

**GLOBAL WAIVER IMPLEMENTATION TASK FORCE**  
**MAY 24, 2010**  
**MEETING MINUTES**

**Task Force Members Attending:** Paul Block, Leo Canuel, Cathy Ciano, June Groden, Bernadette Hicks, Caitlin Thomas Henkel, Linda Katz, Joan Kiatkowski, Maureen Maigret, Everett Maxwell, James Nyberg, Br. Michael Reis, Judy Sullivan, Alan Tavares, Sharon Terzian, Dawn Wardyga, Vivian Weisman, Jill Beckwirth (representing Elizabeth Burke Bryant), Rebecca Kislak (representing Jane Hayward)

**Staff and Members of the Public Attending:** Denise Achin, Rebecca Martish, Mary Fennessey, Alison Croke, Holly Garvey, Kim Merolla Brito, Dr. Alan Post, Lauren Pond, Lynn DelVecchio, Adriana Thomas, Mary Slinko, Amy Lapierre, Lissa DiMauro, Alison Buskser, Elena Nicolella, Kathy Dennard, Ann Martino, Lee Baker, Ellen Mauro, Beth Marootian, Ellen Kreutler, Erin Watson, Michael Ryan, Michelle Szylin, Rachel Gribbin, Patrice Cooper, Lori Quarintu, Deb Garneau

**Directors Attending:** Patricia Martinez (Director of DCYF), Craig Stenning (Director of MHRH), Corinne Calise Russo (Director of DEA)

**Ms. Ann Martino, EOHHS Policy Director**, opened the meeting by welcoming Task Force members and other participants. Due to a special request, she introduced state staff members who work with her on Global Waiver Implementation. State staff introduced included the following: Amy LaPierre (Medical Services), Lissa DiMauro (Child Family Health), Kim Brito ( Policy, Rules and Regulation), Allison Buskser (Communication-brochures and video), Holly Garvey (Long Term Care, Housing, RItE Care), Alison Croke (Mangaged Care Programs), Mary Slinko (Policy), Michelle Szylin (Adult Health).

Ms. Martino stated that Kim Brito will be reaching out to the state's social service departments regarding their rules and regulations to help develop and create more uniformity among all the departments. She will provide updates to the Task Force members on a monthly basis. Ms. Martino commented on the release of the new brochure offering information to Elders and Adults with Disabilities which is now available and is being disbursed throughout the state. A video has also been produced which will provide online information starting June 15, 2010.

Ms. Martino discussed legislation scheduled for committee hearings and possible action in the General Assembly. She stated that she will keep Global Waiver Task Force members updated on line regarding any action being taken on numerous initiatives that were recommended by the Global Waiver Workgroups. There will also be interns this summer who will be assigned to OHHS to work with the Workgroup members. She also commented that there will be additional data provided to workgroups in order to better evaluate programs and provide better information to providers. She hoped that community providers will email their comments and suggestions when they analyze this data moving forward.

Ms. Martino commented on the recently passed Health Care Reform bill and what would be the impact under the Executive Office of Health and Human Services. Presently it is uncertain what the impact of this legislation will be in Rhode Island but the department will share information regarding changes that will need to be implemented over the coming months.

Ms. Martino discussed the ongoing meetings within all social service departments relative to High Cost Utilization Review Committee. She commented that this is complicated because all the departments review cases with different findings. Ms. Ellen Mauro stated she has met with the Review Committee several times a month which has resulted in identifying groupings, diagnostic settings, and other different settings. The Review Committee members are currently looking at how best to identify high cost cases with more uniformity within all departments. There are different triggers among the departments and as a result there is the need to integrate these findings in order to see the big picture. She has received assistance nationally and through other state models on how best to identify this population with uniformity. The focus is quality driven looking at both upstream approaches and downstream approaches.

Q: Is there a way to change the terminology from “high cost”?

A: That can be considered. The department’s primary concern is quality and not money.

Q: What populations are part of the high cost case team’s work? Are we on target to meet the savings? Is this work the plans should be doing?

A: The work of the team is primarily focused on clients not enrolled in MCOs, or the utilization of those benefits not covered by the health plan.

Ms. Martino stated that the goal of the Review Committee is to make identification earlier which will hopefully lead to lower cost in the future. The result of managing cases better will also lead to better quality of care. The focus of having state staff come together from all departments is to eliminate the fragmentation in funding streams and to provide the best quality of care.

Q: Are providers involved in this process?

A: Yes – on a case-by-case basis and to discuss how to provide services in the most productive way. These are not done in a vacuum.

Q: How does the work of the high cost case team intersect with Communities of Care and what were the anticipated savings?

A: The anticipated savings is about \$ 4 million.

**Ms. Elena Nicolella, Medicaid Director**, discussed the community of care and its relationship to High Cost Care Review. There are community of care issues that need to be addressed and a RFP will be issued shortly to make sure there are services with multi agencies, to identify where some gaps may exist, and to improve coordination.

