Request to Amend the Rhode Island Comprehensive Section 1115 Demonstration Waiver

Project No. 11-W-00242/1

September 12, 2023

Contents

Section I: Executive Summary

Rhode Island respectfully submits this amendment request ("Amendment") to revise its application to renew the Medicaid Section 1115 Demonstration Waiver (the Rhode Island Comprehensive Demonstration, hereinafter also referred to as "the Demonstration"), which was previously submitted to the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services ("CMS") on December 22, 2022 (the "Extension"). This Amendment request seeks to allow the provision of Home and Community-Based Personal Care services in acute hospital settings, in order to improve outcomes for Medicaid Home and Community-Based Services ("HCBS") waiver participants receiving care in acute hospital settings.

This request is made pursuant to a specific state legislative directive, as described in *Section II*, and is consistent with requirements codified at 42 U.S.C. 1396a(h). The Rhode Island legislature has made a strong statement about the value of HCBS for vulnerable Medicaid beneficiaries, including those receiving inpatient care, by prioritizing this item in the state fiscal year ("SFY") 2024 budget. Similarly, the Rhode Island Executive Office of Health and Human Services ("EOHHS") is committed to improving the health and well-being of beneficiaries receiving long term services and supports ("LTSS"), including HCBS, through the numerous enhancements to LTSS made in its recent Extension application which included several updates to the state's LTSS offerings to strengthen the program and enhance beneficiary experience. This Amendment request continues these ongoing efforts to improve HCBS through the state's longstanding Demonstration.

Rhode Island requests that this Amendment take effect on or before January 1, 2024 in accordance with the required state statutory timeframes.

Section II: Description of Proposed Amendment to Allow Personal Care Services in Acute Hospital Settings

Rhode Island seeks to amend the state's existing Demonstration to allow the provision of Home and Community-Based Personal Care services in acute care hospital settings. The goal of this Amendment is to improve waiver participants' immediate experience of short-term hospital stays, improve transitions of care back to the community, and reduce the risk that hospital stays will lead to institutionalization.

In the state's budget for SFY 2024, Rhode Island's General Assembly required the EOHHS to seek federal authority to "allow Medicaid reimbursement of direct support professionals to assist Medicaid Long-Term Services and Supports Home and Community-Based Services beneficiaries while such individuals are receiving care in hospital acute care settings."

In enacting this legislation, the Rhode Island General Assembly was responding to strong feedback from Medicaid HCBS participants who shared stories about how important it is for them to continue to have access to their personal care attendants while experiencing short-term acute hospital stays. Beneficiaries shared that losing access to this support while hospitalized negatively impacted their recovery from hospital treatment and left them more vulnerable to institutionalization upon discharge.

In 2020, Congress recognized the value of maintaining access to personal care services while a Medicaid HCBS participant is in an acute care setting. Federal legislation[1] codified at 42 U.S.C. 1396a(h) states that:

> "Nothing in this subchapter…shall be construed as authorizing the Secretary to limit the amount of payment that can be made under a plan under this subchapter for… home and community based services provided… under a waiver or demonstration project under section 1315 of this title…Nothing in this subchapter, subchapter XVIII, or subchapter XI shall be construed as prohibiting receipt of any care or services specified in paragraph (1) in an acute care hospital that are—
>
> (A) identified in an individual's person-centered service plan (or comparable plan of care);
>
> (B) provided to meet needs of the individual that are not met through the provision of hospital services;
>
> (C) not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and
>
> (D) designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities."

Additionally, federal regulatory guidelines require states to describe the HCBS provided to avoid duplication of services, how the service will assist the individual in returning to the community, and any differences in the typical billed rate for HCBS provided during hospitalization.[2]

The state believes that the consistent, one-on-one – potentially 24/7 – personal care coverage that many people with physical as well as intellectual and developmental disabilities often require does not duplicate acute hospital services.

Non-duplicative personal care services in the hospital setting can include physical assistance to safely reposition in bed, eat and drink, perform grooming activities like brushing teeth, use the toilet, bathe/shower, change clothes, etc. These are activities that acute care hospitals are not expected to staff at the necessary level for people with disabilities because it would often require stationing a nurse or certified nursing assistance in a single room for hours.

In addition to the level of staffing, it can be very challenging for a hospital's nurses, CNAs, and doctors to understand or be able to effectively engage with a disabled individual. For example, hospital services do not include the type of verbal cueing and support that people with developmental disabilities or behavioral health needs may need to remain calm and productively engaged in their care without the need for physical or chemical restraints. As another example, some HCBS waiver participants are nonverbal, and hospital staff who are trained to support people experiencing acute illness/surgical recovery are not typically trained to work with nonverbal patients, to understand and interpret their needs adequately. Personal care

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[1] Section 3715 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act, P.L. 116-136)
[2] CMS, *COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies,* January 6, 2021. Available at: https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

attendants who regularly work with nonverbal patients are much better able to understand them and thereby support them in a safe recovery from their acute condition. In many cases, it is also important to have the specific personal care attendant who regularly works with a nonverbal individual present, because people who do not have experience with the individual will have a much more difficult time understanding them and making themselves understood. Hospitals do not and cannot replicate the service of a personal care attendant who has the experience working with a particular individual whose needs may be difficult to interpret.

