Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817

Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency

State of Rhode Island

FY2024 Q1

July 14, 2023

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Letter from the Rhode Island State Medicaid Director

I am pleased to submit this FY2024 Q1 spending plan and narrative to the Centers of Medicare and Medicaid Services (CMS) for review regarding the implementation of the American Rescue Plan Act (ARPA) Section 9817 for the provision of enhanced Home and Community Based Services (HCBS) FMAP.

Working across the departments and divisions of our Executive Office of Health and Human Services (EOHHS), and having received significant stakeholder feedback, we believe that the investments laid out in this plan will make a material impact in the lives of Rhode Islanders, and in the stability, reach, and quality of our HCBS programs.

Our plan incorporates programs in four main service areas covered under Rhode Island's HCBS and 1115 Global Waiver: (1) LTSS HCBS directed at individuals age 65 and over; (2) LTSS HCBS directed at individuals with intellectual or developmental disabilities and physical disabilities age 18 and over; (3) adult behavioral health services; and (4) children's behavioral health and child welfare services. Enhancements across this service array recognize the connected nature of our healthcare system, and the integrated way in which our beneficiaries receive care in the community.

While we have kept our initial spending plan largely intact, modifications and deletions previously approved by CMS have been removed from this document for ease of reading; this appears to be appropriate under SMD# 21-003 instructions for quarterly updates. Updates for each activity under the header of 'Spending and Project Planning Update as of [Quarterly Report Date]'. All updates and/or substantive modifications are underlined for ease of CMS review and new deletions are stricken through. In this way, CMS and other stakeholders can see any changes made against the most recent narrative and quantitative submissions based on CMS feedback or further State work.

Since our initial spending plan, we have focused on making progress in four key project areas that we have deemed most critical: HCBS workforce recruitment and retention; LTSS No Wrong Door (NWD) enhancements; children's behavioral health system capacity enhancements; and supports for the State's homeless and unhoused. In the past six months, the State has achieved several milestones, such as: (1) expanding and distributing HCBS E-FMAP funds for recruitment and retention incentives for HCBS direct care workers (DCWs) specifically for private duty nursing providers; (2) developing a public health dental hygienist training program with our community college and generating enough interest to hold not one but three cohorts; (3) holding a health career outreach day that included 35 partner education and employment providers that reached 140 students and jobseekers ; (4) launching the medical respite pilot program and identifying a community partner to launch a second pilot site; (5) launching the State's Mobile Response and Stabilization Service (MRSS), which has served over 250 families as of June 30 and is having a material decrease in the number of children presenting to the children's hospital emergency department; and (6), moving forward with the implementation of an LTSS modernization project that will facilitate statewide compliance with the HCBS final rule and create an e-LTSS record that will enhance access and accountability across the service system. Additional details regarding these initiatives and others can be found in the subsequent pages of this report.

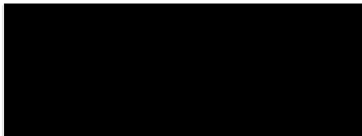
Project funding allocations are largely consistent with our most recent quantitative report, submitted in April. Consistent with CMS feedback, we have incorporated all project updates from the quantitative report here.

Last, we continue to ground our decision-making in our core values of choice, community engagement, and race equity.

In accordance with SMD# 21-003, as part of Rhode Island's application I continue to assure that…

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021; and
- That I, Kristin Sousa, as the State Medicaid Program Director is the designated point of contact for the narrative submissions, and that Kimberly Pelland, Rhode Island Medicaid Chief Financial Officer, is the designated state point of contact for the quarterly spending plan.

Sincerely,



Kristin Sousa
State Medicaid Program Director
Executive Office of Health and Human Services
State of Rhode Island

Executive Summary

The greatest challenge we face in health and human services today is how we can build back a better and more equitable healthcare system after the COVID-19 pandemic and be prepared for the changing needs and desires of Rhode Islanders. It is our collective challenge and opportunity to direct the maximum potential amount of $144M one-time, enhanced Home and Community Based Services (HCBS) FMAP funding to address what we have learned from the public health emergency (PHE), address system inequities, and meet the complete needs of Rhode Island Medicaid members needing HCBS.

We build these proposed investments on a strong foundation of previous work. Over the last three years, before and during the PHE, the Rhode Island General Assembly, Governor's Office, the Executive Office of Health and Human Services (EOHHS), its sister agencies, and partners have:

- Designed and began building an updated No Wrong Door (NWD) system to increase awareness of, and access to HCBS, leveraging an updated interagency governance structure for Long Term Services and Supports (LTSS).
- Launched innovative HCBS programs such as the Independent Provider (IP) program to bring new levels of choice and self-direction to Medicaid members.
- Distributed over $20M in supports for congregate care and home care workers during the PHE to ensure that no one working in these areas during the COVID surge of Fall 2020 was making less than $15 per hour.
- Passed and signed new safe-staffing legislation for nursing facilities.
- Implemented a $20M LTSS Resiliency Initiative with funding across 10 different programs to support LTSS providers, workers, and expand HCBS options during the PHE, including a $9M nursing facility change and transformation program.
- Launched the DigiAge initiative through the Office of Healthy Aging (OHA) to provide devices, connectivity, and training for older Rhode Islanders.
- Created a community-based emergency department alternative for residents experiencing a behavioral health crisis.
- Increased behavioral health and substance use provider capacity in cultural competency and telehealth.
- Passed additional state budget investments in HCBS, including increases in shift-differentials for home care workers, raises in developmental disabilities (DD) provider rates, moving to acuity-based payment for assisted living residences, rewarding home care workers and agencies who achieve training in behavioral health, increasing shared living rates, and increasing the HCBS maintenance of need allowance.

From this foundation and vision, we can both build on the momentum of redesigning our LTSS program, expanding HCBS access, and our programmatic successes with Coronavirus Aid, Relief, and Economic Security (CARES) Act supported initiatives and learn from our administration of these funds.

In addition to our own policy work and analyses, which we will highlight throughout this plan, we sought broad-based stakeholder feedback during this process. We administered a survey that received over 600

total responses, 30% of whom identified as direct care workers. More information is provided in the "Stakeholder Feedback" section of this submission and available on the EOHHS website.

Through this planning process and building off the CMS Rebalancing Toolkit, we have developed six key areas of investment across four services areas:

Enhanced HCBS FMAP: Proposed Investment Areas

State will be organizing its initial CMS plan to spend within the following investment areas, across all service categories (LTSS, I/DD, Children's Behavioral Health, Adult Behavioral Health).

Area	LTSS	I/DD	CBH/Child Welfare	Adult BH
No Wrong Door	*How can we continue progress to ensure that no matter what "door" through which a Rhode Islander seeks information on LTSS or behavioral health services, they receive consistent, person-centered and conflict free information?*			
Stabilizing the Direct Care Workforce to Increase Access to HCBS	*How can we increase availability of services to ensure that Rhode Island Medicaid members receive the right service at the right time*			
Workforce Development	*How can we make direct care work and family caregiving work, expert, valued, supported and encouraged?*			
Quality Improvement / Promoting Equity	*How do we ensure that the access we provide improves the quality of the lives of our residents? How do we tackle racial disparities in access and outcomes? How do we encourage and experiment with new care models for complex beneficiaries ?*			
Infrastructure Investment to Expand Provider Capacity	*What infrastructure needs do we need to buy with larger funding amounts to advance the continuum of care? How do we transform our services?*			
Updating Technology	*What technology needs to change to better administer services, accelerate eligibility determinations, improve customer service and utilize data?*			

RHODE ISLAND

1) ***Improving Rhode Island's "No Wrong Door" (NWD) System ($6.65M ~~$9.3M~~)*** – *How can we continue progress to ensure that no matter what "door" a Rhode Islander comes through to seek information on LTSS or behavioral health services, they receive consistent, person-centered, and conflict-free information?*

Having already begun work on our NWD system, we can accelerate our progress by using the enhanced HCBS FMAP funds to supplement these NWD redesign initiatives in four critical areas: (1) modernization and integration of IT to support core eligibility functions to improve system navigation and ease of access; (2) recalibration and expansion of HCBS information. awareness, and application assistance activities to further extend outreach to underserved racial and ethnic communities and promote equity in access; (3) expansion of person-centered options counseling and planning and the education, skill enhancements, and training required to build and sustain a person-centered approach to service delivery and case management; and (4) finance the technical and program management assistance required to update business processes and ensure policy and practice alignment and compliance with federal HCBS requirements.

Additionally, we propose a single point of access system within Children's Behavioral Health that can apply NWD principles to child welfare and children's behavioral health.

2) ***Stabilizing the Direct Care Workforce to Increase Access to HCBS ($65.30M ~~$56.375M~~ $)*** *How can we increase availability of services to ensure that Rhode Island Medicaid members receive the right service at the right time?*

The most common thing we heard in our stakeholder engagement was the need to increase the number of workers providing HCBS. Certified nursing assistant (CNA) turnover is high, and there are more licensed CNAs in the state than there are working, indicating that many are leaving the healthcare industry. Children's services providers and Developmental Disability Organizations (DDOs) must rebuild their workforces after losing many talented staff during the PHE. Providers across the HCBS spectrum face a tight, post-pandemic labor market. Self-directed workers need access to the same rewards as those that may work in a more traditional program, so that we can grow self-direction, self-determination, and choice in Rhode Island.

The most immediate need we have to address with this funding is the recruitment of new workers by the end of 2021, building off of our successful workforce stabilization program during the PHE that provided over $30M in CARES funding to Rhode Island direct care workers. It is our intention to quickly implement a workforce recruitment and retention program, along with career awareness and outreach across HCBS before March 31, 2022. We will work with HCBS providers to provide recruitment bonuses and other rewards to increase access and strengthen our core of health and human service workers.

As we continue this program, we will need to work with providers to reward and retain workers throughout the life of this available funding and determine strategies to differentiate the HCBS workforce from a minimum wage workforce, including the development of career ladders, apprenticeships, mentorship, benefits, and other retention strategies. In this way, we hope to show that providers can adequately meet consumer need with increased funding, evaluate the temporary funding's effectiveness, and develop sustainability strategies through the State's budget process. This is particularly necessary as Rhode Island moves to adopt a $15 per hour minimum wage by 2024.

3) ***Developing Rhode Island's HCBS Workforce ($6.80M ~~$6.1M~~)*** – *How can we make direct care work and family caregiving work valued and encouraged?*

In addition to the above investments in recruitment, rewards, and retention, we must also increase the training of our workforce to provide the quality care that Rhode Islanders need and to help direct care workers find a well-paying, well-valued career.

We need an expanded and strengthened HCBS workforce supporting vulnerable populations in the community, with a focus on providing behavioral healthcare, dementia care, night/weekend care, care for complex populations, and care in rural areas.

To do this, we propose investing in advanced certifications for CNAs, personal care attendants (PCAs), and other HCBS workers to achieve recognized training in the above areas. We also recognize that direct care work is often a gateway into the healthcare profession, particularly for women of color. Recognizing the race and gender disparities in this field, we also propose a Health Professional Equity Initiative to provide support to those longer-term direct care workers who may want to seek professional degrees to advance their careers.

4) ***Achieving Quality Improvement and Race Equity (<u>$5.50M</u> ~~$10M~~)*** *– How do we ensure that the access we provide improves the lives of our residents? How do we tackle racial disparities in access and outcomes? How do we encourage and experiment with new care models for complex beneficiaries?*

After workforce, the second highest priority cited by our stakeholder survey was quality of services provided. In behavioral health, we need additional care coordination and wraparound services to meet the needs of struggling youth and adults with behavioral health diagnoses. We need new models of home care that help keep people out of inpatient settings. We need culturally competent interventions.

The state does not have a monopoly on good ideas when it comes to quality improvement and race equity. Recognizing this, we plan to launch a "Challenge Grant Opportunity" to all stakeholders to propose programs and funding uses to help develop care models and tackle specific quality outcome measures.

We also recognize that technology has the potential to increase quality of care, while developing new service delivery pathways. This is particularly true as telehealth has become 25-35% of Rhode Island's Medicaid claims during the PHE. To ensure equitable access to these technologies and building on the success of DigiAge, Rhode Island will establish an assistive technology fund to assist clients with a one-time purchase of these devices, and provide outreach, training, and support to develop appropriate use models for connected devices in the home.

5) ***Building Infrastructure to Expand Our Care Continuum and Provider Capacity ($51.26M ~~$55M~~)*** *– How do we invest to add to our continuum of care and transform/improve services?*

Investing in provider infrastructure and capacity is critical to ensure we have the necessary resources to take care of individuals across the continuum of care. As we work on our LTSS rebalancing efforts, we have determined that part of our challenge is an undersupply of capacity in key areas such as assisted living. According to the Kaiser Family Foundation, Rhode Island has 10.9 Medicaid nursing facility residents per 1 Medicaid assisted living resident, compared to a national rate of 5.5 to 1. Conversely, Rhode Island has a large supply of nursing facility beds; we have 48 nursing facility beds per 1,000 people age 65 and older, the 9th highest rate in the country.[1] The same challenges hold true in our intellectual and developmental disabilities (I/DD) space where we need to increase provider capacity to service members in the community rather than more restrictive settings.

To address these capacity challenges, we want to target the expansion of our care continuum by extending our Nursing Facility Transformation Program (NHTP) to work with nursing facilities to change their models to promote single occupancy, green house models, behavioral health, supportive housing, or HCBS models such as assisted living. Similarly, we want to ~~develop an expansion grant program to provide capital to assisted living residences (ALRs) ready to expand to take advantage of our new acuity-based rate structure. We want to~~ build capacity in service advisory (SA) agencies and fiscal intermediaries (FIs) to assist members

[1] KFF, 2019 Nursing Home State Health Facts data, https://www.kff.org/state-category/providers-service-use/nursing-facilities/ KFF. Total Number if Residents in Certified Nursing Facilities. 2019. https://www.kff.org/other/state-indicator/number-of-nursing-facility-residents.

going through self-directed programs. We need to build increased traumatic brain injury (TBI) service capacity in-state. We will launch an I/DD provider capacity building initiative to continue supporting the transition of care from facility-based programs, and to build stronger integrated community-based day and employment supports and services.

Outside our LTSS system but within our HCBS offerings, we will support the development of better care coordination for children's behavioral health services using Family Community Care Partnerships (FCCPs). Recognizing the impact of the PHE on children with special needs and their families, we will focus capacity building attention on Medicaid members needing intensive HCBS, especially home-based therapeutic services (HBTS) and personal assistance services and supports (PASS). We will seek new models related to transitioning youth to adult services, expand our Certified Community Behavioral Health Centers (CCBHCs) network, and fund integrated behavioral health activities with primary care.

6) ***Updating Technology to Better Serve our Members ($1.6M ~~$7M~~)*** - *What technological improvements are needed to better administer services, accelerate eligibility determinations, improve customer service, and utilize data?*

Technology and data can make the difference between a good idea and sound implementation. Making our systems easy for all Rhode Islanders to use to access services, to show a unified picture of a Medicaid client, and to facilitate workload across EOHHS is paramount to our success. Rhode Island has shown significant success in improving application processing by adopting new technologies. With our current integrated approach, we have improved the timeliness of LTSS applications to 92% determined within 90 days and decreased our backlog of overdue LTSS Medicaid applications to 40, from a previous high of 1,554.

Application timeliness is just one part of the puzzle. The CMS Rebalancing Toolkit highlights person-centered planning services, No Wrong Door systems, community transition support, and data-based decision-making as key elements of rebalancing. Through this enhanced FMAP, we will make technology and data improvements to: (1) further improve the timeliness of HCBS LTSS applications; (2) modify current systems to allow for more flexible program design and program choice; (3) modify current systems to improve the speed and consistency of HCBS assessments across programs, including integration with person-centered planning; ~~(4) develop new data systems to track our progress~~; and (4~~5~~) build new measures of HCBS network adequacy across managed care and fee-for-service.

We recognize that all the investments listed above are a significant undertaking and expect projects to be added or removed from this plan as we continue to work through implementation details with stakeholders, assess capacity, and finalize the budget and federal match based on additional guidance from CMS.

Conclusion

EOHHS is eager to receive feedback from CMS on the content of our proposed plan. As we wait for this feedback, EOHHS and its constituent agencies will continue to further develop each of the proposed initiatives. Upon receipt of CMS' comments and guidance, we will formulate a finalized plan for review by stakeholders and ultimately, take our plan through the overall Rhode Island governance structure set up

for agency direct awards under ARPA through the Rhode Island Office of Management and Budget (OMB). As part of this process, and knowing that the Rhode Island General Assembly is expected to review and appropriate ARPA funds pursuant to Section 9901 of the Act, we may find that funding from other sources reduces the need to fund many of the proposed programs listed in this plan. Again, given the various potential funding sources, EOHHS has over-included potential spending in this plan to receive CMS feedback and to continue stakeholder conversations; as such, we do not expect to fully fund all programs listed below.

EOHHS commits to notifying CMS when any changes occur and appreciates the flexibility provided to successfully and impactfully implement programs with this enhanced HCBS FMAP.

Spending Plan Narrative

Improving Rhode Island's "No Wrong Door" System

Initial Proposed Total Investment: $9.3M

LTSS No Wrong Door Enhancement Initiative

Opportunity Statement

One of the core components of Rhode Island's plan to promote and enhance access to HCBS alternatives is the ongoing effort to redesign our LTSS system to incorporate the principles of No Wrong Door (NWD) advanced by the U.S. Administration of Community Living. Rhode Island plans to use the HCBS enhanced match to make a one-time investment to ensure these NWD initiatives advance and to sustain the State's rebalancing goals.

