Rhode Island Executive Office of Health and Human Services
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TO: **EOHHS Taskforce**
FROM: **Melody Lawrence**
DATE: **September 25, 2017**
SUBJECT: **Rhode Island 1115 Waiver Implementation Authority Status**

At the August 28, 2017 EOHHS Taskforce meeting a request was made for a list of initiatives that were included in the 2013 Rhode Island 1115 Comprehensive Demonstration Waiver Extension request and their status. The initiatives are broken out by "Approved and implemented", "Approved, not implemented", and "Not approved" in the three tables below.

Approved and implemented
1. Expanded eligibility for persons transitioning between Medicaid and Qualified Health Plans in HealthSource RI.
2. Extend renewals for RIte Care and RIte Share eligible households between 1/1/2013 and 3/31/2014.
3. Budget Population 5 Extended Family Planning: This program is for women of childbearing age who lose Medicaid eligibility at the conclusion of their 60-day postpartum period and who do not have access to creditable health insurance. Continued program eligibility for these women will be determined by the twelfth month after their enrollment in the program. We requested an increase in the income limit from 200% to 250%.
4. Reduction in Parent/Caregiver Eligibility from 175% FPL to 133% FPL.
5. Recategorization of Family Planning codes to Service Categories.
6. State to no longer seek to utilize co-pays (except for EFP).
7. Financial Help Program Strategies to ensure affordable coverage and maintain personal responsibility.
8. Marketplace Subsidy Program: Federal financial participation in a state-funded program to provide premium subsidies for parents and caretakers with incomes above 133 percent of the FPL through 175 percent of the FPL who purchase health insurance through HealthSource RI. Subsidies will be provided on behalf of individuals who: (1) are not Medicaid eligible; (2) are eligible for the advance premium tax credit (APTC); and (3) whose income is above 133 percent of the FPL through 175 percent of the FPL.
9. Elimination of RIte Care Premiums but maintenance of RIte Share premiums.

Approved and implemented
10. Mandatory enrollment in managed care for Medicaid expansion group and former foster care children up to age 26.
11. Change Budget Neutrality Model from an aggregate cap to a per member per month model.

Approved, not implemented	Reason not implemented
1. STC #28. Expedited LTSS eligibility: The state may accept self-attestation of the financial eligibility criteria for new LTSS applicants for a maximum of ninety (90) days. Eligible individuals would be required to complete the LTSS Clinical and Financial Application for LTSS services. After Clinical Eligibility criteria has been verified by the state, the individual would provide a self-attestation of the LTSS financial eligibility criteria to receive a limited benefit package of community based LTSS for up to 90 days pending the determination of the full LTSS financial application. The limited benefit package includes a maximum of twenty (20) hours weekly of personal care/homemaker services and/or a maximum of three (3) days weekly of Adult Day Care Services and/or limited skilled nursing services based upon assessment. Upon determination of the approval of the full LTSS financial application, the individual will receive the full LTSS benefit package. The limited community based LTSS services is available for up to ninety (90) days or until the eligibility for LTSS decision is rendered, whichever comes first.	System issues have prevented implementation. Draft rules completed and will be vetted along with other LTSS rules later this fall.
2. Budget Population 10. An expansion group under the 1115 Demonstration and covers individuals 65 and over at risk for LTSS who are in need of home and community-based services. We requested an increase in the income limit from 200% to 250%.	Budget authority was not approved in SFY 2018 session.
3. STC -25. Medically needy individuals – enhanced maintenance of need allowance of $400 to increase spenddown to $1300 + for all beneficiaries of LTSS.	Ill-defined target population (state requested for HCBS for 217-like population only), equity concerns, and budget restrictions have prevented implementation.