Consistent with these federal requirements, EOHHS seeks to permit the continuation of 1915(c)-like personal care services, as authorized via state legislation, through an Amendment to its existing Demonstration. Specifically, EOHHS requests to add the following language to the definition of Personal Care in Attachment B of the state's Special Terms and Conditions (STCs) governing the Demonstration:

> **"Personal care services may be delivered in an acute care hospital setting if these services are: (i) described in the participant's person-centered service plan; (ii) provided to meet needs of the participant that are not met through the provision of hospital services; (iii) not a substitution for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (iv) designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the participant's functional abilities."**

HCBS providers delivering personal care services to individuals in an acute care hospital setting will be required to document each occurrence of the participant receiving personal care in the acute care hospital, as well as the following information in the participant's medical record in compliance with federal regulations:

1. A description of the service to be provided during the acute hospital stay;
2. A description of how the service will assist the participant in returning to the community and preserve their functional abilities;
3. Any coordination activities between HCBS providers serving the participant;
4. Anticipated length of acute care hospital stay; and
5. Anticipated scope of the service, including frequency and duration.

The proposed Amendment is expected to have the following impacts to the overall Demonstration:

- *Impact to Eligibility*: Rhode Island is not proposing any changes to Medicaid eligibility through this Section 1115 Demonstration Amendment request.
- *Impact to Delivery System*: Rhode Island is not proposing any changes to the Medicaid delivery system through this Section 1115 Demonstration Amendment request.
- *Impact to Covered Benefits*. Rhode Island anticipates that this amendment will enhance access to Home and Community-Based personal care services.
- *Impact to Cost Sharing*. Rhode Island is not proposing any changes to cost sharing through this Section 1115 Demonstration Amendment request.

Section III: Requested Waivers and Expenditure Authority

Rhode Island requests to amend the state's existing 1915(c)-like authority to provide Home and Community-Based Personal Care services by specifying that these services may be provided in an acute care setting in compliance with 42 U.S.C. 1396a(h).

Rhode Island is not seeking to modify any other provisions in the currently approved Rhode Island Section 1115 Demonstration through this Amendment.

Section IV: Evaluation and Program Oversight

Personal Care is already authorized for provision to eligible beneficiaries through the Demonstration. This request does not seek to add any new services to the waiver, but rather to provide existing services in a new type of setting. Because no changes are being requested to the service, Rhode Island's existing HCBS program evaluation, oversight and monitoring structures will continue to capture required data and outcomes to evaluate the delivery of Personal Care in acute care settings. Rhode Island will comply with all HCBS program oversight and monitoring requirements for Personal Care services delivered to HCBS participants in acute care settings.

Section V: Budget Neutrality Impact

This Amendment will have a negligible impact on the Demonstration budget neutrality. Rhode Island is not requesting to add, remove, or substantially modify any services currently provided through the Demonstration. As described in *Section II*, Personal Care is an existing service authorized through the Demonstration and actively provided to eligible beneficiaries as part of the HCBS array. This Amendment request does not modify the parameters of the service, but instead expands the list of settings in which the beneficiary may receive the service. The state estimates a total expenditure impact of approximately $1.5 million all funds per year. However, this impact is expected to be offset through reductions in hospital length of stay. As such, the state does not anticipate the need to modify the existing budget neutrality calculations as a result of this Amendment. The state has reattached the budget neutrality documentation developed for the December 2022 waiver extension to support this request as *Appendix A*.

Section VI: Public Notice & Comment Process

6.1 Overview of Compliance with Public Notice Process

In accordance with STC 15 and 59 Fed. Reg. 49249 (Sept. 27, 1994), EOHHS provided the public and other interested parties the opportunity to review and provide input on the demonstration Amendment through a formal thirty-day public notice and comment process, which ran from August 8, 2023 to September 8, 2023.

During this time, the public was able to review the Amendment via a weblink. The Amendment was also made available in hard copy, located at the Security Desk on the 1st floor of the Virks Building at 3 West Road, Cranston, RI 02920. EOHHS accepted written comments submitted during the thirty-day public comment period 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.

In addition, EOHHS held one statewide virtual public hearing during the comment period to provide the public the opportunity to provide verbal comment on the proposed Amendment.

Public Notice

EOHHS verifies that public notice of the Amendment was published on August 8, 2023 to the State's Administrative Record and on a dedicated webpage on the agency's website. The abbreviated public notice was available on the agency's website in Spanish and Portuguese as well as English.

The state used an electronic mailing list, comprised of over 525 interested individuals and organizations, to notify the public of the Amendment, the hearing, and opportunity to comment on the Amendment draft.

Public Hearing

EOHHS conducted one statewide virtual meeting during the thirty-day notice and comment period. This statewide meeting was offered via the Zoom platform. Members of the public were provided with an opportunity to ask questions and comment on the Amendment during this meeting. The state confirms the meeting was held on Zoom as scheduled and as publicized in the formal notice, on August 17, 2023 at 1pm eastern time.

Tribal Notice

Rhode Island has one federally recognized tribe in the state, the Narragansett Indian Tribe. EOHHS sent tribal notice of the Amendment to the representative of the federally recognized tribe, with the option to schedule a separate tribal consultation to discuss the Amendment. The state provided the full public notice documentation to the tribal representatives, including a link to the Amendment, the location where hard copies are available, information regarding the public comment period and how to comment, and details regarding the statewide virtual meeting. No formal comments were received and a tribal consultation was not requested. A copy of the formal correspondence sent to the Narragansett Indian Tribe soliciting input on the extension request can be found in *Appendix D.*

6.2 Summary of Public Comments & State Responses

In total, EOHHS received comments from four (4) unique individuals from the public and other interested parties during the public comment period, including one (1) written comment and three (3) verbal testimonies provided during the statewide public meeting.

The verbal and written comments, along with the state's responses, are summarized below.

Three commenters stated their strong support for this Amendment, noting that it is expected to significantly improve quality of care, medical outcomes, and quality of life. These commenters stated their appreciation for EOHHS's efforts to ensure expeditious implementation of the policy following legislative approval and encouraged EOHHS to continue all such efforts so that the Amendment's positive impact could begin.

