



3 West Rd | Cranston, RI 02920 | Ph: 401.462.5274 | Fax: 401.462.3677

March 16, 2020

Judith Cash, Director  
State Demonstrations Group  
Center for Medicaid and CHIP Services (CMCS)  
Centers for Medicare and Medicaid Services (CMS)  
7500 Security Blvd., Mail Stop S2-25-26  
Baltimore, MD 21244

Dear Ms. Cash,

The Rhode Island Executive Office of Health and Human Services (EOHHS) hereby submits a request for approval for an 1115 Waiver Demonstration, pursuant to Section 1115 of the Social Security Act, from the Centers for Medicare and Medicaid Services (CMS), to prevent the transmission of the Coronavirus Disease (COVID-19) to the extent possible.

Ensuring access to care for our population is critical as we respond to COVID-19. The goal of the waiver request is to ensure that Medicaid members continue to receive medically necessary Medicaid-covered services while minimizing exposure to the virus. Further, due to the need for social distancing, EOHHS anticipates operating its Medicaid program with reduced staffing levels. Additionally, visitors to nursing homes are no longer being allowed in Rhode Island, meaning that elderly individuals do not have family assistance.

We appreciate your assistance and look forward to working together to achieve our mutual goal of protecting the health and well-being of Rhode Islanders.

Sincerely,

Womazetta Jones  
Secretary, Rhode Island Executive Office of Health and Human Services

**Medicaid Waiver Request to Assist in Addressing Issues  
Related to the Spread of COVID-19, Pursuant to Section  
1115 of the Social Security Act**

March 16, 2020

State of Rhode Island

Rhode Island Executive Office of Health and Human Services

3 West Road

Cranston, RI 02920

## I. Overview

The Rhode Island Executive Office of Health and Human Services (EOHHS), the single state Medicaid agency for the state of Rhode Island, hereby submits the following request for a waiver pursuant to Section 1115 of the Social Security Act.

The purpose of this waiver is to enable EOHHS to make temporary changes to the administration of its Medicaid program, in order to prevent the transmission of the Coronavirus Disease (COVID-19) to the extent possible.

## II. Section 1115 Waiver Request

### A. Modify person-centered service plan requirements

EOHHS proposes to modify all person-centered service plan procedures, including but not limited to those required under 42 CFR 441.301(c) and 42 CFR 441.725, to ensure that Medicaid members receive authorization for appropriate services, while preventing worker exposure to the novel coronavirus.

EOHHS proposes to conduct the planning process through written, telephonic, and/or video conference, as appropriate to the needs of the individual Medicaid member. EOHHS requests a waiver of the requirement that the person-centered planning process occur at times and locations of convenience to the individual, insofar as in-person meetings are the most convenient to the individual. To prevent exposure of workers and others who participate in the planning process, EOHHS proposes to suspend in-person planning meetings for the duration of the novel coronavirus emergency. This change will be implemented for all programs that would otherwise usually involve in-person service plan meetings, including, but not limited to, home- and community-based services/programs, Early Intervention services, home-based therapeutic services, and the Katie Beckett program.

In addition, due to the potential for reductions in staff capacity, EOHHS requests of waiver of the requirement to conduct reviews of person-centered plans at least every twelve (12) months. EOHHS proposes to postpone for six (6) months any service plan reviews for which the twelve (12) month review period occurs during the novel coronavirus emergency. EOHHS proposes to continue conducting reviews that are necessary due to a significant change in the individual's circumstances or needs, or at the request of the individual. For waiver requests specific to previous 1915(c) waivers, see *Appendix K: Emergency Preparedness and Response*.

### B. Extend level of care authorizations

For recipients of home- and community-based services/programs, Early Intervention services, home-based therapeutic services, the Katie Beckett program, and other long-term services and supports, the level of care for enrolled participants is reevaluated at least annually. EOHHS proposes to postpone for six (6) months any level of care reevaluations for which the twelve (12) month review period falls during the novel

coronavirus emergency. For waiver requests specific to previous 1915(c) waivers, see *Appendix K: Emergency Preparedness and Response*.

C. Modify requirements for institutional level of care determinations

Before receiving eligibility for long-term services and supports (LTSS), including institutional care, home- and community-based services, and Katie Beckett, an in-person assessment must be conducted to determine if the individual has an institutional level of care. EOHHS proposes to conduct the level of care determinations via telephonic and/or video conference, as appropriate to the needs of the individual Medicaid member. EOHHS will utilize information received through records submitted by the applicant's physician, telephonic conversations with the Medicaid member, and telephonic conversations with the individual's caregiver/power of attorney, as applicable. The current level of care assessments will still be completed, to the furthest extent possible.

