

**GLOBAL WAIVER IMPLEMENTATION TASKFORCE MEETING**  
**November 23, 2009**  
**Minutes**

**Task Force Members Attending:** Paul Block, Sharon Brinkworth, Virginia Burke, Elizabeth Burke Bryant, Robert Coli, Jacqueline Dowdy, Elizabeth Earls, Elaina Goldstein, June Groden, James Hardy, Linda Katz, Kathleen Kelly, Rebecca Kislak (representing Jane Hayward), Mark Heffner, Bernadette Hicks, Joan Kwiatkowski, Maureen Maigret, Joanne Malise, Donna Martin, Everett Maxwell, Kathy McKeon, Anne Mulready, James Nyberg, Brother Michael Reis, Judy Sullivan, Craig Syata, Sharon Terzian, Dawn Wardyga

**Staff and Members of the Public Attending:** Deborah Garneau, Adriana Thomas, Holly Garvey, Valerie Rushton, Donna Desmaras, Gerry Bedrick, James Yardy, Randi Braunstein, Janet Iovino, Paula Parker, Sharon Kernan, Amy Lapierre, Frank Gems, Janet Spinelli, David Bell, Bonnie Hilton, Lori Quarantu, Heather Daglier, Kathleen Samways, Rebecca Kislak, Alison Croke, Ron Tremper, Claire Rosenbaum, Teresa Mota, Lynn DelVecchio, Deborah Correia Morales, Laura Oliven, Cynthia Volante, Rick Jacobson, Joan Milas, Jennifer Wood, Colleen McCarthy, Sean Connell, Lynda Giarrusso, Kathleen Schlenz, Roberta Merkle, Beth Marootian, Liz Wiedenhofter, Patrice Cooper, Denise Achin, Jim Ryzcek, Michelle Brohpy, Ralph Racca, Ken Renand, Sue Vandal

**Ann Martino** opened meeting by welcoming Task Force Members and other participants. She then announced that a recent ad appeared in the Sunday Providence Journal for the hiring of an evaluation coordinator under the Choices grant. The ad also appeared in Yahoo and Monster.com. Ann then discussed the recent contact made with members of the RI congressional delegation on health care reform. Briefing material was also given to the delegation relative to the affects this reform will have on the state of RI. She will post that information on ONTRAK which will explain how changes in the Medicaid program if passed will affect newly eligible versus eligible which is a key issue in both the House and Senate bills. Ann will also send workgroup chairs communication materials, which is required under the grant.

Ann then discussed the budget that continues to worsen. EOHHS will be working on proposals to address this problem in the coming year.

**Elena Nicolella** presented an update on procurement initiatives received with bids on shared living. The deadline for proposals in response to the RFP for selective contracting for DME has been extended to December 3, 2009 and can be found on the Purchasing website. Relative to Primary and Acute Care, Elena is working with the POINT to serve those with developmental disabilities since there have been so many changes in reimbursement. The DHS, DEA and MHRH are working together to address the loss of Medicare Advantage Special Needs Plans (SNPs). Blue CHiP for Medicare(Optima) and United Evercare that enroll individuals who are

dual eligible. Through this process, there is constant communication with individuals who may be negatively affected.

The LTC transition report will be posted on ONTRAK. In the October report, there were successful transitions in the capacity of assisted living. Two individuals were unable to be transitioned because of co-share regulations but staff is working on ways to address the problem without hitting eligibility rules.

DHS is working internally to put together a fact sheet regarding home modifications that will be posted in December. DHS will also be working with the Office of Rehabilitative Services on policies that are consistent.

**Question:**

Q: Relative to SNPs, how many are enrolled that we may be losing?

A: About 3,000 in Blue Cross and about 800 in Evercare.

Q: Is RI specifically losing these programs?

A: Medicare reimbursement is the problem.

Q: What are the resources for people who are losing these programs?

A: DEA, through the POINT is helping provide options and are identifying Medicare Advantage plans that would work the best for these individuals. DEA and the POINT are working with Dual Eligibles and there has also been lots of activity in subsidized housing. Blue Cross and United are also working with these individuals since if you are dual eligible you should not be charged cost sharing amounts. That list of individuals are sent to EOHHS.

Q: How are you measuring success for the last 5 months?

A: That is measured in 3 ways.

- The number that have transitioned from nursing homes and into the community (67 to date)
- Transition under the Connect Care Choice Program
- New levels of care – Looking at high level of care and the percentage that would have gone into nursing homes

There is an increasing trend out of nursing homes

Ann Martino discussed focusing on alternatives to institutional care and now being able to explore many other options under the waiver. The Global Waiver allows the opportunity at looking at different ways to pay providers, what we pay and how. It also broadens cultural changes that will change what care and community look like.

Q: Do you have any data on monthly decreases in nursing home cost?

A: We will be able to answer that in about 2 months.

Q: How do you measure diversion and where is the new money going?

A: Connect Care Choice (Acute/Primary Care) identifies those with high medical needs and when they are able to be maintained in the community they are diverting. Regarding highest level of care, we are not taking 100% but instead are taking 30% of those individuals who would have chosen nursing homes over community based services. Finally the money is going mainly to adult day, assisted living home health services, transition costs and home modifications. There is the hope of spending a little more to assist individuals so they can get back into community.