One commenter identified questions related to the implementation timeline and sought to confirm that EOHHS will collaborate with any managed care organizations whose contracts include HCBS Personal Care services. EOHHS has requested approval of this Amendment for

a January 1, 2024 effective date, and anticipates collaborating with managed care organizations as needed to achieve full implementation thereafter.

Given the strong support for the Amendment, EOHHS has not made any revisions in response to public comments.

Appendix A: Budget Neutrality Worksheets

	A	B	C	D	E	F	G
1	**5 YEARS OF HISTORIC DATA**						
2							
3	**SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:**						
4							
5	**Pop 1. ABD no TPL**	**HY 1 (CY 2017)**	**HY 2 (CY 2018)**	**HY 3 (CY 2019)**	**HY 4 (CY 2020)**	**HY 5 (CY 2021)**	**5-YEARS**
6	**TOTAL EXPENDITURES**	$ 268,476,462	$ 283,334,689	$ 330,133,616	$ 304,925,667	$ 344,478,759	$ 1,531,349,192
7	**ELIGIBLE MEMBER MONTHS**	179,647	177,761	173,815	172,667	171,765	
8	**PMPM COST**	$ 1,494.47	$ 1,593.91	$ 1,899.34	$ 1,765.98	$ 2,005.52	
9	**TREND RATES**						**5-YEAR**
10				**ANNUAL CHANGE**			**AVERAGE**
11	TOTAL EXPENDITURE		5.53%	16.52%	-7.64%	12.97%	6.43%
12	ELIGIBLE MEMBER MONTHS		-1.05%	-2.22%	-0.66%	-0.52%	-1.12%
13	PMPM COST		6.65%	19.16%	-7.02%	13.56%	7.63%
14							
15	**Pop 2. ABD TPL**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
16	**TOTAL EXPENDITURES**	$ 269,885,976	$ 250,546,864	$ 219,410,648	$ 190,132,028	$ 216,926,304	$ 1,146,901,820
17	**ELIGIBLE MEMBER MONTHS**	287,270	297,535	288,025	290,451	303,876	
18	**PMPM COST**	$ 939.49	$ 842.08	$ 761.78	$ 654.61	$ 713.86	
19	**TREND RATES**						**5-YEAR**
20				**ANNUAL CHANGE**			**AVERAGE**
21	TOTAL EXPENDITURE		-7.17%	-12.43%	-13.34%	14.09%	-5.31%
22	ELIGIBLE MEMBER MONTHS		3.57%	-3.20%	0.84%	4.62%	1.41%
23	PMPM COST		-10.37%	-9.54%	-14.07%	9.05%	-6.64%
24							
25	**Pop 3. ABD LTSS**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
26	**TOTAL EXPENDITURES**	$ 724,033,942	$ 745,167,513	$ 820,733,227	$ 783,326,661	$ 803,607,144	$ 3,876,868,487
27	**ELIGIBLE MEMBER MONTHS**	176,684	177,507	178,549	173,328	166,371	
28	**PMPM COST**	$ 4,097.90	$ 4,197.96	$ 4,596.68	$ 4,519.33	$ 4,830.21	
29	**TREND RATES**						**5-YEAR**
30				**ANNUAL CHANGE**			**AVERAGE**
31	TOTAL EXPENDITURE		2.92%	10.14%	-4.56%	2.59%	2.64%
32	ELIGIBLE MEMBER MONTHS		0.47%	0.59%	-2.92%	-4.01%	-1.49%
33	PMPM COST		2.44%	9.50%	-1.68%	6.88%	4.20%
34							
35	**Pop 4. Rite Care**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
36	**TOTAL EXPENDITURES**	$ 515,019,502	$ 523,900,737	$ 584,755,268	$ 540,281,451	$ 661,604,382	$ 2,825,561,340
37	**ELIGIBLE MEMBER MONTHS**	2,069,454	2,021,958	1,937,553	1,934,573	2,074,006	
38	**PMPM COST**	$ 248.87	$ 259.11	$ 301.80	$ 279.28	$ 319.00	
39	**TREND RATES**						**5-YEAR**
40				**ANNUAL CHANGE**			**AVERAGE**
41	TOTAL EXPENDITURE		1.72%	11.62%	-7.61%	22.46%	6.46%
42	ELIGIBLE MEMBER MONTHS		-2.30%	-4.17%	-0.15%	7.21%	0.05%
43	PMPM COST		4.11%	16.48%	-7.46%	14.22%	6.40%
44							
45	**Pop 5. CSHCN**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
46	**TOTAL EXPENDITURES**	$ 170,107,095	$ 168,132,484	$ 167,369,332	$ 169,999,309	$ 182,811,295	$ 858,419,514
47	**ELIGIBLE MEMBER MONTHS**	147,208	147,761	143,051	145,585	147,024	
48	**PMPM COST**	$ 1,155.56	$ 1,137.87	$ 1,170.00	$ 1,167.70	$ 1,243.41	
49	**TREND RATES**						**5-YEAR**
50				**ANNUAL CHANGE**			**AVERAGE**
51	TOTAL EXPENDITURE		-1.16%	-0.45%	1.57%	7.54%	1.82%
52	ELIGIBLE MEMBER MONTHS		0.38%	-3.19%	1.77%	0.99%	-0.03%
53	PMPM COST		-1.53%	2.82%	-0.20%	6.48%	1.85%
54							
55	**Pop 6. Expansion**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
56	**TOTAL EXPENDITURES**	$ 479,099,781	$ 451,290,490	$ 475,460,073	$ 545,106,889	$ 765,644,669	$ 2,716,601,902
57	**ELIGIBLE MEMBER MONTHS**	962,548	936,990	897,870	985,547	1,193,095	
58	**PMPM COST**	$ 497.74	$ 481.64	$ 529.54	$ 553.10	$ 641.73	
59	**TREND RATES**						**5-YEAR**
60				**ANNUAL CHANGE**			**AVERAGE**
61	TOTAL EXPENDITURE		-5.80%	5.36%	14.65%	40.46%	12.43%
62	ELIGIBLE MEMBER MONTHS		-2.66%	-4.18%	9.76%	21.06%	5.51%
63	PMPM COST		-3.24%	9.95%	4.45%	16.02%	6.56%
64							
65	**Pop 7. Family Planning**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
66	**TOTAL EXPENDITURES**	$ 53,490	$ 116,238	$ 359,192	$ 406,225	$ 245,689	$ 1,180,834
67	**ELIGIBLE MEMBER MONTHS**	12,183	13,138	17,700	21,044	18,163	
68	**PMPM COST**	$ 4.39	$ 8.85	$ 20.29	$ 19.30	$ 13.53	
69	**TREND RATES**						**5-YEAR**
70				**ANNUAL CHANGE**			**AVERAGE**
71	TOTAL EXPENDITURE		117.31%	209.01%	13.09%	-39.52%	46.40%
72	ELIGIBLE MEMBER MONTHS		7.84%	34.72%	18.89%	-13.69%	10.50%
73	PMPM COST		101.51%	129.37%	-4.88%	-29.93%	32.49%
74							
75	**Other Populations & CNOMS**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
76	**TOTAL EXPENDITURES**	$ 9,176,311	$ 9,399,975	$ 9,839,671	$ 8,397,342	$ 8,152,058	$ 44,965,356
77	**ELIGIBLE MEMBER MONTHS**	53,953	55,061	55,361	52,925	52,394	
78	**PMPM COST**	$ 170.08	$ 170.72	$ 177.74	$ 158.66	$ 155.59	
79	**TREND RATES**						**5-YEAR**
80				**ANNUAL CHANGE**			**AVERAGE**
81	TOTAL EXPENDITURE		2.44%	4.68%	-14.66%	-2.92%	-2.92%
82	ELIGIBLE MEMBER MONTHS		2.05%	0.54%	-4.40%	-1.00%	-0.73%
83	PMPM COST		0.38%	4.11%	-10.73%	-1.94%	-2.20%

