Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

PUBLIC NOTICE OF PROPOSED RHODE ISLAND COMPREHENSIVE 1115 DEMONSTRATION WAIVER EXTENSION REQUEST

In accordance with 42 CFR 431.408 and Rhode Island General Laws Chapter 42-35, notice is hereby given that the Rhode Island Executive Office of Health and Human Services (EOHHS) proposes to submit to the Centers for Medicare and Medicaid Services (CMS) its request to extend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1) through December 31, 2028. This notice provides details about the waiver extension request and serves to formally open the thirty (30) day public comment period, which begins on September 30, 2022 and will conclude on November 1, 2022.

During the public comment period, the public is invited to provide written comments to EOHHS via US postal service or electronic mail, as well as make comments verbally during several public hearings that will be hosted at geographically diverse locations around the state. Specifically, notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold three (3) public hearings, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter. Public hearings will be held on the following dates, times, and locations:

Public Hearing #1	Public Hearing #2	Public Hearing #3
October 12, 2022 5:30-7:00 p.m. Pawtucket Public Library 13 Summer Street Pawtucket, RI 02860 **Also available for virtual participation**: Zoom link: https://us02web.zoom.us/j/85040776334?pwd=WlMvRHNLZnBkYkxETTBOcDN6aWo5QT09 Zoom Dial-In: 888 788 0099 Meeting ID: 850 4077 6334 Passcode: 226735	October 25, 2022 3:00-4:30 p.m. Peace Dale Library 1057 Kingstown Road Peace Dale, RI 02879 **Also available for virtual participation**: Zoom link: https://us02web.zoom.us/j/87616533965?pwd=NFFpWnJFQkVnekp4NnlicG54Z2JUZz09 Zoom Dial-In: 888 788 0099 Meeting ID: 876 1653 3965 Passcode: 867253	October 27, 2022 5:30-7:00 p.m. Woonsocket Public Library 303 Clinton Street Woonsocket, RI 02895 **Also available for virtual participation**: Zoom link: https://us02web.zoom.us/j/81549811005?pwd=WG9ySDZBMXVuYllrMWJ1Y3FjUzNDUT09 Zoom Dial-In: 888 788 0099 Meeting ID: 815 4981 1005 Passcode: 132667

In addition to the above public hearings, EOHHS will also accept public comment on the proposed extension request during the Health System Transformation Project (HSTP) Accountable Entity (AE) Advisory Committee Meeting on **October 18, 2022, 8:30am** at **3 West Road, Virks Building 1st Floor Training Room, Cranston, RI 02920.** Also available for virtual participation:
Zoom link: https://us02web.zoom.us/j/84460354854?pwd=R1BydGE1ZlN4ZVNpNkxFUTd4cHR4dz09.
Zoom Dial-In: 888 788 0099
Meeting ID: 844 6035 4854
Passcode: 311195

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The proposed extension request along with other related documentation is accessible for public review on the EOHHS website at https://eohhs.ri.gov/reference-center/medicaid-state-plan-and-1115-waiver/waiver-extension. In addition, the draft documents are also available in hard copy, located at the Security Desk on the 1st floor of the Virks Building at 3 West Road, Cranston, RI 02920.

Interested persons should submit comments to EOHHS on the proposed extension on or before November 1, 2022. Comments can be submitted via email to OHHS.RIMedicaidWaiver@ohhs.ri.gov or by mail to Amy Katzen, Executive Office of Health and Human Services, 3 West Road, Cranston, RI 02920.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

The Pawtucket Public Library, Peace Dale Public Library, Woonsocket Public Library, and the Virks Building are all accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at OHHS.RIMedicaidWaiver@ohhs.ri.gov or (401) 462-6222 (hearing/speech impaired, dial 711) at least three (3) business days prior to the public hearing so arrangements can be made to provide such assistance at no cost to the person requesting.

To request interpreter services at any of these events, please notify the Executive Office at OHHS.RIMedicaidWaiver@ohhs.ri.gov at least five (5) business days in advance. Interpreter services will be made available at no cost to the person requesting.

Si necesita servicios de interpretación en cualquiera de estos eventos, por favor solicítelos a la Oficina Ejecutiva al correo electrónico OHHS.RIMedicaidWaiver@ohhs.ri.gov con al menos cinco (5) días hábiles de antelación. Los servicios de interpretación están a disposición de los solicitantes de forma gratuita.

