## **RHODE ISLAND GLOBAL CONSUMER CHOICE COMPACT 1115 WAIVER** *Status of Implementation Activities*

Waiver Task	Status
Global Waiver Task Force	We have solicited and received nominations for the <i>Global</i>
Global Walver Tubic Force	Waiver Task Force. Selected members will be notified by
	April 10 and we expect to host the first meeting during the
	second week of May.
	5/5/2009: Task Force members have been notified and
	invited to participate. First meeting is scheduled for
	Tuesday, May 12 in Arnold Conference Center. Open
	meeting rules have been followed.
<b>Current Nursing Home</b>	Two initiatives that will help to inform transition and diversion
Diversion and Transition	strategies going forward have begun.
Efforts	
Qualidigm Contract	
	Care to assist transitions for current nursing facility residents
	who are interested in moving back to the community.
	5/5/2000. This initiative is in full implementation phase
	5/5/2009: This initiative is in full implementation phase. Representatives of the Alliance have started working with
	individuals, nursing homes, and State agencies to begin
	voluntary transitions to the community. The initiative has
	given us the opportunity to identify areas where
	communication and coordination could be improved.
RIH Diversion Initiative	A nurse is located at Rhode Island Hospital to work with
	hospital staff, discharge planners, and families to ensure
	individuals are discharged to the most appropriate and least
	restrictive setting.
	5/5/2009: This initiative is still in early phases. Once the
	NH Transition project is firmly established, the Dept. will
	be able to focus on diversions.
Replace 1915(c) Authority	The notification to current home and community-based waiver
with 1115 Waiver	recipients of the change from a 1915(c) Waiver authority to an
Authority	1115 Waiver Authority is required by the Federal Government.
	The letters have been drafted and are being reviewed by all EOHHS departments. The letters indicate that no changes will
	be made to the services the individuals are currently receiving.
	The letters are scheduled to be issued by June 1.
	The folicits are sentedured to be issued by sune 1.
	5/5/2009: The letter to participants has been reviewed by
	EOHHS agencies and has been sent to Northup Grumman
	for processing and mailing. The letter was also sent to
	CMS. The letter will be mailed on June 1. A script has

Waiver Task	Status
	been developed and is going through final internal review.  This script will be e-mailed to entities that individuals might call with questions concerning the transition letter.
New Levels of Care for Nursing Facility	The new needs-based levels of care criteria for nursing homes or the community alternative to nursing homes have been developed and the Department will be issuing rules for public comment in May.
	New level of care criteria for access to long-term care services and supports in the system of care for individuals with developmental disabilities will be developed at a later date.
	New level of care criteria for access to long-term care services in a hospital or community alternative to the hospital will be developed at a later date.
New Financial Eligibility Rules for Medicaid-funded Long-term Care	The new Financial Eligibility rules have been developed. These new rules provide that a Medicaid-eligible individual's spouse's resources are protected when the individual remains in the community in the same way that those resources are protected when the individual enters an institution. Prior to the Global Waiver, a spouse's resources would only be protected when the Medicaid-eligible spouse is institutionalized. This removes any financial incentive for the Medicaid eligible spouse to choose an institution.
	The ability to access long-term care services is also made consistent across all eligibility groups. In other words, under the 1915(c) Waivers, medically needy individuals were not eligible to participate in certain HCBS Waivers. Under the global waiver, the same financial eligibility criteria will apply across all eligibility groups.  The Department will be issuing rules for public comment in
	May.
New Services	The Department, in collaboration with the other EOHHS agencies, has been meeting with various providers, reviewing internal data analysis, as well as reviewing the latest research to prioritize the new or expanded services that will be available to individuals needing long-term care services.
	Through the <i>Global Waiver Task Force</i> , the Department seeks to work with Medicaid beneficiaries, families, the provider community, and other stakeholders, to determine which services should be prioritized as well as the most effective way to provide them.

Waiver Task	Status
	5/5/2009: Bid specifications for shared living are being
	reviewed internally. An RFP will be issued that will enable
	the State to selectively contract for this service.
Assessment and	The EOHHS agencies are working together to further develop
<b>Coordination Processes</b>	the four Assessment and Coordination areas:
	-Information and Referral;
	-Eligibility for long-term Care
	-Care Planning
	-Case Management
	The goal is to use the current processes but ensure they are
	implemented in a consistent and coordinated manner. This is
	an on-going effort that involves bi-weekly inter-agency
	meetings and will include a High-Cost Case Review Team.
	5/5/2009: One of the most crucial factors for success of the
	rebalancing efforts of the Global Waiver is the ability to
	determine a person's eligibility for Medicaid-funded long-
	term care services quickly and appropriately. Medicaid
	eligibility for long-term care rests with the Office of Long-
	Term Care and the Office of Medical Review. Both of
	these areas have been able to hire new staff. The Office of
	Long-Term Care has been able to fill vacancies and is
	operating at close to capacity. The Office of Medical
	Review will be hiring three new nurses to conduct clinical
	determinations and four community nurses to assist in care
	planning.
Medical Home	Mandatory Enrollment in one of the managed care options is
	expected to be effective September 2009.
	The Global Waiver Task Force will be asked to assist in the
	development of initiatives specific to services received by
	dual-eligibles.
<b>Procurement and Rate-</b>	We are pursuing selective contracting strategies for durable
Setting	medical equipment. We anticipate the contract will have a
	July 1, 2009 start date.
	We are pursuing selective contracting methods for other
	services including the inpatient psychiatric diversion initiative,
	shared living, and outpatient hospital services.
	similar in the companion hospital bol (1000).
	5/5/2009: The RFP for shared living is expected to be
	5/5/2009: The RFP for shared living is expected to be issued shortly. Bid specs are undergoing internal review.