

COVID-19 Section 1115(a) Demonstration Application Template

The State of Rhode Island, Executive Office of Health and Human Resources (EOHHS) proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state’s Medicaid program.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of Rhode Island, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

II. DEMONSTRATION PROJECT FEATURES

A. Eligible Individuals: The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Population
√	Current title XIX State plan beneficiaries
√	Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: Rhode Island Comprehensive Demonstration 11-W-00242/1

B. Benefits: The state will provide the following benefits and services to individuals eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Services
√	Current title XIX State plan benefits
√	Others as described here: All benefits authorized under the Rhode Island Comprehensive Demonstration 11-W-00242/1

C. Cost-sharing

Check to Apply	Cost-Sharing Description
√	There will be no premium, enrollment fee, or similar charge, or cost-sharing (including copayments and deductibles) required of individuals who will be enrolled in this demonstration that varies from the state's current state plan.
	Other as described here: <i>[state to insert description]</i>

D. Delivery System:

Check to Apply	Delivery System Description
√	The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan.
	Other as described here: <i>[state to insert description]</i>

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

- i. State projects that approximately 305,000 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is \$ 60,600,000.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President’s proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration opportunity to the populations identified in section II.A above.

Check to Apply	Program
√	Medicaid state plan
√	Section 1915(c) of the Social Security Act (“HCBS waiver”). Provide applicable waiver numbers below: All waivers subsumed under the Rhode Island Comprehensive Demonstration 11-W-00242/1
√	Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: Rhode Island Comprehensive Demonstration 11-W-00242/1

Check to Apply	Program
	Other: [<i>State to describe here</i>]

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state's request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
	Section 1902(a)(1)	To permit the state to target services on a geographic basis that is less than statewide.
√	Section 1902(a)(8), (a)(10)(B), and/or (a)(17)	To permit the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need.
√	42 CFR 435.907(f)	Other: To permit the state to accept unsigned applications from individuals diagnosed with

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
		COVID-19 who are under isolation or otherwise physically unable to sign.
√	42 CFR 431.53	Other: (Included in 3/16/20 request) To permit the state to limit non-emergency medical transportation of Medicaid members in a way that ensures essential visits are maintained. EOHHS currently administers their NEMT benefit through a brokerage program via a contract with MTM, Inc. As part of the ongoing active contract management of MTM, EOHHS closely monitors the capacity of the transportation providers. EOHHS proposes to instruct MTM to limit NEMT to ensure essential access, such as by prioritizing transportation to appointments for dialysis, Medication-Assisted Treatment, and medical appointments with a physician over transportation to appointments that are less critical in nature such as to adult day or counseling (which could be performed via telehealth). EOHHS anticipates that if COVID-19 becomes widespread in RI, there will be a limited number of transportation providers available to transport Medicaid members to their non-emergency medical appointments, and is concerned that this could result in medically fragile members experience adverse health outcomes.
√	State Plan - Attachment 3.1-A Supplement to Page 9	Other: Temporarily waive the requirement that the State’s transportation broker use the least-costly method of transportation. EOHHS understands that social distancing may not be compatible with the requirement to use the least-expensive option for NEMT, because the least-expensive option may be either public transportation or a shared van, both of which can bring beneficiaries well within six feet of others. It is also possible that during the State of Emergency, there will be significant limitations on lower-cost transportation services, such as taxi cabs. EOHHS expects that waiving the least-costly method requirement will help ensure that beneficiaries continue to access NEMT.
√	42 CFR 435.725 and 435.726	Other: Excuse the mandate to reduce payment to nursing facilities and all applicable HCBS providers by the patient share amount for newly-eligible individuals and postpone asset re-evaluation for current beneficiaries.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
		<p>Due to the novel coronavirus emergency, EOHHS may experience significant staffing limitations temporarily.</p> <p>The process to verify assets is currently manual, requiring EOHHS workers to interact directly with the eligibility systems and this directly impacts the calculation of patient liability. At this time, EOHHS believes it can best serve Medicaid members and the public health by using limited staff resources to process new Medicaid applications. Therefore, EOHHS proposes to temporarily suspend application of this nursing facility and HCBS payment reduction, and postpone asset re-evaluation for current beneficiaries, for sixty days or until the termination of the novel coronavirus emergency declaration, whichever is longer.</p>
√	42 CFR 438.60	<p>Other: Waive the rule under 42 CFR 438.60 that prohibits states from making additional payments for services covered under MCO, PIHP or PAHP contracts so that EOHHS can directly pay to providers the retainers and rate increases described above. This waiver would be limited to the duration of the emergency and only apply to payments authorized by CMS as a result of the emergency.</p>
√	42 CFR 438.6	<p>Other: Waive the rule under 42 CFR 438.6 that restricts state authority to make “pass through” payments to managed care organizations so that EOHHS can leverage existing payment relationships between MCOs and providers to effectuate payment of the retainers and rate increases described above. This waiver would be limited to the duration of the emergency and only apply to payments authorized by CMS as a result of the emergency.</p>

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
√	Allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for long-term care services and supports.
√	Long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings.
√	Ability to pay higher rates for HCBS providers in order to maintain capacity.
√	The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency. For example, adult day sites have closed in many states due to isolation orders, and may go out of business and not be available to provide necessary services and supports post-pandemic
√	Allow states to modify eligibility criteria for long-term services and supports.
√	The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS.
√	Other: Retainer payments for adult day service providers. These payments will continue until the termination of the emergency declaration, provided, however, that programs will continue to receive payments for any beneficiary who continues to be hospitalized or quarantined after the termination of the emergency.
√	Other: Retainer payments for providers of rehabilitation services (including SUD and CMHC services). These payments will continue until the termination of the emergency declaration, provided, however, that programs will continue to receive payments for any beneficiary who continues to be hospitalized or quarantined after the termination of the emergency.
√	Other: Retainer payments for hospitals. These payments will continue until the termination of the emergency declaration.
√	Other: Accept self-attestation and conduct post-enrollment verification for Medicaid and CHIP applicants.
√	Other: Allow for self-attestation or alternative verification of eligibility for all eligibility criteria except citizenship and immigration.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
√	Other: Coverage of home-delivered meals and other critical supplies for any person 60 years old or older who needs transportation assistance to medical appointments, meal sites, and other included sites.
√	Other: Coverage of childcare for healthcare workers including, but not necessarily limited to, hospital workers, nurses (including home health nurses), hospitalists, respiratory specialists, personal care attendants, direct support professionals, certified nursing assistants, and EMTs. Due to COVID-19 response efforts, EOHHS anticipates that providers of childcare for healthcare workers will be required to deliver a more medical model of care for children, which will increase costs of the childcare. Therefore, EOHHS requests temporary authority through the 1115 waiver to cover per child per day costs for healthcare workers as a Medicaid service.

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

- A. Evaluation Hypothesis.** The demonstration will test whether and how the waivers and expenditure authorities affected the state’s response to the public health emergency, and how they affected coverage and expenditures.
- B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements.** No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance

on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

VIII. STATE CONTACT AND SIGNATURE

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Authorizing Official (Typed): Womazetta Jones, Secretary, RI EOHHS
Authorizing Official (Signature): _____
Date: 3/27/20

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