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August 1, 2019

ADDENDUM #1

RFI #: 7598892

Title: Long-Term Care Person-Centered Options Counseling

Submission Deadline: August 13, 2019 at 10:00 AM (ET)

Notice to Vendors

Attached are State responses to Vendor questions received through email by the submission deadline. No Further questions will be answered.

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Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFI # 7598892 Long-Term Care Person-Centered Options Counseling

Question 1: Our team member who will be completing the cover letter is remote from the team that will be sending the RFI response. Can the signature on the copy named "Original" be signed digitally and printed out, or can it be signed physically and scanned?

Answer to question 1: The proposal can be signed digitally, but the RIVIP Bidder Certification Cover Form needs to be an original or “wet” signature.

Question 2: What is the definition and criteria for a person to be considered “at risk for long-term care”?

Answer to question 2:

There is no “official” definition in federal or state law, regulation, or policy of a person “at-risk” for Long Term Care/Long Term Supports and Services (LTSS). There is a broad consensus in the literature on long-term care that a person is considered to be “at-risk” for LTSS if he or she has a chronic or disabling condition that typically requires varying degrees of medical care and assistance with the basic personal tasks of everyday life – “the Activities of Daily Living” (or ADLs)”-- for an extended period of time.¹ There are a range of socio-demographic factors that are also considered widely to be relevant when assessing whether a person who meets this broad definition is also likely to need publicly financed Medicaid LTSS, including income, living arrangement, gender, and race, among others. However, as the State proposes to provide Person Centered Options Counseling (PCOC) to all Medicaid LTSS applicants and anyone else upon request, the focus in this response is on the at-risk populations in general.

The following is a list of the populations that have a significant number of members that typically need assistance with ADLs at some point that, as such, fall into the “at-risk” category. For the purposes of the RFI, a person is considered to be at-risk for LTSS if they are:

¹ See, for example: Johnson, R. (2019). [*What is the Lifetime Risk of Needing and Receiving Long-term Services and Supports*](#). Washington, D.C.: Urban Institute (Published April 2019 as U.S. HHS ASPE Research Brief).; Congressional Budget Office (2013). [*Rising Demand for Long-Term Services and Supports for Elderly People*](#). Washington, DC: Congressional Budget Office; Favreault M, & Johnson R (2015). [*Task 6: Projections of lifetime risk of long-term services and supports at ages 65 and older under current law from DYNASIM*](#). Washington, DC: The Urban Institute.

1. Between the ages of 15 and 19 and receiving services for a developmental disability, or currently Katie Beckett² or Supplemental Security Income (SSI) eligible for Medicaid as a result of a serious, chronically disabling condition³ which typically requires some of the services provided in a health institution;
2. An adult 65 or older, or an adult between the ages of 19 and 64 who is living with a disability AND is: (a) dually Medicaid and Medicare eligible,⁴ (b) low income and with limited ability to work (e.g., receiving Supplemental Security Income) and over age 44; (c) diagnosed with a serious and persistent mental illness (SPMI) and not yet eligible for Medicare, or (d) receiving Medicaid-funded LTSS preventive services (limited personal care, adult day services, home modification); or
3. A person of any age who (a) is receiving or is determined to have the need for the type of care provided in a licensed health facility for a minimum of 30 days, or (b) has been diagnosed with a chronic or permanently disabling condition requiring continuous need for assistance with the ADL and independent activities of daily living (IADLs).

Note: Office of Healthy Aging co-pay beneficiaries are receiving LTSS. To extent they are considered at-risk, it is for Medicaid-funded LTSS only.

Question 3: How many people in Rhode Island meet this definition?

Answer to question 3:

It is difficult to determine with certainty how many Rhode Islanders are in each of the at-risk for LTSS categories. First, some of the people in each category are not known to EOHHS. Second, research shows clearly that not all people who are at-risk will receive LTSS and estimates vary, from one population to the next, from 40 to 60%.⁵ Last, how many of this subgroup will seek PCOC is also not yet clear. The only data now available to EOHHS related to demand for PCOC are not reliable.⁶ For this reason, obtaining estimates of potential demand for PCOC across populations is a focus of the RFI and will be used to inform a potential Request for Proposals.

With these caveats in mind, the table below presents estimates of the number of people at-risk for LTSS who are currently receiving Medicaid-funded services and fall into one of the categories outlined above. According to the most recent data available:

² Katie Beckett eligibility is for children up to age 18 with chronic illnesses/disability who are being care for at-home but need the level of services typically provided in an institution. Eligibility is based on the income of the child alone; all other family income is considered unavailable

³ A significant number of the children and youth in this category are receiving services and supports from DCYF and/or the Local Education Area.

⁴ A person who is a “full” dually Medicare/Medicaid eligible receives all Medicaid services as well as Medicare plus the State pays all Medicare cost-sharing. To qualify for Medicaid in this category, a person must have income at or below 100% of the federal poverty level (FPL) and be enrolled in Medicare. A “partial” dually Medicare/Medicaid eligible person must be enrolled in Medicare and have income at or below 135% of the FPL. The State pays some of the Medicare cost-sharing for partial duals, but they do not qualify for full Medicaid benefits as their income is too high.

⁵ Johnson (2019)

⁶ Data are largely drawn from general inquiries to the POINT, the State’s Aging and Disability Resource Center, and informal requests for counseling that occurred as a follow-up.

LTSS At- Risk Population	EOHHS Estimate
SSI & Katie Beckett ages 15-19 ⁷	3,000
Medicare-Medicaid dually eligible not currently enrolled in LTSS ⁸	26,000 (Full dual) 7,500 (Partial dual)
SSI age 44 over or SPMI, no Medicare ⁹	4,923
Medicaid LTSS Preventive – FFS only ¹⁰	950
Total EOHHS Known At-Risk	42,373

Other states that have implement No Wrong Door approaches to LTSS have found that approximately 10% of the total at-risk population seeks PCOC on a monthly basis.¹¹ Accordingly, in the State’s request to the Centers for Medicare and Medicaid (CMS) for funding the Money Follows the Person (MFP) grant, EOHHS used the experience of other states as the basis for its preliminary estimate that approximately 400 Rhode Islanders per month will seek some form of options counseling once PCOC is implemented statewide. Again, we anticipate that an environmental scan and the more refined analysis conducted pre-implementation will yield more accurate estimates.

Question 4: RFI #7598892 Section 4 page 6 indicates an electronic copy on a CD-R is required. CD-R is not available on new computers, nor is it available at local libraries or office supply stores. Is it acceptable to submit the requirements in pdf format on a flash drive?

Answer to question 4: Flash drives are not a permissible medium, only CD-Rs. PDF Format is permissible.

⁷ EOHHS Medicaid Caseload Estimating Conference, 5/2019

⁸ EOHHS Analysis of the Medicare-Medicaid Dually Eligible Population, 7/2019

⁹ Number derived from EOHHS Medicaid Caseload Estimating Conference (5/2019) and MMIS claims data (6/2019)

¹⁰ Note: Some portion of the members of the at-risk populations may be receiving Medicaid LTSS preventive services through a Medicaid managed care plan. It is not possible to differentiate how many in each category using the available data within the time constraints for responses

¹¹ O’Shaughnessy, C. (2010) *ADRCs: Federal and State Efforts to Guide Consumers Through the Long-term Services and Supports Maze*. Washington, D.C: The George Washington University.