

RI Medicaid Section 1115 Waiver Extension Request

PUBLIC PROCESS AND PUBLIC COMMENTS

I. Introduction

The Executive Office of Health and Human Services (EOHHS) has had an extensive engagement with health and human services stakeholders through its Global Waiver Taskforce which has met monthly since May 2009. There are approximately 60 members on the Taskforce that represent a broad cross section of community-based organizations, provider organizations, consumers and other stakeholders that have an interest in Medicaid and human services policy and programs. All meetings are open to the public and all meeting minutes and handouts are posted to the EOHHS website. Through the Taskforce, the state has kept taskforce members and other interested parties updated on key initiatives and programs as they relate to the goals and priorities of the Section 1115 Waiver (formerly called the Global Waiver).

In addition to the GW Taskforce, the State has engaged both internal and external stakeholders in the planning and design of the Integrated Care Initiative (ICI), Rhode Island's effort to enroll Medicaid and Medicare Eligibles (MME) into managed care organizations. Rhode Island is currently in the middle of a procurement process to purchase both a Primary Care Case Management and a Managed Care product for eligible members. There has been extensive interaction with key stakeholder groups as a part of this initiative and mostly recently a series of workshops that were held in the Summer of 2012 whose findings contributed to the development of the procurement documents. For more information, see <http://www.ohhs.ri.gov/integratedcare/stakeholderinfo/>

The State also holds a Consumer Advisory Committee (CAC) six (6) times per year on issues related to its Medicaid managed care programs for Children and Families, Children with Special Health Care Needs and Children in Foster Care.

The RI Medicaid Program holds a Medical Care Advisory Committee (MCAC) quarterly whose members represent the following groups of providers: physicians, nurses, pharmacists, behavioral health specialists, psychiatry, etc. In addition to the regular quarterly meetings, there were two (2) ad hoc groups of physicians that met to advise the State on its Extended Family Planning Program and whether we should cover a new behavioral health treatment for treatment resistant depression. We are very grateful for the time these professionals take to work with us on complex issues that affect our beneficiaries.

The work of the Global Waiver Taskforce, CAC, MCAC and ICI Stakeholder Workgroups have all informed the draft document: RI Section 1115 Research and Demonstration Waiver Extension Request that was published on our website on 1/18/13 at the start of the Public Process as well as this subsequent revision and submission to CMS. The public comments we received through the public process include accolades for

the work done thus far, suggestions for improvements to existing programs and recommendations for entirely new pilots or programs.

II. Summary of Public Process

The State's Public Process for the Section 1115 Waiver Extension Request was from January 18, 2013 through March 1, 2013. During that time period there were three (3) public hearings with 70 people in total in attendance, not including state EOHHS staff. In all there were 26 public comments received, 25 were written and one was an oral comment from Public Hearing #1. The State has incorporated the public comments into a single summary document that could serve as a repository for all the comments received during the public process that the State would have to evaluate.

See Section IX, for a concise summary of Rhode Island's Public Process.

See <http://www.ohhs.ri.gov/ri1115waiver/publiccomments/> for copies of written public comments and the summary document referred to above.

III. State's Response to Public Comments

There were many thoughtful comments submitted during the Public Process period. Many comments were positive and some are included here. We think this reflects well on the efforts that the State and its stakeholders, working together, have undertaken in the past four (4) years. The following are a few highlights of positive comments received. For the complete list of public comments and the State's responses, see

See <http://www.ohhs.ri.gov/ri1115waiver/publiccomments/>

"I am here today to testify in support of the extension of the 1115 Research and Demonstration Waiver, particularly as it relates to Medicaid funded long-term care services. I believe the waiver gives us our best chance of reforming our system so that more frail elders and adults with disabilities have the option of receiving long-term services and supports in the community."

Robert J. Caffrey, President and CEO, Homefront Health Care

"I am writing, first to congratulate and thank you for a thoughtful and promising design for Rhode Island's 1115 Waiver Extension request."

Paul Block, PhD, Psychological Centers

"Ocean State Action would like to thank and applaud you for your efforts to broaden the services for eligible post-partum women to include comprehensive family planning benefits."

Kate Brock, Exec. Director, Ocean State Action

"Overall, we applaud your Department's efforts through the Waiver to make services and supports available and accessible to these high-intensity, high cost individuals in the most flexible way possible."

Dale Klatzker, PhD, President and CEO, The Providence Center

“The RIHCA and Rhode Island’s community health centers support the waiver renewal application and look forward to continuing to work closely with RI Medicaid on these and other initiatives in order to ensure access to high-quality, affordable health care for low-income Rhode Islanders.”

