

**GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
JANUARY 25, 2010
MINUTES**

Task Force Members Attending: Paul Block, Sharon Brinkworth, Jill Beckwith (representing Elizabeth Burke Bryant), Virginia Burke, Cathy Ciano, Jacqueline Dowdy, Elizabeth Earls, Charles Feldman, Elaina Goldstein, James Hardy, Jane Hayward, Bernadette Hicks, Linda Katz, Kathleen Kelly, Joan Kwiatkowski, Maureen Maigret, Joanne Malise, Donna Martin, Everett Maxwell, Kathy McKeon, Anne Mulready, James Nyberg, Peter Stelljis (representing Robert Coli), Judy Sullivan, Craig Syata, Alan Tavares, Sharon Terzian, Vivian Weisman

Staff and Members of the Public Attending: Kathleen Schlenz, Arthur Pett, Fran Daly, Amy Lapierre, Lisa Procter, Patrice Cogru, Rele Ablade, Lee Baker, Lynn Delvecchio, Deborah G, Joanne Quinn, Adriana Thomas, Roberta Merkle, Heather Dagles, Linda Ward, Lauren Pond, Rebecca Kislak, Lori Quaranta, Steve Mills, M Genco, Holly Garvey, Alison Croke, Matthew Harvey, Michael Ryan, Paul Choquette, Rick Jacobsen, Kathy Dennard

Ann Martino, EOHHS Policy Director opened the meeting by welcoming Task Force members and other participants. She then introduced special guests who are federal partners; Rich McGreal, director of the Regional Office of the Centers for Medicare and Medicaid Services (CMS) in Boston, Lynn DelVecchio, the state's project manager from the CMS Boston office, and Angela Garner the state's project officer at the national level from CMS Center for the State Operation in Baltimore, MD.

Relative to the budget, Ms Martino stated that FY 2010 Budget has not received legislative action and the FY 2011 Budget will be released in two weeks and the OHHS initiatives will be fully disclosed at that time. She did state that the department did preserve most services but with no expansion of programs.

Ms. Martino received all the recommendations from the Workgroup Chairs which has been merged into a single document in a matrix form and posted on ONTRAK along with EOHHS website. She also reviewed those recommendations with the Workgroup Chairs on January 21st and discussed the actions taken on each recommendation going forward. After the FY 2011 Budget is released, she will further explain in more detail the results of those recommendations.

Ms. Martino discussed the Community Chair position and the difficulties of trying to find someone to fill that position due to possible conflicts of interest. As a result, the EOHHS Secretary, Gary Alexander, has reached out to the Global Waiver Workgroup Chairs to serve as a Community Council and to be the Global Waiver Task Force voice moving forward. Between now and the next Task Force meeting, the members of the Community

Council will be reaching out to the membership to get their feedback on issues, initiatives, and programs that should be pursued or placed on hold. Due to policy goals, financial restraints, and limited staff resources, Ann stated some recommendations could not be pursued at this time and did explain the rationale. After reaching out to the members of the Global Waiver Task Force, the Community Council will be meeting with Ms Martino and EOHHS staff the Thursday before the next Global Waiver Task Force meeting, to discuss the suggestions, comments and recommendations given by the membership.

In response to inquiries related to current staffing levels, Ms. Martino stated the EOHHS Secretary reported that the Department of Administration has established criteria for prioritizing how to fill those positions. These criteria take into account health and safety issues, funding source (e.g., % funding v. state funds), and a number of other factors including licensing and certification standards related to minimum staffing.

Q: Regarding the budget submission process and workgroup recommendations – was there an opportunity for chairs to “plead their case”

A: That process is ongoing now.

Q: When the budget is released, will you revise the matrix?

A: This is not a locked document and will return to look at other alternatives that may include budget articles.

Q: Will OHHS staff be available if the work groups continue to meet?

A: Yes, unless they are called to a legislative hearing

Q: Is there a request for additional FTEs?

A: The secretary has made a consistent request, but top priority is given to areas of health and safety, and also to those positions that are fully federally funded.

