



Executive Office of Health and Human Services

Department of Children, Youth & Families ▪ Department of Elderly Affairs ▪ Department of Health ▪
Department of Human Services ▪
Department of Mental Health, Retardation, & Hospitals

Rhode Island's Publicly-Funded Long- Term Care System

**Presentation to Global Waiver External Task Force
August 12, 2009**

Purpose:

- To provide external task force members with a description of the services and supports funded by the State through Medicaid or other funds and made available to persons who require more than primary and acute care.
- **Definition of Publicly-funded Long-term Care System:**
Services and supports designed to maintain health and functional independence in the least restrictive environment commensurate with health and safety.

Eligibility for Medicaid-funded Primary and Acute Care Services

Medicaid-funded Community-based Behavioral Health Services

Financial Eligibility for Medicaid-funded Long-term Services and Supports

Clinical Eligibility
for Nursing
Facility Care or
Community
Alternative

Clinical Eligibility
for ICF/MR or
Community
Alternative

Clinical Eligibility
for Long-term
Care Hospital or
Community
Alternative

Homemaker
Environmental Modifications
Minor Assistive Devices
Home Delivered Meals
*Personal Emergency Response
Systems*
Skilled Nursing
Supported Living Arrangements

Private Duty Nursing
*Supports for Consumer
direction*
*Participant Directed
Goods and Services*
Case Management
Assisted Living
*Personal Care
Assistance*
Respite

DEA funded supports and services



Services for Adults with Developmental Disabilities

- Clinical Eligibility for Medicaid-funded services and supports based on ICF/MR level of care.



Community-Based Behavioral Health Services

- Not an explicit part of the LTC System
- Separate state-determined LOC not needed to access services
- Access to services determined by clinicians.

Children Who are Likely to Transition into LTC System

- DHS Programs:

- Katie Beckett
- Respite for Children
- Children with Special Health Care Needs

- DCYF Programs:

- Family Care Community Partnership (FCCP)
- Programs for Children with Serious Emotional Disturbance



Transition Issues

- Definition of Behavioral Health Needs
- Need to Maintain Eligibility

Eligibility: Community MA

- Community MA provides Medicaid funding for primary and acute care services
- Determined based on qualifying criteria, (family with children; child; pregnant woman; aged, blind, or disabled), income, and resources
- Community MA based on the characteristics of age, blindness, or disability:
 - Income limit that ranges from 100% to 300% of the SSI Federal benefit level
 - Resource limits are at \$2,000 or \$4,000 per individual.

Financial Eligibility: Long-term MA

- Institutional Rules
 - Income: categorically eligible individuals: \$2022
medically needy individuals: \$800
 - Resources: categorically eligible individuals: \$2000
medically needy individuals: \$4000
 - Spousal Impoverishment Rules
 - Post-eligibility Treatment of Income
 - Special Situations

Financial Eligibility: Long-term MA

- Community LTC Rules
 - Same income and resource limits
 - Post-eligibility Treatment of Income
 - Special Situations do not apply: federal cap of \$2022 cannot be removed
 - Spousal Impoverishment Rules now apply



Services for Elderly and Adults with Physical Disabilities

- DEA funded and administered services



Services for Elderly and Adults with Physical Disabilities

DHS funded and administered services

- 5,600 Medicaid eligible individuals in a nursing home
- 1,671 individuals receiving Medicaid funded long-term care services (old A&D Waiver)
- Clinical needs-based LOC
- Services include nursing facility or community-based alternatives
- Case Management
- PACE

Services for Elderly and Adults with Physical Disabilities

Personal Choice Program

- Program established in 2006 as a home and community-based Waiver
- Goal: to provide Home and Community-Based Services (HCBS) to individuals who would otherwise require nursing home care
- Current enrollment: approximately 270

Personal Choice Program Consumer-Direction

- Consumers' Responsibilities:
 - Work collaboratively with Service Advisement and Fiscal Intermediary Agencies to determine how to best meet care needs
 - Manage personal care services
 - Monitor quality of services received

