RHODE ISLAND COMPREHENSIVE
SECTION 1115 DEMONSTRATION FACT SHEET

Name of Section 1115 Demonstration:	Rhode Island Comprehensive Demonstration
Date Original Proposal Submitted:	August 8, 2008
Date Original Proposal Approved:	January 16, 2009
Date Implemented:	July 1, 2009
Original expiration date:	December 31, 2013
Date Extension Submitted:	August 15, 2013
Date Extension Approved:	December 23, 2013
Extension Expiration date:	December 31, 2018
Date Extension Submitted:	July 11, 2018
Date Extension Approved:	December 20, 2018
Extension Expiration:	December 31, 2023
Number of Amendments:	4

SUMMARY

The Rhode Island Medicaid Reform Act of 2008 (R.I.G.L §42-12.4) directed the state to apply for a global demonstration under the authority of section 1115(a) of title XI of the Social Security Act (the Act) to restructure the state's program to establish a "sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value-based purchasing to maximize available service options" and "a results-oriented system of coordinated care." Therefore, on August 8, 2008, Rhode Island submitted to CMS a section 1115 demonstration application entitled the Rhode Island Global Consumer Choice Compact, now known as the Rhode Island Comprehensive Demonstration.

Rhode Island operates its entire Medicaid program subject to the financial limitations of the section 1115 demonstration project, with the exception of: 1) disproportionate share hospital (DSH) payments; 2) administrative expenses; 3) phased-Part D contributions; and 4) payments to local education agencies (LEA) for services that are furnished only in a school-based setting, and for which there is no third party payer.

With those four exceptions, all Medicaid funded services on the continuum of care from preventive care in the home and community to care in high-intensity hospital settings to long-term and end-of life-care, whether furnished under the approved state plan, or in accordance with waivers or expenditure authorities granted under this demonstration or otherwise, are subject to the requirements of the demonstration. Rhode Island's previous section 1115 demonstration programs, RIte Care and RIte Share, were subsumed under this demonstration in 2008, in

addition to the state's previous section 1915(b) Dental Waiver and the state's previous section 1915(c) home and community-based services (HCBS) waivers.

Under this current demonstration, the state will receive expenditure authority to provide FFP for services delivered to beneficiaries diagnosed with an Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) residing in an Institution of Mental Diseases (IMD). The state's goals to implement these initiatives are to increase access to critical levels of care for Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD), increase the use of evidence-based, SUD specific patient placement criteria, and to set standards for residential treatment provider qualifications across the state. The IMD expenditure authority will allow some larger SUD residential treatment providers to assist the state in alleviating some of the access challenges that Rhode Island faces for ASAM III.1 – III.5 levels of care.

In its extension, the state received authority for the following programs:

- Home-based primary care services
- Dental Case Management Pilot program;
- Family Home Visiting Services Program**;**
- Behavioral LINK Pilot Program; and
- Expansion of Eligibility for Children with Serious Emotional Disturbance (SED) who require residential treatment.

AMENDMENTS

Amendment #1

Rhode Island requested an amendment to align the demonstration with a Children's Health Insurance Program (CHIP) SPA. The CHIP SPA expanded coverage to pregnant women whose family income is between 185 and 250 percent of the Federal poverty level (FPL) and who lacked other health insurance. To align with this CHIP amendment, the expenditure authority of this demonstration was amended to only cover pregnant women with income between 185 and 250 percent of the FPL when these women have third party liability (TPL) or other coverage. This amendment also grants the state the expenditure authority to claim title XIX matching funds for pregnant women covered under CHIP in the event of a title XXI funding shortfall.

Date Amendment #1 Submitted: July 9, 2009
Date Amendment #1 Approved: December 9, 2009 (effective December 1, 2009)

Amendment #2

Rhode Island requested an amendment to ensure the continuation of workforce training and other vital health care programs while the state devotes increased state resources to a "Health System Transformation Project" that will positively impact the Medicaid program. DSHP

	funding will be limited to the additional state funding attributable to the establishment of Accountable Care Entities through Medicaid managed care contracts, net of savings attributable to the operation of those entities and the costs associated with the Hospital and Nursing Home Incentive program. The Accountable Entities (AEs) will be responsible for improving the quality of care, and there will be Alternative Payment models established, between MCO health plans and AEs through the development of value-based contracts. The amount of DSHP funding will be phased down over the period of the demonstration as the implementation costs associated with AEs diminish and savings resulting from their operations reduce funding needs. This approval also makes a minor administrative change to the RIte Smiles Program and restores the Institutional Level of Care Determination that was in effect prior to May 2016.
Date Amendment #2 Submitted:	May 17, 2016
Date Amendment #2 Approved:	October 20, 2016
Amendment #3	Rhode Island requested a category III change (an amendment) to give the state the authority to create two new programs: Recovery Navigation Program (RNP) and Peer Recovery Specialist Program (PRS). These programs offer services to Medicaid beneficiaries with certain chronic diseases and conditions. RNP is a recovery-oriented environment that will connect individuals with necessary resources such as detoxification treatments, care management, and/or other recovery services. The Peer Recovery Specialist (PRS) will be a credentialed health care professional who provides an array of interventions that promote socialization, long-term recovery, wellness, self-advocacy, and connections to the community.
Date Amendment #3 Submitted:	November 30, 2015
Date Amendment #3 Approved:	February 8, 2018
Amendment #4	As part of its July 11, 2018 Extension Application, Rhode Island requested Home Stabilization Services and Telephonic Psychiatric Consultation Services. Beneficiaries are eligible for Home Stabilization Services if they have a mental health need or a complex physical health need and have at least one risk factor associated with a history of unstable housing. Home stabilization services include two subtypes of services: Home Find Services and Home

