

How to Take Action on the Global Medicaid Waiver

September 1, 2008

Background

The state of Rhode Island has applied for a Global Medicaid Waiver from the Centers for Medicare & Medicaid Services (CMS). (See www.eohhs.ri.gov for the 91-page waiver application, which was submitted on August 8, 2008.) The changes to the Medicaid program that the state wants to make are described below.

CMS is the federal agency that oversees Medicaid services and regulations in every state. CMS must approve most changes that states make to their Medicaid program. CMS will now decide whether to approve the changes, negotiate with the state to come up with different terms or reject the whole proposal. It is not known when the decision about the waiver application will be made. Assuming that the proposed waiver, or a revised waiver is approved by CMS, then the General Assembly has 30 days to tell the Governor not to go forward with the waiver.

What is the state asking for in the waiver?

Major Funding Changes

- The Global Medicaid Waiver would move almost all of the state's Medicaid funding into a single program, which would operate with a fixed amount of money from the federal government for 3-5 years.
- This proposal to "block grant" Medicaid is something that no other state has requested. It undermines the basic Medicaid funding partnership between the state and the federal government. Currently, the federal government matches (or more than matches) whatever the state spends on Medicaid services for low-income children, pregnant women, children and adults with disabilities, and seniors. Currently, the federal government pays about 52% of the costs of the Medicaid program in Rhode Island.
- Under the proposed waiver, the state has estimated what it thinks it will spend on Medicaid services over the next 5 years and is asking the federal government to pay a fixed amount of money for each of the five years. The state would to pay a fixed amount as well, based on the state budget. If the state needs more money than it estimated in the waiver application (because there are more people needing Medicaid services or health care costs go up), the state will have to pay the extra costs itself, rather than sharing the costs with the federal government.
- Given the projected budget deficits facing the state, it is unlikely that the state will be able to add more state funds for Medicaid programs and would instead need to cut eligibility, reduce the scope of services, increase the required contributions by beneficiaries, or take other action.

Possible Limits on Coverage to Certain Populations and on Benefits

- In its waiver application, the state commits to providing “mandatory Medicaid health services for “mandatory populations.” Federal Medicaid law describes the populations and services which states must cover to participate in the Medicaid program – these are the mandatory services and populations. However, the law also describes “optional” populations and services which state can cover which all states choose to do to varying degrees. Mandatory populations include low-income pregnant women, children with income below 100% of the poverty level, individuals receiving SSI, and low-income Medicare beneficiaries. The following populations are considered “optional” for Medicaid coverage: children based on age or income level, children with severe disabilities who receive Medicaid through the Katie Beckett provision, youth who have aged out of foster care, women eligible for the breast and cervical cancer program, adults with disabilities and low-income seniors.
- Some examples of “optional services” covered by Medicaid include prescription drugs, dental care, transportation services and many home and community based services, such as day treatment for individuals with developmental disabilities.
- The “trade off” with CMS in fixing the federal government’s contribution to the RI Medicaid program, is that the state would have the flexibility to limit the Medicaid program in Rhode Island to the mandatory populations and mandatory services. The state could also start waiting lists for services and populations, which are currently not allowed.

Limited Access to Long-Term Care

- The waiver also proposes to establish three categories of eligibility for long-term care services for seniors, adults with disabilities and children with special health care needs. The eligibility criteria for the three categories for each of the populations are not defined in the waiver. However, the waiver does provide that only those found to meet the “highest” level of need will have an entitlement to long-term care services whether provided in the community or in a facility. Those in the “high level” and preventive level of need would not have an entitlement to services and could be put on a waiting list or be eligible only for reduced services if money got tight.

Increased Costs for People Receiving Medicaid

- The state would have the right to increase the cost of health insurance and benefits to all people who receive Medicaid through increased co-payments (such as requiring co-pays for each brand name prescription) and new or increased monthly premiums.

What You Can Do

Communicate with Federal Partners

The waiver is currently being negotiated between CMS and the Governor's office. Submit comments about the waiver to CMS and copy our congressional delegation in order to keep them informed.

