



Summary of RI Comprehensive 1115 Demonstration Waiver Extension

In accordance Rhode Island General Laws Chapter 42-35, notice is hereby given that the Rhode Island Executive Office of Health and Human Services (EOHHS) proposes to submit to the Centers for Medicare and Medicaid Services (CMS) its request to extend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1) through December 31, 2023, (as the current Demonstration expires on December 31, 2018). EOHHS is soliciting public comments through **April 23, 2018**.

This document is an abbreviated public notice, as required by 42 CFR 431.408(a)(2)(ii), that provides information on the public comment process, brief descriptions of the proposed modifications to the existing Demonstration, and new waiver and expenditure authorities, that is included in the extension request, and a link to the Demonstration Extension request.

Link to Demonstration Extension request: The proposed extension is accessible on the EOHHS website (<http://www.eohhs.ri.gov/ReferenceCenter/MedicaidStatePlanand1115Waiver/WaiverExtension.aspx>) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711).

Public Comment Process: Notice is hereby given in accordance with the provisions of Chapter 42 - 35 of the Rhode Island General Laws, as amended, that the Secretary will hold three (3) Public Hearings on the above-mentioned matter on April 2, 2018 at 3:30pm, April 3, 2018 at 10:00am and April 10, 2018 at 3:30pm, at which time and place all persons interested therein will be heard. Interested persons should submit data, views, or written comments by **April 23, 2018** to Melody Lawrence, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov. Public Hearings will be held on:

Public Hearing #1	Public Hearing #2	Public Hearing #3
April 2, 2018 3:30-4:30pm Westerly Public Library & Wilcox Park 44 Broad Street Westerly, RI 02891	April 3, 2018 10:00-11:00am Woonsocket Public Library 303 Clinton Street Woonsocket, RI 02895	Tuesday, April 10 th , 2018 3:30-4:30pm 2 nd Fl Conf Rm 301 Metro Centre Blvd Warwick, RI 02886

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Background: 1115 Demonstration 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. Under the Rhode Island Comprehensive 1115 Waiver Demonstration (“Demonstration”), EOHHS 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. The Demonstration provides federal authority for EOHHS to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

The current Demonstration expires on December 31, 2018. EOHHS intends to request a five-year extension of the Demonstration, with additional waiver and expenditure authorities that will allow EOHHS to continue to make improvements to the Medicaid program. This extension request constitutes EOHHS’ request for the authority, or flexibility, to receive federal matching funds. Securing state appropriations needed to implement these waivers/services is a separate process that must go through the usual budget processes. Provided below are brief descriptions of the proposed modifications to the existing Demonstration, and new waiver and expenditure authorities, that are included in the extension request. Unless otherwise noted, all existing authorities are requested to remain in force.

Abbreviated Descriptions of Requested Waivers and Alignment with Principles

Waiver	Description	Pay for value, not for volume	Coordinate physical, behavioral, & long-term health care	Rebalance the delivery system away from high-cost settings	Promote efficiency, transparency, and flexibility
Eligibility					
Streamlining the Process for Collecting Beneficiary Liability to Decrease Provider Burden and	<ul style="list-style-type: none"> EOHHS proposes a new approach to the collection of beneficiary liability; the State will collect the beneficiary liability directly from the Medicaid eligible individuals rather than having providers collect them. 		X		X

Improve Program Integrity	<ul style="list-style-type: none"> This change would solely address the process of collection; methodology for determining the application of beneficiary income to the cost of care will remain the same. 				
Medicaid LTSS for Adults with Developmental and Intellectual Disabilities Group Homes	<ul style="list-style-type: none"> Request to strengthen eligibility criteria for group home services for the developmentally disabled (DD) population receiving HCBS; designed to ensure that the services provided are in the most integrated, least restrictive setting, that the services are appropriate for the needs of the population, and to reduce an over reliance on the most restrictive and highest cost community living option. Criteria will not be applied to those individuals that are already residing in a group home 		X	X	X
Facilitating Medicaid Eligibility for Children with Special Needs	<ul style="list-style-type: none"> Establish an eligibility category for children who meet the SSI disability criteria, but whose household income and assets exceed the SSI resource limits. Allows children who meet the SSI disability criteria and require care in a residential treatment facility to become Medicaid eligible and receive residential care without parents needing to voluntarily relinquish custody to DCYF. 			X	X
Benefits					
Covering Family Home Visiting Programs to Improve Birth and Early Childhood Outcomes	<ul style="list-style-type: none"> Seeking authority to receive federal matching funds for evidence-based home visiting services for Medicaid-eligible pregnant women and children up to age four who are at-risk for adverse health, behavioral, and educational outcomes are the target population Aimed at improving maternal and child health outcomes, encourage positive parenting, and promote child development and school readiness 		X	X	X
Supporting Home- and Community-Based Therapeutic Services for the Adult Population	<ul style="list-style-type: none"> Expansion of current in-home/community-based skill building and therapeutic/clinical services for children to adults. Services may include but are not limited to: evidence based practices; home-based specialized treatment; home-based treatment support; individual-specific orientation; transitional services; lead therapy; life skill building; specialized treatment consultation by a behavioral health clinician; and treatment coordination. 	X	X	X	X
Enhancing Peer Support Services for Parents and	<ul style="list-style-type: none"> Request to offer peer mentoring services to children, youth, and young adults, and their families, who have complex behavioral health needs and 		X	X	X

