

GLOBAL WAIVER TASK FORCE MEETING
February 27, 2012
MEETING MINUTES

Task Force Members Attending: Paul Block, Jacqueline L. Downy, Rebecca Kistak (representing Jane Hayward), Kathleen Kelly, Maureen Maigret, Joanne Malise, Kathy McKeon, Ann Mulready, James Nyberg, Br. Michael Reis, Michelle Brophy (representing James Ryczek), Sharon Terzian, Linnea Tuttle, Dawn Wardayga, Vivian Weisman

Staff and Members of the Public Attending: Lori Quarantu, Kathleen Heren, Lisa Conlan, Hilary Hoban, Michael Cancilliere, Christina Amedeo, Holly Garvey, Alison Croke, Denise Achin, JoAnn Benson, Deborah Garneau, Paul Larrat, Lynn Delvecchio, Michael Varadian, Roberta Merkle, Mary Slinko, Stacy Paterno, Anthony Salvo, Kathleen Dennard, Ann Martino, Elena Nicollela, Senator Thomas Izzo

Senator Thomas Izzo, Community Chair, opened the meeting by stating that he has met with the directors of EOHHS agencies and discussed the role of the task force. Senator Izzo indicated that the directors seek to be better engaged in the future. Also Senator Izzo noted there is an effort underway to take an inventory of all initiatives that fall under the global waiver. The Senator acknowledged that that budget process is fully underway and told the task force to expect more activity related to the budget to arise in the coming months.

John Young, EOHHS Deputy Secretary, presented an EOHHS FY2013 budget summary. Mr. Young indicated that the budget process is a long process that begins in the summer and continues on a long path before finally reaching the end. He also stated that the current budget is in the hands of the General Assembly and any advocacy should be presented in that forum at committee hearings. The process this year has been slightly different because EOHHS has already begun to implement many initiatives. These efforts allow the departments to move forward once the General Assembly gives approval. EOHHS has a series of proposals in this year's budget to improve the sustainability of programs. In regards to the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Mr. Young stated that BHDDH will look to expand efforts to identify third party responsibility for BHDDH consumers who have another form of coverage. This effort is in place to ensure that the state is the payer of last resort. Currently it is easier for providers to pursue state payments rather than an alternative payment. Mr. Young also explained an expansion of Medicaid HEALTH Homes to now include people with developmental disabilities who have medically complex needs. Additional federal funds (90%) reflect an increase in state savings. The department also looks to rationalize and streamline systems in order to sustain these savings over time.

Mr. Young explained that EOHHS looks to expand participation in the Connect Care Choice primary care case management for consumers now enrolled in Connect CARRE

in order to improve the management of their care. EOHHS will also establish additional and more frequent clinical reviews of consumers of Medicaid funded home and community-based services as well as children in the Katie Beckett program. This effort seeks to ensure that services being rendered to these populations are necessary and appropriate. Mr. Young noted that needs change over time and this will make it easier to match consumers to the right services. This is a clinical intervention and does not create a cap on services.

Q: (Sharon Terzian) Why is this limited to kids in Katie Beckett and not kids with disabilities who qualify for Medicaid through Rite Care of SSI?

A: (John Young) The idea is to focus on children who are not enrolled in managed care and focus on support needs that are out of plan.

Q: (Sharon Terzian) CEDARR looks at kids every six month anyway, why is this necessary?

A: (John Young) CEDARR may not be looking at kids who have those services, if staffing and budget constraints were not a problem we would look at cases every month.

Q: (Senator Izzo) In regards to clinical reviews, is it believed that by increasing the number of reviews the services needed will go down? Is the premise based on a reduction of services?

A: (John Young) History shows that usually the case is fewer services are required, sometimes services are over-authorized.

EOHHS is looking to strengthen state laws that authorize the Medicaid agency to pursue estate recoveries and to intercept liability payments from insurers. This will allow for the electronic tracking of insurance access. Mr. Young stated that EOHHS will also create an Audit and Program Oversight Unit. He noted that the agency handles \$3 billion in spending and this unit will focus on improper payments and electronic intercepts. Another budget initiative that Mr. Young noted was the expansion of the Medicaid data warehouse. This will allow the agency to study data across agencies and effectively evaluate programs.

Mr. Young also spoke of requiring managed care plans to encourage consumers who rely on hospital settings for their primary care to choose less expensive primary care providers. The goal is to encourage consumers to the site where they can get the highest continuity of care. EOHHS also looks to preserve emergency and palliative oral health coverage for adults in Medicaid while eliminating the most basic dental service. This service is an optional Medicaid service. EOHHS seeks to implement claims processing logic that prevents Medicaid from paying more than the maximum allowable charge for inpatient hospital payments and instead pay the less of that charge or the fee established in Medicaid. This will ensure that Medicaid is not overpaying for particular services. Mr.

Young reported there will be a reduction in rates paid for durable medical equipment from 95% to 85%.

The Department of Health (DOH) will revise license and regulation fees to offset costs and assure that fees are more equitable and consistent with those paid to neighboring states. In the past there was no rationale as to how fees were established. This revision will also place all non-institutional fees in one place. Some fees will be increased and others will be decreased. Fees will be established in statute as well as departmental regulation. DOH is eliminating its forensic biology/CODIS program as well as analysis/evidence control. Mr. Young noted that these efforts are under funded and the General Assembly will ultimately decide on them.

Anthony Salvo, Policy Intern, EOHHS, gave a brief update on the RItE Resources project. Currently the site is in the process of acquiring user ID form which will then be processed and added to the site. Providers and agencies who wish to join the site must fill out a user ID complete with a DOH license number. Once HP receives the form they will then notify the provider of their password and the provider will be able to access RItE Resources. Users will then answer basic questions about their agencies. HP will publicly launch the site once they receive enough users to make the site operational. RItE Resources is available to any provider, regardless of affiliation with Medicaid. As a disclaimer the RItE Resources website is not intended to be used for agencies providing pediatric services.

Q: (Kathleen McKeon) Is this only available for Medicaid providers?

A: (Anthony Salvo) No, this site is available to any provider who has a DOH license number. However, the site is designed to be used for adults with disabilities and the elderly. RItE Resources does not include any services for children.

The next meeting of the Global Waiver Implementation Task Force will take place on March 26, 2012 at 1 p.m. at the Arnold Conference Center, Eleanor Slater Hospital, Cranston, R.I.