Jane Hayward, President and CEO, RI Health Center Association

“Overall, we believe that the Extension request includes many proposals that will improve access to appropriate health care for Medicaid participants by addressing the complex needs of low-income populations and promoting quality community-based services for people who require long term services and supports.”

Linda Katz, Policy Director, The Economic Progress Institute

Additionally, the public comments include numerous recommendations for further consideration by EOHHS. The attached grid provides a summary of those comments along with EOHHS’ responses.

COST SHARING

Date	Organization	Question/Comment	Response
Premiums			
3/1/2013	Economic Progress Institute	Recommend eliminating premium payments for RItE Care (would require statutory amendment/General Assembly approval).	At this time, we have not included this change in the Waiver Extension request.
3/1/2013	RI Kids Count	Recommend eliminating premium payments for RItE Care (would require statutory amendment/General Assembly approval).	see above

COMMUNICATION

Date	Organization	Question/Comment	Response
Public process			
3/1/2013	Economic Progress Institute	Recommend a consistent process for prior notice of Category II (and III) changes with an opportunity for public comment.	Per State statute all Category II and III changes require General Assembly approval and as such are part of the Budget and Legislative process. EOHHS will work with the Taskforce to improve this process so that there is ample opportunity for public comment.
Community Advisory Committee			
3/1/2013	Economic Progress Institute	Suggest changing the "Global Waiver Taskforce" to the Medicaid Advisory Committee, with 3 subcommittees focused by population: 1. Children and families (and CSHCN) 2. Adults (seniors and the new expansion population) 3. Adults with disabilities	EOHHS appreciates this comment and will take them under consideration with the Taskforce.

ELIGIBILITY

Date	Organization	Question/Comment	Response
Eligibility			
3/1/2013	Economic Progress Institute	In the original waiver (Paragraph 26) there is a requirement for "maintenance of current optional populations." If paragraph 26 continues to apply, then we request that either (1) par.26 be amended to provide equal status to the Rlte Care expansion population or (2) move the Rlte Care expansion population from waiver eligibility to eligibility state plan.	The Waiver extension seeks to maintain the construct of the initial waiver as much as possible. At this time, it is not clear that the recommended change would have any concrete impact on this population.
3/1/2013	RI Kids Count	Same as above.	
3/1/2013	Economic Progress Institute	If EOHHS is proposing to implement presumptive eligibility, then it should be available to consumers regardless of where they apply for coverage. There is a reference in question 2...if hospital elects to implement presumptive eligibility, it will be required to become a Navigator.	The Affordable Care Act requires that hospital are the only entities that may ELECT to implement presumptive eligibility. The State may establish procedures for this process but cannot deny their request. At this time the State is not including presumptive eligibility but instead will rely on "reasonable compatibility" between a person's attestations and federal and state data sources which will result in an approved application until such time that verified information can be obtained.
RC coverage for parents whose children are removed from home			
3/1/2013	Economic Progress Institute	Substitute Care-Budget Population 8. We propose that the criteria for this CNOM population be revised to eliminate the requirement that the reason for the child's removal from the home is because of the parent's behavioral health conditions.	The rationale for the inclusion of specific criteria in this CNOM population is because we can identify resources and services that may be available to the parent. While we are open to working with DCYF and the community to explore the expansion of CNOM 8, the Waiver extension does not currently include this change.
3/1/2013	RI Kids Count	Also support above recommendation to remove reason for child's removal from home as solely because of a parent's behavioral health condition. Could be other reasons as long as its temporary.	see above
Express Lane Eligibility			

3/1/2013	Economic Progress Institute	Recommend express lane eligibility for adults and children after 2013.	The Waiver does not currently include this change. EOHHS is very interested in exploring this option but would likely pursue the authority for Express Lane Eligibility through a State Plan amendment.
3/1/2013	RI Kids Count	Recommend express lane eligibility for adults and children after 2013.	see above

DISABILITIES

Date	Organization	Question/Comment	Response
Consumer Issues			
2/28/2013	RI Disability Law Ctr	State should define more specifically the meaning of "person-centered care" so its clear that the consumer's priorities are recognized.	EOHHS expects that the services and the way in which the services are delivered would reflect care that is person-centered. We have not included such a definition because there is the risk that a definition would hamper our ability to individualize services. This is a topic that we would like to discuss but would be more interested in hearing if the care itself is experienced as "person-centered" from beneficiaries.
2/28/2013	RI Disability Law Ctr	Believe that "Options Counseling" should be made available to consumers from an external source.	EOHHS, in partnership with DHS/DEA; BHDDH; DCYF; and the DOH intend to build a robust Consumer Assistance Program that could encompass options counseling from external sources. The development of this Consumer Assistance Program is a priority of the Office.
2/28/2013	RI Disability Law Ctr	Support <i>voluntary</i> use of peer services for consumers and believe that in order to qualify as a "peer" an individual should have personal experience with the particular service system at issue.	We agree and believe the Waiver Extension request reflects this concept.
2/28/2013	RI Disability Law Ctr	State need to utilize multiple means of engaging consumers who are beneficiaries in providing feedback on quality and scope of services. Recommend focus groups and targeted meetings with consumers.	The State intends to solicit feedback from beneficiaries in a variety of ways including satisfaction surveys, targeted meetings and advocate interaction.
Supportive Housing			