Rhode Island is currently entering the final phases of the NWD project which focuses on modernizing and integrating eligibility and post-eligibility functions as part of a broader effort to make the LTSS system more person-centered, quality-driven, and resilient.

In NWD Phase I, the State pursued an array of initiatives designed to improve system navigation and provide decision support, including the launch of a Person-Centered Options Counseling (PCOC) network and the development of an information marketing and outreach strategy to expand awareness of HCBS options. The goals of NWD Phase II have been to streamline and standardize critical eligibility functions to reduce the bias toward institutional care and expedite access to services, eliminate inequities in access to HCBS, and implement a robust system for person-centered planning (PCP) and conflict-free case management (CFCM) across populations. NWD Phase III will focus on service delivery, service coordination, and quality assurance from the point of the initial eligibility determination through renewal, particularly for HCBS beneficiaries who choose non-regulated settings.

The State will use HCBS enhanced funds to supplement these NWD redesign initiatives across four priority areas: (1) modernization and integration of IT to support core eligibility functions to improve system navigation and ease of access; (2) recalibration and expansion of HCBS information and awareness activities to further extend outreach to underserved racial and ethnic communities; (3) broadening the reach of our PCOC initiative; and (4) financing the technical and program management assistance required to update business processes and ensure policy and practice alignment.

Spending and Project Planning Update for LTSS No Wrong Door as of July 14, 2023

Priority Area 1. LTSS IT system modernization. Over the past three quarters, the State made significant progress by implementing the interRAI Home Care (HC-10) standardized assessment to replace multiple home-grown tools that were administered differently across agencies. The State also entered into a contract with Wellsky Health and Human Services, Inc for a consumer information management system (CIMS) to automate and streamline the assessment process. The Wellsky system is being configured to support an e-LTSS record that will follow an HCBS participant from the point of first contact with LTSS.

The State is cognizant of the requirements associated with the use of enhanced HCBS FMAP for system changes/reforms with the potential to affect eligibility and/or the scope of services. To ensure compliance with ARP section 9817 Maintenance of Effort (MOE) requirements as described in SMDL #21-003 and SMDL # 22-002, the State has taken the following steps:

1. EOHHS engaged a national contractor highly experienced in assessment transitions – HCBS Strategies Inc. – to assist in ensuring that implementation of the interRAI HC–10 for home care meets all applicable MOE requirements. The contract with HCBS Strategies Inc. for this work is expected to amount to approximately $300,000; about a third ~~was~~ has been paid ~~out in the last two quarters~~. Additional funding of a similar amount for this purpose is obligated in SFY 24 and will provide timely assurance throughout the HCBS E-FMAP period that all MOE requirements are being met.
2. With the contractor's assistance, the State modified the interRAI HC-10 to incorporate all the items and response sets from the retired assessments that were previously scored when determining HCBS functional needs. Thus, the modified interRAI HC-10 is a composite instrument that consists of the common elements of the retired assessments as well as those unique to the interRAI HC-10;
3. The modified interRAI HC-10 was built into, and automated in the Wellsky HHS CIMS.
4. The system applies the same scoring tool that was used for the retired assessments as an algorithm for evaluating functional needs. Only the items and responses on the modified interRAI HC-10 that were scored on the retired assessment instruments are considered when authorizing the scope, amount, and duration of HCBS.
5. For a month, the State used the modified interRAI HC-10 and the retired instruments in tandem to assess a sample of applicants to gauge whether there were differences in outcomes. No differences were identified.
6. HCBS Strategies Inc. is collecting data on the responses to all the items on the modified interRAI HC-10. This data is being collected for a period of six months to a year to develop a new algorithm that is more reliable and consistent with prevailing standards of care. The State does not expect there to be sufficient data and testing to deploy this new algorithm before 2024.
7. Once fully tested, the new algorithm and the scoring tool used for the retired assessments will both be applied during the MOE period. The system default is to only authorize HCBS in an amount that meets or exceeds the level determined using the scoring tool from the retired assessment instruments until the MOE period expires.

While these activities have been underway, the State received approval for an Advanced Planning Document (APD) in August 2022 from CMS for supplemental funds to support subsequent phases of the LTSS Modernization Project. The State is currently working with Wellsky under the auspices of this APD to accomplish key tasks. An updated Implementation Advanced Planning Document was submitted for CMS review in June 2023.

The LTSS IT Modernization Project also focuses on implementation of conflict-free case management (CFCM) on a statewide basis across populations. In February of 2023, the State submitted and received approval from CMS for a CFCM corrective action plan that will ensure that compliance with the HCBS final rule will begin on a statewide basis in January 2024. In the last quarter, the State has secured the services of a Transformation Management and Technical Assistance vendor – Guidehouse, Inc –to help with CFCM implementation, the realignments in agency roles and responsibilities associated with the LTSS

Modernization Project and the shift to Wellsky from outdated, legacy case management systems. Total investments for the services in the last two quarters were just under $183,000. Aside from the payments to HCBS Strategies Inc., the bulk of spending over the last two quarters has been for the configuration of the Wellsky CIMS to support to implementation of CFCM – about $1.2 million. The State's goal is to begin implementation of CFCM in January 2024. On June 15, 2023, the RI General Assembly enacted legislation establishing a CFCM system to be implemented by January 1, 2024.

Priority Area 2. Information, awareness, and outreach. In the past three quarters, the State spent minimal funds in this area, primarily for the publication and translation of public materials about HCBS. Our expectation is that additional funds will be expended for awareness and outreach over the next two quarters as the CFCM initiative moves forward.

Priority Area 3. Person-Centered Options Counseling (PCOC) Network expansion. A portion of our HCBS E-FMAP funding will be spent on translation services for this program. Other funding sources have allowed the State to provide two week-long training sessions to 45 counselors and to expand the network to two additional organizations.

Priority Area 4. Change management. As noted earlier, last quarter we completed the procurement process ~~We are in the final stages of completing the procurement process for a change management vendor through the State's RFP process~~ for Priority Area 4, which directly complements the ongoing activities in Priority Area 1. The vendor, Guidehouse, will assist with: i) the realignment of State business practices; ii) the design and implementation of new staff workflows within the system; iii) the development and implementation of a comprehensive strategy for coordinating the attendant changes to existing State IT systems and databases to ensure data interoperability, portability, and access, and minimize disruptions to service delivery; and iv) the build and execution of an effective communications and stakeholder engagement strategy to ensure all technological and process changes are successfully adopted and sustained.

Proposed Intervention & Theory of Change

System Modernization – Improved Access, Choice, and Navigation

Investments in expanding and sustaining LTSS service options, and in promoting new ways of thinking about and understanding consumer choices, must be matched with system functionality that leverages IT to support these same goals. HCBS enhanced funding offers the opportunity to make the changes in system functionality that are necessary to move ongoing LTSS resiliency and NWD redesign reforms forward. It is therefore crucial for us to make the investments in system modernization that are needed to remove the obstacles that we know exist now, so that Rhode Island and the eligibility and financing systems we rely on are better prepared for tomorrow. Overcoming these technological limitations is, in this sense, an essential component of modernization and a giant leap toward recovery.

First, the State plans to use HCBS enhanced funds to implement changes in both the integrated eligibility system and Medicaid Management Information System (MMIS) to address obstacles to HCBS flexibility. These changes will eliminate the need for time-consuming manual workarounds. These systems issues are the technical artifacts of the various 1915(c) waivers that existed before Rhode Island established a

single HCBS program designed to maximize service access and choice under its Section 1115 demonstration waiver authority. Similar technical issues have impeded efforts to implement HCBS expedited eligibility to the full extent authorized under Rhode Island's Section 1115 demonstration waiver. Rhode Island will use HCBS enhanced funding to finance the system changes required to ensure that policy and practice related to access and choice are fully aligned as we intensify and expand our rebalancing efforts going forward.

Second, due to both its size and comprehensive HCBS waiver program, Rhode Island is uniquely situated to become one of the first states in the nation to implement a single client information management system (CIMS) for Medicaid HCBS in which "information follows the person". At present, the State maintains multiple client relationship management (CRM) tools that support the core ancillary eligibility functions performed outside the integrated eligibility system and MMIS, e.g., HCBS assessments, level of care determinations, service planning, case management, etc. These CRMs were all purchased independently over a decade ago to assist in managing specific HCBS programs and/or Section 1915(c) waivers and, despite investments in upgrades, have limited functionality and interoperability. As a result, Rhode Island has a fragmented and complex system for conducting and managing HCBS ancillary functions that lacks the structural capacity to advance the core, person-centered principles of No Wrong Door.

As part of NWD reform Phase I, EOHHS has purchased a CIMS tool for person-centered options counseling that has the capacity to support other ancillary eligibility functions. HCBS enhanced funding offers Rhode Island the unique opportunity to transition from the current fragmented network of CRMs and IT tools to this new CIMS tool and to establish a unified cloud-based system capable of interfacing with the existing eligibility and payment systems IT infrastructure. This CIMS has the functionality required to support NWD initiatives that strengthen and expand person-centered planning and conflict-free case management statewide. More importantly, this new tool can help to ensure easier access to HCBS programs by providing the technical support necessary to eliminate program silos, promote person-centered practices, and create more streamlined business processes that are essential for achieving system rebalancing.

Enhanced HCBS Information, Awareness, and Outreach

The State proposes to use HCBS enhanced funds to broaden ongoing NWD outreach and awareness activities and expand efforts to provide culturally appropriate information to underserved communities. This work began in response to feedback from stakeholder forums and focus groups, including the Equity Council chaired by Lieutenant Governor Sabina Matos and former Secretary Womazetta Jones, held as part of the NWD redesign work. The feedback has consistently shown that many of the Rhode Islanders in-need of, or at-risk for Medicaid LTSS are unaware of many of the currently available HCBS options. A significant number of the health providers these consumers rely on have also indicated that they are also not particularly well-informed about HCBS and that accurate, easy to follow information is not generally readily available. Investments the State has made thus far in increasing outreach and awareness include the development of a marketing strategy that emphasizes HCBS choices, a complementary rebranding of the LTSS gateway (to MyOptionsRI), the addition of a new micro website, and production of an array of paper and electronic brochures that provide easy to understand information in multiple languages.

HCBS enhanced funds will be used to purchase the necessary expertise and assistance to extend the reach of this work, and to implement other planned and in-flight initiatives, across mediums and in the languages, words, and images that have meaning to the diverse populations we serve. Rhode Island also

plans to invest a portion of the funds allocated in this area to provide our workforce and community partners with both consistent information about HCBS options and the intensive training in person-centered practices that is required for this type of outreach.

Person-Centered Options Counseling Network Expansion

The centerpiece of Phase I of the State's NWD initiative has been the establishment of a person-centered options counseling (PCOC) network. The State plans on making a one-time investment in strengthening the PCOC network to meet the increase in demand that is anticipated as a result of efforts to expand awareness about and access to HCBS options. The funds will be used for technical assistance to bolster network capacity and refine certification standards, provide broader access to training on person-centered practices both in-house and across the network, and offset some of the initial start-up costs for new providers in the network (e.g., licensing fees, network communications, etc.). In addition, Rhode Island plans to purchase additional IT functionality to support PCOC providers offering in-person services to underserved and minority populations.

NWD Implementation Assistance

Rhode Island also plans to make a one-time investment in the technical assistance and human resources needed to manage the transition to the new CIMS and to build the business processes and financing streams necessary to sustain the NWD person-centered initiatives that are now underway. These resources include at least two full-time employees or contractual equivalents to assist in NWD general project management and to ensure the State's newly developed PCOC Network and the conflict-free case management system that is under construction are sustainable and have the capacity to respond to changes in demand during the next 36 months. In addition, the State plans to invest in the technical assistance required to develop a plan to improve LTSS navigation that includes business process and IT reforms, and a proposal for standing-up a self-financing corps of culturally diverse HCBS application assisters.

Sustainability

The majority of the LTSS IT system modernization work requires a one-time investment of funds. These investments cover the costs of developing a plan for ensuring the sustainability of the interventions proposed, as appropriate. In general, the State expects that savings derived from rebalancing, improving efficiency and performance, and promoting better access and outcomes will offset most of the costs associated with this initiative. Finally, the State is including these the ongoing maintenance costs into its long-term capital budget planning to secure the resources necessary for ongoing maintenance.

Success Metrics

- Statewide access to PCOC
- Increased awareness of HCBS choices
- Reduction in time between point of HCBS application submission and service delivery

Children's Behavioral Health Single Point of Access

Opportunity Statement

Children's behavioral health needs, which have been growing prior to the PHE, have been exacerbated by the stresses of COVID-19. For example, recent data from Rhode Island Kids Count found that calls to RI Kids Link, a Rhode Island hotline for children's behavioral health supports, increased 22% in 2020 during the PHE.[2]

Navigating the children's behavioral healthcare system in Rhode Island can be daunting. Particularly when a child experiences a behavioral health crisis, parents may not know what to do, or who is available to help meet their child's needs. One underlying reason is that our current system is siloed, with responsibility for children's behavioral health services fragmented across different state agencies and too often carried out in more restrictive settings than necessary. This makes it difficult for the system to deliver effective behavioral healthcare to Rhode Island children. For children and families of color, structural racism makes the challenge of getting appropriate services and supports even more difficult.

Rhode Island will utilize enhanced HCBS FMAP funding to strengthen and expand the existing pediatric behavioral health hotline so that it can serve as a central point of access for youth behavioral services and supports for the entire state.

Spending and Project Planning Update for Single Point of Access as of July 14, 2023

Please see the Children's Behavioral Health section below for updates on this area of work.

Proposed Intervention & Theory of Change

Strengthening the System with a Single Point of Access

A primary goal of the Children's Behavioral Health system is to make coordinated services more accessible for all families. Creating a single point of access streamlines the process and removes barriers to obtaining timely, necessary services and supports for children and youth, particularly for those experiencing a behavioral health crisis. ~~Rhode Island will use enhanced HCBS FMAP funding to expand an already-existing 24/7 pediatric behavioral health triage and referral hotline into a central referral hub for children's behavioral health referrals for the state.~~ Rhode Island's central goal is to ensure that families can enter the system through any point, e.g., schools, primary care physicians, or community programs, that will all know how to identify and refer a child or family. Once the family reaches the system, there will be a unified process for receiving the care they need to thrive.

To support this single point of access, resources are required for training and to implement standardized screening and assessment tools, such as the Child and Adolescent Needs and Strengths (CANS), and tools that measure Adverse Childhood Experiences (ACEs). These investments will help to ensure that consumer needs are accurately identified, and services are matched appropriately and effectively.

Successful implementation of the single point of access will also require a comprehensive communications component, to ensure all are well-informed about the availability and intended purpose of this service.

[2] 6783 LCACT 1st Mailer (rikidscount.org)

~~**Community Referral Platform**~~

~~The single point of access will also require person-centered coordination and electronic referral management software to support a coordinated care network of health and social service providers in Rhode Island. EOHHS has competitively procured a Community Referral Platform (CRP) for its Accountable Entity program under the Health System Transformation Project (HSTP) supported by CMS. This funding will go towards building out the CRP to integrate with the single point of access to allow for referrals to social service partners.~~

Upon further deliberation, the state proposes to remove the funding for the Community Referral Platform from the plan due to changes in strategic direction in coordination of social services.

Sustainability

Building a coordinated access point and developing a referral platform that will support it are onetime costs that will yield long-term improvements in access to children's behavioral health services in Rhode Island.

Success Metrics

- Expanded referrals to community partners
- Improved provider capability to connect children with the behavioral health treatment they need
- Reduced wait time in accessing pediatric behavioral health services

Increasing Access to HCBS

Initial Proposed Total Investment: $56.375M

HCBS Workforce Recruitment and Retention

Opportunity Statement

Supporting and building the HCBS direct care workforce is a cornerstone of Rhode Island's COVID-19 recovery strategy as well as our LTSS system rebalancing initiative. The majority of stakeholder survey respondents cited worker wages and training as priorities and highlighted many direct care workers (DCWs) are tempted to leave the HCBS workforce due to better paying positions in retail or food service. Historically, approximately 22% of approved HCBS service plans for LTSS Home Health agencies may go unfilled. Low wages and challenging working conditions, limited advancement opportunities, and insufficient respect and recognition have created chronic HCBS DCW shortages that diminish access and quality of services. Workforce shortages have been exacerbated by COVID-19 and may be further challenged by a tight post-pandemic labor market, statutory increases in the minimum wage without current statutory rate increases, and growing demand for HCBS services. Major investments in workforce recruitment, retention, and training will be needed to reverse labor shortages and to turn this care economy work into a valued part of our labor market and human infrastructure.

Learning from our investment of CARES Act dollars, Rhode Island will invest in a DCW outreach campaign, as well as recruitment and retention programs to incentivize the workforce growth necessary to support Rhode Island's rebalancing efforts. We will also invest in expanding training opportunities to improve service quality and support career growth.

Post-COVID, we identified a high priority issue around our healthcare system and workforce planning and we are beginning a formal process to reactivate Rhode Island's Healthcare Planning and Accountability Advisory Council. For this work, we are building upon our current workforce planning efforts, which have included two statewide workforce summits, and engaged over 400 people and 160 organizations focused on addressing shortages and creating a more stable and sustainable system.

