

**GLOBAL WAIVER TASK FORCE MEETING**  
January 23, 2012  
**MEETING MINUTES**

**Task Force Members Attending:** Paul Block, Sharon Brinkworth, Leo Canuel, Cathy Ciano, Elizabeth Earls, Linda Katz, Joan Kiatkowski, Joanne Malise, Maureen Maigret, James Nyberg, Craig Syata, Sharon Terzian, Dawn Wardyga, Vivian Weisman, Sue Kershaw Sczovski (representing Br. Michael Reis), Michelle Brophy (representing James Ryczek), Rebecca Kislak (representing Jane Hayward).

**Staff and Members of the Public Attending:** Roberta Merkele, Diana Beaton, Stacy Paterno, Paul Choquette, Beryl Kenyon, Deb Garneau, Michael Cronin, Dean Gardner, Deb Florio, Holly Garvey, Julie Meyers, Carla Russo, Michelle Bouchard, Sharon Kernan, Christina Amedeo, Janet Iovino, Ken Pariseau, Lisa Conlan, Mary Slinko, Steve Johnson, Erica Robins, Michele Heim, Anthony Salvo, Tom Marcello, Kathy Dennard, Ann Martino, Elena Nicolella, Senator Thomas Izzo.

**Ann Martino, OHHS Policy Director,** opened the meeting by welcoming Task Force members and other attendees. She introduced Ms. Brenda Harvey, Executive Director, NESCSO, who contracted with the Lewin Group, which conducted and evaluated the implementation of the RI Global Waiver. Ms. Martino also stated that the FY 2013 Budget will be presented in two weeks and will be an agenda item at the next Global Waiver meeting.

**Senator Tom Izzo, Community Chair,** welcomed Mr. Steve Johnson (principal author of the Lewin Report) who presented the overview of findings of the recent Lewin evaluation study of the areas where the Global Waiver and the Real Choices System Transformation grant intersect. Consultant Erica Robbins also participated in the presentation. (Presentation attached).

Mr. Johnson commented that the scope of the Lewin Report focused on three study questions:

- Have state LTC initiatives affected the utilization of institutional vs. community LTC services?
- Have care management initiatives affected health outcomes and reduced costs?
- Have there been any factors that facilitated or impeded the states efforts to ensure that every Medicaid beneficiary has “the right services, at the right time, in the right setting”?

In pursuing the study questions, the review included reports from DHS, CMS, a Brown University study, and quarterly reports sent to the General Assembly. Other factors included the recession, Affordable Care Act, and the American Recovery and Reinvestment Act (ARRA) relative to their impact on the Global Waiver.

Not sure what this means.

Q: (Sharon Terzian) Please comment on Emergency Room visits and were those medically necessary?

A: They were medically required.

Q: (Deb Garneau) What is the FFS (fee for service) group?

A: Population that didn't show up in a managed care program.

Ms. Martino commented that RItE Resources and Ask Rhody would be on next month's Global Waiver agenda. The Ask Rhody benefit screener was delivered by SAIC to HP. There were some system issues that had to be worked out but it should be available in the middle of next month.

**Ms. Sharon Kernan, Assistant Administrator, Family and Children Services, DHS,** gave the next presentation on Children with Special Health Care Needs and Medicaid.  
(Presentation Attached)

Sharon Kernan introduced three new members of the Katie Beckett and CSHCN team at EOHHS. They are: Julie Meyers, M.D., Michelle Bouchard, R.N., and Carla Russo, Parent Consultant from RIPIN.

Q: (Rebecca Kislak) Is there a normal timeframe for enrollment into HBTS and a cap?

A: There aren't waiting lists like there were in the past, but sometimes there is a wait depending on a child's needs. The list is short. It could take from 1 to

3 months to get a HBTS service, depending on the child's specific needs and provider availability.

Q: (Sharon Terzian) Could you explain how DCYF fits in?

A: The CEDARRs work collaboratively with DCYF.

Ms. Lisa Conlon (PSN) commented that there needs to be greater emphasis on mentoring programs. She also urged the Task Force members to consider implementing the Leadership Roundtable again that helped to develop CEDARR.

Q: (Senator Izzo) How many cases are still waiting to receive HBTS services?

A: 15% of those eligible are waiting for services. Pre- and post- HBTS services are also available with no wait.

Q: (Senator Izzo) When this legislation passed the General Assembly it was supposed to end the waiting for services.

A: The development of PASS has really improved the situation of waiting lists for HBTS since it helped to provide less intensive services, and often was sufficient for most children's needs.

Ms. Dawn Wardyga commented that she participated in creating CEDARR but understands it is not perfect and there are fragmented sections in the system particularly for families who do not qualify for Medicaid. Those working families struggle with their insurance companies in paying for services and sometimes a parent may have to leave a job to spend more hours taking care of their child or to try to qualify for Medicaid. Ms. Wardyga suggested that the Task Force explore creating a sliding scale to help these families qualify to buy into health insurance and related services and supports for their children.

The next meeting of the Global Waiver Implementation Task Force will be held on February 27<sup>th</sup> at 1 p.m. at the Arnold Conference Center, Eleanor Slater Hospital, Cranston, RI.