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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE -- LONG-TERM CARE  
SERVICE AND FINANCE REFORM

Introduced By: Senators Vargas, DiPalma, and Murray

Date Introduced: March 07, 2025

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1           SECTION 1. Section 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled "Medical  
2 Assistance — Long-Term Care Service and Finance Reform" is hereby amended to read as follows:

3           **40-8.9-9. Long-term-care rebalancing system reform goal.**

4           (a) Notwithstanding any other provision of state law, the executive office of health and  
5 human services is authorized and directed to apply for, and obtain, any necessary waiver(s), waiver  
6 amendment(s), and/or state-plan amendments from the Secretary of the United States Department  
7 of Health and Human Services, and to promulgate rules necessary to adopt an affirmative plan of  
8 program design and implementation that addresses the goal of allocating a minimum of fifty percent  
9 (50%) of Medicaid long-term-care funding for persons aged sixty-five (65) and over and adults  
10 with disabilities, in addition to services for persons with developmental disabilities, to home- and  
11 community-based care; provided, further, the executive office shall report annually as part of its  
12 budget submission, the percentage distribution between institutional care and home- and  
13 community-based care by population and shall report current and projected waiting lists for long-  
14 term-care and home- and community-based care services. The executive office is further authorized  
15 and directed to prioritize investments in home- and community-based care and to maintain the  
16 integrity and financial viability of all current long-term-care services while pursuing this goal.

17           (b) The reformed long-term-care system rebalancing goal is person-centered and  
18 encourages individual self-determination, family involvement, interagency collaboration, and

1 individual choice through the provision of highly specialized and individually tailored home-based  
2 services. Additionally, individuals with severe behavioral, physical, or developmental disabilities  
3 must have the opportunity to live safe and healthful lives through access to a wide range of  
4 supportive services in an array of community-based settings, regardless of the complexity of their  
5 medical condition, the severity of their disability, or the challenges of their behavior. Delivery of  
6 services and supports in less-costly and less-restrictive community settings will enable children,  
7 adolescents, and adults to be able to curtail, delay, or avoid lengthy stays in long-term-care  
8 institutions, such as behavioral health residential-treatment facilities, long-term-care hospitals,  
9 intermediate-care facilities, and/or skilled nursing facilities.

10 (c) Pursuant to federal authority procured under § 42-7.2-16, the executive office of health  
11 and human services is directed and authorized to adopt a tiered set of criteria to be used to determine  
12 eligibility for services. The criteria shall be developed in collaboration with the state's health and  
13 human services departments and, to the extent feasible, any consumer group, advisory board, or  
14 other entity designated for these purposes, and shall encompass eligibility determinations for long-  
15 term-care services in nursing facilities, hospitals, and intermediate-care facilities for persons with  
16 intellectual disabilities, as well as home- and community-based alternatives, and shall provide a  
17 common standard of income eligibility for both institutional and home- and community-based care.  
18 The executive office is authorized to adopt clinical and/or functional criteria for admission to a  
19 nursing facility, hospital, or intermediate-care facility for persons with intellectual disabilities that  
20 are more stringent than those employed for access to home- and community-based services. The  
21 executive office is also authorized to promulgate rules that define the frequency of re-assessments  
22 for services provided for under this section. Levels of care may be applied in accordance with the  
23 following:

24 (1) The executive office shall continue to apply the level-of-care criteria in effect on April  
25 1, 2021, for any recipient determined eligible for and receiving Medicaid-funded long-term services  
26 and supports in a nursing facility, hospital, or intermediate-care facility for persons with intellectual  
27 disabilities on or before that date, unless:

28 (i) The recipient transitions to home- and community-based services because he or she  
29 would no longer meet the level-of-care criteria in effect on April 1, 2021; or

30 (ii) The recipient chooses home- and community-based services over the nursing facility,  
31 hospital, or intermediate-care facility for persons with intellectual disabilities. For the purposes of  
32 this section, a failed community placement, as defined in regulations promulgated by the executive  
33 office, shall be considered a condition of clinical eligibility for the highest level of care. The  
34 executive office shall confer with the long-term-care ombudsperson with respect to the

1 determination of a failed placement under the ombudsperson's jurisdiction. Should any Medicaid  
2 recipient eligible for a nursing facility, hospital, or intermediate-care facility for persons with  
3 intellectual disabilities as of April 1, 2021, receive a determination of a failed community  
4 placement, the recipient shall have access to the highest level of care; furthermore, a recipient who  
5 has experienced a failed community placement shall be transitioned back into his or her former  
6 nursing home, hospital, or intermediate-care facility for persons with intellectual disabilities  
7 whenever possible. Additionally, residents shall only be moved from a nursing home, hospital, or  
8 intermediate-care facility for persons with intellectual disabilities in a manner consistent with  
9 applicable state and federal laws.

