

# How to Take Action on the Global Medicaid Waiver

## September 15, 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](http://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.

#### 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.

## 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 “*mandatory populations*.” However, the law also describes “*optional services*” and “*optional populations*,” both of which states can choose to cover 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 populations” 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” in the Medicaid program include prescription drugs, dental care, transportation services and many home and community based services, such as day treatment for individuals with developmental disabilities.

### Maximum Annual Income Eligibility Levels for “Mandatory” and “Optional” Beneficiaries in Rhode Island\*

	<b>Mandatory</b>	<b>Optional</b>
Children under age 6	At or below \$23,408 annual income per year	Between \$23,408-\$44,000 annual income per year
Children ages 6-19	Below \$17,600 annual income per year	Between \$17,600-\$44,000 annual income per year
Parents	Below \$6,648 annual income per year	Between \$6,648-\$30,800 annual income per year
Seniors and people with disabilities	Below \$7,696 annual income per year	Between \$7,696 and \$10,400 annual income per year

\*Amounts based on poverty guidelines for a family of 2 for children and parents and for a single individual for seniors and people with disabilities.

(NOTE: Table adapted from Solomon, J. (2008). *Rhode Island’s Medicaid proposal would put beneficiaries at risk and undermine the federal-state partnership: Could set dangerous precedent for other states*. Washington, DC: Center on Budget and Policy Priorities. The full paper is available at [www.cbpp.org](http://www.cbpp.org).)

## 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.

# What You Can Do About the Global Waiver

## 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, DHS must present the final version of the fully-negotiated, agreed-upon document to the General Assembly, which can say "no" to the agreement. 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](http://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 because... (Example: this waiver could put important health services at risk for children, parents, adults with disabilities and seniors and could put benefits like prescriptions medication 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.

More information about the Global Waiver is available at:

Rhode Island KIDS COUNT

The Poverty Institute at Rhode Island College

Rhode Island Executive Office of Health and Human Services

[www.rikidscount.org](http://www.rikidscount.org)

[www.povertyinstitute.org](http://www.povertyinstitute.org)

[www.eohhs.ri.gov](http://www.eohhs.ri.gov)