Rhode Island 1115 Waiver Extension

October 2022



Rhode Island 1115 Waiver Extension Public Hearing

Please sign-in to provide comment on the waiver

In-Person: Write your full name and organization (if applicable) on the sign in sheet.

Virtual: Type your full name and organization (if applicable) in the meeting chat.

Agenda

- - **1** Waiver Overview
 - Summary of Proposed Enhancements& Revisions
 - Process for Public Comment and Submission
 - 4 Opportunity for Public Testimony

Waiver Overview



What is a 1115 Medicaid waiver?



 Waivers are a mechanism through which states can request exemptions from select Medicaid program statutory requirements

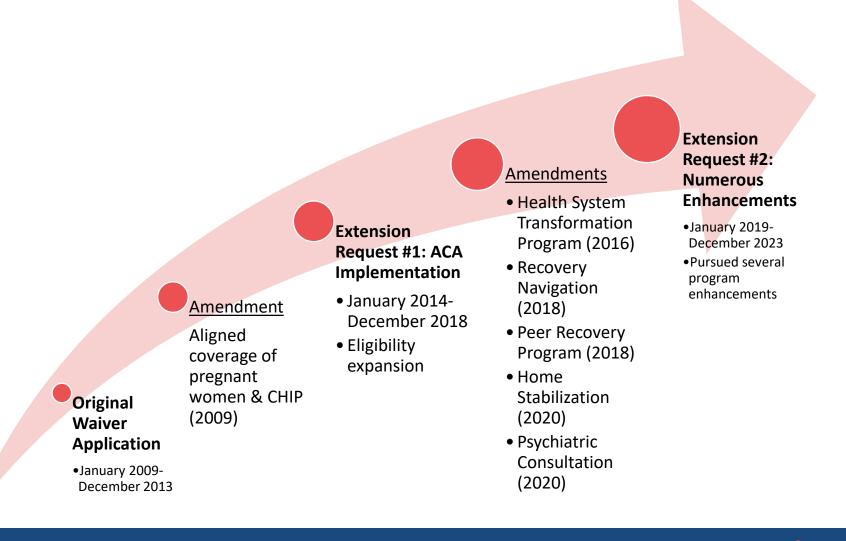


 1115 waivers are research and demonstration waivers that provide states with authority to test innovative program ideas



1115 waivers must be budget neutral

High-Level Timeline of Waiver



Planned Changes: Extension #3

- Extends existing waiver authority for another five-year period
 - January 1, 2024, through December 31, 2028

Maintains current waiver authority for another 5 years

Makes minor <u>technical corrections</u> to program documentation

Targeted program **enhancements** via new initiative(s)

Proposed Enhancements & Revisions



Priorities and Targeted Goals for Extension

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

Continue progress toward rebalancing LTSS toward home and community-based services

Goal 4: Maintain and Expand on our Record of Excellence

Streamline administration of the waiver to strengthen current services and processes, while supporting continued progress towards our state's goals of improving healthcare quality and outcomes for Medicaid beneficiaries

Health Equity & Social Determinants of Health



Home Stabilization Expansion

Seeks to expand the pool of qualified providers, expand the targeted population for home stabilization benefits, and add coverage for one time transition costs (e.g., first/ last months security deposit).



Restorative and Recuperative Care Pilot

Seeks to establish a pilot program to provide short term residential care to individuals experiencing homelessness in a Recuperative Care Center to rest and recuperate from illness or injury in safe environment.



Health Equity Zones (HEZ)

Drives funding to the existing HEZs via managed care strategies and seeks to use the waiver to evaluate the healthcare benefits of HEZ investments to support future federal support for HEZ expenditures.



Pre-Release Supports for Incarcerated

Requests to provide
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.

Home and Community Based Services Enhancements



Telephonic/ Virtual Assessments

Seeks to allow telephonic HCBS assessments, evaluations, and service planning to extend these existing flexibilities beyond the end of the COVID-19 public health emergency (PHE).



Remote Supports

Seeks to add remote supports, also known as surveillance monitoring, as a new core HCBS service to help individuals retain the maximum level of independence.



Parents as Caregivers

Requests to extend the current authority beyond the PHE to allow parents of adult members with I/DD to be paid to provide day and community-based services through the Self-Directed programs.



Benefit Clarity for HCBS Services

Requests to make technical revisions to the demonstration documentation to update service definitions to support transparency and benefit clarity for beneficiaries and other stakeholders.

Other Proposed Revisions



Eligibility Revisions

- Expand postpartum benefits to 12 months
- Use inclusive pregnancy language in formal documentation
- Remove inactive populations
- Expand financial limits for Budget
 Population 15 from 300% to 400% of the
 SSI benefit rate



Benefit Revisions

- Clarify difference between Family/Youth Support Partners and Peer Recovery Specialists benefits
- Expand access to complementary alternative medicine
- Codify family home visiting services as a state plan service



Removing Inactive Programs

- Dental case management
- Healthy behaviors incentives
- Recovery navigation



Miscellaneous Revisions

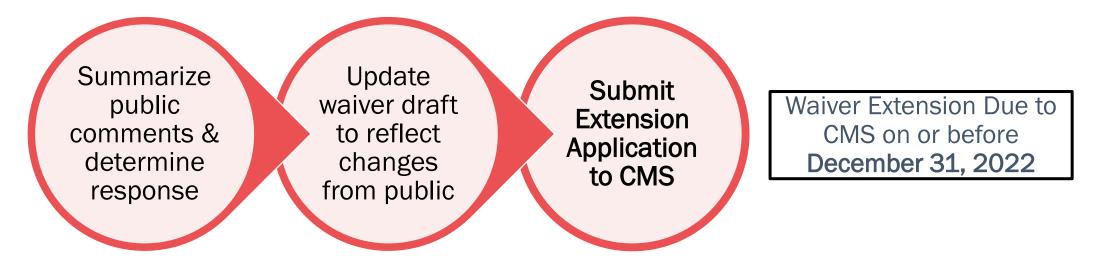
- Carve in adult dental benefits into the existing RIte Smiles managed care program
- Remove the Accountable Entity (AE) related sections of the waiver due to phase out of federal funding (Note, there will not be any changes to AE program at state level)

Process for Public Comment and Submission of Waiver to CMS



Next Steps

- EOHHS is accepting public comments until November 1
- Comments will be reviewed, and responses will be developed
 - Responses to comments will not be provided today
 - Formal state response will be included in the final version of the waiver extension
- The waiver extension will be updated based on public feedback and submitted to CMS



The final version will be available at:

https://eohhs.ri.gov/reference-center/medicaid-state-plan-and-1115-waiver/waiver-extension

Directions for Providing Public Testimony Today

In-Person Public Comment

- Names on the in-person sign in sheet will be called first
- When your name is called, please step up to the podium, state your name and organization (if applicable),
 and provide comment
- If you did not have the opportunity to sign in, you can add your name to the list at any time

Virtual Public Comment

- Names will be read from the chat after the in-person comments are completed
- When your name is called, please wait to be unmuted, state your name and organization (if applicable), and provide comment
- Written comments are also accepted at OHHS.RIMedicaidWaiver@ohhs.ri.gov