

GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
APRIL 26, 2010
MEETING MINUTES

Task Force Members Attending: Paul Block, Virginia Burke, Leo Canuel, Cathy Ciano, Jacqueline Dowdy, Elizabeth Earls, Elaina Goldstein, James Harris, Caitlin Thomas Hinkley, Linda Katz, Kathleen Kelly, Maureen Maignet, Joanne Malise, Donna Martin, Everett Maxwell, Kathy McKeon, Ann Mulready, James Nyberg, Judy Sullivan, Sharon Terzian, Vivian Weisman, Mark Heffner, Jill Beckwith (representing Elizabeth Burke Bryant), Rebecca Kislak (representing Jane Hayward)

Staff and Members of the Public Attending: Adriana Thomas, Dr. Allen Post, Janet Spinelli, Laura Jones, Lauren Paul, Alison Croke, Holly Garvey, Sharon Brinkworth, Beth Morseli, Lee Baker, Janet Iovino, Robert Kalaskowski, Roberta Merkle, Corinna Roy, Mary Louise Gamache, Paula Parker, Lori Quararta, Ellen Kreutler, Denise Achin, Sharon Kernan, Paul Choquette, R. Cooper, Rele Abrade, Matthew Harvey, Diana Beaton, Lissa DiMauro, Mary Genco, Chris Gadboys, Elena Nicolella, Alison Buckser, Kathy Dennard, Ann Martino

Directors Attending: Patricia Martinez (Director of DCYF), Craig Stenning (Director of MHRH), H. Reed Cospers (Director, Mental Health Advocate)

Ms. Ann Martino, EOHHS Policy Director, opened the meeting by welcoming Task Force members and other participants. She commented on the uncertainty of the budget initiatives as part of the supplemental budget because the House and Senate have not been able to reach agreement. There will be a Caseload Estimating Conference on Friday, April 30th, in the House Finance Committee which is open to the public. Ms. Martino encouraged everyone who planned on attending Committee meetings in the General Assembly to continually check the postings which change daily. Additionally, because of the uncertainty of the budget, Ms. Martino will have to wait on making any comments relative to budget initiatives. She further stated there has been rapid progress on the Real Choices grant. There is a brochure that will become available shortly as part of LTC which will provide a list of services offered in the state to elders and adults with disabilities. Alison Buckser will be sending that information out to different organizations throughout the state on all these services. There will also be a booklet along with four videos on May 5, 2010 for discharge planners that will include additional referral information.

Q: How was the script and power point developed?

A: It was tested with targeted populations and adjustments were made depending on their response.

Q: How was the video budgeted?

A: It was produced under the Real Choices grant which required the \$2.7 million be used for this purpose.

Ms. Martino commented on the in-depth survey recently done by EOHHS that identified gaps in the current system of services provided in the state which is available on ONTRAK and the EOHHS website. That survey provided insight into what services have been the most beneficial while also identifying gaps that need to be corrected. This information will help in monitoring nursing home clients and their quality of life and care plus provide assistance in building a profile that will be used as an assessment tool in order to best meet the needs of those receiving services.

Ms. Martino discussed the Hilltop presentation on Resource Mapping held on April 14, 2010. She stated that there were some concerns over how the data was collected particularly as it related to the children and families which needed to go farther.

Q: Could Medicaid data be more refined?

A: Maybe but even though there were flaws in the results, the department is working on the data gathered which will be used moving forward.

The Hilltop presentation is posted on the EOHHS website.

Ms. Patricia Martinez, Director of DCYF, commented on the Family Care Community Partnership (FCCP) which has been able to move forward with the help of the Global Waiver. The first phase of this effort is the Child Welfare System. This initiative started in January 2009 and during the first 3 months 929 families were referred to FCCP which provided the early intervention needed by providing families with the right services immediately. There are 4 FCCPs who are fiscal agents for DCYF and help in providing a safety net for these families. The FCCPs are working closely with family financial issues, mental health issues, and education issues, which include truancy. Many of the programs are now provided under CNOM (Cost Not Otherwise Matchable) instead of just general state funds. Ms. Martinez thanked the Community Agencies for their intervention services which focus on wrap around services that include respite while the agency deals with the family crisis. She further commented that the FCCPs have a Family Community Advisory Board for each region that includes members from mental health, youth, and families, and have recently sent correspondence to create a statewide advisory board. DCYF also hopes to provide training on wrap around services in June along with continuing the availability of CASP services.

Q: What other services are covered via the FCCP?

A: Multi-systemic therapy, wrap-around services.

Q: Have you seen less families going into the child welfare system?

A: DCYF has seen some of this. The average caseload has leveled off. There are 100 DCYF workers, and the average caseload is 15. When FCCP began, there were 1100 residential beds in the system, and today there are 723.

