

**GLOBAL WAIVER TASK FORCE MEETING**  
**September 24, 2012**  
**MEETING MINUTES**

**Task Force Members Attending:** Paul Block, Sharon Brinkworth, Virginia Burke, Elizabeth Burke Bryant, Rebecca Kislak, Maureen Maigret, Kathy McKeon, Ann Mulreadyy, James Nyberg, Br. Michael Reis, Michelle Brophy, Sharon Terzian, Dawn Wardyga, Vivian Weisman

**Staff Members and Public Attending:** Janice Duncan, Amy Zimmerman, Roberta Merkel, Michael S. Varadian, Stacy Paterno, Susan Jacobsen, Laura Jones, Jennifer Hanley, Michele Heim, Sharon Kiernan, Rebecca Martish, Deborah Buffi, Allison Croke, Marlouise Gamache, Ellen Mauro, Jennifer Reid, Holly Garvey, Alda Rego, Melinda Thomas, Amanda Clarke, John Dooley, Michael Cancilliere, Thomas Izzo, Elena Nicolella, Anthony Salvo

**Senator Tom Izzo, Community Chair**, opened the meeting by acknowledging that a decision will have to be made soon in regards to the continuation of the global waiver. Senator Izzo noted that input from the task force will be a main focus in the coming months.

**Elena Nicolella, Medicaid Director**, informed the task force that EOHHS has recently applied for a CMS innovation and planning grant. The state opted to apply for a design plan grant worth between \$1-3 million. There will be a six month time period for the grant that includes a payment and delivery workgroup. The focus of the design must impact Medicare and Medicaid. Ms. Nicolella also noted that there will be collaboration between EOHHS, providers and consumers. Ms. Nicolella said we should be hearing in about one month the status of the grant application from CMS.

**Deborah Buffi, DHS Associate Director**, gave an update to the task force regarding payments to individuals residing in assisted living facilities that are not Medicaid facilities. She noted the law passed this past session by the General Assembly that grants a \$206 monthly payment for SSI recipients who reside in assisted living facilities that do not accept Medicaid. An emergency rule is in the process of being put together and will become effective immediately. The law only allocated a limited amount of money.

Q – Senator Izzo – The money has been approved for one year, have there been any conversations of how to address this issue moving forward? What if the money runs out early in the year?

A – Deb Buffi – I will take that to Director Powell. This can be put as a future agenda item to notify the task force.

**Amy Zimmerman, EOHHS**, gave an update on Currentcare and the statewide health insurance exchange. She explained how Medicaid is helping to fund Currentcare as well as the health insurance exchange. Currentcare is a system and set of services that will

result in better coordination of care, safety and cost savings. As of this month there are roughly 250,000 people enrolled in Currentcare. Estimates also show that roughly 50,000 of those individuals are on Medicaid. Health information is now available to eight hospitals and one lab in the state. Ms. Zimmerman also noted that insurance companies are being asked to voluntarily contribute funds to sustain Currentcare. A request has also been sent to CMS in an effort to federal matching funds through Medicaid. Anyone can sign up for Currentcare from their website at [www.currentcareri.org](http://www.currentcareri.org).

Q – What is the expected federal match rate?

A – Elena Nicolella - We expect the match rate to be 90% federal and 10% state.

**Alison Croke and Holly Garvey, EOHHS**, gave an update on the Integrated Care Initiative. The initiative had a series of stakeholder meetings over the summer that focuses on services, supports, outreach and oversight. State staff is currently putting together procurement documents and will soon be working on entering a memorandum of understanding with CMS. There will also be a strong commitment to working with DHS, DEA and BHDDH to coordinate services.

**Ellen Mauro and Jennifer Bergeron, EOHHS**, gave an update on the money follows the person and nursing home transition program. Ms. Mauro explained that most folks who do go home do so with core DHS services. Ms. Bergeron also spoke on efforts to streamline services that benefit all who transition. There has also been work done to implement a critical incident reporting system that formalizes data collection. The department has also produced marketing materials in an effort to further outreach to eligible individuals.

**Sharon Kiernan, Medicaid**, spoke to the task force on a children's health initiative. Ms. Kiernan explained to the task force the initiative is to see if services are meeting the needs of children. Work is being done to fully implement a screening tool. Families that have children who use two or more CEDARR services or over \$30,000 in services will be screened. A pilot program showed that families were generally satisfied but were not happy about staff turnover. The PASS program also received high praises.

**Catherine Taylor, Director, Division of Elderly Affairs**, gave a brief presentation to the task force on a \$200,000 ADRC grant that DEA has received from the federal government. The Part B grant will allow the state to continue current efforts and use one year to think of ways to expand ADRC. The goal is to make the ADRC more of a consumer/customer entity. There are also efforts to expand the scope of the ADRC to possibly include veterans and children with special health care needs.

Senator Izzo closed the meeting and urged the task force to notify Anthony Salvo if they wish to have certain items on the agenda (Anthony Salvo, [asalvo@dhs.ri.gov](mailto:asalvo@dhs.ri.gov)). The next Global Waiver Task Force meeting will be on October 22, 2012 at the Department of Labor and Training Building 73 (Room 73-1) Cranston, RI.