

1115 Research and Demonstration Waiver Extension
Request
Written Public Comment
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Comments on the Rhode Island 1115 Extension Request (Project No. 11-W00242-1)

William Flynn, MSW
Executive Director

The current 1115 Waiver referred to as the Global Consumer Choice Compact Demonstration or Global Waiver has a federal expenditure cap over the 5-year waiver period. Although this cap will not be reached due to state fiscal restraints, the extension requests use of the traditional budget neutrality methodology which is much more favorable.

Rebalancing long term care, one of the main goals of the original 1115 Global Waiver, was fully supported by the Senior Agenda Coalition of RI. The extension request states that efforts at nursing home diversion and transitions, which would foster rebalancing, have not been provided the expected results. We, too, are disappointed with the progress of rebalancing. The latest report to the state Senate on the Global Waiver shows 15.44% of funds spent on long term care for elders in the 3rd quarter of FY2012 were for home and community services and 84.56% on institutional care. This is virtually unchanged from the 1st quarter of FY2010 which, according to the report to the Senate, showed 15.52% of spending for long term care for elders was for home and community care. According to the AARP's State Long-Term Care Profiles Report, Rhode Island ranks 49th among the states in rebalancing percentage, despite efforts to date. Furthermore, our reliance on facility-based care gives us one of the most expensive Medicaid long-term care systems in the country.

We believe that certain aspects of the current waiver which have yet to be implemented could hasten rebalancing progress by providing incentives for both home and community services providers and consumers. These include:

- changes in reimbursement methodology which allow greater payment for assisted living services,
- changes in reimbursement for adult day services to recognize client acuity and nursing needs
- implementation of payment for community transition services, and
- increase in monthly disregard per the original waiver agreement to provide certain participants with greater monthly maintenance allowances in order to live in the community and meet basic needs, especially housing needs

Savings achieved from federal match for services funded under the CNOM provisions have been one of the most positive outcomes of the Global Waiver. Consideration should be given to expanding services provided through Elderly Affairs CNOM eligible co-pay program to include allowance of more home care hours or days of adult day service and a new medication management benefit both

of which have the potential of avoiding nursing home placement. In addition, opportunity to fund care coordinators and a bundled array of support services in housing for the elderly under regular Medicaid or through the copay program as a CNOM service should be explored as the age of the population living in elderly housing is increasing.

The extension request calls for an expedited eligibility process using self attestation of financial criteria to allow a limited package of home and community services for up to 90 days. The request to allow self attestation is a good one as determination of financial eligibility averages 49 days during which time a person may be forced to enter a nursing home. However, for many persons the allowed service package would be insufficient to avoid such nursing home placement. We suggest a more extensive service allotment during the 90 days based on average use of those needing high level of service. We also suggest allowing the self attestation for the Shared Living program.

The Global Waiver's intent of better coordination of and access to timely and accurate information about state health and long term care services has yet to be fully realized. Fragmentation of information and services still exists which can be confusing to consumers. We are pleased to note the extension requests recognizes that the current system is less than consumer friendly and calls for efforts to implement a robust Consumer Assistance Program housed at EOHHS to support and help coordinate all I&R, options counseling, eligibility assistance and case management across the EOHHS agencies.

Submitted by:

**Maureen Maigret, Policy Consultant
Senior Agenda Coalition of RI**

1115 Waiver Extension Forum
Testimony
January 28, 2013

I'm here today to testify in support of the extension of the 1115 Research and Demonstration Waiver, particularly as it relates to Medicaid funded long-term care services. I believe the waiver gives us our best chance of reforming our system so that more frail elders and adults with disabilities have the option of receiving long-term services and supports in the community.

The original goal of the waiver was to reach a 50/50 balance in spending between community-based care and facility-based care. We currently spend 15% of our LTC expenditures on community-based care and 85% on facility-based care. This is woefully short of our goal. This split has not changed very much over the past 2 years, suggesting that progress has slowed.

Looking at the rest of the country, the report "Across The States" profiles of LTC spending published by AAPP lists 16 states that spend 40% or more of their LTC budget on community-based care. It can be done

Admittedly, Rhode Island continues to suffer through difficult economic times, creating constraints in both the financial and human resources necessary to undertake such a massive undertaking. But let's take this opportunity to re-examine what can be done to give Rhode Islanders a system that is more in tune with their wants and needs.

Robert J. Caffrey
President & CEO
Homefront Health Care

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Testimony of Paula Hodges, RI Public Policy & Advocacy Director
Rhode Island Global Waiver Taskforce Public Meeting
Planned Parenthood Southern New England
January 28, 2013

Planned Parenthood of Southern New England applauds the Global Waiver Taskforce for including a comprehensive family planning program for eligible post-partum Rhode Island women. Providing a wide array of critical women's health services is a huge step forward in improving the health and lives of women. While we applaud the state for proposing coverage of more services, it is important to recognize that the family planning expansion program could do more if more women could become eligible under the waiver.

We hope the administration will consider bringing this limited program into alignment with the 19 other states which cover a similar menu of services while also broadening eligibility to provide coverage to a greater number of individuals. We encourage Rhode Island to follow suit and provide family planning services, which involve a nine to one federal match, to all adults of reproductive age who lack health insurance coverage of family planning services and supplies or have high-deductible coverage and whose income is no greater than two-hundred fifty percent (250%) of the federal poverty level.