Tenancy Services, which are both types of HCBS. Home find services assist beneficiaries to address barriers to successful tenancy and to find, apply for, and move into a safe living situation. Home tenancy services teach beneficiaries the skills needed to be a good tenant, have a good relationship with the landlord/property manager, and avoid issues that could lead to eviction and adverse action once they have found a home. Telephonic Psychiatric Consultation Services are provided by psychiatrists or licensed behavioral health providers with similar prescribing authority to primary care providers, including: nurse practitioners, physician assistants, obstetricians, and gynecologists to increase the access to behavioral health care for Medicaid beneficiaries.

Date Amendment #4 Submitted*: July 11, 2018
Date Amendment #4 Approved: February 6, 2020

*The request for HSS and TPCS were submitted as part of the July 11, 2018 Extension Application.

ELIGIBILITY

All Medicaid state plan populations are the demonstration. In addition, the populations for which expenditure authority is granted are also enrolled in the demonstration.
The following groups are eligible under the demonstration:

- Children with family income up to 250 percent of the FPL;
- Pregnant women up to 250 percent of the FPL;
- Parents and caretaker adults up to 133 percent of the FPL;
- Women with incomes up to 250 percent of the FPL eligible coverage under the Extended Family Planning program;
- Aged, blind, and disabled individuals, including eligible Medicare beneficiaries;
- Children with special health care needs eligible for Medicaid under Rhode Island's existing state plan and enrolled in RIte Care on a mandatory basis;
- Home and Community Based (HCB) waiver services to individuals not eligible for Medicaid;
- Services for uninsured adults with mental illness or substance abuse problems not eligible for Medicaid;
- Continued eligibility for RIte Care parents with behavioral health conditions that result in their children being temporarily placed in state custody, who would otherwise lose RIte Care eligibility;
- Disabled and early widows and widowers with income up to 100 percent SSI and resources of up to $2,000;
- Residential diversion for HCB waiver services for children who would be voluntarily placed in state custody to receive those services;
- Coverage for HCB waiver services for at risk Medicaid eligible youth;

- Detection, intervention and treatment services for young children at risk for Medicaid or institutional care provided through early intervention;
- Uninsured women under age 65 who are screened for breast and cervical cancer under the CDC's National Breast and Cervical Cancer Early Detection Program;
- TEFRA children with income up to 300 percent of the SSI Federal benefit level;
- Limited benefit package for HIV-positive individuals with incomes below 200 percent of the federal poverty level (FPL);
- Limited benefit package for low-income adults eligible for the state's General Public Assistance program, ages 19-64 who are unable to work due to a variety of health conditions, but do not qualify for disability benefits;
- HCBS to adults ages 19-64 with Alzheimer's Disease or a related dementia, who have incomes at or below 250 percent of the FPL;
- Young adults ages 19-21 who are aging out of the Katie Beckett eligibility group with incomes below 250 percent of the FPL; and
- Low-income adults ages 19-64 with incomes at or below 133 percent of the FPL.

DELIVERY SYSTEM

Individuals receiving primary and acute care services under the Rhode Island Comprehensive Demonstration are required to enroll in fully capitated, prepaid health plans under contract with the state to provide comprehensive health services to participants for a fixed cost per enrollee per month.

- RIte Care: Benefits are the full scope of benefits set forth in the approved state plan and this demonstration. Benefits are delivered through managed care organizations or managed care delivery systems, with the exception of certain services paid by the state on a fee-for-service basis, as outlined in the applicable managed care contract. Benefits that are available to RIte Care enrollees under this demonstration include all benefits listed in STCs Attachment A and under the Medicaid State Plan.
- Rhody Health Partners provides Medicaid state plan benefits through a managed care delivery system to aged, blind, and disabled beneficiaries who have no other health insurance.
- Rhody Health Options is a managed care delivery system for Medicaid only and Medicare-Medicaid eligibles that utilizes a community health team and a Coordinating Care Entity to integrate Medicaid benefits.