2/28/2013	RI Disability Law Ctr	For individuals with behavioral health needs, there are insufficient community-based housing options available in RI. Supports: community based services/supportive housing. In implementing this and other models of residential support, recommend/urge state to establish policies whereby consumers are able to live in the most integrated settings appropriate to their needs and that consumers in community have a property interest (own, rent) in home in which they are living.	The 1115 Waiver extension includes extensive clinical and social interventions as part of the supportive housing request
Supported Employment			
2/28/2013	RI Disability Law Ctr	Revise its supported employment definition on p. 62 to conform to the CMS revised core service definition. http://www.cms.gov/CMCSBulletins/downloads/CIB-9-16-11.pdf	Revised definitions reflected in Waiver Extension request.
2/28/2013	RI Disability Law Ctr	Regarding "Working Adults with Disabilities Program" on page 12 seems to imply that only individuals without third party insurance would be covered. Need clarification on this as well as the state's plans for enrolling working adults into employer plans, as authorized in state law.	We are currently assessing the potential impact of the development of a Rhode Island Health Benefits Exchange on the Working Adults with Disabilities Program and will communicate that analysis when it is complete.
Monitoring Quality and Outcomes			
2/28/2013	RI Disability Law Ctr	We appreciate the difficulty in finding standards for assessing long term care outcomes... We encourage the state to utilize and/or adopt... See letter for website links to sources for quality measures for specific populations.	The State will consider these quality measures for the Waiver monitoring and evaluation

LONG TERM CARE

Date	Organization	Question/Comment	Response
Expedited Eligibility for LTC			
1/28/2013	Senior Agenda	Provide more extensive service allotment for expedited eligibility during the 90 days based on average "high" LOC.	The Waiver Extension requests flexibility on the services available on an individual basis for those circumstances when additional services beyond the minimum are needed.
2/12/2013	Leading Age RI	Supports expedited LTC process but feels cap on service of 3 days of adult day services and 10 hrs. of home care is insufficient to meet the varying needs of clients; Recommends 5 days of adult day services.	
2/22/2013	NHPRI	Supports expedited eligibility but recommends a more extensive service allotment during the 90 days based on average use of those needing high level of service.	
2/28/2013	K.McKeon	Re: expedited eligibility....Allow expanded services when needed.	
3/1/2013	Economic Progress Institute	We recommend allowing a more extensive set of services during this "presumptive eligibility period". The services should be tailored to the applicant's needs to avoid entry to a nursing home.	
Home Care			
1/28/2013	Hope Nursing Care	Three insurers have closed networks for home care, could cause issue of insufficient access to home care if health plans do not add agencies to their provider network.	Under our Integrated Care Initiative, the Medicaid Managed Care Organizations are contractually required to provide timely access to all covered benefits including home care. The MCOs must demonstrate an adequate provider network in order to meet these contract requirements. We will closely monitor access to services.
CNOMs			
2/12/2013	Leading Age RI	Supports continuation of CNOM \$ for Co-Pay Program	The Waiver Extension reflects the continuation of this Program.
2/13/2013	Leading Age RI	Promote supportive housing or "service enriched housing" like the current Foundations of Senior Health. Pay for as a CNOM. RI already has a statute written for Adult Supportive Care Residences; regs need to be written.	The Waiver Extension request includes housing supports. EOHHS will work with the Department of Health, providers, beneficiaries, and others to determine the impact of the Adult Supportive Care Residences on Medicaid.

1/28/2013	Senior Agenda	Include more home care hours or days of adult day service and a new medication management benefit in DEA CNOM (Budget Population 10) as the age of the populations living in housing for the elderly is increasing.	At this time, the Waiver Extension does not include this request. This change would have a budgetary impact.
Adult Day Services			
2/12/2013	Leading Age RI	Add adult day health services to extension request; appears it was omitted. Refine the adult day reimbursement methodology to better reflect costs, acuity, and quality.	The authority to claim Federal Medicaid funds for Adult Day services is through the Medicaid State Plan and is therefore not listed here. EOHHS does, however, recognize the importance of this service and the role it plays in the continuum of long-term services and supports (LTSS). We expect that the Integrated Care Initiative will have a major impact on Adult Day services and all LTSS. At this time, our focus is on the successful implementation of that program.
1/28/2013	Senior Agenda	Improve rebalancing of LTC by changing reimbursement methodology for adult day to recognize client acuity and nursing needs.	See above
Nursing Homes			
2/12/2013	Leading Age RI	Continue to support adequate staffing and quality of care measures at NHs by adequately funding them.	EOHHS has worked to reform the methodology to pay nursing homes. On the fee-for-service side, we are working towards an acuity-based methodology that seeks to match reimbursement with the level of service needed by a resident. Through the Integrated Care Initiative, we will contract with entities to coordinate and actively manage the care of Medicaid eligible adults. Both efforts seek to support adequate staffing and quality of care in nursing homes.
Shared Living			

