

LTSS

Overview of Initiatives and Activities

Conflict Free Case Management (CFCM)

Implementation of CFCM is required by the federal government and codified into Title XIX to ensure equity in access, service quality, and monitoring and accountability. The required components of the rule are listed below:

Person-Centered Planning (PCP)

42 CFR 441.301:

The PCP Process must:

- Be driven by the individual
- Include people chosen by the individual.
- Give individuals the necessary information and support to ensure they are directing the process
- Occur at least annually and at times/locations that are convenient for the individual.
- Results in a person-centered plan

The Person-Centered Plan must:

- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals

Conflict-Free Case Management (CFCM)

1. CFCM is both a set of principles about:
 - a. The proper separation of case management from service delivery functions and;
 - b. A group of four inter-related tasks (shown in the visual below) that are designed to translate those principles into everyday practice.
2. Although the State's LTSS agencies and their contractual partners currently perform case management, they are generally not provided in the scope, amount, duration, or manner required by CMS. Accordingly, this initiative differentiates between these existing services and CFCM and PCP mandated by the HCBS Final Rule by referring to the latter inclusively as "CFCM".

Core Components of CFCM



Rhode Island established a road-map and corrective action plan (CAP) with CMS for implementing CFCM.

Conflict Free Case Management

- The SFY 25 Enacted Budget included \$7.7 to create and implement a person centered, conflict free case management (CFCM) system for Long-term Services and Supports (LTSS) and Home and Community-Based Services (HCBS) recipients, required by federal rule.
- EOHHS is currently implementing a CFCM statewide network for individuals receiving Medicaid-funded HCBS. Due to implementation delays, EOHHS' updated SFY 25 estimate has been revised to reflect the use of BHDDH FTE positions and independent facilitators, which reduces the number of people billing the new CFCM rate.

	General Revenue	All Funds
SFY 25 Enacted	\$3,401,123	\$7,727,191
SFY 25 May CEC Testimony	\$2,487,293	\$5,651,013

- January 2024
 - Final CFCM certification standards and application posted; EOHHS began accepting and reviewing applications on a rolling basis
 - DHS completing all initial functional needs assessments for elders and adults with disabilities (EAD) participants
- October 2024: 8 EOHHS Certified CFCM Agencies supporting LTSS HCB participants
- May 2025 (Present): Connecting Medicaid participants with a conflict free case manager

Ticket to Work

SFY 24 Budget directs EOHHS to establish a new Medicaid eligibility pathway for working people with disabilities, called Ticket to Work (TTW), and update the existing eligibility pathway, called the Sherlock Plan.

Eligibility Requirements:

TTW

- Age: 16 – 64
- Income Limit: None
- Asset Limit: None

Sherlock Plan

- Age: 65+
- Income Limit: up to 250% FPL
- Asset Limit: \$10K single/\$20K couple
- LTSS participants who also meet the criteria for TTW and Sherlock are provided with choice benefit counseling to determine which option works best for them between the FFS LTSS or TTW/Sherlock LTSS pathways.
- DHS currently provides MART determination for applicants who do not have an existing federal disability determination from SSA to facilitate access to TTW/Sherlock.

Current Enrollment (March 2025)

- TTW: 567
- Sherlock Plan: 130

Next Steps:

- Systems update known as the Hardship Request
 - Participants who are unable to pay their premium can submit a Hardship Request to EOHHS
 - Estimated go live December 2025
- Auto disenrolling beneficiaries for failure to pay premium for 3 months
 - Estimated go live of early 2027

Personal Choice Self-Directed Services

Personal Choice Self-Directed Personal Care Services Act of 2023

- Self-directed Care regulations governing the Personal Choice program were updated and effective 2/12/2024. https://rules.sos.ri.gov/Regulations/part/210-50-10-2?reg_id=13064
- An online registry for Personal Care Attendants, to assist participants in identifying potential workers, is available online: <https://eohhs.ri.gov/PCA-Registry> . Recruitment of PCAs is underway, and no PCAs are currently registered.
- The certification process for PCAs who wish to be listed on the registry, includes completing a required orientation, first aid training, and CPR training.
- SEIU 1199 sent demand letter on March 24, 2025, requesting to begin negotiations on a CBA for PCAs
- Pending referrals are the result of workforce shortage at CFCM agencies required to conduct needed assessments

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Total Enrolled Clients	1215	1244	1266	1297	1332	1355	1361	1353	1340	1345	1350	1343
Newly Enrolled Clients	28	42	34	37	33	24	18	9	13	16	14	6
Cumulative Disenrollment	214	227	239	245	245	246	259	267	4	304	313	326
# of PCAs on Registry	0	0	0	0	0	0	0	0	0	0	0	0
Participants Pending Referral	-	-	-	27	14	47	56	104	124	107	137	164

Brain Injury Services Redesign

Project facilitator: National Association of State Head Injury Administrators (NASHIA)

Time period and award: 11/1/2023 – 6/30/2025, \$115,489

Funding source: Rhode Island's Money Follows the Person (MFP) federal demonstration grant

- *Develop a model and implementation plan to redesign Rhode Island's brain injury services program with a full spectrum of services and supports, including day services, community care, and residential care. Proposed services will maximize community integration and independence, address long term needs of people with brain injuries, and provide choice in delivery of care, including offering self-directed options.*
- An advisory committee comprised of key community and state agency stakeholders meets quarterly to support, inform, and guide the process.
- Deliverables to be provided by June 30, 2025, include:
 - ✓ Summary of service delivery options including a comprehensive suite of services, licensure and certification requirements, quality improvement strategies, a fiscal impact statement and recommended sources of funding
 - ✓ A final recommended model and accompanying implementation plan, with a comprehensive financing plan
- NASHIA has conducted individual and group interviews to understand the current system and hear recommendations. They administered a survey to gather input about gaps and community needs.

