

**GLOBAL WAIVER TASK FORCE MEETING**  
**May 21, 2012**  
**MEETING MINUTES**

**Task Force Members Attending:** Paul Block, Rebecca Kislak, Mark Heffner, Kathleen Kelly, Joan Kiatkowski, Ann Mulready, James Nyberg, Br. Michael Reis, James Ryczek, Sharon Terzian, Dawn Wardyga, Vivian Weisman

**Staff Members and Public Attending:** Tom Marcello, Kathleen Heren, John Dooley, Marie Stoeckel, Bill Flynn, Jennifer Reid, Jenn Bergeron, Steven J. Patriarca, Lori Quaranti, Holly Garvey, Sharon Kernan, Rele Abiade Ritter, Lynn DeVecchio, Janet Iovino, Michael Cancilliere, Deborah Garneau, Beth Marootian, Michele Heim, Roberta Merkle, Susan Vandal, Stacy Paterno, Mary Slinko, Ann Martino, Senator Tom Izzo, Anthony Salvo

**Senator Tom Izzo, Community Chair**, by noting that the Policy and Programming group will be looking at integrating work with the Task Force in moving forward with the global waiver.

**Ann Martino, EOHHS Policy Director**, noted that the department is pursuing a new program integrity unit and is listening to proposals from vendors. She also spoke on the final rules issued from CMS for the Community First Choice Option (CFCO). The new rules do not provide as much flexibility as the state had hoped. EOHHS is looking at the available enhanced match and has yet to make any decisions. Ms. Martino also told the Task Force that on May 3, 2012 CMS issued a proposed rule for the Community First Choice Setting. The proposed rule defines a legitimate home and community-based setting. The goal is to provide person-centered service in a location selected by the individual. The proposed rule is still in the comment period. The state is in the process of looking at the rules and determining what changes can and have to be made if the state pursues the CFCO.

Q – James Nyberg: Is there a timeframe for the Community First Choice option?

A – Ann Martino: It is currently unclear when the final rule will take effect. There is a dispute over what qualifies as a HCBS setting. The final rule is anticipated to be out by July 2, 2012. We are looking at populations and services eligible for the enhanced match.

**Sharon Kernan, Assistant Administrator, Family and Children Services Center for Child and Family Health, EOHHS**, gave a review to the Task Force on the status of the ad hoc group that will be looking at clinical reviews for children. Ms. Kernan noted that the first step in the process is to create a screening tool. This tool will allow the state to determine if families are getting the most appropriate services. The focus of the clinical reviews will be an increased level of service of families in need. The brief screening tool will also give the state a full understanding of utilization patterns. A new database system will also be created that will allow for the tracking of services and

screenings. The ad hoc review group will be meeting in the coming weeks to go over a draft screening tool.

Q – Dawn Wardyga: Is the initial screening based on utilization?

A – Sharon Kernan: The screening is given to all families as they reach out to us as well as those we contact via outreach efforts.

Q – Michael Cancilliere: Families are already subject to different reviews...

A – Sharon Kernan: CEDARR's will be helping with the screening tool and will work to ensure the tool is not elaborate or burdensome. Simple questions will be asked and if there is a serious concern then a nurse will follow up with the family.

**Elena Nicolella, Medicaid Director**, provided an update on Nursing Home Payment Methodology. Ms. Nicolella described the current payment system where the state pays a nursing facility a specific rate based on costs. This rate is not specific to the individual and is not based on the needs of each nursing facility resident. The goal of this new payment methodology is to focus on the acuity of residents. Ms. Nicolella also noted that each nursing facility would receive a separate acuity- adjusted rate for each individual. There will also be a separate component for direct and indirect care. Nursing rates will be adjusted for acuity, if needs are less then nursing facility will be reimbursed less. There will also be an adjustment in direct labor to account for acuity. This new payment methodology will be phased in over a 4 year period. This will allow homes to adjust to the new payment system.

Q – Beth Marootian: How are acuity and quality measured?

A – Elena Nicolella: Acuity is based on nursing home reports. This is done with a uniform reforming reporting method and is external to the state. MDS reports determine acuity. Currently there is no clear way to measure quality. We will be working with nursing homes on this measure and any supplemental payments related to quality will rely on staffing.

Q – Marie: Could the state look at culture change?

A – Elena Nicolella: Yes, we will be looking to include culture change as a quality assessment and support culture change when we can.

Q – Jean: Will there be additional payment for behavior health needs?

A – Elena Nicolella: This is tricky because Medicare has not done a lot of work on this area and it is difficult for states to go out on their own.

**Holly Garvey, Medical Services Manager, Xerox State Health Care, LLC/EOHHS**, gave an update on integrated care for adults with disabilities and the dually eligible. There have been 2 public meetings on the issue and the comment phase will close on May 25, 2012. The proposal will be submitted to CMS by May 31, 2012 in order to preserve the integrated opportunity for January 1, 2014. CMS will post the draft proposal and will hold a 30 day public comment period.

Ms. Martino closed the meeting and notified the Task Force that the next Global Waiver Task Force meeting will be on June 25, 2012 at the Arnold Conference Center, Eleanor Slater Hospital, Cranston, R.I.