



Re: Rhode Island's Section 1115 Waiver Renewal Application

Date: Feb 22, 2013

Neighborhood is a not-for-profit, network model health maintenance organization founded by Rhode Island's Community Health Centers in 1993. Neighborhood currently has more than 92,000 culturally and linguistically diverse members throughout the state. Our organization serves four distinct Medicaid populations: 1) Low and moderate income families; 2) Children with special health care needs; 3) All children in the RI foster care system; and 4) Medicaid-only adults. The National Commission for Quality Assurance has ranked Neighborhood as one of the top ten Medicaid health plans in America since the inception of rankings in 2004.

Neighborhood commends EOHHS for its dedicated efforts and innovations under the current Section 1115 waiver. As the state enters renewal negotiations with CMS, we'd like to offer a few comments.

Neighborhood supports many elements of the waiver renewal application, including:

- Expansion of Medicaid eligibility per ACA to adults without dependent children up to 138%FPL)
- Expansion of Medicaid eligibility for former foster children up to age 26
- A process to allow Medicaid members who lose eligibility to remain on Medicaid until they are able to enroll in a QHP via the Exchange or other coverage
- Development of supportive housing services for Medicaid enrollees

Neighborhood believes there are a few more areas in which the additional flexibility offered by a Section 1115 waiver should be explored.

#### **Integrating Behavioral Health and Substance Abuse Services into Managed Care**

We'd like to suggest including language to allow the integration of behavioral health and substance abuse Services into all RI Medicaid managed care programs. Increased coordination of BH and SA services with physical health services will result in improved care and increased rates of success. Services to be integrated may include: Psychiatric Rehabilitation Day Programs, Community Psychiatric Supportive Treatment, Crisis Intervention for individuals with SPMI enrolled in CPST, Clinician's services delivered at a CMHC for individuals with SPMI enrolled in CPST, RI Assertive Community Treatment I and II, SA Community based narcotic treatment, SA Community based detoxification, and SA Residential treatment.

#### **Child and Adolescent Discharge Planning**

Another area that merits consideration is improving child and adolescent discharge planning. The following options should be implemented:

- Delegate DCYF clinical representation at hospital discharge planning and CMT meetings to Health plan clinical staff to ensure that the hospitals are looking at all possible wrap services which can be provided to ensure members clinical needs are being met in the least restrictive setting (does not replace DCYF case worker)

- Establish an agreed upon communication timeline for handoffs during discharge planning through placement.
- DCYF develops a residential bed census for daily accounting of all residential and group home beds to understand access and waiting lists at all facilities
- DCYF mandates interview and acceptance turnaround times for all residential and group home providers

### **Community Based Evaluation for Children’s Behavioral Health**

In addition to emergency room diversion as proposed under the STOP program, we recommend creating a program to divert children in need of evaluation for BH services from ERs to more appropriate community settings.

### **Modifying ALF Regulation to Improve On-Site Services**

Modifying current Department of Health regulations that restrict Assisted Living Facilities’ ability to provide health care services that reduce ER visits, hospital and nursing home admissions is another positive step the state can request under the Section 1115 waiver.

### **Expand Allotment of Services Eligible for Expedited Eligibility**

The renewal request calls for an expedited eligibility process using self-attestation of financial criteria to allow a limited package of home and community services for up to 90 days. The request to allow self-attestation is an excellent one as determination of financial eligibility averages 49 days (according to the Senior Agenda Coalition); during which time a person may be forced to enter a nursing home. However, for many persons, the allowed service package would be insufficient to avoid such nursing home placement. We recommend a more extensive service allotment during the 90 days based on average use of those needing high level of service.

### **Expand Scope of Eligibility for Family Planning Services**

The renewal request also asks for expanding the scope of services available to those enrolled in our Extended Family Planning program. We would ask the state to request authority to expand family planning benefits to the full extent allowed under title IXX, as 26 other states have done. Under the ACA, states may request this change as a simple state plan amendment, in addition to the traditional use of waiver authority. Family planning services would be offered to uninsured individuals who are income eligible for Medicaid, and the state would receive a 90% FMAP rate.

### **Retain Medicaid Eligibility for adult Prisoners and Increase Discharge Coordination**

Rhode Island should request authority to retain Medicaid eligibility for adult prisoners, suspending rather than terminating enrollment, and institute procedures to reactivate Medicaid coverage upon exiting incarceration. Rhode Island should also institute procedures to take advantage of a federal Medicaid rule instituted in 1997 which allows states to use Medicaid funding to cover health care for inmates who were hospitalized for over 24 hours, judging them to no longer be inmates for the duration of their stay. State corrections budgets can realize significant savings with this change, and those exiting incarceration will receive improved care during their transitions, ultimately improving health and lowering recidivism. Rhode Island should also implement enrollment processes for pre-trial detainees (those held prior to



adjudication or sentencing), an option made available under the ACA. In 2011, there were over 15,000 people committed into detention, with a daily average census in Rhode Island facilities of 3,237. With a large percentage of those who are involved in the corrections system likely to be

Medicaid eligible and/or actively enrolled in Medicaid, the impact of these two changes will benefit large numbers of Rhode Islanders and positively impact the state budget.

#### **Improve Transportation for Beneficiaries**

In order to ensure timely access to needed care, transportation services need to be on-time (for appointment pick-up) and appropriate for the member's needs (disability vans for those members with physical disabilities). Lack of timely and appropriate transportation services has particularly been a significant barrier to accessing needed treatment services for the Rhody Health Partners members.

#### **Engage Current Providers to Establish STOP**

We are particularly pleased to support the Sobering Treatment Opportunity Program (STOP) as Neighborhood has been involved over the past years in working with EOHHS and the General Assembly in developing an alternative to the emergency room for those who are combating substance abuse disorders. We believe Neighborhood/Beacon should participate in the planning to ensure that the services provided would be reimbursable and to ensure continuity in care. In order to get the service up and running within a reasonable timeframe, we recommend working with current providers to establish elements of the program while working toward the ideal.

#### **Collaborate with Plans When Implementing DSRIP Proposal**

We endorse the development of the Delivery System Reform Incentive Payment (DSRIP), a system-wide program designed to improve hospital quality, access and reduce costs. Neighborhood strongly encourages EOHHS to work in collaboration with the Medicaid health plans to develop a shared Medicaid approach. The contracting, measurement, monitoring and reporting functions are already fully developed in the health plans, providing EOHHS with the necessary infrastructure to launch DSRIP in a timely and cost effective manner. Neighborhood looks forward to working with EOHHS and UHC-NE to plan and implement DSRIP.