

**Global Waiver Implementation Task Force Meeting**  
**July 14, 2009**  
**MINUTES**

**Task Force Members Attending:** Paul Block, Hub Brennan, Sharon Brinkworth, Virginia Burke, Stephanie Geller (representing Elizabeth Burke-Bryant,) Leo Canuel, Cathy Ciano, Robert Coli, Jacqueline Dowdy, Elizabeth Earls, Charles Feldman, Elaina Goldstein, June Groden, Grace Gonas (representing Lisa Guillette), James Hardy, Rebecca Kislak (representing Jane Hayward), Mark Heffner, Bernadette Hicks, Margaret Holland McDuff, Elizabeth Killian, Deb Kney, Joan Kwiatkowski, Gary Leiter, Maureen Maigret, Joanne Malise, Donna Martin, Everett Maxwell, Kevin McHale, Anne Mulready, James Nyberg, Robert O'Neil, Donna Policastro, Br. Michael Reis, Michelle Brophy (representing James Ryczek), Judy Sullivan, Susan Sweet, Craig Syata, Alan Tavares, Sharon Terzian, Laura Silberfarb (representing Caitlin Thomas-Henkel), Linnea Tuttle, Dawn Wardyga, Vivian Weisman.

**Staff and Members of the Public Attending:** Elena Nicolella, Holly Garvey, Alison Croke, Ellen Mauro, Janice Cataldo, Tammy Russo, Joan Wood, Lynn DelVecchio, Antonia Greco, Gerry Bedrick, Dianne Ross, Paul Choquette, Cindy Christopher, Rele Abiade, Denise Achin, Fran Daly, Carol Dutra, Charlotte Becher, Thomas Conlon, Neil Barker, Jennye Durante, Adriana Thomas, Kathleen Schlenz, Sharon Kernan, Patrice Cooper, Michael Ryan, Marilyn Drummond, Lisa Procter, Jennifer LaBay, Deborah Garneau, Susan Vandal, Paulla Lipsey, Michelle Szylin, Anne Lebrun-Cournoyer, Lee Baker, Colleen McCarthy, Paula Bradley, Nolan Byrne, Anne Roache, Amy LaPierre, Nicole Mann, Roberta Merkle, Peter Stellier, Johanna Bell Butler.

**Directors Attending:** Gary Alexander, Craig Stenning.

**Elena Nicolella** opened the meeting. She announced that the legislation included in the packet is an older version and the most current version will be placed on the OHHS/DHS website. (NOTE: This presentation and all handouts will be available on the website.)

Elena reviewed the goals of the Global Waiver and provided an implementation status update. Responses to comments received on the rules issued in May will be distributed within the next two weeks. Rules will be issued through the emergency rule-making process on July 28, 2009.

Elena reviewed the Assessment & Coordination Organization. Information and referral will be available through The Point, the Department of Elderly Affairs, and the Department of Human Services Longterm Care field offices.

Eligibility will be determined by the DHS LTC field office. The Office of Medical Review (OMR) will have six Registered Nurses to process new Levels of Care determinations. A new Office of Community Programs (OCP) will include four R.N.s and two social workers to monitor complex medical patients from OMH and DEA and manage some preventive LOC recipients (non-SSI only.) Social caseworkers at the DHS LTC Field Office will manage clients (SSI only) after they are determined eligible for Preventive LOC by OMR and will provide case management for some LTC recipients. Clients over age 65 who are not medically complex may receive case management services through DEA.

The Preventive Level of Care will include limited C.N.A./Homemaker Services and minor home modifications. The Office of Medical Review will determine Preventive LOC. Elena reviewed the Preventive LOC criteria and covered services. The basis of the program is the existing Title XX SSI program. Community-based Medicaid eligible, (not LTC Medicaid) will be eligible for the Preventive Level of Care program.

## Questions

Q: Would a person currently residing in a nursing home be compelled to leave?

A: No. That individual would be assessed at the old levels of care.