10 (2) Any Medicaid recipient eligible for the highest level of care who voluntarily leaves a  
11 nursing home, hospital, or intermediate-care facility for persons with intellectual disabilities shall  
12 not be subject to any wait list for home- and community-based services.

13 (3) No nursing home, hospital, or intermediate-care facility for persons with intellectual  
14 disabilities shall be denied payment for services rendered to a Medicaid recipient on the grounds  
15 that the recipient does not meet level-of-care criteria unless and until the executive office has:

16 (i) Performed an individual assessment of the recipient at issue and provided written notice  
17 to the nursing home, hospital, or intermediate-care facility for persons with intellectual disabilities  
18 that the recipient does not meet level-of-care criteria; and

19 (ii) The recipient has either appealed that level-of-care determination and been  
20 unsuccessful, or any appeal period available to the recipient regarding that level-of-care  
21 determination has expired.

22 (d) The executive office is further authorized to consolidate all home- and community-  
23 based services currently provided pursuant to 42 U.S.C. § 1396n into a single system of home- and  
24 community-based services that include options for consumer direction and shared living. The  
25 resulting single home- and community-based services system shall replace and supersede all 42  
26 U.S.C. § 1396n programs when fully implemented. Notwithstanding the foregoing, the resulting  
27 single program home- and community-based services system shall include the continued funding  
28 of assisted-living services at any assisted-living facility financed by the Rhode Island housing and  
29 mortgage finance corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8  
30 of title 42 as long as assisted-living services are a covered Medicaid benefit.

31 (e) The executive office is authorized to promulgate rules that permit certain optional  
32 services including, but not limited to, homemaker services, home modifications, respite, and  
33 physical therapy evaluations to be offered to persons at risk for Medicaid-funded long-term care  
34 subject to availability of state-appropriated funding for these purposes.

1 (f) To promote the expansion of home- and community-based service capacity, the  
2 executive office is authorized to pursue payment methodology reforms that increase access to  
3 homemaker, personal care (home health aide), assisted living, adult supportive-care homes, and  
4 adult day services, as follows:

5 (1) Development of revised or new Medicaid certification standards that increase access to  
6 service specialization and scheduling accommodations by using payment strategies designed to  
7 achieve specific quality and health outcomes.

8 (2) Development of Medicaid certification standards for state-authorized providers of adult  
9 day services, excluding providers of services authorized under § 40.1-24-1(3), assisted living, and  
10 adult supportive care (as defined under chapter 17.24 of title 23) that establish for each, an acuity-  
11 based, tiered service and payment methodology tied to: licensure authority; level of beneficiary  
12 needs; the scope of services and supports provided; and specific quality and outcome measures. [As  
13 of July 1, 2025, Medicaid certified assisted living residences and adult day service providers shall  
14 report to the executive office semi-annually regarding the number of persons served by month and  
15 category of certification in the previous six \(6\) months.](#)

16 The standards for adult day services for persons eligible for Medicaid-funded long-term  
17 services may differ from those who do not meet the clinical/functional criteria set forth in § 40-  
18 8.10-3.

19 (3) As the state's Medicaid program seeks to assist more beneficiaries requiring long-term  
20 services and supports in home- and community-based settings, the demand for home-care workers  
21 has increased, and wages for these workers has not kept pace with neighboring states, leading to  
22 high turnover and vacancy rates in the state's home-care industry, the executive office shall institute  
23 a one-time increase in the base-payment rates for FY 2019, as described below, for home-care  
24 service providers to promote increased access to and an adequate supply of highly trained home-  
25 healthcare professionals, in amount to be determined by the appropriations process, for the purpose  
26 of raising wages for personal care attendants and home health aides to be implemented by such  
27 providers.

28 (i) A prospective base adjustment, effective not later than July 1, 2018, of ten percent (10%)  
29 of the current base rate for home-care providers, home nursing care providers, and hospice  
30 providers contracted with the executive office of health and human services and its subordinate  
31 agencies to deliver Medicaid fee-for-service personal care attendant services.