	A	B	C	D	E	F	G	H	I	J	K
1	**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**										
2											
3											
4	**ELIGIBILITY**	**TREND**	**MONTHS**	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
5	**GROUP**	**RATE 1**	**OF AGING**	**DY 15 (CY 2023)**	**RATE 2**	**DY 16 (CY 2024)**	**DY 17 (CY 2025)**	**DY 18 (CY 2026)**	**DY 19 (CY 2027)**	**DY 20 (CY 2028)**	**WOW**
6											
7	**Pop 1. ABD no TPL**										
8	**Pop Type:**	**Medicaid**									
9	Eligible Member Months	0.00%	24	171,765	1.2%	173,826	175,912	178,023	180,159	182,321	
10	PMPM Cost	7.63%	24	$ 2,323.24	7.1%	$ 2,488.89	$ 2,666.35	$ 2,856.46	$ 3,060.13	$ 3,278.32	
11	Total Expenditure					$ 432,634,241	$ 469,043,212	$ 508,515,691	$ 551,310,927	$ 597,707,327	$ 2,559,211,398
12											
13	**Pop 2. ABD TPL**										
14	**Pop Type:**	**Medicaid**									
15	Eligible Member Months	-1.31%	24	295,967	1.3%	299,903	303,892	307,933	312,029	316,179	
16	PMPM Cost	6.70%	24	$ 812.73	6.0%	$ 861.49	$ 913.18	$ 967.97	$ 1,026.05	$ 1,087.61	
17	Total Expenditure					$ 258,363,397	$ 277,507,791	$ 298,070,317	$ 320,157,293	$ 343,879,359	$ 1,497,978,157
18											
19	**Pop 3. ABD LTSS**										
20	**Pop Type:**	**Medicaid**									
21	Eligible Member Months	2.47%	24	174,691	1.6%	177,486	180,326	183,211	186,143	189,121	
22	PMPM Cost	6.70%	24	$ 5,499.14	9.2%	$ 6,007.26	$ 6,562.33	$ 7,168.69	$ 7,831.08	$ 8,554.67	
23	Total Expenditure					$ 1,066,206,289	$ 1,183,359,181	$ 1,313,384,924	$ 1,457,698,125	$ 1,617,867,324	$ 6,638,515,842
24											
25	**Pop 4. Rite Care**										
26	**Pop Type:**	**Medicaid**									
27	Eligible Member Months	-0.75%	24	2,043,013	1.1%	2,065,281	2,087,793	2,110,550	2,133,555	2,156,811	
28	PMPM Cost	8.11%	24	$ 372.84	6.6%	$ 397.60	$ 424.00	$ 452.15	$ 482.17	$ 514.19	
29	Total Expenditure					$ 821,155,887	$ 885,224,221	$ 954,285,145	$ 1,028,736,172	$ 1,109,010,473	$ 4,798,411,899
30											
31	**Pop 5. CSHCN**										
32	**Pop Type:**	**Medicaid**									
33	Eligible Member Months	-0.55%	24	145,411	1.0%	146,923	148,451	149,995	151,555	153,131	
34	PMPM Cost	6.70%	24	$ 1,415.61	6.0%	$ 1,500.55	$ 1,590.58	$ 1,686.01	$ 1,787.17	$ 1,894.40	
35	Total Expenditure					$ 220,465,992	$ 236,123,924	$ 252,893,669	$ 270,855,098	$ 290,092,280	$ 1,270,430,963
36											
37	**Pop 6. Expansion**										
38	**Pop Type:**	**Expansion**									
39	Eligible Member Months	-3.62%	24	1,108,278	-0.1%	1,107,392	1,106,506	1,105,621	1,104,736	1,103,852	
40	PMPM Cost	9.01%	24	$ 762.58	6.7%	$ 813.67	$ 868.19	$ 926.36	$ 988.43	$ 1,054.65	
41	Total Expenditure					$ 901,051,467	$ 960,657,326	$ 1,024,202,754	$ 1,091,954,365	$ 1,164,177,906	$ 5,142,043,818
42											
43	**Pop 7. Family Planning**										
44	**Pop Type:**	**Medicaid**									
45	Eligible Member Months	-0.64%	24	17,931	1.5%	18,195	18,462	18,734	19,009	19,289	
46	PMPM Cost	32.49%	24	$ 23.74	4.8%	$ 24.88	$ 26.07	$ 27.32	$ 28.63	$ 30.00	
47	Total Expenditure					$ 452,688	$ 481,313	$ 511,805	$ 544,230	$ 578,656	$ 2,568,692
48											
49	**Other Populations & CNOMS**										
50	**Pop Type:**	**Medicaid**									
51	Eligible Member Months	0.00%	24	52,394	1.2%	53,023	53,659	54,303	54,955	55,614	
52	PMPM Cost	6.70%	24	$ 177.14	4.8%	$ 185.64	$ 194.55	$ 203.89	$ 213.68	$ 223.94	
53	Total Expenditure					$ 9,843,139	$ 10,439,359	$ 11,071,820	$ 11,742,687	$ 12,454,199	$ 55,551,204

