

2023 -- S 0512

LC002343

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

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

Introduced By: Senators DiPalma, Ciccone, Felag, Sosnowski, and Gallo

Date Introduced: March 07, 2023

Referred To: Senate Finance

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 June
25 30, 2015, for any recipient determined eligible for and receiving Medicaid-funded long-term
26 services and supports in a nursing facility, hospital, or intermediate-care facility for persons with
27 intellectual 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 June 30, 2015; 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 June 30, 2015, 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.

13 The standards for adult day services for persons eligible for Medicaid-funded long-term
14 services may differ from those who do not meet the clinical/functional criteria set forth in § 40-
15 8.10-3.

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

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

29 (ii) A prospective base adjustment, effective not later than July 1, 2018, of twenty percent
30 (20%) of the current base rate for home-care providers, home nursing care providers, and hospice
31 providers contracted with the executive office of health and human services and its subordinate
32 agencies to deliver Medicaid fee-for-service skilled nursing and therapeutic services and hospice
33 care.

34 (iii) Effective upon passage of this section, hospice provider reimbursement, exclusively

1 for room and board expenses for individuals residing in a skilled nursing facility, shall revert to the
2 rate methodology in effect on June 30, 2018, and these room and board expenses shall be exempted
3 from any and all annual rate increases to hospice providers as provided for in this section.

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

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

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

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

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

32 (2) Effective January 1, 2022, establish a new behavioral healthcare enhancement of \$0.39
33 per fifteen (15) minutes for personal care, combined personal care/homemaker, and homemaker
34 only for providers who have at least thirty percent (30%) of their direct-care workers (which

1 includes certified nursing assistants (CNA) and homemakers) certified in behavioral healthcare
2 training.

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

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

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

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

33 (j) To ensure persons with long-term-care needs who remain living at home have adequate
34 resources to deal with housing maintenance and unanticipated housing-related costs, the secretary

1 is authorized to develop higher resource eligibility limits for persons or obtain any state plan or
2 waiver authorities necessary to change the financial eligibility criteria for long-term services and
3 supports to enable beneficiaries receiving home and community waiver services to have the
4 resources to continue living in their own homes or rental units or other home-based settings.

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

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

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

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

12 (l) For federal fiscal year 2024, commencing on October 1, 2023, and ending September
13 30, 2024, the executive office of health and human services shall submit to the Secretary of the
14 United States Department of Health and Human Services a state plan amendment to provide that:

15 (1) Chiropractic rates shall be as follows: exam - one hundred fifteen dollars (\$115),
16 manipulation - fifty-five dollars (\$55.00), physiotherapy/electric muscle stimulation - thirty-five
17 dollars (\$35.00) and therapeutic exercises - forty-five dollars (\$45.00).

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

25 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

1 This act would provide that for federal fiscal year 2024, commencing on October 1, 2023,
2 and ending September 30, 2024, the executive office of health and human services would submit
3 to the Secretary of the United States Department of Health and Human Services a state plan
4 amendment to provide set rates related to chiropractic services.

5 This act would take effect upon passage.

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