

GLOBAL WAIVER TASK FORCE MEETING
JULY 26, 2010
MEETING MINUTES

Task Force Member Attending: Paul Block, Sharon Brinkworth, Cathy Ciano, Jacqueline Downy, Elizabeth Earls, Mark Heffner, Phil Keefe, Joan Kiatkowski, Maureen Maigret, Joanne Malise, Everett Maxwell, Kathy McKeon, Ann Mulready, Judy Sullivan, Craig Syata, Sharon Terzian, Dawn Wardyga, Vivian Weisman, Jill Beckwith (representing Elizabeth Burke Bryant), Rebecca Kislak (representing Jane Hayward), Michelle Brophy (representing James Ryczek)

Staff and Members of the Public Attending: Roberta Merkle, Jean Lawlor, Deb Florio, Ellen Kreutler, Mathew Wolferson, Paula Parker, Antonia Greco, Virginia Burke, Alison Buckser, Dave Bell, Rachel Gribbin, Sue Vandal, Jim Berson, Adriana Thomas, Kevin Turner, Lauren Pond, Lori Quaranta, Kathleen Heren, Michael Ryan, Alan Post, Claire Rosenbaum, Rebecca Martish, Deb Garneau, Lynn DelVecchio, Erin Watson, Beth Marootian, Alison Croke, Lissa DiMauro, Kathy Dennard, Elena Nicolella

Directors Attending: Patricia Martinez (Director of DCYF), Corinne Calise Russo (Director of DEA)

Elena Nicolella, Medicaid Director, opened the meeting by welcoming Task Force members and other participants. She then announced that because Ms Martino was ill, she would be conducting today's meeting. She thanked Paul Block for hosting this meeting at the Psychological Centers in Providence. Ms. Nicolella moved to the first item of the agenda, which was the budget. She commented that she and OHHS staff are still reviewing the Patient Protection Affordable Care Act (PPACA) along with the SFY 2011 budget. There have been discussions regarding re-procurement of managed care contracts and Deb Florio has been reviewing that issue.

Q: Is there a time line?

A: The scoring has been finished and a recommendation will be made in about 2 weeks. DHS is slightly ahead of schedule.

Q: How many responses?

A: There are 2 interested parties. Deb Florio will address this further at the next Global Waiver meeting.

Ms. Nicolella commented that the RFI for managed Long Term Care has not yet been posted. The Department held a productive meeting with Quality Partners. The impact of health reform on this initiative is still unknown. The Department is still pursuing and continuing initiatives from 2010 which include the Nursing Diversion effort. Elena stated she does not expect final word on the FMAP increase until after the mid-term election.

Q: When with the new UR contract for FFS be awarded?

A: There is no answer at the moment.

Ms. Corinne Calise Russo, Director of DEA, updated the Task Force on the grants being pursued by DEA under the Older Americans Act. Under the reauthorization of the Older Americans Act, there is an effort to standardize all programs, which include the Aging and Disability Resource Center (ADRC).

Paula Parker, Assistant Director of DEA, commented that the department planned to submit the grants later in the week. One grant being pursued would include the expansion of the MIPPA program. Through funds from CMS and AoA, the grant would expand SHIP and Medicare Senior Patrol activities such as providing information about health insurance, including Part D and other insurance programs, throughout the state.

The second grant opportunity is the ADRC Options Counseling and Assistance Program grant, which would help to expand ADRC services for individuals who have physical disabilities and who need information and assistance to obtain services. This program will operate through the POINT and will utilize a Peer Navigator to help individuals navigate complex systems for benefits. The grant will also be used to develop standards for Options Counseling, in addition to the expansion of populations served by the POINT, in particular, people with physical disabilities.

Quality Partners of RI will serve as a grant partner for another grant to fund Care Transitions programs. QPRI has piloted such a model in RI. The program, developed by Dr. Eric Coleman of Denver, provides coaching to individuals before they are discharged from the hospital about steps they can take to stay in the community and avoid a re-hospitalization. The POINT will also follow up with continued telephonic support for individuals who have transitioned from a health care setting to home, which supports the goal of the Global Waiver to help individuals remain independent and healthy in the community. This will further coordinate DEA and DHS long-term care initiatives.

