Medicaid Long Term Services and Supports Rebalancing Initiatives Steering Committee

Friday, January 3, 2025
10:30 AM – 12:30 PM
Virtual Meeting
Meeting Summary

Members Present: Mary Ann Langton, Laura Snow Robinson, Cathy Ludlum, Susan Raimondo, Mairead Painter, Krista Ostaszewski, Natalie Shurtleff, Heather Ferguson-Hull (for Melissa), Erin Leavitt-Smith, Claire Volain, Sheldon Toubman, Maggie Ewald, Bonnie Myers, Kevin Brophy, Thomas Wade

Members Excused: Karyl Lee Hall, Melissa Morton

Members Absent: Elaine Kolb, Tom Fiorentino, Michele Jordan

Members of the Public: Melissa Augeri, Daniel Beem, Chrissy Reynolds, Andrea Barrett, Stacey Larrabee, Deb Migneault, Tracy Wodatch, Randell Wilson, Julia Fishman, Barbara Cass, Beth Carangelo, Ivonne Lopez, Vanessa O'Neal, Melva Cooper, Lisa Albert, Diana DiBartolomeo, Jessica Gudonis, Christopher Washington, Michael Werner, Karen Anderson, Mike Starkowski, Cynthia Cartier, Mike Peccerilli, Paul Chase, Colleen Hudson, Pearl Barnett, Rebecca Kasper, Hye-Yeon Ryu Kim, Guerda Sainval, Christine Weston, Christine Cianciolo, Jessica Hughes, Shontai Butler, Cindy Majersky, Bailey Williams, Nora Duncan, Stacie Ellis, Eric Cannan, Tasha Erskine, Pooja Modi, Pamela Arseneau, Luisa Parente, Martha Porter, Janette Steward, Kiomara Cruz, Turquoise Percy, Susan Stange, Maria Figueroa, Jessica Ludorf

1. The meeting was called to order by Mairead Painter, Co-Chair at 10:36.

2. Mairead made a motion to approve the December minutes. MaryAnn moved. Kevin seconded. Maggie abstained. All in favor so December minutes were approved.

   Christine introduced new DSS managerial hires to the group.
   - Paul Chase was promoted to be Associate Director of Community Options. He is subject matter expert in all things HCBS.
     - He will help redesign and promote HCBS across all DSS programs.
     - Paul says he is happy and excited to take on his new role. His email address is Paul.Chase@ct.gov and number 860 424-5994.
   - Anna Karabin was promoted to be Quality Assurance and Provider Engagement Manager. She has been with the state for 16 years, 13 of those have been with MFP.
     - She will help with a more proactive approach to provider engagement and quality assurance getting ahead of issues before they become issues.
     - She will be encompassing all HCBS as there will no longer be a separate Strategy and Operations Unit. These will be under one umbrella now.
     - Anna's email address is Anna.Karabin@ct.gov and number 860 424-4848.
   - Susan Stange is the new ABI and Autism Waiver Manager. She comes from the outside, working for the provider network for these programs. Now she will help manage and align those programs.
     - Susan's email address is Susan.Stange@ct.gov and number is 860 424-5636.
   - Mike Peccerilli was promoted to be HCBS Integration Manager.

- He will see the day-to-day operations of MFP.
- He is also being charged to approach our client's holistically where there is one case management record, one set of information.
  - working on the universal assessment.
  - working on the pilot of care and case management system.
- Mike says he is excited to step into this new role. He has been a part of the MFP program since 2016, working with the access agency and then coming to the state.
- Mike's email address is Michael.Peccerrilli@ct.gov and number is 860 424-4879.

3. Ongoing Business

<u>MFP Transitions/Waiver</u> – Mike Peccerilli

- Mike shared the Medicaid Long Term Services & Supports Rebalancing Initiative Steering Committee update.
  - 463 transitions in 2024
    - 6 for ABI
    - 183 for CHCPE
    - 25 for DDS
    - 20 for Mental Health Waiver
    - 134 for PCA
    - 68 for State Plan (physical or mental health disability)
    - 24 for RCHs
  - 33 transitions in the month of December 2024
    - 0 for ABI
    - 7 for CHCPE
    - 2 for DDS
    - 2 for Mental Health Waiver
    - 12 for PCA
    - 4 for State Plan
    - 3 for RCHs
- Christine mentioned that the CFC state plan needs to be carved out on this and added as a column on this update.
- Regarding Mental Health Waiver, how come individuals who have a mental health diagnosis aren't transitioning out?
  - When Individuals have been identified as being appropriate for the mental health Waiver, a team of case managers focus on transitioning them.
  - Individuals have choice and they may not elect to pursue that opportunity.
  - Erin shared that there are 5.5 dedicated master's level clinicians that go out and complete the MFP assessment for people with a positive Level 2. They determine if the person can be safely transitioned onto the mental health waiver if they choose to. If they can't be safely transitioned, DMHAS and the access agency will try to come up with a plan to transition them to state plan, an RCH, or another waiver.
  - The mental health waiver does not give people 24/7 care at all.
  - A few individuals may go out with PCA or CHCPE and use state plan services.
  - Erin also mentioned there is a lot of collaboration with DMHAS and MFP staff, so these people are being caught.

