

Executive Summary

On February 26, 2015, Governor Gina Raimondo issued Executive Order 15-08, establishing the Working Group to Reinvent Medicaid. In July 2015, the Working Group delivered a multi-year plan for the transformation of the Rhode Island (RI) Medicaid program. RI is now proposing the Rhode Island Health System Transformation Program (HSTP) to support and sustain this transformation. Above all, RI strives to achieve the “Triple Aim:” to improve the patient experience of care (including quality and satisfaction), improve the health of populations, and reduce the per capita cost of health care.¹

HSTP will build on the core strengths and capacities that already exist in RI’s health care landscape – including:

- The state’s long commitment to health care reform and access to coverage;
- High-quality Medicaid managed care;
- The statewide health information exchange (CurrentCare) and high penetration of electronic medical records;
- A robust medical home initiative; and
- A strong state university and college system providing valuable health professional training.

RI will leverage these strengths to tackle the most significant challenges of the current program -- the six percent of Medicaid users with the most complex needs and highest costs that account for almost two thirds (65%) of Medicaid claims expenditure.

The HSTP will focus on two priorities:

1. **Long-term services and supports (LTSS):** nearly half of claims expenditures on high cost users takes place in nursing facilities and residential services for persons with developmental disabilities;
2. **Physical and behavioral health integration:** forty percent of claims expenditures on high cost users occurs “in the community” among beneficiaries with multiple comorbidities as well as both physical and behavioral health needs that require an integrated approach.

RI envisions that by the completion of the Program (by 2021), all Medicaid enrollees will be enrolled in fully capitated MCOs, who contract on a risk-basis with certified provider-based Accountable Entities (AEs), with payment based on value, not volume. These AEs will build on the existing strengths of the current MCO model and enhance its capacity to serve high-risk populations by increasing delivery system integration, improving information exchange, and clinical integration across the continuum of care.

As a result of this transformation of the Rhode Island Medicaid program—and in partnership with other efforts such as the State Innovation Model (SIM) grant—RI anticipates the following improvements by 2021: readmission rates, preventable hospitalizations, and emergency department (ED) visits will be decrease significantly, and long term care expenditures will shift from the current 80% institutional to 80% community-based.

The HSTP proposes to support and incentivize this critical transformation of RI’s system of care with two interlaced components, each critical to RI’s success:

1. Infrastructure Funding for Accountable Entities

¹ Institute for Healthcare Improvement, 2015

AEs cannot form and become mature, multi-provider organizations capable of coordinating, communicating, and being accountable for each patient's care without significant infrastructure investment. Medicaid is proposing to award performance-based infrastructure funding over the next five years through health plans to Medicaid-certified AEs. Medicaid-participating health plans will be full partners with the state and provider community in this transition, as the ultimate intent of this effort is to support the development of effective, value-based contracts between health plans and AEs for the delivery of Medicaid services.

2. Health Workforce for RI's Future

To be more effective, health care must transform at the level of the patient and provider. The health care delivery system at this level of care cannot transform without a significant infusion of new health professionals as well as retraining of the current workforce. Medicaid will develop an innovative Health Workforce partnership with RI's three public higher education institutions: University of Rhode Island (URI), Rhode Island College (RIC), and the Community College of Rhode Island (CCRI).

Infrastructure Funding for Accountable Entities

The HSTP proposes to support and incentivize the critical transformation of RI's system of care by awarding performance-based infrastructure funding through MCOs to Medicaid-certified AEs, using a combination of state revenue matched with federal Medicaid funds.

AEs that meet state-defined certification standards will initially apply for infrastructure funding to develop the governance, technology, skills, and capacity to enter into risk-based contracts with Medicaid MCOs; manage enrollees' care across AE providers; and decrease out-year cost trend rates. Qualified AEs must meet one of three levels of readiness demonstrating that they either have or are developing the capacity to integrate and manage the full health care continuum and to address members' social determinants (e.g., housing, food), in a way that is acceptable to CMS and the State.

A portion of each year's grant award to AEs will be at risk for performance, with measures shifting over time from structural to more outcome-based Medicaid-specific clinical and utilization metrics. In the final year of the initiative, the AE grants will be partially at risk for achieving cross-population improvements in health and health behaviors. In addition to transitioning the performance metrics over the life of the program, we expect to increase the degree to which AEs bear appropriate financial risk for care management.

Health Workforce for RI's Future

A health workforce development program for the transformed health care delivery system envisioned for the future cannot succeed without involving and supporting RI's state university and colleges, and supporting them to develop RI's workforce for a transformed health care system.

The Health Workforce Partnership will have several components.

- Year 1: Form an Advisory Committee
Formation of the RI Health Workforce Partnership Advisory Committee, which will include representatives from Medicaid, URI, RIC, CCRI, RI's DLT, health care industry leaders and private colleges and universities in RI offering health professional training program, such as Brown medical school.

- Year 1: Develop a Plan
The workgroup will commission/conduct a new study to assess RI's current workforce, current college and university training programs in RI, and identify new workforce needs to support and implement a transformed health system. The three state colleges will provide input, information, and expertise to the study, in particular guiding the development of recommendations on what investments in the 3 state colleges and university are needed to support state higher education changes and enhancements to meet RI's future health workforce needs.
- Years 1 through 5: Implement Workforce Investments
Medicaid will set aside a portion of the financing of the Medicaid health system (approximately 5 percent over 5 years) to provide financing for these needed workforce training infrastructure investments at the 3 state colleges/university. Such investments might include, for example, development of new curriculum, expansion of current training programs, development of new training programs, scholarships and loan repayment programs, etc.

Financing

With CMS approval, the Rhode Island Health Care Transformation Program will be limited to five years, beginning in calendar year 2016, which is the third year of RI's current 1115 waiver renewal and be completed on Dec 31, 2020, the end of the second year of the next 1115 waiver renewal. It is anticipated that infrastructure funding would increase after an initial planning year, then decline as value-based purchasing arrangements increase and organizations build the necessary capacity and capabilities to fund such program infrastructure requirements within savings from total cost of care arrangements. It is anticipated that Workforce Development funding will increase after an initial planning year and remain steady as the workforce investments are implemented.

The majority of funding (90%) will be used to provide performance-based infrastructure grants to Accountable Entities, as described above. RI anticipates that there will be approximately 7 to 10 certified AEs who will qualify for a 5-year infrastructure funding award at a range of approximately \$20m - \$30m per award in addition to an initial 6 month planning grant of up to \$2m.

Five percent of the total project funding will be used to finance Workforce Development projects, as described previously in this document.

An additional five percent will be set aside for the state Medicaid program to develop and implement the administrative infrastructure necessary to successfully manage the RI Health System Transformation Program.