Q: Are there further strategies related to state statute about options counseling?

A: The proposal does not address the state statute but refers to support of the Global Waiver and its goals.

Q: Is there a plan for web-based information?

A: There is a plan to coordinate better tracking of ADRC services but the proposal does not specifically address web-based applications.

Q: What is the target population?

A: All inclusive – aged and disabled

Comment: DEA will want to consider what the Rhody Health Partners health plans are already doing regarding transitions, and not duplicate that work.

Ms. Parker commented that the Options Counseling grant would support the mission of the ADRC to serve aging and disabled populations, including adults from 18-64 with disabilities. She stated that DEA's current ADRC grant is focused on outreach to the medical community to educate them about THE POINT and how it can help their patients with non-medical services to support them in the community.

Mark Heffner, a member of the Global Waiver CEC, discussed the FY 2011 proposed Global Waiver Workgroups (Presentation is posted on the EOHHS website).

Discussion focused on the Disability Workgroup, which would be co-chaired by Dawn Wardyga and Elaina Goldstein. Ms. Wardyga commented on the need to be more focused across all age spans and also with all different types of disabilities. She strongly stated the need to build a system that includes all special needs that accommodates all individuals.

Q: Would there be any new programs?

A: Perhaps but the disability communities must be involved.

Q: Would the new system include 18 months to 70 years of age?

A: Yes, it would be holistic and should not depend on when an individual entered the system.

Q: What is the difference between Workgroup E and G?

A: Transitions is embedded in several workgroups. Most people view “transition” as moving systems.

Comment: Transitions should be considered for non-disabled populations. Also, the group may want to focus on system barriers to transition.

Q: What does the last sentence on Workgroup H’s description mean?

A: The sentence makes no sense, but basically the group wants to inventory existing models

Q: How would someone participate in a workgroup?

A: People can either indicate interested via OnTrak or email chairs directly, or email Kathy Dennard. Meetings will begin after Labor Day.

Comment: OnTrak is a difficult system to navigate.

Ms. Joan Kwiatkowski commented that since providers are not paid in the same way, there maybe a problem with transitioning different special needs populations and provide services that would fit the disability needs of an individual.

Ms. Nicolella stated that there are still no internal workgroups being formed because staff are focused on identifying regulations and statutes that will need to be changed in Medicaid due to the new Health Care Reform bill.

Relative to the Modernization Committee, Ms. Nicolella commented that most of the Committee’s work has been completed. Their mission initiative became narrower because the new Health Care Reform legislation will result in more standardization and more uniformity among all states going forward. She stated that the Global Waiver initiative to maintain parents as Medicaid eligible when their children are brought into

DCYF custody, is being pursued and will become a system change. She will have an update at the next meeting on the work of the Modernization committee

Q: Two suggestions for future discussion of the Modernization committee. One is to focus on innovation or new models, and the other is to start the “1/1/14” conversation.

A: Elena stated she sees the waiver as an evolution, and the internal waiver meetings are becoming focused on health reform implementation.

Patricia Martinez, Director of DCYF, commented on the need to maintain the medical insurance of the whole family while their children are under the care of DCYF, which is vital to the success of reunification of the family. Her staff is working to make the necessary changes to make sure the medical service is not disputed. She stated that this change would happen over the next few months along with continuing the system reform that includes cash assistance and Medicaid.

Ms. Wardyga announced that under the Governor’s Commission on Disabilities, there are public forums for the Disabled and their Families now being conducted throughout the state. Testimony given and recorded will help the General Assembly develop a legislative platform for next year. She invited the members and participants of the Global Waiver Task Force to participate.

The meeting adjourned at 2:30 p.m.

The next meeting of the Global Waiver Implementation Task Force will be held on Monday, August 23, 2010, from 1-3 p.m., at Psychological Centers, Allens Avenue, Providence, RI.