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September 13, 2021

Jennifer Bowdoin
Director
Division of Community Systems Transformation
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

Dear Ms. Bowdoin:

Please accept this letter as the Rhode Island Executive Office of Health and Human Service's (EOHHS) response to the request for additional information regarding EOHHS' HCBS spending plan received August 9, 2021, addressed to the RI Medicaid Program Director, Benjamin Shaffer, (hereafter referred to as "CMS Letter"). In the CMS Letter, CMS stated that EOHHS' plan met the requirements set forth in the May 13, 2021, CMS, State Medicaid Director Letter (SMDL) #21-003 and that EOHHS received partial approval. EOHHS is grateful for CMS' comprehensive review and feedback and is appreciative of the support and the opportunity to invest home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP).

For those sections of Rhode Island's proposed spending plan for which CMS did not ask any follow up questions in the CMS Letter, Rhode Island assumes that we are approved to proceed to implementation and will update CMS through the quarterly spending plan process.

Depending on CMS approval, and on whether expenses are eligible for additional federal match as well as being eligible expenses, Rhode Island may alter proposals in the spending plan. We continue to refine and specify programs and will provide updates through the quarterly spending plan. Reductions in scope are likely necessary given available funding and varying uses of Medicaid match. Clarity from CMS on what is approved for spending and what is approved as Medicaid matchable would be helpful for implementation planning.

Below are the responses to the questions listed under the "Additional Information Requested" section of the CMS Letter. We hope that following your review, we can proceed to full approval and implementation of these programs to strengthen Rhode Island's home and community-based services.

Responses to CMS Questions

No Wrong Door (NWD) Redesign Initiatives

Q: "Confirm that the pre-eligibility, eligibility, and post-eligibility functions of the NWD redesign initiatives will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021."



EOHHS Response: The Rhode Island No Wrong Door system is designed to clarify, standardize and improve the current steps in the LTSS pre-eligibility and eligibility process and will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

HCBS Workforce Recruitment and Retention

Q: “Clearly indicate whether HBTS/PASS providers are delivering any of the services that are listed in Appendix B or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If the providers are not delivering any of the services listed in Appendix B or that could be listed in Appendix B, explain how the hiring incentives will expand, enhance, or strengthen HCBS under Medicaid.”

EOHHS Response: HBTS and PASS providers are delivering services listed in Appendix B. The services listed as Home and Community-Based Therapeutic Services in Attachment B of the RI Comprehensive 1115 Waiver Demonstration are inclusive of the following 1915(c) services: Consultative Clinical and Therapeutic Services, Psychosocial Rehabilitation Services, and Day Treatment and Supports.

Per Budget Services #4, EOHHS has the authority to provide the above HBTS service in the 1115 waiver to eligible youth who are at risk for out-of-home care or hospitalization. Therefore, it is EOHHS' interpretation that HBTS and PASS services are listed in Appendix B under the "Section 1115" category which states "Any of the Medicaid-covered HCBS services described above are eligible for the enhanced match when authorized under an approved 1115 demonstration."

Nursing Facility Transformation

Q: “Clearly describe how the Nursing Facility Transformation grants and the grants for Targeted, Specialized Nursing Facility Service Capacity Building will expand, enhance, or strengthen HCBS under Medicaid and will result in settings that are fully compliant with the home and community-based settings criteria. Payments solely for the purpose of building specialized nursing facility capacity are not approvable under ARP section 9817.”

EOHHS Response: Based on CMS input, this Nursing Facility Transformation grant program would be structured in a way that enables the facilities to diversify their sources of revenue to offset losses from business interruption due to the public health emergency and ensure ongoing financial viability. Based on CMS guidance, EOHHS would restrict the use of funds to growing Assisted Living or other HCBS services, and providing a pathway for these organizations to enter other HCBS markets, including but not limited to home care, supportive housing, or adult day.

Q: “Describe how the nursing facility bed-buybacks will result in expanded HCBS capacity in settings that are fully compliant with the home and community-based settings criteria, and indicate whether any of the payments are intended solely to reduce nursing facility bed size and/or capacity. Payments solely for the purpose of reducing nursing facility bed size and/or capacity are not approvable under ARP section 9817.”