Para solicitar serviços de intérprete em qualquer um destes eventos, por favor, notifique o Gabinete Executivo através do endereço OHHS.RIMedicaidWaiver@ohhs.ri.gov com, pelo menos, cinco (5) dias úteis de antecedência. Os serviços de intérprete serão disponibilizados sem custo para a pessoa que solicita.

Program Description

Rhode Island is submitting an extension request for its 1115 waiver. Section 1115 waivers are utilized to implement experimental, pilot, or demonstration projects found to be likely to assist in promoting the objectives of the Medicaid program. Rhode Island's 1115 waiver (hereinafter "the Demonstration") has been in place since 2009. Rhode Island's entire Medicaid program is operated under the Demonstration. The Demonstration offers a complete array of services, including medical, behavioral health, and Home and Community-Based Services (HCBS), to multiple eligibility groups. The state has tested a number of cutting-edge pilots and transformative projects under the Demonstration such as the Health System Transformation Program and the Accountable Entities initiative. While the Demonstration has changed greatly since its inception, the State's intent to utilize this waiver to improve the lives of Rhode Island Medicaid beneficiaries has not. Utilizing a global waiver structure that captures all aspects of the

Medicaid program into one (1) authorizing document allows the State to take a holistic approach to serving Medicaid beneficiaries. Equity and access have remained at the forefront of all renewals and amendments of the waiver.

The State sees this waiver extension as an opportunity to continue to build upon its foundational aims while implementing new focused enhancements targeted at behavioral health, social determinants of health, and long-term services and supports. The State has also utilized this waiver renewal to request a number of administrative enhancements to the waiver that will promote efficiency, transparency, and flexibility. All existing beneficiaries covered by the waiver will be impacted by the extension.

Goals and Objectives

Four (4) foundational principles have guided the Demonstration since 2015, and continue to guide the program as a whole:

- Pay for value, not volume;
- Coordinate physical, behavioral, and long-term healthcare;
- Rebalance the delivery system away from high-cost settings; and
- Promote efficiency, transparency, and flexibility.

Rhode Island also seeks to align this Demonstration extension with the larger vision and values of EOHHS. The vision of EOHHS is to support resilient, equitable, and just communities nurturing the health, safety, wellbeing, and independence of all Rhode Islanders. To achieve this vision, EOHHS has elected to center on the key values of voice, choice, and equity. Rhode Island has approached this waiver extension with those values in mind.

The State has identified a number of goals it seeks to achieve during this extension period. The goals are:

Goal 1: Health Equity Improve health equity through strong community-clinical linkages that support beneficiaries in addressing social determinants of health, including ensuring access to stable housing.
Goal 2: Behavioral Health Continue to ensure expanded access to high-quality integrated behavioral healthcare that is focused on prevention, intervention, and treatment.
Goal 3: Long-Term Services & Supports (LTSS) Continue progress toward rebalancing LTSS toward home and community-based services (HCBS).
Goal 4: Maintain and Expand on Our Record of Excellence Streamline administration of the Demonstration to strengthen current services and processes, while supporting continued progress towards our state's goals of improving healthcare quality and outcomes for Medicaid beneficiaries.

It is with these goals in mind that we submit this waiver extension.

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Eligibility, Cost Sharing, Delivery Systems, and Benefits

Eligibility

All eligibility groups presently covered by Rhode Island Medicaid are included within the Demonstration, including all eligibility categories in the Medicaid State Plan. The underlying authority for the State's current eligibility groups include: (i) categorically eligible groups (mandatory and optional) as described in the Medicaid State Plan; (ii) the medically needy (mandatory and optional) as described in the Medicaid State Plan; (iii) groups that could be covered under the Medicaid State Plan but are currently only covered under the Demonstration; and (iv) groups that have eligibility via Demonstration authority only.

The State is requesting several eligibility expansions in this waiver extension. If approved, pre-release supports for incarcerated individuals will be expanded to cover individuals in prison or jail thirty (30) days before their release. Additionally, the State will extend Medicaid coverage for pregnant members from sixty (60) days postpartum to twelve (12) months postpartum. This Demonstration extension request also seeks to expand the income limit for Budget Population 15, HCBS waiver-like services for adults with disabilities, from 300% to 400% of the Supplemental Security Income (SSI) federal benefit rate. Finally, the State seeks to document a technical correction in the waiver to remove two (2) budget populations that are no longer active.

