

**GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
OCTOBER 26, 2009
MEETING MINUTES**

Task Force Members Attending: Paul Block, Sharon Brinkworth, Jill Beckwith (representing Elizabeth Burke Bryant), Virginia Burke, Leo Canuel, Cathy Ciano, Robert Coli, Jacqueline Dowdy, Elizabeth Earls, Elaina Goldstein, June Groden, Mark Heffner, Bearnadette Hicks, Linda Katz, Kathleen Kelly, Maureen Maigret, Joanne Malise, Donna Martin, Margaret Holland McDuff, Ann Mulready, James Nyberg, Br. Michael Reis, James Ryczek, Judy Sullivan, Susan Sweet, Dawn Wardyga, Vivian Weisman.

Staff and Members of the Public Attending: Janet Iovino, Lynn DelVecchio, Dan Meuse, Tammy DeAlmeida, Sue Vandal, Karen Amado, Jeff Taylor, Chris Gadboys, Stephen Mills, Holly Garvey, Daniel Orgel, Gregory Stack, Paul Larrat, Denise Achin, Carol Dutra, Claire Rosenbaum, Linda Ward, Corinna Roy, Lee Baker, Antonia Greco, Lynda Giarrusso, Deborah Buffi, Ellen Mauro, Kathleen Schlenz, Alan Post, Bonnie Hilton, Lissa DiMauro, Sharon Kernan, Rachel Gribbin, Fran Daly, Peter Stelljes, Lauren Pond, Paula Parker, Janet Anderson, David Bell, Janice Cataldo, Joan Wood, Alison Croke, Diana Beaton, Kathy Dennard.

Directors Attending: Craig Stenning

Ann Martino opened the meeting by welcoming the Task Force Members and the other participants. She then introduced Gregory Stack and Paul Larrat from the Budget Office at the Department of Administration.

Gregory Stack and Paul Larrat presented on Assessment of the Budget Picture FY 2008 through FY 2014. There were two handouts that are available on the website.

- State revenues are down due to unemployment and a decrease in personal income taxes and sales revenue tax.
- Next year, after stimulus funds end, it will be worse.

Ann Martino responds to the following:

- No Community co-chair has been appointed yet but there will be a continued search.
- There was an emergency meeting of the Task Force Chairs to discuss the budget situation. They were given a matrix or format to follow regarding submitting suggestions to EOHHS.

Elena Nicolella presented the Department of Human Services Medicaid budget savings initiatives. Elena discussed rate reductions and other cost savings in the 2009 and 2010 budget. Cost Not Otherwise Matchable (CNOM) were also discussed. Elena also discussed the High Cost Case Management. There are eight individuals at Rhode Island Hospital who cannot be discharged because of the lack of appropriate settings to move them to. We are working with MHRH and the nursing home industry to build that capacity.

Questions:

Q: Has the FY 2009 budget savings already been implemented?

A: Yes

Q: How do we implement the global waiver in the spirit that was intended?

A: The waiver did not bring in extra money. Some difficult decisions had to be made. Sometimes budget cuts are in conflict with the goals of the Global Waiver

Q: When will we get details on the cuts in slides 1&2? It seems like children's services were targeted and it seems to not be aligned with goals of global waiver. I have to guide families to help them make decisions, and I do not want to send them to the emergency room to get care

A: Providers have absorbed these cuts and are still delivering services

Q: CNOMs seem like a positive aspect of the global waiver. What is the policy related to CNOMs?

A: The Medicaid program takes the CNOM authority very seriously. Medicaid needs to demonstrate to CMS that if you provide limited benefits to some people then you can delay onset of SSI applications or Medicaid applications. All agencies pursuing CNOMs are being audited and are using rigorous procedures.

Q: Is the state able to generate savings through efforts related to program integrity?

A: \$3.8M in savings is being pursued related to program integrity.

Q: Do we know what the implications of the cuts to CEDARR Centers will be?

A: Implications of all the programmatic cuts are not currently known.

Ann committed to posting budget documents on the website.

Ann Martino states that she is working on a coherent policy approach, which will also include budget restraints. That budget will be put on the website.

Real Choices: Ann Martino provided an update on the Real Choices Grant which was evaluated recently and received a favorable review. She thanked those who participated. The Resource mapping model will be available in the next few weeks and will be shared with the members of the task force.

