

**GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
SEPTEMBER 23, 2009
MINUTES**

Task Force Members Attending: Anthony Antosh, Sharon Brinkworth, Michael Brophy (representing Jim Ryzcek), Leo Canuel, Kathleen Connell, Jacqueline Dowdy, Elizabeth Earls, Elaina Goldstein, June Groden, Jane Hayward, Mark Heffner, Linda Katz, Kathleen Kelly, Joan Kwiatkowski, Maureen Maigret, Joanne Malise, Everett Maxwell, Ann Mulready, Jim Nyberg, Brother Michael Reis, Peter Shelje (representing Dr. Robert Coli), Judith Sullivan, Susan Sweet, Craig Syata, Alan Tavares, Sharon Terzien, Cathie Walsh (representing Elizabeth Burke Bryant), Dawn Wardyga, Vivian Weisman.

Staff and Members of the Public Attending: Paula Parker, Holly Garvey, Alison Croke, Lissa DiMauro, Ellen Mauro, Deb Florio, Paulla Lipsey, Lee Baker, Elena Nicolella, Ann Martino, David Bell, David Austin, Carol Smith, Sue Eleuff, Cindy Christopher, Agnes Tupper, Johan Wood, Paul Block, Michelle Szylin, Lynda Giarruso, Judy Taylor, Sharon Kernan, Jeff Taylor, Joan Milas, Anne Roach, Damon Bradley, Deborah Beards, Jane Yardy, Joseph Tremmel, Patricia DeFiore, Paula Dunne, Bonnie Hilton, Laura Oliver, Lauren Pond, Lisa Proctor, Roberta Merkle, Ernie Letendre, Linda Ward, Karyn EstrellaStephen Iannazzi, Rele Abrade, Denise Achin, Rachel Gribbin, Lynn DelVecchio, Deborah Garneau, Chris Gadbois, Carol Dutra, Jill Beckwith, Peter Stellja, Amy LaPierre, Diana Beaton, Kathy Dennard.

Directors Attending: Patricia Martinez

Ann Martino opened the meeting by welcoming the Task Force Members and the other participants.

1. Rhody Health Partners: Deb Florio gave a brief update and presented major aspects of the waiver to date that included managed care options. She then discussed Rhody Health Partners and Connect Care Choice and explained the difference between the two programs. This presentation is available on the website.

Connect Care Choice: Ellen Mauro gave an update on Connect Care Choice. This presentation is available on the website.

Questions:

Q: Is there a notification time for eligibility?

A: Yes – about 45 days.

Q: If you have health insurance would you be eligible for either RHP or CCC?

A: No – you would not be eligible.

Q: Will these plans slow down the escalating cost and is there a way of measuring success?

A: We do track the cost of health care by population and utilization. Please see the latest Medicaid Expenditure Report on the website. Additionally, DHS tracks quality indicators and the nurses in CCC track avoided hospitalizations and ED visits.

Elena further adds that improved access is the goal of the waiver and to make sure everyone has a medical home. This is harder to measure. The goal is to delay entry into the long-term care system.

Enrollment in managed care options should lead to delays in chronic conditions that will lead to less expensive health care moving forward but overall health and cost is not measurable yet.

Q: Why are there only two plans?

A: Elena explained the RFP process which resulted in only two parties winning the bid – UnitedHealthcare and Neighborhood Health Plan of RI. (Deb Florio also mentioned working with DOH in understanding how to navigate the health care system.

Q: Is the employment issue part of these programs?

A: Health Plans are encouraged to hire people with expertise in disabilities or people with disabilities as peer navigators or care managers. Additionally several Connect Care Choice practices have peer navigators.

2. Global Waiver Implementation: Elena provided an implementation update. Trainings were completed with hospital Discharge Planners at RI Hospital and Miriam Hospital on the new needs-based Level of Care. More trainings at other hospitals throughout the state are scheduled. Hospital Discharge Planners will admit to nursing homes on the weekends when the Office of Medical Review is not available. Elena provided numbers of patients that were determined eligible for LTC using the new needs-based criteria. We will continue to provide these updates to the GW Taskforce going forward.

There were 387 applications for level of care. 277 were found highest, 56 were found high, and 54 met the preventive level of care.

Questions

Q: How do these percentages compare to pre-waiver applications?

