

RHODE ISLAND

Executive Office of Health and Human Services

57 Howard Ave., Cranston, RI 02920

<http://www.eohhs.ri.gov>

Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Rhode Island Home and Community-Based 1915(c) waivers have been incorporated into the 1115 "Comprehensive Demonstration" waiver and are now operated as Managed Long-term Services and Supports (MLTSS). All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

[RI Comprehensive Demonstration](#)

Rhode Island operates its entire Medicaid program under a single section 1115 demonstration. This demonstration includes the following programs: Managed Care, Extended Family Planning, Rite Share premium assistance, Rhody Health Partners, Home and Community Based Services (HCBS), and Rite Smiles. All Medicaid funded services on the continuum of care –from preventative care in the home and community to care in high-intensity hospital settings to long-term and end-of life-care –will be organized, financed, and delivered through the demonstration.

RI Comprehensive Demonstration**State Operating Agency: Rhode Island Office of Health and Human Services**

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| Description | This waiver was designed to restructure the state’s program to establish a “sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value-based purchasing to maximize available service options” and “a results-oriented system of coordinated care.” The RI Comprehensive Demonstration includes: Managed Care that provides Medicaid state plan benefits as well as supplemental benefits through comprehensive mandatory managed care delivery systems; Extended Family Planning provides access to family planning and referrals to primary care services for women; Rite Share premium assistance enrolls individuals who are eligible for Medicaid/CHIP, and who are employees (or dependents) of an employer that offers a “qualified” plan into the ESI coverage; Rhody Health Partners provides state plan and demonstration benefits through a managed care delivery system to beneficiaries who are aged, blind, or disabled; Home and Community-Based Services (HCBS) provides services similar to those authorized under sections 1915(c) and 1915(i) to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need. |
| Waiver Type | 1115 |
| Target Population-Eligibility | All Medicaid participants are covered under this demonstration. The following groups are eligible: Children with low family income; pregnant women; parents and caretaker adults; women with eligible coverage under the Extended Family Planning program; aged, blind, and disabled individuals, including eligible Medicare beneficiaries; children with special health care needs eligible for Medicaid under RI’s existing state plan and enrolled in Rite Care on a mandatory basis; Home and Community-Based (HCB) waiver services to individuals not eligible for Medicaid; Services for uninsured adults with mental illness or substance abuse problems not eligible for Medicaid; Continued eligibility for Rite Care parents with behavioral health conditions that result in their children being temporarily placed in state custody, who would otherwise lose Rite Care eligibility; disabled and early widows and widowers; Residential diversion for HCB waiver services for children who would be voluntarily placed in state custody to receive those services; Coverage for HCB waiver services for at risk Medicaid eligible youth; Detection, intervention and treatment services for young children at risk for Medicaid or institutional care provided through early intervention; Uninsured women under age 65 who are screened for breast and cervical cancer; TEFRA children; Limited benefit package for HIV-positive individuals; Limited benefit package for low-income adults eligible for the state’s General Public Assistance program, ages 19-64 who are unable to work due to a variety of health conditions, but do not qualify for disability benefits; HCBS to adults ages 19-64 with Alzheimer’s Disease or a related dementia; young adults ages 19-21 who are aging out of the Katie Beckett eligibility group; and Low-income adults ages 19-64. |
| Level of Care | Based on a level of care determination, individuals eligible as aged, blind or disabled (ABD) under the Medicaid state plan can fall into the following groups: 1) highest, 2) high, and 3) preventive. Highest level of care: Individuals who are determined based on medical need to require the institutional level of care will receive services through nursing homes, long-term care hospitals or intermediate care facilities for individuals with intellectual disabilities (ICF/IID). Beneficiaries meeting this level of care will have the option to choose community-based care including core and preventive services. High level of care is for individuals who are determined based on medical need to benefit from either the institutional level of care or a significant level of home and community-based services, and will have access to community based core and preventive services. Preventive level of care is for individuals who do not presently need an institutional level of care and will have access to services targeted at preventing admission, re-admissions or reducing lengths of stay in an institution. |

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| Respite Services | Respite can be defined as temporary caregiving services given to an individual unable to care for himself/herself that is furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Respite services will be recommended and approved by EOHHS, Office of Long-term Services and Supports. A form of respite service is available for participants with highest, high, and preventative level of cares. |
| Respite Provider Eligibility | Information for providers can be found on the Executive Office of Health and Human Services website: http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation.aspx |
| Caregiver Eligibility | Caregiver eligibility not available. |
| Enrollment Limit | Enrollment Limits not available. |
| How to Apply | To apply, you must be enrolled in Medicaid. Apply online at HealthSourceRI. You can access the applications on the Executive Office of Health and Human Services website: http://www.eohhs.ri.gov/ReferenceCenter/FormsApplications.aspx |
| Contact Information | Questions about health coverage: HealthSource RI 1-855-840-4774 You can also access further information on this waiver via the Executive Office of Health and Human Services website: http://www.eohhs.ri.gov/ReferenceCenter/MedicaidStatePlanand1115Waiver.aspx |
| Link to Waiver Application | https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf |
| Expiration Date | 12/31/2023 |
| Date of Last Update | 07/30/2019 |
