



**1115 Waiver Extension  
Stakeholder Input Session: Behavioral Health  
AGENDA**

**November 20<sup>th</sup>, 2017 3:00-4:30pm  
2nd Floor Conference Room  
DXC, 301 Metro Center Boulevard  
Warwick, RI**

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- 1. Purpose and Goals**
  - 2. Feedback on Proposed Ideas**
  - 3. Open Discussion on New Ideas**
  - 4. Next Steps**
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The list below provides brief descriptions of the waivers that EOHHS currently proposes to include in its request to CMS to extend the Rhode Island Comprehensive Section 1115 Demonstration. Additionally, EOHHS will request to continue its current authorities through December 31, 2023. Please note that this is a preliminary list of waivers. EOHHS anticipates that this list will change as discussions with stakeholders and internal staff transpire.

EOHHS has requested additional time to submit the 1115 Waiver Extension request to allow for sufficient vetting to occur. CMS is amenable to this request and will allow the state to extend the submission deadline to June 30, 2018. EOHHS anticipates releasing the public notice in early March of 2018. If you have ideas that you would like EOHHS to consider, please send them to Melody Lawrence via email at [Melody.Lawrence@ohhs.ri.gov](mailto:Melody.Lawrence@ohhs.ri.gov).

<b>PROPOSED BEHAVIORAL HEALTH WAIVERS (for today's discussion)</b>	
<b>IMD Rule (proposed by EOHHS)</b>	
<i>Brief Description</i>	Will allow coverage of Institutions of Mental Disease (IMDs) – inpatient facilities with greater than 16 beds in which patients with mental disease makeup greater than 50% of the facility's patient panel.
<i>Waiver Authority Sought</i>	Waive current IMD exclusions that limit access to substance use treatment programs and constrain Medicaid-funded services and supports required to make successful transitions back to the community.
<i>Target Population</i>	Medicaid recipients receiving their care through managed care or fee-for-service, who have substance use disorders and are participating in residential treatment programs with a census of 16 or more beds.
<b>Coordinated Specialty Care (proposed by BHDDH)</b>	
<i>Brief Description</i>	Statewide expansion of Healthy Transitions pilot for youth and young adults that provides assertive case management, nursing, wraparound, psychotherapy, supported employment and education services, family education and support, peer support services, and medication to bridge existing services and eliminate gaps between child, adolescent, and adult mental health programs.
<i>Waiver Authority Sought</i>	Waive Section 1902 (a)(10)(B), Amount, Duration, and Scope of services to cover Coordinated Specialty Care only for Medicaid eligible youth and young adults with serious mental illness, at risk of a serious mental illness, or who have experienced first episode psychosis (FEP) using a bundled/case rate.
<i>Target Population</i>	Medicaid eligible youth and young adults, 16 through 26, with serious mental illness, at risk of a serious mental illness, or who have experienced first episode psychosis (FEP).



### ADDITIONAL PROPOSED WAIVERS

The following proposed waivers are intended for discussion by focus area at separate open meetings. (See schedule below.)

<b>Stakeholder Input Session (C&amp;F)</b>	<b>Stakeholder Input Session (DD)</b>	<b>Stakeholder Input Session (LTC)</b>
Took place: 11/16/17, 3:30-5:00pm	11/29/17, 10:30am-12:00pm	11/30/17, 1:00-2:30pm
Arnold Conf Center/ Eleanor Slater Hospital 111 Howard Avenue/Regan Bldg Cranston, RI	Arnold Conf Center/ Eleanor Slater Hospital 111 Howard Avenue/Regan Bldg Cranston, RI	Arnold Conf Center/ Eleanor Slater Hospital 111 Howard Avenue/Regan Bldg Cranston, RI

**November 16th, 2017 3:30-5:00pm**  
**Arnold Conference Center**  
**111 Howard Avenue**

#### **Medicaid LTSS Pre-eligibles (proposed by EOHHS)**

<i>Brief Description</i>	Performance incentive program through Accountable Entities (AEs) to incentivize Medicare Accountable Care organizations (ACOs) to keep Medicare patients in the community and from becoming Medicaid eligible.
<i>Waiver Authority Sought</i>	Expand current expenditure authority titled Health System Transformation Project – Accountable Entity Incentive and Hospital and Nursing Home Incentive under section 1115(a)(2) of the Social Security Act to provide financial incentives to providers for implementing targeted interventions that delay or prevent long-stay/custodial nursing facility admission and/or Medicaid enrollment.
<i>Target Population</i>	Elders and adults who qualify for Medicare Premium Payment program (MPP) or Division of Elderly Affairs (DEA) Co-Pay program (Budget Population 10) and Community Medicaid who are living in the community, are not Medicaid LTSS eligible, and have functional or social needs (e.g., social isolation, food insecurity, unsafe housing) that place them at risk for long-stay/custodial nursing facility care.

#### **Extend HSTP Claiming & Expenditure Authority (proposed by EOHHS)**

<i>Brief Description</i>	Extend authority for the Health System Transformation Program (HSTP) to ensure the entire five-year trajectory, from certification and infrastructure development to increasing risk and alternative payment models (APMs) for all Accountable Entities (AEs).
<i>Waiver Authority Sought</i>	Extend authority through December 31, 2023, and request annual Designated State Health program (DSHP) restrictions be lifted and spread across the demonstration period.
<i>Target population</i>	All Medicaid recipients.