Rhode Island's HCBS healthcare system was pressure tested throughout COVID, illuminating both its strengths and the existence and impacts of gaps and pain points that existed even prior to the pandemic. Like many states, Rhode Island's healthcare system is challenged by misaligned rates and provider needs, workforce shortages, and disparities in care access, quality, and outcomes for our most vulnerable communities (e.g., BIPOC, LGBTQ+, older adults, and individuals with disabilities). Despite these challenges, we cared for thousands of people ill with COVID and with other needs, with compassion and resilience, but can do more.

As noted throughout this HCBS plan, our overall system has significant unmet needs, including rising fatal overdose rates, insufficient mobile crisis services, and increasing demand for children's supportive services. These gaps lead to concerning health outcomes for Rhode Islanders – especially those in the BIPOC community - that we must address.

Spending and Project Planning Update for HCBS Workforce and Retention as of July 14, 2023

Workforce Hiring and Retention Incentives

The State has completed the distribution of all budgeted enhanced HCBS E-FMAP funds for recruitment and retention incentives for HCBS DCWs. See table below for all disbursed funds per HCBS provider type.

Provider Type Code	Provider Description	Funding Mechanism	Federal Authority	Estimated Funding Temporary – All Funds ($ in millions)
		LTSS		
072, 0	Home Care Agencies	FFS Rate Increase	SPA submitted 12/10/21; approved 3/10/22	~~$24,550,000~~ $25.96
010 & 065	Skilled Nursing Homecare	FFS Rate Increase	SPA submitted 12/10/21; approved 3/10/22	~~$1,575,000~~ $1.58
050	Adult Day Care	FFS Rate Increase	SPA submitted 12/10/21; approved 3/9/22	~~$1,296,000~~$1.73
055	Habilitation Group Homes	FFS Rate Increase	1115 Waiver	~~$1,166000~~$1.17
071 FI	Fogarty Center Fiscal Intermediary	FFS Rate Increase	1115 Waiver	~~$24000~~ $0.03

116 FI	Independent Provider Fiscal Intermediary	FFS Rate Increase	1115 Waiver	~~$3,000~~ $0.00
071 PC	Personal Choice Recruitment & Retention Bonuses	Direct Grant	N/A (not a rate increase)	~~$3,522,436~~ $3.52
116 PC	Independent Provider Recruitment & Retention Bonuses	Direct Grant	N/A (not a rate increase)	$~~402,564~~$0.40
089	PACE	Capitation Rate Increase	N/A (SPA determined to be unnecessary)	$~~3,414,419~~ $3.40
044	LTSS Case Management	FFS Rate Increase	1115 Waiver	~~$349,000~~ $0.35
070,064,& 010	PDN	Direct Grant	N/A (not a rate increase)	$1.6
			Subtotal	**~~$36,302,419~~ $39.75**
		Behavioral Health		
MCO	Substance Use Disorder (SUD) Rehab	MCO Direct Payment	Pre-Print submitted 12/28/21; approved 4/27/22	~~$8,094,000~~ $8.26
061	CMHCs	FFS Rate Increase	SPAs submitted 12/23/21 and 12/29/21 Adult BH SPA approved 3/18/21; ACT SPA approved 7/29/22	~~$11,580,000~~ $10.60
080	HBTS/ PASS	FFS Rate Increase	1115 Waiver	~~$5,713,000~~ $5.70
080	HBTS/PASS	Direct Grant	1115 Waiver	~~$2,020,416~~ $1.96
109	Peer Recovery Programs	FFS Rate Increase	1115 Waiver	~~$29,000~~ $0.03
MCO	Emergency Outpatient Services (EOS)	MCO Direct Payment	Pre-Print submitted 4/12/22; approved 4/27/22	~~$314,000~~ $0.32
			Subtotal	**~~$27,750,416~~ $26.87**

CMS approved the rate increases in the Attachment K on September 16, 2022. Our SPA to increase rates for ACT services was approved on July 29, 2022. For the rate increases that use 1115 waiver authority, the State submitted and worked with CMS to finalize an Attachment K request.

The State carefully reviewed the behavioral health providers included in the Workforce Recruitment and Retention program to ensure compliance with SMD #21-003. Each provider delivers state plan or 1115 waiver benefits that are either directly listed in Appendix B or could be listed. Community Mental Health Centers (CMHC), run programs that are included under the Rehabilitative Section of Rhode Island's Medicaid State Plan. Specifically, Psychiatric Rehabilitation Services (including Adult Behavioral Health Group Homes), Crisis Intervention Services, Substance Abuse Assessment Services, Outpatient Counseling Services, Detoxification Services and Substance Abuse Residential Services, Day/Evening Treatment, and Mental Health Emergency Service Interventions. To provide the workforce recruitment and retention funding increases, the State increased three service codes most highly utilized by CMHCs for the Rehab services listed above. These include Assertive Community Treatment and Adult Behavioral Health service codes. Peer Recovery Programs are authorized as Peer Supports within the HCBS Services that are listed in Rhode Island's 1115 Demonstration Waiver. Children's Emergency Outpatient services are included in Section 13(d) of our State Plan under Rehabilitative Services. As noted in the April 2023 quantitative

submission, the program was expanded to include private duty nursing (PDN) providers, and three types of behavioral health providers (Opioid Treatment Providers, SUD Residential, and MHPRRS).

Career Awareness and Outreach

In early February 2023, the State launched a direct care workers (DCW) outreach campaign strategy to promote this career pathway, develop a strong in-state pipeline of DCWs, and promote workforce diversity. Print and digital materials were developed in partnership with Day Health in FY23 Q1. In FY23 Q2, the State procured the services of RDW Group to develop and execute the media buy strategy, and some modifications in content and media strategy are likely to be adopted based on the recommendations and expertise of RDW. The campaign theme is “Rhode Island is Where You Can Make Caring a Career”. The ads have driven people to the State’s newly launched Caring Careers website, which contains information about continuing education, professional development, and advanced certification opportunities for current HCBS DCWs, as well as information about job openings and related training for those looking for a job in HCBS. The marketing campaign will continue to run through the end of September.

Proposed Intervention & Theory of Change

Recruitment

HCBS direct care workers (DCWs) are a category of paraprofessionals who typically provide direct personal care and support to older adults and individuals with physical, intellectual, and developmental disabilities, or mental health and substance use disorders. In HCBS settings, DCWs are most commonly categorized by the Bureau of Labor Statistics as certified nursing assistants (CNAs), home health aides (HHAs), personal care aides (PCAs), and social and human services assistants (S&HSAs). It is important to note the actual job titles are not standardized and may vary widely across settings. Other than Nursing Assistants, DCWs are typically unlicensed, and require little, if any, pre-employment training or certification. DCWs are among the fastest growing occupations in Rhode Island and are projected to have the highest number of job openings (largely due to turnover) between 2018-2028. The COVID-19 pandemic has exacerbated this challenge due to health and safety concerns, childcare difficulties, job loss, unemployment benefits, and other issues.

Career Awareness & Outreach

EOHHS will engage in and support partnerships with the State’s Department of Labor and Training (DLT), the Governor’s Workforce Board (GWB), the Rhode Island Department of Elementary and Secondary Education (RIDE), the Department of Human Services (DHS), the Department of Behavioral Healthcare, Development Disabilities, and Hospitals (BHDDH), higher education, and/or other public and community-based workforce partners to promote HCBS training, education, jobs, and careers to unemployed and underemployed adults, and in-school and out-of-school youth. Activities shall include career days, job fairs, guest speakers, internships, mentorship programs, worksite visits, social media campaigns, paid advertising, dissemination of educational materials, and other initiatives to raise awareness of job and career opportunities in home and community-based services, with the goal of increasing employment in this field over time.

In April 2023, EOHHS partnered with the Department of Labor and Training (DLT), Office of Postsecondary Commissioner (OPC), and Skills for Rhode Island's Future to plan and host a state-funded, day-long Health & Human Services Career Development Day. Over 35 health and human services providers, higher education partners, and community-based training providers offered information, presentations, and hands-on learning opportunities for the more than 140 students and jobseekers who attended the event. High-quality video and other public relations materials were produced for the event and will continue to be utilized for future marketing and outreach efforts.

Hiring Incentives

Hiring incentives remain a core component of our workforce recruitment and retention program. This section of the spending plan narrative is crossed out because we have adjusted our methodology for distributing funding to eligible direct care workers. Our updated approach is described above.

Workforce Retention

Direct care worker retention payments remain a core component of our workforce recruitment and retention program. This section of the spending plan narrative is crossed out because we have adjusted our methodology for distributing funding to eligible direct care workers. Our updated approach is described above.

Healthcare System Planning

The State proposes to invest $500,000 to ensure our healthcare system planning prioritizes the needs of the home and community-based service providers and workforce, including analyses of current and future HCBS provider professional supply and demand, recruitment, scope of practice and licensure, workforce training issues, and potential incentives with recommendations to enhance the supply and diversity of the HCBS workforce.

EOHHS will braid these dollars with other health planning investments to carry out data-driven health care planning and strategic alignment of existing efforts, with a collaborative public/private approach. EOHHS will work with our state agency partners and a broad public/private advisory group to create an adaptable health planning process that prioritizes quality and equity and carries out these specific functions:

> (1) Data Collection and Analysis: Coordinating existing data sources and collection of new data, with a focus on demographic data, including race, ethnicity, sexual orientation, and gender identity where available. We shall work to increase the amount of demographic data available in order to identify and eliminate disparities within the Rhode Island HCBS system.
>
> (2) Policy Development: Formulating, testing, and selecting policies to achieve desired objectives.
>
> (3) Review of Cost Drivers: Reviewing health system total cost drivers, based on the work of the Cost Trends Steering Committee.

(4) Alignment of Behavioral Health Planning: Coordinating a comprehensive review of mental health and substance use incidence rates, service use rates, capacity, and gaps for the HCBS system, as well as components for an Olmstead plan (discussed on page 52 of this document).

(5) Alignment of Children's Health Planning: Reviewing volume and spending trends for pediatric outpatient services.

(6) Alignment of Oral Health Planning: Reviewing the volume and spending trends for oral health.

(7) Workforce Planning: Reviewing HCBS workforce supply and demand, availability of education and training programs to meet employer and worker needs, strategies for career ladders, and equity initiatives to strengthen the health workforce.

(8) Implementation Activities: Recommendations of legislative, regulatory, and other actions that achieve accountability and adherence in the HCBS healthcare community to the council's recommendations.

Sustainability

All workforce incentives are designed as short-term strategies to help Rhode Island recover from the devastating impacts of the COVID-19 pandemic on the HCBS workforce. We understand ongoing investments are required to ensure the State has sufficient capacity to adequately support an aging population over time, in addition to our I/DD community and children and adults with behavioral health needs. We intend to use lessons learned from each HCBS workforce initiative to inform our ongoing policy work, including our annual budget development. For example, using CARES Act dollars, we provided Behavioral Health training to 200 HCBS Nursing Assistants. Based on the success of that program, we incorporated a new rate structure into our State Fiscal Year 2022 budget bill that provided an increase in payments to agencies who had at least 30% of their workers complete the training with a wage passthrough requirement to those nursing assistants with the certification. In the SFY23 budget (beginning July 1, 2022), we received authority to: i) increase home health provider rates to establish a minimum wage of $15 an hour; ii) increase the wages for personal-care attendants in self-directed program to $15 an hour; and iii) increase the starting salary for the Developmentally Disabled direct care workforce to $18/hr. All these legislative mandates are effective July 1, 2022. In this way, we maximized the one-time nature of the funds to advocate for longer term policy changes to sustain our workforce development efforts.

Success Metrics

- 10,000 job seekers reached through recruitment campaign
- 4,500 new DCWs hired over the next 3 years
- Reduced DCW turnover rates, as reported by provider agencies
- Timely payment of 100% of incentives
- Updated HCBS-focused healthcare system plan

Developing Rhode Island's HCBS Workforce

Initial Proposed Total Investment: $6.1M

HCBS Workforce Training

Opportunity Statement

In addition to the HCBS workforce recruitment and retention initiatives described above, investments in workforce training are required to build the skills of our workers, support career laddering, and to increase the quality of services that are delivered.

Spending and Project Planning Update for HCBS Workforce Training as of July 13, 2023

In the first half of FY 2023, the State finalized an advanced certification program plan for direct care workers (DCWs) to increase workforce skills, credentials, and advancement opportunities. We have executed contracts with local higher education partners to operationalize this plan. We have also contracted with the RI Certification Board and have begun paying costs associated with certain professional certifications required or available to HCBS DCWs. As of June 30, 2023, approximately 160 direct care workers have obtained advanced certifications through this program.

EOHHS entered into contracts with its three public institutions of higher education in June 2022 to provide various advanced certification, continuing education, and professional development opportunities for HCBS direct care workers. The schools have been slow to launch these programs; however, efforts are now underway at all three schools to survey HCBS providers, conduct direct outreach to workers, and develop curriculum to meet the ongoing education and training needs of HCBS DCWs. These include preemployment training for behavioral health case managers, case manager career ladders, and dementia training for home care workers. Two higher education partners have developed new webpages linked to EOHHS' Caring Careers website to connect HCBS direct care workers to training and education opportunities. All programs will be offered at no cost to workers, and, in the case of lower wage paraprofessionals, may include stipends upon completion of training.

Last, in partnership with the Office of Postsecondary Commissioner, we did extensive outreach for our new Health Professional Equity Initiative (HPEI), which resulted in expressions of interest from more than 250 HCBS DCWs. After conducting individual interviews to determine eligibility and suitability, over 160 employees of HCBS provider agencies were provisionally accepted into the program, which will support paraprofessionals of color and others to pursue higher education leading to health professional credentials, degrees, and/or licensure. As of June 30, 2023, there were approximately 125 individuals enrolled in the HPEI program and pursuing pathways towards higher education degrees and licensure in behavioral health and nursing. A cohort of 20 HPEI participants who are enrolled in an MSW program were featured in several news articles following the completion of their first semester in the program. News article links can be found here. An additional cohort of homecare LPNs has been enrolled by HPEI into an accelerated program to pursue an RN degree and license.

Proposed Intervention and Theory of Change

Advanced Certifications for CNAs, PCAs, and S&HSAs

HCBS DCWs often receive little, if any, formal training in how to identify and address the complex physical, emotional, and social challenges faced by their clients. Nor do they receive counseling or help to deal with the emotional challenges they face as a result of their work. To expand skills and advancement opportunities for workers and enhance the quality and continuity of care for consumers, the State will support workforce training opportunities and/or incentives for DCWs to obtain approved, advanced certifications and other trainings that are industry-validated and linked to career advancement and/or professional development. This includes but is not limited to support for continued training in behavioral health care, Alzheimer's and dementia care, chronic disease care, and social determinants of health. It also includes funding for other consumer-centered training and employment supports.

Health Professional Equity Initiative

Black, indigenous, and other workers of color (BIPOC) are significantly overrepresented in low wage HCBS direct care positions, but significantly underrepresented in higher-paid licensed health professional roles. The need for culturally and linguistically competent providers is particularly critical in behavioral health settings. This long-standing equity issue adversely impacts workers, families, consumers, and provider agencies. Barriers to higher education and licensed occupations can be formidable, and a substantial investment is needed to address historic race-based inequities and to prepare a more diverse, culturally and linguistically competent workforce.

To help address racial and ethnic inequities in the health professional workforce and to expand career pathway opportunities for DCWs who have been employed for at least two years, the State will support a full tuition waiver (in conjunction with other available tuition assistance programs) at any public in-State institution of higher education for courses and credits leading to a health professional degree and/or license, as well as paid educational leave time (i.e. 2 hours of leave per academic credit while enrolled in classes, not to exceed 20 hours of paid leave per week). Marketing and outreach for this initiative will focus on marginalized communities and communities of color with the specific goal of increasing diversity in the direct care workforce.

Success Metrics

- ~~Additional certification for 6,000 workers~~
- Enrollment of 200 direct care workers in a health professional degree program

Improving Quality and Race Equity

Initial Proposed Total Investment: $10M

Quality and Race Equity Challenge Grants

Opportunity Statement

In addition to investing in workforce development and access to services, the enhanced HCBS FMAP funding provides an opportunity to build new quality models of service delivery and to encourage

providers and community organizations to participate in quality improvement programs. Access to services is important, but so too is the quality of those services. According to the 2020 LTSS State Scorecard produced by AARP, the AARP Foundation, The Commonwealth Fund, and the SCAN Foundation, Rhode Island is ranked 37th in Quality of Life and Quality of Care, and 28th in Effective Transitions. Within those categories, our rate of employment for adults with ADL disabilities ages 18-64 relative to the rate of adults without disabilities is ranked 35th and our percentage of home health patients with a hospital admission ranked 47th in the country. Critically, our HCBS quality cross-state benchmarking capability is also low, ranking 36th among states.[3]

Quality measures on adult and children's behavioral health also need improvement. Rhode Island's rates for substance abuse are above the national average for all drugs surveyed except for cigarettes. Rhode Island has the highest rate of juvenile delinquency cases per 100,000 children when compared to neighboring states. We see that a lack of home and community-based services for behavioral health across the age spectrum drives medical spending elsewhere – 10% of emergency department (ED) visits in 2018 had a primary diagnosis related to behavioral health and over a quarter of the mental health visits were children, according to RI Department of Health data. Medicaid claims data suggests that counseling services are more often provided after a hospitalization, rather than before as preventative care. ~~Finally,~~ As an indicator that additional prevention and new care models are needed, less than a quarter of individuals received a follow up within 30 days of an ED visit for substance use disorder (SUD) related issues.

