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Rhode Island 1115 Waiver Amendment Summary

On Thursday, March 21, CMS approved an amendment to Rhode Island's waiver titled, "Rhode Island Comprehensive Demonstration." The state aims to expand access to care, improve quality, and increase flexibilities for beneficiaries and providers. The amendment is effective as of March 21, 2024, through December 31, 2024.

Approved Requests:

1. Provides for personal care services (PCS) in acute care hospital settings, provided that (in accordance with the CARES Act):
    a. They are identified in an individual's service plan
    b. Meet needs that would otherwise be unmet by hospital services
    c. Are not a substitute for services that the hospital is obligated to provide
    d. Are designed to ensure a smooth transition between acute care and HCBS settings
    e. Preserve an individual's functional abilities
2. Expands eligibility for HCBS waiver like services for adults with disabilities at risk of institutional long-term care. The amendment increases the income level from ≤300% to ≤400% of the Supplemental Social Security Income (SSI) Federal Benefit Rate (FBR).
3. Updates the two 1115 waiver expenditure authority for coverage of pregnant individuals to reference the 12-month postpartum coverage. This aligns with the CHIP and Medicaid SPA approvals in 2023 that increased the length of coverage.
4. Adds the option for remote supports and monitoring for individuals receiving HCBS, provided that the service is detailed in the individual's service plan, there is express agreement from the individual and the service will meet their support needs.
5. Modifies the provider education requirements for home stabilization services so that home stabilization providers must have at least a high school diploma or GED with one year of lived or professional experience.
6. Approves several Appendix K HCBS flexibilities, allowing virtual person-centered planning meetings, evaluations, and functional assessments; long-term authority for parents and non-spouse relatives of adult participants to be paid providers under self-direction; and electronic signatures for person-centered service plans when meetings are conducted virtually.

Requests Not Approved:

The state and CMS are continuing to discuss other components of the request. While those discussions continue, those requests that are not being approved at this time:

- Pre-release supports for incarcerated adults and youth 30 days prior to returning to the community.
- Expanded eligibility for home stabilization services and a one-time transitional supports to the home stabilization benefit.
- A medical respite pilot program for homeless individuals who need a recuperative care setting while preparing for or recovering from medical treatment.
- Other modifications such as expanding the demonstration to a broader population, moving adult dental services to managed care, and other administrative and technical requests.

CMS remains supportive of certain HRSN and pre-release services and plans to continue to work with Rhode Island on these initiatives.

Budget Neutrality:

To provide states with flexibility and stability over the course of a waiver, CMS has updated its approach to mid-course corrections in this approval consistent with its current approach to other states. There is a list of circumstances under which a state's baseline may be adjusted based on actual expenditure data to accommodate situations that are:

- either out of the state's control;
- and/or the effect is not a condition or consequence of the demonstration;
- and/or the new expenditure is likely to further strengthen access to care.

The state may request that CMS adjust the budget neutrality agreement no more than once per demonstration year. The state must describe the expenditure changes that led to the request and show that the state's actual costs have exceeded the budget neutrality cost limits with applicable expenditure data as proof. If approved, the adjustment could be applied retroactively back to when the state began incurring the relevant expenditures. Within 120 days of acknowledging receipt of the request, CMS will determine if an amendment is needed.

Adjustments are made only for actual costs reported in expenditure data. Examples of potential adjustments that CMS might approve are:

- Provider rate increases that are expected to further strengthen access to care
- CMS or state technical errors in the original budget neutrality formulation applied retrospectively such as mathematical errors or unintended omission of certain applicable costs of services for individual MEGs.
- Changes in federal statute or regulations not directly associated with Medicaid that impact expenditures.

- State legislated or regulatory change to Medicaid that significantly impacts cost of medical assistance
- Costs impacts from public health emergencies that are not already accounted for under Emergency Medicaid 1115 demonstrations.
- High cost, innovative medical treatments that states are required to cover
- Corrects to coverage/service estimates where there is no prior state experience or small populations where expenditures may vary significantly.

Evaluation:

With the approval of the new authorities listed in this waiver, Rhode Island will update their monitoring and evaluation activities in accordance with CMS requirements.

- The state will review the impact of PCS in acute hospital care settings on care transitions and rates of institutionalization.
- Other sections of the amendment pertaining to HCBS will be evaluated on spending, utilization, quality of care, and rates of institutionalization as applicable.
- Determining if any efforts reduced existing disparities in access to and quality of care and health outcomes.