	A	B	C	D	E	F	G	H	I
1	**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**								
2									
3									
4				**DEMONSTRATION YEARS (DY)**					**TOTAL WW**
5	**ELIGIBILITY GROUP**	**DY 15 (CY 2023)**	**DEMO TREND RATE**	**DY 16 (CY 2024)**	**DY 17 (CY 2025)**	**DY 18 (CY 2026)**	**DY 19 (CY 2027)**	**DY 20 (CY 2028)**	
6									
7	**Pop 1. ABD no TPL**								
8	**Pop Type: Medicaid**								
9	Eligible Member Months	171,765	1.2%	173,826	175,912	178,023	180,159	182,321	
10	PMPM Cost	$ 2,323.24	6.1%	$ 2,464.96	$ 2,615.32	$ 2,774.85	$ 2,944.12	$ 3,123.71	
11	Total Expenditure			$ 428,474,581	$ 460,066,418	$ 493,987,231	$ 530,410,645	$ 569,518,642	$ 2,482,457,516
12									
13	**Pop 2. ABD TPL**								
14	**Pop Type: Medicaid**								
15	Eligible Member Months	295,967	1.3%	299,903	303,892	307,933	312,029	316,179	
16	PMPM Cost	$ 812.73	6.1%	$ 862.31	$ 914.91	$ 970.72	$ 1,029.93	$ 1,092.76	
17	Total Expenditure			$ 258,609,318	$ 278,033,523	$ 298,917,134	$ 321,367,965	$ 345,507,681	$ 1,502,435,620
18									
19	**Pop 3. ABD LTSS**								
20	**Pop Type: Medicaid**								
21	Eligible Member Months	174,691	1.6%	177,486	180,326	183,211	186,143	189,121	
22	PMPM Cost	5,499	6.1%	$ 5,834.59	$ 6,190.50	$ 6,568.12	$ 6,968.78	$ 7,393.88	
23	Total Expenditure			$ 1,035,559,731	$ 1,116,308,538	$ 1,203,353,721	$ 1,297,187,302	$ 1,398,337,615	$ 6,050,746,908
24									
25	**Pop 4. Rite Care**								
26	**Pop Type: Medicaid**								
27	Eligible Member Months	2,043,013	1.1%	2,065,281	2,087,793	2,110,550	2,133,555	2,156,811	
28	PMPM Cost	$ 372.84	6.1%	$ 395.58	$ 419.71	$ 445.31	$ 472.47	$ 501.29	
29	Total Expenditure			$ 816,984,019	$ 876,267,589	$ 939,848,984	$ 1,008,040,689	$ 1,081,187,616	$ 4,722,328,897
30									
31	**Pop 5. CSHCN**								
32	**Pop Type: Medicaid**								
33	Eligible Member Months	145,411	1.0%	146,923	148,451	149,995	151,555	153,131	
34	PMPM Cost	$ 1,415.61	6.1%	$ 1,501.96	$ 1,593.58	$ 1,690.79	$ 1,793.93	$ 1,903.36	
35	Total Expenditure			$ 220,673,154	$ 236,569,278	$ 253,610,647	$ 271,879,612	$ 291,464,338	$ 1,274,197,030
36									
37	**Pop 6. Expansion**								
38	**Pop Type: Medicaid**								
39	Eligible Member Months	1,108,278	-0.1%	1,107,392	1,106,506	1,105,621	1,104,736	1,103,852	
40	PMPM Cost	$ 762.58	6.1%	$ 809.10	$ 858.46	$ 910.83	$ 966.39	$ 1,025.34	
41	Total Expenditure			$ 895,990,687	$ 949,891,024	$ 1,007,032,465	$ 1,067,605,980	$ 1,131,823,993	$ 5,052,344,149
42									
43	**Pop 7. Family Planning**								
44	**Pop Type: Medicaid**								
45	Eligible Member Months	17,931	1.5%	18,195	18,462	18,734	19,009	19,289	
46	PMPM Cost	$ 23.74	6.1%	$ 25.19	$ 26.73	$ 28.36	$ 30.09	$ 31.93	
47	Total Expenditure			$ 458,328	$ 493,498	$ 531,288	$ 571,984	$ 615,883	$ 2,670,980
48									
49	**Other Populations & CNOMS**								
50	**Pop Type: Medicaid**								
51	Eligible Member Months	52,394	1.2%	53,023	53,659	54,303	54,955	55,614	
52	PMPM Cost	$ 177.14	6.1%	$ 187.95	$ 199.41	$ 211.57	$ 224.48	$ 238.17	
53	Total Expenditure			$ 9,965,622	$ 10,700,141	$ 11,488,866	$ 12,336,196	$ 13,245,586	$ 57,736,411
54									
55									
56									
57	**NOTES**								
58	For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.								