Ms. Elena Nicolella, Medicaid Director, commented on Shared Living Services and announced that a contract has been issued and training will be starting soon with the assistance of Sharon Kernan (Shared Living Trainings available on the EOHHS website). Ms. Nicolella also stated that due to the recent flooding, Hewlett Packard (HP) lost everything on the first floor but fortunately there was a core function backup so there was only a two day delay in providing payments to providers along with receiving eligibility information which continued to be processed quickly. There have been a few glitches due to the flooding but HP is hoping to resume Choices shortly. She then reported that the Managed Care Reprocurement is still on target and will be received by the Office of Purchasing in about 2 weeks along with the LOI (Letter of Intent).

Q: Does the Health Care Reform bill negate the ability to pursue federal funds because of the Global Waiver?

A: It does not negate those efforts.

Ms. Nicolella reported that DHS held a meeting with OHIC and HEALTH to discuss the impact of Health Care Reform. The most immediate impact is to OHIC, but there are two items that DHS is analyzing for immediate impact to Medicaid:

1. Drug Rebate Equalization Act (DRE). This provision of the Act increases the federal rebate to Medicaid for prescription drugs, and allows the rebate to be applied to beneficiaries enrolled in MCOs.
2. Mandatory expansion of coverage for adults up to 133% FPL. States would receive 100% FMAP for the first two years, then it would be decreased slowly.

Ms. Nicolella updated the initiatives recommended by the Employment Workgroup and discussed her meeting with Rep. Eileen Naughton regarding changes in the Sherlock plan which would not affect long term care privileges. Legislation is being drafted which include new broad policy and procedures but the Department will continue to make those decisions not in the legislation.

Q: Is there a Sherlock Plan/Medicaid buy-in for disabled working adults?

A: Yes, but the premiums make it unattractive to participate.

Ms. Paula Parker, Assistant Director of the Department of Elderly Affairs (DEA), presented an update on THE POINT which was established at the DEA and is Rhode Island's Aging and Disability Resource Center. It is a one-stop call center for information and referral for programs and services that support seniors, adults with disabilities, and their families and caregivers. Ms. Parker discussed a grant received by DEA which gave the department the opportunity to expand services and help to fill gaps in information and referral. The United Way of Rhode Island, which oversees 211, will now provide the services of THE POINT. United Way will also partner with EOHHS in providing brochures throughout the state which include information from DEA, DHS, and MHRH on services for all communities with elders and adults with disabilities. She also commented that Quality Partners of RI has established an information system with physicians which will benefit patients by providing them with links to THE POINT. In addition there will be information on hospitals focused on chronic illness and patient coaching that will help keep that patient in the community. An Advisory Committee has been established with the goal of developing a 5 year plan that will be submitted to the federal government to demonstrate how the enhanced community services improve the quality care and quality of life for elders and adults with disabilities.

Ms. Mary Louise Gamache, from RI United Way, discussed the success of 211 which is available 24/7. As of March 1, 2010, there were about 5,000 calls. She commented that this is a great resource and also a great network. United Way will continue to give monthly updates on the number of calls received that are reported to DEA. THE POINT is also developing a website. Ms. Parker stated that Quality Partners/RI are forming links with medical and non-medical services that include primary physicians, hospitals, and discharging planners to benefit TLC counseling. The Real Choices initiative is developing the right resources for individuals with a time management tool which will include the availability of adult day care and their locations. This will be integrated with THE POINT to make sure that individuals are appropriately referred to the "one stop center". There will be no cost to agencies participating in this network.

Q: Can this data be made available to the task force?

A: As long as it is not protected health information (PHI), it can be shared publicly.

Ms. Holly Garvey, from EOHHS, commented that this process is moving along and pilot sites have been identified. She stated that work being done in quality facilities that include nursing homes, adult day and housing which will be used as part of the comprehensive tool. CMS has been very supportive. Ms. Martino stated that there continued to be a need for education, outreach, and communication to help move this process forward and that Alison Bucksner has been hired for that effort.

Mr. Craig Stenning, Director of MHRH, discussed the recent budget hearings and his concerns over the House Finance Committee trying to make comparisons between the average per person costs in RI compared to the average per person cost nationwide in social services. This is a major issue of concern because it is very difficult to compare data from other states with Rhode Island because of so many variables in the data and every state uses different formulas in collecting data. In Rhode Island there are optional vs. mandatory services. Operational services for adults who are blind or disabled contain higher costs because the state moved away from institutional care which was less expensive. All home and community based services are also optional under the Global Waiver. Mr. Stenning stated that the primary concern should be the quality of life.

The meeting adjourned at 3:00 p.m.

The next meeting of the Global Waiver Implementation Task Force will be held on Monday, May 24, 2010, from 1-3 p.m., at the Arnold Conference Room, Eleanor Slater Hospital, Cranston, Rhode Island.