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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

SENATE RESOLUTION

RESPECTFULLY REQUESTING THE DIRECTOR OF THE DEPARTMENT OF HEALTH
IMPLEMENT THE SPECIAL SENATE COMMISSION ON EMERGENCY DEPARTMENT
DIVERSION RECOMMENDATIONS

Introduced By: Senators Jabour, Miller, Goldin, Nesselbush, and Crowley

Date Introduced: April 04, 2013

Referred To: Senate Health & Human Services

1 WHEREAS, The Special Senate Commission to Study Emergency Department Diversion
2 ("Commission") convened in 2011, with 19 members representing a variety of stakeholders and
3 interests, and developed a series of findings and recommendations to address the overutilization
4 of high cost, high levels of non-emergent behavioral health usage that could be appropriately
5 treated in alternative settings; and

6 WHEREAS, The Commission found an excess of patients with non-emergent behavioral
7 health needs inappropriately utilizing costly, municipal emergency management services (EMS)
8 and overutilization of fee-for-service payments in emergency room departments; and

9 WHEREAS, Challenges -- including lack of adequate wrap-around services, lack of
10 resources, and high levels of behavioral health systems fragmentation -- could be more cost
11 effectively addressed in alternative settings for a continuum of comprehensive, supportive
12 services; and

13 WHEREAS, The Commission issued a number of recommendations and, as a result,
14 passed legislation in 2012 that amended the existing RI alcohol treatment statute to make it more
15 flexible to allow individuals to be transported to alternative community-based settings and to
16 authorize evaluations performed by medical staff, other than physicians; and

17 WHEREAS, The Department of Behavioral Healthcare, Developmental Disabilities and
18 Hospitals ("Department") issued a report on the feasibility of drafting a Request for Proposal
19 ("RFP") for the creation of a three year pilot program to deliver, in an alternative setting,

1 comprehensive care for this population; and

2 WHEREAS, Rhode Island is a national leader in its effort to move from a fee-for-service
3 ("ffs") model to alternative payment methods which reduce readmissions, prevent hospital
4 acquired conditions, place greater emphasis on primary and preventative care, and other
5 improvements that are critical to reducing costs and improving healthcare quality; and

6 WHEREAS, The Commission supported the department in exploring opportunities for
7 funding the alternative pilot program and, as a result, a variety of providers have made significant
8 financial commitments towards the establishment of the facility; and

9 WHEREAS, The Commission reconvened in February 2013 to move from planning to
10 implementation, and the Rhode Island Medicaid Program presented potential opportunities for
11 financing under the application for a new comprehensive Medicaid waiver; and

12 WHEREAS, The Rhode Island Executive Office of Health and Human Services
13 (EOHHS) is in the process of finalizing its Part II application for the Medicaid Waiver to the
14 Federal Centers for Medicare and Medicaid Services (CMS); now, therefore be it

15 RESOLVED, That this Senate of the State of Rhode Island and Providence Plantations
16 hereby respectfully requests that the EOHHS include as part of the RI Medicaid Waiver
17 Application, a waiver option for Medicaid covered individuals who voluntarily choose a
18 medically appropriate rehabilitation alternative to emergency room care and any associated
19 emergency room admissions. The rate paid to providers shall not exceed 90% of the DRG that
20 has historically been associated with emergency room related admissions for outpatient care for
21 the same or related diagnoses. The waiver application shall provide the average number of
22 individuals receiving such Medicaid waiver services on any day during that state fiscal year shall
23 not exceed twenty (20). The term of the waiver shall not exceed five (5) years and the State shall
24 have the option of terminating the waiver at any time during the period of the waiver. Payments
25 for such waiver services shall be made from funds appropriated from Medicaid hospital care; and
26 be it further

27 RESOLVED, That upon approval by the Centers of Medicare and Medicaid Services
28 (CMS), the Department of Health shall: (i) promulgate the necessary regulations to license the
29 provider, in accordance with Chapter 23-17; (ii) determine the total amount of allowable
30 expenditures based on approved number(s) of episodic care and length of stay in a defined time
31 period in order to (iii) issue a Request for Proposals (RFP) to establish a three year pilot program,
32 using in kind, donated and federal funding, to provide a medically supervised sobering center
33 designed to divert intoxicated persons from hospital emergency departments to a 24-hour central
34 facility, providing medical screening, integrated case management services and linkages to a

1 comprehensive continuum of care; and, shall provide an annual report of its findings and
2 recommendations to the General Assembly and Governor no later than January 31st of each year
3 beginning in 2014, and each year thereafter and for a period of three years, shall provide to the
4 Governor, the President of the Senate, and the Speaker of the House of Representatives an annual
5 report on the outcomes, funding, and recommendations as to whether the pilot program shall be
6 continued, terminated or expanded; and be it further

7 RESOLVED, That the Secretary of State be and hereby is authorized and directed to
8 transmit duly certified copies of this resolution to the Governor, the Secretary of the Executive
9 Office of Health and Human Services, and the Director of the Department of Health.

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