Cost Sharing

In 2019, Rhode Island revised the Cost-Sharing Requirements specified in the State Plan to reflect that the State does not charge cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid. This Demonstration does not seek to impose cost sharing.

Delivery Systems

All Medicaid benefits and programs, including LTSS, behavioral health services, and other unique components of Rhode Island's Medicaid program, are available under the Demonstration. The Demonstration contains the following components:

- Managed Care. The Managed Care component provides Medicaid state plan benefits as well as supplemental benefits as identified in Attachment A of the Standard Terms and Conditions (STCs) to most recipients eligible under the Medicaid State Plan, including the new adult group. Benefits are provided through comprehensive mandatory managed care delivery systems.

- Family Planning. The Extended Family Planning component provides access to family planning and referrals to primary care services for postpartum beneficiaries whose family income is at or below 200 percent of the federal poverty level (FPL), and who lose Medicaid eligibility under RIte Care at the conclusion of their postpartum period.

- Premium Assistance. The RIte Share premium assistance component enrolls individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a "qualified" plan into the Employer Sponsored Insurance (ESI) coverage.

- Rhody Health Partners. Rhody Health Partners is a comprehensive, risk-based program that provides acute and primary care services to older adults and individuals with disabilities who are not enrolled in Connect Care Choice. The Connect Care Choice component provides Medicaid state plan benefits to aged, blind, and disabled beneficiaries who have no other health insurance, through a primary care case management system.

- HCBS Program. The Home and Community-Based Service component provides services similar to those authorized under sections 1915(c) and 1915(i) of the Act to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need.

- RIte Smiles. The RIte Smiles Program is a managed dental benefit program for Medicaid eligible children born after May 1, 2000.

Under this Demonstration extension, the waiver delivery system will remain the same except for enhancements to dental services. Rhode Island is seeking to provide all dental benefits for adults through managed care. Like how children's dental benefits are provided today, adults will also receive dental services through a pre-paid ambulatory health plan rather than through a fee-for-service arrangement.

Benefit Coverage

Rhode Island seeks to remove authority for the Dental Case Management, Healthy Behaviors Incentives, and Recovery Navigation programs. These programs are either not active or not having a measurable effect on beneficiary outcomes. However, the State is requesting approval for a variety of new services and pilots, including enhancing access to home stabilization, operating a medical respite pilot, providing several new HCBS services, and expanding access to complimentary alternative medicine.

Summary of Proposed Changes

The program enhancements and technical revisions requested in this Demonstration extension are each summarized below.

Program Enhancements
Home Stabilization Expansion: EOHHS seeks to expand the pool of qualified providers, expand the targeted population for home stabilization benefits, and add coverage for one (1) time transition costs.
Recuperative Care (Medical Respite) Pilot: EOHHS is seeking authority to establish a pilot program to provide short term residential care to individuals experiencing homelessness in a Recuperative Care Center to allow individuals the opportunity to rest and recover from illness or injury in a safe environment while accessing medical care and other supportive services.
Health Equity Zone (HEZ): EOHHS plans to use several managed care strategies to drive additional funding and support to the fund HEZs in its upcoming MCO procurement, and to use the Demonstration to evaluate the benefits of HEZ investment to support future federal support for HEZ expenditures.
Pre-Release Supports for Incarcerated Individuals: EOHHS is seeking federal authority to provided Medicaid coverage, including enrollment in managed care, to incarcerated individuals thirty (30) days before release to support reintegration and improve access to care upon release.

HCBS Enhancements: EOHHS seeks to permanently continue many of the HCBS flexibilities allowed during the COVID public health emergency, including expanding access to telephonic HCBS assessments, adding remote supports service, and allowing parents to be paid to provide services to adults with disabilities.
Accountable Entities (AE): As federal funding phases out, EOHHS requests removal of the AE related sections of the demonstration but reaffirms continued state commitment to the AEs and furthering value-based payment models in Medicaid.
Managed Dental Benefits for Adults: EOHHS seeks to carve adult dental benefits into the existing RIte Smiles managed care program.

