

# Advisory Commission on Aging

Meghan Grady, Acting Chairperson\*

January 24, 2025

# **Title 42**

## **State Affairs and Government**

### **Chapter 66**

#### **Office of Healthy Aging**

##### **R.I. Gen. Laws § 42-66-7**

##### **§ 42-66-7. Advisory commission on aging.**

(a) Within the office of healthy aging there shall be an advisory commission on aging consisting of twenty-five (25) members, four (4) of whom shall be from the general assembly as hereinafter provided, and twenty-one (21) of whom shall be appointed by the governor, thirteen (13) of whom shall be elderly consumers representative of that segment of the population. In the case of members of the commission appointed by the governor, they shall be chosen and shall hold office for three (3) years, except that in the original appointments, seven (7) members shall be designated to serve for one year, seven (7) members shall be designated to serve for two (2) years and seven (7) members shall be designated to serve for three (3) years, respectively, and until their respective successors are appointed and qualified. In the month of February in each year the governor shall appoint successors to the members of the commission whose terms shall expire in such year to hold office until the first day of March in the third year after their appointment and until their respective successors are appointed and qualified.

(b) The four (4) members from the general assembly shall be appointed, two (2) from the house of representatives by the speaker, one from each of the two (2) major political parties, and two (2) from the senate by the president of the senate, one each from the two (2) major political parties, each to serve until the thirty-first day of December in the second year of the term to which the member has been elected. Any vacancy, which may occur in the commission, shall be filled in like manner as the original appointment, for the remainder of the unexpired term.

(c) The members of the commission at the first meeting shall elect a chairperson and such other officers as they may deem necessary. The commission shall meet at the call of the governor or the chairperson and shall make suggestions to and advise the governor or the director concerning the policies and problems confronting the aged and aging of the state. The members of the commission shall serve without compensation but shall be compensated for their necessary and actual traveling expenses in the performance of their official duties.

History of Section.

P.L. 1977, ch. 235, § 2; P.L. 1988, ch. 304, § 1; P.L. 1992, ch. 242, § 1; P.L. 1999, ch. 105, § 3; P.L. 2001, ch. 180, § 110.

# Commission Design

- Twenty-five (25) Member Commission
  - Four (4) from the General Assembly
    - Two (2) from the House of Representatives appointed by the Speaker of the House; one from each of the two (2) major political parties
    - Two (2) from the Senate appointed by the President of the Senate; one from each of the two (2) major political parties
    - Each to serve until the thirty-first day of December in the second year of the term to which the member have been elected
  - Twenty-one (21) appointed by the Governor
    - Thirteen (13) shall be elderly consumers
    - Serving staggered terms with three (3), two (2) and one (1) year appointments

# Current Commission Members

- Robert Robillard
- Michael Crawley
- Jim Nyberg
- D. Karen Enright
- Barry Zeltzer
- Meghan Grady
- Majorie Waters
- Deborah Burton
- Corinne Russo
- Herber Weiss
- Christine Gadbois
- Linda Katz
- Robin Covington
- Frank Spinelli
- Tina Guenette
- Jennifer Barros
- David Quiora
- Victoria Rodriguez
- Karyn Lowe
- Mario Mancebo
- Mike Wreh

21 members

# Commission Officers

- Commission shall elect a chairperson and such other officers as they deem necessary
  - Meghan Grady, Acting Chairperson
  - Jennifer Barros, Acting Vice-Chairperson
  - David Quiroa, Acting Secretary

# Commission Purpose

- Commission shall make suggestions to and advise the governor or the director concerning the policies and problems confronting the aged and aging of the state
- 10/3/2024 Letter to Director Sousa and Secretary Charest regarding the Medicare Saving Program and Estate Recovery



## Rhode Island Governor's Advisory Commission on Aging

October 3<sup>rd</sup> 2024

Dear Director Sousa and Secretary Charest

On behalf of the Governor's Advisory Commission on Aging, I write to ask you to include two important initiatives in your FY 2026 budget request to the Governor: Increasing eligibility for the Medicare Savings Programs (MSP) and repealing optional estate recovery for non-long term care Medicaid services provided to people age fifty-five and older. Each of these initiatives will improve economic security for seniors, especially among women and communities of color who are disproportionately lower-income.

Here is some brief background information regarding these two initiatives.

