



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
BUDGET OFFICE
One Capitol Hill
Providence, R.I. 02908-5886 **Memorandum**

To: The Honorable Helio Melo
 Chairman, House Finance Committee

 The Honorable Daniel DaPonte
 Chairman, Senate Finance Committee

From: Thomas A. Mullaney *Thomas A. Mullaney*
 Executive Director/State Budget Officer

Date: June 13, 2013

Subject: Amendments to FY 2014 Appropriations Act (13-H-5127)

The Governor requests that Article 20 – Relating to Medicaid Reform Act of 2008 be replaced with the attached version. All changes from the revised article submitted on May 3, 2013 are denoted by grey shading.

Article 20 – Relating to Medicaid Reform Act of 2008

This article has been amended to authorize the Office of Health and Human Services to maximize the availability of Medicaid matching funds for any services and supports that are administered under current Rhode Island general laws, including family planning for all uninsured and underinsured people with incomes up to 250 percent of the federal poverty level, as well as other health protection and prevention services for all adults.

If you have any questions regarding this new article, please feel free to call me or my staff at 222-6300.

TAM:13-Amend10
Attachments

cc: Sharon Reynolds Ferland, House Fiscal Advisor
Eugene Gessow, Senate Fiscal Advisor
Kelly Mahoney, Director of Policy
Richard Licht, Director of Administration
Peter Marino, Director, Office of Management and Budget
Gregory Stack, Supervising Budget Analyst

Revised 6/13/2013

ARTICLE 20

RELATING TO MEDICAID REFORM ACT OF 2008

SECTION 1. Rhode Island Medicaid Reform Act of 2008.

WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled “The Rhode Island Medicaid Reform Act of 2008”; and

WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-12.4-1, et seq.; and

WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that requires the implementation of a rule or regulation or modification of a rule or regulation in existence prior to the implementation of the global consumer choice section 1115 demonstration (“the demonstration”) shall require prior approval of the general assembly; and further provides that any category II change or category III change as defined in the demonstration shall also require prior approval by the general assembly; and

WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the Office of Health and Human Services is responsible for the “review and coordination of any Global Consumer Choice Compact Waiver requests and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category II or III changes” as described in the demonstration, with “the potential to affect the scope, amount, or duration of publicly-funded health care services, provider payments or reimbursements, or access to or the availability of benefits and services as provided by Rhode Island general and public laws”; and

WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is fiscally sound and sustainable, the secretary requests general assembly approval of the following proposals to amend the demonstration:

(a) *Nursing Facility Payment Rates – Eliminate Rate Increase.* The Medicaid agency proposes to eliminate the projected nursing facility rate increase and associated hospice rate

increase that would otherwise become effective during state fiscal year 2014. A Category II change is required to implement this proposal under the terms and conditions of the Global Consumer Choice Compact Waiver. Further, this change may also require the adoption of new or amended rules, regulations and procedures.

(b) *Medicaid Hospital Payment Rates – Eliminate Adjustments.* The Medicaid single state agency proposes to reduce hospital payments by eliminating the projected inpatient and outpatient hospital rate increase for state fiscal year 2014. A Category II change is required to implement this proposal under the terms and conditions of the Global Consumer Choice Compact Waiver. Further, this change may also require the adoption of new or amended rules, regulations and procedures.

(c) *Integrated Care Initiative – Implementation Phase-in.* The Medicaid single state agency proposes to continue implementation of the Medicaid Integrated Care Initiative for Adults authorized under the Rhode Island Medicaid Reform Act of 2008, as amended in 2011. Moving the initiative forward may require Category II changes under the terms and conditions of the Global Consumer Choice Compact Waiver and the adoption of new or amended rules, regulations and procedures.

(d) *BHDDH System Reforms – Implementation of Employment First and Housing First Initiative.* As part of ongoing reforms promoting rehabilitation services that enhance a person's dignity, self-worth and connection to the community, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals proposes to change Medicaid financing to support the Employment First and Housing First initiatives. Both initiatives use reductions in Medicaid payments to provide incentives for service alternatives that optimize health and independence. The resulting changes in payment rates may require Category II changes under the terms and conditions of the Global Consumer Choice Compact Waiver and the adoption of new or amended rules, regulations and procedures.

(e) *Costs Not Otherwise Matchable (CNOM) Federal Funding.* Implementation of the U.S. Patient Protection and Affordable Care Act of 2010 will render it unnecessary for the Medicaid agency to continue to pursue federal CNOM funding for services to certain newly Medicaid eligible populations served by the Executive Office of Health and Human Services, the Department of Human Services and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Category II changes may be necessary under the terms and conditions of the Global Consumer Choice Compact Waiver to facilitate the transition of the affected people and services to full Medicaid coverage.

(f) *Approved Authorities: Section 1115 Waiver Demonstration Extension.* The Medicaid agency proposes to implement authorities approved under the Section 1115 waiver demonstration extension request – formerly known as the Global Consumer Choice Waiver – that (1) continue efforts to re-balance the system of long term services and supports by assisting people in obtaining care in the most appropriate and least restrictive setting; (2) pursue further utilization of care management models that offer a health home, promote access to preventive care, and provide an integrated system of services; (3) use smart payments and purchasing to finance and support Medicaid initiatives that fill gaps in the integrated system of care; and (4) recognize and assure access to non-medical services and supports, such as peer navigation and employment and housing stabilization services, that are essential for optimizing a person’s health, wellness and safety and that reduce or delay the need for long term services and supports.

(g) *Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act of 2010.* The Medicaid agency proposes to pursue any requirements and/or opportunities established under the U.S. Patient Protection and Affordable Care Act of 2010 that may warrant a Medicaid State Plan Amendment and/or a Category II or III change under the terms and conditions of the Global Consumer Choice Compact Waiver or its successor or any extension thereof. Such opportunities and requirements include, but are not limited to: (1) the continuation of coverage for youths who had been in substitute care who are at least eighteen (18)

years old but are not yet twenty-six (26) years of age, and who are eligible for Medicaid coverage under the Foster Care Independence Act of 1999 (2) the maximizing of Medicaid federal matching funds for any services currently administered by the health and human services agencies that are authorized under Rhode Island general and public laws, such as family planning for uninsured and underinsured people but with income up to 250 percent of the federal poverty level; health protection and prevention services for adults authorized under section 4106(b) of the ACA; and any program integrity and monitoring activities required under state or federal laws and regulations now or that may be enacted thereafter. Any such actions the Medicaid agency takes shall not have an adverse impact on beneficiaries or cause there to be an increase in expenditures beyond the amount appropriated for state fiscal year 2014.

Now, therefore, be it

RESOLVED, that the general assembly hereby approves proposals (a) through (f) listed above to amend the demonstration; and be it further

RESOLVED, that the secretary of the office of health and human services is authorized to pursue and implement any waiver amendments, category II or category III changes, state plan amendments and/or changes to the applicable department's rules, regulations and procedures approved herein and as authorized by § 42-12.4-7.

SECTION 2. This article shall take effect upon passage.