A: Anecdotal evidence suggests that most clients were approved at the institutional level of care. OMR nurses do have the ability to override an LOC determination, but only to go to higher levels of care, not lower.

Q: Were there any denials?

A: Three were determined preventive, instead of high or highest.

The suggestion was made that it would be helpful to know where people applied. Elena agreed that DHS could provide this information going forward.

Q: Could the task force get information on the high level individuals and what services were put in place?

A: Elena said this information is harder to retrieve, but DHS could provide information on the number of people in Assisted Living.

Q: Do we have a new number of elderly Medicaid clients in RI?

A: This will be discussed in the Real Choices Systems Grant presentation.

Q: Are homeless individuals eligible?

A: Yes.

Elena discussed the Medical Care Advisory Group that has just been formed which includes the Director of Health, Dr. David Gifford. The first meeting will consist of an overview and a charter and mission will be developed. SBIRT is a service that maybe offered. The group will be meeting at the Louis Pasteur Building on October 7 at 7 am.

Q: Has a Community Co-Chair been selected?

A: Ann Martino commented that a person has been chosen and hopefully that offer will be accepted. DHS had some restrictions in whom they could ask because the person needed to be from an organization that did not receive money from any state agency.

3. Real Choices Systems Transformation Grant: Ann Martino provided an update on the Real Choices Grant that was awarded to the state. This grant was received before the Global Waiver but was not implemented until 2008.

Tom Marcello gave a presentation explaining deliverables and how Real Choices relates to the waiver (This presentation is available on the website). Ann Martino then commented that the NESCSO (New England States Consortium Systems Organization) will help with training. Susan Allen from Brown University is doing a more in depth study to help best serve the RI population and develop quality indicators. Ann later commented that home health agency cost reports will not be used as the base.

Q: Is there a manual on web-based level of care determinations that could be shared?

A: Yes. There are also a set of tutorials on the NESCSO website.

Maureen Maigret commented that numerous stakeholders had worked diligently on the Perry/Sullivan and Real Choices workgroups and hoped that those efforts will be continued. Ann responded that Holly Garvey was involved in that effort and will continue to move those previous efforts forward.

4. Specialty Services: Kevin Hively discussed Resource Mapping done under the Real Choices grant (This presentation is available on the website) .

5. Workgroup Chairs & Co-Chair Updates:

Medicaid Benefit Redesign/LTC: Maureen Maignet reported that her group had their first meeting and a second meeting has been scheduled for tomorrow Sept. 24, 2009. The agenda will include recently provided data from DHS and further discussion on transition issues and how services intersect between agencies.

Employment Workgroup: Elaina Goldstein stated that her workgroup members have held numerous meetings and will submit their recommendations to DHS/OHHS along with being posted on ONTRAK. The Employment Workgroup has been meeting every two weeks over the summer and those minutes and handouts are also available on ONTRAK. The group's report also includes their recommendations for next year's budget.

Katie Beckett Workgroup: Dawn Wardyga reported that her workgroup has expanded from just discussing Katie Beckett which includes a relatively small group of about 1,400 children to looking at all kids with disabilities which is much larger focus. The workgroup meets every other Wednesday. The next meeting is Sept 30, 2009 at Meeting Street School. The next meeting will focus on how Katie Beckett fits within the population of all children with DD along with addressing the income eligibility questions and cost sharing. Dawn is also hopeful that the Children's Leadership Roundtable will reconvene again to address some of those concerns within the disabled community.

Dual Eligible Workgroup: Liz Earls reported that her workgroup has had a number of meetings that included discussion of the PACE Program and Long Term Care options. Information on those meetings, including minutes are available on ONTRAK.

Long-term Care Insurance Partnership: Mark Hefner stated that his workgroup did meet over the summer. Mark would again like to recruit additional workgroup members and will be reaching out to non Task Force members. They are looking into private sector alternatives for long-term care.

Acute and Primary Care Benefit Redesign Workgroup: Jane Hayward reported that their workgroup has met twice over that last month. The workgroup has been discussing where their focus should be moving forward and is looking for further guidance from the department. There is a concern over duplication with other groups and continue to reach out to the Department regarding their goals to get a better sense of their mission.

Housing Workgroup: Jim Nyberg states that their workgroup has had discussions regarding the housing set aside and assisted living. As a result, they are now looking at different housing and seeing if there is any duplication.

The meeting was adjourned at 3:15 pm.