



RHODE ISLAND KIDS COUNT

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Executive Office of Health and Human Services
74 West Rd., Building 74
Cranston, RI 02920

Rhode Island KIDS COUNT respectfully submits the following comments to Rhode Island's Executive Office of Health and Human Services (EOHHS) in response to the proposed extension request for the 1115 Waiver.

Rhode Island KIDS COUNT is a children's policy and advocacy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. The mission of Rhode Island KIDS COUNT is to improve the health, safety, education, economic security, and development of Rhode Island's children. For nearly two decades, Rhode Island KIDS COUNT has provided data based advocacy in support of children's health coverage, including the percentage of insured children; the positive health outcomes of RItE Care and RItE Smiles; access to medical, dental and behavioral health care; and the achievement of quality benchmarks.

Below you will find our general comments regarding the waiver extension request as well as some policy recommendations.

Eliminating the Cap

We are supportive of the State's proposal to eliminate the federal finance cap for the waiver. Maintaining and continuing a cap, even with a high ceiling, is not in the best interest for Rhode Island in the long term. We fully support and encourage the State to actively collaborate with CMS to identify and pursue other budget neutrality mechanisms that further build upon the spending authority found in the current waiver.

Oral Health Services – RItE Smiles

RItE Smiles, Rhode Island's managed care oral health program, has been a true policy success story in improving access to dental care (both preventative and treatment services) for children since its inception in 2006. We strongly support the option that would be allowed under the proposed waiver to expand RItE Smiles to older children, as well as parents, pregnant women, and other adults. Since oral health is inextricably linked to overall health, it is critically important that state utilize policy options such as this to increase access and utilization of oral health care.

Rhode Island KIDS COUNT also would support the inclusion of RItE Smiles as an in-plan managed care benefit for children, pregnant women, and adults.

RItE Care Coverage for Parents Whose Children are Removed from Their Custody

Rhode Island KIDS COUNT strongly supported this policy change (to allow parents who have lost custody of their children to retain their own RItE Care coverage), when the original waiver was approved. Implementation was extremely slow and continues to have difficulties. While many, if not all, of the parents in this CNOM population will be eligible for Medicaid under the

expansion group, we encourage EOHHS to continue to ensure access to health coverage for this population, especially those that may have incomes between 138% FPL and 175% FPL. One improvement could be to revise the criteria for this CNOM population to eliminate the requirement that the reason for the child's removal from the home is because of the parent's behavioral health conditions. Children may be removed for other reasons and as long as the removal is for a temporary period of time, the parent should continue to be enrolled in Rlte Care so s/he has access to comprehensive health care.

Evidence-based in-home behavioral health programs for children in or at risk of entering DCYF custody.

We support the replication and scaling of programs that have been shown to mitigate problematic behavior and promote appropriate pro-social behavior. Offering these in-home evidence-based behavioral health programs is an important step toward improving access to care and providing effective treatment to children and youth with mental health conditions.

Family Planning Services

Rhode Island KIDS COUNT supports the continued provision of 24 months of extended family planning services to pregnant women after 60 days post-partum coverage, and supports the inclusion of preconception counseling, tobacco cessation counseling and pharmacotherapy, and folic acid supplements, all of which will help improve the health of women of childbearing age and their children, in the Extended Family Program proposed in the 1115 Waiver Extension Request.

We also propose that the income standard for family planning services, which is currently listed as 200% FPL, be revised to 250% FPL. This would make the income standard the same as that for pregnant women and we see no reason to deny family planning services to a subset of women who have Medicaid eligibility while they are pregnant. We note that the current Rlte Care regulations provide for extended family planning for all women who have received Rlte Care during pregnancy, so we assume that current practice is to provide coverage for women up to 250% FPL.

Peer Navigators

We also support adopting a peer specialist/peer navigator program for families and children. Helping families of children with special health care needs navigate the health care delivery system and make appropriate and safe health care choices will not only help promote alternatives to emergency department care, but also will ensure individuals are utilizing their medical care in an efficient and effective manner.

Optional Eligibility Groups and Rlte Care Expansion Groups

We are pleased that the proposed extension retains all optional eligibility groups and continues coverage for parents with income up to 175% FPL, pregnant women up to 250% FPL, and children up to 250% FPL. As we did when the original waiver was proposed, we request that either (1) paragraph 26 be amended to provide equal status to the Rlte Care expansion population or (2) move the Rlte Care expansion population from waiver eligibility to eligibility through the state plan, if paragraph 26 continues to apply under the proposed extension.

There are several policy recommendations we would like to propose for inclusion on the 1115 waiver extension, including those that support Rhode Island being compliant with provisions of the federal Affordable Care Act (ACA):

Affordability of Health Coverage for Children and Families

Rhode Island KIDS COUNT supports the elimination of co-pays with the exception of extended family planning benefits and the 5% cost sharing cap placed on Medicaid.

In addition, we would like EOHHS to consider eliminating the monthly RIte Care premiums.