RI will decide whether to insource or outsource each new or expanded function. For each function, RI will consider the following:

- utilize current state Medicaid program staff
- hire additional state staff
- modify existing contracts with health plans to perform certain oversight and monitoring, reporting, or other functions
- develop agreements with the state university/colleges to perform certain functions, such as data analysis and reporting
- amend current or procure new Technical Assistance contracts to perform certain functions, (such as Provision of Technical Assistance to AEs)

Management and administration of the Rhode Island Health System Transformation Program will require the following additional or expanded functions:

- implement DSHP financing partnerships
- develop and implement payment methodology to providers and AEs
- develop and implement capacity for additional CMS reporting
- develop and implement planning grants to AEs
- conduct year one health workforce assessment, recommendations, and plan
- define and implement health system infrastructure development projects
- define focused infrastructure development project areas from which AEs can choose projects to apply for funding
- develop and implement health workforce development recommendations
- develop and implement a technical assistance plan
- develop and implement oversight and monitoring
- develop, measure, and report on performance measures; both statewide and for each Accountable Entity

Rhode Island anticipates a five-year total budget (CY 2016-2020, all funds) not to exceed \$302.1 Million, based on four primary sources of state matching funds (see table below):

1. Up to \$55 Million in budgeted general revenue funds will become available, as federal funding for Disproportionate Share Hospitals (DSH) decreases beginning in 2019, resulting in \$109 Million all funds when spent as Medicaid-covered DSHP Services, such as planning and infrastructure payments to AEs and health workforce investments.
2. Up to \$13.5 Million in budgeted general revenue funds will become available, as federal funding Upper Payment Limit (UPL) decreases beginning in 2017, resulting in \$27 Million all funds in potential program expenditures.
3. \$5.8 Million in General Revenue will become available over the five year program period, as the result of CNOM claiming under existing waiver authority, resulting in \$11.6 Million in potential program expenditures.
4. New Designated State Health Programs (DSHPs) will be established, as well as other sources of General Revenue, designating approximately \$148 Million in existing state program expenditures as Medicaid eligible, subject to CMS approval. This funding will be requested in 2 separate requests:
 - The first request is a current request to amend our current 1115 waiver by designating approximately \$90 Million (all funds) in new DSHPs. This request of an additional \$45 Million in federal funds over the last three years of the waiver will maintain RI's DSHP and CNOM claiming well within the budgeted CNOM/DSHP expenditure in the approved "with waiver" calculations of our current budget neutrality agreement.
 - The second request will be for an additional \$58 Million in approved DSHP expenditures (all funds) under the first two years of our next 1115 waiver renewal (a net federal request of \$29 Million in the waiver renewal)

CMS approval of the additional DSHP designations, will result in approximately \$296 Million in funding for the Rhode Island Health System Transformation Program, of which 90% will be awarded as a combination of initial year performance-based planning grants to AEs and provider partnerships, and infrastructure financing awards to AEs in years 2 through 5.

Rhode Island is already moving forward with some key transformational efforts while simultaneously testing critical program design elements. The state is currently implementing an Accountable Entity pilot program through which five provider-based entities have been conditionally certified to enter into shared savings programs with Medicaid MCOs beginning in January 2016. In addition, under the state’s SIM Demonstration Program, Rhode Island is focusing on population health goals, multi-payer delivery system reform, and enhancements in information technology infrastructure to support payment and delivery system reform.

Proposed Rhode Island Health System Transformation Program Budget and Funding Sources, in Millions

5 YEAR BUDGET FOR ALL FUNDING SOURCES: in millions						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Result of Federal DSH limits	\$ -	\$ -	\$ 21	\$ 39	\$ 49	\$ 109
Result of Federal UPL limits	\$ 3.0	\$ 6.0	\$ 6.0	\$ 6.0	\$ 6.0	\$ 27.0
Already have Authority	\$ 5.6	\$ 1.5	\$ 1.5	\$ 1.5	\$ 1.5	\$ 11.6
New DSHPs/CNOM Requests	\$ 32.3	\$ 28.9	\$ 28.9	\$ 28.9	\$ 28.9	\$ 147.9
TOTAL: all funds	\$ 41.0	\$ 36.4	\$ 57.4	\$ 75.4	\$ 85.4	\$ 295.6

Note that funding resulting from new DSHPs and CNOM Requests is slightly higher in year one than in subsequent years. RI plans to utilize general revenue savings from certain new CNOM requests in year one to finance the Rhode Island Health System Transformation Program. In subsequent years, the budgeted general revenue funds that become available due to federal Medicaid reimbursement will be used by each of the particular programs to enhance these important programs, allowing the programs to serve more Rhode Islanders. These CNOM requests include the following state-funded programs:

- TB Clinic at Miriam Hospital
- Center for Acute Infectious Disease Epidemiology
- RI Child Hearing (Audiology) Center
- RIPIN consumer assistance contract
- Enrollment Assistance for ex-offenders at the time of release
- Consumer assistance programs within the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities
- Wavemaker Loan Repayment (health professions component)

Proposed Rhode Island Health System Transformation Program Timeline

2016-2020 RI Health Care Transformation Program						
Program Year	Year 1	Year 2	Year 3	Year 4	Year 5	
Calendar Year	2016	2017	2018	2019	2020	
Waiver Year (WY)	WY3	WY4	WY5	Renewal WY1	Renewal WY2	
State/ Federal Fiscal Years	2016/17	2017/18	2018/19	2019/20	2020/21	
Program	Performance-Based Award Programs	Performance-based awards to Qualifying Institutional Providers	Six Month Planning Grants awarded to AEs or Provider Partnerships to begin July 1, 2017	Four Year Performance-Based Infrastructure Investment Awards to AEs to begin Jan 1, 2018		
	AE certification	AE certification Opportunity	additional AEs may be certified			
	Health Workforce Development	Advisory Committee convened; planning and recommendations are completed.	Workforce investment Recommendations at RI's state colleges/university are implemented.			
	Payment	Health Plans make Performance-based awards to Qualifying Institutional Provider	Health Plans make Six Month Planning Grants awarded to AEs or Provider Partnership; Medicaid enters into administrative Interagency Service Agreements (ISAs) with the three state colleges/university.	Health Plans make Payments for Four Year Performance-Based Infrastructure Investment Awards to AEs; Colleges and Universities implement and are reimbursed for agreed-upon Workforce Development Investments.		
	Program Administration/ Management	Arrange for performance of additional program management/oversight functions: additional staff, Contractors, or Health Plans. Colleges and Universities.	Additional staff/contractor and/or Health Plan/ College and University resources in place			
Authority	DSHP Financing Authority	Submit DSHP Application to provide financing for MHSTI Program as Cat 3 change to current 1115 global waiver	DSHP Financing Authority	DSHP included in Waiver Renewal Application	DSHP Financing Authority	DSHP Financing Authority
	RI Health Care Transformation Program Payment Authority	Planning Grant and Infrastructure payments to AEs by Plans under current waiver authority and spending limits; Interagency Service Agreements with colleges/university is made under Medicaid administrative costs authority.	current 1115 authority	current 1115 authority	renewal 1115 authority	renewal 1115 authority

RI HEALTH SYSTEM TRANSFORMATION PROGRAM

HIGHER EDUCATION/HEALTHCARE WORKFORCE DEVELOPMENT

Claiming and Tracking Methodology for Qualified Higher Education DSHP Expenditures: Discussion with CMS

Background

The Rhode Island Executive Office of Health and Human Services (EOHHS) is seeking CMS permission to claim as Designated State Health Programs certain general revenue expenditures for health workforce training programs at the University of Rhode Island, Rhode Island College, and Community College of Rhode Island. The purpose of this paper is to describe the claiming and tracking methodology for qualified higher education DSHP expenditures.

Our request is part of a broader effort to integrate these institutions of higher education in the State's efforts to align workforce with an evolving health care delivery system. We are working with the schools and health care providers to develop innovative approaches to the education and training of healthcare professionals and students that will improve the quality, outcomes, and/or cost effectiveness of care and services to Medicaid enrollees. Of particular concern are the adequacy of our primary care and primary care extender workforce, our mental health workforce, and our community-based long-term care workforce.

