

GLOBAL WAIVER TASK FORCE MEETING
December 19, 2011
MEETING MINUTES

Task Force Members Attending: Paul Block, Sharon Brinkworth, Virginia Burke, Elaina Goldstein, Kathleen Kelly, Joanne Malise, Maureen Maigret, Ann Mulready, James Nyberg, Br. Michael Reis, James Ryczek, Sharon Terzian, Vivian Weisman, Tara Townsend (representing Dawn Wardyga).

Staff and Members of the Public Attending: Cathy Cranston, Alison Croke, Roberta Merkele, Diana Beaton, Michele Heim, Stacy Paterno, Christina Amedeo, Rebecca Martish, Aubrey Manning, Paul Choquette, Maureen Wu, Craig O'Connor, Lynn DelVecchia, Denise Achin, Lindsay McAllister, Beryl Kenyon, Alan Post, Deb Garneau, Kathleen Samways, Anthony Salvo, Tom Marcello, Kathy Dennard, Ann Martino, Elena Nicolella, Senator Thomas Izzo.

Senator Thomas Izzo, Community Chair, opened the meeting by welcoming Task Force members and other attendees. Senator Izzo commented that he would be providing members with a more detailed agenda for future meetings that would be sent out a week before the scheduled Task Force meetings. He had also hoped to meet with the Directors and to get them engaged in the process. At the next meeting in January, he would like to include a list of current Medicaid initiatives and a brief summary of the status of the initiatives. He further stated that those initiatives would give the Task Force the opportunity to support and add input to the policy and budget process. As a result, ad hoc groups would be formed as needed. Mr. Izzo stated that the new agenda format now included a statement on the focus and purpose of the Global Waiver. He then praised the Secretary and staff for responding to the press on the Lewin Report.

Ms. Ann Martino, OHHS Policy Director, also commented that the January agenda would include discussion on children with special health care needs.

Ms. Maureen Wu, Associate Director, BHDDH, gave a presentation on the Health Homes initiative. The Health Homes State Plan Amendment was approved by CMS November 23, 2011. DHS and BHDDH both collaborated on the Health Homes initiative. The focus for Health Homes will be on three (3) populations: individuals with SPMI, individuals with SPMI who have two (2) chronic conditions, and those with SPMI with one chronic condition and at risk for a 2nd condition. This program will focus on approximately 7,100 individuals, which include about 5,400 who are Medicaid eligible. There are presently 9 CMHOs working with this population and they would now be involved in providing services in collaboration with a primary care entity. We want to assure the primary care and behavioral health care are integrated. The goal of this program is to have better outcomes, better quality of life and a decrease in emergency room utilization and hospitalizations resulting in savings.

Q: (Paul Block) Could you please discuss the billing for these treatment services.

A: There will be new billing codes for individuals in a health home. The goal is not to decrease funding for mental health but before, the case management was included in the treatment rate. Now the treatment and case management fee will be separate. There is a minimum of service requirements agreed to with CMS. The enhanced federal match for Health Homes services is 90% federal, 10% state vs. the current Medicaid FMAP of 52% federal, 48% state.

Q: (Senator Tom Izzo) What is the average age?

A: The age range is 19-64 years old, but it is primarily focused on those 30 years of age and over.

Mr. Paul Choquette, from the Medicaid Division of OHHS, gave the 2nd part of presentation on the Health Home Initiative for children with special health care needs. We are using the CEDARR Family Centers (CFCs) as the health home. The primary focus will be to strengthen the connection to primary care DOH, DHS, and the education community will be involved. There are currently 2700 children enrolled in CFCs. Mr. Choquette further commented the under CEDARR the state would be able to track and provide data so that some modifications can be made to this initiative. See the attached presentation for more information.

Q: (Senator Tom Izzo) Is there any school involvement?

A: CEDARR is involved with the schools and is key to the integration of services.

Ms. Martino commented on the Lewin Report, which is an independent evaluation of the Global Waiver and the Real Choices Systems Transformation Grant. She stated that Steve Johnson couldn't make this Dec. meeting but would be available if anyone had any questions. She stated that the report must be read in context. The Real Choices grant started before the Global Waiver was implemented. Both focused on re-balancing the LTC system. The Global Waiver has been a data driven process that looks at all the financial cost from the Medicaid Management Information System (MMIS). Ms. Martino stated that the state has saved money even though all the savings could not be attributed to the Global Waiver.

Q: (Virginia Burke) She objected to the results of the report and said it wasn't a rigorous analysis. She objected to this being called an evaluation of the Global Waiver. On p. 2 of the report where it says we saved \$35 million, it's really \$20 million because of rate cuts to nursing homes of \$15 million. Policy changes should be analyzed....

A: The department did look at policy and rate cuts. We had a \$475 million shortfall the year that the Global Waiver started. There have been changes but the Medicaid Program has been fortunate we haven't had the experience of other states-eligibility hasn't changed, although its true there have been provider cuts.

Q: (Jim Nyberg) It is my understanding that nursing home rates have been dropping due an increase in assisted living.

A: The baseline was 2007. It was expected that nursing home rates would have risen without the Nursing Home Transition Program. Given the total number of people entering the system, if we did nothing, our costs and growth rates would have gone up.

Q: (Maureen Maignet) I did not see all the decrease in utilization of NH. Did the rate of admissions increase? Also it's unclear what happened to assisted living...

A: Some of the numbers for assisted living were off. We did not have all the data on assisted living since we went from a paper system to the MMIS. (We didn't have data on 1.5-2 years of DEA Assisted Living waiver numbers.) This (the results in the report) might be a conservative estimate. The potential savings could have been greater.

Senator Izzo stated that the Lewin Report answered some questions but not all questions. He mentioned that this report is really a snapshot in time and now the effort will be to analyze data going forward. This is a first step to access gaps in the systems and to change to system of care in all populations. Senator Izzo commented that the real challenges will be for policymakers in terms of the state budget.

The next meeting of the Global Waiver Implementation Task Force will be held on January 23, 2012 at 1 p.m, at the Arnold Conference Center, Eleanor Slater Hospital, Cranston, RI.