



Rhode Island Executive Office of Health and Human Services (EOHHS)
Response to Comments on March 23, 2018 Draft 1115 Waiver Extension

Comment Summary	EOHHS Response
<p>Commenter pointed out that the total general revenue budget for fiscal year 2019 was stated incorrectly (pg 4) and under waiver authority sought for Delivery System Request #1 DSHP Claiming and Expenditure Authority for a Full Five Years, there is a digit missing in the federal financial participation amount (pg 51).</p>	<p>EOHHS corrected these errors.</p>
<p>Commenter inquired whether the provider and the member will continue to be notified of patient share amounts under Eligibility Request #1 - Streamlining the Process for Collecting Beneficiary Liability to Decrease Provider Burden and Improve Program Integrity. Commenter expressed support for this waiver request, and urged that notice be given as far in advance as possible to assist clients with budgeting. Additionally, commenter stated that there needs to be better communication pathways to reach someone that can help at the Department of Human Services or EOHHS.</p>	<p>If this proposed process is implemented, notices will still be generated to the member regarding their changes in cost of care. EOHHS intends to notice individuals as soon as possible. EOHHS continues to make efforts to improve the communication pathways.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter asked if members with developmental disabilities (DD) accessing Home and Community Based Services (HCBS) would still be able to receive services while in the settings that are delineated in Attachment C and if so, suggested that additional language be added to clarify which services are offered to individuals in each category (high versus highest).</p>	<p>Certain services will be offered in those HCBS settings based on an individual’s need. That level of detail can be provided in program policy documents.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter asked that EOHHS reconsider the original request to include a waiver for the service-enriched housing model known as Support and Services at Home (SASH) and provided additional rationale and data, in writing, that shows the success of the model.</p>	<p>EOHHS appreciates the additional information provided, however, as discussed during the initial request, there remain concerns about duplicative reimbursement for care management. EOHHS will not be pursuing a waiver request regarding the SASH model.</p> <p>No revisions to the Extension Request were made.</p>

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<p>Commenter inquired when EOHHS anticipates there being committee hearings on the waiver extension request.</p>	<p>EOHHS has already testified on the budget articles and testified at the House Finance Subcommittee. There are no other planned hearings. Stakeholders may raise the request for more hearings if desired.</p>
<p>Commenters questioned how Eligibility Request #2 - Facilitating Medicaid Eligibility for Children with Special Needs is this different from Katie Beckett, and if the individual must be determined disabled by Social Security first (would never be determined eligible for SSI if that methodology looks at income first).</p>	<p>Katie Beckett is for those children whose family income/resources exceeds Medicaid eligibility criteria, but who intends to remain in the home. This waiver request is for those children whose family income/resources exceeds Medicaid eligibility criteria, but who need residential care.</p> <p>No revisions to the Extension Request were made as the request states the child must meet the eligibility criteria, and does not require that the child be determined SSI eligible.</p>
<p>Commenter inquired about the age thresholds for the services within Benefits Request #2 - Supporting Home- and Community-Based Therapeutic Services for the Adult Population and asked if additional detail by program will be provided, including the ages for each.</p>	<p>EOHHS is requesting broad authority to expand in-home services that are currently provided to children to adults. Most of these are only provided to children under EPSDT, and therefore a waiver request is needed to provide these services for individuals 21 years and older. If there are age variations amongst the programs, that level of detail typically is not included in the waiver special terms and conditions (STCs), but rather program policy documents.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter suggested that “DEA Co-Pay program participants” be removed from the target population of Benefits Request #8 - Ensuring the Effectiveness of Long-Term Services and Supports, because the DEA Co-Pay program participants do not meet Medicaid eligibility criteria and therefore would not have filled out an application for long-term services and supports (LTSS).</p>	<p>The text indicates that if an individual that is participating in the DEA Co-pay Program needs to apply for LTSS, he or she is able to go through the expedited eligibility process as proposed.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenters urged EOHHS to expedite the implementation of the expedited eligibility authority.</p>	<p>EOHHS has taken steps to implement the expedited eligibility process.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter asked if the waiver explains the difference between eligibility for LTSS and Core, and indicated some confusion around what people</p>	<p>Adult Day is a State Plan service, therefore an individual does not need to be LTSS eligible to receive it. Attachment D to the STCs provides the</p>

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<p>should receive in Core versus Preventive – for example, Adult Day.</p>	<p>level of care criteria. This document describes the criteria for receiving Core or Preventive services. To receive Preventive Services, it must be demonstrated that the Preventive Services will improve, or prevent decline in, an individual’s abilities.</p> <p>EOHHS is discussing internally the processes for approving these services in FFS and managed care. No revisions to the Extension Request were made.</p>
<p>Commenter requested that the state also request that in Benefits Request #8 - Ensuring the Effectiveness of Long-Term Services and Supports, Shared Living be provided during the eligibility determination process.</p>	<p>The limited benefit package for expedited eligibility is meant to stabilize the member’s care and prevent admission to institutional care. Shared Living will only be provided to those individuals that meet the High or Highest level of care.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter sought an assurance that increases in benefits under the managed care plans would be accompanied by actuarially-sound rates.</p>	<p>As mandated by 42 CFR Section 438, MCO rates must be actuarially-sound.</p>
<p>Commenter requested assurances that the waiver requests for new program authorities are intended to be enhancements within managed care and not duplicative programs within FFS, given that 90% of the population is in managed care.</p>	<p>The waiver requests for new benefits are intended to improve the Medicaid program, regardless of the delivery system.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter expressed opposition to any waiver authorities sought to support the Governor’s Proposed SFY 2019 budget initiative to restructure the delivery systems for dual Medicare and Medicaid eligible LTSS beneficiaries.</p>	<p>The waiver requests are intended to improve the Medicaid program, regardless of the delivery system.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter suggested that integration be measured by more qualitative standards (e.g., choice and control, access to community, friends and employment) rather than by whether an individual lives in a certain living arrangement.</p>	<p>EOHHS appreciates this suggestion.</p> <p>No revisions to the Extension Request were made.</p>
<p>Commenter stated that if the data from the National Core Indicators (NCI) Adult Survey Results for 2-6 person capacity group homes were added to the 4-6 person capacity homes, Rhode Island’s utilization would be below average, and expressed desire for EOHHS to expand the</p>	<p>EOHHS continues to strive to improve access to, and support beneficiaries in, the most integrated and least restrictive settings as appropriate to meet their needs.</p> <p>No revisions to the Extension Request were made.</p>

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independent living arrangements (own home, or “reversed” shared living arrangements).	
<p>Commenters expressed support for:</p> <ul style="list-style-type: none"> • Eligibility #3 - Facilitating Eligibility for Children with Special Needs; • Benefits #2 - Supporting Home and Community-Based Therapeutic Services for Adults; • Benefits #3 - Enhancing Peer Support Services for Parents and Youth Navigating Behavioral Health Challenges; • Benefits #5 - Building Supports for Individuals in a Mental Health or Substance Use Crisis • Benefits #6 - Providing Clinical Expertise to Primary Care through Telephonic Psychiatric Consultation; • Benefits #7 - Facilitating Successful Transitions to Community Living); • Benefits #8 - Ensuring the Effectiveness of Long-Term Services and Supports; • Benefits #9 - Modernizing the Preventive and Core Home- and Community-Based Services Benefit Package; and • Delivery System Waiver #1 - DSHP Claiming and Expenditure Authority for a Full Five Years. 	EOHHS appreciates the support and collaboration from stakeholders throughout this waiver extension process.