A trained, professional workforce is an essential component of transitioning care away from high-cost settings and integrating mental and physical health care.

Claiming and Tracking Methodology Details

1. RI Methodology for Claiming Medicaid Expenditures with Regards to the Workforce Development Program

- The claiming process will be overseen by EOHHS.
- EOHHS will seek to claim federal financial participation for qualifying expenditures associated with Designated State Health Programs (DSHP). These programs will include training the workforce that cares for Rhode Island's Medicaid population.
- RI Medicaid will ensure that federal matching funds under DSHP are claimed only for "qualified expenditures" on behalf of "qualified individuals" who work for "qualified employers" where:
 - "Qualified individuals" shall be defined as individuals who:
 - Graduate from a state higher education institution or program,
 - Obtain employment in Rhode Island with one or more employers that provide services to Medicaid enrollees (such as hospitals, nursing homes, health centers, and other participating providers); or
 - Individuals who are currently employed by a "qualifying employer" and who complete a continuing education program provided by URI, RIC, or CCRI designed to increase the ability of the individual to improve the quality, outcomes, and/or cost effectiveness of care and services to Medicaid enrollees
 - "Qualified employers" are defined as those employers that are Rhode Island Medicaid providers and who provide education, training, experiential learning (e.g., internships, residencies, clinical placements, etc.), and/or employment - as well as evaluation and tracking - for students or graduates of URI, RIC, or CCRI in support of the goals and objectives of the *RI Health System Transformation Program*.

- “Qualified expenditures” will include the total amount of salary and benefits paid by each qualifying health training program for faculty and support staff at the three state schools, adjusted by the “percentage of qualifying students” in each program in the previous year. The qualifying health training programs include:

URI Health Professions

Training Programs

Communicative Disorders
Gerontology
Health Studies
Human Development
Human Science and Services
Kinesiology
Medical Lab Science
Nursing
Nutrition
Pharmacy
Physical Therapy
Psychology

RIC Health Professions

Training Programs

Health Care Administration
Nursing
Social Work
Addiction & Behavioral Health
Community Health & Wellness
Certificate Programs

CCRI Health Professions

Training Programs

Nursing
Medical Assistant
Respiratory Therapy
Dental Assistant
Dental Hygiene

- Calculation of the “percentage of qualified individuals”:
The schools will agree to use current or new tracking programs at the program level, such as nursing school graduates’ tracking for program certification purposes. As well, the colleges/university will partner with the RI Department of Health Licensure and Certification Division; the RI Department of Labor and Training Division of Labor Market Information; the Office of the Post-Secondary Commissioner; RI Medicaid; the Providence Plan DataHub, and/or other appropriate agencies in order to track the employment outcomes of its graduates. Specifically, the colleges and partner agencies will enter into data sharing agreements necessary to identify the percentage of graduates from all healthcare-related certificate and degree programs who obtain employment in Rhode Island subsequent to their

graduation, including the number/percentage of graduates employed in various healthcare settings (i.e., hospital, ambulatory care, long-term care, etc.), whether those positions qualify as health care or health administration positions, and whether the employer provides services to RI Medicaid enrollees.

- Interagency Agreements:
 - Each state College/university will enter into an Interagency Agreement with RI Medicaid. Such agreements will include:
 - Documentation requirements and frequency/timing of submission of such documents. This documentation will meet the requirements for certified public expenditure documentation.
 - Documentation will specify which positions by program will be claimed; that will include paid salary and actual (not estimated) fringe for each position; and that it will not include any overhead, research expenditures, buildings or grounds staff, capital improvements or other non-qualifying expenditures.
 - An assurance by the college that none of the funds they are certifying are federal, all are paid from a general revenue account, and none are expenditures used to meet maintenance of effort requirements for any other federal grant program.
 - Beginning date and end date of process (e.g. starting with expenditures paid (or incurred) after July 1, 2016 through_____
 - Agreement that Medicaid will draw down qualifying federal matching funds from CMS
 - A maintenance of effort requirement in that the college/university will not lose any budgeted general revenue funding
 - Agreement that if there was an audit finding and any of the matching funds had to be reimbursed back to the federal government, that this would be solely Medicaid's responsibility

2. DSHP Claiming Process for qualifying Higher education workforce development expenditures

- CMS Approval of the DSHP requests.
- State and CMS agreement on Special Terms and Conditions associated with the DSHP Approval, which will specify that the state must submit a "Claiming Protocol" for Approval by CMS before funds can be claimed.
- RI submits the Claiming Protocol to CMS, specifying exactly what DSHP expenditures will be claimed and on what basis.
 - Documentation of each designated state health program's expenditures, as specified in the DSHP Protocol, will be clearly outlined in the state's supporting work papers and made available to CMS.
 - Sources of non-federal funding will be compliant with section 1903(w) of the Act and applicable regulations. To the extent that federal funds from any federal programs are received for the DSHPs described above, they will not be used as a source of nonfederal share.
 - An agreement specifying the earliest dates for claiming or disbursing federal funds
- CMS approves Claiming Protocol
- Medicaid enters into Interagency Agreements with the three state colleges/university.
 - This Agreement specifies what can count as a DSHP expenditure, documentation requirements of the agency, and that the agency gives Medicaid authority to submit the claim based on their documented, eligible DSHP expenditures.

- In accordance with the Interagency Agreement, each state college/university certifies the expenditure of the DSHP eligible expenses on a quarterly basis as a "Certification of Public Expenditures" (CPE). This is submitted to Medicaid for review.
- After review of the CPE document, Medicaid submits the claim to CMS for the certified, eligible expenditure.
 - In order to assure CMS that Medicaid funds are used for allowable expenditures, the state will be required to document through an Accounting and Voucher system its request for DSHP payments. The vouchers will be detailed in the services being requested for payment by the state and will be attached to DSHP support.
 - Federal funds must be claimed within two years following the calendar quarter in which the state disburses expenditures for the DSHP
- CMS provides Medicaid with (FMAP rate) of the submitted DSHP claim.
- Funds provided by CMS to RI Medicaid are deposited into a general revenue account.
 - RI Medicaid may consider setting up a separate GR account or a restricted receipt account for these funds in order to track and assure that these funds are used as GR for Medicaid System transformation expenditures.
- RI Medicaid makes System Transformation expenditures (administration, provider incentive payments, AE infrastructure payments, workforce development expenditures) utilizing this general revenue account as state match, and matching the expenditure at the appropriate federal match rate as the System transformation expenditure is made.

Wavemaker Proposal Draft Proposal

Program Background

The Wavemaker Fellowship is a RI state-funded loan repayment program operated by the Rhode Island Commerce Corporation that launched in 2016. The Commerce Corporation is a RI Quasi-Public Agency operating under the direction of a Board of Directors.

The Wavemaker Fellowship provides a financial incentive for recent college graduates to stay and work in RI by defraying student loan payments for up to four years for graduates pursuing careers in “STEM” * fields, including science, technology, engineering, health care, and medicine.

The current annual state budget of the program is \$1.75m, and the Governor has requested \$3.5m in additional state funds for state fiscal year (SFY) 17. Although it can vary annually, it is anticipated that, under the current budget, up to \$400,000 may be awarded annually to approximately 100 graduates working in health care/medical positions in Rhode Island which serve RI Medicaid enrollees. The remainder of the program funds are awarded to graduates in other STEM positions.