Ms Martino noted that there were several recommendations that would not be pursued as they were inconsistent with current policy. For example, relative to clinical eligibility, Ms. Martino stated that the department is not planning to delegate responsibility for eligibility determinations for nursing facility level of need and remains committed to looking at maintaining the centralized approach through the Office of Medical Review now in place. She also pointed out that there were common themes in the recommendations, particularly with respect to consumer information and education. The departments are planning on doing more to educate and train staff, providers and consumers about how the LTC process works and would be looking to establish a new workgroup to assist in that process. Another common area in the recommendations was on third-party liability and staff would be providing the full membership with an overview of ongoing and planned activities in that area.

Ms. Martino discussed the Member Survey that was distributed during the meeting. The goal of the survey is to be more responsive to the membership concerns, issues and topics that would make the Task Force more productive and meaningful moving forward. Ms. Martino commented that greater communication is needed and the ONTRAK system which is being updated and that quarterly reports will be posted on ONTRAK and the EOHHS website. She further expressed the appreciation of Secretary Alexander for all the recommendations provided by the Workgroups that is being used as a valuable framework on how to integrate numerous initiatives moving forward.

Maureen Maigret, Workgroup Chair, stated that she is going to email her workgroup and direct those members who did not participate in the process, to not respond to the recommendations document. Ann stated that OHHS might ask those who did not come to any of the Task Force meetings, if they would like to step down from the Task Force. Ann also stated that people should contact Kathy Dennard if they are having trouble with email.

Ms. Martino commented on the House Finance Committee's recent meeting on the Global Waiver. The members of House Finance focused mainly on the \$67 million savings and there was very little comment regarding oversight and transition. She further stated that there is a need to clearly communicate better with the House Finance Committee members because this is a new approach to Medicaid. This will require policy changes that will result in unintended consequences – are we getting where we want to be?

Q: Is OHHS posting the number of nursing home diversion on ONTRAK?

A: Yes.

Elena Nicolella, Medicaid Director, provided an update on the global waiver implementation. She explained that there are four entities that conduct case management after a client is deemed eligible for long-term care.

1. Long-term Care Staff: social case workers
2. DEA case management agencies – manage people in assisted living facilities
3. Contracted Agencies, e.g. Personal Choice/PARI
4. Office of Community Programs – social workers and nurses focused on people in preventive level of care and those who are medically fragile.

The ACO puts together consistent protocols for all of the four entities.

The waiver evaluation plan was submitted to CMS, but it is still considered draft because it has not been approved by CMS. It should be posted to the DHS website this week.

Q: Is DHS looking at conducting UR on a consistent basis?

A: DHS does not use the term UR, but we are looking to coordinate protocols related to authorization.

DHS will post the numbers of discharged and diverted nursing home stays.

Q: Can we get an idea of the scope of services people are getting after transition?

A: Yes, the numbers are small and many of the transitioned clients went home.

Q: Can DHS post the number of failed community placements?

A: Yes. There has been one person defined as “failed community placement” since 7/1/09.

Q: Does DHS have statistics on the number of Katie Beckett kids who failed to re-cert

Ms. Nicolella: There has been no change to Katie Beckett eligibility policy.

Ms. Florio: DHS conducts re-determinations that include clinical level of care standards and those have not changed. Families have appeal rights.

Ms. Nicolella presented the FY 2010 DHS-Medicaid Budget Savings Initiatives Corrective Action plan, as submitted to Caseload Estimating Conference. Ms. Martino commented this does not contain other agencies within OHHS because they are not subject to Caseload Estimating Conference.

(Presentation available on the website)

Ms. Martino recognized Deborah Garneau and congratulated her on being recognized for her successes in the home based community and all her wonderful work in keeping children in their homes.

Ms. Florio gave an update on the Request for Information that was released the first week in January. The RFI is for reprocurement of all Medicaid managed care, including RItE Care and Rhody Health Partners. The RFI is available for downloading on the Purchasing website. Responses are due on February 2, 2010 and DHS expects to issue an RFP in March 2010.

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

The next meeting of the Global Waiver Implementation Task Force will be Monday, February 22, 2010, at 1 p.m., at the Arnold Conference Room, Eleanor Slater Hospital, Cranston, Rhode Island.