

GLOBAL WAIVER TASK FORCE MEETING
JUNE 28, 2010
MEETING MINUTES

Task Force Members Attending: Paul Block, Sharon Brinkworth, Cathy Ciano, Jacqueline Downy, Elaina Goldstein, Mark Heffner, Linda Katz, Kathleen Kelly, Maureen Maigret, Kathy McKeon, Ann Mulready, James Nyberg, Vivian Weisman, Jill Beckwith (representing Elizabeth Burke Bryant), Rebecca Kislak (representing Jane Hayward), Antonia Greco (representing Donna Martin) Michelle Brophy (representing James Ryczek)

Staff and Members of the Public Attending: David Bell, Rebecca Martish, Lee Baker, Kim Merolla-Brito, Chris Straud, Chris Gadboys, Craig O'Connor, Lori Quarceuto, Michael Ryan, Paula Parker, Michelle Szylin, Erin Walsh, Mary Slinko, Lynn DelVecchio, Rele Abade, Sharon Kernan, Alison Croke, Holly Garvey, Roberta Merkle, Kathleen Samways, Kathy Dennard, Ann Martino, Elena Nicolella

Ms. Ann Martino, EOHHS Policy Director, opened the meeting by welcoming Task Force members and other participants. She then thanked Paul Block for hosting this meeting at the Psychological Centers in Providence. Before moving on to the agenda items, Ms. Martino announced that birth certificates issued before July 1, 2010 in Puerto Rico will be null and void and she would keep the Task Force advised of that situation as it develops. She then updated the Task Force members on the status of legislation in the U.S. Senate and House of Representatives. In her update, she reported that the Senate reached closure on FMAP and that there would be no enhancement and that additional federal unemployment benefits failed to pass. She mentioned that further legislative action might develop again probably toward the end of the summer. Ms. Martino announced that brochures on Long Term Care are available for distribution and the video has also been released.

Ms. Elena Nicolella, Medicaid Director, addressed the first two items on the agenda which included a review of the final budget and enacted legislation relative to Medicaid and also reviewed the regulatory actions pertaining to Global Waiver Category II, and III changes submitted. Regarding the enacted SFY 2011 budget, she reported that actual final numbers are still being worked out along with the financial impact. The House and Senate are presently compiling an analysis to ensure how the final numbers will affect hospital payments.

Ms. Nicolella updated the Task Force members on Articles 19, 20, and 21. Article 19 included the Child's Health account in the Governor's budget, which increases commercial insurance contribution per child from \$5,000 to \$6,000. Article 20 related to hospital payments. Under fee-for-service, hospital reimbursement has shifted to an APR-DRG payment methodology. In managed care, inpatient reimbursement will be reduced by 9.9% on January 1, 2011. This is not the system cost containment proposal originally sought. There will be an implementation period for hospitals. Ms. Nicolella commented that restraining cost will affect managed care and there has also been discussion regarding selective contracting for transportation, which has grown rapidly.

Q: Does that include Medicaid payments through RIDE?

A: We are waiting for the completion of a study relative to appropriate funding.

Q: Who is the lead agency?

A: RIPTA

Ms. Nicolella reported Article 21 of the enacted SFY 2011 budget, included changes to Medicaid managed care but was budget neutral relative to the Global Waiver and there were no plan to submit any Category III changes. An RFI related to managed long-term care will be posted along with a notification sent to the members of the Global Waiver Task Force. There may be a Category II waiver change request for that initiative, but DHS is unsure at this time. As of July 1, 2010, nursing homes are reimbursed on an acuity-based adjustment and by October 2011, nursing homes must have a more robust care rate payment methodology.

Ms. Nicolella further discussed Article 20 and explained the Long Term Care rebalancing initiatives. She commented on Article 21 that included a listing of changes that the department has the authority to approve, which does include developmental disabilities.

Q: Relative to the Sherlock Plan is there a Medicaid buy in for developmental disability?

