GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
FEBRUARY 22, 2010
MEETING MINUTES

Task Force Member Attending: Paul Block, Sharon Brinkworth, Virginia Burke, Jill Beckwith (representing Elizabeth Burke Bryant), Cathy Ciano, Elizabeth Earls, Charles Feldman, Patricia LeVasseur (representing June Groden), Jane Hayward, Mark Heffner, Margaret Holland McDuff, Kathleen Kelly, Joan Kwiatkowski, Maureen Maigret, Joanne Malise, Everett Maxwell, Anne Mulready, Br. Michael Reis, Judy Sullivan, Craig Syata, Alan Tavares, Sharon Terzian, Dawn Wardyga, Vivian Weisman

Staff and Members of the Public Attending: Linda Ward, Sharon Kernan, Rachel Gribbin, Lissa DiMauro, Amy Lapierre, Paul Fitzgerald, Michael Ryan, Ellen Mauro, Rebecca Kislak, Roberta Merkle, Alan Post, Patrice Cooper, Claire Rosenbaum, Antonia Greco, Chad Harris, Deb Garneau, Anne Frank, Jerry McCob, Adriana Thomas, David Bell, Arthur Plitt, Chris Gadbois, Kathleen Samways, Divya Samuel, Paul Carrat, Denis Achin, Laura Archambault, Michelle Szylin, Alison Croke, Holly Garvery, Lauren Pond, Corinna Roy, Lynn DelVecchio, Lee Baker, Beth Marootian, Jean Lawlor, Lisa Proctor, Kathy Dennard

Directors Attending: Corinne Calise Russo

Ann Martino, EOHHS Policy Director, opened the meeting by welcoming Task Force members and other participants. She stated that due to scheduling conflicts, the Directors from EOHHS would not be making presentations at this meeting but would discuss their budgets and programs at the next meeting.

Ms. Martino commented that she received many responses from the survey which was distributed at the last meeting and she is still compiling the results of those recommendations. Survey forms are available at the check-in desk for those who did not have the opportunity to respond. At the next meeting, Ms. Martino stated that she would do her best to have the completed results from that survey. She did mention that some of the responses from the survey included the following: making more time for member discussion, provide more information relative to workgroups, greater Q & A period, and making 3 x 5 available during the meeting for additional comments/questions, and having a gant chart available for identifying principal players.

Ms. Martino commented that the Global Waiver is focused on the entire population under the Medicaid program that includes specific issues and topics that require more attention and the consequences of those changes on other providers. The Global Waiver must be looked at in a global context and as a result must be constantly evaluated during this process and require a response. Ms. Martino commented on the focus of the Modernization Workgroup, which is looking at how an individual can access services, how to improve the IT system to better respond to those needs, and how the eligibility system can become more understandable. Elizabeth Burke Bryant and Linda Katz are

overseeing the Modernization effort and will be giving a report to the Global Waiver Task Force on their efforts and findings.

Ms. Martino continued to comment on the survey results which included concern over workgroups being too big, too broad, and having too many members. It was suggested that the workgroups going forward should be more focused, targeted, and designed into more manageable pieces. There should be specific issues that include present data that everyone can understand that details any savings and also provide an evaluation of success. Ms. Martino encouraged those present to take the opportunity to complete the survey, which would help in addressing those concerns.

Relative to the budget, Ms. Martino reported that the House Finance Committee conducted a hearing last week on Article 18 and Article 20. She then commented on Real Choices and mentioned that the resource mapping has almost been completed and will show options along with providing information on supply and demand going forward.

Elena Nicolella, Medicaid Director, provided an oversight in the FY 2011 Budget Initiatives. These initiatives will be presented and discussed at the next House Finance meeting on Thursday, February 25, 2010, at 1 pm. Ms. Nicolella presented the 3 main initiatives in the budget which include the reprocurement of the Medicaid managed care program, managed long-term care, and estate recovery.,
Ms. Nicolella discussed the RFP for the managed care program that would include more than one managed care provider. She commented that this would be a difficult process which will change the benefit structure but will lead to gains in efficiency. Managed care would give the department the tools to control cost by requiring hospitals to accept payment under a fee for service basis. She also discussed Communities of Care, which would implement a restricted network of providers. Since receiving comments from the RFI, the department is now developing an RFP, which will be posted for solicitation.

Q: When will this take effect?
A: July 1, 2010.

Q: Does the insurer or contractor in this program have to include all populations?
A: Yes.

Q: What if you only have one plan moving forward?
A: Ms. Nicolella stated that has not been considered and not anticipated by the department. If only one plan were to step forward, then the state would need to establish a PCCM program and several other major changes.

Q: Will hospitals be required to accept Medicaid payment?
A: The department is planning to require that hospitals accept this payment but they do have the option not participating.

Ms. Nicolella stated that Long Term Care will be implemented on July 1, 2010 and will include a broad approach. There will be areas identified for savings but there is currently very little connection between primary, long term in the community, and acute care. Because of limited awareness by caseworkers, usually family members and friends will usually be placed in the role of navigating the transition for patients with evolving needs. As a result, there will be reduced referral to hospitals and reduced referral to nursing home admissions because of less isolated conditions. DHS is partnering with the Department of Elderly Affairs in responding to grants that will assure continued movement in LTC and provide appropriate care.

Q: Do hospitals at Intake inquire about primary care physicians?
A: That connection needs to be improved.

