RI EOHHS Specialized Accountable Entities Public Meeting Notes
Thursday, 11/9/17 (11:00 a.m. –12:30 p.m.)
301 Metro Center Blvd, Warwick, R.I (DXC 2nd Floor Conference Room)

Facilitator: Jennifer Bowdoin
Prepared by: Mark Kraics
Participants: Alison Croke (NHP), Chris Gadbois (Seven Hills), Christopher Dooley (Prospect Medical Holdings), Craig DeVoe (Nursing Placement), Deb Faulkner (Faulkner Consulting), Deb Florio (EOHHS), Debbie Morales (EOHHS), Desi Santurri (Phenix/Coventry Home Care), Elaine Riley (Homecare Advantage), Garry Bliss (Integra), Holly Garvey (EOHHS), Irene Qi (Hope Nursing HomeCare, LLC), Jen Bowdoin (EOHHS), Jim Nyberg (Leading Age RI), JoAnna Pigna (Park Avenue Senior Care), Joe Cicione (Homefront Health Care), John Minichiello (Integra), Karen Statser (EOHHS), Kimberly Santilli (Park Avenue Senior Care), Liz Boucher (CareLink), Louis Paolino (Lifetime Medical), Mark Kraics (EOHHS), Martina Walks (Providence Village), Mary Barry (Capitol Home Care Network), Mary Benway (Community Care Nurses), Maureen Maigret (Long Term Care Coordinating Council), Michael Bigney (Nursing Placement), Mike Walker (CareLink), Mykahla Gardiner (EOHHS), Nicholas Oliver (RI Partnership for Home Care), Rick Boschwitz (Bayada), Rick Jacobsen (EOHHS), Robert Haigh (Health Care Services), Sandy Curtis (EOHHS), Trish Gleason (Gleason Medical), Vinnie Ward (Home Care Services of RI)

Agenda Item	Key Discussion Points	Action Items/Follow Up
Welcome & Introductions	Jen Bowdoin welcomed participants to the public meeting and shared that the session would be an opportunity for participants to ask the EOHHS team questions about the LTSS AE program and provide feedback in areas of the program design. The group went around the room and provided introductions.	

Goals of the AE Program-Institutional Capacity	• Jen in her PPT deck reminded of the goals for the Specialized LTSS AE program
	  ○ This is part of our rebalancing strategy to move folks out of institutional care and into the community
	  ○ Enable providers to allow beneficiaries to live successfully in the community
	  ○ The programs intention is for provides to think about what is necessary for folks to return to the community
	  ○ Want to make investment to allow them to live in the community.
	• For people who have LTSS needs, make sure they have the supports necessary to be successful is the main goal of the program.
	• Encourage a staged reduction in institutional capacity.
	• Create financial incentives for providers to allow folks to return to the community.	

	• Create and develop partnerships with different types of providers. Build the larger continuum.
	• The infrastructure funding would allow for the critical investments that have not been traditionally emphasized before to occur.
	• Joe Cicione asked Jen to talk more about staged reduction in institutional capacity and what exactly we are looking to accomplish.
	• There are not necessarily reductions for year 1 for the program
	• What is the proportion those in institutional for community? Rick J answered this by describing:
	  ○ Do we have a precise number?
	  ▪ No there is no target number established
	  ○ We would be looking more at the diversion? Mary B asked that this would for the ER/NH diversion?
	  ▪ Jen said that there is no measure for us to use in this.
	  ○ Rick J –there are random difficulties with small populations
	  ▪ TCOC is driven by a combination by price and utilization
	  ○ Vinny –if the State is not looking at the rates for the diversion how can this be achieved?
	  ▪ There are issues with the rates that we acknowledge.
	  ▪ Are there other ways that we can pay providers and pay for value? This is something that EOHHS hopes to explore in the creation of this program
	  ▪ Jen said that we can talk about this more at EOHHS
	• Maureen –the institutional capacity component—what else are we doing?
	• Deb F described the program approach: Certification, Payment, Incentives
	  ○ EOHHS will certify the AEs
	  ○ The incentive dollars are tied to what the AEs are actually building
	• Maureen –what about the service provisions?
	  ○ These are the concreate areas that we want to add to the program
	• Deb Florio –can provide ways that we can get to things that we think will enable them to get the services they needed
	  ○ People need to join together to build systems of accountability
	• Michael B –Use the word bundle, that may be too difficult to do
	  ○ There need to be a fair and equitable way
	  ○ Must be fair and responsible	