To be eligible, an applicant for the Fellowship must have incurred student loan debt during the completion of an associate's, bachelor's, or graduate degree and must work in Rhode Island in the areas of natural or environmental sciences; computer, information or software technology; advanced mathematics or finance; engineering; industrial design or other commercially related design field; or health care, medical or medical device technology. A fellowship committee convened by the Corporation selects fellowship recipients from among the qualified applicants using a competitive, merit-based process.

Fellowship awardees will receive an annual award in the form of a redeemable tax credit for up to four years. The award will equal the fellow's annual loan repayment expenses, currently subject to the following caps: \$6,000 for a fellow with a graduate degree, \$4,000 for a fellow with a bachelor's degree, and \$1,000 for a fellow with an associate's degree.

Award payments are made only after a full year's qualifying work commitment.

Work Commitment Requirement

The benefit is received after a 12-month qualifying service period is demonstrated. That means that for each annual award received, the benefit is realized only after actually working for a full year in a qualifying position in RI.

RI Proposal to CMS

RI is requesting that CMS consider a specific subset of Fellowship award payments be considered as Designated State Health Program (DHSP) expenditures, eligible for federal match.

This subset of expenditures targeted as DHSP will be limited to loan payment awards for qualifying fellows working a full-time health care/medical job in RI which serves Medicaid enrollees.

Under the current budget, the current state-funded award level is estimated to be up to 100 new Health Care/Medical Fellows per year, representing \$400,000 per year in state paid, qualifying awards.

* STEM is Science, Technology, Engineering and Math.
Medical and health care professions/positions are considered STEM job positions.

RI's goal with this proposal is to increase the health workforce serving Medicaid and the uninsured in RI. RI will achieve this by increasing the number of Health Care/Medical Providers participating in this program. Under the current state budget, and with the addition of approved Medicaid federal matching funds, this would mean that RI could double the current estimates for annual awards in the Health Care/Medical fields.

RI Medicaid will work with the Commerce Corporation to set aside state dollars, to be matched with federal dollars, specifically for qualifying health care/medical Fellows who serve Medicaid enrollees. RI Medicaid will work with the three state colleges/universities as well as private colleges/universities to assist in identifying graduates who may qualify. There are 2000 health care/medical graduates per year from the state's three university/colleges. In addition, Brown University's medical school and Johnson and Wales Physician Assistant Programs add significantly to this number. RI Medicaid will work with all its universities and colleges to identify qualifying graduates as well as work with provider organizations who serve Medicaid enrollees to utilize the potential Fellowship opportunity in order to attract new hires.

For the proposed SFY 2017 budget, RI Governor Gina Raimondo has requested an expansion of the state Wavemaker program budget from \$1.5m to \$5m, so that any RI graduate with a B+ average who qualifies through a full year work requirement in a STEM field in RI will be eligible for loan repayment. This would provide the opportunity for RI to offer significantly more loan repayment Fellowships to qualifying, recently graduated health care/medical professionals. Such an expansion of state dollars, with federal matching funds for qualifying health care Fellowships, could fund several hundred new health care/medical Fellows annually.

Claiming Methodology

RI Medicaid will work closely with the RI Commerce Corporation on tracking and verifying the amount of award payments that will qualify for federal claiming under DSHP. A key aspect of that verification will be the accurate identification of only those professions directly relating to Medicaid. The Commerce Corporation will be able to identify the number of participating graduates and loan repayment amounts that would be paid in a year.

The Commerce Corporation maintains award, job, and employer information in their database. Furthermore, that organization maintains records of each Fellow's position and employer. RI Medicaid will work with the Commerce Corporation to ensure that federal Medicaid matching funds are provided only for qualifying Fellows who have completed a full year commitment working in a health care/medical position with an employer that provides service to Medicaid enrollees. In that way, the Medicaid Program will ensure that federal matching funds under DSHP are claimed only for awardees who work for employers who serve Medicaid enrollees (such as hospitals, nursing homes, health centers, and other participating providers). All such information will be documented and maintained for audit purposes, as required by CMS.

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**3/28/2016 PUBLIC NOTICE OF PROPOSED CATEGORY III CHANGE TO
RHODE ISLAND'S COMPREHENSIVE 1115 WAIVER DEMONSTRATION**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) will seek federal authority to implement the following Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1):

Rhode Island Medicaid Health System Transformation Project

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June.

As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).

This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the performance-based payment programs.

This Category III request seeks federal authority to claim federal matching funds for the following services;

- Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities
- Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology
- Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the Community College of Rhode Island, Rhode Island College, and the University of Rhode Island

- Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner
- Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center
- Diagnostic testing, case management services, and treatment services for uninsured or underinsured individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by The Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health
- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees

This proposed Category III change is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by April 27, 2016 to Melody Lawrence, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, a hearing will be conducted to receive public testimony on the proposed Category III change if requested by twenty-five (25) persons, or by an agency or association having at least twenty-five (25) members. A request for a hearing must be made within thirty (30) days of this notice.

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 disability in acceptance for or provision of services or employment in its programs or activities.



57 Howard Avenue | Cranston, RI 02920 | Phone: 401.462.5274 | Fax: 401.462.3677

March 29, 2016

Autumn Leaf Spears
Narragansett Indian Health Center
4533 South County Trail
Charlestown, RI 02813

Dear Autumn,

Rhode Island's Executive Office of Health and Human Services (EOHHS) is proposing a Category 3 change to the state's Comprehensive 1115 Waiver Demonstration.

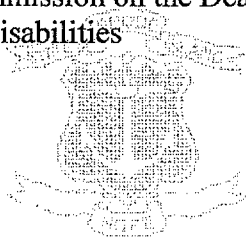
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As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).

This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the performance-based payment programs.

This Category III request seeks federal authority to claim federal matching funds for the following services;

- Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities



- Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology
- Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the Community College of Rhode Island, Rhode Island College, and the University of Rhode Island
- Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner
- Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center
- Diagnostic testing, case management services, and treatment services for uninsured or underinsured individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by The Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health
- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees

EOHHS intends to submit this change request to the Centers for Medicare and Medicaid Services on May 2, 2016. The proposed effective date is July 1, 2016.

If you have specific questions regarding this proposed category change or would like to schedule a meeting to discuss it, please contact Melody Lawrence directly via email at melody.lawrence@ohhs.ri.gov or via phone at (401) 462-6348.

Sincerely,

Darren J. McDonald
Deputy Medicaid Director
Executive Office of Health and Human Services

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

TO: Interested Parties
FROM: Office of Policy and Innovation
DATE: March 29, 2016
**SUBJECT: Proposed Category III Change to Rhode Island's Comprehensive
1115 Waiver Demonstration**

The Rhode Island Executive Office of Health and Human Services (EOHHS) is advertising the following proposed Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1). The proposed change is:

Rhode Island Medicaid Health System Transformation Project

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June.

As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).

This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the performance-based payment programs.

This Category III request seeks federal authority to claim federal matching funds for the following services;

- Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities
- Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology
- Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the

Community College of Rhode Island, Rhode Island College, and the University of Rhode Island

- Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner
- Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center
- Diagnostic testing, case management services, and treatment services for uninsured or underinsured individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by The Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health
- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees

This proposed Category III Change is accessible through the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348). Interested persons should submit data, views, or written comments by April 27, 2016 to Melody Lawrence, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov.



STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

NOTICE OF PUBLIC HEARING

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) will seek federal authority to implement the following Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1):

Rhode Island Medicaid Health System Transformation Project

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April 2015 report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June. As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).

