

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 24, 2020

Ben Shaffer
Assistant Secretary of Health and State Medicaid Director
Rhode Island Executive Office of Health and Human Services
Virks Building
3 West Road
Cranston, RI 02920

Dear Mr. Shaffer:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Rhode Island's request to update the Rhode Island Comprehensive Demonstration (Project Number 11-W-00242/1) with the Emergency Preparedness and Response Attachment K in order to respond to the COVID-19 pandemic. This has been incorporated into the demonstration's Special Terms and Conditions as Attachment K.

The authorities that the state has requested in the Attachment K are effective from January 27, 2020 through January 26, 2021, and apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

We have included the approved Attachment K pages with this correspondence.

If you need assistance, feel free to contact Kathleen O'Malley of my staff at (410) 786-8987 or by e-mail at Kathleen.OMalley@cms.hhs.gov.

Sincerely,

Judith Cash
Director

Enclosure

cc: Joyce Butterworth, State Monitoring Lead, Medicaid and CHIP Operations Group

ATTACHMENT K: Emergency Preparedness and Response

Background:

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

Appendix K-1: General Information

General Information:

A. State: Rhode Island

B. Waiver Title: Rhode Island Comprehensive Demonstration

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

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

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

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

The State of Rhode Island is experiencing a state of emergency due to the novel coronavirus disease. As of March 16, 2020, 20 individuals have received a positive diagnosis and over 2,000 have been instructed to self-quarantine due to direct contact with a person who has tested positive. In order to slow the spread of the virus, federal and state public health officials are encouraging “social distancing,” which means the entire State population has been affected by the need to reduce contact with others to the extent possible.

F. Proposed Effective Date: Start Date: 02/27/2020 Anticipated End Date: 02/26/2021

G. Description of Transition Plan.

During the state of emergency, EOHHS proposes to suspend in-person planning meetings for the duration of the novel coronavirus emergency and conduct the planning process through written, telephonic, and/or video conference as appropriate. EOHHS proposes to postpone for 6 months any service plan reviews for which the 12-month review period occurs during the novel coronavirus emergency, and conduct reviews remotely for those that are necessary due to a significant change in the individual's circumstances or needs, or at the request of the individual. For recipients of long-term services and supports, the level of care for enrolled participants is reevaluated at least annually. EOHHS proposes to postpone for six (6) months any level of care reevaluations for which the twelve (12) month review period occurs during the novel coronavirus emergency. Additionally, EOHHS proposes to conduct initial level of care determinations for institutional, home- and community-based care, and Katie Beckett via telephonic and/or video conference, as appropriate to the needs of the individual Medicaid member. Rhode Island will immediately instruct workers not to open reviews of level of care authorizations or person-centered plans, and to work with beneficiaries to schedule all person-centered plan meetings and level of care determinations for non-in-person settings.

H. Geographic Areas Affected:

Statewide

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

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

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

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

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

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

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

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

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

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

[Redacted]

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

i. ___ Temporarily modify provider qualifications.

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

[Redacted]

ii. ___ Temporarily modify provider types.

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

[Redacted]

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

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

[Redacted]

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

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

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

For recipients of home- and community-based services/programs, Early Intervention services, home-based therapeutic services, the Katie Beckett program, and other long-term services and

supports, the level of care for enrolled participants is reevaluated at least annually. EOHHS proposes to postpone for six (6) months any level of care reevaluations for which the twelve (12) month review period falls during the novel coronavirus emergency. If for any reason a reevaluation is needed during the State of Emergency, EOHHS proposes to use written, telephonic, and/or video conference methods to conduct the reevaluation, as appropriate for the individual beneficiary. EOHHS will only abbreviate such a reevaluation to the extent necessary to avoid face-to-face contact during the Emergency.

f. ___ Temporarily increase payment rates

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

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

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

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

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

In addition, due to the potential for reductions in staff capacity, EOHHS requests of waiver of the requirement to conduct reviews of person-centered plans at least every twelve (12) months. EOHHS proposes to postpone for six (6) months any service plan reviews for which the twelve (12) month review period occurs during the novel coronavirus emergency. EOHHS proposes to continue conducting reviews that are necessary due to a significant change in the individual's circumstances or needs, or at the request of the individual. These reviews will be conducted remotely, using written, telephone, and/or video conference communication as appropriate for the individual.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency

circumstances. [Explanation of changes]

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

[Specify the services.]

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

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

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

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

l. ___ Increase Factor C.

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

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