Q: Will the Office of Medical Review be a 24-7 operation?

A: No. The Office of Medical Review would operate during normal business hours.

Q: What about evening and weekend discharges from hospitals?

A: Ellen Mauro will be working with discharge planners from the hospitals on coordinating this.

**Gary Alexander** announced that legislation has been passed which limits taskforce membership to 45 people. Rather than cutting members we will allow the membership to drop to 45 through attrition as members resign, so we will not replace members unless there is a certain population constituency which is not being represented.

**Elena Nicolella** announced that Jane Hayward will chair the Acute Care workgroup. This group has not had a chair to date and so has not yet met. Elena also committed to assuring state representation at all upcoming workgroup sessions and to working to iron out technical glitches on the ONTRAK, DHS, and OHHS websites.

## Workgroup Chair & Co-Chair Reports:

**Dual Eligible Workgroup:** Elizabeth Earls stated that any workgroup members who have not been receiving meeting notices should let her and/or co-chair Joan Kwiatkowski know so that they can address this issue. In previous meetings they have heard from Elaina Goldstein of Rhodes to Independence and hospitals on discharge planning. They will continue their fact-finding process in the next two meetings, which will be on July 23<sup>rd</sup> at 11:00 and August 6<sup>th</sup> at 11:00. Information on the meetings, including minutes and handouts, are available on ONTRAK.

**Employment Workgroup:** Elaina Goldstein distributed handouts from the last meeting of this workgroup which articulate the group's vision and goal for Employment First and Supportive Employment. She announced that the Rhodes to Independence Advisory Board merged with the Employment workgroup and this has allowed the group to meet several times already. They are proceeding with the goal to have recommendations to DHS/OHHS by mid-September and have been looking at best practices in other states. Elaina expressed concerns with the existing assessment tools and an interest in merging funds from Voc Rehab and the Workforce Investment Act. At previous meetings Elena Nicolella, Steve Brunero from ORS and Maria DeRoche from Network RI have spoken. The group is looking at how people in the state can access funding and how people in the DD and mentally ill populations receive their services in supportive employment. The next two meetings will focus on a review of the Sherlock Plan. They are also looking at disability broadly, not in silos, and are working to assure that longterm support services will be available. The next meeting will be July 29. Information, including minutes and handouts, are available on ONTRAK.

**Housing Workgroup:** Jim Nyberg stated that this workgroup has met twice already and hopes to develop recommendations for the state by September. They are looking at the inventory of successful models and discussing how to replicate them. They are also working to assure that services are available regardless of where people live. This workgroup has also discussed how to facilitate access to services for the homeless and the impact of a monthly needs allowance increase of \$400. The workgroup has scheduled three more meetings over the remainder of the summer. The next meeting will be at RIAFSA on July 29<sup>th</sup> at 3:00. Information on the meetings is posted on ONTRAK.

**Katie Beckett Workgroup:** Dawn Wardyga reported that this workgroup has not met yet, but the co-chairs are anxious to re-position the group to look at more than the 1400 children on Katie Beckett. On a recent conference call with state staff and co-chairs it was agreed that the workgroup would broaden its focus to include all children on Medicaid. Additionally, the co-chairs have submitted data requests to the state. They are hoping to have their first meeting by mid-August.

**Longterm Care Insurance Partnership:** Mark Heffner summarized his group's charge as identifying ways to encourage the increased use of private insurance for longterm care services. At their first meeting Steve Moses provided a history of the LTC Partnership program and summarized its record in four states where it has been adopted, increasing penetration of LTC purchases by 5%-10%. Mark said he would like to recruit additional workgroup members from the insurance industry. The group may also decide to look at other public-private partnership opportunities, including tax incentives for the purchase of LTC insurance, and reverse equity mortgage programs.