32 (ii) A prospective base adjustment, effective not later than July 1, 2018, of twenty percent  
33 (20%) of the current base rate for home-care providers, home nursing care providers, and hospice  
34 providers contracted with the executive office of health and human services and its subordinate

1 agencies to deliver Medicaid fee-for-service skilled nursing and therapeutic services and hospice  
2 care.

3 (iii) Effective upon passage of this section, hospice provider reimbursement, exclusively  
4 for room and board expenses for individuals residing in a skilled nursing facility, shall revert to the  
5 rate methodology in effect on June 30, 2018, and these room and board expenses shall be exempted  
6 from any and all annual rate increases to hospice providers as provided for in this section.

7 (iv) On the first of July in each year, beginning on July 1, 2019, the executive office of  
8 health and human services will initiate an annual inflation increase to the base rate for home-care  
9 providers, home nursing care providers, and hospice providers contracted with the executive office  
10 and its subordinate agencies to deliver Medicaid fee-for-service personal care attendant services,  
11 skilled nursing and therapeutic services and hospice care. The base rate increase shall be a  
12 percentage amount equal to the New England Consumer Price Index card as determined by the  
13 United States Department of Labor for medical care and for compliance with all federal and state  
14 laws, regulations, and rules, and all national accreditation program requirements.

15 (g) As the state's Medicaid program seeks to assist more beneficiaries requiring long-term  
16 services and supports in home- and community-based settings, the demand for home-care workers  
17 has increased, and wages for these workers has not kept pace with neighboring states, leading to  
18 high turnover and vacancy rates in the state's home-care industry. To promote increased access to  
19 and an adequate supply of direct-care workers, the executive office shall institute a payment  
20 methodology change, in Medicaid fee-for-service and managed care, for FY 2022, that shall be  
21 passed through directly to the direct-care workers' wages who are employed by home nursing care  
22 and home-care providers licensed by the Rhode Island department of health, as described below:

23 (1) Effective July 1, 2021, increase the existing shift differential modifier by \$0.19 per  
24 fifteen (15) minutes for personal care and combined personal care/homemaker.

25 (i) Employers must pass on one hundred percent (100%) of the shift differential modifier  
26 increase per fifteen-minute (15) unit of service to the CNAs who rendered such services. This  
27 compensation shall be provided in addition to the rate of compensation that the employee was  
28 receiving as of June 30, 2021. For an employee hired after June 30, 2021, the agency shall use not  
29 less than the lowest compensation paid to an employee of similar functions and duties as of June  
30 30, 2021, as the base compensation to which the increase is applied.

31 (ii) Employers must provide to EOHHS an annual compliance statement showing wages  
32 as of June 30, 2021, amounts received from the increases outlined herein, and compliance with this  
33 section by July 1, 2022. EOHHS may adopt any additional necessary regulations and processes to  
34 oversee this subsection.

1           (2) Effective January 1, 2022, establish a new behavioral healthcare enhancement of \$0.39  
2 per fifteen (15) minutes for personal care, combined personal care/homemaker, and homemaker  
3 only for providers who have at least thirty percent (30%) of their direct-care workers (which  
4 includes certified nursing assistants (CNA) and homemakers) certified in behavioral healthcare  
5 training.

6           (i) Employers must pass on one hundred percent (100%) of the behavioral healthcare  
7 enhancement per fifteen (15) minute unit of service rendered by only those CNAs and homemakers  
8 who have completed the thirty (30) hour behavioral health certificate training program offered by  
9 Rhode Island College, or a training program that is prospectively determined to be compliant per  
10 EOHHS, to those CNAs and homemakers. This compensation shall be provided in addition to the  
11 rate of compensation that the employee was receiving as of December 31, 2021. For an employee  
12 hired after December 31, 2021, the agency shall use not less than the lowest compensation paid to  
13 an employee of similar functions and duties as of December 31, 2021, as the base compensation to  
14 which the increase is applied.

15           (ii) By January 1, 2023, employers must provide to EOHHS an annual compliance  
16 statement showing wages as of December 31, 2021, amounts received from the increases outlined  
17 herein, and compliance with this section, including which behavioral healthcare training programs  
18 were utilized. EOHHS may adopt any additional necessary regulations and processes to oversee  
19 this subsection.

20           (h) The executive office shall implement a long-term-care-options counseling program to  
21 provide individuals, or their representatives, or both, with long-term-care consultations that shall  
22 include, at a minimum, information about: long-term-care options, sources, and methods of both  
23 public and private payment for long-term-care services and an assessment of an individual's  
24 functional capabilities and opportunities for maximizing independence. Each individual admitted  
25 to, or seeking admission to, a long-term-care facility, regardless of the payment source, shall be  
26 informed by the facility of the availability of the long-term-care-options counseling program and  
27 shall be provided with long-term-care-options consultation if they so request. Each individual who  
28 applies for Medicaid long-term-care services shall be provided with a long-term-care consultation.