Waiver Implementation Update: Ellen Mauro presented an update on the Nursing Home Transition process. As of 10/23/09, 65 individuals were transitioned to the home and community. There was some discussion on Connect Care Choice and how the RNs work with the DC Planners to assure services are coordinated once the patient goes home. (Presentation is available on the website)

Questions:

Q: How do you know that these patients are candidates for diversion?

A: Because there has been a lot of communication with the family and they have also been placed back home with modifications. Unfortunately some hospitals are still not at a level of comfort, which also included hospice services in their own home.

Q: Do these numbers include patients transitioning out of Eleanor Slater?.

A: No, this does not reflect Eleanor Slater. The DD population is not part of Connect Care Choice.

Q: How many failed community placements were there out of the patients that were diverted? A: There were two patients; one patient's medical condition deteriorated and the other patient fell.

Q: Are you tracking nursing home beds?

A: We will have the capability to do that soon.

Q: Is there information on what the length of stay in the nursing home was before they transitioned out?

A: It was a mixture of long-term and short-term stays

Q: What is the average service mix of people who are discharged?

A: It is very individualized

Q: What are the mechanics of diversion?

A: It is a collaborative approach – discharge planners are given options

Q: Are there numbers on diversions for people enrolled in Rhody Health Partners?

A: Do not know what those numbers are, but they should be included.

Q: 41 members diverted are from a pool of 3000 in Connect Care Choice?

A: Yes – 60% of CCC members are considered high/moderate risk

Q: The number could be increased if we expand the patient-centered medical home.

A: Agreed there is potential here

Q: The work group on LTC Redesign wants to know if we are tracking nursing home bed utilization on a monthly basis?

A: We have the capability to do that, but no statistics yet

Q: Asked to see the numbers of nursing home bed utilization before and after the transition efforts, and also the lengths of stay before and after.

Workgroup Chairs & Co-Chair Updates:

Employment Workgroup: Elaina Goldstein submitted recommendations of the Employment Workgroup to the Executive Office of Health and Human Services. Elaina presented the recommendations to the group. She stated that investing in long-term employment services and supports will lead to improved outcomes for individuals with disabilities and will also benefit the economy of RI. The highlights of the recommendations included the Sherlock Plan, Employment Supports and Services, and general employment goals. (The Recommendations are available on ONTRAK and the website.)

Ann Martino thanked Elaina and the Employment Workgroup for their hard work and would discuss how to proceed in moving those recommendations forward with the committee and how to incorporate those goals moving forward.

Medicaid Benefit Redesign/Acute & Primary Care: No co-chairs were present. Group meets on Friday at 9 a.m.

Medicaid Benefit Redesign/LTC: Maureen Maigret reported that the workgroup had broken into two subcommittees – Developmental Disabilities and Adults with disabilities (non DD) and Elders. The goal of the workgroups would be to document how people access the system and what is the financial eligibility process. Draft recommendations will include streamlining.. The workgroup is also looking at access to assisted living.

Dual Eligible Workgroup: Elizabeth Earls reported that staff from OHHS had made presentations to the workgroup relative to the PACE program which was very helpful. The workgroup is now exploring how the funding of Medicaid and Medicare together could allow better use of those funds. Presently the workgroup is in the process of drafting recommendations. Could we use Medicare dollars better, possibly pursue a Medicare waiver?

Katie Beckett Workgroup: Dawn Wardyga reported that the workgroup has had discussed Katie Beckett and Cost Sharing. Presently 93% of children who receive Katie Beckett already have insurance and Medicaid is used just for wrap around services. No formal recommendations are in place but cost sharing on an income basis could be developed but could not be implemented until 2011. The Medicaid buy in is a possibility for some families who get insurance but most of those children are already in institutional care. Would like to see more use of self-directed services like PASS.

Housing Workgroup: Jim Nyberg stated that their workgroup is looking at housing for those individuals transitioning out of a nursing facility. They are also looking at a comprehensive review of those receiving long-term public assistance and will be developing recommendations soon.

Long-term Care Insurance Partnership: Mark Hefner stated that the workgroup met on October 13th to discuss how more Rhode Islanders could be informed and educated on long-term care insurance. He noted that the lack of tax incentives, which could be done with legislative changes, would probably encourage more Rhode Islanders invest in long-term care insurance. Other suggestions discussed were having the state offer Long Term Care Insurance to its employees.

The meeting was adjourned at 3:00 p.m.

The next meeting of the Global Waiver Implementation Task Force will be Monday, November 23, 2009 at 1 p.m.