



1115 Waiver Extension Request Update to the EOHHS Taskforce 8/28/2017

Background

1115 Waivers allow states the authority to waive certain sections of federal Medicaid requirements, affording flexibilities to design and improve their programs in innovative ways that still support the objectives of the Medicaid/CHIP program. A list of waiver examples are included on page 2. 1115 Waiver Demonstrations must meet the following criteria:

1. Increase and strengthen overall coverage of low-income individuals in the state;
2. Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
3. Improve health outcomes for Medicaid and other low-income populations in the state; or
4. Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Demonstrations must also be budget neutral to the Federal government.

Under the Rhode Island Comprehensive 1115 Waiver Demonstration, Rhode Island operates its entire Medicaid program with the exception of: 1) disproportionate share hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third-party payer. EOHHS has begun work to request an extension of the current RI 1115 Waiver, which expires on December 31, 2018.

Update

- EOHHS has requested that CMS extend the submission deadline to March 31, 2018 to accommodate a thorough stakeholder input process.
- EOHHS staff are currently developing the evaluation and budget neutrality documents.
- Internal recommendations as well as recommendations from other agencies are under review by Medicaid leadership.

Guiding Principles

1. Pay for value, not for volume
2. Coordinate physical, behavioral, and long-term health care
3. Rebalance the delivery system away from high-cost settings
4. Promote efficiency, transparency, and flexibility

Stakeholder Input Process

- Use EOHHS Taskforce as a forum to solicit stakeholder input.
- Anticipate posting initial public notice **mid-November**.
- Convene six (6) public meetings (two of which are the Taskforce).
- Anticipate posting revised document incorporating stakeholder input **mid-January**.
- Hold two (2) public meetings for additional input in late January/early February, prior to final submission to CMS mid-March.

Table 1. Examples of Waivers

SSA Section	Description	Example
Comparability 1902(a)(10)(B)	Medicaid-covered benefits generally must be provided in the same amount, duration, and scope to all enrollees. Waivers of comparability allow states to limit an enhanced benefit package to a targeted group of persons identified as needing it most and to limit the number of participants to implement a demonstration on a smaller scale.	Cover additional vision or podiatry visits only for individuals that have been diagnosed with Diabetes.
Freedom of choice 1902(a)(23)	All beneficiaries must be permitted to choose a health care provider from among any of those participating in Medicaid. Freedom of choice waivers are typically used to allow implementation of managed care programs or better management of service delivery.	Require enrollees to receive dental services through a carved-out contracted dental benefit with no access to other providers.
Statewideness 1902(a)(1)	Statute dictates that a state Medicaid program cannot exclude enrollees or providers because of where they live or work in the state. A waiver of “statewideness” can limit the geographic area in which a state is testing a new program, facilitate a phased-in implementation of a program, or reduce state expenditures by limiting eligible participants.	Offer targeted case management and lead abatement services to beneficiaries that have been affected by lead exposure in select areas of the state.