

GLOBAL WAIVER TASK FORCE MEETING  
April 25, 2011  
MEETING MINUTES

**Task Force Members Attending:** Paul Block, Sharon Brinkworth, Elizabeth Burke Bryant, Elizabeth Earls, Charles Feldman, Ann Mulready, James Nyberg, Br. Michael Reis, Judy Sullivan, Sharon Terzian, Vivian Weisman, Michelle Brophy (representing James Ryczek)

**Staff and Members of the Public Attending:** Lori Quararta, Holly Garvey, Lynn DeVecchio, Amy Lapierre, Rebecca Martish, Diana Beaton, Beth Marootian, Deb Garneau, Helen Grimaldi, , Paul Choquette, Cathy Cranston, Alan R. Post, Stag Paterno, Jacqueline Fenny, Kathy Dennard, Ann Marino, Elena Nicolella, Deb Florio

**Ms. Amy LaPierre, Chief, Family Health Systems,** opened the meeting with a presentation on the **2010 Human Service Transportation Study**. She stated that this was done as a joint effort between DHS (Department of Human Services) and RIPTA (Rhode Island Public Transit Authority) to review, discuss, and recommend how to solve the cost and scope of transportation in RI. Bethany Whitaker, from the consulting firm of Nelson/Nygaard, assisted Ms. LaPierre in discussing the study's results.

**Presentation Attached**

Q: What population is being affected the most by transportation services?

A: Mostly Rite Care.

Q: Is there anything in statute that requires transportation services?

A: It is required under Medicare.

Q: Has RIPTA cut back on their services?

A: A little but not dramatically – everyone on a fixed route is transported but outside the urban areas it does become more difficult. The Flex plan does help out.

Q: Explain the ambulance rates.

A: The base rate has remained the same for 4 years but there has been a decrease in the per mile rate which is now equal to the RIDE rate.

Q: Are transportation services required for medical purposes?

A: Those services are provide for most individuals over the age of 60 and those who receive Medicaid money.

Q: Are the transportation recommendations prioritized?

A: Conversations on that subject are being addressed with RIPTA. Also under review are other state models that include broker trips and some centralized administration fee. After reviewing other State models, DHS and RIPTA will be focused on controlling costs.

Q: Will there be a satisfaction survey?

A: That has been discussed but the primary focus is on the financial pieces.

**Ms. Ann Martino, EOHHS Director of Policy**, presented a draft of the Health and Human Services Eligibility and Service Fact Book for SFY 2012. The Fact Book has been submitted to the General Assembly and includes demographic, Medicaid, health coverage, and economic security program comparisons among Rhode Island, Connecticut, and Massachusetts. All the data contained in the report is comparable with the most recent reliable and accurate measures. The purpose of collecting this data is to allow the members of the House, Senate, Budget Office, and Governor's Office to make comparable comparisons based on uniform information.

Q: What surprised you most about the result?

A: How well CT and MA maximized TANF funds instead of using general funds.

Q: Incarceration does not work, so how is the state monitoring that population that needs more community based services?

A: The report just included data and did not look into detail over projected outlook of cost down the road. The goal is to build the capacity to provide this type of research.

Q: Is the General Assembly using this data to help develop their budget?

A: Yes.

Q: Please comment further on the compilation of data among RI, CT, & MA.

A: Among the 3 states, there were areas where there was no comparative analysis because of mechanical differences which could not be separated so the data contained in the report used comparable compilation. In general, EOHHS tried to find current data but some programs have changes and are possibly at different levels of expenditure. The state, along with other Northeast states, does require about the same eligibility levels and same cost of services. RI does spend more money on elderly and the disabled but less on child care assistance because RI Works is more restrictive.

Q: Please comment on Table 5a: Federal Health Care Reform.

A: That information was requested by the General Assembly.

Q: Please comment on the potential impact of changes in the optional populations and services.

A: There would be a fiscal impact if operational services were cut under the Federal Health Care Reform.

Q: Could comment on the Expenditure Report.

A: The EOHHS Deputy Secretary is preparing that report.

A: When will there be a presentation on Money Follows the Person (MFP)?

Q: Elena Nicolella will give a follow-up report at the next Global Waiver meeting

The next meeting of the Global Waiver Implementation Task Force has been scheduled for Monday, May 23, 2011, from 1-3 p.m., at the Arnold Conference Room, Eleanor Slater Hospital, Cranston, Rhode Island.