**OFFICE OF POLICY AND INNOVATION**

**RHODE ISLAND ESECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**MEMORANDUM**

**TO:** EOHHS TASKFORCE
**FROM:** ELENA NICOLELLA
**SUBJECT:** RI 1115 WAIVER STATUS
**DATE:** JUNE 23, 2014

This is in response to a request for a summary regarding the 1115 Waiver Initiatives and their status.

| Initiative Proposed in 1115 Waiver Extension Request | Status |
|---|---|
| Expanded eligibility for persons transitioning between Medicaid and Qualified Health Plans in HealthSource RI | Approved by CMS. State implementation in process. |
| Extend renewals for RIte Care and RIte Share eligible households between 1/1/2013 and 3/31/2014 | Approved by CMS. Implemented by State. State requested a longer renewal period initially but has since notified CMS that the renewal process will begin again in June 2014. |
| Expedited LTC eligibility: The state may accept self-attestation of the financial eligibility criteria for new LTC applicants for a maximum of ninety (90) days. Eligible individuals would be required to complete the LTC Clinical and Financial Application for LTC services. After Clinical Eligibility criteria has been verified by the state, the individual would provide a self-attestation of the LTC financial eligibility criteria to receive a limited benefit package of community based LTSS for up to 90 days pending the determination of the full LTC financial application. The limited benefit package includes a maximum of twenty (20) hours weekly of personal care/homemaker services and/or a maximum of three (3) days weekly of Adult Day Care Services and/or limited skilled nursing services based upon assessment. Upon determination of the approval of the full LTC financial application, the individual will receive the full LTC benefit package. The limited community based LTSS services is available for up to ninety (90) days or until the eligibility for LTC decision is rendered, whichever comes first. | Approved by CMS State implementation has not yet started. |
| Post eligibility Treatment of income: Request to | Not included in CMS approval. |

| Initiative Proposed in 1115 Waiver Extension Request | Status |
|---|---|
| increase the personal needs allowance for certain persons categorically eligible or eligible as medically needy for Medicaid-funded long-term services and supports. These individuals will have resided in a nursing facility for 90 consecutive days, excluding those days that may have been used for the sole intent and purpose of short term rehabilitation; are transitioning from a nursing facility to a community residence, and are assessed to be unable to afford to remain in the community unless the personal needs allowance is increased. This would not apply to individuals who are residing in a nursing facility and whose income is being used to maintain a current community residence. | |
| Process for collecting patient liability: Request to collect patient liability directly from Medicaid eligible individuals. The payments to providers would no longer be adjusted for an individual's cost of care. The methodology to determine the application of patient income to the cost of care would not change. This change would solely address the process of collection. | Not included in CMS approval. |
| Budget Population 5 Extended Family Planning: This program is for women of childbearing age who lose Medicaid eligibility at the conclusion of their 60-day postpartum period and who do not have access to creditable health insurance. Continued program eligibility for these women will be determined by the twelfth month after their enrollment in the program. We requested an increase in the income limit from 200% to 250%. | Approved by CMS. Implementation in process. |
| Budget Population 10. An expansion group under the 1115 Demonstration and covers individuals 65 and over at risk for Long Term Care who are in need of home and community-based services. We requested an increase in the income limit from 200% to 250%. | CMS approved. State has implemented. |
| Budget Population 16 Uninsured Adults with Mental Illness. Expenditures for a limited benefit package of supplemental services for uninsured adults with mental illness and or substance abuse treatment needs with incomes below 200 percent of the FPL not eligible for Medicaid. We requested a modification to include underinsured adults in families with | The request to expand to adults with children at risk for DCYF placement was not included in the CMS approval. While the State did not request any additional modifications, CMS required the following changes. CMS determined that due to the Medicaid expansion, effective January 1, 2015, approved expenditures are limited to those individuals with incomes |

| Initiative Proposed in 1115 Waiver Extension Request | Status |
|---|---|
| children at risk of out-of-home placement to DCYF | above 133 and 200% who are not eligible for Medicaid. CMS required extensive outreach to the population under 133% FPL to ensure a smooth transition to Medicaid. Reports on the status of Medicaid coverage for this group are sent to CMS on a monthly basis. CMS now considers expenditures for these individuals to be part of the State's approved Designated State Health Program. CMS does allow us to define eligible persons as those who may have other insurance but for whom that coverage does not extend to the services covered here. |
| Budget Population 17 Youth at risk for Medicaid. Expenditures for detection and intervention services for at-risk young children not eligible for Medicaid who have incomes up to 300 percent of SSI, including those with special health care needs, such as Seriously Emotionally Disturbed (SED), behavioral challenges and/or medically dependent conditions, who may be safely maintained at home with appropriate levels of care, including specialized respite services. We requested an increase to 330% SSI. | Not included in CMS approval. |
| Budget Population 18 Services for persons living with HIV with incomes below 200% FPL and ineligible for Medicaid. | The State did not request any changes to this group. CMS determined that due to the expansion of Medicaid, effective May 1, 2014, expenditures for the limited benefit package of supplemental services for individuals meeting the criteria of this budget population group will be limited to those with incomes above 133 and 200%. CMS required extensive outreach to the population under 133% FPL to ensure a smooth transition to Medicaid. Reports on the status of Medicaid coverage for this group are sent to CMS on a monthly basis. CMS now considers expenditures for these individuals to be part of the State's approved Designated State Health Program. |
| Budget Population 19 services for non-working disabled adults ages 19-64 eligible for the General Public cash assistance program, but who do not qualify for disability benefits. | The State did not request any changes to this group. CMS determined that due to the expansion of Medicaid, effective May 1, 2014, this budget population group is limited to those individuals with incomes above 133 % who are not eligible for Medicaid. This change has been implemented. CMS required extensive outreach to the population under 133% FPL to ensure a |