29           (i) The executive office shall implement, no later than January 1, 2024, a statewide network  
30 and rate methodology for conflict-free case management for individuals receiving Medicaid-funded  
31 home and community-based services. The executive office shall coordinate implementation with  
32 the state's health and human services departments and divisions authorized to deliver Medicaid-  
33 funded home and community-based service programs, including the department of behavioral  
34 healthcare, developmental disabilities and hospitals; the department of human services; and the

1 office of healthy aging. It is in the best interest of the Rhode Islanders eligible to receive Medicaid  
2 home and community-based services under this chapter, title 40.1, title 42, or any other general  
3 laws to provide equitable access to conflict-free case management that shall include person-  
4 centered planning, service arranging, and quality monitoring in the amount, duration, and scope  
5 required by federal law and regulations. It is necessary to ensure that there is a robust network of  
6 qualified conflict-free case management entities with the capacity to serve all participants on a  
7 statewide basis and in a manner that promotes choice, self-reliance, and community integration.  
8 The executive office, as the designated single state Medicaid authority and agency responsible for  
9 coordinating policy and planning for health and human services under § 42-7.2-1 et seq., is directed  
10 to establish a statewide conflict-free case management network under the management of the  
11 executive office and to seek any Medicaid waivers, state plan amendments, and changes in rules,  
12 regulations, and procedures that may be necessary to ensure that recipients of Medicaid home and  
13 community-based services have access to conflict-free case management in a timely manner and in  
14 accordance with the federal requirements that must be met to preserve financial participation.

15 (j) The executive office is also authorized, subject to availability of appropriation of  
16 funding, and federal, Medicaid-matching funds, to pay for certain services and supports necessary  
17 to transition or divert beneficiaries from institutional or restrictive settings and optimize their health  
18 and safety when receiving care in a home or the community. The secretary is authorized to obtain  
19 any state plan or waiver authorities required to maximize the federal funds available to support  
20 expanded access to home- and community-transition and stabilization services; provided, however,  
21 payments shall not exceed an annual or per-person amount.

22 (k) To ensure persons with long-term-care needs who remain living at home have adequate  
23 resources to deal with housing maintenance and unanticipated housing-related costs, the secretary  
24 is authorized to ~~develop higher~~ implement resource eligibility limits of twelve thousand dollars  
25 (\$12,000) for single persons ~~or~~ and eighteen thousand dollars (\$18,000) for couples and obtain any  
26 state plan or waiver authorities necessary to change the financial eligibility criteria for long-term  
27 services and supports to enable beneficiaries receiving home and community waiver services to  
28 have the resources to continue living in their own homes or rental units or other home-based  
29 settings.

30 (l) The executive office shall implement, no later than January 1, 2016, the following home-  
31 and community-based service and payment reforms:

32 (1) [Deleted by P.L. 2021, ch. 162, art. 12, § 6.]

33 (2) Adult day services level of need criteria and acuity-based, tiered-payment  
34 methodology; and

1           (3) Payment reforms that encourage home- and community-based providers to provide the  
2 specialized services and accommodations beneficiaries need to avoid or delay institutional care.

3           (m) The secretary is authorized to seek any Medicaid section 1115 waiver or state-plan  
4 amendments and take any administrative actions necessary to ensure timely adoption of any new  
5 or amended rules, regulations, policies, or procedures and any system enhancements or changes,  
6 for which appropriations have been authorized, that are necessary to facilitate implementation of  
7 the requirements of this section by the dates established. The secretary shall reserve the discretion  
8 to exercise the authority established under §§ 42-7.2-5(6)(v) and 42-7.2-6.1, in consultation with  
9 the governor, to meet the legislative directives established herein.

10           SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE -- LONG-TERM CARE  
SERVICE AND FINANCE REFORM

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1           This act would authorize the secretary of the executive office of health and human services  
2 (EOHHS) to increase resource eligibility limits for persons with long-term-care needs who reside  
3 at home to \$12,000 for single persons and \$18,000 for couples. The act would also require that  
4 Medicaid certified assisted living facilities and adult day service providers furnish semi-annual  
5 reports to the EOHHS regarding the number of persons served each month and patients'  
6 certification categories for the prior six months.

7           This act would take effect upon passage.

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