2/11/2103	Caregiver Homes of RI	Include Shared Living (RIte @ Home) for expedited LTC eligibility	EOHHS is open to considering this request, but has not included it in the current Waiver Extension request. We would need to better understand if the problem this recommendation seeks to address cannot be solved through another approach.
1/28/2013	Senior Agenda	Allow self-attestation for the Shared Living program	see above
Assisted Living			
2/22/2013	NHPRI	Modify current DOH regs that restrict Assisted Living facilities ability to provide health care services that reduce ER visits, hospital and NH admission.	This issue cannot be addressed through this Waiver Extension request.
1/28/2013	Senior Agenda	Improve rebalancing of LTC by changing reimbursement methodology to allow greater payment for Assisted Living services.	The Waiver Extension request does not include any explicit changes to payment methodologies. At this time, we are focused on the successful implementation of the Integrated Care Initiative to improve the LTSS system.
2/12/2013	Leading Age RI	More work needs to be done on Assisted Living reimbursement and regs that govern industry. Rates affect providers ability to serve more Medicaid recipients.	The Waiver Extension request does not include any explicit changes to payment methodologies. At this time, we are focused on the successful implementation of the Integrated Care Initiative to improve the LTSS system.
3/1/2013	RIALA, K.Kelly	Increasing need for memory care placements; there is no funding in Medicaid for the increased supervision that's necessary. So frequently, these people get moved to "highest" LOC category even though their physical needs remain the same.	The Waiver Extension request does not, at this time, include this request. We would like to explore this recommendation further.
		Recommend pilot to prevent increased ED utilization among AL residents due to chronic diseases like CHF, diabetes, heart disease and stroke.	The Waiver Extension request does not include this explicit request. We believe our Integrated Care Initiative and our proposal to CMS to include dual-eligible individuals will have a significant positive impact on ED utilization.

		Extension request mentions "bridge" services but not in detail. There are nursing services that could be provided in AL residences that do not rise to the level of skilled nursing but could be done with some regulatory change.	The reference to bridge services has been removed. The Waiver Extension request does not include this request. Regulatory changes would need to be pursued first.
		Assisted Living can be an appropriate option for clients who need consistent supervision and for clients who do not meet "high" LOC because their disability is more behavioral than physical. Recommend treating this as "preventive services" for these people.	The revised waiver submission does request authority to provide services for persons 18-64 diagnosed with Alzheimer disease or related dementia.
		Although rules prevent utilization of Medicaid dollars for room and board, there needs to be a commitment from the state to identify a stable funding mechanism for these costs in order to achieve the expansion of AL (as described in ext. request) and to achieve savings in the system and rebalance LTC.	This is an issue that goes beyond the scope of the Waiver Extension request.
Rebalancing LTC/ misc.			
1/28/2013	Senior Agenda	Implement payment for community transition services.	Medicaid currently implements the Money Follows the Person (MFP) Program which funds community transition services.
1/29/2013	Senior Agenda	Provide certain participants with greater monthly maintenance allowances (especially for housing needs).	The Waiver Extension request includes a proposal to increase the personal needs allowance for persons meeting specific criteria.
1/28/2013	Homefront Health Care	Supports concepts in extension request; no specifics except that the 15%LTC to 85%HCBS ratio is unchanged in 2 years...and urges us to do more to rebalance.	EOHHS appreciates the support and agrees that more needs to be done to accelerate the rebalancing of the Long-term care system. At this time, we are focused on the implementation of the Integrated Care Initiative to achieve those goals.
Consumer Issues			
2/28/2013	RIDE, K.McKeon	Where issues of access are addressed, please give special mention/focus to consumers from diverse cultures, limited English speakers and person who are illiterate.	EOHHS fully supports these principles and will endeavor to support persons with diverse needs.

