

GLOBAL WAIVER TASK FORCE
AUGUST 23, 2010
MEETING MINUTES

Task Force Members Attending: Paul Block, Virginia Burke, Jill Beckwith (representing Elizabeth Burke Bryant), Cathy Ciano, Elizabeth Earls, Charles Feldman, Elaina Goldstein, Mark Heffner, Bernadette Hicks, Caitlin Thomas Henkel, Maureen Maigret, Joanne Malise, Kathy McKeon, Anne Mulready, James Nyberg, Judy Sullivan, Cathy Cranston, Sharon Terzian, Vivian Weisman, Rebecca Kislak (representing Jane Hayward)

Staff and Members of the Public Attending: Alan Post, Heather Daglieri, Diana Beaton, Rebecca Martish, Linda Ward, Mary Ladd, Kimberly Merolla-Brito, Amy Lapierre, Craig O'Connor, Paula Parker, Michael Ryan, Alison Croke, Holly Garvey, Ellen Kreutler, David Bell, Lynn DelVecchio, Heidi Flynn, Patrice Couper, Adriana Thomas, Kevin Turner, Eileen Naughton, Lorna Ricci, Roberta Merkle, Susan Vandal, Kathy Dennard, Ellen Mauro, Deb Florio, Rick Jacobson, Tom Marcello, Ann Martino

Ann Martino, EOHHS Policy Director, opened the meeting by welcoming Task Force members and other participants. Ms. Martino introduced Mr. Tom Marcello, who manages the Real Choices grant. Mr. Marcello gave a power point presentation describing how to access basic information on the EOHHS website along with previewing 4 videos recently released and available on that website and also on the DEA website. This information has been compiled with the assistance of the Executive Office of Health and Human Services, Department of Elderly Affairs, Department of Human Services, and the POINT. The 4 videos, which are about 20 minutes long, focus on a variety of Long-term Services, and there is also a video describing the Global Waiver and Modernizing Rhode Island's Medicaid Program. Ms. Martino commented that the videos are filled with useful information which is easy to navigate on the website and helps individuals find Long Term Care Services in Rhode Island.
(Descriptions of videos attached)

Ms. Kim Merolla -Brito, OHHS Rules and Regulations, commented on the status of Rule Making for Departments related to Medical Assistance. There was no proposed rule making at MHRH, DCYF, or Elderly Affairs. She stated that Medical Assistance advertised rule making on August 6, 2010 for the effective date of October 1, 2010 and Shared Living was filed on August 6, 2010 and ends September 7, 2010. There were RIte Care and Rhody Health Partners changes effective 9/1/10, and there was a change in income rule for QMBs, SLBMs, and QIs effective 9/1/10.

Mr. Rick Jacobson, DHS/ACS, commented on the Request for Information (RFI) specific to managed long-term care which has not yet been issued. It should be released in late September/early October. The focus will be to examine what the state and vendors are currently providing and what is cost effective to assure that this will lead to a

rebalancing of the system. The State will refine its' approach based on the responses received. The State will ask for recommendations regarding:

- ⇒ What models should be examined
- ⇒ What interventions should be recommended
- ⇒ What kind of incentives or performance measures
- ⇒ What kind of accountability

Ms. Deb Florio, Administrator, Center of Child and Family Health, further discussed the Medicaid Managed Care Reprourement and provided an overview focusing on the goal of Reprourement which is to leverage health plan efficiencies to produce Medicaid budget savings and quality health outcomes while preserving eligibility and benefits.

(Presentation attached)

Q: What if all members leaving Blue Cross want one health plan?

A: Member choice will be honored

Q: Will Rite Share members be affected by the Blue Cross closure?

A: No

Q: Is there a grand-fathering policy for Generics First?

A: No, but a physician can sign an attestation

Q: Can the authorization process be streamlined?

A: We will benefit from the lessons learned in Rite Care and monitor along the way.

Q: If generic drug is unsuccessful what is the limit?

A: There will be 2 attempts for success.

Q: Does a failed attempt require an office visit?

A: Documentation will be needed, but an office visit is not necessarily required.

Q: What types of medical records are needed?

A: It will be based on a Practice model which will be further addressed at a later date.

Q: Will there be a requirement of one pharmacy?

A: Communities of Care will support the patient and inform them of chooses.