Participation in the CMS Financial Alignment Initiative (FAI) has been a cornerstone of EOHHS' efforts to improve outcomes for full benefit dually eligible beneficiaries and strengthen home and community-based services (HCBS) for enrollees in need of long-term services and supports (LTSS). Approximately 15% of dual eligible beneficiaries enrolled in the FAI and/or Medicare Medicaid Program (MMP) are receiving HCBS services.

Spending and Project Planning Update for Quality and Equity as of July 14, 2023.

No expenditures have been encumbered or expended to date; however, project planning is actively underway and the State is actively working to identify opportunities to add, modify, and enhance model contract to ensure alignment across delivery systems from a quality and monitoring perspective. A request for information was recently issued and we are now in the process of collating or synthesis responses submitted from stakeholders that can further inform this process. Further updates are expected to be included in the next narrative submission for FY 2024 Q3.

Proposed Intervention & Theory of Change

Quality and Equity Challenge Grants

Regardless of which specific quality measure we point to, we know that expanding access to existing programs will not be enough to have a full population health impact. We also know that with temporary funding, it is not advisable to propose only one or two programs to fund if we do not know if they are

[3] http://www.longtermscorecard.org/databystate/state?state=RI

going to be successful. However, from our stakeholder engagement survey and conversations, we know there are organizations that if they received one-time funding for pilot programs, could show increases in quality attainment that could serve as the basis for future state investments, either through Medicaid-funded pay-for-performance programs or through other value-based payment arrangements with our Managed Care Programs and Accountable Entities.

EOHHS proposes a "Challenge Grant" opportunity to fund quality improvement programs that can be implemented and evaluated by March 31, 2025. Through a Request for Proposals (RFP) process with careful attention to outreach beyond typical vendors and providers, we expect to evaluate proposals to fund program costs above and beyond what might be currently claimable under existing authorities. Proposals will need to include an evaluation plan, and the administrative costs and Medicaid authorities required to sustain any future program expansion, should it be shown to be effective. The RFP process will explicitly seek culturally competent providers with either minority-ownership or governance, and will encourage partnerships among deeply-rooted community organizations to meet the grant requirements. For example, grass roots, minority-led organizations may partner with educational institutions or other research-based entities to complete the evaluation. Finally, all proposals must include strategies to address racial and ethnic disparities in the quality measures to be achieved.

While we encourage our stakeholders to promote their own programs, EOHHS will encourage applicants to consider quality measures that prioritize reducing emergency department and inpatient use, safety at home, preventative behavioral health (BH) and substance use disorders (SUD) services, housing stabilization, children's behavioral health wraparound services with child welfare providers, and identifying opportunities to assist citizens returning from Rhode Island's Adult Correctional Institutions (ACI).

Enhancing State Quality Strategy

Rhode Island is currently receiving technical assistance from CMS and ADvancing States to develop and implement cross-agency data collection, analysis, and reporting processes to support oversight of HCBS services and standardized reporting of required sub-assurances under our Comprehensive 1115 Waiver. ~~We believe this technical assistance should be supplemented by additional work under this opportunity to expand data collection in line with the CMS Request for Information (RFI) on the Recommended Measure Set for Medicaid-Funded Home and Community Based Services.[4] Included in that RFI are a long list of potential measures. We intend to use this funding to secure additional technical assistance to expand data collection and to make necessary system modifications to support that collection, enhance our quality strategy, and develop public facing quality scorecards.~~ Technical assistance remains an important part of enhancing the state's quality strategy and EOHHS will consider alternative sources to maintain support specifically for expanded data collection and related system modifications.

With the recent CMS Final Rule requiring the sunsetting of FAI demonstrations, Rhode Island is in the process of redesigning its system of care for dually eligible and Medicaid beneficiaries eligible for LTSS. Our goals for this project are to:

- Provide services in least restrictive, most comfortable, member preferred settings,

[4] ~~https://www.medicaid.gov/medicaid/quality-of-care/downloads/rfi-hcbs-recommended-measure-set.pdf~~

- Create greater integration for dual eligible beneficiaries and Improve member experience by reducing duplication and fragmentation,
- Provide wholistic health coverage and services through the implementation of MLTSS,
- Create the right financial incentives to deliver person-centered, efficient care across the continuum of care,
- Equitably improve health outcomes and quality of life for older Rhode Islanders & people with disabilities, and
- Enable members to seamlessly navigate continuous, coordinated care with fewer transitions.

Our ability to accomplish these goals requires a greater level of system transformation resulting in expanded capacity of home and community-based services. The current re-design of the State's LTSS system along with the system of care for dual eligible beneficiaries and implementation of MLTSS is a prime opportunity to leverage our managed care program as a vehicle for transformation that utilizes innovative programming as well as incentives to support the HCBS capacity and enhanced access to services. EOHHS' ability to accomplish these goals requires a greater level of system transformation, enhanced quality strategy, and workforce development. We propose the use of Enhanced F-MAP funds set aside for enhancing the state's quality strategy be specifically targeted toward this program.

Sustainability

"Challenge Grant" recipients will have the opportunity through funded evaluations to show efficacy of programs that could be used to appropriate additional funding or Medicaid rate changes to support the continuation of programs with other grant dollars. Such evaluation could also be used for additional grant funding to support programs as required. Technical assistance under the quality strategy initiative will be designed to ensure that existing state program administrators can maintain and plan for future investments. ~~and data analysts can keep data up to date following the completion of the funded project.~~

Success Metrics

- Number of Medicaid members served in new pilot models
- ~~Reduced number of preventable ED visits and inpatient visits among members served in new pilot models~~
- Number of Medicaid members with LTSS that enroll in managed care
- Full implementation and compliance with CMS quality assurance requirement per 1115 waiver and 1915c quality requirements
- Number of HCBS enrollees whose services plans address assessed needs, risks, and personal goals

Assistive Technology and Remote Supports

Opportunity Statement

Technology can be leveraged to help support individuals with intellectual and development disabilities (I/DD), traumatic brain injuries, dementia, or physical disabilities, e.g., by keeping them safe, or helping them stay connected to the community at large. Technology can help people live on their own or age in place, have greater access to transportation, provide needed reminders for daily living activities, assist with medication management, and many other tasks and/or activities. Overall, the use of technology promotes independence and self-sufficiency.

Additionally, we can leverage technology to help aid individuals without the need for in-person staffing. Remote support uses two-way communication in real time, so the individual receiving the support can communicate with their providers when they need them. Remote supports services decrease the need for in-person staffing and have been successfully implemented in several states including Ohio, Minnesota, Indiana, South Dakota, Tennessee, and Wisconsin. By alleviating the need for in-person staffing for individuals who are able to benefit from remote supports, and who choose this option, we free up Direct Support Professionals (DSP) who can work with individuals with more significant needs who require more direct hands-on care.

During the PHE, many people learned how to use new technologies to stay connected with work, family, friends, and support services. The use of technology has allowed individuals to stay connected. In some cases, it has expanded their communities. This is a gain that cannot be lost post pandemic.

Spending and Project Planning Update for Assistive Technology as of July 14, 2023

Remote Supports Pilot Project

Work on this initiative is actively underway, though no funds have been expended. The Division of Developmental Disabilities (DDD) has been in the process of updating rates, which includes the addition of new services such as remote supports. The 1115 Global Demonstration Waiver Extension was also updated to include remote supports as an HCBS service. This work was done not only in preparation of launching a pilot program, but more importantly to sustain this service moving forward.

The DDD is actively meeting with a small group of providers interested in offering these types of support services. The State is exploring opportunities to offer the services under residential, employment, and community-based support services. Having this service as an option will allow Rhode Islanders to remain independent longer and allow others to experience more independence while still having support when they may need it. The DDD and interested providers met on July 11 with two other states who have implemented this service, Massachusetts and Tennessee. This meeting provided information to assist in the planning process. These states are able to help guide RI through the areas or items that need to be considered when offering this service. It also helped to recognize where there may be challenges that need to be further developed upfront to alleviate any setbacks.

Additionally, there is work being done to develop a risk assessment and consent form for any individual wanting to access these support services. There will be discussions with anyone wanting to engage in this service to inform them about what it is and that they have the option to receive this service and/or to receive in-person supports. As more information is gathered and there is a more concrete understanding of exactly what is needed to implement remote supports, providers will begin to submit proposals to pilot this new service option.

Proposed Intervention & Theory of Change

Assistive Technology Fund

As originally communicated in the FFY Q3 2022 Spending Plan Narrative Update, this work remains a priority for the State. However, an alternative source of funding has been identified through the State budget process. Enhanced HCBS FMAP funding will no longer be dedicated to this project and, as such this section has been removed.

Technology Training

As originally communicated in the FFY Q3 2022 Spending Plan Narrative Update, this work remains a priority for the State. However, an alternative source of funding has been identified through the State budget process. Enhanced HCBS FMAP funding is no longer dedicated to this project.

Remote Support Services Pilot Project

Rhode Island will invest funding in a 2-year pilot project to develop a remote staffing model. The project will use a competitive process to acquire technical assistance, solicit proposals from stakeholders, and design, implement and evaluate two to three project proposals. As part of project evaluation, we will conduct a Medicaid rate review and identify legislative, regulatory, and system requirements that would need to change to support sustained implementation of successful programs.

As a component of this project, we will help to fund internet connectivity for the pilot participants in need of this support. Internet connectivity is a vital component of this project because remote supports cannot be delivered without it. These investments will help to directly enhance, expand, and strengthen the HCBS services we are able to deliver to Rhode Islanders. For example, Remote Supports allow people to live their lives more independently by providing them with assistance whenever needed and regardless of the setting (e.g., rural or urban, residential, community-based, or within their place of employment). This type of support also helps with HCBS workforce shortage issues. Allowing individuals who want more independence and are capable of managing this independence, the ability to choose Remote Supports in lieu of in-person supports, allows existing HCBS workers to be deployed where they are most needed and desired.

We intend to use this enhanced FMAP to fund a one-time pilot of remote supports. Additional funds will be needed to sustain this initiative over time. We will pursue State budget funds and other braided funding to accomplish this. There may also be opportunities to align and sustain this effort with the federal Affordable Connectivity program to bring broadband services to more households nationwide.

Sustainability

Experience from other states proves that expanding access to technology and remote supports is cost effective. When these supports are used to assist individuals, there is a decreased need for in-person staffing. There is a cost associated with acquiring the technology that will be used by individuals, but the technology can last for several years. The use of these one-time funds will allow us to learn more about what works so we can further define an effective strategy for the use of technology as it continues to evolve along with individual preferences and ability to utilize technology.

Success Metrics

- Number of individuals utilizing remote supports for independent living and employment
- Greater independence evidenced by individuals doing things for themselves without direct staff involvement
- Increased request for technological supports
- Increased online community memberships

Building Infrastructure to Expand Provider Capacity and Care Continuum

Initial Proposed Total Investment: $55M

Self-Directed Program Expansion

Opportunity Statement

A common theme in our ongoing stakeholder engagement work is the need to increase the number of workers providing HCBS services. Only 60% of licensed nursing assistants are currently employed as Certified Nursing Assistants (CNAs) indicating that many are leaving the healthcare industry. While our workforce proposals are inclusive of CNAs, we have an opportunity to grow our self-directed programs and support a different type of consumer and worker. Self-directed workers, known as Personal Care Aides (PCAs) or Independent Providers (IPs), need access to the same rewards as those that may work in a more traditional program, so that we can grow self-direction and self-determination in Rhode Island.

The service advisory agencies who help case manage and otherwise assist older adults and clients with developmental or physical disabilities in self-directed programs also need to be incentivized to keep up with increased demand and to support the growth of these programs more completely. During the PHE, many DD families shifted support services to a self-directed model. EOHHS also saw an increase of more than 150 workers in the LTSS self-directed model. We need to reevaluate how and what we pay the provider agencies with whom we contract to oversee these programs.

Finally, Rhode Island has built up its self-directed programs over time. With additional one-time support, we can review our overlapping programs and build consistency in them to make them more attractive to workers and more understandable to Rhode Islanders.

Spending and Project Planning Update for Self-Directed Expansion as of July 14, 2023

Funding for this project is yet to be encumbered; however, the State has discussed design options with Applied Self Direction (a national learning and advocacy collaborative, of which RI is a member of) and had exploratory conversations with State teams in Oregon, Minnesota, and New Jersey. The State continues to engage with interagency partners and stakeholders to more fully scope this project.

In June, the Rhode Island General Assembly enacted legislation in 2023-H 5991, Substitute A, as amended, merging our Independent Provider program into the Personal Choice program so that the State has a single self-directed program. The new program will be called the Personal Choice Program for Direct Support Services. The State is currently identifying the regulatory and operational changes needed to comply with this legislation and will begin implementing such changes in the coming weeks. Upon

completion of these efforts, the State will identify impacts of the merger on this HCBS E-FMAP funded project and request CMS approval for any adjustments, if needed. Further updates are expected to be included in the next narrative submission for FY 2024 Q3.

Proposed Intervention & Theory of Change

We propose investing in our self-directed programs to expand the workforce and increase utilization of these programs. This should include conducting a policy and rate review for the current array of self-directed programs with the intention of enhancing the self-directed model of care, including Personal Choice, Independent Provider, Shared Living, DD Self-Directed Programs, and the Office of Healthy Aging (OHA) case management program. This review should include an analysis of how service advisory agencies (SAs) and fiscal intermediaries (FIs) are paid across programs with the intent of creating consistency across programs, ensuring rates are set appropriately to support services, and ensuring service advisory agencies are compensated in some way for clients who receive advisory or application assistance services, even if they ultimately decide not to participate in a self-directed program.

To act as a bridge to new rates, we will also utilize enhanced FMAP to invest in service advisory agencies so that they can expand services and better support self-directed programs. Additionally, enhanced FMAP funds will be used to incentivize new agencies to certify with Medicaid to be Service Advisement Agencies.

These investments will also include alignment with our No Wrong Door and broader workforce outreach initiatives to conduct a public information campaign on self-directed model of care. Such a public information campaign will make special emphasis on equity and target communities of color. We also aim to focus our outreach and recruitment efforts on areas of the State where home health care services are the least accessible and conduct targeted outreach to the community to inform them of PCA registry opportunities.

As noted earlier, this project scope may be amended in a future narrative submission to CMS based on the implementation of RI 2023-H 5991, Substitute A, as amended. Significant progress on this project is on hold until we comply with State legislative requirements and assess impacts to this proposed project.

Sustainability

We will use enhanced HCBS FMAP funds to support the development and implementation of these proposed initiatives, while pursing policy and rate changes to sustain these programs over the longer-term.

Success Metrics

- Increased number of service advisory agencies and fiscal intermediaries available to support the self-directed programs
- Increased number of PCAs enrolled in the Registry to be accessible by enrollees of our Independent Provider or Personal Choice self-directed programs
- Increased percentage of overall HCBS clients receiving self-directed services
- Increased number of HCBS BIPOC clients receiving self-directed services

- Rhode Islanders are able to quickly and easily access clear information on the array of self-directed services available to them, and how to access these services
- Greater support to empower individuals to manage self-directed services

I/DD Provider Capacity Enhancements

Opportunity Statement

Individuals in the adult I/DD service system want to have access to more service model options to meet their goals. The current service infrastructure for self-directed programs and provider agency programs needs to be transformed to better meet the desires, preferences, and needs of the individuals who rely on these supports.

With enhanced HCBS FMAP funding, we have an opportunity to help providers establish high quality employment supports, expand integrated community-based supports, support community mapping, and enhance program access and quality through the use of technology. We will solicit transformation ideas from DDO providers through a proposal process and disseminate funds to support the implementation of these ideas through a grants approach.

Spending and Project Planning Update for I/DD Provider Capacity as of July 14, 2023

Transformative Change Models

In FFY 2022 Q4, $4 million was dispersed to 29 Developmental Disability Organizations (DDOs) selected through an application-based grant process. These funds will enable currently licensed DDOs to build capacity within their organizations by investing in recruitment, retention, and professional development efforts such as trainings focused on person-centered programming, employment trainings, community navigation and mapping, leadership development, mentoring, and use of technology. These activities will help providers acquire Direct Support Professionals (DSP) who will have the knowledge and skills they need to be successful in their positions, resulting in better service for those served by these provider agencies.

The DDO grantees are currently in different stages of implementation in their recruitment, retention, and professional development efforts. Further updates are expected to be included in the next narrative submission for FY 2024 Q3.

Recruitment & Retention. Many providers have invested their funding directly into DSP recruitment and retention efforts. Agencies have seen some level of success in offering referral incentives to identify new DSPs candidates and offering retention bonuses to existing DSPs. Although providers have seen an increase in hiring, most are still not at sufficient staffing levels. They have continued to encounter challenges due to a competitive market for a limited workforce. To further assist providers, the Division of Developmental Disabilities has contracted with a vendor to help providers strategize and implement solutions to stabilize the workforce, leveraging $900,000 in from all sources of funds (non-ARPA dollars).