Technical Revisions
Eligibility Revisions
• Expand postpartum coverage to 12 months
• Use inclusive pregnancy language in formal documentation
• Remove Populations 16 and 23, which are no longer active eligibility categories
• Expand financial limits for Budget Population 15 from 300 to 400% of SSI benefit rate
Benefit Revisions
• Clarifying the distinction between Family/Youth Support Partners and Peer Recovery Specialists benefits
• Expanding access to complimentary alternative medicine to individuals with certain behavioral health conditions
• Codifying family home visiting services as a state plan service
Removing Inactive Programs
• Dental Case Management
• Healthy Behaviors Incentives
• Recovery Navigation
HCBS Benefit Clarity: EOHHS seeks to make technical revisions to the demonstration documentation to update service definitions to support transparency and benefit clarity.

Enrollment and Expenditures

Enrollment and expenditure data for the waiver can be found in the table below.

	Base Year	Waiver Period				
	DY 15 (2023)	DY 16 (2024)	DY 17 (2025)	DY 18 (2026)	DY 19 (2027)	DY 20 (2028)
PMPM						
Pop 1. ABD no TPL	$2,323	$2,453	$2,591	$2,736	$2,889	$3,051
Pop 2. ABD TPL	$813	$858	$906	$957	$1,011	$1,067
Pop 3. ABD LTSS	$5,499	$5,807	$6,132	$6,476	$6,838	$7,221
Pop 4. Rite Care	$366	$386	$408	$431	$455	$481
Pop 5. CSHCN	$1,416	$1,495	$1,579	$1,667	$1,760	$1,859
Pop 6. Expansion	$749	$791	$835	$882	$931	$983
Pop 7. Family Planning	$24	$25	$26	$28	$30	$31
Other Populations & CNOMS	$177	$187	$198	$209	$220	$233
Enrollment - Member Months						
Pop 1. ABD no TPL	171,765	173,826	175,912	178,023	180,159	182,321
Pop 2. ABD TPL	295,967	299,903	303,892	307,933	312,029	316,179
Pop 3. ABD LTSS	174,691	177,486	180,326	183,211	186,143	189,121
Pop 4. Rite Care	2,043,013	2,065,281	2,087,793	2,110,550	2,133,555	2,156,811
Pop 5. CSHCN	145,411	146,923	148,451	149,995	151,555	153,131
Pop 6. Expansion	1,108,278	1,107,392	1,106,506	1,105,621	1,104,736	1,103,852
Pop 7. Family Planning	17,931	18,195	18,462	18,734	19,009	19,289
Other Populations & CNOMS	52,394	53,023	53,659	54,303	54,955	55,614
Total Expenditures						
Pop 1. ABD no TPL		$426,454,720	$455,740,740	$487,037,211	$520,483,866	$556,227,424
Pop 2. ABD TPL		$257,388,713	$275,417,016	$294,707,684	$315,348,927	$337,438,794
Pop 3. ABD LTSS		$1,030,678,858	$1,105,811,758	$1,186,421,334	$1,272,906,853	$1,365,697,230
Pop 4. Rite Care		$798,148,653	$852,028,313	$909,541,487	$970,938,169	$1,036,476,931
Pop 5. CSHCN		$219,632,936	$234,343,991	$250,040,758	$266,788,869	$284,659,175
Pop 6. Expansion		$875,470,717	$923,755,355	$974,704,117	$1,028,465,178	$1,085,186,230
Pop 7. Family Planning		$456,145	$488,697	$523,607	$561,148	$601,223
Other Populations & CNOMS		$9,918,431	$10,599,799	$11,327,587	$12,105,387	$12,936,928

Hypotheses and Evaluation Parameters

Rhode Island will conduct an independent evaluation to measure and monitor the outcomes of the Demonstration. The State proposes to evaluate this extension of the Demonstration utilizing the following questions, hypotheses, and measures. Evaluators will assess the Home Stabilization benefit, Medical Respite program, pre-release enrollment functions, and the impact of Health Equity Zones.

Home Stabilization

Hypotheses	Example Research Questions	Example Measures and Data Source
The Home Stabilization program will increase community living and reduce	How many members receiving services under the Home Stabilization program have obtained housing in the community? How many have	• Number of members living in the community (Program Data) • Homelessness status (Ecosystem Homeless Management Information