Youth Navigating Behavioral Health Challenges	<p>are at risk of removal from the home due to child welfare or juvenile justice involvement, or who may need extended residential psychiatric treatment.</p> <ul style="list-style-type: none"> Peer support providers who struggled with and successfully overcame behavioral health challenges as youth may work directly with current youth deemed in need of the service, or parent support providers who have parented youth involved in the behavioral health, child welfare, juvenile justice or other youth serving systems may support parents or caregivers directly to enhance the parent/caregivers' ability to address their child's behavioral health. To be claimed under Budget Services 4 for at risk youth 				
Improving Access to Care for Homebound Individuals	<ul style="list-style-type: none"> Request to cover home-based primary care services only for Medicaid-eligible individuals who are homebound, have functional limitations that make it difficult to access primary care, or for whom routine office-based primary care is not effective because of complex medical, social, and/or behavioral health conditions. 		X	X	X
Building Supports for Individuals in a Mental Health or Substance Use Crisis	<ul style="list-style-type: none"> Behavioral Health Link (BH Link) triage center to support crisis stabilization and short-term treatment for individuals experiencing a behavioral health or substance use crisis. Number of providers allowed to provide this service will be limited based on need. 	X	X	X	
Providing Clinical Expertise to Primary Care through Telephonic Psychiatric Consultation	<ul style="list-style-type: none"> Authority to cover child, adolescent and adult telephonic psychiatric consultation services for primary care practitioners; this is an expansion of the SIM initiative Pediatric Psychiatry Resource Network or "PediPRN" to adults 		X	X	X
Facilitating Successful Transitions to Community Living	<ul style="list-style-type: none"> Seeking to revise the current authority for Community Transition Services by: <ol style="list-style-type: none"> Characterizing the services as a Preventive service, rather than a Core service; and Expanding the allowable expenses that can be covered under this authority to include: <ul style="list-style-type: none"> Storage fees; Weather appropriate clothing; Assistance with obtaining needed items for housing applications (e.g., assistance with obtaining and paying for a 		X	X	X

	<p>birth certificate or a state identification card, transportation to the local Social Security office);</p> <ul style="list-style-type: none"> - Short-term assistance with rental costs for people who are at imminent risk of homelessness and are likely to be institutionalized in the absence of safe housing or who are in an institution and are unable to secure new housing without financial assistance (e.g., past due rent with housing agencies); - A short-term supply of food when people transition from the nursing facility or the hospital to the community; and - Transportation from a nursing facility to a new community-based living arrangement. 				
Ensuring the Effectiveness of Long-Term Services and Supports	<ul style="list-style-type: none"> • Request to modify the LTSS expedited eligibility authority by: <ol style="list-style-type: none"> 1. Using a more efficient, clinical/functional expedited eligibility review process that employs a shortened, concise application that will capture the information (from medical providers) needed to identify individuals who qualify for LTSS; 2. Expanding the benefit package to include Preventive HCBS; 3. Increasing the number of days that adult day care services may be covered from three (3) to five (5) days per week; and 4. Including an option to provide additional hours of personal care/homemaker services above the twenty (20) hours currently allowed for beneficiaries with the highest clinical/functional need for an institutional level of care. 		X	X	X
Modernizing the Preventive and Core Home- and Community-Based Services Benefit Package	<ul style="list-style-type: none"> • EOHHS seeks to modernize the Preventive and Core Home and Community Based Service (HCBS) package for beneficiaries who meet the applicable clinical/functional criteria by: • Eliminating select HCBS that are no longer needed as they are now State Plan benefits; • Broadening the range of needs-based Preventive and Core HCBS (see list below); • Updating the definitions of the benefits; and • Instituting authority to cap the amount or duration of Preventive HCBS based on need and mandate cost-sharing for Preventive HCBS 		X	X	X

	<ul style="list-style-type: none"> • New Preventive HCBS include: <ul style="list-style-type: none"> - Assistive technology - Chore - Community Transition Services - Home stabilization - Limited non-emergency transportation/home visits - Medication management/administration - Peer Supports - Skilled-nursing, when pre-authorized based on need • New Core HCBS include: <ul style="list-style-type: none"> - Bereavement Counseling - Career Planning - Consultative Clinical and Therapeutic Services - Prevocational Services - Psychosocial Rehabilitation Services - Training and Counseling Services for Unpaid Caregivers 				
Delivery System					
DSHP Claiming and Expenditure Authority for a Full Five Years	<ul style="list-style-type: none"> • Extension of the Designated State Health Program (DSHP) authority through December 31, 2020, allowing continued work on AEs and Healthcare Workforce Development activities through 2022 	X	X	X	X
Piloting Dental Case Management	<ul style="list-style-type: none"> • Pilot four new dental case management CPT codes in select group of approximately six trained dental practices across the state • Monitored via claims data from MMIS and a customized data collection form to determine effectiveness prior to full implementation 		X	X	X
Promoting Access to Appropriate, High-Quality Mental Health and Substance Use Treatment by Waiving the IMD Exclusion	<ul style="list-style-type: none"> • Waiver of IMD exclusion in section 1905(a)(29)(B) of the Social Security Act and 42 CFR 435.1009 to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible people who have mental health or substance use disorders and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs 		X		X
Finance					

<p>Testing New Personal Care and Homemaker Services Payment Methodologies Aimed at Increasing Provider Accountability</p>	<ul style="list-style-type: none"> • Pilot an Alternative Payment Methodology (such as bundled payments, per member per month payments, episodic payments, and quality-adjusted payments) for personal care and homemaker services • Pilot first, then full implementation if evaluation proves successful 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
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