Professional Development. Providers have ~~started to~~ purchased training materials and/or software licenses, set up online training opportunities, and some have engaged with a Subject Matter Expert to assist with training. At least ~~636~~ 1,066 employees from across agencies have attended some type of professional development training, some of the focus areas include community navigation and community mapping, employment supports, social justice, and person-centered programming. Activities are ~~planned~~ continuing with staff for the year ahead. Some of the focus has shifted from conducting the actual trainings to reinforcing what staff have learned through the trainings. In surveys conducted to-date to assess the efficacy of implemented trainings, many respondents cited an improved ability to meaningful engage with the individuals they serve, and feel more equipped to assist individuals in making connections within their community of choice. ~~For example, one agency reported the continued training helped their staff to not only assist one individual in connecting with a community organization aligned with her interests, but also to secure employment with the organization. Another agency shared the training helped their staff to assist an individual with complex behaviors begin martial arts classes which had a positive impact upon his level of communication, his behaviors, and his willingness to be around others.~~

Increased Capacity. Providers have also seen an increase in hiring and retention rates. A reported 332 new hires occurred because of the activities related to this funding. Providers have been able to provide bonuses for new hires and for retention, and some have helped with tuition. Due to the staffing increase, the number of individuals that providers can support in the community has also increased. For example, one provider was able to begin supporting an individual who had lost his father and was expressing his grief through unsafe behaviors toward his mother and brother. Once the individual began receiving supports, he was able to access the community and began making friends; family and staff report his behaviors have decreased significantly. Another provider was in a difficult situation because one individual they provided employment supports to needed 1:1 services to continue building his skill set. The provider also needed to support others in their job search. The provider was able to hire another job coach to support that individual with 1:1 supports and he is on his way to securing employment.

This funding has not only helped individuals, but it has helped the staff as well. There has been a decline in staff turnover as they report feeling better equipped to perform the tasks related to their job. Staff have been afforded the opportunity to engage in supported employment training and some DSPs have moved on to become Job Coaches. Providing DSPs with a career ladder is important to the workforce vested in this field.

Proposed Intervention & Theory of Change

Transformative Change Models

This grant program aims to incentivize providers to improve their practice models by providing access to tools and technology designed to improve access to, and quality of, integrated community day and employment support programs. This proposal will be in parallel to a significant rate increase enacted by the Rhode Island General Assembly in our recently passed budget for the current state fiscal year. Through provider transformation we aim to:

- Improve access to high quality integrated community day and employment support programs;
- Enhance service delivery models to focus on person-centeredness and the supports consumers need to live meaningful lives within the community of their choosing;
- Strengthen provider infrastructure and practice models to ensure an efficient, sustainable service-delivery network; and
- Improve the system's ability to prepare for improved outcomes through value-based payments and other contractual structures.

Effective integrated day and employment practices can only thrive in organizations where a clear focus, set of values, and infrastructure are present. A comprehensive transformation initiative must address the development of new business models that focus on priorities such as organization goals, culture, job placement process, communications, fiscal and staff resources, professional development, customer engagement, quality assurance, and community partnerships.

Technical Assistance

As noted in prior submissions, this work remains a priority for the State. However, an alternative source of funding has been identified through the State budget process. Enhanced HCBS FMAP funding will no longer be dedicated to this project.

Sustainability

The State is leveraging braided funding to advance this crucial I/DD system transformation work. In addition to the HCBS E-FMAP investment described above, the Legislature approved a rate increase for SFY22 ($39.7M) and SFY23 ($35.6M) to assist with recruiting and retaining a qualified workforce. There was $12M allocated for Transformation activities (of this, $4M is from ARPA funding and disbursed in SFY22; $6M in All Funds are expected to ~~and will~~ be disbursed ~~in~~ by the close of SFY23; and $2M is General Revenue), with an additional $2M in All Funds for Technology appropriated (of this, $1M was disbursed in each SFY22 and SFY23). Funding was also allocated for vendor contracts in SFY22/23 including $102,200 for a technology expert/training, $900,000 for assistance with the Statewide Workforce Initiative, and $490,875 for Rate Methodology review and development work.

Success Metrics

- Increased percentage of consumers engaging in person-centered services
- Individuals receiving I/DD services who indicate they had choice
- Individuals receiving I/DD services who indicate they are meaningfully engaged
- Individuals receiving I/DD services who indicate they are supported in activities that support their employment, leisure, spiritual, social, and educational goals
- Employment that is customized to the individual
- Providers diversity revenue streams to promote flexibility
- Increased inclusion, equity, and diversity in programming and hiring practices

Nursing Facility Transformation

As originally communicated in the FFY Q3 2022 Spending Plan Narrative Update, the State is no longer working on developing this initiative. In our letter to CMS dated September 14, 2021, we acknowledged that "payments solely for the purpose of reducing nursing facility bed size and/or capacity are not approvable under ARPA section 9817". As such any references to a bed buyback program have been removed from this document. We are seeking alternative funding sources to pursue the policy goals laid out in this area.

Assisted Living Expansion to Serve Medicaid Members

Given time and funding constraints, the State is no longer considering this initiative. Expanding assisted living opportunities for our Medicaid members remains an important issue. If assisted living residence (ALR) providers remain interested in a similar program, EOHHS may pursue alternative funding, such as through a state appropriation, in the future.

~~**Opportunity Statement**~~

~~Assisted living residences (ALRs) offer a community-based 24/7 supportive living option for people who do not require the level of skilled care provided by nursing facilities. However, access to assisted living for low-income Rhode Islanders is substantially limited, as many providers either do not participate in the Medicaid program or severely restrict the number of placements available for Medicaid LTSS beneficiaries.~~

~~There are a growing number of Rhode Islanders who could be safely served in an ALR but are unable to gain admission to these types of LTSS settings and therefore remain in higher cost institutional settings. According to Kaiser Family Foundation, only 15% of Rhode Island's assisted living residents are on Medicaid; whereas well performing states on LTSS rebalancing measures have more than 25% of assisted living residents on Medicaid. Further, according to the American Health Care Association, Rhode Island's ratio of Medicaid nursing facility residents to assisted living residents is 10.9. The national average is 5.53.~~

~~**Spending and Project Planning Update for Assisted Living Expansion as of January 17, 2023**~~

~~No funds have been encumbered or spent for this project to date. We continue to engage with stakeholders to scope this project more fully and to prepare for implementation.~~

~~**Proposed Intervention & Theory of Change**~~

~~**Assisted Living Expansion Grants**~~

~~The Assisted Living Expansion initiative will provide funding to Assisted Living Residences (ALRs) to expand capacity subject to the condition that they reserve beds for Medicaid eligible residents and more generally take a meaningful step toward making ALR options more accessible and more affordable for all Rhode Islanders. EOHHS will make grant funding available as an incentive to ALRs to attain initial Medicaid LTSS~~

~~certification, and to those ALRs already certified who make a commitment to serve a certain number of Medicaid beneficiaries on an ongoing basis.~~

~~EOHHS attempted a similar ALR expansion program using Coronavirus Relief Funds (CRF) in 2020, but the program was ultimately unsuccessful, and no grants were distributed. The three primary reasons for lack of interest from RI ALR providers in the prior program were: (1) Assisted Living (AL) Medicaid rates were not sufficient; (2) the incentive program was insufficiently funded; and (3) given the tight timelines under CARES act for the use of the funds, there was limited provider engagement. Based on these learnings, we propose to redesign this important program by drawing on the lessons of the last year. As a starting point, the General Assembly recently adopted EOHHS-proposed ALR rate reform that ties rates to tiered acuity. We will also begin by actively engaging providers in the design/development of the program details and requirements to get them on board earlier in the process. In addition, we plan to have opportunities for a more substantive funding commitment.~~

~~Funding will be distributed to eligible ALRs who agree to increase access for low-income Rhode Islanders who need LTSS in a safe, supportive environment but without the level of skilled care provided by an institution. Grant funding will be awarded upon proof of Medicaid certification for newly certified ALRs. Additional grant funding will be made available to facilities who commit to increasing the number of Medicaid beneficiaries served. Grant funding will also be used to incentivize certain outcomes, to be developed in conjunction with industry stakeholders, such as supporting underserved populations or adopting cultural sensitivity training.~~

~~ALRs may use grant funding to defray costs of obtaining certification and setting up new programs, processes, and outreach for Medicaid beneficiaries. ALRs will be encouraged to establish processes for timely and frequent connection to local nursing facilities and hospitals to encourage transitions of care that either avoid or minimize nursing facility stays. Providers will also need to establish new processes for classification of Medicaid eligible AL residents in accordance with the new Medicaid tiered rate structure to enable facilities to accept and support populations with higher acuity.~~

~~The State has prioritized implementation of a state budget initiative to implement a tiered rate reimbursement structure for Assisted Living Residences. Since November 1, 2021, all Assisted Living providers received an increase in baseline funding. Effective February 1, 2022, Medicaid-enrolled Assisted Living Providers can apply for a higher tier certification, which will allow them to get additional payments for more clinically complex Medicaid residents. We anticipate picking up this initiative after the reimbursement structure is fully implemented in the Summer of 2022, as funding allows. The SFY22 Assisted Living Tiered Rates initiative maintained or increased provider rates, as compared to April 1, 2022. This was budgeted and paid for outside of HCBS E-FMAP funding and there will be no efforts to decrease these rates.~~

~~Sustainability~~

~~This initiative will provide one-time funding to incentivize initial Medicaid LTSS certification of ALRs and increased ALR participation in the Medicaid program and promotes public health and safety in our post pandemic environment as it promotes independent living. Ongoing payments for Medicaid beneficiaries in ALRs will be part of the regular Medicaid program and will not require ongoing additional initiative funding. In addition, having ALR placements available to Medicaid beneficiaries as an alternative~~

~~to congregate settings and more expensive nursing facility settings will result in long term savings for the Medicaid program.~~

~~**Success Metrics**~~

- ~~Increased number of Medicaid LTSS certified ALRs~~
- ~~Increased number of Medicaid beneficiaries in ALRs~~
- ~~Decreased ratio of Medicaid nursing facility residents to assisted living residents~~

Building Traumatic Brain Injury Capacity In-State

Opportunity Statement

Currently, the State has a Traumatic Brain Injury program that provides services through two different pathways. One allows for individuals with a traumatic brain injury (TBI) or acquired brain injury (ABI) to reside in one of three homes that provide residential support and ongoing habilitative services (HAB), the other allows for personal care type services to be provided in a home or community setting by either a nursing agency or one of the DDO's which provides a direct service worker. Pre-pandemic, the community resident was also able to receive day HAB through a licensed community rehabilitation facility which has since stopped its day program for adults. The current design of the program does not address a continuum of care for individuals with a TBI/ABI and relies heavily on placements in residential settings. Due to the limited number of in-state beds, Rhode Island must sometimes rely on out of state placements to meet the needs of its members. Another challenge of the current program design is that eligibility is limited by the need to have a "Hospital Level of Care" which may prevent individuals from accessing services which are beneficial to them.

Rhode Island will utilize enhanced HCBS FMAP dollars to increase and diversify the services to individuals with TBI/ABI within their community of choice. Creating a program that provides community based rehabilitative services and supports, at increasing acuity levels, the state may lessen the need for long term residential placements in state and out of state (at a cost of $1000 per day minimum.) Out-of-state placements create a problem for case management and oversight of the provision of services.

Spending and Project Planning Update for Traumatic Brain Injury Capacity as of July 14, 2023

No funds have been encumbered or spent for this project to date. We continue to engage with stakeholders to scope this project more fully and to prepare for implementation. Further updates are expected to be included in the next narrative submission for FY 2024 Q3.

Proposed Intervention & Theory of Change

As originally communicated in the FFY Q3 2022 Spending Plan Narrative Update: The State has struck the potential intervention of Specialized LTSS Residences because enhanced HCBS FMAP funding will not be utilized to incentive specialized nursing facility beds. This is still a strategy the State is interested in pursuing if alternative funding sources become available.

Utilizing enhanced HCBS FMAP dollars, we conduct the interagency planning, rate review, and system enhancements required to expand the Habilitation program to include the following services:

- **Cognitive Rehabilitation Services**: services provided in a home or community setting where the skills will be used to maximize the functioning and success of the individual.
- **Outpatient clinic/Day program:** specializing in rehabilitation therapy and additional services such as counseling, behavioral supports, activities.
- **Support to the TBI Association of Rhode Island:** For increased accessibility to support groups and resources for Individuals with TBI/ABI and their families.
- **Funding for a Project Manager/ Consultant:** Consultant will lead interagency project management and will research other state programs to recommend best practices.

Sustainability

This initiative would need to have funding in future budgets, but we anticipate that costs will be offset by savings from maintaining individuals in lower cost community-based settings in Rhode Island. Additionally, providing intense therapies in a timely manner to individuals with TBI/ABI increases the possibility for a more successful recovery with hopefully less dependence on services.

Success Metrics

- Decreased number of individuals who are seeking out of state placements
- Increased number of individuals able to return to a pre-injury level of functioning or return to work or employment with supports
- For those needing continued supports, increased number of individuals receiving those services in the least restrictive settings
- Increased numbers of individuals moving from most restrictive to least restrictive service provisions

Expanding Preventive and Community Children's Behavioral Health Services

Opportunity Statement

Children's behavioral health needs, while growing prior to the public health emergency, have been exacerbated in Rhode Island by the stresses of COVID-19. Recent data from Rhode Island Kids Count found that calls to RI Kids Link, a Rhode Island hotline on children's behavioral health, increased 22% in 2020 during the PHE.

Navigating the children's behavioral healthcare system in Rhode Island can be daunting. Particularly when a child experiences a behavioral health crisis, parents may not know what to do, or who is available to help meet their child's needs. One reason for these challenges is that our current system is siloed, with responsibility for children's behavioral health services fragmented across different state agencies and too often carried out in more restrictive programs than necessary. This makes it difficult for the system to deliver effective behavioral healthcare to all Rhode Island children. For children and families of color, structural racism makes the challenge of getting appropriate services for their needs even more difficult.

Rhode Island's system, like many others, also faces workforce deficits. These deficits predate the COVID-19 pandemic and have only grown more acute since its onset. Systems related gaps include critical

workforce shortages in key areas of behavioral health including among psychiatrists, mid-level practitioners, and entry level workforce resulting in widespread, high levels of turnover or position vacancies among the network of behavioral healthcare providers. In addition, immigrants and people of color (particularly Latinx Rhode Islanders) are significantly under-represented among clinicians, which diminishes capacity to provide culturally and linguistically competent care.

EOHHS, our partner state agencies (i.e., BHDDH, DCYF, RIDE, and RIDOH), community members, and stakeholders have been working to create a newly updated Children's Behavioral Health System of Care for children and adolescents since the summer of 2020. The System of Care proposal is united here with interventions for transition-age youth especially for the populations at highest risk due to illness and structural racism. Our overarching goal is to develop a culturally and linguistically competent aligned system, with the immediate focus on developing a crisis continuum of care for children experiencing a behavioral health crisis, focused on care at home and in the community rather than in more restrictive settings. There is a pressing need to address the psychosocial and mental health needs of vulnerable children and adolescents and to remove racial and ethnic disparities in children's mental health services. The COVID-19 crisis has led to short term as well as long term psychosocial and mental health implications for children and adolescents; expanding access to services to support children's mental health is critical.

The State continues to work on exactly what funding is necessary from this enhanced HCBS FMAP opportunity to support the Children’s System of Care. The plan prioritizes the below program proposals as follows. All initiatives have been approved by CMS as eligible for enhanced HCBS FMAP.

1) Establishing statewide Mobile Response and Stabilization Services (MRSS) to ensure children and youth are able to quickly access help when needed.
2) Ensuring alignment of this MRSS system with the new statewide 988 behavioral health hotline, as a single point of access for care – and ensuring that there is also No Wrong Door for accessing treatment.
3) Expanding the home and community-based service array, to fill treatment gaps, to ensure children and youth who are referred for services through Mobile Response have a place for ongoing treatment and receive these supports in a timely manner.
4) Expanding care coordination to turn separate programs into a comprehensive system of support.
5) Implementing a temporary rate increase for First Connections providers to reflect current operating cost needs and to ensure program strength. This First Connections investment was added to the State Spending Plan in FFY2022 Q4 after a critical and urgent need for additional provider funding was identified to keep this vital home-visiting prevention program afloat beyond June 30, 2022. It is the State’s desire to fund additional preventive services, if possible, at a later time.
6) ~~Expanding use of the State’s community referral platform (CRP), Unite Us, to providers throughout the Children’s Behavioral Health System of Care. This platform helps physical and behavioral health providers make referrals for Social Determinants of Health (SDoH) services.~~

Spending and Project Planning Update for Children’s Behavioral Health Services as of July 14, 2023

In the past year, the State has continued to move forward significantly with implementation of many of the projects above, via an interagency and stakeholder-engaged approach. This has been critical, given the rising numbers of hospitalizations due to RSV, flu, COVID, as well as behavioral health challenges.

Mobile Response and Stabilization Services (MRSS) and Single Point of Access

After a competitive Request for Proposals process, the State has contracted with two children's service providers to kick off our Mobile Response and Stabilization Service (MRSS) project. Family Service of Rhode Island and Tides Family Services became eligible to provide mobile crisis services on November 17, 2022. The providers are receiving referrals from a set of school districts with significant needs for children's behavioral health and from hospital Emergency Departments struggling with overcrowding because of the confluence of RSV, the flu, COVID, and behavioral health challenges.