Approved, not implemented	Reason not implemented
4. Budget Population 20 Expenditure authority for adults aged 19-64 who have been diagnosed with Alzheimer's Disease or a related Dementia as determined by a physician, who are at risk for long-term care admission, who are in need of home and community care services, and whose income is at or below 250 percent of the FPL. This was a new proposed budget population.	This is an expansion of the DEA Co-pay (CNOM) population for which the legislature has not approved funds for two years. The Home Care Trade Association did not support the legislation this year due to home care workforce capacity that would be further challenged if additional populations were approved.
5. Budget Population 21: Young adults aging out of Katie Beckett eligibility group with incomes below 250 percent of the FPL, who are otherwise ineligible for Medical Assistance, and are in need of services and/or treatment for behavioral health, medical or developmental diagnoses. This was a new proposed budget population.	Not implemented due to expansion which provides coverage for LTSS to members of this population eligible through MAGI.

Proposed, not approved	Status (if resubmitted)
1. Process for collecting patient liability: Request to collect patient liability directly from Medicaid eligible individuals. The payments to providers would no longer be adjusted for an individual's cost of care. The methodology to determine the application of patient income to the cost of care would not change. This change would solely address the process of collection.	
2. Budget Population 16 Uninsured Adults with Mental Illness. Expenditures for a limited benefit package of supplemental services for uninsured adults with mental illness and or substance abuse treatment needs with incomes below 200 percent of the FPL not eligible for Medicaid. We requested a modification to include underinsured adults in families with children at risk of out-of-home placement to DCYF.	The request to expand to adults with children at risk for DCYF placement was not included in the CMS approval. While the State did not request any additional modifications, CMS required the following changes. CMS determined that due to the Medicaid expansion, effective January 1, 2015, approved expenditures are limited to those individuals with incomes above 133 and 200% who are not eligible for Medicaid.
3. Budget Population 17 Youth at risk for Medicaid. Expenditures for detection and intervention services for at-risk young	

Proposed, not approved	Status (if resubmitted)
children not eligible for Medicaid who have incomes up to 300 percent of SSI (approx. 220% of FPL), including those with special health care needs, such as Seriously Emotionally Disturbed (SED), behavioral challenges and/or medically dependent conditions, who may be safely maintained at home with appropriate levels of care, including specialized respite services. We requested an increase to 330% SSI (approx.. 220% of FPL).	
4. Out stationing eligibility workers: Proposal to waive the requirement to establish out-stationing in person eligibility workers on safety net locations to process applications for certain low-income eligibility groups. With the implementation of the ACA and the Exchange, Rhode Island is taking affirmative steps to maximize opportunities for eligibility determination. EOHHS asks that these steps be recognized as compliant with the out stationing requirement.	CMS advised that this is not permissible.
5. Coverage for people incarcerated pending disposition of charges.	CMS advised that this is not permissible.
6. Requirement to apply for health insurance prior to receipt of services provided under the Costs Not Otherwise Matchable authority.	CMS advised that this is not permissible.
7. Wellness Benefit - Rhode to Home (incentive for participation)	
8. Alternative Benefits for specific populations	
9. STOP - Sobering Treatment Opportunity Program	Resubmitted 11/16/15. Still pending with CMS.
10. Telemedicine Services	
11. Peer supports/peer mentoring	Resubmitted 11/30/15, for MH/SUD. Still pending with CMS.
12. In home Behavioral Health services (Functional Family Therapy; MST)	

Proposed, not approved	Status (if resubmitted)
13. Habilitative services (remove hospital LOC requirement)	
14. Housing Stabilization Services	Submitted request to CMS on 11/16/15 for Home Tenancy Support Services and Home Find Services for all Medicaid participants who meet the definition of homelessness as defined by the McKinney-Vento Act or HEARTH or the HUD Homeless Emergency Assistance and Rapid Transition to Housing Act, or are risk of homelessness, transitioning from an institution, and not receiving similar services through any other federally-funded programs administered by the state are eligible for Home Stabilization services.
15. Healthy Works Initiative	
16. Dental services for older children and adults -mandatory managed care	
17. Amendment to Institute for Mental Disease exclusion	CMS advised that this is not permissible.
18. Delivery system reform incentive payments	Health System Transformation Project approved by CMS on 10/20/16
19. Community Health Team	