

**North Dakota Department of Human Services
Summary of: Rhode Island (RI) Global Waiver
Prepared for Rep. Jim Kasper – December 2010**

- There are 1,036,400 residents in Rhode Island (RI), 179,200 Medicaid enrollees, and roughly 1/5 of the state is on Medicaid.
- About 50% of the Medicaid enrollment is children and 50% adults.
- 74% of all RI Medicaid enrollees are in a managed care plan, operated by a managed care organization. They also have about 2,000 enrolled in their Primary Care Case Management Program. After speaking with Gary Alexander, Secretary of the Rhode Island Executive Office of Health and Human Services (EOHHS), he prefers a Primary Care Case Management model of care. Their PCCM has taken an enhanced primary care model approach that combines clinical tools with quality improvement methods to improve health outcomes. Tools include: clinical guidelines, patient registries, team care, monitoring, outreach and the formation of multidisciplinary teams that use continuous quality improvement.
- Prior to the Global Waiver, RI Medicaid had 11-12 Medicaid waivers, and the Medicaid State Plan. By implementing the Global Waiver (an 1115 Medicaid waiver), this has reduced this number to RI to the Global Waiver and State Plan only.
- Three major goals of Global Waiver initiative from the Executive Office of the Health and Human Services were:
 - Improve care and service delivery-break down silos, create a seamless service delivery system across the consumer's lifespan and centralize fiscal authority. These goals were accomplished by: eliminating the competition between the departments, centralizing the fiscal authority between all departments, and combining program administration from divisions that seemed to 'fit' together.
 - Modernization-improve administrative efficiencies by streamlining program procedures and leveraging resources across agencies, establish 'no wrong door' approach to services, and adopt best practices. These goals were accomplished by simplifying all applications across programs, redesigning the re-application system, and educating the public on the new application system.
 - Transparency-timely information about services, invite consumer input, full disclosure of reimbursement rates. These goals were accomplished by providing consumers more timely information on grant choices, holding focus groups or open forums for consumer input and providing public disclosures on big department purchases.

- The purpose of the Global Waiver from a Medicaid perspective was to:
 - Rebalance the publicly funded long term care system. This goal was accomplished by making long term care services more flexible such as paying for more in-home cares to prevent long term care placement, establishing a 'point' of entry into the long term care system for appropriate referrals, and offering more choices to the long term care delivery system such as adult daycare, PACE and live in caregivers.
 - Ensure access to a primary care medical home model.
 - Procure Medicaid funded services through cost effective strategies. This goal was accomplished by demanding greater performance requirements of all vendors and paying closer attention to the procurement of contractors/vendors.
 - Determine if the use of federal funds for populations or services that are not generally eligible for federal match is cost effective (i.e. behavioral health). This goal was accomplished by offering services for the elderly who were just above the Medicaid income threshold and providing behavioral health services for individuals with behavioral health needs just above the Medicaid income threshold.
 - Enhanced IT coordination of services across State agencies which improves capacity and efficiencies. This was done by increasing interagency collaboration, streamlining eligibility, RI received a 3.6 million IT infrastructure planning grant for this project.

The waiver was looked at favorably by CMS, as it provided some fiscal security by establishing a maximum federal contribution of a 12.075 billion ceiling for the five year waiver. The state of RI is at risk for expenditures above the ceiling. At this point, RI does not feel they will go over this benchmark.

Gary Alexander, Secretary of EOHHS, stated that his approach with this waiver would have been a PCCM model of care. The enhanced primary care model has many advantages for both patients and clinicians as compared with competing models and he believes this model is less costly than the MCO model of care.

Rhode Island believes that the provisions of the Affordable Care Act will have significant impact on their waiver. In their words, "it will essentially kill their waiver".

[Rhode Island Global Consumer Choice Compact Medicaid Waiver](#)

[News Article](#)

Sources: Gary Alexander, Secretary of the Rhode Island Executive Office of Health and Human Services and <http://www.dhs.ri.gov/FamilieswithChildren/HealthMedicalServices/MedicaidGlobalWaiver/tabid/399/Default.aspx>