The organizations' clinicians meet with the youth and a caregiver to assess for safety and collaborate with their school and other providers to create a comprehensive plan to reduce the risk for hospitalization. Their clinicians can meet with the youth and their caregiver in their home, school, or office within two hours of referral, 24/7. At least one caregiver/guardian must be present and consent to evaluation. The evaluation process helps determine the appropriate level of care and directly links the youth to services. The providers offer short-term stabilization and case management for up to 30 days. Services are provided by experienced staff in both English and Spanish. Additional language support is available, as needed.

As of June 2023, the MRSS providers have served over 250 families. Data from the state's children's hospital and pediatric behavioral health hospital have shown that the number of children boarding in the children's hospital emergency department and waiting for beds at the behavioral health hospital have reduced.

As we have noted previously, we are working with the federally mandated 988 crisis line in the State to have them help with mobile crisis dispatch. BHDDH has received a grant that will allow the State to procure a dispatch system and we are beginning that procurement. MRSS is also identified as an evidence-based practice for mobile crisis under Rhode Island's plan for implementing Certified Community Behavioral Health Clinics.

Expanding the Intensive Home and Community-Based Service Array

In partnership with Medicaid, DCYF implemented $5.1M from all sources of funds to support a full-year provider rate increase and slot expansion to expand the HCBS service array, effective July 1, 2022. The State anticipates sustaining these changes for two years with HCBS E-FMAP, for a total investment of $10.1M. In tandem, the State has completed the contract amendments with providers to formalize their provision of expanded services and they are providing the expanded services now. Overall, DCYF-funded, home-based service providers have used the rate increases to offer more competitive salaries to fill high numbers of vacancies and then add additional slots to further expand the number of children and families served. Since July 1, 2022, the number of operational slots has increased by 17 ~~12~~ percent and the number of children and families served on a given day has increased by ~~14~~ 12 percent. Going back further, the number of operational slots has increased by 31 ~~26~~ percent since February 2022.

Expanding Care Coordination

Through this funding, we aim to expand our family-driven wraparound approaches to service planning and delivery through Family Care Community Partnerships (FCCPs) to ensure that services meet the family's and youth's identified strengths and needs.

DCYF has just expanded the current FCCP service rate to staff to begin addressing their workforce issues. EOHHS is investing $750,000 in FY23 and another $750,000 in FY24 to expand the FCCPs' available slots. This additional expansion of the State's contracts with FCCPs is enabling them to increase their capacity in serving families by up to 300 additional point-in-time slots. As of the most recent available statistics from April 2023, daily FCCP utilization had increased by 142 families, or 25% overall, since July 1, 2022.

One critical piece of this expansion is supporting the hiring process and workforce development. These dollars are also being used to pay for high-fidelity wraparound training for the FCCPs.

Expanding Preventive Services and First Connections

There is currently a critical and urgent need for additional First Connections provider funding. We expanded our collaboration with Medicaid to mobilize HCBS E-MAP swiftly to support a one-time, temporary infusion of funds to keep this vital home-visiting program afloat beyond SFY22, while the State works to identify and secure alternative funding sources to ensure its longer-term sustainability. We secured an additional $0.4M in All Funds thereby bringing the total allocated budget for this project from $1.1M to $1.5M, to reflect a full-year (as opposed to 9 months) provider rate increase to adequately support First Connections providers. Funding is available to First Connections providers and they are spending funding as expected.

EOHHS has been leading a legislatively mandated Infant and Early Childhood Mental Health Taskforce that has created the Rhode Island Infant and Early Childhood Mental Health Plan to improve the promotion of social and emotional well-being of infants and young children as well as to support screening, assessment, diagnosis, and treatment of mental health challenges for children from birth through age five with Medicaid coverage. Based on stakeholder feedback at each Task Force meeting, the state proposes continuing investments in children's preventive services with a focus on infant and early childhood mental health. EOHHS has allocated $3.0 million for these children and youth prevention activities, described below.

- **Professional Development Training**: As proposed in the plan above, EOHHS intends to support the provision of training to maximize our workforce's ability to serve children aged 0-5 to get the most out of preventative mental health services. EOHHS proposes to invest $1.5 million in one-time training costs, with the following priorities:
    - RI will support training and staff time costs to address social determinants of health, systemic racism and inequity, child poverty, and chronic stress on families with babies and young children. It will also train staff and providers in multiple settings where children and families seek services in Diversity Informed Tenets/Anti-Racist Practices, parent engagement and relationship building, and foundational IECMH competencies. Prioritize providers who serve populations experiencing adversity.

  - Build capacity within pediatric and family medicine to implement Infant/Early Childhood Mental Health preventive practices such as those included in models like Healthy Steps or DULCE to support parents and young children's mental health.
  - Provide mental health first aid training through schools, in partnership with the RI Department of Elementary and Secondary Education (RIDE). Youth Mental Health First Aid USA is an 8-hour course, which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

- **PediPRN:** Rhode Island has recently applied for two grants to support children's mental health funded by HRSA. The first is the PediPRN grant, which will support pediatric psychiatric telehealth consultation services; funding is $700,000 per year for three years. The State proposes use of $140,000 from HCBS E-FMAP funds to be used as the necessary 20% match for Year 1 of the proposal. The grant will provide psychiatric telehealth consultation services to primary care providers to help them support their patient's mental health. This will significantly expand the capacity of pediatric primary care providers to support mental health and mitigate some of the negative consequences of the mental health provider shortage in RI. The funding will specifically provide telephonic consultations, including recommendations for medical prescribing; face-to-face psychiatric evaluations, with return to the treating primary care practitioner for medication management; phone availability for ongoing collaboration; referral to other services based on the needs of the child or adolescent, short-term therapy to bridge children awaiting the appropriate behavioral health services. The funding will provide additional support training for primary care providers and other providers who care for children such as school personnel, childcare and home visitors. RI has an agreement for the second and third years of the match from Blue Cross Blue Shield of RI.

- **MomsPRN:** The second grant the State recently applied for is the MomsPRN grant, which will provide complementary services. MomsPRN requested federal funding totaling $750,000 for five years. The State proposes use of $75,000 from HCBS E-FMAP funds will be used as the required 10% match for the first grant year only. Funding will support psychiatric telehealth consultation to obstetric providers, as well as other providers who care for families with young children such as home visitors. The MomsPRN funding will also support workforce training, public health analysis, and program reporting. Workforce training will include not only physicians but also Doulas, Family Visitors, Early Intervention Staff, WIC nutritionists, community health workers, and others who serve BIPOC or underserved communities.

- **OB/GYN Learning Opportunities:** EOHHS proposes to address the need to integrate behavioral health support with physical health perinatal practices, through supporting Extension of Community Healthcare Outcome (ECHO) sessions and Learning Collaboratives for OB/GYN practices. These are series for 20 OB/GYN practices in each cohort that are supplemented with 9-month long quality improvement supports for select practices through an ongoing partnership with the Care

Transformation Collaborative of Rhode Island. We propose an investment of $300,000 for these learning opportunities.

Community Referral Platform

Upon further deliberation, the state proposes to remove the funding for the Community Referral Platform from the plan due to changes in strategic direction in coordination of social services.

Transition-Age Youth and Young Adults Services.

Upon further deliberation, the state proposes to remove the pilot program to support transition age youth and young adult services from the plan due to feasibility issues. References to this program are therefore stricken in the following section.

Proposed Intervention & Theory of Change

Mobile Response and Stabilization Services (MRSS) and Single Point of Access

See 'Children's Behavioral Health Single Point of Access' section above (pg. 15 & 16) for additional information.

Expanding the Intensive Home and Community-Based Service Array

Intensive Home and Community Based Services (e.g. HBTS/PASS). Our proposal for the System of Care is to expand Intensive Home and Community Based Services to remove wait lists for DCYF families and increase support to Medicaid families receiving Home-Based Therapeutic Services (HBTS), Personal Assistance Services and Supports (PASS), or Respite Services, and open services to all families served by the FCCPs. Investing in more appropriate care sooner can lead to a quicker recovery and cut down on longer hospital stays and help the State recover from reductions in staff due to the PHE, particularly for HBTS/PASS providers.

~~Transition-Age Youth and Young Adults Services. The period between adolescence to young adulthood can be difficult for many young people. Those with behavioral health conditions experience additional challenges, particularly when it comes to navigating several complex systems of services and supports. Further, individuals of transition age engage differently and require services that fit with the developmental and cultural needs of their age group. Services need to be holistic, prevention focused, and provided in a youth-friendly environment, with specifically addressing the fear, bias, and discrimination felt by people with behavioral health conditions, with staff competent to work with this age group. To maximize access to and engagement in appropriate services, we propose to pilot two "one-stop, multi-service hubs" dedicated to youth and young adults age 16 to 26.~~

Expanding Care Coordination

Within systems of care, children and youth with significant need/high risk behavioral health conditions require intensive coordination of services and supports. Many states use high fidelity wraparound as their care management model because traditional case management, MCO care coordination, or health home

approaches are not sufficient for children and youth with significant behavioral health challenges. In Rhode Island, the Family Care Community Partnerships (FCCPs) have employed the wraparound model since their inception in 2009. This has allowed for a care-planning approach that is individualized, comprehensive, coordinated across child-serving systems, culturally appropriate, focused on home and community-based care, and carried out in partnership with children and their families. Additionally, the wrapround approach works to reduce racial and ethnic disparities in the system.

We propose to expand our family-driven wraparound approaches to service planning and delivery through the FCCPs to ensure that services meet the family and youth's identified strengths and needs. Currently, state-contracted FCCPs provide wraparound services to approximately 700 families at a given point in time – and this proposal will expand that to serve the 1,000 families currently in need. FCCPs will also need to utilizing funding to show continued engagement with community-based organizations of color.

It is important to note that while DCYF holds the contract with the FCCPs, the services are offered to all Rhode Island children and are not specifically part of our child welfare system since this is a prevention initiative. In fact, only 3% of children who were discharged from the FCCP formerly enter the child welfare system within 6 months of discharge.

Expanding Preventive Services

Our stakeholder engagement has focused significantly on the importance of adding a much stronger prevention component to our children's behavioral health System of Care. This could include expanding Pediatric Integrated Behavioral Health Practice Transformation, among others.

One such program is First Connections, an optional state plan benefit. The service is a voluntary, short-term risk assessment and response Home Visiting program, implemented statewide by five community agencies. The majority of families are identified through a universal developmental screening done at birth. If a child/family is determined to be facing significant risk, they are offered a home visit that, if accepted, is provided by a multi-disciplinary team. Based on family need, any combination of a nurse, community health worker (CHW), and social worker may complete this visit. During the visit, the nurse screens the infant for development, provides health education and coaching, screens for maternal depression, and conducts a home assessment. The CHW may address basic family needs and a social worker may address mental health needs. Based on the results of the assessment, the team develops a plan for long-term services that have been shown to enhance child and family wellbeing. Families may be connected to food assistance, childcare, health care, parental mental health services, Early Intervention, and long-term home visiting services. First Connections visits are associated with on-schedule well child visits, better compliance with up-to-date immunizations, better compliance with lead screening, increased linkage to Early Intervention, and better engagement in the long-term family visiting programs. All of these prevention activities will help keep Rhode Island's children in better physical and behavioral health, contributing to a better quality of life and lower costs of care over time.

Community Referral Platform

As noted earlier, the state proposes to remove funding for this project. ~~See 'Children's Behavioral Health Single Point of Access' section above (pg. 15-16) for additional information.~~

Sustainability

The primary sustainability strategy for the Children's Behavioral Health System of Care in general and this HCBS in particular, is that instead of spending money on more expensive hospitalizations, Emergency Department (ED) visits, and other more restrictive care, we will focus on prevention, mobile crisis, and care coordination, with referrals to high quality and lower cost home and community-based care. We will track the reductions in spending for hospitalizations and residential care over time and work with the General Assembly to apply those to ongoing spending for enhanced services and necessary Medicaid or DCYF rate changes adjustments. Many of these programs above include one-time start-up costs to be funded by HCBS dollars, that may require rate adjustments in the future.

The State has been successful in the past six months with our pursuit of additional funding. We intend to sustain the program via a braiding of the following funds:

- EOHHS received the SAMHSA Children's Mental Health Initiative funding for MRSS and a new Community-Based Intensive Care program, with $10M in funding over four years. This funding will allow us to expand the number of children served – and will provide a new program that MRSS can refer to when children need more intensive home-based services.
- EOHHS has also successfully pursued $850,000 in Congressional Directed Funding for our MRSS program, thanks to the work of both Senator Jack Reed and Senator Sheldon Whitehouse.
- EOHHS and RI Medicaid continue to work with BHDDH and DCYF to implement the $30 million Certified Community Behavioral Health Centers (CCBHCs) Infrastructure Grants passed by the Rhode Island General Assembly in June 2022. Additionally, the General Assembly enacted a rate proposal for SFY 2024 on June 15 through which we intend to sustain MRSS long-term. Rhode Island applied for and did receive the SAMHSA CCBHC Planning Grant, which makes us eligible to apply for the next Demonstration Project. That funding would support long-term CCBHC implementation, and we are determining what else the state must do to be eligible for additional FMAP for these mobile services. ~~We are creating Cost Report guidance, Certification Standards, and a Certification Application. BHDDH and EOHHS also applied for the SAMHSA CCBHC Planning Grant, which we hope will lead to Rhode Island's ability to participate in the CMS CCBHC Demonstration Program and to receive expanded FMAP~~. The ~~CCBHC program will include a statewide Mobile Crisis component, for which we will apply for an 85/15 FMAP for three years.~~

Success Metrics

- ~~Results of standardized assessments for Rhode Island children and youth – provided through mobile crisis services and other home and community-based services and tracked through the Community Referral Platform (CRP) – will improve.~~
- Rhode Island will see fewer psychiatric and medical hospital admissions and ED visits, and less need for residential placement services.
- The balance of behavioral health spending will shift away from higher-cost restrictive services, toward home and community-based expenditures.
- Waitlists for in-patient services and children boarding at medical settings waiting for psychiatric care will reduce.

Expanding Preventative and Community Adult Behavioral Health Services

Opportunity Statement

EOHHS and our partner agencies propose to use the opportunity of HCBS investment as a catalyst for behavioral health service system changes to accelerate recovery from the pandemic and address exacerbated behavioral health issues. The onset of the COVID-19 pandemic further burdened the over-strained behavioral healthcare system. Emerging evidence strongly suggests that the pandemic has resulted in significantly increased behavioral health service needs. Increased rates of overdose fatalities, higher rates of reported substance use, increased feelings of anxiety and depression, COVID-19 related loss, and increased rates of behavioral health crisis and subsequent hospitalizations underscore this demand increase. Further, demand for behavioral health services is expected to increase substantially in the coming months as the "aftershocks" of the pandemic reverberate through Rhode Island communities, affecting many vulnerable populations disproportionately, including the State's Medicaid population.

For adults, the most critical needs right now to be addressed through various American Rescue Plan Act funding streams are the development of community-based behavioral health crisis services to avoid unnecessary hospital use and the targeted creation of additional treatment services. This proposal specifically addresses behavioral health system gaps, by incentivizing service providers' uptake of outcomes-based models and home and community-based services. In addition, BIPOC communities (particularly Latinx Rhode Islanders) are significantly under-represented among clinicians, which diminishes capacity to provide culturally and linguistically competent care.

Spending and Project Planning Update for Adult Behavioral Health Services as of July 14, 2023

The State will invest HCBS E-FMAP dollars to catalyze behavioral health service system changes to accelerate recovery from the pandemic and address exacerbated behavioral health issues. To this end, the State had allocated $2M through January 2023 to support the implementation of a statewide network of Rhode Island Certified Community Behavioral Health Centers (CCBHCs) program based on the Federal definitions within the Excellence in Mental Health Act, as described above.

While no funds have been encumbered or spent for this project in the past three quarters, the State is actively planning for project implementation. Additionally, the SFY 24 budget enacted by the General Assembly in June 2023 includes a total appropriation of $21.7 million from all sources to support the implementation of CCBHBCs beginning in February 2024, including $6.9 million from state general revenues. Of this amount, $1.4 million is from enhanced funding to support Home and Community Based Services. We continue to engage with stakeholders to scope this project more fully and to prepare for implementation In February 2023.

Proposed Intervention & Theory of Change

Certified Community Behavioral Health Centers and HCBS-Supportive Adult Behavioral Health

Funding will be utilized to implement a statewide network of Rhode Island Certified Community Behavioral Health Centers (CCBHCs) program based on the Federal definitions within the Excellence in Mental Health Act. The CCBHC program is designed to provide de-institutionalized, comprehensive behavioral health (i.e., mental health, substance use) and social services to vulnerable populations with complex needs across the lifecycle and will also host programs that support adults with less intensive service needs. CCBHCs are required to offer an array of services including but not limited to: (1) crisis mental health services, including 24-hour, mobile response teams, emergency intervention, and crisis stabilization; (2) screening assessment and diagnosis, including risk management; (3) patient-centered treatment planning within the least-restrictive and appropriate setting; (4) peer support, counseling, and family support services; and (5) inter-system coordination and connections (e.g., other providers, criminal justice, developmentally disabled, foster care, child welfare, education, primary care, community-based, etc.).

