

July 5, 2024

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Rhode Island Comprehensive Demonstration Extension Addendum Request

Dear Secretary Becerra,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on the Rhode Island Comprehensive Demonstration section 1115 extension addendum request.

The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

Rhode Island is seeking approval for an addendum to the waiver extension the state submitted in December 2022. We generally supported the extension, as proposed, with recommendations related to extending postpartum coverage, expanding housing stabilization services and providing outreach and pre-release services to justice-involved population.¹ The addendum includes adding nutrition services for a targeted group of people, extending pre-release supports to 90 days prior to release (up from 30 days in the original request), implementing a contingency management pilot program and further clarifying the home and community-based services offered to Medicaid enrollees. We believe the addendum request will improve health for people facing food insecurity, increase access to care for justice-involved individuals, and promote health equity. We urge you to approve the addendum subject to the recommendations detailed below.

Rhode Island's proposal to address health-related social needs, specifically nutrition, would help drive better health outcomes for enrollees and advance health equity.

¹ Center on Budget and Policy Priorities and Georgetown University Center for Children and Families, Letter to HHS on the Rhode Island Comprehensive Demonstration section 1115 five-year extension application, February 3, 2023, https://ccf.georgetown.edu/wp-content/uploads/2023/07/Rhode-Island-Extension-Comments_FINAL_CCF_CBPP.pdf.

Food insecurity disproportionately affects people of color due to racism and structural oppression that cause communities of color to experience higher rates of poverty and other drivers, like lower household assets.² The data presented by the state in its addendum request on growing inequities is alarming. We appreciate the state taking a data-driven approach in responding to key health-related social needs of Medicaid enrollees and proposing a nutrition services benefits targeting those most impacted. The two benefits the state seeks to provide – healthy food prescriptions and medically tailored meals – have been tested in other contexts and shown to be an effective way to improve health outcomes and reduce hospital admissions.

We support the state’s proposal to implement a healthy food prescription program that follows CMS’ guidance of being time-limited to 6 months and medically appropriate. We recommend the state consider expanding its eligibility criteria for the program to include people who are at higher risk (e.g. family history of the disease) of experiencing one of the chronic diseases included in their eligibility requirement. We appreciate the benefit focusing on those currently experiencing a condition and the importance of implementing medical necessity criteria; however, this program could also be useful as a tool to prevent chronic disease.

We also support the proposal to deliver medically tailored meals to the homes of people with chronic illnesses who don’t have the capacity or support to shop and cook their own meals. While both proposed benefits would make a positive impact on reducing food insecurity among those most impacted in the state, the state’s proposal is not clear about whether the state considered ways to integrate these services with existing programs like SNAP and food assistance provided by local agencies such as food banks. As it negotiates both the demonstration approval and implementation plans, we urge CMS to encourage Rhode Island to ensure a strong collaboration between the Medicaid, SNAP and WIC programs to better connect people with the nutritional supports for which they are already eligible. For example, there is a unique opportunity to increase take up in WIC as participants in Medicaid and SNAP are automatically eligible for WIC. Nationally, 36 percent of WIC-eligible Medicaid participants and 46 percent of WIC-eligible SNAP participants were not enrolled in WIC in 2021. In Rhode Island, for every 10 births covered by Medicaid in 2022, only three pregnant people participated in WIC.³

Targeted pre-release services during the last 90 days of incarceration would reduce gaps in coverage and care, supporting successful transitions back to the community.

Rhode Island is requesting to extend its pre-release support services to incarcerated individuals 90 days prior to their release, instead of the 30 days the state originally requested in its December 2022 extension application. We appreciate Rhode Island’s recognition of the need for more time to maximize supports due to the complexities of planning for release and support approval of the state’s request to cover services earlier from an individual’s release date, consistent with CMS’s recent letter to State Medicaid Directors, which outlined standards for approval of pre-release

² “Race & Ethnicity and Food Insecurity,” Feeding America, June 27, 2023, <https://www.feedingamerica.org/research/race-food-insecurity>.

³ Center on Budget and Policy Priorities, “State Fact Sheets: Trends in WIC Coverage and Participation,” February 20, 2024, <https://www.cbpp.org/research/food-assistance/resource-lists/trends-in-wic-coverage-and-participation>.

services, and other recent approvals authorizing 90 days of pre-release services.⁴ However, as we noted in our comments on the state’s original proposal, we are concerned that the addendum also includes a broader scope of services than those necessary to facilitate transitions to the community and could result in Medicaid replacing other funds that are currently used to cover these services in institutions. We urge CMS to ensure that Medicaid does not supplant Department of Correction (DOC) funding, which is a more appropriate sources of funding for most care needed in a correctional institutional.

As with other recent demonstration approvals, we urge CMS to 1) establish a clear, limited set of covered pre-release services that are tailored to the goal of improving continuity of care as people return to the community and 2) prioritize the use of community-based providers to deliver the services. We appreciate Rhode Island including services in their proposal that would facilitate connections to key providers in the community people will be transitioning into. We recommend that CMS require all providers under the demonstration to be enrolled as Medicaid providers. We believe covering a targeted set of services (including durable medical equipment, family planning services and supporting case managers in developing a post-release treatment plan for physical and behavioral health), during the last 90 days of incarceration is appropriate. We also anticipate that CMS will require a Reentry Initiative Reinvestment Plan to ensure that Medicaid funding doesn’t simply replace other current funding sources; we support this important new requirement.

A contingency management pilot program could help address certain substance use disorders among Medicaid enrollees.

We appreciate Rhode Island’s use of data to address a growing need for stimulant use disorder treatment since the state’s extension was originally submitted and comment the state for seeking to implement a pilot program that has shown effectiveness in addressing this need.

We support CMS approval of Rhode Island’s request to test the contingency management program, as long as the state does not use the program in place of medication treatment for opioid use disorder. This aligns with clinical guidance that says contingency management should not be used as a first-line intervention for opioid use disorder.⁵ As it has done in other recent demonstrations, we also encourage the state to ensure any incentives participants receive are not counted as income so that contingency management benefits do not adversely impact their Medicaid eligibility.

Conclusion

Our comments include citations to supporting research, including direct links to the research, for HHS’s benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the

⁴ State Medicaid Directors Letter, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated, SMD 23-003, CMS, April 17, 2023, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>.

⁵ “Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention”, U.S. Department of Health and Human Services, November 7, 2023, <https://aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf>.

studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for consideration of our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).