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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

JOINT RESOLUTION

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

Introduced By: Representatives Marshall, Bennett, Edwards, McKiernan, and O'Brien

Date Introduced: February 28, 2018

2018 will not exceed an increase of one percent; and

Referred To: House Environment and Natural Resources

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.

(2) The nursing facility rate adjustment that would otherwise take effect on October 1,

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

implement the following approved authorities:

- (1) Upon meeting federal guidelines for the timely processing of applications, elimination of retroactive coverage for Medicaid beneficiaries, except for pregnant women and newborn infants, and promulgate rules, regulations, and/or procedures that establish criteria to provide a hardship exemption for eligible persons who have a significant need;
- (2) Expanded expedited eligibility for long-term services and supports (LTSS) applicants who are transitioning to a home or community-based setting from a health facility, including a hospital or nursing home; and
- (3) Institute the multi-tiered needs-based criteria for determining the level of care and scope of services available to applicants with developmental disabilities seeking Medicaid home and community-based services in lieu of institutional care.
- (4) In the division of elderly affairs of the department of human services increase maximum income limit for copay program eligibility from two hundred percent (200%) of the Federal Poverty Level to two hundred fifty percent (250%) of the Federal Poverty Level and obtain federal financial participation for costs-otherwise not matchable for certain Medicaid dementia care services provided to otherwise ineligible participants in its copay program with income up to two hundred and fifty (250%) percent of the Federal Poverty Level who meet all other program requirements.
- (c) Section 1115 Demonstration Waiver Extension Request The Executive Office proposes to seek approval from our federal partners to extend the Section 1115 demonstration as authorized in chapter 12.4 of title 42. In addition to maintaining existing waiver authorities, the Executive Office proposes to seek additional federal authorities to:
- (1) Further the goals of LTSS rebalancing set forth in chapter 8.9 of title 40, by expanding the array of health care stabilization and maintenance services eligible for federal financial participation which are available to beneficiaries residing in home and community-based settings. Such services include adaptive and home-based monitoring technologies, transition help, and peer and personal supports that assist beneficiaries in better managing and 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

of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH), a health home f	or
providing conflict freeperson-centered plam1ing and a quality and value based alternation	ve
payment system that advances the goal of improving service access, quality and value.	

- (i) Opioid and Behavioral Health Crisis Management. To implement in collaboration with the Department of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH), a community based alternative to emergency departments for addiction and mental health emergencies.
- (j) Federal Financing Opportunities. The Executive Office proposes to review Medicaid requirements and opportunities under the U.S. Patient Protection and Affordable Care Act of 2010 (PPACA) and various other recently enacted federal laws and pursue any changes in the Rhode Island Medicaid program that promote service quality, access and cost-effectiveness that may warrant a Medicaid State Plan amendment or amendment under the terms and conditions of Rhode Island's Section 1115 Waiver, its successor, or any extension thereof. Any such actions by the Executive Office shall not have an adverse impact on beneficiaries or cause there to be an increase in expenditures beyond the amount appropriated for state fiscal year 2019; Now, therefore, be it
- RESOLVED, That the General Assembly hereby approves proposals; and be it further RESOLVED, That the Secretary of the Executive Office is authorized to pursue and Implement any waiver amendments, State Plan amendments, and/or changes to the applicable department's rules, regulations and procedures approved herein and as authorized by chapter 12.4 of title 42; and be it further

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

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