

## Notes from HCBS conference in DC

1. Everything you wanted to know about Medicaid... But were afraid to ask

It still living under 1965 regulations created PL-89-97. Originally linked to health plan for low-income indiv on welfare. It's so outdated now; people are living longer i.e. elderly, disabled, people on welfare.

Medicaid is administrated

- Fund & administrated jointly by Federal and States
- Fed gov established rules & parameters for programs
- SSA Title XIX
- Code of Reg Title 42
- Centers for Medicaid & Medicare svcs (CMS)
- State Medicaid director letter
- State health official letter
- Information bulletins
- FAQs

They discussed how the CMS role should go. The funds the states receive should meet the core regulations given each state. Federal guidance defines how the program will be run, waivers used Medicaid state plan, subject to review, state agency and state plan. State plan- must have approve Medicaid, describe plan, program operate, groups to be covered, services provide, methods, and any changes needed by federal or state about plan.

Finances- HHS calculating (FMAP)

- Different in each state, based on captia i.e. poverty
- Mini 50% & 70%
- Adjusted on 3 yrs. cycle and published
- States receive 50% match admin cost
- Certain other expenses i.e. info sys, family plan, receive higher match rate.

Sock \$ for raining days – states should do i.e. floods, fires.

States don't think of this for people on Medicaid or Medicare.

When economic is down enrollment is up. To read more on this subject go to [healthcare.gov](http://healthcare.gov) or [Medicaid.gov](http://Medicaid.gov)

They next talked about providers. Role of Providers

- Nursing facilities
- Doctors
- Home care
- Transportation etc.

Providers must meet licensing /contact enrollment requirement, MCO's, fee for services, capitation, hourly rate or other payment.

MCO

Support Medicaid, periodicity schedule, subject to Fed and State auditing requirements of the program.

They talked about Role of benefits, families and advocates. Benefits were about transportation, documents to meet Medicaid and to remember to let them know about any changes i.e. income, household, family and to comply with Medicaid MCO requirements. Family- supports, assistance, care at home and understand I/DD or Alzheimer's.

Advocates- provide advocate, assist in benefits, assist in decision making and understanding, and help them become their own advocate. They talked about Judy Beckett and how important she was.

NV209b Miller Trust

It's a trust you can build up to help people with I/DD but when the person whom it is set up for dies the money in the account goes back to the state.

Mandatory vs. Optional Medicaid svcs

Mandatory svcs- Hospital svcs, nursing home, phys svcs, nurse practitioners, x-ray, clinics, lab, free stand birth center.

Optional

Prescriptions, dental, case management, rehab, and personal care.

EPSDT all kids must be treated svcs statewide, comparable once on Medicaid all access to svcs.

Waivers were talked about most common ones 1115, 1915b and 1915c

Medicaid Rate Setting – Section 1920 {42 USC 1396 (a) A (30)  
(a) look at 2016 July part of Medicaid svcs covered

Omnibus Reconciliation Act was mentioned along with May waiver, Waiver Math, 1915c, 1915i, 1915k, 1915j.

I came home to look these up, I am not sure if anyone knows these some of this I didn't quite understand or the initials.

PASRR? Level 1&2 under OBRA? I didn't get this part but they talked about ADA, Olmstead and Money follows the person. That part I understood.

ACA Section 10202?

RIN 1235-AA05

Maybe someone will understand this part.

22 states implemented MLTSS 10 more are planning on this, I am not sure if NV is doing this since I have no ideas what MLTSS is?

This is end of 2 days of Medicaid class.

The other part of my notes has to do with what do we do with I/DD as they age to keep them in community vs. a nursing home. We all are aging so are they but we are not thinking about that part. They have a right to live and stay where they are. Do we keep them working until they die or do they have a right to retire just like us? We get to live in our homes until end of our lives but what about them? Providers how long with they keep group home open, help individuals? They retire who takes over their people? Transportation is another issue people with disability pay double on trains, buses, and planes. Sometimes transportation won't allow a disabled who uses a wheelchair on their train, bus because it takes time to hook them up or they don't know how to hook them. So they rather say, "I am full up" or "wait for next bus my hooks are broken"

We need to do better for our friends, family and as advocates.