| Initiative Proposed in 1115 Waiver Extension Request | Status |
|---|---|
| | smooth transition to Medicaid. Reports on the status of Medicaid coverage for this group are sent to CMS on a monthly basis. CMS now considers expenditures for these individuals to be part of the State's approved Designated State Health Program. |
| Budget Population 20 Expenditure authority for adults aged 19-64 who have been diagnosed with Alzheimer's Disease or a related Dementia as determined by a physician, who are at risk for long-term care admission, who are in need of home and community care services, and whose income is at or below 250 percent of the FPL.. This was a new proposed budget population. | Approved by CMS. Implemented by State. |
| Budget Population 21: Young adults aging out of Katie Beckett eligibility group with incomes below 250 percent of the FPL, who are otherwise ineligible for Medical Assistance, and are in need of services and/or treatment for behavioral health, medical or developmental diagnoses. This was a new proposed budget population. | Approved by CMS. State implementation in process. |
| Out stationing eligibility workers: Proposal to waive the requirement to establish out-stationing in person eligibility workers on safety net locations to process applications for certain low-income eligibility groups. With the implementation of the ACA and the Exchange, Rhode Island is taking affirmative steps to maximize opportunities for eligibility determination. EOHHS asks that these steps be recognized as compliant with the out stationing requirement. | Not included in CMS approval. |
| Coverage for people incarcerated pending disposition of charges | Not included in CMS approval. Approval not likely. |
| Reduction in Parent/Caregiver Eligibility from 175% FPL to 133% FPL | Approved by CMS. Implemented by State. |
| Requirement to apply for health insurance prior to receipt of services provided under the Costs Not Otherwise Matchable authority. | Not included in CMS approval. Providers that serve individuals receiving CNOM services must refer and educate them on how to apply for more comprehensive insurance. |
| Wellness Benefit - Rhode to Home (incentive for participation) | Not included in CMS approval. |
| Alternative Benefits for specific populations | Not included in CMS approval. |
| STOP - Sobering Treatment Opportunity Program | Not included in CMS approval. |
| Telemedicine Services | Not included in CMS approval. |

| Initiative Proposed in 1115 Waiver Extension Request | Status |
|---|---|
| Peer supports/peer mentoring | Not included in CMS approval. |
| In home Behavioral Health services (Functional Family Therapy; MST) | Not included in CMS approval. |
| Habilitative services (remove hospital LOC requirement) | Not included in CMS approval. |
| Housing Stabilization Services | Not included in CMS approval. |
| Healthy Works Initiative | Not included in CMS approval. |
| Recategorization of Family Planning codes to Service Categories | Approved by CMS. Implementation in process. |
| State to no longer seek to utilize co-pays (except for EFP) | Approved by CMS. |
| Financial Help Program Strategies to ensure affordable coverage and maintain personal responsibility. | Approved by CMS. |
| Marketplace Subsidy Program: Federal financial participation in a state-funded program to provide premium subsidies for parents and caretakers with incomes above 133 percent of the FPL through 175 percent of the FPL who purchase health insurance through HealthSource RI. Subsidies will be provided on behalf of individuals who: (1) are not Medicaid eligible; (2) are eligible for the advance premium tax credit (APTC); and (3) whose income is above 133 percent of the FPL through 175 percent of the FPL. | Approved by CMS. Implemented by State. |
| Elimination of RIte Care Premiums but maintenance of RIte Share premiums. | Approved by CMS. Implemented by State. |
| Mandatory enrollment in managed care for Medicaid expansion group and former foster care children up to age 26 | Approved by CMS. Implemented by State. Expansion group is enrolled in Rhody Health Partners. |
| Dental services for older children and adults - mandatory managed care | Not included in CMS approval. |
| Amendment to Institute for Mental Disease exclusion | Not included in CMS approval. Approval not likely. |
| Delivery system reform incentive payments | Not included in CMS approval. |
| Community Health Team | Not included in CMS approval. |
| Change Budget Neutrality Model from an aggregate cap to a per member per month model. | Approved by CMS |

There are several initiatives that CMS did not include in the approval of the Waiver Extension. We believe there is opportunity to access Federal Medicaid matching dollars for several of these initiatives. We look forward to working with the EOHHS Taskforce to more fully develop these concepts.