EOHHS proposes to implement these alternative assessment procedures temporarily during the novel coronavirus State of Emergency, for new applicants and for existing Medicaid members whose level of care changes during the State of Emergency. Following the termination of the State of Emergency, EOHHS will conduct in-person assessments to confirm the level of care determination.

D. Permit reimbursement for telephonic-only telehealth and non-HIPAA compliant telehealth

Rhode Island currently reimburses providers for telehealth services provided pursuant to 42 CFR 410.78. However, EOHHS understands that many Medicaid providers do not have technological capacity at this time to conduct HIPAA-compliant video conferencing. In order to allow patients access to medical care from the many providers who lack HIPAA-compliant video capacity and to reduce the need for travel to medical providers in anticipation of increasing COVID-19 cases, EOHHS proposes to reimburse primary care and behavioral health providers for services provided by telephone only telehealth and non-HIPAA compliant telehealth, for the duration of the novel coronavirus State of Emergency. These services would include, but may not be limited to, behavioral health counseling and therapy, mental health assessment, case management, and crisis services.

For consistency across private and public payers and to maximize the public health benefit of this policy, EOHHS requests permission to reimburse providers for telephonic provision of these services, at the same rates as for in-person visits. This policy would only be in effect during the State of Emergency.

Although EOHHS is fully supportive of protecting each Medicaid member's privacy and protected health information to the furthest extent possible, during this State of Emergency, it is important that providers be able to utilize the tools available to them to reach their patients. EOHHS proposes to temporarily allow those providers that do not have the technological capacity to conduct HIPAA-compliant video conferencing, to utilize non-HIPAA-compliant video conferencing technologies. These providers will be

encouraged to utilize telephone-only conversations to the furthest extent possible, and rely on these non-HIPAA compliant video conferencing technologies only when absolutely necessary to include a visual component to the interaction.

E. Provide federal matching funds for telephone triage for COVID-19 treatment

Testing for COVID-19 can only be done on individuals who have symptoms that are consistent with COVID-19 and who have had contact with a confirmed case of COVID-19 or travel history to a country with ongoing community spread of COVID-19. An individual is considered a contact if they have had direct, face-to-face contact with a person with COVID-19. Testing individuals with no symptoms or history of travel is not recommended by the Centers for Disease Control and Prevention (CDC). CDC is recommending that if an individual suspects that they may have COVID-19, that they should first call their healthcare provider to determine whether they should be referred to the Department of Health for testing for COVID-19, if they need to seek care in-person, or if they should remain home and self-quarantine.

Providers' call volumes have been increasing due to the public's increased concern and awareness of COVID-19. To support providers in this important work, EOHHS proposes to establish a new covered benefit, telephonic triage for COVID-19. For the duration of the novel coronavirus State of Emergency, primary care providers (including those employed by FQHCs) and Community Mental Health Organizations licensed by the Rhode Island Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) will be allowed to be reimbursed \$5.00 for 5-10 minute telephone conversations with Medicaid members that are in response to inquiries about symptoms that are similar to that of COVID-19 and thus require triage.

F. Limit non-emergency medical transportation (NEMT)

EOHHS anticipates that if the 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. 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. During the State of Emergency, if the number of transportation providers is reduced significantly, EOHHS proposes to instruct MTM to limit transportation of Medicaid members in a way that ensures essential visits are maintained. For example, EOHHS may prioritize 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).

### **III. Goals and Objectives**

By limiting in-person meetings for person-centered care, EOHHS expects to prevent transmission of the novel coronavirus to workers and, in particular, to vulnerable Medicaid members.

By extending the time for 12-month reviews of person-centered plans, EOHHS expects to preserve limited staff time for reviews required due to a change in the Medicaid members' circumstances.

By extending level of care authorizations, EOHHS expects to protect beneficiaries and workers from any in-person interactions typically necessary to conduct a level of care review. In addition, this is expected to protect beneficiaries from unreasonable difficulty participating in level of care reviews that may occur if providers face staffing shortages during this crisis.

By modifying level of care determination assessment procedures, EOHHS expects to facilitate access to necessary institutional and home- and community-based care while reducing the likelihood that more health care workers and beneficiaries will be exposed to the novel coronavirus.

By allowing reimbursement for telephone-only telehealth and non-HIPAA compliant telehealth for primary and behavioral health care, EOHHS expects to facilitate access to care while reducing the likelihood that more health care workers and beneficiaries will be exposed to the novel coronavirus.

By covering telephone triage for COVID-19 treatment, EOHHS expects to facilitate access to COVID-19 testing and treatment while reducing the likelihood that more health care workers and beneficiaries will be exposed to the novel coronavirus.

By limiting NEMT to only those appointments that are critical to the member's health, EOHHS expects to prevent medically fragile members from experiencing adverse health outcomes due to shortages in transportation providers.