Personal Choice Program

Access

- Referrals are made by nursing homes, hospitals, self/family, & DHS Long Term Care (LTC) Field Offices, etc.
- DHS LTC Field Offices determine financial eligibility
- Office of Medical Review (OMR) determines Level of Care (LOC)

Personal Choice Program

Access *(cont.)*

- Assessments are conducted by either PARI or Tri-Town and approved by the DHS to determine Level of Assistance needed
- Service Plans are developed to assist consumer in identifying goods & services that will increase independence & ability to live safely in the community
- Assessments & Service Plans are completed at enrollment & at least annually thereafter

Personal Choice Program Individual Service and Spending Plan (ISSP)

- A written plan describing the participant's personal care needs which include the following:
 - Personal Care Attendant(s) (PCA)
 - Includes taxes and Worker's Compensation
 - Emergency back-up plan (paid or unpaid)
 - Other purchased goods & services
 - Savings for purchased goods & services
 - Fiscal Intermediary & Service Advisement fees
 - BCI check for PCA

Services for Adults with Severe Medical Needs and/or Behavioral Health Needs

Eleanor Slater Unified Hospital System (ESH)

495 bed public hospital:

The Eleanor Slater Hospital at the John O. Pastore Center in Cranston, RI

Eleanor Slater Hospital/Zambarano Unit in Burrillville, RI.

- Patients with acute and long term medical illnesses
- Patients with psychiatric disorders.
- Majority of patients admitted from community hospitals or other health care facilities and require hospital level long term care.
- The Eleanor Slater Hospital provides acute services, long term care services, and adult psychiatric services.
- Application for Admission is found at <http://www.mhrh.ri.gov/esh/pdf/APPLICANT.pdf>



Services for Adults with Severe Medical Needs and/or Behavioral Health Needs

Habilitation Program

Established December 1, 2001 as a home and community-based Waiver

Purpose: To provide a community-based alternative for elderly and disabled adults in need of a high level of skilled nursing or habilitation services at a cost that is less than or equal to that of institutional care



Habilitation Program

Level of Care Required

- To meet hospital LOC, an individual requires habilitation and/or skilled nursing to a degree that could not be adequately provided by a nursing facility
- Recertification is conducted at least annually by OMR



Habilitation Program

Covered Services

- Case Management
- Personal Care
- Residential Habilitation
- Day Habilitation
- Environmental Modifications
- Specialized Medical Equipment & Supplies
- Personal Emergency Response Systems (PERS)
- Private Duty Nursing
- Rehabilitative Therapy
- Supported Employment



Habilitation Program Access

- Referrals are made by hospitals, nursing homes, family, etc.
- DHS LTC office determines financial eligibility
- Office of Medical Review (OMR) determines LOC
- Assessments are conducted by either PARI or Tri-Town



Habilitation Program Service Plans

- Medical records & treatment reports which document participant's strengths & limitations are submitted to OMR and approved by the Center for Adult Health
- Plans are updated as needs change, goals are accomplished, or circumstances change, and must be revised at least annually

Global Waiver Impact on LTC System

- Continue NH Transition Initiative
- Continue NH Diversion Initiative
- Assisted Living
- Continue implementation of new NF LOCs
- Implement consistent case management/care management practices



Global Waiver Impact on LTC System

- Continue development of preventive service package
- Continue development of consistent home modifications policy
- High Cost Case Review
- LTC Options Counseling

Global Waiver Impact on LTC System

- Explore Community MA for Skilled NF stay
- Review expedited services process for potential revisions
- Sherlock Plan
- Mandatory Enrollment in RHP and CCC

Global Waiver Impact on LTC System

- Shared Living Initiative
- Transition costs
- Med. Management
- Self-direction
- Implement acuity-based NF rates
- Implement acuity-based HCBS rates