

2018 -- S 2523

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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JOINT RESOLUTION

APPROVING A LEGISLATIVE ENACTMENT REQUIRED BY THE MEDICAID REFORM  
ACT OF 2008

Introduced By: Senators Felag, and Goodwin

Date Introduced: March 01, 2018

Referred To: Senate Finance

1 WHEREAS, The General Assembly enacted Chapter 12.4 of Title 42 entitled "The  
2 Rhode Island Medicaid Reform Act of 2008"; and

3 WHEREAS, A legislative enactment is required pursuant to Rhode Island General Laws  
4 § 42-12.4-1, et seq.; and

5 WHEREAS, Rhode Island General Law § 42-7.2-5(3)(a) provides that the Secretary of  
6 the Executive Office of Health and Human Services ("Executive Office") is responsible for the  
7 review and coordination of any Medicaid section 1115 demonstration waiver requests and  
8 renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan  
9 or category II or III changes as described in the demonstration, "with potential to affect the scope,  
10 amount, or duration of publicly-funded health care services, provider payments or  
11 reimbursements, or access to or the availability of benefits and services provided by Rhode Island  
12 general and public laws"; and

13 WHEREAS, In pursuit of a more cost-effective consumer choice system of care that is  
14 fiscally sound and sustainable, the Secretary requests legislative approval of the following  
15 proposals to amend the demonstration:

16 (a) Provider Rates - Adjustments. The Executive Office proposes to:

17 (1) Maintain in-patient and out-patient hospital payment rates at SFY 2018 levels.

18 (2) The nursing facility rate adjustment that would otherwise take effect on October 1,  
19 2018 will not exceed an increase of one percent; and

1 (3) Reduce rates for Medicaid managed care plan administration.

2 Implementation of adjustments may require amendments to the Rhode Island's Medicaid  
3 State Plan and/or Section 1115 waiver under the terms and conditions of the demonstration.  
4 Further, adoption of new or amended rules, regulations and procedures may also be required.

5 (b) Section 1115 Demonstration Waiver - Implementation of Existing Authorities. To  
6 achieve the objectives of the State's demonstration waiver, the Executive Office proposes to  
7 implement the following approved authorities:

8 (1) Upon meeting federal guidelines for the timely processing of applications, elimination  
9 of retroactive coverage for Medicaid beneficiaries, except for pregnant women and newborn  
10 infants, and promulgate rules, regulations, and/or procedures that establish criteria to provide a  
11 hardship exemption for eligible persons who have a significant need;

12 (2) Expanded expedited eligibility for long-term services and supports (LTSS) applicants  
13 who are transitioning to a home or community-based setting from a health facility, including a  
14 hospital or nursing home; and

15 (3) Institute the multi-tiered needs-based criteria for determining the level of care and  
16 scope of services available to applicants with developmental disabilities seeking Medicaid home  
17 and community-based services in lieu of institutional care.

18 (4) In the division of elderly affairs of the department of human services increase  
19 maximum income limit for copay program eligibility from two hundred percent (200%) of the  
20 Federal Poverty Level to two hundred fifty percent (250%) of the Federal Poverty Level and  
21 obtain federal financial participation for costs-otherwise not matchable for certain Medicaid  
22 dementia care services provided to otherwise ineligible participants in its copay program with  
23 income up to two hundred and fifty (250%) percent of the Federal Poverty Level who meet all  
24 other program requirements.

25 (c) Section 1115 Demonstration Waiver - Extension Request - The Executive Office  
26 proposes to seek approval from our federal partners to extend the Section 1115 demonstration as  
27 authorized in chapter 12.4 of title 42. In addition to maintaining existing waiver authorities, the  
28 Executive Office proposes to seek additional federal authorities to:

29 (1) Further the goals of LTSS rebalancing set forth in chapter 8.9 of title 40, by  
30 expanding the array of health care stabilization and maintenance services eligible for federal  
31 financial participation which are available to beneficiaries residing in home and community-  
32 based settings. Such services include adaptive and home-based monitoring technologies,  
33 transition help, and peer and personal supports that assist beneficiaries in better managing and  
34 optimizing their own care. The Executive Office proposes to pursue alternative payment

1 strategies financed through the Health System Transformation Project (HSTP) to cover the state's  
2 share of the cost for such services and to expand on-going efforts to identify and provide cost-  
3 effective preventive services to persons at-risk for LTSS and other high cost interventions.