EOHHS Response: Bed-buybacks that reduce the supply of non-HCBS settings help create the market conditions necessary for an increase in HCBS supply. However, if CMS holds that

funding solely for bed-buybacks to reduce nursing facility bed size are not allowable, Rhode Island will not proceed with that element of the program, and instead focus on nursing facility transformation to settings that are compliance with HCBS criteria. EOHHS requests that CMS clarify whether bed-buyback uses are allowable, but not Medicaid matchable, or whether they are prohibited as a use under the SHO.

Assisted Living Expansion to Serve Medicaid Members

Q: “Estimate the number of additional Medicaid-certified assisted living residences and the anticipated number of additional assisted living beds for Medicaid beneficiaries that will result from the Assisted Living Expansion to Serve Medicaid Members, as well as the percentage of residents in the facilities receiving funds that are expected to be Medicaid eligible.”

EOHHS Response: EOHHS anticipates finalizing the total allocation for this initiative after additional financial analysis and partnership with Assisted Living Residences in Rhode Island. The amount of funding that EOHHS dedicates to this grant program will impact EOHHS’ ultimate goals for this initiative, which is largely dependent on uses of funds that are Medicaid matchable. However, the Assisted Living Expansion is designed to build off of our new tiered-rate system for Assisted Living that was approved in the Enacted State Fiscal Year 2022 Rhode Island State Budget. This tiered reimbursement system, combined with the grants funded through enhanced FMAP is estimated to increase the number of Medicaid certified facilities from 37 to 45 out of 65 total licensed assisted living residences in the state. We also plan to increase our number of Medicaid assisted living beds by at least 50.

Building Traumatic Brain Injury Capacity In-State

Q: “Clearly describe how the “specialized LTSS residences” activity will expand, enhance, or strengthen HCBS under Medicaid and will result in settings that are fully compliant with the home and community-based settings criteria.”

EOHHS Response: By "specialized LTSS residences," EOHHS is we are referring to the HCBS service known as Residential Habilitation. These home-like settings meet all of the requirements of the HCBS final rule.

Expanding Preventative and Community Children’s Behavioral Health Services

Q: “Clearly indicate if any of the activities under Expanding Preventative and Community Children’s Behavioral Health Services are focused on: services other than those listed in Appendix B or that could be listed in Appendix B; or individuals who are not receiving any of the services listed in Appendix B or that could be listed in Appendix B. If any activities are not directly related to the services that are listed in Appendix B or that could be listed in Appendix B, explain how those activities expand, enhance, or strengthen HCBS under Medicaid.”

EOHHS Response: All of the services that EOHHS is investing in through this initiative are listed in Appendix B. These include:

- **Care Coordination – This initiative increases rates for our Family Care Community Partnership (FCCP) program, which provide wraparound service to Medicaid children and their families to strengthen the family unit and keep kids in their home. These**

services are covered under budget services 4 in the RI 1115 Waiver. We consider them a HCBS service that is covered by Appendix B because Budget Service 4 expenditures are “for core and preventive services and home and community based therapeutic services as identified in Attachment B for Medicaid eligible youth who are at risk youth for out-of-home care or hospitalization and adults with a behavioral health diagnosis and/or developmental disability”(RI 1115 Waiver, page 7)

- **Mobile Response and Stabilization Services – This scope of work falls under Case Management, Consultative Clinical and Therapeutic Services, Psycho-Social Rehabilitative Services, and Peer Supports, which are all services within Attachment B of the RI 1115 Waiver Demonstration.**
- **Intensive Home and Community Bases Services – This scope of work is in the Rehabilitation Services section of our State Plan. Section 13 D. describes Child and Adolescent Intensive Treatment Services (CAIT).**
- **Transition –Age Youth and Young Adult Services (2 one-stop multi-service Hubs) - This work falls under Case Management and potentially Career Planning, which are both services within Attachment B of the RI 1115 Waiver Demonstration.**
- **Infant Mental Health Certification – This scope falls under workforce readiness, in Consultative and Clinical Therapeutic Services, which is a covered HCBS service within Attachment B of the RI 1115 Waiver Demonstration.**
- **Pediatric Integrated Behavioral Health Practice Transformation – This scope falls under Consultative Clinical and Therapeutic Services, Case Management, and, as it includes working with parents, Training and Counseling Services for Unpaid Care Givers, which are a covered HCBS services within Attachment B of the RI 1115 Waiver Demonstration.**
- **Suicide Prevention Programming – This falls under Consultative Clinical and Therapeutic Services, which is a covered HCBS service within Attachment B of the RI 1115 Waiver Demonstration.**
- **Alignment of Community Health Teams and Family Home Visiting teams (DULCE program) - This falls under Case Management, which is a covered HCBS service within Attachment B of the RI 1115 Waiver Demonstration.**