This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the This Category III request seeks federal authority to claim federal matching funds for the following services:

- Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities;
- Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology;
- Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the Community College of Rhode Island, Rhode Island College, and the University of Rhode Island;
- Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner;
- Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center;
- Diagnostic testing, case management services, and treatment services for uninsured or underinsured individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by the Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health;
- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees.

This proposed Category III change is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by May 2, 2016 to Melody Lawrence, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov.

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 a Public Hearing on the above mentioned matter on **Monday, May 2, 2016 at 2:30 p.m.** at which time and place all persons interested therein will be heard.

The Public Hearing will be convened as follows:
Monday, May 2, 2016 at 2:30 p.m
Arnold Conference Center, Eleanor Slater Hospital
John O. Pastore Complex, 111 Howard Avenue
Cranston, RI 02920

The Rhode Island Executive Office of Health & Human Services in the Hazard Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-1575 (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.

Original signed by: _____

Elizabeth H. Roberts, Secretary

Signed this 31st day of March 2016



STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

NOTICE OF SECOND PUBLIC HEARING

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) will seek federal authority to implement the following Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1):

Rhode Island Medicaid Health System Transformation Project

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April 2015 report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June. As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).

This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the This Category III request seeks federal authority to claim federal matching funds for the following services:

- Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities;
- Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology;
- Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the Community College of Rhode Island, Rhode Island College, and the University of Rhode Island;
- Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner;
- Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center;
- Diagnostic testing, case management services, and treatment services for uninsured or underinsured individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by the Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health;
- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees.

This proposed Category III change is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by Monday, May 16, 2016 to Melody Lawrence, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov.

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 a second Public Hearing on the above mentioned matter on **Monday, May 16, 2016 at 2:30 p.m.** at which time and place all persons interested therein will be heard.

The Public Hearing will be convened as follows:
Monday, May 16, 2016 at 2:30 p.m
Arnold Conference Center, Eleanor Slater Hospital
John O. Pastore Complex, 111 Howard Avenue
Cranston, RI 02920

The Rhode Island Executive Office of Health & Human Services in the Hazard Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-1575 (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.

Original signed by: _____

Elizabeth H. Roberts, Secretary

Signed this 8th day of April 2016

Designated State Health Programs – Tuberculosis Clinic

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

Department of Health

State Budget Reference (unless noted)

Program Name

TB Clinic and Hasbro Pediatric Tuberculosis Clinic

Program Code

Program Description (Expand on current description to identify specific service descriptions)

Tuberculosis (TB) is a clinically complicated and highly contagious bacterial disease. It is transmitted through the air by droplets coughed out by an infectious person. If not treated appropriately, it results in hospitalizations, disability, death, and dangerous drug resistant TB.

The RI Tuberculosis program is responsible for TB surveillance to detect cases and evaluate their close contacts, assure access to competent and comprehensive TB care in accordance with evidence based guidelines. The TB Program assures availability of TB Specialty Clinical Services (adult and pediatric clinical services) including special negative pressure examination rooms, laboratory and radiological testing, and drugs packaged for daily observed therapy at patient homes through a contract with the Miriam Hospital.

Through a separate contract with Hasbro Children’s Hospital’s, the Pediatric Tuberculosis Infection Clinic provides medical, radiology, laboratory, pharmacy, nursing, and education services for the prevention, diagnosis and treatment of TB infection for children. This Pediatric TB Infection Clinic also conducts source case investigation through screening of household contacts when indicated.

Comparable Service or Program Under Medicaid

Case Management Services and TB-Related Services—Special TB-Related Services

Non-Medical Services Included

None

Process for Identifying Cost of Non-Medical Services

N/A

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Uninsured or under-insured people under 250% FPL

Age of Eligible Individuals Covered Under this Program

Miriam TB Clinic-Adults over 19; Hasbro TB Clinic-Children 18 years and under

Number of Clients served - FFY most current*

The clinic sees approximately 800 patients for 4400 patient visits per year.

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs – Tuberculosis Clinic

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

Free clinic services for the uninsured

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

This service is not in demonstration

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State Inter-governmental transfer

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$300,000 in state general revenue

Most current* Expenditures (Gross: Federal/State/Local)

\$125,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$300,000 in state general revenue

If used as MOE, which Federal Grant

N/A

Designated State Health Programs - RIPIN

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

Office of the Health Insurance Commissioner

State Budget Reference (unless noted)

Program Name

Rhode Island Parent Information Network Info Line

Program Code

Program Description (Expand on current description to identify specific service descriptions)

RI Reach, part of the Rhode Island Parent Information Network (RIPIN) programs, provides a statewide Rhode Island's Health Insurance Consumer Support Line that empowers consumers to get what they need from their coverage by helping consumers navigate the process. RI Reach:

- assists Rhode Island residents with information about eligibility; enrollment, and benefits
- assists Rhode Island residents with questions about existing care or difficulties accessing care
- screens for potential Medicaid eligibility, including the new Medicaid adult expansion group
- assists with locating participating providers
- assists callers with completing and filing complaints or grievances
- provides outreach and information about the availability of consumer assistance line

Comparable Service or Program Under Medicaid

Case Management Services and TB-Related Services - Case Management Services

Non-Medical Services Included

Non-medical case management, application assistance

Process for Identifying Cost of Non-Medical Services

All costs are non-medical

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Rhode Island residents

Age of Eligible Individuals Covered Under this Program

All ages

Number of Clients served - FFY most current*

Approximately 3000 Rhode Islanders served annually

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

Free service for Rhode Island residents

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs - RIPIN

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

This service is not in the demonstration

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State inter-governmental transfer

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$400,000 in state general revenue

Most current* Expenditures (Gross: Federal/State/Local)

\$167,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$400,000 in state general revenue

If used as MOE, which Federal Grant

N/A

Designated State Health Programs – RI Child Audiology Center

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

RI School for the Deaf

State Budget Reference (unless noted)

Program Name

Hearing / Screening Center

Program Code

Program Description (Expand on current description to identify specific service descriptions)

Provides statewide hearing screening for children at all Rhode Island public and private schools; further diagnostic testing and referral for treatment, if appropriate, is provided for any child who screens at-risk for hearing loss.

Comparable Service or Program Under Medicaid

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

Non-Medical Services Included

None

Process for Identifying Cost of Non-Medical Services

N/A

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

School-age children under 19

Age of Eligible Individuals Covered Under this Program

School-age children under 19

Number of Clients served - FFY most current*

55,000 children screened annually

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

Free clinic services

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

This service is not in the demonstration

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State inter-governmental transfer

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$554,398 in state general revenue

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs – RI Child Audiology Center

Most current* Expenditures (Gross: Federal/State/Local)

\$230,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$554,398 in state general revenue

If used as MOE, which Federal Grant

N/A

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs – Consumer Assistance Programs

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

Executive Office of Health and Human Services

State Budget Reference (unless noted)

Program Name

Consumer Assistance: Office of the Child Advocate; Office of the Mental Health Advocate; Commission on the Deaf and Hard of Hearing; Governor’s Commission on Disabilities

Program Code

Program Description (Expand on current description to identify specific service descriptions)

The Office of the Child Advocate (OCA) is an independent and autonomous Rhode Island state agency responsible for protecting the legal rights and interests of children in state care. OCA:

- monitors public and private residential placement facilities and shelters and conducts periodic on site visits
- is empowered to initiate litigation on behalf of children in state care
- may convene a formal investigative commission for any child fatality in which the child victim has any connection with DCYF
- assesses the quality of programs, interviews children, verifies any report of institutional abuse, and recommends corrective actions to be taken
- provides assistance to children in state care who may be entitled to crime victim compensation and pursues legal actions on behalf of certain child victims of sexual and/or severe physical abuse