### Medicare Savings Programs

As you know, Rhode Island currently applies the federal minimum income and asset rules to determine eligibility for MSP which, depending on income, will cover the individuals monthly Medicare premium (currently \$175/month) as well as co-pays and deductibles.

We ask that you request the necessary statutory changes and funding to:

- Increase eligibility for the Qualified Medicare Beneficiary Program (QMB) from 100% to 138% FPL
- Increase eligibility for the Qualified Individual Program (QI) from 135% FPL to 186% FPL and
- Eliminate the asset test.

This would raise the income limit for QMB from \$1,255/month to \$1,732/month, allowing enrolled MSP individual who only qualify for payment of their Medicare Part A premium to benefit from payment of co-pays and deductibles. Many of these very low-income seniors may forego or delay needed care because they cannot afford the required out-of-pocket costs. Others may give up food or other necessities in order to afford their healthcare. The cost of this expansion would be shared between the state and federal government.

Increasing the QI income limit from \$1,694/month to \$2,334 would put \$175/month back in the pockets of thousands of seniors and people with disabilities who apply for coverage. It would also make them eligible for the "Extra Help" program to benefit from savings on prescription costs, saving them hundreds of dollars annually. The cost of this part of MSP and Extra Help are fully borne by the federal government.

A number of states, including Connecticut, Massachusetts, Maine, New York, Indiana and the District of Columbia have increased the QMB limits to provide coverage of co-pays and deductibles for more of its residents. Connecticut, Massachusetts, Vermont, New York, Alabama, Arizona,

California, Delaware, DC, Louisiana, Mississippi, New Mexico, Oregon and Washington have eliminated the asset test. Eliminating the asset test streamlines enrollment in MSP, reducing administrative burden, without jeopardizing the integrity of the program. Along with increasing the income limit to 138% FPL to align with MAGI income limit, this would make it easier for seniors to enroll in MSP when they turn 65 and are no longer eligible for MAGI Medicaid.

### Estate Recovery

As you know, under federal Medicaid law, states are required to seek recovery for medical assistance paid by Medicaid on behalf of permanently institutionalized individuals who are inpatients in a nursing facility, ICF-IDD or other Medicaid institution as well as for nursing facilities and HCBS for individual age 55 and older.

The state has the **option** to recover from individuals age 55 and older for any items or services covered under the state's Medicaid plan.

Rhode Island has had this option in effect for many years. Rhode Island law (RIGL 40-8-15) directs EOHHS to recover Medicaid funded services from anyone 55 and older for all services – not just for LTSS.

Prior to the ACA, the optional recovery generally would impact only individuals who were disabled and applied for Medicaid based on disability. One could question the wisdom of having the optional recovery apply to this group. However, with the passage of the ACA, very low-income individuals (income less than \$20,783/year) age 19 – 65 became eligible for Medicaid. This MAGI coverage provides critical access to healthcare for individuals age 55 – 64. The optional estate recovery provision applies to them. There can be little justification to require 55-64 year-olds to be required to repay for health care provided to them... when at 54 or younger, the recovery requirement is not applicable. This provision can also induce eligible individuals to forego coverage when they read the estate recovery requirement in the application.

Massachusetts repealed the optional estate recovery provision in their most recent session and other states have done so as well. If a MAGI-enrolled individual requires LTSS, the state is still required to recover expenditures for those services. It is only the cost of primary, acute, etc. care that the state would be foregoing.

Thank you for considering this request. We would be happy to meet to discuss them further.

Sincerely,

James Nyberg  
Chair

# Commission Discussion

- 2024 meeting topics included:
  - RI State Plan on Aging
  - FY26 OHA Budget Request
  - House Study Commission on Aging
  - Adult Protective Services
  - Older Americans Act
  - 1115 Demonstration Waiver extension request
  - Medicare Savings Plan
  - Aging and Disability Resource Center (ADRC)
  - Healthcare Systems Planning Cabinet
  - Conflict Free Case Management
  - Olmstead Advisory Group

# 2025 Focus

- Engage Speaker of the House, Senate President and Governor related to appointments
- Support the Study Commissions efforts
- Establish a process to/and make suggestions and advise Governor McKee and Director Cimini concerning policies
- Continue to monitor and understand problems confronting the aged and aging of the state



Questions/Comments