#### **IV. Enrollment and Financial Information**

The State does not anticipate that this waiver will affect enrollment in Medicaid.

#### **V. Cost-Effectiveness and Budget Neutrality**

In light of the novel coronavirus emergency, the Demonstration will be presumed to be budget neutral. Therefore, Rhode Island will not be required to provide or demonstrate budget neutrality through "without waiver" and "with waiver" expenditure data.

#### **VI. Waivers and Expenditure Authorities**

EOHHS seeks waiver of the following requirements of the Code of Federal Regulations:

- Person-Centered Planning Process 42 CFR 441.725(a)(3) – To the extent necessary to permit the planning process to take place in writing, by telephone, and/or by video conference rather than in person.
- Person-Centered Plan Review 42 CFR 441.725(c) – To postpone for six months any service plan reviews for which the twelve (12) month review period occurs during the novel coronavirus emergency.

- Telephone-only telehealth 42 CFR 410.78 – To permit reimbursement of telephone-only primary and behavioral health care for the duration of the novel coronavirus emergency.
- Non-HIPAA compliant telehealth 45 CFR 164.308(b) – To permit the reimbursement of non-HIPAA compliant telehealth for primary and behavioral health care for the duration of the novel coronavirus emergency.
- Limitation of NEMT 42 CFR 431.53 – To permit EOHHS to limit transportation of Medicaid members in a way that ensures essential visits are maintained if a shortage of transportation providers occur.

With respect to the extension of level of care authorizations, the State requests suspension of CMS's expectation, stated in the Special Terms and Conditions for the State's current 1115 waiver, Project No. 11-W-00242/1, that the State must conduct at least annually reevaluations of level of care or as specified in the approved waiver. See *Appendix K: Emergency Preparedness and Response*.

With respect to the modifications to the level of care determinations, the State requests suspension of CMS's expectation, some of which are required under 42 CFR 441.365, that the State must conduct in-person level of care determinations for applicants or members that need institutional, home-and community-based services, and Katie Beckett. See *Appendix K: Emergency Preparedness and Response*.

With respect to the telephonic triage for COVID-19, EOHHS requests expenditure authority, under the authority of section 1115(a)(2) of the Social Security Act (the Act), that expenditures made by EOHHS for telephonic triage for COVID-19, which are not otherwise included as matchable expenditures under section 1903 of the Act shall, for the period of the State of Emergency, be regarded as expenditures under the state's title XIX plan.

## **VII. Public Notice and Tribal Consultation Process**

Given that this request is intended to address an emergency, as declared by the President on March 13, 2020, the State seeks an exemption from the public notice process pursuant to 42 CFR 431.416(g). However, the State does intend to seek input from the public as well as various stakeholders in concert with the submission of this request, which will notify them of this proposal. Given the expedient nature of this emergency request, the State also requests modification of the tribal consultation process. The State is submitting a letter to the Tribal Chairs and Health Directors in concert with the submission of this request, which will notify them of this proposal.

## **VIII. Implementation Timeline**

The State expects to implement the provisions of this waiver immediately upon approval of the demonstration.

# APPENDIX K: Emergency Preparedness and Response

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. **State:** Rhode Island

B. **Waiver Title:** Rhode Island Comprehensive Demonstration

C. **Control Number:** 11-W-00242/1 (RI's previous 1915(c) Waivers were subsumed under this waiver)

D. **Type of Emergency (The state may check more than one box):**

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

F. **Proposed Effective Date:** Start Date: March 13, 2020      Anticipated End Date: May 20, 2020

G. **Description of Transition Plan.**

The State of Rhode Island is experiencing a state of emergency due to the novel coronavirus disease. As of March 15, 2020 there have been 20 individuals that have received a positive diagnosis, over 2,000 have been instructed to self-quarantine due to direct contact with a person who has tested positive. In order to slow the spread of the virus, federal and state public health officials are encouraging "social distancing," which means the entire State population has been affected by the need to reduce contact with others to the extent possible. During the state of emergency, EOHHS proposes to suspend in-person planning meetings for the duration of the novel coronavirus emergency and conduct the planning process through written, telephonic, and/or video conference as appropriate. EOHHS proposes to postpone for 6 months any service plan reviews for which the 12-month review period occurs during the novel coronavirus emergency. For recipients of long-term services and supports, the level of care for enrolled participants is reevaluated at least annually. EOHHS proposes to postpone for six (6) months any level of care reevaluations for which the twelve (12) month review period occurs during the novel coronavirus emergency. Additionally, EOHHS



**H. Geographic Areas Affected:**

Statewide

**I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

**Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

a.  **Access and Eligibility:**

i.  **Temporarily increase the cost limits for entry into the waiver.** [Provide explanation of changes and specify the temporary cost limit]

ii.  **Temporarily modify additional targeting criteria.** [Explanation of changes]

b.  **Services**

i.  **Temporarily modify service scope or coverage.**  
[Complete Section A- Services to be Added/Modified During an Emergency.]

ii.  **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**  
[Explanation of changes]

iii.  **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

iv.  **Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v.  **Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

c.  **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.**

d.  **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i.  **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii.  **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii.  **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

- e.  **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

For recipients of long-term services and supports, the level of care for enrolled participants is reevaluated at least annually. EOHHS proposes to postpone for six (6) months any level of care reevaluations for which the twelve (12) month review period occurs during the novel coronavirus emergency.

