



1115 Waiver Extension Process Update

February 26th, 2018 1:00-2:30pm

In EOHHS' request to CMS to extend the Rhode Island Comprehensive Section 1115 Demonstration, it will be requested that all current authorities be extended through December 31, 2023. Below are brief descriptions of the waivers that EOHHS is considering including in the extension request. This list incorporates the feedback from stakeholders, EOHHS staff, and other state agencies. Please note that this is not final. The final proposals will be posted for public comment in early April 2018, and at least two public hearings will be held in which public comment will be heard.

If you have questions on this process, please send them to Melody Lawrence via email at Melody.Lawrence@ohhs.ri.gov.

Recently approved waivers	
Title	Description
Peer Recovery Specialists	<ul style="list-style-type: none"> Authority to cover peer services for people with a mental health and/or substance use disorder who are having trouble stabilizing in the community and/or are in need of supports to maintain their stability in the community EOHHS is working on establishing rates
Recovery Navigation Program (RNP)	<ul style="list-style-type: none"> Community-based recovery-oriented program that assesses, monitors, and provides case management and peer support for individuals who are under the influence of substances EMS may transport directly to an RNP facility Previously known as the “Sobering Treatment Opportunity Program” or “STOP” EOHHS is required to submit for CMS review and approval a claiming protocol prior to claiming federal matching funds

Waivers under negotiation with CMS	
Title	Description
Home Stabilization	<ul style="list-style-type: none"> Pending request includes both home find services, which help individuals locate safe, affordable housing and home tenancy support services, which are meant to educate and assist individuals with maintaining housing Current request is for chronically homeless individuals and those at risk for becoming chronically homeless

New waivers to be included in extension request	
Title	Description
Change in Payment Methodology for Personal Care and Homemaker Services	<ul style="list-style-type: none"> 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 Pilot first, then full implementation if evaluation proves successful
Dental Case Management	<ul style="list-style-type: none"> Pilot four new dental case management CPT codes in select group of approximately six trained dental practices across the state Monitored via claims data from MMIS and a customized data collection form to determine effectiveness prior to full implementation

Institutions of Mental Disease (IMD) Rule Exemption	<ul style="list-style-type: none"> • Waiver of IMD exclusion in section 1905(a)(29)(B) of the Social Security Act and 42 CFR 435.1009 to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible people who have mental health or substance use disorders and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs
Improving Access to Care for Homebound Individuals	<ul style="list-style-type: none"> • 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.
Telephonic Psychiatric Consultation	<ul style="list-style-type: none"> • Authority to cover child, adolescent and adult telephonic psychiatric consultation services for primary care practitioners; this is an expansion of the SIM initiative Pediatric Psychiatry Resource Network or “PediPRN” to adults
Transforming Family Caregivers into Paid Caregivers	<ul style="list-style-type: none"> • Request for authority to pay relatives and/or legal guardians, including spouses, as caregivers. • Relative or legal guardian will be required to meet established provider qualifications for the service; payment will be rendered through fiscal intermediaries that are contracted with EOHHS.
Streamlining the Process for Collecting Patient Liability to Decrease Provider Burden and Improve Program Integrity	<ul style="list-style-type: none"> • EOHHS proposes a new approach to the collection of beneficiary liability; the State will collect the beneficiary liability directly from the Medicaid eligible individuals rather than having providers collect them. • This change would solely address the process of collection; methodology for determining the application of beneficiary income to the cost of care will remain the same.
Family Home Visiting	<ul style="list-style-type: none"> • Seeking authority to 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 are the target population • Aimed at improving maternal and child health outcomes, encourage positive parenting, and promote child development and school readiness
Therapeutic Services for Adults in the Community	<ul style="list-style-type: none"> • Expansion of current in-home/community-based skill building and therapeutic/clinical services for children to 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.

Modifications to current waiver authorities to be included in extension request	
Title	Description
DSHP Claiming and Expenditure Authority	<ul style="list-style-type: none"> • 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
Expansion of Peer Support Services for Parents and Youth Navigating Behavioral Health Challenges	<ul style="list-style-type: none"> • Request to offer 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

	<p>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.</p> <ul style="list-style-type: none"> • To be claimed under Budget Services 4 for at risk youth
Facilitating Successful Transitions to Community Living	<ul style="list-style-type: none"> • Seeking to revise the current authority for Community Transition Services by: <ol style="list-style-type: none"> 1. Characterizing the services as a Preventive service, rather than a Core service; and 2. Expanding the allowable expenses that can be covered under this authority to include: <ul style="list-style-type: none"> - Storage fees; - 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); - 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; and - Transportation from a nursing facility to a new community-based living arrangement.
Ensuring the Effectiveness of Long-Term Services and Supports	<ul style="list-style-type: none"> • Request to modify the LTSS expedited eligibility authority by: <ol style="list-style-type: none"> 1. 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; 2. Expanding the benefit package to include Preventive HCBS; 3. Increasing the number of days that adult day care services may be covered from three (3) to five (5) days per week; and 4. 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.
Criteria for Group Home Eligibility	<ul style="list-style-type: none"> • Request to strengthen 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. • New criteria will be applied to new entrants only
Modernize the Preventive and Core Home- and Community-Based Services Benefit Package	<ul style="list-style-type: none"> • EOHHS seeks to modernize the Preventive and Core Home and Community Based Service (HCBS) package for beneficiaries who meet the applicable clinical/functional criteria by: <ul style="list-style-type: none"> • Eliminating select HCBS that are no longer needed as they are now State Plan benefits; • Broadening the range of needs-based Preventive and Core HCBS (see list below); • Updating the definitions of the benefits; and

	<ul style="list-style-type: none">• Instituting authority to cap the amount or duration of Preventive HCBS based on need and mandate cost-sharing for Preventive HCBS• New Preventive HCBS include:<ul style="list-style-type: none">- Assistive technology- Chore- Community Transition Services- Home stabilization- Limited non-emergency transportation/home visits- Medication management/administration- Peer Supports- Skilled-nursing, when pre-authorized based on need• New Core HCBS include:<ul style="list-style-type: none">- Bereavement Counseling- Career Planning- Consultative Clinical and Therapeutic Services- Prevocational Services- Psychosocial Rehabilitation Services- Training and Counseling Services for Unpaid Caregivers
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