



State of Rhode Island
Executive Office of Health and Human Services
3 West Road | Virks Building | Cranston, RI 02920

April 17, 2023

Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services (CMS)

Re: Rhode Island: FY 2023 Q4 HCBS E-FMAP Quarterly Spending Plan

Dear Administrator Brooks-LaSure:

The Rhode Island Executive Office of Health and Human Services (EOHHS) Medicaid program submits for your review our HCBS E-FMAP Quarterly Spending plan for the fourth quarter of FY 2023. This includes updates to ongoing approved projects and the distribution of additional project funding, which was shown as a lump sum in previous submissions. Below we have described updates to ongoing projects since your last review, as well as brief descriptions of new allocations outlined in the attached spending plan. Where appropriate, this includes page references to the approved FY 2023 Q3 narrative submitted on [January 17, 2023](#).

Ongoing Projects

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

The state proposes several projects targeted to support Rhode Islanders experiencing homelessness or housing insecurity (pages 45-46). Our updated spending plan allocates an additional \$2.1 million for our medical respite pilot program, extending the program through March 2025 with a total investment of \$5.0 million. While consistent with our approved housing projects, the attached plan includes separate investments of:

- \$0.2 million for homeless service and provider recruitment retention;
- \$1.0 million for a public housing/neighborhood resident service coordinator program;
- \$1.0 million for a Community-Based Substance Use Disorder (SUD) Housing pilot program; and,
- \$0.3 million to provide supportive services to unsheltered individuals.

As the time of the prior submission, it was noted that Rhode Island was evaluating the feasibility of its Community-Based SUD Housing pilot program due to existing shortages of (SUD) beds

(pages 49-50). After evaluation of community priorities, the model of this program is being modified to instead focus on delivery of supportive services in residential treatment and recovery home programs that may include life skills curriculum and housing navigation services to support client success post program discharge. Additionally, program sustainability may be explored through leveraging State Opioid Settlement funding.

The plan also includes a new proposal of \$0.5 million for Olmstead (Olmstead v. LC) planning community engagement. Funds will be used to assess Rhode Island's ability to meet the needs of populations at risk of institutionalization, set goals for the development of housing options and community supports, and help the state coordinate and secure services.

HCBS Workforce Recruitment & Retention

The state proposes to expand eligibility for recruitment and retention grants to private duty nursing providers. These provider payments will receive an administrative match rate; the attached spending plan shifts \$0.4 million from the benefits match rate project line to the administrative line.

Dental Care in Home Health Pilot

Demand exceeded expectations for our first community-based public health dental hygienist training program. We are offering a second session, increasing the expected funds by \$10,000.

Technical Assistance for Workforce Program Implementation

Our existing contract obligations increased our program expenses by \$56,566.

Updated Project Proposals & Funding Allocations

Improving Rhode Island's "No Wrong Door" System

Consistent with our prior submission, the updated plan includes \$0.6 million to enhance information, awareness, and outreach of HCBS services (page 15).

Quality Improvement and Race Equity

Consistent with the previous submission, the proposed plan includes investments in quality improvement and race equity. Investments include \$2.5 million for Race Equity Challenge Grants and \$2.0 million for a remote services pilot program (pages 23-28). The plan also maintains a \$1.0 million allocation for technical assistance assumed in the previous submission but shifts the purpose to support the redesign of the state's system of care for dually eligible and Medicaid-eligible LTSS beneficiaries following the recent CMS Final Rule requiring sunset of Financial Alignment Initiative (FIA) demonstrations. This effort will include additional and ongoing work to expand data collection, reporting, and monitoring in line with HCBS final rule and CMS 1915c quality requirements, including the recommended measure set for Medicaid-funded HCBS. Funds will be used to secure technical assistance to incorporate HCBS/LTSS into managed care for duals

and non-duals with a meaningful quality strategy, performance monitoring, and robust HCBS provider network.