The Office of the Mental Health Advocate is an independent state agency staffed by attorneys who are mandated to:

- protect and advocate for the rights of people with mental illnesses
- to investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illnesses. These facilities, which may be public or private, include hospitals, nursing homes, community facilities, board and care homes, homeless shelters, jails, and prisons
- provide advocacy services or conduct investigations to address issues that arise during transportation or admission to such facilities, during residency in them, or within 90 days after discharge from them

The Commission on the Deaf and Hard of Hearing coordinates the promotion of an accessible environment in which deaf and hard of hearing persons in Rhode Island are afforded equal opportunity in all aspects of their lives. The commission:

- develops policy and recommends appropriate programs and legislation to enhance cooperation and coordination among agencies and organizations now serving, or having the potential to serve, the deaf and hard of hearing
- promotes greater accessibility to services for the deaf and hard of hearing by developing awareness, communication access, and training programs to agencies, organizations, and businesses
- provides statewide centralized sign language interpreter referral services, including emergency referrals
- implements RI's comprehensive statewide strategic plan for children who are deaf or have hearing loss, and works with Medicaid and other state agencies serving low income Rhode Islanders to assure

Designated State Health Programs – Consumer Assistance Programs

compliance with the Americans with Disabilities Act and to improve access to services and the quality of life for deaf and hard of hearing persons in Rhode Island

The Governor's Commission on Disabilities is responsible for ensuring state agencies comply with the state/federal disability rights laws. It is willing to be a mediator in solving disability discrimination complaints and to explore options for resolving the complaint.

Employment Resources

- Vocational Rehabilitation Program offered by the RI Office of Rehabilitation Services
- Veterans' Recruitment Appointment
- Rhode Island Business Leadership Network

Disabilities Education Act

- Is a public state and federally funded program that assists individuals with disabilities to choose, prepare for, obtain and maintain employment

Assistive Technology

- Promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to or changed methods of interacting with the technology needed to accomplish such tasks

Comparable Service or Program Under Medicaid

Case Management Services and TB-Related Services - Case Management Services

Non-Medical Services Included

All services are non-medical

Process for Identifying Cost of Non-Medical Services

N/A

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Office of the Child Advocate – children under age 19
Office of the Mental Health Advocate – adults under 250% FPL with documented behavioral health issues
Commission on the Deaf and Hard of Hearing – adults under 250% FPL with a documented hearing problem
Governor's Commission on Disabilities – disabled adults under 250% FPL

Age of Eligible Individuals Covered Under this Program

Varies by program

Number of Clients served - FFY most current*

Varies by program

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

Services are provided to eligible populations free of charge

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

These services are not in demonstration.

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State inter-governmental transfer

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$1,900,000 in state general revenue.

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs – Consumer Assistance Programs

Most current* Expenditures (Gross: Federal/State/Local)

\$792,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$1,900,000 in state general revenue

If used as MOE, which Federal Grant

N/A

Designated State Health Programs – Center for Acute Infectious Disease Epidemiology

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

RI Department of Health

State Budget Reference (unless noted)

Program Name

Center for Acute Infectious Disease Epidemiology

Program Code

Program Description (Expand on current description to identify specific service descriptions)

This program conducts surveillance, clinical case review and disease investigation for 86 reportable infectious diseases. Diseases include: Bacterial meningitis, food-borne diseases/outbreaks such as salmonella and acute viral Hepatitis A, and vector-borne diseases (e.g. Lyme disease, Hantavirus, Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV)). Diseases reported by providers are risk assessed, case managed, investigated, tracked, and controlled at the state level, and ultimately reported to the Centers for Disease Control and Prevention (CDC).

Animal Bites Program -This program provides complete case management related to animal bites and human expose to animal rabies. The program provides clinical guidance to medical professionals to ensure that person(s) exposed or at risk for animal rabies are appropriately treated with rabies vaccinations to prevent human disease. Additional activities include coordinating the appropriate laboratory testing of suspect animals as well as providing consultation to animal control/veterinary professionals. This program also operates a 24/7 after-hours on-call animal bite case management system.

Bioterrorism/Public Health Emergencies (e.g. pandemic influenza) – This program enables the Division to maintain staffing capacity to closely monitor all reports of potential agents of bioterrorism (e.g. Anthrax, Plague, Ricin, Tularemia, Smallpox etc.). This program maintains a 24/7 surveillance and response system for agents of bioterrorism. In addition, the program staff is trained to provide expert response for major disease outbreaks and public health emergencies (e.g. Mycoplasma, pandemic influenza, Ebola Viral Disease [EVD] and Middle Eastern Respiratory Syndrome Corona Virus [MERS-CoV]) that pose an imminent threat to the public's health.

Comparable Service or Program Under Medicaid

Case Management Services and TB-Related Services - Case Management Services

Non-Medical Services Included

None

Process for Identifying Cost of Non-Medical Services

N/A

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Designated State Health Programs – Center for Acute Infectious Disease Epidemiology

Rhode Island residents

Age of Eligible Individuals Covered Under this Program

Rhode Island residents

Number of Clients served - FFY most current*

The Center's clinical staff handles approximately 1700 call a year from concerning individuals and clinicians seeking guidance about reportable and non-reportable diseases. Additionally, clinical staff investigate approximately 4400 disease reports annually.

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

N/A

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

These services are not in demonstration.

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State inter-governmental transfer

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$180,000 in state general revenue

Most current* Expenditures (Gross: Federal/State/Local)

\$75,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$180,000 in state general revenue

If used as MOE, which Federal Grant

N/A

* FFY - Federal Fiscal Year (October 1 - September 30)

Designated State Health Programs – Health Workforce Development

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

University of Rhode Island, Rhode Island College, and Community College of Rhode Island

State Budget Reference (unless noted)**Program Name**

Health Workforce Development Program

Program Code**Program Description (Expand on current description to identify specific service descriptions)**

See description beginning on page 2

Comparable Service or Program Under Medicaid

Health Workforce development

Non-Medical Services Included

All services are non-medical

Process for Identifying Cost of Non-Medical Services

All costs are non-medical

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Health Professional Training Costs, which result in new health professionals employed in RI, serving Medicaid and other low-income populations.

Age of Eligible Individuals Covered Under this Program

N/A

Number of Clients served - FFY most current*

N/A

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

N/A

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

This service is not in the demonstration

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

Certification of Public Expenditure (CPE)

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$28,500,000 in state general revenue

Designated State Health Programs – Health Workforce Development

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

Annual eligible budgeted expenditures of \$28,500,000 in general revenue funding

Most current* Expenditures (Gross: Federal/State/Local)

\$28,500,000 in state general revenue

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$28,500,000

If used as MOE, which Federal Grant

N.A.

Health Care Workforce Development for Rhode Island's Future

The State of Rhode Island is committed to transforming our health care system so that our citizens receive better care at a cost that is sustainable. For Medicaid, this means we have to better serve the mentally ill, provide better primary care, and provide for more home and community-based long term care. To make this shift, we need to change our health care workforce.