3/1/2013	RIDE, K.McKeon	Strongly urge that "Consumer Assistance Program" efforts are done in collaboration with the POINT (ADRC). How will this effort compliment what is already in place with the POINT?	EOHHS concurs and will ensure that information and consumer support will be coordinated among entities. The existing ADRC activities, including the Point, will be part of the overall Consumer Assistance Program and we expect will be better coordinated with other efforts to provide information and referral.
3/2/2013	RIDE, K.McKeon	Rebalancing of LTC can't happen without strong, adequate paid community supports. (during 4 years of Global Waiver, some HCBS funding has been decreased.)	The Waiver Extension request enables EOHHS to secure federal Medicaid financing for services. The request does not impact the amount of general revenue available to fund services. We strive to submit budgets that address the needs of Medicaid beneficiaries while also meeting the constraints of the State Budget.
3/3/2013	RIDE, K.McKeon	Use elders as peer navigators/mentors (workforce development idea for elderly).	Elders are not explicitly excluded from providing peer support. We will make an enhanced effort to ensure they are included as we further develop this service.
Caregiver Issues			
3/3/2013	RIDE, K.McKeon	Couldn't find "caregiver" in language in extension request document. This is an important component (unpaid care).	The Waiver Extension request does not include a reference to "caregivers," but EOHHS acknowledges the important role they play. EOHHS is open to revising the Waiver at the time when the State has determined how it should recognize caregivers in the publicly-financed long-term care system.
3/3/2013	RIDE, K.McKeon	"Assessment" should include an assessment of the caregiver's role and needs. Information should be provided routinely for the caregiver	
3/3/2013	RIDE, K.McKeon	Reporting should include metrics on caregiver contributions, demographics and service needs and utilization.	
3/3/2013	RIDE, K.McKeon	Consider "early intervention" for caregivers caring for the "almost Medicaid eligible"	

DSRIP

Date	Organization	Question/Comment	Response
DSRIP			
1/28/2013	Psychological Centers, P. Block	DSRIP incentive payments are described as focusing on "robust access to care, particularly for BH and SA" but this omits health-related behaviors and the list of potential measures do not seem to include any items that directly reflect access to BH or SA services.	The DSRIP initiative is under development and the State will seek input and feedback as to the most efficient, effective and value driven approach. We agree with the need for inclusion of a broad set of services.
		While appreciating the ASO and "medical neighborhood" foundation...building incentives around networks including hospital systems risks missing opportunities to influence care within outpatient networks, increasing costs given the higher rate of inflation even for outpatient services offered through hospitals, and inadvertently furthering the division of RI's health care system into 2 networks centered around the 2 larger hospital systems.	
2/22/2013	NHPRI	Advocates EOHHS to work with Medicaid health plans to develop a shared Medicaid approach.	
2/12/2013	Leading Age RI	Re: DSRIP...unclear what role LTC providers will play, but SNF, adult day centers, and other providers can play a role.	

EVALUATION

Date	Organization	Question/Comment	Response
Evaluation			
3/1/2013	Economic Progress Institute	We request that the extension request include any existing evaluation of services provided to the populations served by BHDDH and DCYF, as well as evaluation of HIV Services.	EOHHS will be working with BHDDH and DCYF through the Quality and Evaluation Unit to coordinate evaluation efforts.
		We request that there be specific plans for evaluation of the Sec. 1115 Waiver extension that includes all populations and services.	The State will take this under consideration and will work with CMS to ensure the Waiver Evaluation metrics are robust
2/28/2013	March of Dimes	Supports quality measures of (1) elective deliveries 37-39 wks gestation and (2) percent of live births weighing less than 2500 gm.	EOHHS continues to incent performance on two measures of access to prenatal care and one measure of access to postpartum care. We also track performance on the CHIPRA measure in conjunction with Rhode Island's annual CHIP report to CMS. EOHHS is currently analyzing its ability to report on the elective deliveries measure. In conjunction with its Medicaid-participating Health Plans, EOHHS will consider the feasibility of an incentive payment methodology for the latter measure.