A: There is a need to first get changes approved with CMS. Service changes are being reviewed internally. Legislation did not pass, so DHS is re-grouping internally.

Ms. Martino commented that she is still reviewing tracking of all the recently passed legislation with providers and those they serve and hopes to report further information regarding those statutes and provisions. Ms. Nicolella then reported that the Medicaid managed care LOI was issued on June 17th and questions are due today, June 28th. The final award will be made on September 1, 2010.

Q: The Employment workgroup continues to meet. What is the status of the recommendations from the workgroups?

A: The DHS response to the recommendations was distributed via email to the task force members.

Q: Can the task force be kept apprised of estate recovery requirements and hiring related to that?

A: Yes. The Senate issued a requirement for data collection.

Ms. Kim Brito-Merolla, DHS Policy Office, stated that the rule making process with the Secretary of State's Office is done in June and January. DEA, DCYF, and MHRH have no proposed rule changes. On June 24th SSI was reviewed and amended and will be filed with the Secretary of State on July 14, 2010. Several sections will be posted on July 2nd. These include resource limit increases (filed under emergency rule-making), shared living, and Medicaid managed care procurement. Ms. Martino commented that the goal is to develop measurements that are understandable measures.

Q: Will managed care procurement include generic first for pharmacy?

A: Correct

Q: Are particular seniors being made aware of the numerous programs?

A: They are supposed to be informed and the department is following up.

Ms. Maureen Maigret, Co-Chair of the Medicaid Benefit Redesign/TLC Workgroup, presented a report on the Community Executive Council (CEC) and updated the status of the Global Waiver workgroups along with proposals for continuation and/or formations of new workgroups. She stated that as a CEC member she volunteered to put together the agenda today on behalf of the Task Force. She further reported that she received only one question from the membership regarding workgroup recommendations and that was in regards to pursuing opportunities for a joint effort with DOH, Office of the Health Insurance Commissioner, and DHS relative to the CMS demonstration project. Discussion followed among Task Force members relative to the continuation and future formation of Global Waiver Workgroups. It was agreed to that the CEC members will focus on that topic at their next meeting. Ms. Maigret commented that some of the other new workgroups might include Communications (distribution of educational materials), Transitions (Health Care transitions), and Communities of Care. After some discussion, it was determined that a Communities of Care work group does not make sense at this time.

Ms. Nicolella and Ms. Martino both commented on the need for more open discussion and the need for further clarification regarding the role of workgroups, which should include data evaluation. Ms. Martino stated that the Transition Workgroup could also include Youth to Adult and Adults into other Systems of Care but there is a need to review any legislative mandates before any collaboration and discussion. Ms. Nicolella expressed concern that she along with other state staff are involved with numerous projects and issues on a daily basis and questioned the extent of developing materials while also including Task Force input. She continued that there needs to be some restraints because there are changes that take place internally that also require her immediate attention. Ms. Maigret added that there needs to be a vehicle to receive information from the department but questioned the need for monthly updates. Ms. Elaina Goldstein, CEC member, commented that the Task Force does not need to be involved in the everyday process at the department but should be part of the policy discussions. Ms. Martino stated that the department is hoping to preserve benefits with creative means but the budget really drives the process.

Ms. Nicolella indicated that Health Care Reform will change Medicaid substantially and she will be focused on the implementation of health care requirements. By the next Global Waiver Task Force meeting, she mentioned that there should be more information relative to the Health Care Reform.

Paula Parker mentioned four funding opportunities in ACA for the Dept. of Elderly Affairs. They are pursuing monies related to the ADRC, pursuing a grant on low-income subsidy program, and there is a third opportunity that Elaina Goldstein is working on.

Maureen mentioned that Money Follows the Person funding is available to states that are not already participating. Elena commented that DHS is reviewing this.

The meeting adjourned at 2:45 p.m.

The next meeting of the Global Waiver Implementation Task Force will be held on July 26, 2010, from 1-3 p.m.