Building Infrastructure to Expand our Care Continuum & Provider Capacity

The investment area of building infrastructure to expand the state's care continuum and provider capacity includes numerous project proposals, some of which are already in progress. The updated spending plan includes \$2.0 million to expand the state's Self-Directed program and support service advisory agencies (page 28). The plan also includes funding to build in-state capacity to support individuals with traumatic brain injuries (page 36); \$1.5 million of spending is planned for this proposal.

The spending plan includes \$10.0 million to expand preventative and community-based adult behavioral health services (pages 43-44). The state proposes to address workforce-related needs at three provider types - SUD outpatient treatment providers, SUD residential providers, and mental health psychiatric rehabilitative residences (MHPRRs). Combined with \$1.1 million from funding available through the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals, a total of \$11.1 million would be distributed for workforce recruitment and retention.

The state's most recent narrative submission discusses expanding preventative and community-based children's behavioral health services (pages 38-42). Based on stakeholder feedback, the state proposes continuing investments in children's preventative services by providing training on the Diagnostic Assessment for Young Children (DC:05) assessment, and similar assessments. Providing training is expected to maximize our workforce's ability to serve caregivers and children aged 0-5 to get the most out of preventative mental health services. The proposed spending plan includes \$3.0 million for this training. Upon further deliberation, the state proposes to remove the pilot program to support transition age youth and young adult services from the plan due to feasibility issues.

The proposed FY 2023 Q4 state spending plan includes \$0.8 million to launch an Oral Health Emergency Department (ED) Diversion pilot program. As discussed in follow-up with CMS, over half of the individuals presenting to an ED for non-traumatic dental complaints are Medicaid beneficiaries. Most Medicaid-eligible Rhode Islanders are eligible due to a Modified Adjusted Gross Income that is below the federal poverty level. Individuals in this project will be referred to an applicable home and community-based services program based on their specific needs. The scope of the project is to develop effective strategies meant to divert patients with dental complaints from the ED, which will benefit all patient populations. Page 52 of the narrative requested CMS guidance regarding eligibility of the program for HCBS Enhanced FMAP funding. On March 13, 2023, CMS reported the program appeared to be approvable.

Updating Technology to Better Serve our Members

There were three project proposals under the investment area of updating technology (pages 54-55). Rhode Island proposes eliminating two projects and shifting funding to existing approved projects that more directly impact residents and remove projects for which other funding exists.

The updated plan removes the proposal to expand EOHHS' data analytics; improvements to the data ecosystem have occurred with other funding sources. It also removes the proposal for HCBS provider network adequacy as this work can occur outside of the HCBS E-FMAP plan.

Thank you for your time and consideration.

Sincerely,

Kristin Sousa

[Kristin Sousa \(Apr 17, 2023 14:04 EDT\)](#)

Kristin Sousa

Medicaid Program Director, RI EOHHS

Enclosures:

Rhode Island FY 2023 Q4 HCBS E-FMAP Quarterly Spending Plan







RI FY 2023 Q4 HCBS E-FMAP Spending Plan Update

Final Audit Report

2023-04-17

Created:	2023-04-17
By:	Patricia Arruda (patricia.arruda@ohhs.ri.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAp_WCmCAUMv8QZ_osX3NHwoEQNIRztWyp

"RI FY 2023 Q4 HCBS E-FMAP Spending Plan Update" History

-  Document created by Patricia Arruda (patricia.arruda@ohhs.ri.gov)
2023-04-17 - 6:00:13 PM GMT
-  Document emailed to kristin.sousa@ohhs.ri.gov for signature
2023-04-17 - 6:00:34 PM GMT
-  Email viewed by kristin.sousa@ohhs.ri.gov
2023-04-17 - 6:03:47 PM GMT
-  Signer kristin.sousa@ohhs.ri.gov entered name at signing as Kristin Sousa
2023-04-17 - 6:04:18 PM GMT
-  Document e-signed by Kristin Sousa (kristin.sousa@ohhs.ri.gov)
Signature Date: 2023-04-17 - 6:04:20 PM GMT - Time Source: server
-  Agreement completed.
2023-04-17 - 6:04:20 PM GMT

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