A 2014 study by the Rhode Island Department of Labor and Training (DLT) evaluated the state's current health care workforce and current health workforce training programs. The study aimed to assess Rhode Island's readiness to meet the health care needs of our population, particularly in light of the expansion in insurance coverage expected under the federal Affordable Care Act. We expect that, in the future, Rhode Island will need, at a minimum, more primary care practitioners, more mental health practitioners, and more community-based long term care practitioners. More recently, use of such supports as community health workers and mental health peer supports is thought to be a cost-effective means of serving high-risk populations with non-medical care.

Rhode Island has a higher education community that currently trains thousands of health care professionals each year. The University of RI, Rhode Island College, and Community College of Rhode Island annually train nurses, pharmacists, home health workers and numerous other health care professionals. The graduates of these programs largely remain in RI after graduation and work in health care settings that serve Medicaid and uninsured patients. We believe that we can document this connection, and we believe these workers will be critical to meeting our workforce needs in the coming years. However, to date there has been no explicit planning process to connect how we spend state dollars on health care workforce training and our broader health system goals. We propose to create such a link, very explicitly, and to use higher education expenditures as a powerful state-level tool for health system transformation.

We are working proactively and concertedly with our higher education community to assure that we are training practitioners to meet our future needs. We will accelerate these efforts in the coming months and develop and implement programs, in partnership with higher education, to encourage health care professionals to remain in Rhode Island after graduation and serve the needs of Medicaid clients and other vulnerable populations. Finally, we will better track our efforts to assure that state and federal investments in health care workforce development are resulting in more trained professionals in our areas of need, and greater retention of those professionals to serve our target populations.

Designated State Health Programs – Health Workforce Development

The 2014 DLT study concluded that RI is not preparing the workforce needed for the future. DLT predicts that RI will have an unmet need for primary care practitioners (physicians, PAs, NPs), mental health professionals, community nurses, home health professionals, and other community-based health care professionals with associates, bachelors, or graduate degrees. The health care delivery system cannot transform without a significant infusion of new health professionals as well as retraining of the current workforce.

Medicaid is developing an exciting new Health Workforce partnership with RI's three public higher education institutions, the University of Rhode Island (URI), Rhode Island College (RIC), and the Community College of Rhode Island (CCRI), as well as with the Department of Labor and Training (DLT) and other critical organizations. This partnership will involve our Medicaid managed care organizations (MCOs) and Accountable Entities (AEs) as well, to align workforce development with the needs of the primary drivers of change in our health system. We propose launching this effort formerly by July 2016, supported by a full-time staff person and guided by a formal steering committee that includes the three higher education institutions, AEs and other major provider organizations, MCOs, state officials and consumer representatives. The work of the steering committee will build on the DLT study and aim to:

- Assess current health care provider supply and demand and project how they will change over the next ten years;
- Identify gaps in the current educational programs and graduate pipeline;
- Agree on how best to fill those gaps and design programs to train the professionals we most need;
- Develop a plan for filling the pipeline with trainees in our areas of need, for partnering with health care organizations to employ our trainees, and for retaining our trainees after graduation.

To advance this work, we are requesting federal matching of current state expenditures on higher education funding for health care workforce development in RI. Our specific request is outlined below.

Health Workforce Development DSHP Request

One of the financing sources for the Medicaid Health System Transformation Program will be a new Designated State Health Programs (DSHPs) under RI's current Medicaid 1115 Waiver, which will provide Medicaid coverage, over five years, of certain state university/college health professional training program expenditures SPECIFICALLY devoted to training the health workforce of the future, that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities.

The DSHP will provide reimbursement of a portion of core health professional training costs at the 3 colleges/university. The portion of actual state expenditures to be reimbursed as a DSHP will be limited to a percentage of costs equal to the percentage of graduates of these programs who stay and work in their profession in RI in a setting that serves the Medicaid population.

We estimate that the State of Rhode Island will spend \$28,500,000 annually between July 1, 2016 and December 31, 2018 at the three state colleges/universities to train health professions graduates who remain and work in RI and serve underserved populations after graduation. This includes only the direct cost of educating graduates, and does not include other costs, such as indirect costs, buildings, or grounds. The figure is adjusted to reflect the percent of students who are estimated to remain and work in RI after graduation.

RI is requesting that Medicaid cover these actual eligible expenditures over a 5-year period from July 1, 2016 through June 30, 2021, at an estimated total expenditure of up to \$142,500,000. This would result in a federal expenditure not to exceed \$71,250,000 over five years.

Because this request spans two waivers, RI is requesting that claiming for Workforce Training begin on July 1, 2016 and be approved through December 31, 2018, the end of the current approved 1115 waiver period. This makes a total request to cover the actual expenditures over 2.5 years, at an estimated total expenditure of \$71,250,000, all

Designated State Health Programs – Health Workforce Development

funds. This assumes a federal share of approximately \$35,625,000 over 2.5 years, which is well within RI's approved CNOM/DSHP budget assumptions in the currently approved "with waiver" budget neutrality agreement.

Rhode Island also requests that this DSHP be renewed with the next waiver extension request, limited to an additional 2.5 years, which would be a total workforce development DSHP request in the next waiver of \$71,250,000 all funds, which will be an additional federal share request of \$35,625,000 in the renewal of RI's 1115 waiver renewal beginning Jan 1, 2019:

Tracking eligible expenditures and evidence that RI's health professional training programs encourage graduates to stay in RI and serve vulnerable populations

Determining the number of graduates staying in RI to work in their professions: Medicaid will engage the colleges in tracking students post-graduation for this purpose, and will also use health professional licensure data on new licensees at the RI Department of Health to assist in tracking and verifying the number of new graduates from health professions training programs at RI state colleges and university who stay and work in RI.

Determining the portion of grads working in RI who serve Medicaid enrollees: A quarter of RI's population is now enrolled in Medicaid. Eighty five percent of RI's Medicaid population is enrolled in health plans under RI's fully capitated Medicaid managed care program. Since 1994, RI has required any provider who participates in a health plans' commercial business to also participate in Medicaid managed care, and be open to new patients equitably. Medicaid managed care enrollees can choose their own providers from any open provider in their health plan. Because of this, RI does not have a two-tiered delivery system as other states may, where Medicaid enrollees have more restricted access than commercial enrollees. Virtually all health care providers in Rhode Island serve commercially insured, Medicaid and Medicare populations equitably. Therefore, our assumption will be that all RI health professional grads who obtain a RI professional license to stay and work in RI in their professions will be working in their profession in a provider organization which serves Medicaid enrollees.

All RI's universities and colleges imbed in their professional training programs encouragement, skills development and experience in effectively serving a culturally diverse, low income population.

University of Rhode Island (URI)

The University of RI has recognized the need for collaboration among providers and training programs by forming the Academic Health Collaborative (AHC). The collaborative, which will be officially in place by July 2016, is comprised of the Colleges of Pharmacy and Nursing, as well as the new College of Health Sciences. The Institute for Integrated Health and Innovation, a key feature of the new Collaborative, is in the process of being created. The Institute is designed to facilitate interdisciplinary collaboration among faculty, students, and professionals in the community through teams of multidisciplinary health experts.

URI's health professions training programs provide students with multiple training experiences in meeting the needs of low income patients. For example, the Pharmacy Program provides training in nursing homes and Disproportional Share Hospitals (DSH). The College of Nursing has a HRSA-funded Area Health Education Center (AHEC) imbedded in the College. The AHEC aims to develop high quality, culturally competent healthcare workers by recruiting and supporting students as they progress through their academic careers. Through this Center, in collaboration with community partners, the URI College of Nursing recruits and trains nurses to work in RI health care settings which provide care to populations who at at-risk due to such issues as poverty, homelessness, cultural and language issues, or being uninsured or underinsured. Clinical experience includes skilled nursing facilities where the vast majority of patients are Medicaid enrolled, hospitals that serve a disproportionate share of Medicaid and uninsured populations, prison health clinics, the RI Free Clinic and community health centers. Faculty and students participate in Primary Care Clinics at Crossroads on a regular basis, which provides shelter, food and health care to RI's homeless population.