Q: Relative to LTC, what is the age range goal?
A: There have been discussions with DCYF relative to expanding services from child to adult. DCYF will be giving an update on behavioral health and developmentally disabled and how it is working within the entire system.

Q: What is the role of CEDARR Family Centers?
A: Ms. Nicolella states that CEDARR needs to be center part of the discussions. Ms. Martino further commented that managed care will determine care for LTC. Ms. Nicolella stated that the determination of the level of care is a state entity.

Ms. Nicolella commented on the Program Integrity issue whereby the state is trying to strengthen cost reimbursement under the Medicaid program upon death. The state would be able to seek the funds and also initiate leans on property that would require notification of probate and expanding the definition of estate to include jointly-owend property.

Q: Will it be expanded to joint owned property and trust?
A: Ms. Nicolella stated she would fully respond to that question after speaking with department lawyers.

Q: What is the projected budget number for savings?
A: About $1 million.

Q: Will this require additional staff?
A: Yes but that could be contractual.

Q: Will there really be savings since there are some requirements already part of probate law. Program integrity is important but isn't there more low hanging fruit?
A: The department wants to use all the tools available.

Q: Are there other policies being put in place besides 29, 30, and 31 that would result in cost savings?

A: Ms. Nicolella responded that OHHS and DHS is reviewing 100 high cost cases and is looking to tighten up procurements for hospitals and nursing homes. Those savings are estimated be about $4 million and will be tracked for savings.

Q: Is it possible to estimate estate recovery?
A: Yes

Sharon Kernan, Assistant Administrator for the Center for Child & Family Health, gave a detailed presentation on Shared Living, which is a new option under Medicare that will begin in March of 2010 (This presentation is available on the website).

Ms. Kernan responded to the following questions:

Q: Can a person stay in their own home?
A: Yes, this can occurs. This does not change the age limit and they must meet the high or highest level of care.

Q: Could an adult child receive a stipend?
A: Yes, but must meet a financial level. The department is encouraging partipation at adult day centers because they provide the needed adult services

Q: Is there more then one client?
A: Right now it is limited to one but the department is hoping to expand.

Q: Can a caregiver be a parent?
A: Yes, only if they are not legally responsible for the person

Q: How many will do this?
A: The department is looking to have about 50 elderly and disabled involved in Shared Living by June 2010.

Q: Could you define respite?
A: The contract agency would pay for respite and would make sure staff receives appropriate training – this is usually kinship case.

Q: Under what funding does the $30,000 come from?
A: This is the total state and federal funding.

Q: Who will give caregiver training?
A: The agency is responsible to give training such as first aid, CPR, and emergency situations.

Q: Can there be adjustments made during the process?
A: It is important that every individual is happy so shared living will continually monitor the process and make adjustments when needed.

Q: What is the difference between PACE and Shared Living?
A: That has not been researched.

Q: How much of the $30,000 goes to the caregiver?
A: Stipends are usually between $38-$40 a day.

Q: Who monitors agencies?
A: DHS will monitor via regular meetings and site visits.

Q: Explain the stipend and how it compares with other programs?
A: The stipend is higher for community services and is tax-free and is comparable to other states.

Workgroup Chairs & Co-Chair Updates:

Katie Beckett Workgroup: Dawn Wardyga reported that her workgroup met last week and looked at overall documents that are applicable to her group. The group is putting together some written comments that she will forward to Ms. Martino that will include CEDARR Family Centers, which cannot sustain any further cuts. Ms. Wardyga also stated that the numbers of members attending these meetings are dwindling and there are still many unanswered questions.

Medicaid Benefit Redesign/LTC: Maureen Maigret reported that her group did not have an opportunity to meet but will be staying after today's meeting to discuss some issues with Ms. Martino regarding LTC initiatives.

Long-term Care Insurance Partnership: Mark Heffner discussed the report that the workgroup issued today which will be posted on the website. There are still ongoing discussions on how to pursue policy changes to particular programs that would help individuals to make informed decisions on how to buy long-term insurance. State staff was very helpful in those deliberations.

Dual Eligible Workgroup: Joan Kwiakowski stated that the workgroup has not met this month.

Acute and Primary Care Benefit Redesign Workgroup: Jane Hayward reported that she has reached out to workgroup members requesting comment.

Employment Workgroup: Elaina Goldstein stated that there has been some progress by the workgroup members but in another format. Ms. Goldstein hopes that the Community Council can be rescheduled to better address their goals moving forward.

Q: Could you break down the $42 million in savings from managed care reprocurement?
A: Ms. Nicolella stated that savings will come from hospital contracting, communities of care, selective contracting, pharmacy management, and improved fraud and abuse detection.

Q: What are managed long-term care savings?
A: Ms. Martino stated those saving are about $12 million.

Q: How many people requested nursing home and did not meet the highest level of care?
A: Do not have exact numbers today, but there has been some shift, but not a lot.

Comment: Would like to see the diversion numbers over a period of time

Q: How many people will go into Communities of Care?
A: Approximately 10 percent of enrollees will be in a Community of Care.

Q: Is there an EOHHS ombudsman?
A: No, there is the Office of the Child Advocate, LTC Ombudsman, and Mental Health Advocate.

Q: Community-based care is not appropriate for everyone. Where is the ICF-MR in the state?
A: This is a question for MHRH.

Ms. Nicolella stated that there have been 98 diversions that are done through LTC regional offices along with home care agencies and primary care providers. Ms. Matino commented that those numbers will be available soon and will also be provided at the House Finance Committee hearing

The meeting was adjourned at 2:45 p.m.

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