unnecessary institutionalization for participants.	maintained community housing for six months or more? Do these trends vary by race or ethnicity?	System (HMIS) data linked to Medicaid population grid) • Number of members accessing homelessness services (Ecosystem HMIS data linked to Medicaid population grid) • Types of homelessness services used by members (Ecosystem HMIS data linked to Medicaid population grid) • IMD admissions for SUD and, if feasible, for non-SUD conditions (Medicaid claims)
	What are the trends in members receiving services under the Home Stabilization program accessing homeless services? Does this vary by type of homelessness service, or by race or ethnicity?	
	What are the trends in Institutions for Mental Diseases (IMD) use among members receiving services under the Home Stabilization program? Does this vary by race or ethnicity?	
The Home Stabilization program will identify and address participants' social determinants of health.	What types of barriers to successful tenancy do members receiving Home Stabilization services report? Does this differ by race or ethnicity?	• Housing assessments (Program Data • Current social needs and housing retention barriers (Housing support and crisis plans—document review) • How do Home Stabilization Providers try to address social determinants of health (SDOHs)? Where are the gaps in service provision? (Interviews with Home Stabilization Providers)
	What are the social needs and barriers to housing retention experienced by members receiving services under the Home Stabilization program? Do these differ by race or ethnicity?	
	How did Home Stabilization providers use data on social needs and barriers to housing retention provided by members?	
	What were successes in and barriers to Home Stabilization providers addressing members' social needs and housing retention barriers?	
The Home Stabilization program will improve health	What are the trends over time in utilization (inpatient hospitalization, emergency department (ED) visits,	• Inpatient hospitalization (Medicaid claims) • ED visits and potentially avoidable ED visits (Medicaid claims)

outcomes for participants.	nursing home admission, behavioral health (BH) facility admission, IMD admission) for members using Home Stabilization services? Does this differ by race or ethnicity?	• Nursing home admission (Medicaid claims) • BH facility admission (Medicaid claims) • IMD admissions for SUD and, if feasible, for non-SUD conditions (Medicaid claims)
The Home Stabilization program will decrease Medicaid spending for participants after successful home placement.	What are the trends over time in total Medicaid spending for members using Home Stabilization services? Does this differ by race or ethnicity?	• Total Medicaid spending (Medicaid claims)

Medical Respite

Hypotheses	**Example Research Questions**	**Example Measures and Data Source**
The Medical Respite program will improve healthcare utilization for participants.	What are the trends over time in utilization (primary care/preventative services, inpatient hospitalization, ED visits) for members using Medical Respite services? Do trends differ by race or ethnicity?	• Primary care & preventative services (Medicaid claims) • MH & SUD/OUD services (Medicaid claims) • Inpatient hospitalization, rehospitalization (Medicaid claims) • ED visits and potentially avoidable ED visits (Medicaid claims) • Inpatient length of stay (Medicaid claims) • Referrals for specialists, BH services, and/or SUD/OUD services (Program data, if available)
	How many referrals (specialists, BH services, substance use disorder/opioid use disorder (SUD/OUD) services, community organizations) are made through the Medical Respite program?	
The Medical Respite program will decrease Medicaid spending for participants.	What are the trends over time in spending (total Medicaid, inpatient, ED, outpatient) for members using Medical Respite services? Does this differ by race or ethnicity?	• Total Medicaid spending (Medicaid claims) • Medicaid spending for inpatient visits (Medicaid claims) • Medicaid spending for ED visits (Medicaid claims) • Medicaid spending for outpatient visits (Medicaid claims)
The Medical Respite program will improve housing status and	How many members receiving services under the Medical Respite program	• Homelessness status (Ecosystem HMIS data linked to Medicaid population grid)

access to social services for participants.	have obtained housing in the community? How many have maintained community housing for six months or more? Do these trends vary by race or ethnicity?	• Housing supports appointments (Program data, if available) • Health-related social needs screenings (Program data, if available) • Social services referrals (number, type) (Program data, if available) • Number of clients approved for SSI/SSDI (Program data, if available)
	What are the trends in members receiving services under the Medical Respite program accessing homeless services? Does this vary by type of service, or by race or ethnicity?	
	What are the trends in members receiving services under the Medical Respite program accessing social services? Does this vary by type of social service, or by race or ethnicity?	
	What are the trends in Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI) enrollment among members receiving services under the Medical Respite program? Does this vary by race or ethnicity?	

Pre-Release Enrollment

Hypotheses	**Example Research Questions**	**Example Measures and Data Source**
Pre-release enrollment will improve access to medical care for recently incarcerated members.	How many previously incarcerated individuals enroll in Medicaid through the Pre-Release Enrollment program over time?	• Number of previously incarcerated individuals enrolling in Medicaid (Medicaid population grid, Ecosystem Rhode Island Department of Corrections (RIDOC) data) • Number of previously incarcerated individuals accessing primary care services (Medicaid population grid, Medicaid claims, Ecosystem RIDOC data)
	How many previously incarcerated individuals enrolled in Medicaid through the Pre-Release Enrollment program access primary care services within one year of release?	