Expanding Preventative and Community Adult Behavioral Health Services

Q: “Clearly indicate if any of the activities under Expanding Preventative and Community Adult Behavioral Health Services are focused on: services other than those listed in Appendix B or that could be listed in Appendix B; or individuals who are not receiving any of the services listed in Appendix B or that could be listed in Appendix B. If any activities are not directly related to the services that are listed in Appendix B or that could be listed in Appendix B, explain how those activities expand, enhance, or strengthen HCBS under Medicaid.”

EOHHS Response: Many of these services align with Appendix B as: Rehabilitative Services, Section 1115. Additionally, other services provide significant HCBS benefits as justified below.

- **Certified Community Behavioral Health Clinics (CCBHC) Expansion and Other Practice Transformation services that are provided under this initiative are included in the Rehabilitative Section of Rhode Island’s Medicaid State Plan. Specifically, Community Psychiatric Supportive Treatment, Psychiatric Rehabilitation Services, Crisis Intervention Services, Substance Abuse Assessment Services, Outpatient Counseling Services, Detoxification Services and Substance Abuse Residential Services , Day/Evening Treatment, Child and Adolescent Intensive Treatment Services, Mental Health Emergency Service Interventions, Comprehensive Emergency Services**
- **Single, statewide mobile mental health crisis system—including 988 integration, satellite emergency department alternatives, and related supports; The services that are provided under this initiative are included in the Rehabilitative Section of Rhode Island’s Medicaid State Plan. Specifically, this initiative would deliver the following Adult Behavioral Health Services that are defined within this section of the Medicaid State Plan: Crisis Intervention Services**
- **Centralized harm reduction system, naloxone, and supportive services with no-wrong door and affiliated street outreach activities—including a hotspot pilot of a community drop-in center; The services that are provided under this initiative are included in the Rehabilitative Section of Rhode Island’s Medicaid State Plan. Specifically, this initiative would deliver the following Adult Behavioral Health Services that are defined within this section of the Medicaid State Plan: Crisis Intervention Services**
- **Adult Psychiatry Resource Network (PRN) for telephonic behavioral health consultation; We believe this would have the following benefits to HCBS: Providing this telephonic service (already contained within Rhode Island’s 1115 Demonstration Waiver) to providers allows for quality, real-time, and person-centric behavioral health treatment services to be provided early in the care management process, which increases the likelihood of individuals living and thriving within home and community settings for longer periods of time and prevents/delays long-term care services.**
- **Peer Community Health Workers with experience navigating youth, adult, and family behavioral health crises to assist parents in discharge planning, discharge planning adherence, transition, and community supports navigation; The services that are provided under this initiative are included as Peer Supports within the HCBS Services that are listed in Rhode Island’s 1115 Demonstration Waiver.**
- **Provider capacity building and equity-focused enrichment activities—such as culturally-and linguistically-appropriate services and multi-lingual trainings; We believe this would have the following benefits to HCBS Providing access to a more culturally competent workforce increases the likelihood of participation and retention in necessary care that promotes home and community based living and delays/prevents/avoids long term care services. In addition, this initiative seeks to make multi-lingual training, education, and supports available to Medicaid eligible patients to reinforce health literacy.**
- **Develop care coordination and step-down transition plans for substance-exposed newborn system of care—focused on transitions into home and community settings; The services that are provided under this initiative are included in the Rehabilitative Section**

of Rhode Island’s Medicaid State Plan. Specifically, this initiative would deliver the following Adult Behavioral Health Services that are defined within this section of the Medicaid State Plan: Substance Abuse Assessment Services