This investment will strengthen the RI HCBS Medicaid behavioral health care system by adding two additional CCBHCs and increasing the number of providers utilizing measurement-based care. It also provides us the opportunity to expand our knowledge about best practices in adult behavioral health system reform by creating two system transformation pilots and up to 10 Enhanced Service Pilots (such as primary care integration. While these investments may not all directly go to a CCBHC or an organization becoming a CCBHC, all will support behavioral health system goals aligned with creation of CCBHCs by strengthening the services that work alongside CCBHCs to efficiently place clients in the appropriate, least-restrictive setting, and/or will be integrated into CCBHCs as part of sustainability plans.

Sustainability

The State has been developing and pursuing a braided funding strategy to build and sustain a robust and quality statewide CCBHCs network. In the event Rhode Island benefits in the short-term from the passage of Federal legislation that expands E-FMAP beyond the existing 10 demonstration States, Rhode Island's model can be shifted to align with this new opportunity. Until then, the Rhode Island CCBHC programmatic model is being funded through braided funds (i.e., SFRF for infrastructure and capacity building and HCBS E-FMAP for initial rate sustainability). Long-term, the State will seek any Federal demonstration expansion opportunities or changes to Medicaid with a State Plan Amendment to sustain this initiative.

Success Metrics

- Number and percent of new clients with initial evaluation provided within 10 business days (and/or average number of days before all identified support services are initiated)
- Number of preventive screenings/referred interventions for tobacco use and unhealthy alcohol use
- Initiation of substance use disorder (SUD) treatment in indicated cases
- Physical healthcare screenings for CCBHC patients, with focus on blood pressure and diabetes risk
- Decrease in emergency department (ED) admissions/hospitalizations for CCBHC patients, i.e., Plan All-Cause Readmission Rate (PCR-AD) using Medicaid Adult Core Set
- Improved core physical healthcare metrics, i.e., blood pressure; diabetes incidence
- Improved housing status, i.e., residential status at admission to CCBHC after defined period of time
- Improved employment status, i.e., employment status at admission to CCBHC after defined period of time
- Improved treatment experience as determined by patient/family experience of care survey

Providing HCBS Services to Help Rhode Islanders Experiencing Homelessness or Housing Insecurity

Opportunity Statement

Rhode Island has seen a four-fold increase in street homelessness since the 2019 Point in Time Count. The Rhode Island Point in Time Count conducted on January 25, 2023, found that 1,810 total persons are experiencing homelessness in Rhode Island including 595 persons in families, 1,214 individuals, and 1 unaccompanied Youth. Overall, the number of persons experiencing homelessness increased 15% from the 2022 Point in Time Count (RICEH, 2023). The COVID-19 pandemic heighted the awareness of homelessness as a public health issue. The State's shelter system, already at capacity, was mandated to reduce beds by 146 to reduce shelter density. Consequently, ~~non-HCBS E-FMAP~~ ~~funded~~ interim non-congregate shelter programs funded by the state's Department of Housing opened, but these only provided temporary respite for the hundreds of Rhode Islanders experiencing homelessness. By the end of December 2022, these interim programs reduced capacity. Consolidated operations have sent many clients back to unsuitable congregate shelters and the streets. The need for additional supportive services and creative shelter support for persons experiencing homelessness persists into a new season, as the availability of temporary housing/shelter programs ebb and flow to address the changing needs of Rhode Islanders.

Providing immediate resources to assist with the acquisition of housing capital, support housing operating expenses, and expand the housing stabilization wraparound services needed to successfully keep individuals housed is critical to a comprehensive housing solution for the State. The State is addressing and preventing homelessness through the creation of permanent supportive housing and initiatives in the budget passed in June 2021 by the Rhode Island General Assembly. The State's HCBS E-FMAP investment is focused on the third component—wraparound services and community-based settings—to ensure wraparound service delivery for substance use and other medical services are made available for clients within the least restrictive and most appropriate community-based setting, in addition to capital and operating. Taking this approach has demonstrated housing retention, homelessness prevention, decreased substance use, reduced longer stays in treatment, improved quality of life, lowered health costs, and decreased justice system involvement.

Spending and Project Planning Update for Housing Insecurity as of July 14, 2023

The State has continued to scope the following projects and prepare for implementation using an interagency and stakeholder-engaged approach—including through the Health is Housing Collaborative led by the Rhode Island Coalition to End Homelessness (RICEH), the Rhode Island Continuum of Care (RICoC), and the newly formed Department of Housing. Planning is being done across the following five key areas related to housing wraparound supports to align with and enhance, but not duplicate efforts of the Department of Housing, COVID Long-Term Planning for Quarantine/Isolation (Q/I), Non-Congregate Settings, and Pay for Success:

1) Homeless Service Provider Workforce Recruitment and Retention [including homeless response teams] (*Summer 2023*) – Anticipated $100,000$600,000
2) Medical Respite (including Q/I) Pilot (*Winter 2023*) - Anticipated $920,000 $5.0 million
3) Managed Care Organizations (MCO) Incentives (*Under Evaluation*)
4) Public Housing or Resident Service Coordinators (*Summer 2023*) $1,000,000
5) Community Based SUD Housing (Fall 2023) $400,000
6) Unsheltered Supportive Services (Winter 2023) $500,000

Final budget allocations and timelines per project is contingent – in part – upon what passes in the SYF23, 24, and 25 future state budgets to avoid duplication and determine final priority ranking of initiatives.

Learnings from other ongoing statewide housing initiatives, such as Pay for Success, Q/I Facility Operations, Lifespan's Medical Respite pilot, the HEZ Housing Learning Collaborative, and the MCO Engagement in Rapid Rehousing of Non-Congregate Shelter (Hotel) Program, are also being used to inform finalization of these initiatives.

Homeless Service Provider Workforce Recruitment and Retention

For workforce recruitment and retention for homeless service providers, the State will partner with the Department of Housing and supplement funding to grow the workforce, specifically focusing on Rhode Island's home stabilization service providers, community health workers, peer recovery specialists, and clinical providers who deliver medical and behavioral health services in community-based settings such as shelters, encampments, and related venues. The overarching goal of the program is to strengthen and sustain workforce capacity in these areas through enhancing provider recruitment and retention efforts and improving EHR and IT systems and infrastructure for Medicaid reimbursement. The Department of Housing focuses on workforce incentives and capacity for related services through the Consolidated Homeless Fund for specifically homeless service providers. These initiatives will complement each other and provide solutions for the current and future needs of shelter and supportive service providers working with people experiencing homelessness.

The first phase of this initiative has been launched and four applicants tentatively awarded (see below). The increased allocation of $400,000 for this activity is result of organizations expressing interest in becoming certified home stabilization providers and billing for HSS, peer services, community health worker and clinical services in community settings. To support providers in developing infrastructure to bill Medicaid for these services long term, EOHHS will be launching a second initiative for providers who endeavor to become certified and begin billing Medicaid for the referenced services.

Phase 1 (Launched)

EOHHS has tentatively awarded 4 certified home stabilization providers with mini grants to enhance the quality and volume of home stabilization (housing navigation) services. Mini grants will be awarded after a period of pre-authorization analysis to determine the agencies' final award value. The certified home stabilization awardees will be permitted to use their funds for activities under the following categories:

- ***Retention Bonuses (25-75% of total award)***: Can be based on seniority, performance, equally distributed, or combinations of some or all three of these categories.

- ***Recruitment Bonuses (25-75% of total award)***: Dispersed after the new employee successfully completes the organization's probationary period.
- ***Professional Development (0-25% of total award):*** Providing a marketable professional development program, successful completion of which could lead to a financial incentive such as a salary increase or cash incentive.
- ***Job Fair (0-15% of total award)***: Costs Associated with a Home Stabilization Team Job Fair which will include targeting peer and underrepresented populations and may include application incentives.
- ***Part or Full*-time Consultant (0-25% of total award)**: Who may assess work culture and cultural competency of staff and the organization, assess possibilities of added fringe benefits with or without associated costs, and/or assess desired intrinsic and extrinsic rewards and values that the organization can utilize for hiring and retention purposes.

Efforts are planned to launch a second similar initiative targeted at agencies that are certified home stabilization providers or retain community-based clinicians for settings, such as shelters or encampments who become certified Medicaid provider(s) by fall/winter of 2023. This opportunity aims to enhance provider infrastructure and capacity to start billing Medicaid for home stabilization services, peer services, community health worker services, and clinical services in community settings within a year of receipt of funds. Evaluation and feasibility of this second initiative is ongoing.

Medical Respite (including Q/I) Pilot

Medical respite care (MRC) is acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from illness or injury on the streets but are not ill enough to be in a hospital. "Medical respite" is short-term community-based care that allows individuals experiencing homelessness the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing (National Health Care for the Homeless Council, 2021). This pilot will leverage existing, non-Medicaid funds for room and board by co-locating with the State's Quarantine and Isolation Facility and leverage HCBS E-FMAP to support the wrap-around services and capacity-building costs for medical respite. This pilot has been developed in alignment with the National Standards for Medical Respite Programs. Projected HCBS E-FMAP spending will support required components of MRC programs such as providing a safe, secure, and trauma-informed environment, client clinical care, and case management. Alternative sources of funding have been secured to support costs associated with rental of the MRC facility and associated utility/ operational costs.

The program launched in January 2023 and has incurred approximately $550,000 through June 2023. The six-month pilot budget was projected to be approximately $920,000, but actual cost will be slightly lower due to delays in program launch, which occurred in January. The program is in the process of being evaluated, but preliminary outcomes show high program demand and client satisfaction. Approximately 50 clients have been served since its inception. The program now has a capacity of 30 clients and has been extended for another period, July 1, 2023 through December 31, 2023, with an added HCBS E-FMAP

contractual budget of approximately $975,000. Expansion in programming to other areas of the state are being considered and planned.

MCO Incentives Pilot

As noted in the FY23 Q3 spending plan submitted in January, this project was under revaluation for continued feasibility and the associated description was stricken from the plan. After completing the evaluation, this project is no longer feasible due a delay in the State's reprocurement of MCO contracts.

Public Housing or Resident Service Coordinators (RSC)

Funds directed for this initiative are intended to support existing and newly developed public and private subsidized housing in supporting residents achieve better health outcomes through on-site service coordination. RSCs are instrumental in connecting residents to community-based programs that are proven to impact health outcomes. This initiative is planned to address issues identified when the public health crisis and housing providers came together to address the COVID-19 emergency, including a lack of access to the basic social determinants of health resources. Strengthening the public/private housing programs through expanding the number of RSCs will create enhanced opportunities for existing residents to retain their housing, prevent homelessness, and will offer property management agencies an additional tool to support clients who are moving from shelter to housing by ensuring individuals matched to units have the support to facilitate entry and maintain safe and appropriate housing.

This initiative is still being planned, but likely will be delivered via Health Equity Zone partnerships through the Rhode Island Department of Health. Rhode Island's Health Equity Zone initiative is a health equity-centered approach to prevention work that leverages place-based, community-led solutions to address the social determinants of health (SDoH). We believe certain Health Equity Zones will have interest in piloting resident service coordinators within their geographic communities of focus. No funds have been encumbered for this activity in the last quarter, we expect this program to launch summer- fall 2023. Implementation strategies will be drawn on from the recently implemented SASH (Supports and Services at Home) initiative that has launched in several Rhode Island communities. The model may focus on services coordination and clinical supports to enhance independence, quality of life and health outcomes. Additional information on implementation and budget will be included in a future submission.

Community-Based SUD Housing: Enhanced Lifeskill and Housing Navigation

As noted in the April quantitative submission, and after evaluation of community priorities, the model of this program has been modified to instead focus on delivery of supportive services in residential treatment and recovery home programs that may include life skills curriculum and housing navigation services to support client success post program discharge. Sustainability may be explored through leveraging State Opioid Settlement funding and or leveraging billable services such peer service delivery, home stabilization and community health worker services to sustain programming through Medicaid reimbursement. This initiative is being planned in partnership with the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH). Funds allocated for this activity have been reduced in order to meet the need of Medicaid beneficiaries and sustaining billable activities. Currently $400,000 is the allocation for this activity.

Unsheltered Supportive Services

Individuals experiencing homelessness often face complex challenges, including substance use disorders, mental health complexities, co-occurring conditions, and a heightened need for social supports and other services. Collaborative partnerships between shelter providers and supportive service providers can address these challenges more effectively by providing comprehensive support systems. By incentivizing shelter providers to collaborate with supportive service providers, we can enhance access to critical resources, improve outcomes, and increase the likelihood of successful transitions out of homelessness. The funds for this initiative will support partnerships between housing and shelter providers and social services to deliver services and supports to unhoused individuals. For clients to be most successful, we need to provide robust wrap around services and supports to improve health, social, and housing outcomes. Sustainability is being planned through partnering with the consolidated homeless fund through the Department of Housing and leveraging Opioid Settlement funds for continued support beyond the end of the HCBS E-FMAP period. This activity is estimated at $500,000 to launch Fall/Winter 2023 and sustain through March 2025. Additional funds have been reallocated to this activity to support case conferencing that may be necessary to support individuals in finding the most appropriate long term housing placements.

Olmstead Planning & HCBS Community Engagement

Consistent with the April quantitative submission, the State proposes use of HCBS Enhanced F-MAP funds for Olmstead (Olmstead v. LC) planning and for community engagement to inform home- and community-based services programs and continued sustainability efforts. Funds will be used to assess Rhode Island's ability to meet the needs of populations at risk of institutionalization, set goals for the development of home and community supports, and help the state coordinate services that reflect the needs and preferences of the community. The state proposes to allocate $0.9 million for this initiative, $350,000 more than our FY 2023 Q4 plan. The state is currently in the processes of securing contracted staff support and expects to begin this work in August 2023.

Proposed Intervention & Theory of Change

As originally communicated in the FY Q3 2022 Spending Plan Narrative Update: In compliance with CMS guidance, the State will no longer pursue the use of HCBS enhanced FMAP funds to pay for clients' room and board in either the Medical Respite program or the Community-Based SUD Treatment Pilot. As such, we have purposefully struck out any references to payment for room and board.

Homeless Response Teams

~~The homeless response team is based on the evidence-based practice of an ACCESS team and will consist of Outreach-based intensive case managers with a client to staff ratio of 10:1 coupled with peer recovery specialists, access to psychiatrists/psychiatric nurses and primary care doctors who will engage people in the setting where they are living: hotel/motel, community encampments, shelters or in their homes as individuals experiencing homelessness are housed.~~

~~The funding will support teams across the State who have strong histories in engaging individuals and families experiencing homelessness. The areas of focus will be Pawtucket, Providence, Washington~~

~~County, West Warwick, and Woonsocket. BHDDH applied for a Cooperative Agreement to Benefit Homeless Individuals in 2015, the grant was for 3 years, and we successfully housed over 150 individuals by using a similar model.~~

Homeless Service Provider Workforce Recruitment and Retention

Rhode Island has worked tirelessly to support Medicaid reimbursement for supportive service delivery in community settings including the following benefits:

- Home stabilization services,
- Peer recovery services,
- Community health worker services, and
- Clinical services (behavioral health and medical services) delivered by licensed clinicians in community settings.

The workforce recruitment and retention initiative will focus on improving workplace capacity, pay, infrastructure, and environment to recruit and retain highly qualified staff and improve organizational ability to maximize Medicaid reimbursement for successful long term service delivery.

Medical Respite

There is an immediate need for respite to allow individuals experiencing homelessness who have been discharged to the streets after being treated for health conditions such as burns, head trauma, sexual assault, or who are in need of assistance recovering from an operation or other medical conditions. A major Rhode Island hospital piloted an MRC program in the summer of 2021 and later established a permanent five-bed program that has started to demonstrate successful outcomes. However, the need for this type of program and support exceeds the existing capacity. Medical respite and recuperative care was included in Rhode Island's 1115 Medicaid Waiver extension request which was submitted in December 2022. This initial pilot funded by the HCBS E-FMAP funds could inform future MRC under the 1115 waiver if approved.

Public Housing or Resident Service Coordinators (RSC)

The RSC project will be delivered in the Health Equity Zones that are currently developing land and creating more affordable housing units. This intervention will include a resident service coordinator and a layer of clinical support, similar to the SASH model, to best support residents of these new housing developments. This initiative will build pipelines to permanent housing where clients will have the right services and supports long term as they transition from other State-funded projects such as Pay for Success, Medical Respite, and Recovery Homes/ Safe Landings, into permanent housing.

Community Based SUD Housing: Including Lifeskill and Housing Navigation

Individuals transitioning out of temporary placements such a substance use residential treatment and/or recovery homes/ safe landings oftentimes need help navigating and maintaining their transition to a permanent housing solution. This initiative will focus on ensuring individuals have the skills they need (such as nutrition and food management, home and self-care, money management), and home stabilization services to be able to live successfully independently. By providing these supports prior to

an individual's transition, we anticipate more individuals will transition out of these temporary programs, become stabilized, and allow for more individuals to enter the needed temporary treatment and recovery programs with shorter wait times. In addition, a component of the program will focus on supporting centers implementing lifeskills and housing navigation to sustain these activities through Medicaid reimbursement, so we anticipate this work will sustain beyond the HCBS E-FMAP period.

