HSTP AE Advisory Committee Meeting Minutes

Meeting Date, Time, and Location: October 18, 2022, 8:30am – 10:30am, 3 West Road, Virks Building, 1st Floor Training Room, Cranston, RI 02920

Meeting Facilitators/Presenters: Kristin Sousa, Medicaid Director (EOHHS), Amy Katzen, Director of Policy and Strategy, Amy Hulberg, Administrator for Medical Services

Committee Members: Carrie Bridges-Feliz; Richard Charist; Barry Fabius; Scott Fraser; Chris Gadbois; Jennifer Hawkins; Maria Palumbo-Hayes; Deb Hurwitz; Dr. Jerry Fingerut; Linda Katz; Dr. Al Kurose; Jeanne Lachance; Ray Lavoie; Juan Lopera; Maureen Maigret; Roberta Merkle; John Minichiello; Ana Novais; Jim Nyberg; Steve Odell; Dr. Ottiano; Rebecca Plonsky; Marti Rosenberg; Sam Salganik; Cynthia Skevington; Kristin Sousa; Sue Storti; Merrill Thomas; Patrick Tigue and Amal Trivedi.

Meeting Notes			
Agenda Item	Time	Facilitator(s)	Minutes
Welcome &	5 Minutes	Kristin Sousa, Medicaid Program Director (EOHHS)	Welcome and Introductions.
Introductions			June 2022 Accountable Entity Advisory Committee Meeting Minutes were approved.
AE Program Updates (5 min)		Amy Katzen, Amy Katzen, Director of Policy & Strategy (EOHHS)	Public Comment period on PY6 Roadmap and Sustainability Plan closed 10/7. Submission to CMS is due 10/31.
,	5 Minutes		Public Comment period on PY6 Program Requirements is open until 11/2
			Received first year of RELD Quality data, currently being reviewed
			EOHHS and Bailit are reviewing RBPO applications
Final		Amy Katzen, Amy Katzen,	Final performance for OPY4 (January 1, 2021 – December 31, 2021) was reported out to the
Performance		Director of Policy &	AEs in August.
Outcome	15 Minutes	Strategy (EOHHS)	
Measures (15 min)			Incentive fund distribution for OPY4 is based upon aggregated performance.

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Public Comment Regarding the Overall Progress of the 1115 Demonstration (30 min)	30 Minutes	Amy Katzen, Amy Katzen, Director of Policy & Strategy (EOHHS)	 Starting in OPY5 outcome measure targets and final performance will no longer be at the aggregated level based on the recommendation of the AE/MCO Quality Work Group. Reviewed graph showing AE performance on Plan All-Cause Readmissions relative to national performance. RI EOHHS seeks comment on the progress of the current 1115 demonstration waiver. That is, the waiver effective 2019-2023. Public Comment: Matthew Roman, Chief Innovative & Behavioral Health Officer, Thundermist Health Center: Mr. Roman requested more transparency with the metrics on the success of the workforce funding that has been spent. He noted that there is a great deal of transparency on AE performance and recommends the same be available for workforce programs. Public Comment: Jennifer Hawkins, Neighborhood Builders: Housing Stabilization Program – Recommended that EOHHS expand provider qualification criteria to include those with less than a bachelor's degree and that EOHHS expand the eligibility criteria for Medicaid members able to receive the services beyond those with mental health or chronic disease conditions. For example, the service would be very helpful for the recently incarcerated.
Public Hearing for RI Comprehensive 1115 Demonstration Waiver Extension Request (60 min)	60 Minutes	Amy Katzen, Amy Katzen, Director of Policy & Strategy (EOHHS) And Amy Hulberg, Administrator for Medical Services	Overview of the Rhode Island 1115 Waiver Extension and the timeline of the 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 technical corrections 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.

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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.

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	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
	Amy Hulberg reviewed the next steps of the Public Hearing Process of the 1115
	Demonstration Waiver Extension Request
	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
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	• The waiver extension will be updated based on public feedback and submitted to
	CMS
	Summarize public comments & determine response

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	Update waiver draft to reflect changes from public Submit Extension Application to CMS
	Waiver Extension Due to CMS on or before December 31, 2022
	The final version will be available at:
	https://eohhs.ri.gov/reference-center/medicaid-state-plan-and-1115-waiver/waiver-
	extension
	Public Comment : Beth Marootian, Director of Business Development, Neighborhood Health Plan of Rhode Island, The extension request is full of great ideas, however would like a better understanding of the Post-Program Year 6 world related to value-based payment. Identified that there are opportunities to engage AEs and MCOs around home stabilization, pre-release Medicaid, and the respite idea. Requested clarification of the intended scope of
	services that would be made available through the MCO "reach-in" service to individuals still incarcerated – whether it is the full scope of Medicaid services or limited to case
	management services.
	Public Comment : Nicholas Oliver, Executive Director of the Rhode Island Partnership for Homecare. Mr. Oliver's association represents home health and hospice providers. The home care industry is concerned that Executive Office Health and Human Services through
	the Medicaid program has not dramatically moved the needle toward rebalancing long-term services and support spending toward home and community-based services.
	Rebalancing efforts have been focused on choice over access. But choice is not an option without access to services. The proposed waiver as presented seem to be more of the same strategy for the homebound population.
	On the current wait list, there are approximately over 600 people that are Medicaid beneficiaries that have been waiting for services for more than five days. The average under the current wait list is over three months. There are some folks that have been waiting for preventative homecare services for over a year. Most are dual-eligible for Medicare and Medicaid. There are also great disparities based on zip code. Approximately 20% of the current waitlist for homecare services are Newport County residents.
Page 516	What the industry is seeking is greater accountability, including financial accountability by Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England and Tufts

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		Health Plan of Rhode Island or any future managed care organizations participating under the new demonstration program to ensure that we have expanded timely access to care and move toward eliminating the department's complacency and the practice of beneficiary sitting on a waitlist.
Public Comment & Adjourn (5 Min)	5 Minutes	

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