



## **Summary of New Waiver and Expenditure Authorities Approved, effective January 1, 2019**

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### **Background**

Section 1115 Demonstration Waivers allow states 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. EOHHS operates its entire Medicaid program under the Rhode Island Comprehensive 1115 Waiver Demonstration (“Demonstration”), except for: 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 EOHHS federal authority to cover 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.

### **Demonstration Approval**

EOHHS submitted a request to the Centers for Medicare and Medicaid Services (CMS) in July of 2018 for a five-year extension of the Demonstration, with additional waiver and expenditure authorities to allow EOHHS to continue improving the Medicaid program. EOHHS requested that all current authorities – including all State Plan services included in the Demonstration as well as Demonstration only benefits – remain in force, unless otherwise mentioned.

On December 21, 2018, CMS approved EOHHS’ request to extend the Demonstration and approved 12 of the 16 requests. In the next section below, descriptions are provided of which requests were approved, partially approved, or not yet approved. CMS plans to work with EOHHS in 2019 to make the additional amendments to the waiver to incorporate those requests that were not able to be incorporated into this approval.

The approved Demonstration constitutes the permission, or flexibility, for EOHHS 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.

### **Summary of 1115 Waiver Approval**

Below is a status update of each of the items that were requested in the July 2018 1115 Waiver Extension Request and an overview of the additional changes that were made to the Special Terms and Conditions (STC) of the Demonstration.

## **APPROVED AS OF JANUARY 1, 2019**

### **1. Medicaid LTSS for Adults with Developmental and Intellectual Disabilities Group Homes**

- Strengthening 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

### **2. Facilitating Medicaid Eligibility for Children with Special Needs**

- Established an eligibility category for children who meet the SSI disability criteria, but whose household income and assets exceed the SSI resource limits, and who need care in a psychiatric residential treatment facility (PRTF).
- 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.

### **3. DSHP Claiming and Expenditure Authority for a Full Five Years**

- 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

### **4. Piloting Dental Case Management**

- Pilot four new dental case management CPT codes in select group of six trained dental practices across the state
- As part of this pilot, EOHHS will determine, via monitoring of claims data from MMIS and a customized data collection form, the effectiveness of these codes to inform whether full implementation is necessary

### **5. Covering Family Home Visiting Programs to Improve Birth and Early Childhood Outcomes**

- Able to now 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

- Aimed at improving maternal and child health outcomes, encouraging positive parenting, and promoting child development and school readiness

## **6. Supporting Home- and Community-Based Therapeutic Services for the Adult Population**

- Expansion of current in-home/community-based skill building and therapeutic/clinical services offered to children, for 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.

## **7. Enhancing Peer Support Services for Parents and Youth Navigating Behavioral Health Challenges**

- Able to receive federal matching funds for peer mentoring services to children, youth, and young adults, and their families, who have complex behavioral health needs and are at risk of removal from the home due to child welfare or juvenile justice involvement, or who may need extended residential psychiatric treatment.
- 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.

## **8. Improving Access to Care for Homebound Individuals**

- 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.

## **9. Building Supports for Individuals in a Mental Health or Substance Use Crisis**

- 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 is limited to one.

## **PARTIALLY APPROVED**

### **10. Modernizing the Preventive and Core Home- and Community-Based Services Benefit Package**

- Modernized the Preventive and Core Home and Community Based Service (HCBS) package for beneficiaries who meet the applicable clinical/functional criteria by:
  - a) Eliminating select HCBS that are no longer needed as they are now State Plan benefits;
  - b) Broadening the range of needs-based Preventive and Core HCBS (see list below);
  - c) Updating the definitions of the existing benefits
- New Preventive HCBS include:
  - Assistive technology
  - Chore
  - Community Transition Services
  - Limited non-medical transportation
  - Medication management/administration
  - Peer Supports
  - Skilled-nursing, when pre-authorized based on need
- New Core HCBS include:
  - Bereavement Counseling
  - Career Planning
  - Consultative Clinical and Therapeutic Services
  - Prevocational Services
  - Psychosocial Rehabilitation Services
  - Training and Counseling Services for Unpaid Caregivers
- No language was added to STCs to institute authority to cap the amount or duration of Preventive HCBS based on need and mandate cost-sharing for Preventive HCBS

- No authority was granted to provide home stabilization as a Preventive or Core service

## **11. Promoting Access to Appropriate, High-Quality Mental Health and Substance Use Treatment by Waiving the Institutions of Mental Disease (IMD) Exclusion**

- Waiver of the IMD exclusion in section 1905(a)(29)(B) of the Social Security Act to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible individuals who have substance use disorders and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs
- CMS has approved a waiver of the IMD exclusion for SUD only, not mental health

## **12. Facilitating Successful Transitions to Community Living**

- Requested revisions to the current authority for Community Transition Services include:
  - a) Characterizing the services as a Preventive service, rather than a Core service; and
  - b) Expanding the allowable expenses that can be covered under this authority to include the following new expenses:
    - Referrals to obtaining weather appropriate clothing;
    - Assistance with obtaining needed items for housing applications (e.g., assistance with obtaining and paying for a birth certificate or a state identification card, transportation to the local Social Security office); and
    - Referrals to obtaining assistance for supplies when people transition from the nursing facility or the hospital to the community.
- CMS did NOT approve the following requests as additions to Community Transition Services:
  - 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;
  - Transportation from a nursing facility to a new community-based living arrangement; and

- Storage fees.

## **NOT YET APPROVED**

### **13. Streamlining the Process for Collecting Beneficiary Liability to Decrease Provider Burden and Improve Program Integrity**

- EOHHS's proposal for a new approach to the collection of beneficiary liability is pending with CMS
- This request, if granted, would allow the State to collect the beneficiary liability directly from the Medicaid eligible individuals rather than having providers collect them.

### **14. Testing New Personal Care and Homemaker Services Payment Methodologies Aimed at Increasing Provider Accountability**

- EOHHS' request to 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 is pending

### **15. Providing Clinical Expertise to Primary Care through Telephonic Psychiatric Consultation**

- EOHHS' request for authority to cover child, adolescent and adult telephonic psychiatric consultation services for primary care practitioners is pending with CMS
- This request includes an expansion of the SIM initiative Pediatric Psychiatry Resource Network or "PediPRN" to adults

### **16. Ensuring the Effectiveness of Long-Term Services and Supports**

- EOHHS' request to modify the LTSS expedited eligibility authority is pending with CMS; EOHHS requested the following:
  - a) 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;
  - b) Expanding the benefit package to include Preventive HCBS;
  - c) Increasing the number of days that adult day care services may be covered from three (3) to five (5) days per week; and
  - d) 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.

## **ADDITIONAL CHANGES TO THE DEMONSTRATION**

### **1. Process for Waiver Amendments**

- Removed the designation of Category I, II, and III changes; now there is one process for formal waiver amendments

### **2. Transition to Other Waivers**

- Added requirement to transition, within 5 years, any authorities within the 1115 Waiver into a 1915(c), 1915(i), or State Plan if the authority could have been secured without an 1115 Waiver
- If the authority can only be granted through an 1115 Waiver, it will remain in the 1115 Waiver; CMS has assured that no authorities will be removed during this process