4. New Business

<u>Universal Assessment update</u>

- Mike shared that DSS is still waiting for CMS to approve our statement of work.

- Once that is approved, DSS will continue to work with the vendor on the proposed changes.
- The following will be updated:
    - NRI Tool will be updated from 9.1 to version 10.
    - Re-ordering the UA too allow for more consistent and accurate coding across all the programs.
    - Removed a bunch of questions that were not needed or used.
    - Updating the goal section to include NCOA.
    - Updating race, gender, and language to meet the compliance standard for the state of CT.
    - Adding caregiver assessment as a module of the UA. This will not be required but encouraged.
- Mairead asked if the updates were done to match the Minimum Data Sets (MDS) in the nursing homes that were being used because of the NRI? The MDS is a tool that nursing homes use every quarter or change of condition and admission to assess someone's needs and care and is reported to CMS.
    - Deb Migneault answered that the MDS does use many of the same items as the UA. She wasn't sure if the MDS has been updated but that it takes time for NRI to update to the next thing. The key items like the coding of the ADLs are the same.
    - Christine jumped in to say that NRI is an international standardized functional assessment that is used in multiple countries to assess needs of individuals. NRI is a company that gives us permission and license to use their questions. CT has what is called the UA which at its core has a list of NRI tools that are tested, embedded and relevant. CT put their own questions in which made the document quite lengthy.
    - MaryAnn wanted to know if any people with disabilities were involved in developing this.
        - Mike shared that the focus groups were with access agencies, staff and DSS people. There were no people from the community so DSS is meeting with MaryAnn and will send out an email so people can meet separately. Please feel free to reach out to Mike to be involved.
        - Christine said there will be a focus group in February or March for the individuals who experience the assessment to give feedback and make edits.
        - Sheldon would like an opportunity for advocates who work with the group to offer their input.
        - Sheldon asked what is being done to fix the problem of miscellaneous issues such as individuals having no ADL or IADL needs but still require assistance for a seizure disorder.
            - Christine answered that a seizure disorder alone does not qualify a person for nursing facility level of care as defined in CT. CFC has to meet the criteria of level of care. Sheldon responded that this DSS position has been rejected by a DSS hearing officer, who recently ruled against the Department in such a case, finding that a particular person's seizure disorder alone did meet nursing facility level of care.
            - She also said that there will be an area for free text but that would not be captured in the assessment. That's why there are a tremendous amount of exceptions.

<u>Language Barriers</u>

- Maryann shared that she is locked out of her DSS portal. She and her assistant called DSS, and they could not understand her and would not accept her assistant speaking on her behalf without signed legal paperwork. They asked if she had a

qualified interpreter which she doesn't, and they asked if she had text to speech which she doesn't. She is upset and angry about this.
    - Christine told her that she isn't required to have a certified interpreter if someone is sitting next to her talking. She apologized on behalf of the Department and will follow up and make sure some sort of retraining is handled.

How does the public access MFP and CFC operating manuals?

- Christine said that Community Options managers have recently been involved in website modernization because most of DSSs websites are housing old and incomplete information on our programs. Over the next few months, Community Options is getting admin access to monitor and update their programs.
    - Sheldon stated that CFC operating manual is not on the website.
        - Christine replied that maybe it's because it was only in draft form and that it will be added to the website.

Leaving the nursing home on the waiver versus MFP

- What triggers are in place to determine who will assess eligibility for the mental health waiver during a nursing home closure? 106 residents with Significant Mental Illness and only 2 were eligible for the mental health waiver.
    - There was only a handful of individuals that agreed to the assessment.
    - One or two were already established before the closure.
- MFP protocol says that you must be cost effective to get MFP services. The community place must be less than the cost of the nursing facility care.
    - MFP is different than applying in the community because you have to meet certain thresholds to get enhanced services and extra benefits which has been a barrier. This is the way it is.

5. Public Comment

- A question was asked if DSS received good feedback on the CFC/MFP/CHESS application.
    - Mike replied that DSS is creating a new care and case management system within the unit because the current vendor is retiring.
    - DSS is in phase one and hoping to make it larger and more integrated and interoperable with other case management and eligibility systems.
    - The current system also has on-line applications for our programs. The application was sent out to users and advocates for their feedback on user friendliness.
        - Mike said that he did get feedback and will combine a list and put everything together.
    - Deb Migneault shared that OPM released the rebalancing numbers for 2024. CT has hit 70 to 30%. The report will be shared with these minutes.

6. New Business
    - MaryAnn would like to talk about the PCA Workforce Pathways at the next meeting.
    - CHESS Update
    - Hiring more people to help with the MFP delays.

7. Meeting adjourned at 12:06 p.m.

Next meeting: **VIRTUAL February 7, 2025**