

COVID-19 Section 1115(a) Demonstration Application Template

The State of Rhode Island, Executive Office of Health and Human Resources (EOHHS) proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state’s Medicaid program.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of Rhode Island, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

II. DEMONSTRATION PROJECT FEATURES

A. Eligible Individuals: The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Population
√	Current title XIX State plan beneficiaries
√	Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: Rhode Island Comprehensive Demonstration 11-W-00242/1

B. Benefits: The state will provide the following benefits and services to individuals eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Services
√	Current title XIX State plan benefits

Check to Apply	Services
√	<p>Others as described here:</p> <p>All benefits authorized under the Rhode Island Comprehensive Demonstration 11-W-00242/1</p>

C. Cost-sharing

Check to Apply	Cost-Sharing Description
√	<p>There will be no premium, enrollment fee, or similar charge, or cost-sharing (including copayments and deductibles) required of individuals who will be enrolled in this demonstration that varies from the state's current state plan.</p>
	<p>Other as described here: <i>[state to insert description]</i></p>

D. Delivery System:

Check to Apply	Delivery System Description
√	<p>The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan.</p>
	<p>Other as described here: <i>[state to insert description]</i></p>

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

- i. State projects that approximately 512 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is \$ 5,100,000 .

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President’s proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration opportunity to the populations identified in section II.A above.

Check to Apply	Program
√	Medicaid state plan
√	Section 1915(c) of the Social Security Act (“HCBS waiver”). Provide applicable waiver numbers below: All waivers subsumed under the Rhode Island Comprehensive Demonstration 11-W-00242/1
√	Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: Rhode Island Comprehensive Demonstration 11-W-00242/1
	Other: [<i>State to describe here</i>]

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address

COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state’s request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
	Section 1902(a)(1)	To permit the state to target services on a geographic basis that is less than statewide.
√	Section 1902(a)(8), (a)(10)(B), and/or (a)(17)	To permit the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need.

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
√	To permit payment for emergency case management for individuals residing in homeless shelters, outside, or otherwise without safe and stable housing. Because Medicaid beneficiaries who are experiencing homelessness or housing insecurity are less able to effectively practice social-distancing, EOHHS requests temporary authority to pay for emergency case management provided by shelters and

Check to Request Expenditure	Description/Purpose of Expenditure Authority
	homeless service agencies to support beneficiaries in preventing exposure to COVID-19 and ensuring they continue to receive necessary medical and behavioral health services, delivered through telehealth modalities to the extent possible. For those who test positive for COVID-19, EOHHS proposes to include hospital discharge supports for individuals experiencing housing instability or homelessness as part of emergency case management.
√	To permit payment for meals per day for Medicaid beneficiaries residing at or otherwise receiving emergency case management or other services at homeless shelters. Homeless shelters are remaining open during full days rather than closing for most of the day, and as such are now providing all meals.
√	To permit payment for temporary housing for individuals residing in homeless shelters, outside, or otherwise without safe and stable housing and who have been diagnosed with COVID-19 or are at high risk of exposure to COVID-19. This would provide flexible funds for hotel/motel stays and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary to enable quarantine, isolation, treatment, or respite for individuals who lack stable housing, as well as to reduce the current density of shelters, which poses an acute risk to the health and safety of all residents and staff. EOHHS also proposes including in this authority expenditures related to sanitation products to keep the temporary housing clean.
√	To permit payment of rent for individuals who may be at risk of homelessness due to the COVID-19 crisis. This would reduce the risk to these individuals and the public, by allowing more individuals to remain in quarantine or adequately distanced from others.
√	To permit payment of mobile phone minutes. As providers seek to shift as much health care to telephonic or other telehealth modalities, people experiencing homelessness or extreme poverty often don't have the means to ensure continuous cell phone coverage. Having cell phone minutes covered can facilitate homeless service providers in keeping track of members and providing case management, as well as ensuring they are able to continue receiving the telephonic healthcare services they need.

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

A. Evaluation Hypothesis. The demonstration will test whether and how the waivers and expenditure authorities affected the state's response to the public health emergency, and how they affected coverage and expenditures.

B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements. No later than one year after the end of this demonstration

addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state's response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.