Q: Are you using Best Practices or are you trying to improve the present system? Also, are you using outcome measures?

A: We are looking at the system as it is now but are focused on targeting gaps which will help in we hope to achieve moving forward. The Patterson Report was cited as an example.

**Ms. Patricia Martinez, Director of DCYF**, reported on the System of Care reconfiguration. Her department is looking at best practices and early interventions which will hopefully result in children not being involved with DCYF in the future. She commented that it is not all about savings but the focus and goal is that children will spend less time in the system and as a result will create stronger families. The RFP for Phase II is still being developed. This is not a savings initiative and DCYF wants to assure that this transition becomes a success moving forward. Through community based services and early intervention, the department will be able to provide better services. This initiative will cost \$10 million to implement.

Ms. Martinez commented on an initiative for parents with behavioral health care needs. Instead of these parents losing their Medicaid eligibility when they lose custody of their child/children which is the current policy, they will now be able to continue those benefits which will help those parents to be reunited with their children earlier since they will be able to receive medical treatment for their behavioral needs. CMS approval was requested and received from CMS, and was part of the Global Waiver Special Terms and Conditions. However, the state matching dollars were not included in the SFY 2010 budget, but hopefully will be included in the SFY 2011 budget.

#### **GLOBAL WAIVER UPDATE**

Ms. Nicolella updated the Task Force members on the most recent diversions from nursing homes. Out of 126 diversions from nursing homes, 90 returned to their existing homes, 10 went to apartments, 10 were placed in assisted living facilities, and 6 went to live with relatives. Connect Care Choice has been very involved in this process with over 459 successful diversions as of March 2010. In addition, the Department will issue a Request for Information related to managed long-term care in one month.

Q: Are diversions from RHP members included in this number? These should be included and should use the same definition

A: We agree.

Q: Has there been any category changes requested?

A: That has not been submitted to CMS. The department is presently waiting to see outcome of an article before the General Assembly.

#### **BUDGET AND CASELOAD ESTIMATING CONFERENCE UPDATE**

Ms. Nicolella discussed the Caseload Estimating Conference held in May at the State House. That conference included representation from the House and Senate who

discussed what the actual expenses are now and estimating those cost for the following fiscal year. Only DHS expenditures incurred for Medicaid are part of Caseload Estimating. Community based services paid for by other Department funding sources are not reflected in these numbers. The Case Estimating Conference identifies the rate of growth in expenditures and also the percentage of cost between federal and state.

Q: Are costs specific to the Assisted Living waiver included?

A: DHS related costs are included.

There were increases in nursing home and hospice care expenses, but nursing home days were flat. Cost increases were because of rate adjustments. Home and Community-Based Services expenditures also increased.

The managed care line increases were mostly due to caseload, which has a direct correlation with long-term unemployment. RIte Share increased 26%, which is a savings to RIte Care. Increases in Rhody Health Partners had to do with the movement of previous voluntary groups into the health plan when the program became mandatory in SFY 2010. There were decreases in the pharmacy line because those expenses moved into managed care.

The SFY 2011 estimates included a decrease to hospitals due to pending legislation, and also assumes the increased FMAP through CY 2011 (pending federal legislation).

(Presentation is posted on the EOHHS website)

Q: Is there a breakdown of each program?

A: Yes

Ms. Nicolella stated that the testimony given during the conference will be available next week and will be posted on the Poverty Institute website.

### **REAL CHOICES UPDATE**

There will be 4 videos released by June 15, 2010 that will help assist health care providers. Ms. Martino also mentioned the distribution of the recently published brochure that provides information on services for elders and adults with disabilities that includes information relative to contacting The POINT. There is also a review being conducted of the "Ask Rhody" server along with staff now being trained on Resource Mapping. Alison Buskser is also working on the evaluation of the grant which will be posted on the website.

Q: Can you provide information on SSID?

A: This is still under consideration - Donalda Carlson would have additional information.

Q: What is the status of Global Waiver Workgroup recommendations?

A: We are anticipating that legislation is moving in the General Assembly. Instead of providing information on the status of every recommendation, Ms. Martino will put together a whole package as soon as the budget and pending legislation reaches agreement in the General Assembly.

Ms. Martino commented on Housing and announced that vouchers maybe available for individuals who are 62 years of age or under. Ms. Holly Garvey, from OHHS, has been involved with those discussions and is working with MHRH and the Public Housing Authority at looking at possible providers and how the federal grant will assist in this effort.

Ms. Martino also gave an overview of the Medicaid Modernization work group, which is focuses on three areas (1) rules, (2) processes, and (3) and forms.

Ms. Martino responded to a requested update on the status of the Legally Permanent Resident Children. She commented that some of the eligibility has been restored and extended which would receive a federal match. Kids Count and the Poverty Institute have this information on their website.

The meeting was adjourned at 2:45 p.m.

The next meeting of the Global Waiver Implementation Task Force will be held on Monday, June 28, 2010, from 1-3 p.m., at ???.