

**GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING**  
**MARCH 22, 2010**  
**Meeting Minutes**

**Task Force Members Attending:** Paul Block, Sharon Brinkworth, Leo Canuel, Cathy Ciano, Bob Cooper, Jacqueline Dowdy, Elizabeth Earls, Charles Feldman, Elaina Goldstein, Jane Hayward, Mark Heffner, Bernadette Hicks, Linda Katz, Kathleen Kelly, Maureen Maigret, Everett Maxwell, Kathy McKeon, Anne Mulready, James Nyberg, Br. Michael Reis, Judy Sullivan, Alan Tavares, Sharon Terzian, Dawn Wardyga, Vivian Weisman

**Staff and Members of the Public Attending:** Alexis McHugh, Linda Ward, Denise Achin, Alan Port, Stephen Mills, Jim Benson, Lauren Pond, Ellen Mauro, Deb Garneau, Monica Tavares, Donna Desmarais, Valerie Rushten, Lee Baker, Amy Lapierre, Lissa DiMauro, Tom Marcello, Sharon Kernan, Deb Buffi, Robert Malakowski, Janet Iovino, Anne Frank, Kathleen Samways, Virginia Burke, Stephanie Geller, Elena Nicolella, Alison Buckser, Kathy Dennard, Ann Martino

**Directors Attending:** Gary Alexander, Secretary of EOHHS, Craig Stenning (Director of MHRH), Patricia Martinez (Director of DCYF), Corinne Calise Russo (Director of DEA)

**Ms. Ann Martino, EOHHS Policy Director,** opened the meeting by welcoming Task Force members and other participants. She announced that since there was a House Finance meeting at 3:30 at the State House that she would have to move the agenda along quickly. She also announced that there would be a presentation by Hilltop Associates on Resource Mapping on April 14, 2010 and an invitation to attend would be extended to all the members of the Global Waiver Task Force.

**Corinne Calise Russo, Director of Elderly Affairs,** presented the history of the Co-Pay/CNOM (Cost Not Otherwise Matched) Program for adults over 65 years of age who are not eligible for medical assistance and need supportive services to remain at home. Under the Global Waiver, DEA and DHS have been able to work more closely together to provide those services with federal dollars instead of with all general revenue funds. Clients who qualify must have a total household income of less than or equal to 200% of Federal Poverty level and are re-assessed every 6 months by case manager. Because of Waiver, the Assisted Living program has increased from 230 clients monthly during the last fiscal year to 260 clients monthly this fiscal year allowing more adults to stay in a less restrictive environment. Adult Day Services also increased from 273 clients to 289 monthly clients.

**Ms. Martino** commented on the survey responses received from the members of the Global Waiver Task Force. She and Ms. Nicolella were reviewing those responses and would make recommendations on how to proceed shortly. She commented that the responses received included strong opinions that were predominately in policy and procedure. The next goal for the Global Waiver staff is to develop a site on the web to

quickly respond to the comments submitted to the members of the Task Force. Ms Martino discussed budget initiatives and the decision process on which recommended initiatives move forward. Initially, the budget recommendations are submitted by EOHHS are then forwarded to the Budget Office for further review. After that review, the Budget Office sends their recommendations to the Governor who makes the final decision on what initiatives will be submitted. There may have been budget initiatives recommended by EOHHS but again that office does not make the final decision. The Governor's Office makes the final decision on what initiatives will be pursued based on policy and fiscal concerns among all state departments.

Q: What initiatives did EOHHS recommend and are all the recommendations being saved?

A: All the recommendations are being saved for present and future consideration.

**Ms. Patricia Martinez, Director of DCYF**, discussed the DCYF's FY2011 budget under the Global Waiver. Even though the Global Waiver initiative is presently focused on long term care, the elderly and disabled, there has been an opportunity for DCYF to move forward with FCCP (Family Care Community Partnership) with the help of this initiative. The CNOM has helped to provide early intervention which is now available 24/7. It has also allowed for the continuation of after-care services for the training school without having to decrease funding. Over the last 18 months, DCYF has worked with the Executive Office of Health and Human Services to help the department develop the framework and intervention on how best to utilize services under the Global Waiver. The second phase of FCCP is in child welfare and the department will issue an RFP consistent with the Global Waiver and will expand opportunities for community home base services. By 2011, DCYF will have fully implemented the second phase the FCCP and the CNOM will help to benefit that process by being able to produce data showing services which will help prevent those leaving the Training School from returning to a negative system.