1. Herb Kuhn
Director, Center for Medicaid and State Operations
Centers for Medicare and Medicaid Services
United States Department of Health and Human Services
Herb.Kuhn@cms.hhs.gov.
2. When you email Mr. Kuhn, also copy the following congressional delegation staff members on it:
Topher_Spiro@reed.senate.gov (Senator Reed's office)
Jordanna_Levinson@whitehouse.senate.gov (Senator Whitehouse's office)
Todd.Adams@mail.house.gov (Congressman Kennedy's office)
Mike.Harney@mail.house.gov (Congressman Langevin's office)

Communicate with the General Assembly

Unless CMS rejects the entire waiver, the agreed-upon document will be reviewed by the General Assembly which can say "no" to the proposal. It is important to let your state senators and representatives know that you are watching this process, that you think the waiver will not be a good deal for Rhode Islanders and that you expect them to "say no" when they have the opportunity to review the final agreement.

1. Contact your legislator via phone, U.S. mail, or email to share your views. If you call the office and the legislator is not available, you can leave a message with their staff. *Handwritten/typed letters and phone calls are the best ways to reach state legislators.*
2. Information on Representatives and Senators is available at www.rilin.state.ri.us or <http://www.sec.state.ri.us/elections/findyourofficials/index.html> (you can also use this link to find out who your legislators are). If you prefer, you can call the Secretary of State's office at 401-222-2357 for help.
3. Because the House and Senate Finance committees have reviewed the waiver proposal and will be the first to scrutinize the waiver after CMS makes a decision, contacting the members of the House and Senate Finance Committees is particularly important.

House Finance Committee Members: Representatives Steven Costantino (Chairman), Joseph Almeida, Kenneth Carter, Raymond Church, Elizabeth Dennigan, J. Russell Jackson, Peter Lewiss, Victor Moffitt, Carol Mumford, Eileen Naughton, Henry Rose, William San Bento, John Savage, John Shanley Jr., and Thomas Slater

Senate Finance Committee Members: Senators Stephen Alves (Chairman), Frank Ciccone, Walter Felag, Hanna Gallo, June Gibbs, Maryellen Goodwin, Beatrice Lanzi, Paul Moura, Juan Pichardo, and Dominick Ruggerio

4. You also can contact the Speaker of the House (Rep. William Murphy), House Majority Leader (Rep. Gordon Fox), the Senate President (Sen. Joseph Montalbano) and the Senate Majority Leader (Sen. Teresa Paiva Weed) even if they aren't your legislator, as they are leaders of the General Assembly.

Tips on What You Might Say or Write

“My name is (insert your name). I live at (insert address) and am a constituent. I do not think that having a Global Medicaid waiver is a good idea for Rhode Island. This waiver could put important health services at risk for children, parents, adults with disabilities and seniors and could put benefits like prescriptions medication and out of the reach of many Rhode Island residents.”

- Give a brief description of your experience and/or connection to Medicaid. Why is it important to you and your family? Make sure you make the link to the fact that this waiver will put important health care for you, your child or members of your family at risk.

(Examples: “I am a parent who works full-time but does not have access to health insurance through my employer. RIte Care helps me to ensure that my kids are healthy and ready to start school.” “I am a senior citizen who receives home-based services and without Medicaid I wouldn’t be able to stay in my home.”)

- Make it personal. Please do not merely copy and paste the points on this sheet or read them directly because legislators start to tune out form letters and scripts after getting a few of them. Use them as starting points and make the message your own. They value hearing from you in your own words.
- Be respectful and positive in your communications. Legislators want to hear from their constituents so that they know what voters care about. Let them know that the Medicaid program is important for children, parents, people with disabilities and seniors. Tell them that you care about these issues and what you want them to do about the Global Medicaid Waiver.
- Be sure to mention that you are their constituent – note your address in an e-mail or letter and mention it during any phone call. If you send an e-mail, consider including “Constituent Request about the Global Medicaid Waiver” in the subject heading so that it stands out from the hundreds of e-mails they receive.