	A	B	C	D	E	F	G
1	**Panel 1: Historic DSH Claims for the Last Five Fiscal Years:**						
2	**RECENT PAST FEDERAL FISCAL YEARS**						
3		**20__**	**20__**	**20__**	**20__**	**20__**	
4	State DSH Allotment (Federal share)						
5	State DSH Claim Amount (Federal share)						
6	DSH Allotment Left Unspent (Federal share)	$ -	$ -	$ -	$ -	$ -	
7							
8	**Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period**						
9	**FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS**						
10		**FFY 00 (20__)**	**FFY 01 (20__)**	**FFY 02 (20__)**	**FFY 03 (20__)**	**FFY 04 (20__)**	**FFY 05 (20__)**
11	State DSH Allotment (Federal share)						
12	State DSH Claim Amount (Federal share)						
13	DSH Allotment Projected to be Unused (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
14							
15	**Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period**						
16	**FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS**						
17		**FFY 00 (20__)**	**FFY 01 (20__)**	**FFY 02 (20__)**	**FFY 03 (20__)**	**FFY 04 (20__)**	**FFY 05 (20__)**
18	State DSH Allotment (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
19	State DSH Claim Amount (Federal share)						
20	Maximum DSH Allotment Available for Diversion (Federal share)						
21	Total DSH Alltoment Diverted (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
22	DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
23	DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
24							
25	**Panel 4: Projected DSH Diversion Allocated to DYs**						
26	**DEMONSTRATION YEARS**						
27			**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**
28	DSH Diversion to Leading FFY (total computable)						
29	FMAP for Leading FFY						
30							
31	DSH Diversion to Trailing FFY (total computable)						
32	FMAP for Trailing FFY						
33							
34	Total Demo Spending From Diverted DSH (total computable)		$ -	$ -	$ -	$ -	$ -

	A	B	C	D	E	F	G
1	**Budget Neutrality Summary**						
2							
3	**Without-Waiver Total Expenditures**						
4		**DEMONSTRATION YEARS (DY)**					**TOTAL**
5		**DY 16 (CY 2024)**	**DY 17 (CY 2025)**	**DY 18 (CY 2026)**	**DY 19 (CY 2027)**	**DY 20 (CY 2028)**	
6	**Medicaid Populations**						
7	**Pop 1. ABD no TPL**	$ 432,634,241	$ 469,043,212	$ 508,515,691	$ 551,310,927	$ 597,707,327	$ 2,559,211,398
8	**Pop 2. ABD TPL**	$ 258,363,397	$ 277,507,791	$ 298,070,317	$ 320,157,293	$ 343,879,359	$ 1,497,978,157
9	**Pop 3. ABD LTSS**	$ 1,066,206,289	$ 1,183,359,181	$ 1,313,384,924	$ 1,457,698,125	$ 1,617,867,324	$ 6,638,515,842
10	**Pop 4. Rite Care**	$ 821,155,887	$ 885,224,221	$ 954,285,145	$ 1,028,736,172	$ 1,109,010,473	$ 4,798,411,899
11	**Pop 5. CSHCN**	$ 220,465,992	$ 236,123,924	$ 252,893,669	$ 270,855,098	$ 290,092,280	$ 1,270,430,963
12	**Pop 6. Expansion**	$ 901,051,467	$ 960,657,326	$ 1,024,202,754	$ 1,091,954,365	$ 1,164,177,906	$ 5,142,043,818
13	**Pop 7. Family Planning**	$ 452,688	$ 481,313	$ 511,805	$ 544,230	$ 578,656	$ 2,568,692
14							
15	**DSH Allotment Diverted**	$ -	$ -	$ -	$ -	$ -	$ -
16							
17	**Other WOW Categories**						
18	**Other Populations & CNOMS**	$ 9,843,139	$ 10,439,359	$ 11,071,820	$ 11,742,687	$ 12,454,199	$ 55,551,204
19							$ -
20							
21							
22	**TOTAL**	$ 3,710,173,101	$ 4,022,836,326	$ 4,362,936,125	$ 4,732,998,897	$ 5,135,767,524	$ 21,964,711,973
23							
24	**With-Waiver Total Expenditures**						
25		**DEMONSTRATION YEARS (DY)**					**TOTAL**
26		**DY 16 (CY 2024)**	**DY 17 (CY 2025)**	**DY 18 (CY 2026)**	**DY 19 (CY 2027)**	**DY 20 (CY 2028)**	
27	**Medicaid Populations**						
28	**Pop 1. ABD no TPL**	$ 428,474,581	$ 460,066,418	$ 493,987,231	$ 530,410,645	$ 569,518,642	$ 2,482,457,516
29	**Pop 2. ABD TPL**	$ 258,609,318	$ 278,033,523	$ 298,917,134	$ 321,367,965	$ 345,507,681	$ 1,502,435,620
30	**Pop 3. ABD LTSS**	$ 1,035,559,731	$ 1,116,308,538	$ 1,203,353,721	$ 1,297,187,302	$ 1,398,337,615	$ 6,050,746,908
31	**Pop 4. Rite Care**	$ 816,984,019	$ 876,267,589	$ 939,848,984	$ 1,008,040,689	$ 1,081,187,616	$ 4,722,328,897
32	**Pop 5. CSHCN**	$ 220,673,154	$ 236,569,278	$ 253,610,647	$ 271,879,612	$ 291,464,338	$ 1,274,197,030
33	**Pop 7. Family Planning**	$ 458,328	$ 493,498	$ 531,288	$ 571,984	$ 615,883	$ 2,670,980
34							
35	**Expansion Populations**						
36	**Pop 6. Expansion**	$ 895,990,687	$ 949,891,024	$ 1,007,032,465	$ 1,067,605,980	$ 1,131,823,993	$ 5,052,344,149
37							
38							
39	**Excess Spending From Hypotheticals**						$ -
40							
41	**Other WW Categories**						
42	**Other Populations & CNOMS**	$ 9,965,622	$ 10,700,141	$ 11,488,866	$ 12,336,196	$ 13,245,586	$ 57,736,411
43	**Category 4**						$ -
44							
45	**TOTAL**	$ 3,666,715,440	$ 3,928,330,010	$ 4,208,770,336	$ 4,509,400,373	$ 4,831,701,353	$ 21,144,917,511
46							
47	**VARIANCE**	$ 43,457,662	$ 94,506,316	$ 154,165,789	$ 223,598,524	$ 304,066,170	$ 819,794,461
48							
49							

