dentures
- Prosthetic devices
- Eyeglasses
- Preventive services
- Rehabilitative services (Inpatient/Outpatient)
- Services for individuals age 65 and over in IMDs

State Plan Services, continued

- Nurse-midwife services
- Hospice care
- Case management services and TB related services
- Certified family nurse practitioners' services
- Non-emergency Medical Transportation
- Primary care case management services
- PACE
- Adult Day Care

Medicaid LTSS Core Services

Provided to individuals who meet High Level of Care, and those who meet Highest Level of Care and choose to reside in a community setting

- Homemaker
- Environmental modifications (home accessibility adaptations)
- Special medical equipment (minor assisted devices)
- Home delivered meals
- Personal Emergency Response (PERS)
- Community Transition Services
- Residential Supports
- Day Supports
- Shared Living

Core Services, Continued

- Supported Employment
- Supported Living Arrangements
- Skilled Private Duty Nursing
- Supports for Consumer Direction
- Participant Directed Goods and Services
- Case Management
- Senior Companion
- Assisted Living
- Personal Care Assistance Services
- Respite

Medicaid LTSS Preventive Services

Provided to individuals who meet the Preventive level of care

- Homemaker (up to 6 hours individuals/10 hours couples per week)
- Minor Environmental Modifications
- Physical Therapy Evaluation and Services
- Respite Services

Discussion Questions

- **What are the areas of unmet need regarding services/benefits**

- **What additional/supplemental benefits might EOHHS consider including in a managed long-term support and services benefit package?**

Questions can be directed to:

Email: integratedcare@ohhs.ri.gov

How We Will 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