PRIMARY CARE

Date	Organization	Question/Comment	Response
Rewarding healthy behaviors			
1/28/2013	Paul Block, Psychological Centers	Offer and incentivize professional support for lifestyle and health-related behavior change as opposed to incentivizing members.	The Waiver Extension request does not include this proposal. We are open to further discussion.
Dental			
2/26/2013	RIHCA	Recommends including dental benefit as an in-plan benefit for all Medicaid beneficiaries.	The Waiver Extension requests seeks the authority to dental benefits into a Managed Care delivery system.
2/21/2013	Gov. Comm on Disabilities	The extension request should clearly state that dental benefits for older children and adults will not be eliminated during the extension's 5 years.	This request is beyond the scope and authority of the Waiver Extension.
3/1/2013	Economic Progress Institute	Agree with extension request re: expanding to older children and adults.	
3/1/2013	RI Kids Count	Agree with extension request re: expanding to older children and adults. Also recommend the benefit be in-plan.	
CSHCN			
2/21/2013	Gov. Comm on Disabilities	The extension request should describe the services that will be provided. (referring to transitional and home and community based services)	The extension request sets forth a broad set of services accessible to children with special health care needs.
2/28/2013	D.Achin, RIDE	Shouldn't FFS be listed for CSHCN? (table, p. 39) RI Medicaid has kept children eligible for Medicaid who have other insurance out of the managed care programs. Is this still true	The table was amended.
		What is the definition for CSHCN used by OHHS for the Waiver? Is it the Maternal and Child Health Definition or some other qualifier?	The definition for CSHCN in the Waiver are those children eligible for Medicaid through SSI, Adoption Subsidy, Katie Beckett and Substitute Care
		Chart Page 43:What is the \$100,000 under RIDE?	That value has been removed.
		Page 54: Refers to "Youth at Risk" and then "Young Children at Risk" in same paragraph. Not sure if you mean one or the other or both. What is definition of "at risk"?	The Waiver Extension request clarifies that we are referring to children under 18. These are children in the care and custody of DCYF "at risk" for residential placement.

		What is the definition of core and preventive services for at risk youth?	The Waiver includes broad categories of services to allow for additions and substitutions of services as clinically relevant. Service definitions can be found on the EOHHS website which will be updated regularly. Attachment B identifies core and preventive services. The submissions to CMS includes requests for additional services to be included.
		Page 78: What is the benefit package and how is "at risk" for institutional care defined? (CNOM Budget Population17 Goal 1)	The Waiver includes broad categories of services to allow for additions and substitutions of services as clinically relevant. Service definitions can be found on the OHHS website which will be updated regularly
Miscellaneous			
3/1/2013	Economic Progress Institute	Suggest adding new Guiding Principle: "Ensure that Medicaid participants are informed consumers of health care services and active participants in managing their care.	EOHHS concurs but believes the concept is implicit in the existing principles.

BEHAVIORAL HEALTH

Date	Organization	Question/Comment	Response
Coordination of BH services w/ Primary Care			
1/28/2013	Psychological Centers P.Block	limited or less description (in extension request) of how the waiver will support improved targeting of services to (health behavior and BH). Although pmpm payments for coordinating BH with the PCMH is mentioned, this pmpm fund competes with many other justified demands on that limited pool of funding.	EOHHS will work with providers to ensure our financing supports our program goals.
2/21/2013	The Providence Center	Supports behavioral health incorporated into patient-centered medical homes. Willing to work with us to more fully incorporate BH into RHP and CCC.	The State appreciates the opportunity to work with key Behavioral health providers to facilitate integration.
2/26/2013	RIHCA	Supports integrating care (primary, behavioral, dental) for improved patient experience and health outcomes.	The State appreciates the opportunity to work with key health providers to facilitate integration.
Integration of BH/SA services into Managed Care			
2/22/2013	NHPRI	Recommend language to allow integration of BH and SA services into all managed care programs... May include: Psychiatric Rehab Day Programs Community psychiatric Supportive Treatment Crisis Intervention for individuals with SPMI enrolled in CPST Clinician Services delivered at CMHC for individuals w/ SPMI & enrolled in CPST RI Assertive Community Treatment I and II SA Community based narcotic treatment SA Community based detoxification SA Residential treatment	The State is integrating LTSS into MCOs effective in 2013. Some less intensive behavioral health services and substance abuse services are currently in the scope of benefits for all Managed Care business lines. EOHHS is in discussion with BHDDH to determine the best delivery system for the services BHDDH administers. A waiver amendment may be required to add additional services not currently in scope for MCOs at a later date.
Improve Child and Adolescent Discharge Planning			
2/22/2013	NHPRI	Recommend: 1. Delegate DCYF clinical representation at hospital discharge planning and CMT meetings to health plan clinical staff to ensure hospital are looking at all possible wrap services which can be provided to ensure members clinical needs are being met in least restrictive setting. (does not replace DCYF case worker)	This recommendation is outside the scope of the Waiver Extension request. We will take the recommendation under consideration with discussion with DCYF.
2/22/2013	NHPRI	2. Establish an agreed upon communication timeline for handoffs during discharge planning through placement.	