Q: Last year there was an RFP for DME and it was rescinded. Will selective contracting take the RFP comments into account?

A: Yes, they will

Q: Elaborate on Peer Navigator.

A: RIPIN is working with DHS and will recruit and make the hiring selections.

Jim Nyberg, CEC spokesperson, presented the FY 2011 Global Waiver Workgroups. He also addressed the possible addition to the CEC membership who would represent

Acute Care. If anyone was interested in participating on a Global Waiver Workgroup, please contact Ann Martino or Kathy Dennard. Mr. Nyberg commented that the proposed Transition workgroup is still pending because of concern over duplication and the capacity issue which is still being discussed. The first phase of the Long-term Care Modernization will be CEC member Mark Heffner will chair the Rules Committee. The first meeting has been scheduled on September 9, 2010. After that meeting, there will be a determination made relative to the start of Phase 2, which is the Processes and Procedures Committee. The Disability Workgroup, chaired by Dawn Wardyga and Elaina Goldstein, will hold their first meeting at RIPIN on September 7, 2010 from 1-3 p.m.

(Workgroup proposals attached and posted on ONTRAK)

Ms. Ellen Mauro, Administrator of Medical Services of Institutional/Community Services and Supports, presented an overview of the Nursing Home Transition Program including data on the number of individuals transitioned, diverted, placed, services involved, and community placements. She also reported on the Level of Care Assessments compiled monthly. Ms. Mauro commented that there are about 15 people waiting for Shared Living and she will have that report at the next meeting. (Presentations attached)

The Alliance contract ended on 6/30/10. There were 128 clients transitioned by that date:

- ⇒ 94 went home
- ⇒ 18 went to assisted living
- ⇒ 10 were set up in a new apartment or other housing arrangement
- ⇒ 6 went into other situations

During the month of July, there were 19 referrals, and 7 transitioned home. Referrals came from families, social workers, etc.

Q: Please comment on any barriers.

A: There is a screening process and procedures which has identified barriers that have been addressed. They include the required forms that need to be filled out, using In Rhodes, which can identify what other agencies have been involved, and other upfront screening.

Ms. Mauro stated that social workers review the financial status of an individual to make them aware of their share and expected obligation. The Office of Payments and Contracts is working to streamline that process so the social worker and family can adjust to any needed modifications. Rehabilitation is also important and resources in the community are required. Community placements are followed for 30 days with home visits and reevaluation with their case manager. They have included a Housing specialist on the transition team. DHS has not had any failed community placement.

Q: Do we know what type of services people are getting when they return home?

A: We have not gotten that granular yet, but will

Q: Of the 94, how many went home to their own home, vs. with a spouse, etc.
A: We will need to survey this over time.

Q: Assisted living is not in the referral form?
A: That will be added.

Q: This process still looks very complicated?
A: This is a process and the department is still developing a guidebook that will be easier to use.

Ms. Martino commented on recent discussions that focus on other state agencies and modernization. The department, through the Office of Policy, is currently reviewing and tracking all grants and the resources necessary to implement those grants so they do not overlap. This also helps in prioritizing future applications moving forward. Some of the grants being pursued are include a Food Commodity grant, enhancing the POINT, DHS, DOH working with the RI Health Insurance Commissioner on submitting the RI Multi-Payer Advanced Primary Care Practice Demonstration, and also working and reviewing data with UMass on how to save money with generic drugs and other new opportunities with the Exchange grant.

DHS did apply for a grant related to performing background checks for LTC workers

Q: Is there any clarification on alternative therapies being included in Medicaid?
A: This will be a budget initiative for SFY 2012, but DHS is still waiting to hear from CMS.

Q: What is the status of Communities of Care?
A: The health plans are creating an implementation plan, which should be available in October.

Q: Is there more information available on the RIPIN contract?
A: Our model is similar to the PAHI model, but more mobile.

Q: What is the training curriculum and when will they be ready?
A: We can report on this next month.

Q: Can we get more information about the patient-centered medical home and the behavioral health connection?
A: There will be more information next month.

The meeting adjourned at 3:00 p.m.

The next meeting of the Global Waiver Implementation Task Force will be held on Monday, September 27, 2010, from 1-3 p.m., at the Arnold Conference Room, Cranston, RI.