#### **Modifications to Core & Preventive HCBS (proposed by EOHHS)**



<p><i>Brief Description</i></p>	<p>Modifications to Attachment B of the STCs, <i>Core and Preventive Home and Community-based Service Definitions</i> including the removal of service definitions that are now considered State Plan services, minor changes in language to better reflect current practices, and the addition of three new services.</p>
<p><i>Waiver Authority Sought</i></p>	<ul style="list-style-type: none"> <li>• Remove Environmental Modifications, Special Medical Equipment, and Minor Environmental Modifications (under both Core and Preventive Services) – now considered State Plan services under the definition of DME.</li> <li>• Removal of the following text from Personal Emergency Response (PERS) to reflect current practices – <i>The individual may also wear a portable “help” button to allow for mobility. The system is connected to the individual’s phone and programmed to signal a response center once a “help” button is activated. Trained professionals staff the response center, as specified by Center for Adult Health contract standards.</i></li> <li>• Under Core Services, change service title <u>Day Supports</u> to <u>Integrated Day Supports</u> and <u>Employment Supports</u> to <u>Integrated Supported Employment</u> to align with 42 CFR 441.710 State plan home and community-based services under section 1915(i)(1) of the Act.</li> </ul>
	<ul style="list-style-type: none"> <li>• Add <u>Pre-employment Services</u> – Aligns with current practice in RI and conforms to Consent Decree mandating pre-vocational services be provided.</li> <li>• Add <u>Home Stabilization</u> – Tenancy support services in conjunction with state and community agencies to reduce unnecessary institutionalization, address social determinants of health, and promote person-centered, holistic care.</li> <li>• Add <u>Supportive Care Homes</u> – Community-based living arrangement to retain independence in a safe and healthful home-like setting for Medicaid recipients in need of LTSS.</li> </ul>
<p><i>Target Population</i></p>	<ul style="list-style-type: none"> <li>• Medicaid recipients with a diagnosis of developmental disabilities and in need of LTSS are eligible for Integrated Day Supports, Integrated Supported Employment, and Pre-employment Services.</li> <li>• Medicaid recipients in need of LTSS services and need help to find, maintain, and retain housing to better stabilize them in the community are eligible for Home Stabilization services.</li> <li>• Medicaid recipients in need of LTSS services, who do not yet meet level of care to be eligible for nursing facility but need assistance to remain in the community are eligible for Supportive Care Homes.</li> </ul>
<p><b>Dental Case Management (proposed by EOHHS)</b></p>	
<p><i>Brief Description</i></p>	<p>Piloting dental case management in third phase of 3-year RI Medicaid Adult Dental Case Management Learning Collaborative. A select group of approximately six trained dental practices across the state will be reimbursed for four (4) new dental case management CDT codes. This will be monitored via claims data from MMIS and a customized data collection form to determine effectiveness.</p>
<p><i>Waiver Authority Sought</i></p>	<p>Waive statutory principle of Comparability by implementing a Medicaid Case Management Pilot project using a select group of approximately six trained dental practices across the state.</p>



<i>Target Population</i>	Aims to improve member experience and oral health outcomes for adults ages $\geq 18$ enrolled in FFS, and to improve provider experience by reducing no shows/late appointments and greater chance to improve patient oral health.
<b>Change in Payment Methodology (proposed by EOHHS)</b>	
<i>Brief Description</i>	Implement voluntary pilot program to test alternative payment model with Home Care Providers that will pay for a bundle of home care services – rather than service-specific FFS payment for 15 minute increments.
<i>Waiver Authority Sought</i>	Expenditure authority under section 1115(a)(2) of the Social Security Act to implement alternative payment methodologies (APMs) for LTSS, as well as a waiver of Section 1902(a)(1), to pilot test APMs with a limited number of LTSS providers.
<i>Target Population</i>	Pilot APM will incentivize use of HCBS over institutional care, increase provider flexibility to tailor service delivery to the unique needs of patients eligible for LTSS, and increase provider accountability for Medicaid beneficiaries' care and outcomes.
<b>Family Home Visiting (proposed by RIDOH)</b>	
<i>Brief Description</i>	Maintain capacity of the Maternal, Infant, and Early Childhood Family Home Visiting Program which has historically been supported by federal funds. Due to federal funding reductions, without additional state funding, RI will need to reduce its capacity of evidence-based family home visiting slots in 2018. The Family Home Visiting Program provides pregnant women and families, particularly those considered at-risk for adverse behavioral, educational and health outcomes, with the necessary resources and teaches them skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
<i>Waiver Authority Sought</i>	Waiver Section 1902 (a)(10)(B), Amount, Duration, and Scope of services to cover Family Home Visiting Services only for Medicaid eligible pregnant women and children up to age four.
<i>Target Population</i>	Medicaid eligible pregnant women and children up to age four.
<b>Parent and Youth Peer/Supports (proposed by DCYF)</b>	
<i>Brief Description</i>	New peer mentoring service for parents and youth that will provide broad support to promote family stabilization, either reunification of a child back home or supporting a child to remain in the community, and to prevent out-of-home care, including long-term residential care or hospitalization for the children.
<i>Waiver Authority Sought</i>	Modify pending expenditure authority (to deliver services using peer mentors called Peer Recovery Specialists STCs) to broaden the peer mentor role and expand the population eligible for services.
<i>Target Population</i>	Peer mentoring supports will emphasize supporting youth with serious emotional disturbance and their parents or children and parents for whom a parent-child relational disorder has been diagnosed that may result in long-term behavioral health.