- f.  **Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

- g.  **Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

EOHHS proposes to suspend in-person planning meetings for the duration of the novel coronavirus emergency and conduct the planning process through written, telephonic, and/or video conference as appropriate. EOHHS proposes to postpone for 6 months any service plan reviews for which the 12-month review period occurs during the novel coronavirus emergency.

- h.  **Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.** [Explanation of changes]

- i.  **Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**  
[Specify the services.]

[Redacted]

j.  **Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

[Redacted]

k.  **Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

[Redacted]

l.  **Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

[Redacted]

m.  **Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

EOHHS proposes to conduct the level of care determinations via telephonic and/or video conference, as appropriate to the needs of the individual Medicaid member. EOHHS will utilize information received through records submitted by the applicant's physician, telephonic conversations with the Medicaid member, and telephonic conversations with the individual's caregiver/power of attorney, as applicable. The current level of care assessments will still be completed, to the furthest extent possible. EOHHS proposes to implement these alternative assessment procedures temporarily during the novel coronavirus State of Emergency, for new applicants and for existing Medicaid members whose level of care changes during the State of Emergency. Following the termination of the State of Emergency, EOHHS will conduct in-person assessments to confirm the level of care determination.

## Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

<b>First Name:</b>	Melody
<b>Last Name</b>	Lawrence
<b>Title:</b>	Director of Policy and Delivery System Reform
<b>Agency:</b>	Executive Office of Health and Human Services
<b>Address 1:</b>	3 West Road
<b>Address 2:</b>	Virks Building
<b>City</b>	Cranston
<b>State</b>	Rhode Island

Zip Code	02920
Telephone:	(401) 462-6348
E-mail	melody.lawrence@ohhs.ri.gov
Fax Number	

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

First Name:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

**8. Authorizing Signature**

Signature:

Date:

 3/16/20  
State Medicaid Director or Designee

First Name:	Womazetta
Last Name	Jones
Title:	Secretary
Agency:	Rhode Island Executive Office of Health and Human Services
Address 1:	3 West Rd
Address 2:	
City	Cranston
State	RI
Zip Code	02852
Telephone:	401-462-0469
E-mail	womazetta.jones@ohhs.ri.gov
Fax Number	

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>
	<input type="checkbox"/>	Agency. List the types of agencies:	<input type="checkbox"/>
Specify whether the service may be provided by <i>(check each that applies)</i> :			
<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>
		Provider managed	



<sup>1</sup>Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

## 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.

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### 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.

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### 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:  <b>Rhode Island Comprehensive Demonstration 11-W-00242/1</b>

- 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:  <b>All benefits authorized under the Rhode Island Comprehensive Demonstration 11-W-00242/1</b>

**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: <b>All waivers subsumed under the Rhode Island Comprehensive Demonstration 11-W-00242/1</b>
√	Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: <b>Rhode Island Comprehensive Demonstration 11-W-00242/1</b>

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)	<b>Other:</b> 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	<b>Other:</b> (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	<b>Other:</b> 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	<b>Other:</b> 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><b>Other:</b> 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><b>Other:</b> 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.

<b>Check to Request Expenditure</b>	<b>Description/Purpose of Expenditure Authority</b>
√	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.
√	<b>Other:</b> 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.
√	<b>Other:</b> 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.
√	<b>Other:</b> Retainer payments for hospitals. These payments will continue until the termination of the emergency declaration.
√	<b>Other:</b> Accept self-attestation and conduct post-enrollment verification for Medicaid and CHIP applicants.
√	<b>Other:</b> 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
√	<b>Other:</b> 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.
√	<b>Other:</b> 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.

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**VIII. STATE CONTACT AND SIGNATURE**

State Medicaid Director Name: Benjamin Shaffer  
Telephone Number: 401-462-3058  
E-mail Address: benjamin.shaffer@ohhs.ri.gov

State Lead Contact for Demonstration Application: Melody Lawrence  
Telephone Number: 401-462-6348  
E-mail Address: melody.lawrence@ohhs.ri.gov

Authorizing Official (Typed): Womazetta Jones, Secretary, RI EOHHS

Authorizing Official (Signature): 

Date: 3/27/20

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.