2/22/2013	NHPRI	3. DCYF develops a residential bed census for daily accounting of all residential and group home beds to understand access and waiting lists at all facilities.	
2/22/2013	NHPRI	4. DCYF mandates interview and acceptance turnaround times for all residential and group home providers.	
Community Based Evaluation for Children's Behavioral Health			
2/22/2013	NHPRI	Create a program to divert children in need of evaluation for BH services from ERs to more appropriate community settings.	The Waiver Extension request does not include this recommendation as we would need additional information regarding such a program. We would welcome ideas and thoughts.
STOP			
2/22/2013	NHPRI	In support of STOP; Wants to be involved in planning to ensure services would be reimbursable and to ensure continuity of care. Recommend working with current providers to establish elements of the program while working towards the ideal.	The State appreciates the opportunity to work with key health providers to facilitate integration
Community Based Services/ Supportive Housing p. 24-25			
2/21/2013	The Providence Center	PC has worked to implement "recovery support services," called Anchor Recovery Community Centers during past 2 years in Pawtucket and Warwick. PC requests we add "Recovery Support Services" to list of programs covered under the waiver of comparability (p. 25).	At this time, the Waiver Extension request does not include a specific proposal for Federal Medicaid matching funds for the Anchor Recovery Community Centers. We would be open to working with BHDDH and the Providence Center to further explore this recommendation.
Supportive Housing			
1/18/2013	CSH, M.Brophy	1. Encourage partnerships with CBOs that will serve this population	The Waiver Extension request does not explicitly include this recommendation, however, we can consider as we develop the implementation plan for the supportive housing initiative outlined in the proposal.
1/19/2013	CSH, M.Brophy	2. Recommend bundled rate for supportive housing services vs. traditional billing system	

1/19/2013	CSH, M.Brophy	3. In order for an individual to retain/maintain housing, recommend allowing individuals access via lowering [criteria] eligibility for the Preventive Level of Care. Suggests a pilot program with frequent fliers identified in the HMIS/Medicaid data match. (could be expanded to other Medicaid recipients in the future, i.e., youth aging out of foster care, elders needing services to age in place, etc.	The Waiver Extension Request does not at this time explicitly include this recommendation. We are open to working with stakeholders for further discussion.
In-home Behav Health Programs for Children			
3/1/2013	RI Kids Count	Offering in-home evidence based behavioral health programs is an important step toward improving access to care and providing effective tx to children and youth with mental health conditions. We support this.	

FINANCING

Date	Organization	Question/Comment	Response
Financing			
2/26/2013	RIHCA	Strongly supports any efforts to improve coordination of financing across all EOHHS agencies...to create a more cohesive approach to policy development and implementation.	The State concurs with this recommendation and is making significant efforts to coordinate policy and initiative implementation

INTEGRATED CARE

Date	Organization	Question/Comment	Response
Integrated Care			
2/21/2013	Gov. Comm on Disabilities	1. How will Medicaid ensure continuity of care as individuals are moved into managed care by selective contracting?	Continuity of care requirements will be included in the contracts with the managed care entities.
2/22/2013	Gov. Comm on Disabilities	2. How will Medicaid ensure these entities are competent to handle the diversity of needs?	There are contractual requirements that must be fulfilled and EOHHS in partnership with other Departments will monitor performance. In addition, EOHHS will survey consumers as to their satisfaction with their providers. The MCOs will also be required to survey members regarding satisfaction with providers.
2/23/2013	Gov. Comm on Disabilities	3. The extension request should clearly state that dental services for older children will not be eliminated during the extension period.	The waiver seeks authority to improve delivery systems of adult dental services through managed care. Children's dental services must be provided under the Medicaid Program.
Care Managers			
2/26/2013	RIHCA	Streamline care managers across programs so patients and practices have access to excellent case management from a limited of number of individuals.	Improved care coordination is a core component of the Rhode Island Medicaid program and is a key construct of the Waiver.
Health Homes			
2/26/2013	RIHCA	Supports extension of Health Homes but would request that stronger requirements for the integration of primary/medical and behavioral health be present.	EOHHS will take this into consideration as the Health Home model is developed.
2/21/2013	The Providence Center	Supports extension of Health Homes	

TRANSPORTATION

Date	Organization	Question/Comment	Response
Improve Transportation Services			
2/22/2013	NHPRI	<p>1. Transportation needs to be on-time for appointment pick-up</p> <p>2. Transportation needs to be appropriate for members' needs. i.e., disability vans for members with physical disabilities. (both affect RHP members)</p>	<p>EOHHS is in the procurement phase for a Transportation Broker. Performance requirements will include on-time pick-up and the most appropriate transportation mode. CMS has been working with the State on this initiative.</p>