Unsheltered Supportive Services

Rhode Island, specifically the Department of Housing has committed to building more affordable housing units over the next several years. Today, however, 1,810 total persons are experiencing homelessness, including 334 unsheltered individuals (RICEH, 2023). Supports and services are needed specifically for an interim amount of time, while additional units are completed to avoid unnecessary death and suffering amongst people experiencing unsheltered homelessness in Rhode Island. Similar to last winter, which leveraged Opioid settlement dollars, we anticipate a need to bolster the supports available to unsheltered persons though providing warming stations, case conferencing, and behavioral health, medical and or wound care services to those without temporary shelter or permanent housing. We anticipate this will be a one-time need to bridge the period between now and the development of permanent affordable housing units and other supports that may become available in the future by the newly created Department of Housing.

Sustainability

Sustainability planning remains top of mind during scoping and planning of these sub-initiatives. For (1) Homeless Service Provider Workforce Recruitment and Retention, the intention is to align this with the Consolidated Homeless Fund moving forward beyond HCBS E-FMAP funded period and increase sustainability of services through Medicaid reimbursement. For (2) Medical Respite, this is being aligned with SFRF for capital and OHCD (Department of Housing) funding for operating with service provision through the MCO Program, Accountable Entities, and Commercial insurers for sustainability. For (3~~) MCO Incentives, sustainability of successes or lessons learned from existing collaborations may be pursued in future contracts and/or directives. For (4)~~ Resident Service Coordinators, sustainability plans are still being developed but are proposed to align with additional funding sources from the Department of Housing, as they are dedicated to developing the homeless and housing service provider workforce. For 4) SUD Lifeskills and Housing Navigation, providers will be provided technical assistance to learn how to leverage Medicaid reimbursement for sustainability of programing, and 5) Unsheltered Supportive Services are anticipated to fill a gap in services and housing as new units are developed and the newly created Department of Housing assesses future landscape and need in this area. The State will continue to research and explore additional opportunities to grow and strengthen the service provider workforce in RI, as well as funding opportunities to continue this work beyond the HCBS E-FMAP funding period.

Success Metrics

- Increased number of individuals who get housed
- Increased Medicaid utilization by individuals served
- Decreased number of hospital re-admissions
- Decreased number of households evicted
- Increased number of households provided housing navigation services
- Increased stability of housed homeless and disabled participating in the programs

- Increased number of households diverted from the homeless system

Investing in Oral Health

Opportunity Statement

The past year has shed a bright light on the health inequalities that exist in our state, and oral health was not exempt. The program proposed below offers a chance to put Rhode Island in a better place than before the COVID-19 pandemic, specifically with adult Medicaid populations living in home or community-based settings, such as those in senior housing, homebound and/or receiving home health services, and those transitioning out from skilled facilities where daily mouth care is an included service.

Individuals with functional deficits, either physical or cognitive, rely on others to provide supportive services such as hygiene and toileting. These individuals may also need help performing basic oral hygiene, regular inspection of their mouths, and scheduling for dental care. These activities are critical because vulnerable populations are often at greater risk for dental disease due to medications and diet changes. Additionally, poor oral hygiene among functionally dependent older adults is a key cause of aspiration pneumonia. If these individuals were in nursing homes, Certified Nursing Assistants (CNAs) would be responsible to provide daily mouth care per state and federal regulations along with assuring that routine dental care is available. For those living in the community, the same standards must be met, but this will require training and resources.

Spending and Project Planning Update for Oral Health as of July 14, 2023

The State has allocated $1.4M to support the following oral health initiatives: 1) A dental care in home health setting pilot, 2) Recruit, retain, and pilot the use of community-based public health dental hygienists through dental practice collaborative agreements to provide oral health services to Medicaid populations outside of the clinic setting, and 3) An emergency department diversion pilot program for individuals presenting for non-traumatic dental conditions. The following will identify the planned and approved activities, and the progress the State has made towards distributing funds allocated for these oral health investments.

Dental Care in Home Health Settings Pilot

The State allocated $0.5M to support this initiative. The following activities were approved to support the pilot: 1) developing an oral care training for home health professionals (including personal care aides, home health aides, visiting nurses, etc.) to provide them with the knowledge and skills needed to provide clients with general oral health information, routine mouth care and oral screenings, and to make referrals to dental treatments, 2) ensure the proper pay-for-reporting by participating home health providers, training participation stipends, printing and postage for the training and related materials, 3) essential technology supports such as mobile dental equipment for public health dental hygienists, and 4) provide incentives for community-based safety net dental clinics and oral surgery sites for patients using home and community-based services with dental needs beyond the scope of services a Home Health Assessment and/or Public Health Dental Hygienists (PHDH) can provide.

The State has made progress towards distributing the funds allocated for this initiative. The Community College of Rhode Island (CCRI) was identified as a state partner to plan, develop, and film the oral care training video for home health professionals. This partnership was finalized in December 2022 and funds for the development of this training will be distributed beginning in January 2023. The State began implementing the Home Health Training in the spring of 2023. RI has identified organizational partners (across home health, public health dental hygienist, and community-based dentistry providers) for the dental care in home health settings pilot and anticipates starting the pilot start in SFY24 Q1.

Use of Public Health Dental Hygienists (PHDHs) to Increase Dental Care Access

The State allocated $0.4M to support this initiative. The approved activities were to support the training of community-based public health dental hygienists (PHDH) to provide oral health services outside of the clinic setting and increase access to dental care to Medicaid populations.

The State has made progress towards distributing funds allocated for approved oral health investments. The partnership with Community College of Rhode Island (CCRI) was finalized in December 2022 and funds for tuition support will be distributed after the first cohort of applicants are identified. This cohort began courses in February 2023, with an anticipated completion date of June 2023. A second cohort began in June and a third is planned for late 2023.

Community-Based Care Alternatives for Dental Emergencies

In planning the above initiatives, the need for a third initiative to address the overutilization of emergency department (EDs) for non-traumatic dental conditions became clear. EDs have historically treated patient's complaints of mouth pain with an opioid prescription. Unfortunately, this course of treatment has helped fuel Rhode Island's opioid addiction and overdose crisis. Conversations with community partners and dental professionals have helped the State to identify an alternative system for emergency dental care with follow up community-based care will help prevent opioid addiction, misuse, and overdose.

Over 5,000 individuals present to EDs for non-traumatic dental conditions annually, with Medicaid Beneficiaries accounting for more than half of the cases. Most Medicaid-eligible Rhode Islanders are eligible due to a Modified Adjusted Gross Income that is below the federal poverty level. Individuals in this project will be referred to an applicable home and community-based services program based on their specific needs.

The State will use $0.5 million from HCBS Enhanced FMAP funds to plan, build, and implement the ED diversion initiative. The funds to support this initiative would be used to: 1) recruit, hire, and train public health dental hygienists (PHDHs) to function as ED dental care coordinators, evaluate patients, provide onsite-care, and make a determination for admission; 2) recruit dentists to be on-call for phone or telehealth consults; and 3) incentivize and facilitate getting patient care the next day by having a community-based system for emergency care, e.g., enhancing health centers' ability to manage emergencies by sharing an oral surgeon across health centers in the state, or providing supplements outside of the Medicaid to participating providers to manage last-minute, after-hours emergencies.

Individuals targeted for this activity would primarily receive case management and educational services, as listed in Appendix B. The program is a triage initiative, both for individuals presenting in the Emergency Department (ED) with dental emergencies, and for preventing individuals planning to go to the ED by using case management services. It is anticipated that most of the recipients of these services will be Medicaid recipients, with approximately 20-40% being either uninsured dentally or otherwise not Medicaid. This is based on analysis of ED data of individuals who go to the emergency room with dental crisis's, and data from Federally Qualified Health Centers (FQHCs) and their patient populations. This activity will benefit HCBS recipients by reducing the likelihood of need for hospital admission for dental infection. Community health workers and/or public health dental hygienists will provide case management services via telehealth and funds will be used for staffing costs and providing supplements to participating Medicaid dental providers.

The scope of the project is to develop effective strategies meant to divert patients with dental complaints from the ED, which will benefit all patient populations. The project will connect those individuals presenting to EDs to follow-up services with dental providers in HCBS settings. Data shows individuals presenting to the ED for oral pain likely have additional complaints related to behavioral health, recovering from substance use disorders, experiencing unstable housing, and other adverse social contributors to health. The case management component of this project will support these individuals and connect them to the related home and community-based services projects to address their specific needs and aims to prevent opioid addiction—which can have long-term health consequences including death, disability, and disease.

This project is expected to begin in the first quarter of FFY 2024.

Proposed Intervention & Theory of Change

Dental Care in Home Health Settings Pilot

To address the disparities in Oral Health Care access and improve health outcomes, Rhode Island will invest enhanced HCBS FMAP funding to formalize a Dental Provider and Home Health Partnership to increase dental care for homebound individuals. A training will be developed for home health professionals (including personal care aides, IPs, home health aides, visiting nurses, and others licensed in RI) that will include the following topic areas:

- General oral health information (i.e., why good oral health is important for these individuals)
- Mouth care and best practices for oral hygiene with different populations
- Oral Screening (how to identify any issues that may be developing)
- Referral to dental treatment or oral surgical treatment (possibly connect with Initiative 3 for a home visit from a PHDH)

This training will be available online. A coordinator will be hired to oversee the development of the training, coordination, and promotion of the training events and general oversight of the project and an evaluation will be completed to allow RI Medicaid to determine the benefit of sustaining the program. Program planning and implementation will be informed by a stakeholder advisory group. This group will assist with promoting the educational events and continued oral health prevention activities.

Use of Public Health Dental Hygienists (PHDHs) to Increase Dental Care Access

In tandem, the State will invest enhanced HCBS FMAP to leverage PHDHs to expand access to dental care in low-income senior housing or other HCBS-equivalent setting. This initiative will focus on recruiting trained PHDHs through the Community College of Rhode Island. The State will work with dental practices through the provision of technical assistance to understand and rectify barriers to creating collaborative agreements with PHDHs (including concerns related to malpractice dental insurance) to facilitate an increase in PHDHs practicing outside of a practice and instead in the community. A collaborative agreement is needed with a dentist for a PHDH to practice and receive reimbursement in Rhode Island. To do this, the State will invest in a shareable resource for portable dental equipment to make it easier for dentists and PHDHs who wish to expand services to priority Medicaid populations with access and functional needs, and provide services to those who are homebound. This type of investment includes a portable x-ray machine, delivery unit with compressor, laptop with capability to host a HIPAA-compliant dental record system and digital radiography, basic limited instruments and supplies—as well as ongoing maintenance.

The benefits to Medicaid members are numerous: i) Initial settings for this pilot will be senior housing, senior centers, and related HCBS-settings, as appropriate, that house a large proportion of Medicaid beneficiaries not receiving oral health and dental services. This initiative is needed, and supports moving away from institutional-based care; ii) Community-based beneficiaries have poor access to dental care as well as low uptake of preventive dental services. These can be homebound individuals and/or those for whom receiving care close to home creates greater opportunities for success. Using PHDHs, dentists can expand services in a novel way to reach these Rhode Islanders without needing to change practice hours, schedules, or obtain additional space; iii) This shared resource opportunity, paired with the benefits of operating outside the clinic walls with a new workforce allows for the prevention of severe oral health disease, unnecessary visits to the emergency department, over-prescription of opioids for pain management, and potential facility-based care. The COVID-19 pandemic has shown us that populations can be reached successfully where they live for preventive health care services.

Sustainability

Sustainability remains key for these initiatives. As such, (1) the Home Health Training will be created through a Dental and Home Health partnership to provide direct care to homebound individuals and is a one-time ask for funding as the training would be recorded and available for continued use. For (2) Enhanced Public Health Hygienist Provision of Community-Based Care, lessons learned from the development of collaborative practice agreements between dentists and public health dental hygienists will be documented and used for as the standard for expanding community-based oral health care moving forward. The future of adult dental care remains a continued priority for EOHHS and Medicaid.

Success Metrics

- Reduced hospital admissions for aspiration pneumonia among older adults
- Virtual trainings hosted for Home Health Professionals and dentist-led academic detailing visits at home health agency partners
- 75% of attendees of the in-person training and those who take the online modules, and their employer is a participant in the Dental Care in Home Health Settings Pilot, report using mouthcare techniques

taught and making referrals to dental care when necessary when provided a follow-up evaluation at 3 months, 6 months, and 12 months post training

Updating Technology to Better Serve Our Members

Initial Proposed Total Investment: $7M

Eligibility System~~, Network Adequacy, and Data Analytics Expansion~~

Opportunity Statement

The effective implementation of activities to strengthen and enhance Rhode Island's HCBS systems of care requires investment in technology infrastructure. Currently, the technology that supports these activities are siloed by agency and program, and many systems are antiquated, some dating back to 1997. Since our customers individual needs cross multiple programs and agencies, this infrastructure can lead to a customer providing the same information to multiple agencies. It also contributes to delayed eligibility determinations and limit our ability to develop meaningful dashboards and other analytic tools.

Rhode Island plans to leverage one-time enhanced HCBS FMAP to address these challenges through technology investments to streamline eligibility by building interfaces to link systems in a person-centered way, and improving data quality and analytics capacity.

Spending and Project Planning Update for Technology as of July 14, 2023

Thus far, a series of IT interfaces have been developed that will be implemented over the next six (6) months that will ensure the No Wrong Door (NWD) client information management system is connected to and shares information with both the State's integrated eligibility system and the MMIS.

As noted in the April quantitative submission, the updated plan removes the proposal to expand EOHHS' data analytics; improvements to the data ecosystem have occurred with other funding sources. It also removes the proposal for HCBS provider network adequacy as this work can occur outside of the HCBS E-FMAP plan. These proposals have therefore been removed from the following section; associated sustainability and success metrics have been stricken.

Proposed Intervention & Theory of Change

Streamline HCBS Eligibility – Expedite Access and Optimize Workflow

Determining LTSS eligibility and providing adequate and accurate coverage has been and is a multi-step process that involves a variety of parties including eligibility technicians, social case worker and clinical determination staff. A process of this complexity requires that each step of the way is completed by the responsible parties in a timely and accurate manner. A smooth transition without delays is critical in ensuring that clients in a home or community-based setting receive the care they need when they need it. Managing the nuances of this can be a challenging process. Without significant oversight and attention to detail, HCBS clients pose the risk of a delayed determination of their eligibility and access to the services they need.

We aim to update and streamline the overall workflow such that it is not only quicker to benefits for HCBS clients, but also simpler to manage with reduced overhead and long-term technology costs. This will be achieved through:

1. Complete a comprehensive analysis of the existing workflow process – this process will include stakeholders, staff and all associated third parties.
2. Develop and implement eligibility system design changes to expedited LTSS eligibility and update dual channel interfaces to improve communications between systems. Particular attention will be paid to how needs assessments are conducted and flow through the various systems (integrated eligibility, MMIS, case management, etc.) currently required in the eligibility and post eligibility process.

This work will supplement and add to the technology enhancements discussed in the No Wrong Door section of this proposal.

Sustainability

The majority of this investment in Medicaid technology is a one-time investment that will yield long term improvements for our HCBS programs. ~~The cost of upgrading our Power BI tool will be an ongoing expense, however the State expects that the savings achieved through the retirement of duplicative legacy systems will offset the costs of this enhancement.~~

Success Metrics

- Improved ability to track and process expedited LTSS applications in under 10 days
- ~~Completion of a dashboard to track HCBS network adequacy~~
- ~~Improved quality and quantity of demographic data, including race and ethnicity data~~

Stakeholder Engagement

EOHHS sought public comment on the types of activities that could be funded to enhance, expand, or strengthen Medicaid HCBS, as well as ways this funding could be used to address disparities and equity issues in the provision of HCBS. EOHHS is interested in distributing funding in line with our core values of choice, equity, and community engagement.

To gather opinions from all interested parties quickly and efficiently, EOHHS created and issued a survey to collect information that would lead to Rhode Island's proposal. EOHHS issued the survey on May 20, 2021 through June 2, 2021. The survey was circulated to the EOHHS Interested Parties list usually used for public comments on regulations and state plan amendments. We asked that recipients share the survey with others to get the widest range of input in a short period time.

The survey asked respondent to rate by level of importance each item in Appendix C and D of the CMS SMD on this funding opportunity, as well as provide free form comments.

Based on this survey, we received over 600 responses and comments from a wide range of stakeholders including direct care workers, family members, and staff from all type of organizations. For details on the type of respondent and the survey results, please refer to the link below on the EOHHS website. Based on the rating scale and the associated comments we pulled out four main themes:

1. Respondents outlined the need for increased training, salary, and supports (i.e. respite care) for caregivers and direct support workers.
2. Respondents requested additional community engagement opportunities for individuals with disabilities, including employment opportunities, and increased day service programs.
3. Respondents discussed the workforce shortage, difficulty hiring staff due to low wages, and long wait lists for home services.
4. Respondents also provided ideas related to new potential programs to be funded to improve the quality of HCBS services and develop innovative models of care to Rhode Islanders.

Based on these responses, and additional input from members and participants of the Long-Term Care Coordinating Council, the Equity Council, our Long-Term Services and Supports interagency team, the Children Behavioral Health System of Care workgroup, and other groups, we are pleased to submit this proposal for review and approval. Based on CMS feedback and approval, our planning and community engagement will continue, as we hope to ensure we are continuously reflecting the HCBS needs of our consumers while we focus on the long-term vision of our LTSS system. Our proposal, a summary of survey responses and future updates will be posted on the EOHHS webpage.