One LTSS E-Record

GOAL: One IT cloud-based LTSS e-record established from the point of entry that follows the person as they move across agencies, providers, and the service continuum utilizing a uniform evaluation of a person's needs.

One IT Solution that establishes a single LTSS record

Pre-eligibility –
MyOptions RI

Information and
Referral
PCOC

Clinical Eligibility
Determination

Clinical Eligibility
Assessments for
Elders & Adults with
Disabilities LOC

Person Centered
Planning, & CF Case
Management

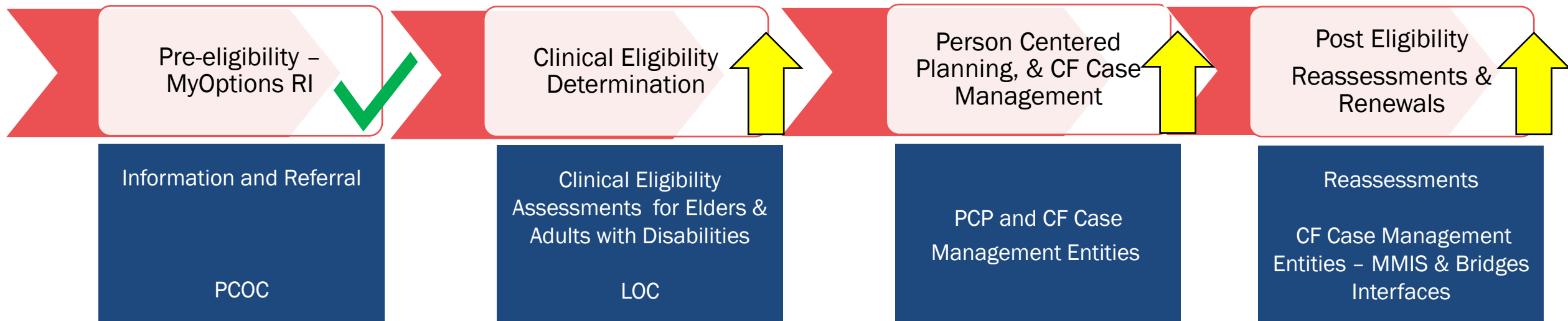
PCP and CF Case
Management Entities

Post Eligibility
Reassessments &
Renewals

Reassessments – CF
Case Management
Entities – MMIS &
Bridges Interfaces

Wellsky eLTSS Modernization Project Status

- Phase 2 Go Live: **completed 3/19**
 - Transitions workers from Access DB to WellSky Enterprise System for - Money Follows the Person, Self-Directed, Habilitation, Nursing Home Transitions, CFCM, and PCP.
 - Realizes first phase of strategic goal for reducing the number of core LTSS systems needed for case management. Consolidates processes into WellSky Human Services, integrating into Bridges and MMIS Systems.
- BHDDH Ancillary Workflows: **completed 8/19/2024**; expands eLTSS system functionality to support DD case management
- Phase 3/5 – **go live October 2025**; hybrid approach planned and executed to mitigate 8-month delay with Phase 2 implementation.
 - Comprised of seven sprint phases and seven interfaces currently in design/build phase; will further progress strategic goals, integrate care & service plan data, and streamline authorizations to extend the LTSS PCP, CFCM, and service authorization process which are currently managed in WellSky Aging & Disability to one Human Services WellSky System.



Communications Campaign

- Collaborated across agencies* to refresh information and resources on myoptions.ri.gov in 12 languages
- Developed a comprehensive media campaign to drive traffic to the MyOptions site and increase referrals to Aging and Disability Resource Center
- Campaign launched in March and include the following: Social media, Digital display, Google ads (paid search results), Local newspapers, Radio/streaming, Local TV.
- Key audiences: older adults, adults with disabilities, caregivers/family members.
- Ads available in English, Spanish, Portuguese

Early reporting metrics

Web traffic (as of 4/9 for the previous 30 days):


- 3.7 K users
- 25K events (clicks, downloads)
- 8.1K views
- 315% increase in referrals received through site

Campaign: 530K digital impressions in March

- 25K from Google Ads
- 335K from digital display
- 169K from CTV (with a 98.7% video completion rate)

**Collaborating agencies: Executive Office of Health and Human Services (EOHHS), Department of Human Services (DHS), Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), Office of Healthy Aging (OHA). Communications staff from each agency has begun meeting monthly to align messaging and efforts in support of this initiative.*

MyOptions: Updated Materials & Ad Samples



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GUIDE FOR FAMILIES, FRIENDS, AND CAREGIVERS. FIND THE INFORMATION AND SUPPORT YOU NEED.



SERVICIOS Y ASISTENCIA A LARGO PLAZO PARA ADULTOS CON DISCAPACIDADES DEL DESARROLLO



Personal Choice Program (Programa Escolha Pessoal)

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LTSS Application Status

Backlog Versus the Number of Applications - Effective 4/14/2025



Backlog (number of applications over 90 days):

404



Pending Applications (total number of applications reviewed under 90 days):

1087



Including Backlog

1491

- DHS social workers are visiting assisted living facilities (ALF) weekly to provide application assistance and functional assessments to assist residents with the LTSS application process. ALF applications are expedited for processing within 30 days.
- Today, PACE cases are being determined within 15-30 days allowing participants to quickly access LTSS services via PACE.