



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 ADDENDUM

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 add to its request to extend the Rhode Island Comprehensive 1115 Demonstration Waiver (11-W-00242/1). This notice provides details about the waiver extension request addendum and serves to formally open the thirty (30) day public comment period, which begins on March 15, 2024 and will conclude on April 15, 2024.

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 two public hearings. 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 two public hearings, as detailed below, at which times and places 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
April 4, 2024 5:00-7:00 p.m. Eastern Newport Public Library 300 Spring Street Newport, RI 02840	April 11, 2024 1:00-3:00 p.m. Eastern 3 West Road Virks Building 1st Floor Training Room Cranston, RI 02920
Also available for virtual participation:	Also available for virtual participation:
Zoom link: https://us02web.zoom.us/j/85755366505?pwd=d1RVaJiNUdPTON6WktoaUNPMmdFdz09	Zoom link: https://us02web.zoom.us/j/83258100849?pwd=bW5wRllvTDZRRHlqdzhhRDJqcGtQUT09
Zoom Dial-In: 888-788-0099	Zoom Dial-In: 888-788-0099
<ul style="list-style-type: none">• Meeting ID: 857 5536 6505• Passcode: 900653	<ul style="list-style-type: none">• Meeting ID: 832 5810 0849• Passcode: 288364

The proposed extension request addendum is accessible for public review on the EOHHS website at https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-03/RI%201115%20Waiver%20Extension%20Request%20Addendum_For%20Public%20Comment.pdf. The extension request addendum and other related documentation are 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.



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Interested persons should submit comments to EOHHS on the proposed extension request addendum on or before April 15, 2024. 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 Newport Public Library and the Virks Building are both accessible to persons with disabilities. If communication assistance (readers/ interpreters/ captioners), or any other accommodation, 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.

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 extension request addendum 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 a Demonstration extension request. The extension request 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 the extension request from CMS on January 5th, 2023. On September 12, 2023, the State submitted an Amendment 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 State received a Completeness Letter for this Amendment request from CMS on September 25th, 2023.

The State now requests an addendum to the pending Demonstration extension request to continue to pursue the extension’s goals and objectives related to Health Equity, Behavioral Health, Long-Term Services & Supports, and Maintenance and Expansion on Our Record of Excellence. Specifically, the



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State seeks Health Equity Program Enhancements, Behavioral Health Enhancements and Technical Updates, and Home and Community-Based Services (HCBS) Technical Changes, as described below.

Goals and Objectives

The State identified the following goals for the 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 extension addendum is aligned with and builds on these goals by requesting program enhancements to support health equity and behavioral health and technical changes to HCBS authorities.

Eligibility, Benefits, Cost Sharing, and Delivery Systems,

This extension addendum would make one change to eligibility: to provide Medicaid coverage for incarcerated individuals for 90 days before their release from incarceration. The state estimates that this will lead to an additional 12,400 member months per year for the pre-release coverage population.

This extension addendum would have the following impact on covered benefits:

- Increase access to new services, including Nutrition Services and Contingency Management
- Not decrease access to any existing services, because:
 - All implemented "Preventive HCBS" services are and will remain available either through the state plan or other waiver authorities; and
 - The Attachment B "Core" and "Home and Community-Based Therapeutic Services" the state requests to remove from the waiver either are already available through the state plan, will be made available through the state plan through upcoming state plan Amendments, or have not been implemented.

Rhode Island is not proposing any changes to Medicaid cost sharing or delivery systems through this addendum to the extension request.

Summary of Proposed Changes



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In the time since Rhode Island developed the extension submitted in December 2022, CMS has shared new opportunities and guidance related to health equity efforts. This includes details on Health-Related Social Need services such as Nutrition Services and significant guidance on the scope of the Reentry 1115 Demonstration Opportunity. Based on this guidance, the state requests the following health equity program enhancements:

- Nutrition Services: In recognition of the growing body of evidence of the impact of food and health outcomes, Rhode Island seeks to join CMS and other state Medicaid programs in testing food as medicine initiatives to achieve positive health outcomes for our beneficiaries and disrupt the cycle of food and nutrition health inequities. Specifically, Rhode Island requests authority to provide Healthy Food Prescriptions and Medically Tailored Meals.
- Pre-Release Supports for Incarcerated Individuals: In its extension request, Rhode Island sought to obtain authority to provide an array of pre-release services to incarcerated individuals. Rhode Island seeks to update the state's request for pre-release supports to include 90 days of pre-release coverage rather than 30 days. Rhode Island is also leveraging this extension request addendum to provide additional details related to pre-release supports.