Q: Is this Medicaid coverage?

A: CNOM claiming process is a little more complicated and sometimes there is not the opportunity.

Q: Do you need CNOM to pay drug substance abuse?

A: The primary concern now is trying to assure the individual is getting the right services and is transitioning from higher cost setting.

Q: Does this affect education agencies receiving Medicaid?

A: We are hoping to show how the Global Waiver does have an affect on other state agencies and educational is a big piece in the success.

**Mr. Craig Stenning, Director of the Office of Mental Health, Retardation, and Hospitals**, presented major budget initiatives being undertaken by his department. The first major initiative is the consolidation of Eleanor Slater Hospital which has begun and waiting for approval from the House Finance Committee. This initiative would improve

quality of care for psychiatric care and incorporate the forensic unit into the rest of the Eleanor Slater Hospital. The second major initiative is focused on Developmental Disabilities (DD) Delivery System Reform and to provide consistency of rates for providers. The Office of State Purchasing has posted the RFP on rate methodology in the Delivery of System Reform. The third major initiative is the Safety Net Proposal which would create a standard global payment for consumers in Community Mental Health Centers (CMHC). It would give CMHC as much flexibility as possible to treat as many people in the best possible way. The goal is to increase access with the input of CMHC.

(Presentations available on the EOHHS website)

Q: What planning is being done around transitioning life long disability?

A: This is definitely an issue and there is a need to move that transition from a younger age (18-21) into one that looks more like the adult system. The Global Waiver gives MHRH the opportunity to tackle that issue.

**Mr. Gary Alexander, Secretary of the Executive Office of Health and Human Services,** presented the Modernization Project which focuses on the delivery of services and how to simplify that process. Presently there is redundant documentation which urgently needs to be simplified so services can be provided in a timely manner.

(Presentation available on the EOHHS website)

**Mr. Art Schnure, Consultant,** discussed the Choices Data Warehouse, which brings all data sources into one data warehouse. This warehouse will provide detail and management reports allowing the state to keep the history of individuals in the OHHS system. Presently there is a limited exchange of data between different state agencies, and the data warehouse will allow for better coordination between the departments. This will be phased over time. Right now, some of this data is available for state staff. Mr. Schnure reiterated that there will be very tight security of this system.

Q: What is access now?

A: There will be access to reviewing eligibility and services which would result in a complete total profile which will provide key information to better manage services and programs. Also having a five year history, would give the department the capacity to look at the entire picture over time.

**Ms. Martino** stated that she will provide more detail of the development of this data at a later date.

**Ms. Ellen Mauro, Chief of Family Health Systems,** discussed the results relative target intervention of high cost cases and the present delivery system.

(Presentation available on the EOHHS website)

Q: How many will be served?

A: No certain number but they will all be unique.

**Ms. Martino** commented that high cost cases would depend on expectations and the need to better target the population which would result in better outcomes for those individuals.

**Mr. Mark Heffner**, Community Executive Council (CEC) member, discussed the last meeting of the Global Waiver Community Executive Council. He expressed his concern relative to who can participate on Council and if statute would be required regarding who could be eligible to serve on the CEC. Mr. Heffner encouraged the use of state staff to help CEC in exploring and developing possible new workgroups going forward.

**Ms. Elena Nicolella, Medicaid Director**, stated this is part of the process and there is a leadership team that will continue to provide services to Global Waiver workgroups and continue to evaluate in helping to decide what to do moving forward.

Q: There will be a need for more CNAs and has that problem been targeted?

A: The Department is looking at incentives to help address that situation.

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

The next meeting of the Global Waiver Implementation Task force will be Monday, April 26, 2010, at 1 p.m., at the Arnold Conference Room, Eleanor Slater Hospital, Cranston, Rhode Island.