Q: Will one provider win the DME bid?

A: No – we don't anticipate one contract for the DME award. The winning provider must be Medicare certified..

**Ann Martino discussed Resource mapping.** Unfortunately the response was low but there is adequate capacity in the community. Assisted Living presents some capacity issues because the rate is too low and some providers are not taking Medicaid. Relative to the request for enrollment numbers, Rite Care has increased enrollment and that information will be presented in the December or January meeting.

Ann addressed the review process regarding the Workgroup recommendations. Moving forward senior staff will review the feasibility of those recommendations. Their review will be sent to the Secretary and the Department Directors who will make the decision on what proposals will be moving forward in the coming year. That information will be available on ONTRAK.

### **Workgroup Chairs Report:**

**Dual Eligible Workgroup:** Joan Kwiatkowski said that the workgroup had researched and discussed dual eligible initiatives in other states. There are five core principles to their recommendations:

1. Maximize Medicare Dollars
2. No Delays – no wait lists
3. Care coordination
4. Education
5. Prevent Dual Status

(Recommendations available on the website)

**Medicaid Benefit Redesign/LTC:** Maureen Maigret mentioned how their workgroup had been split into two committees – Developmental Disabilities and Adults and Elders with Disabilities. The Adult and Elderly committee looked at common issues which included the access process and the financial eligibility process.

#### Access

- Emphasize preventive services
- Keep DEA co-pay program
- Focus on family supports- fund respite
- Greater coordination with acute care system
- Provide care management

- Better coordination with behavioral health
- Financial
- Better transparency
  - Incent people to choose home and community-based services
  - Standardize monthly deductions
  - Phase in the disregard
  - Increase asset disregard to \$10,000
  - Examine spousal rules especially related to room and board
- Public Campaign
- Promote Medical Home Model

(Recommendations available on the website).

Claire Rosenbaum reported for the Developmental Disabilities committee. Members of that committee feel there are residential and community supports which are working fairly well such as shared living. Recommendations include:

- Medicare maximization and access to third party coverage
- Refine entry process for youth in transition
- Peer navigators
- Improved data collection and reporting
- Cost-effective transportation

. (Recommendations available on the website)

**Housing Workgroup:** Jim Nyberg stated that his group had discussed many programs that help clients transition out of hospital/nursing home care and safely back into the community. The identified issues of concern include lack of subsidies in the elderly population and the need to be given priority status. Reimbursement for assisted living is also an issue and suggested that there should be a comprehensive approach to rates and regulations. A comprehensive communication approach should be implemented for housing resources. (Recommendations available of the website)

**Long-term Care Insurance Partnership:** Mark Hefner reported that his diverse group reviewed a 2007 GAO report regarding the cost to the state should it decide to offer long term insurance. He also feels there is a need for more guidance from the state regarding what direction should be taken. Tax incentives are less attractive among those individuals receiving Medicaid services. If the state did offer long term insurance, perhaps that would be good for consumers but unfortunately not for the state.

**Children and Youth with Special Health Care Needs Workgroup:** Dawn Wardyga reported that her workgroup can no longer focus on just Katie Beckett but instead decided that they must focus on the entire system. The group has been working on specific recommendations that focus on priority areas such as cost sharing, better integration options and the need to provide more education to families. On the top of their list is maximizing commercial dollars particularly around accountability and the need to have communication with health providers who need to listen to family needs. She discussed

further the importance of the PATH program and CEDARR and concerns regarding the funding under DCYF's FCCP. The group is recommending increasing the commercial assessment under the Children's Health Account to \$6000 per year. The group would also like to see increase participation in PASS, as well as a Medicaid buy-in for kids who are over-income for SSI, but may meet the federal definition of disabled (but do not meet Katie Beckett Level of Care guidelines). She also expressed hope that the Children's Leadership Roundtable will not be abandoned because of its advisory capacity, which has provided timely access and support.

**Acute Care Benefit Redesign:** Rebecca Kislak reported on behalf of Jane Hayward. The group does not have recommendations yet, but is meeting to discuss ED utilization and care coordination.

**Employment Workgroup:** Elaina Goldstein stated that her workgroup has not yet received a response to their recommendation submitted last month. She expressed that the Sherlock plan needs to be developed along with the issue of co-shares. On December 9, 2009, the workgroup will meet again to discuss an action plan and will also discuss additional summits.

Ann Martino stated that she is looking at existing contracts in a bundle and how they could possibly be integrated. Relative to the appointment of the Community Co-Chair, Ann commented that filling this position has been difficult because there are conflict of interest concerns among possible candidates. In addressing the continuing process on Workgroup recommendations, Ann urged the workgroup chairs to have their reports completed by the end of November. Staff will be reviewing the recommendations received and those will be divided into short term and long-term goals.

Q: Can the group receive information on the denominator in the Alliance report. Additional, nursing home diversions should be measured for RHP members and terms should be standardized.

A: Agreed there should be an effort to standardize terms across delivery systems, and information about the denominator could be shared. Ellen Mauro will give a report on the Patient Centered Medical Home including Connect Care Choice and the Duals

The meeting was adjourned at 3:05 p.m.

The next meeting of the Global Waiver Implementation Task Force will be Monday, December 21, 2009, at 1 p.m., at the Arnold Conference Center.