Appendix B: Formal Public Notice

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 AMENDMENT 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) a request to amend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1). This notice provides details about the waiver amendment request and serves to formally open the thirty (30) day public comment period, which begins on August 8, 2023 and will conclude on September 8, 2023.

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 a statewide virtual public hearing. 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 a public hearing, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter.

Virtual Public Hearing
August 17, 2023 at 1pm Eastern Daylight

- Zoom link: https://us02web.zoom.us/j/84224631977?pwd=b0lqSW5NajZqUlY3bjByWUhtaGxMdz09
- Zoom Dial-In: 888 788 0099
- Meeting ID: 842 2463 1977
    - Passcode: 013091

The proposed amendment 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 amendment on or before September 8, 2023. 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.

If any accommodation beyond the accessibility features available via Zoom is needed 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.

Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

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

Si necesita servicios de interpretación, 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, 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

EOHHS is submitting an amendment request for the Rhode Island 1115 waiver (hereinafter "the Demonstration"), which has been in place since 2009 and authorizes Rhode Island's entire Medicaid program. In December 2022, Rhode Island submitted an extension request for the Demonstration. The extension contained a variety of program enhancement requests, such as a home stabilization service expansion, Recuperative Care Pilot, strategies for driving support to Health Equity Zones, authority for pre-release supports for incarcerated individuals, HCBS enhancements, and the expansion of managed dental benefits to adults. The extension request also sought a number of technical revisions to components of the waiver concerning benefits, eligibility, and programs that were no longer active. The State received a Completeness Letter for this extension request from CMS on January 5th, 2023.

The State now requests an amendment to the pending Demonstration extension request to continue to improve and support the health and well-being of beneficiaries receiving long-term services and supports (LTSS). Specifically, this amendment request seeks to allow the provision of Home and Community-Based Personal Care services in acute hospital settings, in order to improve outcomes for Medicaid HCBS waiver participants receiving care in acute hospital settings. This request is made pursuant to a specific state legislative directive. The Rhode Island legislature has made a strong statement about the value of HCBS for vulnerable Medicaid beneficiaries, including those receiving inpatient care, by prioritizing this item in the state fiscal year ("SFY") 2024 budget. All existing beneficiaries covered by the waiver will be impacted by the amendment.

Goals and Objectives

The State identified the following goals for the Demonstration 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 (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.

This amendment request is aligned with these same goals, and supports state goals associated with rebalancing LTSS toward HCBS by allowing continuity of personal care services while individuals are in an acute care setting to aid in transitions back to the community.

Eligibility, Cost Sharing, Delivery Systems, and Benefits

Rhode Island is not proposing any changes to Medicaid eligibility, cost sharing, delivery systems, or benefits through this amendment request.

Summary of Proposed Changes

The Rhode Island legislature recently approved the State Fiscal Year (SFY) 2024 budget. In the budget, the General Assembly included a directive for EOHHS to seek federal authority to allow Medicaid reimbursement of direct support professionals to assist Medicaid LTSS HCBS beneficiaries while such individuals are receiving care in hospital acute care settings.

In enacting this legislation, the Rhode Island General Assembly was responding to robust feedback from Medicaid HCBS participants who shared stories about how important it is for them to continue to have access to their personal care attendants while experiencing short-term acute hospital stays. Beneficiaries shared that losing access to this support while hospitalized negatively impacted their recovery from hospital treatment and left them more vulnerable to institutionalization upon discharge.

This directive aligns with a new Medicaid service option introduced in the 2020 CARES Act. The federal legislation, codified at 42 U.S.C. 1396(h) allows states to pay for the provision of HCBS in acute care hospital settings, provided that the care or services are identified in an individual's person-centered service plan; are provided to meet the needs of the individual that are not met through the provision of hospital services; are not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and are designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

To implement the legislative mandate and per the authority provided in 42 U.S.C 1396(h), Rhode Island is submitting the amendment request to obtain authority to allow the provision of Home and Community-Based Personal Care services in acute care hospital settings. Home and Community-Based Personal Care is already offered through the state's HCBS service array. However, currently, Home and Community-Based Personal Care can only be provided to HCBS-eligible beneficiaries in the home or other community setting. Obtaining authority to continue the provision of Home and Community-Based Personal Care for hospitalized beneficiaries will support continuity of care by reducing potential service interruptions caused by hospital stays. The goal of this amendment request is to improve waiver participants' immediate experience of short-term hospital stays, improve transitions of care back to the

community, and reduce the risk that hospital stays will lead to institutionalization. This request aligns with the State's ongoing efforts to improve HCBS and continue progress toward rebalancing LTSS.