	• Joe –we need to know what the APM is so we can apply? Are we starting with FFS or APM?
	  ○ These are important questions
	  ○ Jen said that a Home Care bundle/APM will not be in place for when we start
	• Mary Benway –when can we get an answer what the APM rate would be?
	  ○ Will need to get CMS approval to do this?
	• Deb F –the deadline is very tight for this and this is a pilot program
	  ○ If we need to move the time so people are comfortable with understanding all the facts
	• Gary –if there is coordination, partnerships, care can be improved. What is utilization? What is demand? An organization needs to identify the opportunity of where improvement can be made.
	  ○ Data to tell what is helpful will be the next step
	• Deb Florio –knowing the role of the MCOs will also be important to look at. What data are they working with will be essential for making this decision
	• Rick J –we have to work within the budget cycle to be able to answer these questions.
	  ○ What are the ways to invest these dollars?
	• Mary Barry –concerned that clustering the dollars for the APM will not really work. Hard to effectively manage the client. Who is the touchstone for the project for the state side?
	  ○ Jen is the lead for Specialized LTSS
	  ○ Will need to get back on the State side
	• Mary –On the FFS side, what limitations does home care have (Case management)
	• Vinny –The rollout of UHIP has tainted people's view of the start of the program.
	  ○ 4-5 years from now there will be more elderly people. The state needs to be able to fund more people
	• Deb F –December 15th is unlikely. This program is a pilot and is an opportunity to learn.
	  ○ We need a test case
	• We need to structure it so providers, the State and CMS are comfortable
	• *The group moved to the next agenda item but returned to the discussion of institutional capacity*	

	• Mary B-Staged reduction in institutional capacity –what thought has the state given to partnering with a specialized AE to create the opportunity to cause change
	  ○ What is our plan to implement staged reduction in the home care industry?
	  ○ Rick J- we want to hear suggestions and feedback given the programs' development
	  ▪ Thoughts and suggestions in gaps in the model will be helpful for the State's thinking process
	  ○ Is this a workgroup?
	  ▪ We have met already but would appreciate additional feedback
	• Maureen –look at the NH facility and the lower occupancy rate?
	  ○ Mary Barry –needs to look at the concept design and use the application of the program and have a real implementation
	  ○ Move from theory to practice to what folks want to know if its viable
	  ○ How much further do we need to define this process?
	  ○ Deb F-we are still trying to establish these processes for the program.
	• Deb F –in the pilot previously we tried to establish boundaries on the program without too many barriers
	  ○ Mary B –we are creating business models and want to minimize the barriers
	• Rick J –Define more what the state is buying into?
	  ○ Mary –we want to be clear on thinking outside of the box.
	• Deb F-we are looking at the analysis of the cost structure for the program, what is attributable, who is responsible for what?
	  ○ Hope to do this soon
	• Mary B –looking at the cost of the payment for the rate structure, can we create an optimistic amount to make change?
	  ○ Chris –How many people are we talking about in this program? 10,000 currently in Medicaid in a year receive these attributable services	

Incentive Pool Discussion	• In year one, there are 8.1 M dollars for the Specialized LTSS program • We expect to have been 2-6 AE for this program. ○ This is based on achievement of performance milestones for the payment of incentive funds • There are 4 developmental milestones that can be expected to achieve.	

	○ The first is an execution of a contract with an MCO • Michael –when will the AEs be paid the money? ○ The money goes through the MCOs ○ This will be based primarily on the contract ○ The contract informs the milestones, the milestones inform the contract • Deb F- this is milestone based on when the program starts. There needs to be reasonable work done to get the funds to the AE. • Mary Barry –can you be provisionally certified to get the funds? ○ Yes, we allow for this • Michael –will the MCO be sitting on the money? ○ No • Louis –how many MCOs for this program? 1 at the moment. • Bob –would we define the financial reports? ○ We are still working on the development of this report.	
Public Comment	Jen asked if there were any public comments but there were none at this time.	