Pre-release enrollment will improve health outcomes for recently incarcerated members	What are the trends in utilization (as measured by primary care and preventative services, mental health and SUD/OUD services, inpatient hospitalization and rehospitalization, ED visits) for Medicaid members enrolled through the Pre-Release Enrollment program?	• Primary care & preventative services (Medicaid claims, Ecosystem RIDOC data) • MH & SUD/OUD services (Medicaid claims, Ecosystem RIDOC data) • Inpatient hospitalization, rehospitalization (Medicaid claims, Ecosystem RIDOC data) • ED visits and potentially avoidable ED visits (Medicaid claims, Ecosystem RIDOC data)

Health Equity Zones

Hypotheses	**Example Research Questions**	**Example Measures and Data Source**
Residing in Health Equity Zones will improve health utilization overall for Medicaid members.	What are the trends in community rates of services utilization (as measured by primary care and preventative services, mental health and SUD/OUD services, inpatient hospitalization and rehospitalization, ED visits) for Medicaid members living in a Health Equity Zone?	• Primary care & preventative services (Medicaid claims) • MH & SUD/OUD services (Medicaid claims) • Inpatient hospitalization, rehospitalization (Medicaid claims) • ED visits and potentially avoidable ED visits (Medicaid claims)
	What are the trends in racial/ethnic disparities in utilization (as measured by primary care and preventative services, mental health and SUD/OUD services, inpatient hospitalization and rehospitalization, ED visits) for Medicaid members living in a Health Equity Zone?	
Residing in Health Equity Zones will improve housing status for Medicaid members.	How many members residing in a Health Equity Zone have obtained housing in the community? How many have maintained community housing for six months or more? Do these trends vary by race or ethnicity?	• Homelessness status (Ecosystem HMIS data linked to Medicaid population grid)

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Waiver and Expenditure Authorities

Except as otherwise noted below, Rhode Island is seeking to continue all existing waiver and expenditure authorities currently documented in the approved special terms and conditions.[1]

In addition, the State is requesting the following waiver and expenditure authorities to implement the new and enhanced programs and services under this Demonstration extension.

Waiver Authorities		
New Recuperative Care/Medical Respite Pilot	Benefits	Amount, Duration, and Scope Section 1902 (a)(10)(B); Freedom of Choice Section 1902(a)(23)(A)
Allow Use of Telephonic HCBS Assessments	Benefits	Amount, Duration, and Scope Section 1902 (a)(10)(B)
Addition of Remote Supports Benefit	Benefits	Amount, Duration, and Scope Section 1902 (a)(10)(B)
Allow Parents to be Service Providers	Benefits	Self-Direction 1902(a)(32)
Managed Dental	Finance and Expenditure Authority	Freedom of Choice Section 1902(a)(23)(A)
Expenditure Authorities		
Reimbursement of HEZ Services	Finance and Expenditure Authority	Expenditure Authority under 1115(a)(2) of the Act (CNOM)
Provide Coverage for Incarcerated Individuals 30 Days Prior to Release	Eligibility	Expenditure Authority under 1115(a)(2) of the Act (CNOM)
New Recuperative Care/Medical Respite Pilot	Benefits	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

Additionally, the State is requesting removal of the following expenditure authorities for programs and authorities which are no longer active.

- Health System Transformation Project-Accountable Entity Incentive and Hospital and Nursing Home Incentive. Expenditures for performance-based incentive payments to providers who participate in the Hospital and Nursing Home Incentive Program and to providers who participate as a certified Accountable Entity.

[1] The current waiver and expenditure authorities are listed on pages 1 through 9 of the Rhode Island Comprehensive Demonstration, as amended on February 6, 2020, available at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf.

- Expenditures for Healthy Behaviors Incentives. Expenditures for incentives to individuals who adopt healthy behaviors such as a gift card for health-related goods.

- Expenditures for Recovery Navigation Program (RNP). Expenditures to deliver a recovery-oriented environment and care plan dedicated to connecting individuals with a substance use disorder eligible for RNP services, with the necessary level of detox, treatment, and recovery services within a less-intensive and less-costly level of care than is furnished in an inpatient hospital setting.