DOC

Date	Organization	Question/Comment	Response
Incarcerated Individuals, Prisoners			
2/22/2013	NHPRI	1. RI should request authority to retain Medicaid eligibility for adult prisoners, suspending rather than terminating enrollment and institute procedures to reactivate Medicaid coverage upon exiting incarceration.	EOHHS is pursuing an initiative with DOC that will facilitate prompt reactivation of Medicaid benefits upon release.
2/23/2013	NHPRI	2. RI should institute federal Medicaid rule (1997) to use Medicaid funding to cover health care for inmates hospitalized for over 24 hrs.	This is currently in place.
2/24/2013	NHPRI	3. RI should implement enrollment processes for pre-trial detainees (those held prior to adjudication or sentencing) [ACA]	This has been included in the Waiver Extension request.
2/26/2013	DOC, Rehabilitative Services	Recommend resources through waiver to improve healthcare services to certain populations as follows:	
2/27/2013	DOC, Rehabilitative Services	1. Medicaid beneficiaries who are incarcerated, but not yet sentenced, should be able to receive covered health benefits. (this is currently available for individuals with private insurance but not for Medicaid beneficiaries) [services needed: BH, SA tx, other healthcare tx...]	This has been included in the Waiver Extension request.
2/28/2013	DOC, Rehabilitative Services	2. Requesting resources (for IT and EMR infrastructure) to achieve the ability to provide the healthcare services to Medicaid beneficiaries while incarcerated but not yet sentenced. Practitioners (at DOC) would need to be credentialed by payers and included in delivery networks; Current infirmaries/clinics will need to become a licensed entity and then meet HIPAA requirement as a covered entity.	Expenditures to develop IT systems at the DOC are beyond the scope of this Waiver Extension Request. We recommend continued exploration as we pursue the Re-entry initiative.
3/1/2013	DOC, Rehabilitative Services	3. Utilize CNOMs to do this.	
3/2/2013	DOC, Rehabilitative Services	4. Hire outreach workers/health navigators/in-person assisters who could meet with offenders prior to release to guide through eligibility/application process. (Medicaid or Health Benefit Exchange)	This request will be addressed as the State implements the development of a Health Benefits Exchanges as well as the Medicaid Expansion.

3/3/2013	DOC, Rehabilitative Services	5. Recommend EOHHS partner with DOC to develop a demonstration project that would enroll "our offenders" into dedicated health homes to improve health literacy and health outcomes.	EOHHS is open to this concept. It is not explicitly included in this Waiver Extension Request as we would pursue as an amendment to the State Plan. We look forward to working with the DOC on this project.
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FAMILY PLANNING

Date	Organization	Question/Comment	Response
Family Planning eligibility and benefits			
1/28/2013	Planned Parenthood of Southern New England	1. Extend family planning benefit to all adults of reproductive age including postpartum women and those with high deductibles whose income is under 250% of FPL	The Waiver Extension Request includes the expansion of Federal Medicaid matching funds for family planning for women up to 250% FPL. At this time, EOHHS has not included men in the request due to concerns regarding the budgetary impact.
1/29/2013	Planned Parenthood of Southern New England	2. Ensure STI testing and treatment includes follow-up testing and treatment	EOHHS will work with CMS to add this service to the EFP benefit
1/30/2013	Planned Parenthood of Southern New England	3. Supports the scope of benefits in EFP Program as written in 1115 waiver extension request.	
1/31/2013	Planned Parenthood of Southern New England	4. Ensure providers are reimbursed for dispensing birth control	EOHHS has not included this specific request in the Waiver Extension as additional information
2/11/2013	Ocean State Action	1. Extend family planning benefit to all adults of reproductive age including postpartum women and those with high deductibles whose income is under 250% of FPL	See response to # 1 above
2/12/2013	Ocean State Action	2. Supports the scope of benefits in EFP Program as written in 1115 waiver extension request.	
2/22/2013	NHPRI	Request authority to expand family planning benefits to the full extent allowed under Title IXX (26 other states have done this.)	See response to # 1 above
2/22/2013	RI ACOG	1. Strongly supports the comprehensive FP benefit as outlined in the waiver extension request and	
2/23/2013	RI ACOG	2. Recommend extending family planning benefit to all adults of reproductive age including postpartum women and those with high deductibles whose income is under 250% of FPL	See response to # 1 above
2/24/2013	RI ACOG	3. Ensure STI testing and treatment includes follow-up testing and treatment	EOHHS will work with CMS to add this service to the EFP benefit
2/25/2013	RI ACOG	4. Ensure providers are reimbursed for dispensing birth control	EOHHS has not included this specific request in the Waiver Extension as additional information is required.

3/1/2013	Economic Progress Institute	Include women and men as described above.	See response to # 1 above
3/2/2013	Economic Progress Institute	Propose that the income standard for family planning services, which is currently listed as 200% FPL, be revised to 250%FPL.	This request has been included in the Waiver Extension Proposal
3/1/2013	RI Kids Count	Propose that the income standard for family planning services, which is currently listed as 200% FPL, be revised to 250%FPL.	This request has been included in the Waiver Extension Proposal
3/2/2013	RI Kids Count	Supports the inclusion of benefits as detailed in extension request.	
2/28/2013	March of Dimes	Supports Family Planning Benefit.	