To: Kristen Sousa  
Medicaid Program Director

The Rhode Island Health Center Association (RIHCA) respectfully submits comments on the Rhode Island 1115 Waiver Extension Request (Request). We support the majority of the Request’s proposed program enhancements. We are concerned that the request reflects too modest a vision for what our publicly-funded health and human services system needs. The request does not adequately identify the crisis in our healthcare workforce; it makes little mention of the urgent need to stabilize our behavioral health system; and it minimizes the significant efforts we still need to undertake to advance to a system that rewards value. The current request does not take full advantage of the flexibility and innovation that an 1115 Waiver provides. We urge EOHHS to broaden the request to accurately reflect the current state of our system and to propose audacious, innovative, person-centered solutions.

1. The request should include efforts to reinforce, sustain, and enhance Rhode Island’s primary care infrastructure.

RIHCA supports the four goals highlighted on page 6, but they are incomplete. Strengthening primary care should be an explicit component of the request. None of the current four goals are attainable nor sustainable without responsive and comprehensive primary care. The state will not be able to create strong community-clinical linkages to address social determinants of health (SDOH) if people cannot access their primary care team.1 The provision of behavioral health without a strong primary care foundation will fail to address a person’s holistic needs.2 Lack of access to high quality primary care will increase hospitalizations and institutionalizations and decrease access to long-term services and supports (LTSS).3

Page 7 includes the statement, “The evidence shows that addressing individuals holistically and focusing on more than just primary care makes a difference in both short and long-term health.” (emphasis added) RIHCA believes this statement is misleading and incorrectly suggests Rhode Island’s primary care system is solid. A more appropriate statement would highlight the need to strengthen the state’s vulnerable primary care environment so that services, such as integrated behavioral health, LTSS and SDOH, can be delivered in a truly holistic manner. The article the request references clearly reflects this idea: 4

It is therefore essential for primary care providers—such as nurse practitioners educated in FNP programs—to consider social determinants of health to enable more holistic, comprehensive healthcare for the patients and families they serve. (emphasis added.)

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EOHHS has used 1115 Waiver Authority to begin the transformation of Rhode Island’s publicly-funded health care system from volume to value-based, but it is not complete. Without sustained investment, especially in the primary care system, all the previous efforts will fail to fully realize their long-term goals. We provide some potential areas of investment in our comments related to the Accountable Entity.

2. The request does not include efforts to stabilize the health and human services workforce. Rhode Island’s health and human services environment is experiencing a workforce crisis. EOHHS should employ all available tools, including the 1115 Waiver, to address the crisis. Several of the initiatives developed by the EOHHS/DLT/OCEP Healthcare Workforce Transformation Initiative should be considered for inclusion in the 1115 Waiver Extension.

An example of a potential use of 1115 Waiver Authority to support the workforce and continue to move us towards value-based care would be funding health care providers for training related to accountable care. For example, if a community health center provided training on team-based primary care to an individual enrolled in a state-based institution of higher-education, 1115 Waiver funding authority could be used to fund the time the provider dedicates to that training.

3. Section 3.1.1 The revisions to the Home Stabilization Expansion should be based on data and evidence.
We appreciate and acknowledge the efforts to revise certain requirements of the Home Stabilization Program. Given that only four of nine approved agencies are providing and billing the services, EOHHS should be commended for recognizing that changes are needed. We recommend EOHHS include the data on which these changes are based. How does EOHHS know the four revisions to the program are the ones that are needed? It would also be helpful to better understand how the Home Stabilization Program coordinates with other SDOH-focused interventions implemented through the AE program. We believe the addition of this information will strengthen the request.

4. Section 3.1.2 We support the addition of Medical Respite Pilots.
We encourage EOHHS to enable any interested provider to apply to manage one of the Pilot sites. FQHCs have resources, including integrated behavioral health teams, that could be very effective in a Pilot Site effort.

It would be helpful to have a better understanding of how the Medical Respite Pilot Initiative coordinates with other efforts such as the Accountable Entities, the Certified Community Behavioral Health Clinics, and other housing and behavioral-health related programs.

5. Section 3.1.3 The connection of the HEZ success to Rhode Island’s federally qualified health centers (FQHCs) is not sufficiently noted.
RIHCA supports the inclusion of the HEZ initiative in the request and the goal of evaluating the effort’s effectiveness. We believe the success of the HEZ effort is closely tied to the fact that FQHCs are the backbone agencies of nine HEZs. The Waiver Extension Request highlights the strong HEZ response to the COVID-19 pandemic. This response was due in large part to the linkage of HEZs to FQHCs. We strongly recommend that the extension highlight this linkage and note it as an integral component of the HEZs’ success.
6. **Section 3.2 We strongly support and applaud the inclusion of outreach and pre-release supports for incarcerated individuals.**

RIHCA and its member agencies are ready to engage in discussions with EOHHS on how we and our member organizations can support these efforts.

7. **Section 3.4 We strongly recommend that the request include program enhancements to continue the transition from volume to value-based care.**

The rationale to remove HSTP and AE requirements is not clear. We understand that the DSHP funding will no longer be available, but it seems short-sighted to not continue to use the 1115 Waiver Authority to sustain what has been built. The Request notes that removal of the authorities will not affect the AE program. But that action will remove a tool for new and innovative funding. Where does EOHSS intend to find the authority for future efforts to promote value-based care?

Massachusetts similarly phased out DSRIP funding but that state’s latest 1115 Waiver Request still included funding for initiatives that continued investments in primary care, such as sub-capitation models and incentives for continued care coordination.

The request is an opportunity to find innovative ways to continue any gains we have made. If EOHHS does not currently have a clear concept of innovative investments that will sustain comprehensive primary care and reaffirm accountable, value-based care, we strongly recommend including a placeholder, similar to the language used for the HEZ initiative. We still have significant work to do to move our system to one that is value-based, and we need to employ all the tools available.

8. **We encourage EOHHS to expand the entities that can manage the dental benefit.**

The request does not clearly explain how EOHHS will migrate adult dental benefits from FFS to managed care. The document appears to indicate adult dental benefits will be wrapped into the current contracted plan. If that is the approach EOHHS intends to take, it would appear to conflict with the stated goal of “choice.” We recommend opening the opportunity to manage the dental benefit to all qualified entities through a competitive procurement.

We recommend including an initiative that will begin the transition of payment for oral health services from volume to value-based.

9. **We strongly support the expansion of complementary alternative medicine to all beneficiaries for whom the service is medically necessary.**

Thank you for the opportunity to comment. Please let me know if you have any questions or need additional information or clarification.

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