Rhode Island also requests authority to enhance behavioral health services:

- Contingency Management: This service is a behavioral intervention to treat substance-use disorder, including opioid and stimulant use disorders.
- Family and Youth Support Partners: Update the provider qualifications to clarify the support partner roles.

Finally, Rhode Island proposes to continue the state's efforts to ensure accuracy and clarity in Attachment B, which lists the state's Home and Community Based Services (HCBS). These proposed changes will not alter or reduce the services currently delivered to Medicaid beneficiaries, but rather are intended to accurately describe the source of authority for the services currently delivered and to remove references to services that have not been implemented.

These changes include:

- Preventive HCBS: Elimination of the Preventive HCBS benefit category under the waiver. Each Preventive service that is currently delivered is already authorized through the state plan and will continue to be available on the same terms as currently available.
- Core HCBS:
 - Moving Home Stabilization from Attachment B because it is authorized elsewhere in the waiver and is not an HCBS.
 - Modification to Consultative Clinical and Therapeutic Services to include assistance to paid support staff, to align with the definition in the HCBS Technical Guide.



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- Replacement of Day Treatment and Supports with the specific, separate services the state has implemented, including Individual, Family, and Group Therapy; Occupational, Physical, and Speech-Language Therapy; and Behavior Analysis and Management.
- Removal from the waiver those services that 1) are duplicative of state plan services, 2) have never been implemented, or 3) are no longer implemented as distinct services.
- Home and Community-Based Therapeutic Services (HBTS):
 - Moving Coordinated Specialty Care from Attachment B because it is not an HCBS.
 - Removal from the waiver of all other HBTS services because they are duplicative of state plan and other waiver services.



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Enrollment and Expenditures

Enrollment and expenditure data for the extension request addendum 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	\$2,466	\$2,618	\$2,777	\$2,946	\$3,126
Pop 2. ABD TPL	\$813	\$863	\$916	\$972	\$1,031	\$1,094
Pop 3. ABD LTSS	\$5,499	\$5,835	\$6,191	\$6,568	\$6,969	\$7,394
Pop 4. Rite Care	\$366	\$396	\$420	\$445	\$472	\$501
Pop 5. CSHCN	\$1,416	\$1,502	\$1,594	\$1,691	\$1,794	\$1,903
Pop 6. Expansion	\$749	\$809	\$858	\$911	\$966	\$1,025
Pop 7. Family Planning	\$24	\$25	\$27	\$28	\$30	\$32
Pre-Release Supports		\$777	\$814	\$737	\$773	\$810
Other Populations & CNOMS	\$177	\$188	\$199	\$212	\$224	\$238
Health Related Social Needs		\$8	\$17	\$23	\$34	\$35
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
Pre-Release Supports		10,825	10,955	11,086	11,219	11,354
Other Populations & CNOMS	52,394	53,023	53,659	54,303	54,955	55,614
Total Expenditures						
Pop 1. ABD no TPL		\$428,670,972	\$460,458,041	\$494,377,696	\$530,799,957	\$569,906,803
Pop 2. ABD TPL		\$258,808,562	\$278,429,395	\$299,310,405	\$321,758,653	\$345,895,802
Pop 3. ABD LTSS		\$1,035,559,731	\$1,116,308,538	\$1,203,353,721	\$1,297,187,302	\$1,398,337,615
Pop 4. Rite Care		\$816,984,019	\$876,267,589	\$939,848,984	\$1,008,040,689	\$1,081,187,616
Pop 5. CSHCN		\$220,673,154	\$236,569,278	\$253,610,647	\$271,879,612	\$291,464,338
Pop 6. Expansion		\$895,990,687	\$949,891,024	\$1,007,032,465	\$1,067,605,980	\$1,131,823,993
Pop 7. Family Planning		\$458,328	\$493,498	\$531,288	\$571,984	\$615,883
Pre-release Supports		\$8,405,933	\$8,915,102	\$8,175,497	\$8,670,736	\$9,196,008
Other Populations & CNOMS		\$9,965,622	\$10,700,141	\$11,488,866	\$12,336,196	\$13,245,586
Health Related Social Needs		\$33,300,338	\$67,392,166	\$94,714,566	\$139,481,061	\$144,486,724
New Benefit: CM [1]		\$817,074	\$1,613,182	\$1,592,587	\$1,572,356	\$1,552,481

Note 1. This reflects anticipated cost of Contingency Management, but it is included in existing MEGs.