4 (2) Leverage existing resources and the flexibility of alternative payment methodologies  
5 to provide integrated medical and behavioral services to children and youth at risk and in  
6 transition, including targeted family visiting nurses, peer supports, and specialized networks of  
7 care.

8 (d) Financial Integrity - Asset Verification and Transfers. To comply with federal  
9 mandates pertaining to the integrity of the determination of eligibility and estate recoveries, the  
10 Executive Office plans to adopt an automated asset verification system which uses electronic data  
11 sources to verify ownership and the value of the financial resources and real property of  
12 applicants and beneficiaries and their spouses who are subject to asset and resource limits under  
13 Title XIX.

14 In addition, the Executive Office proposes to adopt new or amended rules, policies and  
15 procedures for LTSS applicants and beneficiaries, inclusive of those eligible pursuant to chapter  
16 8.12 of title 40, that conform to federal guidelines related to the transfer of assets for less than fair  
17 market value established in Title XIX and applicable federal guidelines. State plan amendments  
18 are required to comply fully with these mandates.

19 (e) Service Delivery. To better leverage all available health care dollars and promote  
20 access and service quality, the Executive Office proposes to:

21 (1) Restructure delivery systems for dual Medicare and Medicaid eligible LTSS  
22 beneficiaries who have chronic or disabling conditions to provide the foundation for  
23 implementing more cost-effective and sustainable managed care LTSS arrangements. Additional  
24 state plan authorities may be required.

25 (2) Expand the reach of the Rite Share premium assistance program through amendments  
26 to the Medicaid state plan to cover all adults, ages nineteen (19) years and older, who have access  
27 to a cost-effective Executive Office approved employer-sponsored health insurance program.

28 (t) Non-Emergency Transportation Program (NEMT). To implement cost effective  
29 delivery of services and to enhance consumer satisfaction with transportation services by:

30 (1) Expanding reimbursement methodologies; and

31 (2) Removing transportation restrictions to align with Title XIX of Federal law.

32 (g) Community First Choice (CFC). To seek Medicaid state plan and any additional  
33 waiver authority necessary to implement the CFC option.

34 (h) Alternative Payment Methodology. To develop, in collaboration with the Department

1 of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH), a health home for  
2 providing conflict free person-centered planning and a quality and value based alternative  
3 payment system that advances the goal of improving service access, quality and value.

4 (i) Opioid and Behavioral Health Crisis Management. To implement in collaboration with  
5 the Department of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH), a  
6 community based alternative to emergency departments for addiction and mental health  
7 emergencies.

8 (j) Federal Financing Opportunities. The Executive Office proposes to review Medicaid  
9 requirements and opportunities under the U.S. Patient Protection and Affordable Care Act of  
10 2010 (PPACA) and various other recently enacted federal laws and pursue any changes in the  
11 Rhode Island Medicaid program that promote service quality, access and cost-effectiveness that  
12 may warrant a Medicaid State Plan amendment or amendment under the terms and conditions of  
13 Rhode Island's Section 1115 Waiver, its successor, or any extension thereof. Any such actions by  
14 the Executive Office shall not have an adverse impact on beneficiaries or cause there to be an  
15 increase in expenditures beyond the amount appropriated for state fiscal year 2019; Now,  
16 therefore, be it

17 RESOLVED, That the General Assembly hereby approves proposals; and be it further

18 RESOLVED, That the Secretary of the Executive Office is authorized to pursue and  
19 Implement any waiver amendments, State Plan amendments, and/or changes to the applicable  
20 department's rules, regulations and procedures approved herein and as authorized by chapter 12.4  
21 of title 42; and be it further

22 RESOLVED, That this Joint Resolution shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
JOINT RESOLUTION  
APPROVING A LEGISLATIVE ENACTMENT REQUIRED BY THE MEDICAID REFORM  
ACT OF 2008

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1           This resolution would establish the Medicaid section 1115 demonstration waiver requests  
2 and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state  
3 plan or category II or III changes as described in the demonstration, "with potential to affect the  
4 scope, amount, or duration of publicly-funded health care services, provider payments or  
5 reimbursements, or access to or the availability of benefits and services".

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