The plans are responsible for ensuring that each enrollee has a primary care provider and is afforded access to all medically necessary health care services included in the benefit package. Children with special health care needs have full access to managed care organization (MCO) provider networks as well as the option to access specialty providers as their primary care providers (PCPs) or to access providers out of network, if needed.

RIte Share is a premium assistance program for individuals who are eligible for Medicaid/CHIP, and who are employees or dependents of an employee of an employer that offers a "qualified" plan into the employee-sponsored health insurance (ESI). RIte Share pays for the individual's share of the ESI premium (minus the RIte Share premium).

RIte Smiles is a pre-paid dental ambulatory health plan that provides dental services for Medicaid eligible children born on or after May 1, 2000.

Institutional and Home and Community Based long-term care services are delivered either through fee for service (FFS) or self-direction.

- Fee for service: Beneficiaries are able to access long-term care services by choosing the Medicaid participating agency or provider who will deliver the service. This provider will then be reimbursed on a FFS basis.
- Self Direction: Beneficiaries and their families will also have the option to purchase Home and Community Based waiver services through a self-direction delivery system. The beneficiary, with the support of a fiscal intermediary, will be able to purchase services directly.

Extended Family Planning provides access to family planning and family planning-related services, and referrals to primary care services for women with family income at or below 250 percent of the Federal poverty level (FPL) who lose Medicaid eligibility under RIte Care at the end of their 60-day postpartum period. This program reimburses providers on a FFS basis.

The Marketplace Subsidy Program provides premium subsidies to help partially offset premium costs for parents and caretaker relatives with incomes above 133 percent of the FPL through 175 percent of the FPL who purchase health insurance through the state based Marketplace.

BENEFITS

Health plans under contract to the state are required to offer a comprehensive benefits package which includes most services currently covered under Medicaid. Services which are currently covered under the state plan, but which are not included in the prepaid benefit package, continue to be provided and reimbursed on a fee-for-service basis. However, the state has the authority under the demonstration to vary the amount, duration and scope of services.

RIte Care enrollees have access to the services listed in Attachment A of the STCs in addition to state plan benefits. These expanded benefits are: nutrition services; parenting and childbirth education classes; tobacco cessation services; and window replacement for lead-poisoned children.

Extended Family Planning provides access to family planning and family planning-related services, and referrals to primary care services for women with family income at or below 200 percent of the FPL who lose Medicaid eligibility under RIte Care at the end of their 60-day postpartum period.

Home and Community Based Waiver Services continue to be offered under this demonstration and are obligated to adhere to HCBS guidelines, policies, and reporting procedures.

Limited benefits are offered to certain eligible populations in this demonstration, including HIV pharmacy and case management services, mental and behavioral health services, and physical health benefits.

Dental benefits are provided to Medicaid eligible children born on or after May 1, 2000.

Specific identified Substance Use Disorder Services for eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an institute for mental diseases (IMD).

QUALITY AND EVALUATION PLAN

The state is expected to implement systems that measure and improve its performance to meet the waiver assurances set forth in 42 CFR 441.301 and 441.302. HCBS will utilize a QA/QI plan consistent with the Quality rubric utilized in the 1915(c) waiver program.

The state will evaluate the demonstration as a whole and its various components; the Evaluation Design is the roadmap for conducting the evaluation. The roadmap begins with the stated goals for the demonstration followed by the measurable evaluation questions and quantifiable hypotheses, all to support a determination of the extent to which the demonstration has achieved its goals. The state's evaluation design will also include the SUD program evaluation, including evaluating the SUD implementation and SUD Health Information Technology (Health IT).

COST SHARING

Any premiums or copay requirements are specified in the Medicaid state plan. Demonstration populations may be charged premiums that do not exceed the premiums specified below.

Note that there is no cost sharing for any of these individuals with family income at or below 150 percent FPL. The cost sharing applies to both the RIte Care and RIte Share programs.

	Premium Limits for Budget Populations 3, 6, and 8				
Family Income Level	children under 1*	children 1 to 19th birthday*	adults	pregnant women	extended family planning
At least 150 percent but not more than 185 percent FPL	None	Up to 5 percent of family income	Up to 5 percent of family income	None	None
Over 185 but not more than 200 percent FPL	None	Up to 5 percent of family income	Up to 5 percent of family income	None	None
Over 200 percent but not more	None	Up to 5 percent of family income	Up to 5 percent of family	None	None

than 250 percent FPL			income		
*no cost sharing or premiums for children in foster care or adoption subsidy			No cost sharing for: pregnant women, children under age one (1), children in foster care or adoption subsidy, Chafee children, Alaskan Native/American Indian children and adults.		

STATE FUNDING SOURCE

The special terms and conditions (STCs) that govern the operation of this demonstration stipulate that the state funding source for this demonstration is state and local monies. The STCs require Rhode Island to certify that these funds shall not be used as the match for any other Federal grant or contract, except as permitted by law. Furthermore, the STCs specify that premiums paid by enrollees and collected by the state shall not be used as a source of non-federal share.

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