We know that investing in basic reproductive health services including annual visits, Pap tests, breast exams, testing and treatment of sexually transmitted infections, and contraceptive methods, without cost sharing or copayments is important to improving maternal and public health over all. While it is important that the notion of "birth interval" be considered, in the public health sense preventing a first pregnancy in someone of reproductive age who is uninsured or otherwise unlikely to receive prenatal care, is extremely important not JUST for economic reasons but because it is a maternal and child health imperative.

States may expand their Medicaid programs to offer family planning to individuals who would otherwise not be eligible for Medicaid. All we ask is that eligibility extend to all women, including postpartum women, under 250% of the federal poverty level (the same income level for pregnant women) to improve future maternal health outcomes.. By implementing a family planning expansion with broadened eligibility, Rhode Island could improve women's health and save money two ways. The State of Rhode Island would receive a \$9 to \$1 match from the federal government on any Medicaid dollars spent on family planning. This is a much better reimbursement rate than the roughly 50-50 match the US government reimburses for other Medicaid services.

In addition, Rhode Island would save money on the prevention of unintended pregnancy. For every dollar spent on family planning, about \$4 is saved within a year on the health costs associated with pregnancy, prenatal care, labor and delivery. If eligibility was expanded to the fullest extent (which means extending coverage to men and women of reproductive age), in the first year of the program, the Guttmacher Institute estimates about 3,200 Rhode Islanders

would enroll in the program and save the state approximately \$272,000. Rhode Island would need to fund the program with about \$80,000 for the first year of implementation. After the program is fully implemented, the Guttmacher Institute estimates about 10,700 Rhode Islanders would enroll in the program and save the state approximately \$4.4 Million. Rhode Island would need to fund the program with \$266,000 in a mature year of implementation.

States that operate family planning waivers with broad eligibility have reported improvements in public health, as well as significant state savings. For example, Iowa found that its family planning waiver program increased pregnancy spacing by 4% over all – 7% for young adults ages 18-21. In addition, the state reported its waiver as producing net Medicaid savings of over \$10 million.¹

Since the mid-1990s, 31 states have initiated broad income-based expansion programs providing family planning services under Medicaid to people with incomes well above the cut-off for Medicaid eligibility overall. Together, these programs have helped reduce levels of unprotected sex, increase use of more-effective contraceptive methods and improve continuity of contraceptive use. Improved contraceptive use has translated into measurable declines in unintended and teen pregnancy and improvements in women's ability to space their pregnancies.

In light of these facts, PPSNE proposes three substantive changes to the family planning program and our revised language for the waiver is attached:

- Extend the program to cover all adults of reproductive age, including those women who are postpartum, who lack health insurance coverage of family planning services and supplies or have high-deductible coverage and whose income is no greater than two-hundred fifty percent (250%) of the federal poverty level.
- Ensure that STI testing and treatment includes follow-up testing and treatment.
- Ensure that providers are reimbursed for dispensing birth control.

¹ See Elizabeth T. Momany et al., Univ. of Iowa, *Iowa Family Planning Demonstration Evaluation. Final Report* (2011), available at http://ir.uiowa.edu/cgi/viewcontent.cgi?article=1078&context=ppc_health.

Proposed Revisions to Rhode Island Global Waiver 1115 Extension
POTENTIAL NEW SERVICES UNDER CONSIDERATION

The State is in the process of researching and reviewing services that are designed to provide more effective and less costly alternatives to traditional Medicaid-funded services, such as emergency department visits and hospitalizations. The State looks forward to working with CMS regarding the ability to implement one or more of the following during the waiver extension period.

Extended Family Planning

To better achieve the goals of the Extended Family Planning Program, which are to ensure optimal inter-birth intervals and optimal maternal and child health for Medicaid recipients, and reduce the complexity of administration the Extended Family Planning Benefit will include the following categories of service:

1. New patient or Established patient office visits
2. Screening, testing, counseling, and treatment (and, where applicable, vaccination **and follow-up testing and treatment** for sexually transmitted infections, including:
 - a. Gonorrhea
 - b. Chlamydia
 - c. HPV
 - d. Genital Herpes simplex
 - e. Trichomonas
 - f. Syphilis
 - g. Hepatitis B and C
 - h. HIV (screening and counseling only)
3. Screening and treatment for urinary tract infection
4. Age appropriate preventive screening, not covered by Breast and Cervical Cancer screening program, as recommended by the US Preventive Services Task Force.
5. FDA approved contraceptive pharmaceuticals and devices, including condoms, and their associated insertion and removal procedure codes. Also including **reimbursement for dispensing the FDA approved contraceptive pharmaceuticals and devices and** facility fees for outpatient surgical procedures.
6. Pre-conceptional counseling
7. Folic acid supplements
8. Tobacco cessation counseling and nicotine replacement therapy

These categories, while remaining within the relatively narrow definition of Family Planning Services, help avoid a short interbirth interval that can lead to adverse consequences for [the subsequent] **pregnancy, maternal health, and birth health outcomes**. Providing these services to the parent of a young infant **and non-pregnant individuals** is a cost effective method to prevent [subsequent low birthweight births] **low birth outcomes** in the Medicaid program, and to [insure] **ensure** adequate maternal resources are available to the Medicaid-eligible child born during the prior eligibility period. [All other aspects of the Extended Family Planning Program outlined in the prior demonstration remain in full effect in the extension period.]