

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2010

SENATE RESOLUTION

RESPECTFULLY REQUESTING THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES TO REPORT DESIGNATED MEDICAID INFORMATION TO THE RHODE ISLAND SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Introduced By: Senators Perry, Miller, Pichardo, Sheehan, and C Levesque

Date Introduced: June 04, 2010

Referred To: Senate Constitutional & Regulatory Issues

1 WHEREAS, It is essential that Medicaid remain a sustainable, cost-effective, person-
2 centered program offering comprehensive health care for the diverse populations that the program
3 serves; and

4 WHEREAS, Since January of 2009, the State of Rhode Island has undertaken a
5 fundamental redesign of the Medicaid Program, hereby referred to as the "Global Waiver" in
6 order to achieve savings and efficiencies in the program; and

7 WHEREAS, Given the unprecedented nature of the "Global Waiver," the General
8 Assembly has a responsibility to ensure that Medicaid remains an accessible and comprehensive
9 system of coordinated care that focuses on independence and choice; maximizes available service
10 options, promotes accountability and transparency; encourages and rewards healthy outcomes;
11 and promotes efficiencies through interdepartmental cooperation; and

12 WHEREAS, The state Executive Office of Health and Human Services, in collaboration
13 with the directors of the Health and Human Services agencies, is responsible for implementation
14 and oversight of the "Global Waiver"; and

15 WHEREAS The Senate Committee on Health and Human Services, along with the
16 Senate Finance Subcommittee on Health and Human Services, has convened a series of oversight
17 hearings during which they learned of continuing fiscal and programmatic concerns with the
18 implementation of the Global Waiver; now, therefore be it

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1 RESOLVED, That this Senate of the State of Rhode Island and Providence Plantations
2 hereby respectfully requests the Executive Office of Health and Human Services to report to the
3 Rhode Island Senate Committee on Health and Human Services on a quarterly basis beginning
4 September 15, 2010, on the following information:

5 (a) The number of new applicants found eligible for Medicaid funded long-term care
6 services, as well as the basis for the eligibility determination, including level of clinical need and
7 any HIPAA compliant demographic data about such applicants;

8 (b) The number of new applicants found ineligible for Medicaid funded long-term care
9 services, as well as the basis for the determination of ineligibility, including whether ineligibility
10 resulted from failure to meet financial or clinical criteria, and any HIPAA compliant demographic
11 data about such applicants;

12 (c) The number of Medicaid beneficiaries, by age, over and under 65 years, served in
13 institutional and home and community-based long-term care settings, by provider and service
14 type and/or delivery system as applicable, including: nursing facilities, home care, adult day
15 services for elders and persons with disabilities, assisted living, personal attendant and
16 homemaker services, PACE, public and private group homes for persons with developmental
17 disabilities, in-home support services for persons with developmental disabilities, shared living,
18 behavioral health group home, residential facility and institution, and the number of persons in
19 supported employment;

20 (d) Data on the cost and utilization of service units for Medicaid long-term care
21 beneficiaries;

22 (e) Percent distribution of expenditures for Medicaid long-term care institutional services
23 and home and community services by population, including: elders aged 65 and over, persons
24 with disabilities, and children with special health care needs;

25 (f) The number of persons on waiting lists for any long-term care services;

26 (g) The number of persons in a non-Medicaid funded long-term care co-pay program, by
27 type and units of service utilized and expenditures;

28 (h) The average and median length of time between submission of a completed long term
29 care application and Medicaid approval/denial;

30 (i) Number of applicants for Medicaid funded long-term care meeting the clinical
31 eligibility criteria for each level of : (1) Nursing facility care; (2) Intermediate care facility for
32 persons with developmental disabilities or mental retardation; and (3) Hospital care;

33 (j) The average and median turnaround time for such clinical eligibility determinations
34 across populations;

- 1 (k) Number of appeals of clinical eligibility determinations across populations;
- 2 (l) Average and median length of time after an applicant is approved for Medicaid long-
3 term care until placement in the community or an institutional setting;
- 4 (m) For persons transitioned from nursing homes, the average length of stay prior to
5 transfer and type of living arrangement or setting and services upon transfer;
- 6 (n) Data on diversions and transitions from nursing homes to community care, including
7 information of unsuccessful transitions and their cause;
- 8 (o) Data on the number of RItE Care and RItE Share applications per month and the
9 outcome of the eligibility determination by income level (acceptance or denial, including the
10 basis for denial);
- 11 (p) For new RItE Care and RItE Share applicants, the number of applications pending
12 more than 30 days;
- 13 (q) Data on the number of RItE Care and RItE Share beneficiaries losing coverage per
14 month including the basis for the loss of coverage and whether the coverage was terminated at
15 recertification or at another time;
- 16 (r) Number of families enrolled in RItE Care and RItE Share required to pay premiums by
17 income level (150-184% FPL, 185-199% FPL, and 200-250% FPL);
- 18 (s) Information on sanctions due to nonpayment of premiums by income level (150-184%
19 FPL, 185-199% FPL, and 200-250% FPL);
- 20 (t) On an annual basis, State and Federal Expenditures under the "Cost Not Otherwise
21 Matchable" provision of Section 1115(a)(2) of the Social Security Act; and
- 22 (u) On an annual basis, data on Medicaid spending recoveries, including estate recoveries
23 as provided for in section 40-8-15; and be it further
- 24 RESOLVED, That this Senate hereby requests the Executive Office of Health and
25 Human Services to provide a copy of the comprehensive Medicaid overview as provided for in
26 section 42-7.2-5(4), to the Senate committee on Health and Human Services; and be it further
- 27 RESOLVED, That the Secretary of State be and he hereby is authorized and directed to
28 transmit a duly certified copy of this resolution to the Secretary of the Rhode Island Office of
29 Health and Human Services.

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