Rhode Island's RIte Care premiums currently are among the highest in the U.S. Only two other states in New England require monthly premiums at 151% FPL and the required amounts are much lower than the \$61 RIte Care premium. Eliminating the RIte Care premiums would ensure that the modest-income families (who have children covered through RIte Care and parent(s) covered through the Exchange with an APTC) do not lose access to coverage or care because of financial reasons. Many families with RIte Care coverage already have difficulty affording their health care premiums as shown by the 3,472 children, adults, and families who were sanctioned in SFY 2012 (a 22% increase from the 2011 SFY sanction total of 2,841 total lives). More than three-quarters (79%) of those sanctioned in SFY 2012 were children. On average in 2012, there were 212 children, 61 adults, and 146 families sanctioned each month and without health coverage due to an inability to pay.

Additionally, Rhode Island is one of only 12 states with a sanction policy that includes a lock-out period for coverage. Rhode Island mandates that children whose families are unable to pay premiums for two or more consecutive months must lose their coverage, and they consequently are prohibited from regaining that coverage for a period of four months. When the ban expires, they also must overcome an administrative barrier by completing a new application for coverage. Only two states have stricter sanction policies at the current time, and this punitive policy is clearly at odds with the many tenets of the ACA that support affordable coverage for children and families. Rhode Island KIDS COUNT recommends that EOHHS consider eliminating the sanction policy at a minimum, if premiums are not eliminated.

We anticipate that if these policies are left unchanged, the percentage of families sanctioned and unable to afford health care will either hold constant or potentially increase in 2014 and beyond. We believe this will be especially true for those families who are between 176% and 250% FPL. Starting in 2014, these families will have the extra burden of paying for two family premiums - the RIte Care premium, which is a family based premium that will end up covering only their children (in most cases) and an adult individual premium paid through the Exchange. The end result may be families enrolling in two different plans and collectively paying more than they can afford.

Rhode Island families who do not have enough resources to cover their double premiums may be faced with the decision to choose which basic need they can go without. Solving this affordability dilemma by eliminating the RIte Care premiums (and thereby the sanctions as well), will help Rhode Island meet its goals of expanding health care coverage and ensuring that all children and families have access to affordable coverage. It also will increase the likelihood that those parents between 176% and 250% FPL who obtain their health coverage through the Exchange will have sufficient resources to pay for that coverage, ensuring a more robust and viable Exchange. Finally, EOHHS would be relieved of the administrative costs of collecting the premiums, sending sanction notices, and processing reapplications for families. It makes little sense in post-ACA world to continue premium and sanction policies that actively create financial hardships and eliminate coverage for children and families.

We recognize that this change would require a statutory amendment, but recommend it be included in the extension proposal with the caveat that General Assembly approval is needed.

Express Lane Eligibility

We recommend that EOHHS implement express lane eligibility for children and adults after 2013. It is a proven way to streamline access to health insurance coverage and reduce administrative burden.

Continuity of Coverage between Medicaid/CHIP and the Exchange

We support efforts to ensure continuity of coverage for those individuals who lose eligibility for Medicaid or CHIP and as result become eligible for a Qualified Health Plan (QHP) through the Rhode Island Health Benefits Exchange. Retaining Medicaid or CHIP eligibility until enrollment in a QHP begins is critically essential for the health and well being of children and parents.

Medicaid Coverage for Former Foster Youth

We fully support the expansion of Medicaid eligibility for independent former foster youth from age 21 to age 26. Research has consistently shown foster youth face adverse health conditions more frequently than their non-foster peers. Expanding Medicaid eligibility as required under the ACA will help ensure that former foster youth have access to health coverage and care.

Family Planning Services

We recommend that the proposed extension revise the current family planning coverage group to include women and men who do not otherwise have access to these services. The income limit applied to the currently eligible group (women who lose Medicaid 60 days post-partum) would be applied to the expanded group. Because many of the men and women who might seek these services will be eligible for full Medicaid coverage under the new expanded eligibility will or enroll commercial insurance with the new APTC, it is expected that the number of individuals seeking this coverage to be limited. Finally, the FMAP for these services is 90%, thus keeping state costs low.

Maintaining data for tracking trends and outcomes for Rlte Care and Rlte Smiles

As a data-based policy and advocacy organization, Rhode Island KIDS COUNT supports ongoing evaluation efforts and public sharing of information regarding health coverage programs as a way to track progress in achieving optimal health outcomes, while further promoting program accountability and integrity. Nearly two decades of data has been carefully collected for children, pregnant women, and parents covered by Rlte Care and Rlte Smiles and those data collection and sharing mechanism should be maintained in such a way that existing data trends can be further built upon. This will better allow for ongoing evaluation of program effectiveness across various populations and policies, while also maintaining historical data trends and context.

In closing, thank you for your continued leadership in optimizing and enhancing Medicaid and implementing the ACA to best meet the needs of Rhode Islanders. We strongly urge EOHHS to build on the successes of Rlte Care and Rlte Smiles and to use them as examples of active purchasing, data collection, public accountability, affordability, and high quality health outcomes from which to continue to build the continuum of health coverage options for Rhode Islanders. Rhode Island KIDS COUNT thanks EOHHS for this opportunity to comment.

Respectfully submitted,



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