GLOBAL WAIVER TASK FORCE MEETING
March 26, 2012
MEETING MINUTES

Task Force Members attending: Paul Block, Cathy Ciano, Rebecca Kislak (representing Jane Hayward), Maureen Maigret, Kathy McKeon, Ann Mulready, James Nyberg, Br. Michael Reis, Sharon Terzian, Susan Vandal (representing Dawn Wardyga, Vivian Weisman

Staff and Members of the Public Attending: Lori Quaranta, Steven J. Patriarca, Paula Parker, Michael Varadian, Amy Lapierre, Denise Achin, Holly Garvey, Michael Cancilliere, Deborah Garneau, Janet Iovino, Lisa Conlan, Mary Slinko, Marylouise Gamache, Rele Abiade Ritter, Lyn DelVecchio, Stacy Paterno, Lee Baker, Ann Martino, Anthony Salvo, Senator Tom Izzo

Ann Martino, EOHHS Policy Director, opened the meeting by noting that a possible time change for the Global Waiver Task Force Meeting could be coming in the future. She noted that the Executive Committee on Healthcare Reform meetings will potentially conflict with the current time for the GW meetings.

Ms. Martino also spoke on current initiatives in the Affordable Care Act that the state is waiting to take action on. CMS has not yet issued guidelines for the Community First Choice Option (CFCO). The CFCO is a program that provides long-term care supports to those with income greater than or equal to 125% FPL who wouldn't be eligible for such services. The program is available to people of all ages.

Ms. Martino proceeded to mention state initiatives that require Category II changes to the Global Waiver. She noted the states pursuit of health homes for developmentally disabled and substance abuse populations, nursing home payment methodology, durable medical equipment and the cut to adult dental services. There is currently a resolution in the General Assembly seeking approval for these Category II changes. There is also a request in to shift the states Medicaid program from the Department of Human Services to the Executive Office of Health and Human Services (EOHHS). The process is under way to move the rules to EOHHS and make them more user friendly.

Ms. Martino also noted re-procuring MMIS and Medicaid eligibility with healthcare reform, phasing in human service programs over time.

Q: (Maureen Maigret) Will there be changes in operation and eligibility criteria?
A: (Ms. Martino) The goal is to determine what the front door is and how to make it easier for consumers, changes have not been made in a vacuum, income eligibility will change with the Affordable Care Act.

Senator Tom Izzo, Community Chair, spoke on making the Global Waiver Task Force concurrent and be able to integrate its thinking with the departments. After meeting with the Secretary and department directors, Senator Izzo noted that the implementation task

force was given serious consideration. The GWTF is intended to be the forum for all Medicaid discussions to occur.

Q: (Sharon Terzian) What about the cuts to developmentally disabled adults?
A: (Ms. Martino) There was a process for initiatives and all were vetted. The forum to have this discussion is at the legislature where final decisions will be made.

Q: (Sharon Terzian) Was there an option to get the money back?
A: (Ms. Martino) This was not an option. The department was not in the position to restore funds. The choice is between one cut and another.

Ms. Martino also commented on the possibility of reconstituting the rules workgroup. She noted that EOHHS is still working on moving Medicaid from DHS to EOHHS. There is still work to be done on establishing EOHHS as the rulemaking body for Medicaid and separating rulemaking from the programming of the Medicaid system. The rulemaking process is driven by changes in law and budget initiatives.

Q: (Mark Heffner, Esq.) Why isn't there a parallel process?
A: (Ms. Martino) The rulemaking process is reactive and we are not sure what the mechanism is, currently we do not have the staff to address the issue. Rule making changes are often as a result of changes in law or budget..

Ms. Martino spoke on dual-eligibles and the Medicaid only population as well. There will be a report at the next meeting regarding this matter. Also the state is seeking flexibility from CMS for this population. There will also be an update on the change in nursing home payments at the next meeting.

Amy Lapierre, Chief of Family Health Systems EOHHS Center for Child and Family Health, spoke on the proposed $2 co-pay for transportation to adult day care. The current transportation program provides services to three populations 1) Medicaid 2) CNOM 3) All others. The transportation program will transport individuals to doctor's appointments, cancer treatments, meal sites as well as services for the blind and adult day care. The service is funded through a combination of gas tax money, general revenue and Title XX funds. The previous administrator of the program, the Department of Elderly Affairs, had instituted a $2 co-pay for all services except adult day care. The service has continued to grow over time making funding difficult because of the fixed pot of money available. The proposed $2 co-pay to adult day care is for the all others population only, bringing adult day care in line with other trips that already have the co-pay in place.

Q: (Maureen Maigret) Has there been growth in other categories? What has grown?
A: (Amy Lapierre) All parts have grown, particular growth in adult care use by the all other population. In FY 2010 there were 38,000, FY 2011 46,000 and in FY 2012 we are projecting 54,000 total trips. These numbers only represent the trips to adult day care for the all other population previously mentioned.

Ms. Lapierre also noted that that CNOM population do not and will not pay the $2 co-pay. It is preferred that users of the transportation reserve the service at least one week in advance, preferably two.

Q: (Kathleen McKeon) A $2 co-pay for meal site transportation is already in effect, these are people we are trying to keep off of Medicaid, has there been an analysis of the long term effect on programs?
A: (Amy Lapierre) We have been monitoring trips. Then Governor's supplemental budget provided additional funds that we cannot expect in the future. We are also looking at the number of unique users, there has been an increase in the number of people and the number of repeat users. RIPTA has agreed to maintain the current rate which cannot be guaranteed for next year. There are no good options left, this was an equity issue.

Ms. Martino closed the meeting by inviting interested task force members to e-mail Anthony Salvo at asalvo@dhs.ri.gov if they wish to be included in a group that will be looking at the clinical review process introduced at the February meeting.

The next meeting of the Global Waiver Implementation Task Force is scheduled for April 23, 2012 at 1 p.m. at the Arnold Conference Center, Eleanor Slater Hospital, Cranston, R.I.