**Medicaid Benefit Redesign/LTC:** Maureen Maigret is co-chairing this group along with Tony Antosh who could not attend today's meeting. The workgroup has not met yet, but the co-chairs have met with MHRH Director Craig Stenning and have also requested a mini-retreat with state staff during the later part of the week of August 10<sup>th</sup>, after which they will hold their first organizational meeting. The mini-retreat idea has been expanded to include the entire taskforce, and the meeting with Director Stenning led to an agreement to have a subset of the workgroup with interest/expertise in the DD population serve on an advisory committee to MHRH. The workgroup further hopes to focus on breaking down silos in current longterm care services; addressing transition issues; and looking at how services intersect between agencies.

**Elena Nicolella** announced that new legislation requires monthly meetings of the Global Waiver Task Force, and the August meeting, currently being scheduled, will address the LTC Benefit Redesign workgroup's request for a mini-retreat with state staff to better understand each agency's role in providing services and each agency's goals for where they want the Global Waiver to go. Elena also announced that a new legislative requirement that a community member be named to co-chair the taskforce will be met by the end of July.

### **Questions & Answers**

Q: Can you tell me where the six hour and ten hour homecare/CNA limits came from? They seem unrealistic.

A: This is only for preventive level of care; not the longterm care eligible population.

Q: Gary, you previously stated that if someone on Medicaid lives with someone else, they will not be eligible for overnight care.

A: I was saying that we would be open to the possibility of a family member being paid for overnight care.

Q: If my 85 year old mother lives with me and I can no longer take care of her, can I apply for LTC benefits under the waiver, and if so how would I find out about how to do that?

A: Three entities, The Point, DEA, and DHS are working to assure that they meet the needs of people like you who need information. That is the point of the ACO. We are working to improve access to information.

Q: Can you explain the new Assisted Living guidelines? I am fearful of cherry-picking of those with the income to pay \$3,000 monthly vs. those who can only pay \$1,800. What are you doing about that?

A: Our goal was to eliminate the federal cap so that access would be uniform and one-step. However the issue you raise is one that needs to be discussed. We'll respond to you with an issue brief on that issue.

Q: We need to know more about the internal workgroups such as the one on Shared Living.

A: Most of the internal workgroups are very specific. However in the case of the Shared Living internal workgroup, I agree that the Dual Eligible, Housing, and LTC Benefit Redesign workgroups would all benefit from a presentation from the Shared Living group. We will work toward coordinating these internal groups with the Taskforce workgroups.

Q: I'd like to reiterate my earlier suggestion that all research shows that it is far more effective to work with families rather than just children. The taskforce really needs to give more attention to families.

A: Thank you for that reminder. We have focused on LTC benefits for the elderly and disabled adults, but will work on family issues as well. The Katie Beckett group and the Benefit Redesign/Acute Care workgroup will both focus on family issues.

Q: How will work with the DD world mesh with the GWTF, and why is there a lack of presence of DCYF around the table?

A: Lee Baker from DCYF is here and has been active from the beginning. We need to better inform you of the work we have been doing with DCYF, and how it contributes to the larger vision.

Q: There is already a system in place, a system that works well, for many children. We just don't want that overlooked.

A: This is just the beginning stages of integrating programs and populations. This is why we're sitting around this table. We want to work cohesively, but it will take time. We need to integrate the work of those who have been working on these issues for years, into a larger body. It's not perfect, but this is a beginning.

Q: The mini-retreat idea is great but it will take more than that. We all need to better understand our charge.

A: We want you to come up with your own charge. That's why you're here.

Q: Longterm care assessment and processes for the aged and disabled are a huge concern for many of us. We need to jettison the disabled from this process. A person on Medicaid living in the community does not need to be evaluated based on a nursing home assessment.

A: That is a functional assessment for eligibility which can't be avoided.

Q: Who is responsible for doing the assessments for eligibility for nursing homes? And how often? Is it an MDS tool?

A: The Office of Medical Review will do the assessments. The assessment is not an MDS assessment.

Q: I'd just like to remind everyone that communication is critical.

A: Thank you; we agree and will work toward improved communication.

The meeting was adjourned.