Designated State Health Programs – Health Workforce Development

URI draws students from states throughout the region. URI's Health Professions Training Programs graduate over 1200 students per year, almost half of whom stay in Rhode Island and work in their profession in settings which serve significant numbers of Medicaid enrollees.

URI's Health Professions Training Programs include:

- Communicative Disorders
- Gerontology
- Health Studies
- Human Development
- Human Science and Services
- Kinesiology
- Medical Lab Science
- Nursing Nutrition
- Pharmacy
- Physical Therapy
- Psychology

Rhode Island College (RIC)

Rhode Island College has well-recognized programs in nursing and social work. Both programs train graduates for professional licensure and careers where graduates are well-prepared to serve disadvantaged populations, including Medicaid, uninsured, disabled, and homeless individuals and families.

The College of Nursing graduates over 450 students annually. Nurses are prepared to serve the most difficult to treat populations, including training at the Rhode Island Free Clinic, Eleanor Slater (long term care) Hospital, community health centers, and schools for children with disabilities. More than 90 percent of RIC Nursing graduates stay in RI immediately after graduation and work in all types of health care agencies, including long term care, acute care, and community-based programs.

RIC's School of Social Work offers an MSW, which prepares students as practitioners and clinicians working in Behavioral Health Care. The social work program prepares practitioners to work with low income, disadvantaged populations, including Medicaid and the uninsured.

The Health Care Administration program was developed as an interdisciplinary program between the Schools of Management and Nursing. The program prepares students to work in health care settings including clinics, hospitals, long term care organizations, assisted living facilities, mental health organizations, public health departments, physician practices, health care associations, and rehabilitation centers. Students complete internships in a variety of settings including nursing homes, assisted living facilities, health centers, hospitals, health plans, physician offices, and the state Medicaid office.

Drawing principally from Rhode Island, 90 percent of the RIC health services curriculum graduates stay and work in RI in their profession post graduation, in settings that serve Medicaid enrollees. RIC offers health professional training programs in the following areas:

- Nursing
- Social Work
- Health Care Administration
- Addiction & Behavioral Health
- Community Health & Wellness
- Health Professions Certificate Programs

Community College of Rhode Island (CCRI)

CCRI offers associates degree programs in nursing, dental hygiene, and several other health professions. Students receive community-based experience as an integral component of their training, preparing students to service Rhode Island's diverse, multicultural, and low-income populations. The Dental Hygiene is well known for the Dental Clinic they operate, in which the students receive training and practice, and Rhode Islanders can receive cleaning and exams, sealants, or radiographs for a nominal fee. As Rhode Island has a high number of dental uninsured, and its adult Medicaid dental benefit is very limited, this clinic provides valuable services to Medicaid enrollees and the uninsured, as well as trains students to treat high risk populations with untreated dental needs. More than 90 percent of CCRI's health students remain in Rhode Island to work in their field. CCRI offers the following health professions training programs:

- Nursing
- Medical Assistant
- Respiratory Therapy
- Dental Assistant
- Dental Hygiene

Designated State Health Programs – Health Workforce Loan Repayment

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

Agency

RI Department of Commerce

State Budget Reference (unless noted)

Program Name

Wavemaker Loan Repayment Fellowship

Program Code

Program Description (Expand on current description to identify specific service descriptions)

The Wavemaker Fellowship is a state-funded loan repayment program. To be eligible, an applicant for the fellowship must have incurred student loan debt during the completion of an associate's, bachelor's, or graduate degree and must work in Rhode Island in the health or medical cares. Those who qualify are awarded a loan repayment amount over 2 to 4 years. Payment is made to the graduate on an annual basis. The Rhode Island Department of Commerce is responsible for state tax filing, collecting tax payments, and of making refunds as appropriate for RI residents. The department uses this system to make the loan repayments by issuing a state tax credit to the graduate as the vehicle for payment. Fellowship awardees receive an annual redeemable tax credit for up to four years. The annual tax credit amount will equal the fellow's annual loan repayment expenses, currently subject to the following caps: \$6,000 for a fellow with a graduate degree, \$4,000 for a fellow with a bachelor's degree, and \$1,000 for a fellow with an associate's degree.

Rhode Island proposes a federal match to loan repayments for program enrollees. Loan repayments which qualify for Medicaid matching funds under this proposal will be limited to those funds awarded to recipients who work in a Rhode Island health care setting which serves Medicaid enrollees. Recipients will be specifically identified as meeting this qualification by the Wavemaker Program Administrator at the Rhode Island Department of Commerce. This information along with each individual's annual loan repayment amount will be provided to Medicaid by the department on an annual basis after the payment is made. This will be used to determine the amount eligible to be claimed for federal match.

Comparable Service or Program Under Medicaid

Health workforce development

Non-Medical Services Included

All services are non medical

Process for Identifying Cost of Non-Medical Services

All costs are non medical

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Recent graduates receiving a state loan repayment who work in Rhode Island's health care industry, at an employer who serves a significant Medicaid population.

Age of Eligible Individuals Covered Under this Program

Adults over 19

Designated State Health Programs – Health Workforce Loan Repayment

Number of Clients served - FFY most current*

Approximately 100 recently graduated health professionals participate in this state loan repayment program each year.

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

N/A

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

This service is not in the demonstration

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

State tax credit

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$400,000 in state general revenue

Most current* Expenditures (Gross: Federal/State/Local)

Approximately \$167,000 in state general revenue

"Matched Amount (Federal Amount)"

N/A

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$400,000 in state general revenue

If used as MOE, which Federal Grant

N/A

Assurances

The State assures the following:

- This change is consistent with the protections to health and welfare as appropriate to title XIX of the Social Security Act (the Act)
- The change results in appropriate efficient and effective operation of the program, Including Justification and Response to Funding Questions
- This change would be permissible as a State Plan or Section 1915 Waiver Amendment and is otherwise consistent with sections 1902, 1903, 1905, and 1906, Current Federal Regulations, and CMS Policy.

Standard Funding Questions

1. Section 1903(a)(1) provides that Federal matching funds are available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local government entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of the providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State(ie., general fund, medical services account, etc.)

Providers receive and retain the total Medicaid expenditures claimed by the State. No portion of the payments is returned to the State, local governmental entity, or any other intermediary organization

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment(normal per diem, supplemental, enhanced, other) is funded. Please describe whether state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures(CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation were not used by the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditures and State share amounts for each Medicaid payment. If any of the nonfederal share is being provided using IGTs or CPEs, please fully describe the matching arrangement

including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify the total expenditures being certified are eligible for Federal matching funds in accordance with 42CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) A complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority : and ,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations.)

The State share is funded through general revenue funds appropriated by the legislature for this purpose.

3. Section 1902(a)(30) requires that the payments for services be consistent with efficiency, economy, and quality of care . Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type .

No supplemental or enhanced payments were made.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers(State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current(i.e., applicable to the current rate year)UPL demonstration.

N/A

5. Does the governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable cost of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

No governmental providers receive payments that in the aggregate exceed their reasonable costs of providing services.