

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**4/9/2020 PUBLIC NOTICE OF RHODE ISLAND COVID-19 1115 DEMONSTRATION
WAIVER REQUEST**

In accordance with Rhode Island General Laws 42-35, notice is hereby given that the Rhode Island Executive Office of Health and Human Services (EOHHS) has submitted to the Centers for Medicare and Medicaid Services (CMS) its request to implement a new 1115 Waiver Demonstrations in response to the novel Coronavirus Disease (COVID-19) effective March 1, 2020.

COVID-19 1115 Demonstration Waiver Request

In order to respond to the ongoing COVID-19 crisis, EOHHS has submitted a request to implement a new 1115 Waiver Demonstration in response to COVID-19 effective March 1, 2020. The Waiver proposes to allow coverage of care to patients receiving care in an IMD that needed to be transferred to an IMD from an acute care hospital.

The goal of this waiver request is to ensure that Medicaid members continue to receive medically necessary Medicaid-covered services while minimizing exposure to the virus. The existing RI Comprehensive 1115 Demonstration Waiver (“Demonstration”), will remain in force unless described in these emergency 1115 request. The existing 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, 2023. EOHHS intends to continue normal processes to the furthest extent possible, given the resources available during the state of emergency, and revert back to those processes in place under the existing Demonstration after the termination of the state of emergency.

Public Comment Process

Given that this request is intended to address an emergency, as declared by the President on March 13, 2020, EOHHS has sought an exemption from the public notice process pursuant to 42 CFR 431.416(g). However, written public comments will be accepted.

The waiver request is accessible on the EOHHS website (<http://www.eohhs.ri.gov/ReferenceCenter/MedicaidStatePlanand1115Waiver.aspx>) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by **May 9, 2020** to Melody Lawrence, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Melody.Lawrence@ohhs.ri.gov.

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Background and Program Description

EOHHS anticipates that as more patients are hospitalized with COVID-19, general acute care hospitals may face bed shortages and challenges protecting non-COVID-19 patients from

transmission. Some hospitalized patients are admitted for psychiatric conditions that could be safely treated at Institutes for Mental Disease (IMD). EOHHS expects that for some patients, a transfer to one of these facilities will be appropriate during this time.

Goals and Objectives

Goal #1: Facilitate movement of individuals requiring inpatient psychiatric care out of general acute care hospitals to prevent transmission of COVID-19 to these individuals and to increase available beds in general acute care hospitals for care to COVID-19 patients. This goal will be achieved by:

- (a) Permitting payment to an Institution for Mental Disease (IMD), for Medicaid patients transferred/ diverted from acute care hospitals to prevent transmission of COVID-19 and/or to re-deploy hospital capacity.

Waiver and Expenditure Authorities Being Sought

EOHHS has sought a waiver of the following requirements/expectations of CMS:

- Transfer of patients to an IMD Section 1905(a)(B) of the Social Security Act – To the extent necessary to permit the transfer of psychiatric patients to an IMD to prevent transmission of COVID-19 and to increase bed availability at general acute care hospitals.

Expenditure Estimates

In light of the novel coronavirus emergency, the Demonstration will be presumed to be budget neutral. Therefore, EOHHS has requested that it not be required to provide or demonstrate budget neutrality through “without waiver” and “with waiver” expenditure data.

Demonstration Eligibility

EOHHS does not anticipate that this waiver will affect enrollment in Medicaid. All current populations under the existing Rhode Island Comprehensive 1115 Waiver Demonstration will continue to be covered. Rhode Island’s Medicaid program provides an essential safety net for many Rhode Islanders. The program ensures low income and vulnerable populations have access to high quality healthcare services, mostly through Medicaid MCOs that are consistently ranked in the top ten in national NCQA rankings for Medicaid MCOs. EOHHS will continue to cover all of these eligibility groups, including categorically eligible groups (mandatory and optional), medically needy (mandatory and optional), groups that could be covered under the Medicaid State Plan but are covered under the Demonstration, and groups that are covered under the Demonstration authority.

Benefits

EOHHS has identified one additional benefit that will be temporarily available under this waiver: IMD services for patients transferred to/diverted from general acute care hospitals. All current State Plan and Waiver services will remain in-force.

Cost Sharing

There will be no cost sharing requirements for Rhode Island Medicaid members under this waiver.

Delivery System

This COVID-19 emergency waiver does not include any changes to the delivery system structure that is currently in place under the existing 1115 Demonstration. All services provided through the existing Demonstration are administered through one of the following delivery systems based on their payment mechanism-capitated managed care or fee-for-service and source of case/care management.

Managed Care Organizations

- Rite Care: Program for Families and Children administered by the MCOs. In addition, Rite Care includes all CHIP children as well as 90% of children in Substitute Care and 75% of Children with Special Health Care Needs (CSN). This population also includes the Extended Family Planning Program and the Pregnant Expansion Population both of which are very small populations representing less than 1% of the Medicaid population.
- Rhody Health Partners (RHP): Program for Aged, Blind and Disabled Adults (ABD) with no third-party liability (TPL) who are not eligible for long-term services and supports (LTSS). The program also enrolls adults in the new Medicaid Expansion population. The program is administered through the MCOs.
- Rhody Health Options (RHO): Program for ABD adults eligible for LTSS who may or may not have TPL. Beneficiaries will have access to home and community-based services either as an alternative to institutionalization or otherwise based on medical need. RHO is the responsible managed care entity for both institutional and HCBS services.
- Rite Smiles: Managed dental benefit program for children and young adults born on or after May 1, 2000. The program is administered through a pre-paid ambulatory health plan contract.

Other Care Management Programs

- Program for All-Inclusive Care for the Elderly (PACE): PACE is subsumed under the existing section 1115 Demonstration program and will remain an option for qualifying Demonstration eligible, that is, those that meet the High and Highest level of care determinations. EOHHS assures that Demonstration participants who may be eligible for the PACE program are furnished sufficient information about the PACE program to make an informed decision about whether to elect this option for receipt of services. EOHHS will comply with all Federal requirements governing its current PACE program, and any future expansion or new PACE program in accordance with section 1934 of the Social Security Act and regulations at Part 460 of the Code of Federal Regulations.)

Fee-for-Service (FFS)

- For those populations of beneficiaries that do not qualify for enrollment in managed care, they may receive services through the traditional Fee-For Service (FFS) arrangements with providers. Some populations may 'opt-out' of managed care programs and are also eligible to receive services through FFS. Self-direction beneficiaries (or, as they authorize, their families) have the option to purchase HCBS waiver like services through a self-direction service delivery system. Under this option, beneficiaries will work with the agency to develop a budget amount for services needed. The beneficiary, with the support of a fiscal intermediary, will then be able to purchase services directly. This option is based on experience from EOHHS's 1915(c) Cash and Counseling Waiver (RI Personal Choice), 1915(c) Developmental Disabilities Waiver, and Personal Assistance Service and Supports program. Self-Direction is fully described in the Self-Direction Operations Section of the STCs.

Marketplace Subsidies/Expansion Populations

- Alternative Benefit Plan (ABP): Effective January 1, 2014, the New Adult Group receive benefits through the state's approved alternative benefit plan (ABP) state plan amendment (SPA), which are effective as of the date in the approved ABP SPA. Individuals in the New Adult group may receive, as a part of their ABP under this Demonstration, Expenditure Authority services such as Managed Care Demonstration Only Benefits and will be referred to as enrolled in a Qualified Health Plan (QHP).