- **Add Primary Care Nurse embedded in the IHH Team to function as the team's primary care liaison and would work intimately with all primary care offices within the service catchment area. We believe this would have the following benefits to HCSB. By providing the clinical resources to address the physical health needs of individuals within Health Homes, the likelihood of management and control of physical health conditions increases and promotes home and community based living that prevents/delays/avoids the onset of debilitating conditions, long-term disabilities, and special healthcare needs that require long-term care services.**

Providing HCBS Services to Help Rhode Islanders Experiencing Homelessness or Housing Insecurity

Q: “Provide more information about the populations served and the services that would be paid for under the Homeless Response Teams, Respite, and community-based residential treatment pilot activities, including: whether the activities are focused on services other than those listed in Appendix B or that could be listed in Appendix B, or individuals who are not receiving any of the services listed in Appendix B or that could be listed in Appendix B; and the percentage of individuals served who are expected to be Medicaid eligible. If those activities are not directly related to the services that are listed in Appendix B or that could be listed in Appendix B and/or are not expected to target Medicaid beneficiaries, explain how those activities expand, enhance, or strengthen HCBS under Medicaid. In addition, indicate whether the Respite services would be provided in an institutional or home and community-based setting. If provided in an institutional setting, explain how the state will prevent long-term institutionalization for these individuals.”

EOHHS Response: These services align with Appendix B as: Rehabilitative Services, Section 1115. Additionally, other services provide significant HCBS benefits as justified below.

- **Homeless Response Teams - The enhanced, more intensive case management services that this initiative would provide are included as Home Stabilization Services within the HCBS Services that are listed in Rhode Island’s 1115 Demonstration Waiver.**
- **Medical Respite/Recuperative Care - The services that this initiative would provide expand those included within the Rehabilitative Section of Rhode Island’s Medicaid State Plan. Specifically, this initiative would deliver the following Adult Day Health Services and/or Traumatic Brain Injury Services that are defined within this section of the Medicaid State Plan to new community settings to allow for medical respite and recuperative care: Medication Administration, On-Going Monitoring of Health Status , Maintenance Therapy, Skilled Services, Personal Care Services, Care Coordination, Provision of Healthcare, Healthcare Coordination, Counseling, Care Plan Development, Team Coordination, and Advocacy, Direct Care. This HCBS benefit addresses Budget Population 15 [Adults with disabilities at risk for long-term care] within Rhode Island’s 1115 Waiver.**
- **Eviction Moratorium Stabilization - This initiative aims to expand home stabilization eligibility criteria for Home Stabilization Services to any Medicaid eligible individual at-**

risk of being and/or who as been evicted within the non-HCBS Home Stabilization Service section of Rhode Island’s 1115 Waiver. We believe that this will have HCBS benefit By implementing the Housing First Approach and providing these services for individuals living in the community who are at-risk of being and/or recently evicted, the likelihood of developing severe behavioral health (e.g., overdose, substance use, trauma, deteriorating mental health) and physical health (e.g., injury, assault, violence) conditions decreases and avoids/prevents the need for long-term care services.

- **Community Based SUD Residential Treatment Pilot -The services that are provided under this initiative are included in the Rehabilitative Section of Rhode Island’s Medicaid State Plan. Specifically, this initiative would deliver the following Adult Behavioral Health Services that are defined within this section of the Medicaid State Plan: Substance Abuse Assessment Services, Substance Abuse Residential Services**

Q “Clearly indicate if the MCO Incentives Pilot is focused on expanding access to any services other than those listed in Appendix B or that could be listed in Appendix B, including to any institutional services. If this activity is expanding access to institutional services and/or to services other than those listed in Appendix B or that could be listed in Appendix B, explain how this activity expands, enhances, or strengthens HCBS under Medicaid.”

EOHHS Response: The focus of this initiative would be on the provision of comprehensive Case Management, Rehabilitation--Adult Behavioral Health Services within Medicaid’s State Plan and Home Stabilization Services within the list of HCBS Services in Rhode Island’s 1115 Demonstration Waiver.

If there are any additional questions, or if it would be helpful to schedule a discussion, please contact Benjamin Shaffer at Benjamin.Shaffer@ohhs.ri.gov. EOHHS appreciates all of CMS’ support and looks forward to working with CMS further throughout the implementation of ARP section 9817.

Sincerely,



Benjamin Shaffer
Medicaid Program Director
Executive Office of Health and Human Services