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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 Demonstration extension request addendum utilizing the following questions, hypotheses, and measures in addition to the hypotheses and evaluation parameters described in the extension submitted in December 2022.

90-Day Enrollment Pre-Release for Incarcerated Individuals

Hypotheses	Example Research Questions	Example Measures and Data Source
Pre-release enrollment will improve access to medical care for recently incarcerated members	<p>How many previously incarcerated individuals enroll in Medicaid through the Pre-Release Enrollment program over time?</p> <p>How many previously incarcerated individuals enrolled in Medicaid through the Pre-Release Enrollment program access primary care services within one year of release?</p>	<p>Number of previously incarcerated individuals enrolling in Medicaid</p> <p>Number of previously incarcerated individuals accessing primary care services</p> <p>Data sources: Medicaid population grid, Ecosystem RIDOC data</p>
Pre-release enrollment will improve health outcomes for recently incarcerated members	<p>What are the trends in utilization (as measured by primary care and preventative services, mental health (MH) and SUD/OD services, inpatient hospitalization and rehospitalization, ED visits) for Medicaid members enrolled through the Pre-Release Enrollment program?</p>	<p>Primary care & preventative services; MH & SUD/OD services; Inpatient hospitalization, rehospitalization; ED visits and potentially avoidable ED visits</p> <p>Data sources: Medicaid claims, Ecosystem RIDOC data</p>
Pre-release supports will promote continuity of medication treatment for individuals receiving medications.	<p>What are the trends in utilization (as measured by pharmacy claims) for Medicaid members enrolled through the Pre-Release Enrollment program?</p>	<p>Pharmacy services</p> <p>Data sources: Medicaid claims, Ecosystem RIDOC data</p>



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Nutrition Support Services:

Hypotheses	Example Research Questions	Example Measures and Data Source
The Nutrition Support Services 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 Nutrition Support Services? Do trends differ by race or ethnicity?	Inpatient hospitalization, rehospitalization; ED visits and potentially avoidable ED visits; Inpatient length of stay. Data source: Medicaid claims.
The Nutrition Support Services programs will decrease Medicaid spending for participants	What are the trends over time in spending (total Medicaid, inpatient, ED, outpatient) for members using Nutrition Support services? Does this differ by race or ethnicity?	Total Medicaid spending; Medicaid spending for inpatient visits; Medicaid spending for ED visits; Medicaid spending for outpatient visits Data source: Medicaid claims.

Contingency Management Pilot Program:

Hypotheses	Example Research Questions	Example Measures and Data Source
CM will improve access to mental health and SUD services for participating members	What are rates of AOD initiation and treatment among participating members? What are rates of mental health and SUD/ODU service utilization among participating members?	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET); MH & SUD/ODU services Data source: Medicaid claims
CM will improve physical health care utilization for participating members	What are the trends in utilization (as measured by primary care and preventative services, inpatient hospitalization and rehospitalization, ED visits) for Medicaid members participating in the CM program?	Primary care & preventative services; Inpatient hospitalization, rehospitalization; ED visits and potentially avoidable ED visits Data source: Medicaid claims
CM will decrease rates of substance use among participating members	What are the trends in abstinence from substance use for Medicaid members participating in the CM program?	Abstinence from substance use Data source: Program data



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Waiver and Expenditure Authorities

The State is requesting the following waiver and expenditure authorities to implement the new and enhanced programs and services under this Extension Request Addendum.

Authority Requested	Waiver Category	Statutory/Regulatory Citation
Waiver Authorities		
Health-Related Social Need Services	Benefits	Amount, Duration, and Scope Section 1902 (a)(10)(B)
Contingency Management Pilot	Benefits	Amount, Duration, and Scope Section 1902 (a)(10)(B)
Expenditure Authorities		
Provide Coverage for Incarcerated Individuals 90 Days Prior to Release	Eligibility	Expenditure Authority under 1115(a)(2) of the Act (CNOM)
Health-Related Social Need Services	Benefits	Expenditure Authority under 1115(a)(2) of the Act (CNOM)
Contingency Management Pilot	Benefits	Expenditure Authority under 1115(a)(2) of the Act (CNOM)