Enrollment and Expenditures

The state is not requesting to modify waiver enrollment. Therefore, no impact to enrollment is expected. The state estimates a total expenditure impact of approximately $1.5 million, total state and federal, per year. However, this impact is expected to be offset through reductions in hospital length of stay and to have no impact on the overall waiver budget neutrality.

Hypotheses and Evaluation Parameters

Rhode Island will conduct an independent evaluation to measure and monitor the outcomes of the Demonstration. Because no changes are being requested to the existing Personal Care service, Rhode Island's existing HCBS program evaluation, oversight, and monitoring structures will continue to capture required data and outcomes to evaluate the delivery of Personal Care in acute care settings.

Appendix C: Abbreviated Public Notice

Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

ABBREVIATED PUBLIC NOTICE OF PROPOSED RHODE ISLAND COMPREHENSIVE 1115 DEMONSTRATION WAIVER AMENDMENT 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) a request to amend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1). This notice provides details about the waiver amendment request and serves to formally open the thirty (30) day public comment period, which begins on August 8, 2023 and will conclude on September 8, 2023.

Program Description

EOHHS is submitting an amendment request for the Rhode Island 1115 waiver (hereinafter "the Demonstration"), which has been in place since 2009 and authorizes Rhode Island's entire Medicaid program. In December 2022, Rhode Island submitted an extension request for the Demonstration. The extension contained a variety of program enhancement requests, such as a home stabilization service expansion, Recuperative Care Pilot, strategies for driving support to Health Equity Zones, authority for pre-release supports for incarcerated individuals, HCBS enhancements, and the expansion of managed dental benefits to adults. The extension request also sought a number of technical revisions to components of the waiver concerning benefits, eligibility, and programs that were no longer active. The State received a Completeness Letter for this extension request from CMS on January 5th, 2023.

The State now requests an amendment to the pending Demonstration extension request to continue to improve and support the health and well-being of beneficiaries receiving long-term services and supports (LTSS). Specifically, the amendment request seeks to allow the provision of Home and Community-Based Personal Care services in acute hospital settings, in order to improve outcomes for Medicaid HCBS waiver participants receiving care in acute hospital settings.

The Rhode Island legislature recently approved the State Fiscal Year (SFY) 2024 budget. In the budget, the General Assembly included a directive for EOHHS to seek federal authority to allow Medicaid reimbursement of direct support professionals to assist Medicaid LTSS HCBS beneficiaries while such individuals are receiving care in hospital acute care settings.

To implement the legislative mandate and per the authority provided in 42 U.S.C 1396(h), Rhode Island is submitting this amendment request to obtain authority to allow the provision of Home and Community-Based Personal Care services in acute care hospital settings. Home and Community-Based Personal Care is already offered through the state's HCBS service array. However, currently, Home and Community-Based Personal Care can only be provided to HCBS-eligible beneficiaries in the home or other community setting. Obtaining authority to continue the provision of Home and Community-Based Personal Care for hospitalized beneficiaries will support continuity of care by reducing potential service interruptions caused by hospital stays. The goal of this amendment request is to improve waiver participants' immediate experience of short-term hospital stays, improve transitions of care back to the

community, and reduce the risk that hospital stays will lead to institutionalization. This request aligns with the State's ongoing efforts to improve HCBS and continue progress toward rebalancing LTSS.

The proposed amendment 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.

Public Hearings

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 a statewide virtual public hearing. 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 a public hearing, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter.

Virtual Public Hearing
August 17, 2023 at 1pm to 3pm Eastern Daylight

- Zoom link: https://us02web.zoom.us/j/84224631977?pwd=b0lqSW5NajZqUlY3bjByWUhtaGxMdz09
- Zoom Dial-In: 888 788 0099
- Meeting ID: 842 2463 1977
  - Passcode: 013091

Public Comments

Interested persons should submit comments to EOHHS on the proposed amendment on or before September 8, 2023. 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.

Non-Discrimination and Accommodations

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Appendix D: Tribal Notice

Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

August 8, 2023

Autumn leaf Spears
Narragansett Indian Health Center
4533 South County Trail
Charlestown, RI 02913

Dear Director Spears,

In accordance with the requirements of our Tribal Consultation Policy, this is to notify you that the Rhode Island Executive Office of Health and Human Services (EOHHS) proposes to submit to the Centers for Medicare and Medicaid Services (CMS) a request to amend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1).

The Demonstration provides federal authority for EOHHS to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery system that improve care, increase efficiency, and reduce costs. Rhode Island's 1115 waiver (hereinafter "the Demonstration") has been in place since 2009. In December 2022, Rhode Island submitted an extension request for the Demonstration. The extension contained a variety of program enhancement requests and technical revisions. The State received a Completeness Letter for this extension request from CMS on January 5th, 2023.

The State now requests an amendment to the pending Demonstration extension request to continue to improve and support the health and well-being of beneficiaries receiving long-term services and supports (LTSS). Specifically, this amendment request seeks to allow the provision of Home and Community-Based Personal Care services in acute hospital settings, in order to improve outcomes for Medicaid HCBS waiver participants receiving care in acute hospital settings. This request is made pursuant to a specific state legislative directive.

The Secretary will hold a public hearing, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter.

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Rhode Island Executive Office of Health and Human Services

3 West Road | Virks Building | Cranston, RI 02920

The proposed amendment 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 amendment on or before September 8, 2023. 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.

If you have specific questions regarding this proposed extension request or would like to schedule a tribal consultation to discuss the contents of the waiver amendment, please contact Amy Katzen via email at amy.katzen@ohhs.ri.gov or via phone at 401-462-6222.

Sincerely,

[redacted]

Richard Charest, R.Ph.MBA
Secretary
Rhode Island Executive Office of Health and Human Services