

State Plan under Title XIX of the Social Security Act
MEDICAL ASSISTANCE PROGRAM

State: Rhode Island

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under Title XIX of the Social Security Act
the

Rhode Island Executive Office of Health and Human Services
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to
administer the program in accordance with the provisions of this State plan, the requirements
of Titles XI and XIX of the Act, and all applicable Federal regulations and other official
issuances of the Department.

State Plan under Title XIX of the Social Security Act
State: Rhode Island

Citation

SECTION 1: SINGLE STATE AGENCY ORGANIZATION

1.1. Designation and Authority

42 CFR 431.10
AT-79-29

- (a) The Rhode Island Executive Office of Health and Human Services is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

Attachment 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 77-2
Supersedes
TN # _____

Approval Date 2/14/77

Effective Date 12/1/76

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

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May 22, 1980

State Rhode Island

Citation

42 CFR 431.10
AT-79-29

- 1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

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State Rhode Island

Citation
42 CFR 431.10
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

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State Plan under Title XIX of the Social Security Act
State: Rhode Island

1.2

Organization for Administration

Citation
42 CFR 431.11

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid Agency and organization chart of the agency.
- (b) Within the State agency, the Medicaid Program has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1 (a) make such determinations.

TN No.: 11-008
Supersedes: 80-13

Approval Date: 8/2/12

Effective Date: 07/01/11

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 75-8
Supersedes
TN #

Approval Date 3/10/75

Effective Date 5/10/74

Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Rhode Island

<u>Citation</u> 42 CFR 431.12(b) AT-78-90	1.4 State Medical Care Advisory Committee There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.
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Tribal Consultation Requirements

Under the Tribal Consultation Requirements Section 1902(a)(73) of the Social Security Act (the Act), a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services must establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Health Care Improvement Act (IHCIA). This includes communicating on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS.

In accordance with section 10201(i) of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010; P.L. 111-152, the Rhode Island Executive Office of Health and Human Services (EOHHS) will communicate with the Narragansett Indian Tribal Chief and the Narragansett Indian Health Center Director, with a copy to the Health Center Director's Assistant. (The Tribe may request additional individuals be copied on communications.) EOHHS will communicate all proposed changes related to the Medicaid Program including State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects, and any proposed changes to benefits and eligibility. Communication will occur via email and US mail.

EOHHS will provide the Tribe a 30 day period, unless otherwise specified, in which to discuss, question, comment or provide input to EOHHS on the topic communicated. A lack of response will be considered an indication that the Tribe has no comment on the topic. In those rare instances where a more immediate response is needed (e.g., the Department is asked to provide a response to the Legislature or Governor's office in an expedited manner, a state law is passed which requires immediate implementation, etc.), EOHHS will contact the Tribe via email and phone identifying the issue, the reason for the urgency of the request, and the date by which a response is requested. That date should be no less than 14 calendar days from the date of request.

TN No: 12-008

Approval Date: 11/21/2012 Effective Date: July 1, 2012

Supersedes
TN No: 75-08

In addition to the above processes, the Tribe has been and will continue to be invited to attend several Medicaid-related committees. As an active participant of these meetings, the Tribe can remain regularly informed and provide input to relevant Medicaid issues. Those committees are:

- **Consumer Advisory Committee:** Over the last several years, staff from the NIHC have been invited to and, on occasion, have attended the Consumer Advisory Committee (CAC) meetings. The CAC is comprised of advocates and consumers who meet every other month with EOHHS representatives to discuss Medicaid-related issues such as budget, pertinent legislation, waiver/SPA amendments, policy and/or procedural changes, research and evaluation, health reform, etc.
- **Medical Care Advisory Committee:** The NIHC Medical Director has a seat on the Medical Care Advisory Committee (MCAC). The MCAC is comprised of physicians statewide who meet monthly with the EOHHS Medicaid Director to discuss medical issues and clinical policies related to the Medicaid program.
- **Global Waiver Task Force:** The State's Medicaid program now operates almost exclusively under a single waiver from the federal government. The waiver is referred to as the Global Consumer Compact Waiver. EOHHS has a task force, representing the myriad of Medicaid stakeholders, to advise EOHHS about issues, policies and operational requirements related to Rhode Island's Global Waiver.
- **Interested Parties Distribution List for Public Notice:** EOHHS maintains an "interested parties" list to notify stake holders of pending public hearings that will be held on Medicaid-related policy.
- **Family Resource Counselor Trainings:** Family Resource Counselors (FRCs) are located in community health centers and hospitals to provide assistance to individuals applying for Rite Care/Rite Share. FRCs are required to attend quarterly trainings provided by EOHHS so that they are kept aware of any changes in policy, procedures, etc. The NIHC has an identified staff person who serves as the FRC at their site.
- **Health Reform-related Meetings:** As the State creates meetings/forums in which to engage community stakeholders, the Tribe will be invited to attend.

In closing, the Executive Office of Health and Human Services has and will continue to inform, notify and seek input from the Narragansett Indian Tribe on a regular, ongoing basis. We are interested and committed to working collaboratively with the Tribe to better understand the issues and needs of the Tribal community so as to ensure that members of that community are afforded access to high quality, cost-effective health care and coverage.

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OFFICIAL

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: _____

RHODE ISLAND

Citation1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

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NOV 30 1994

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 APRIL 1994
 State/Territory: _____

RHODE ISLAND

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

___ State Medicaid Agency

X State Public Health Agency

TN No. 94-023

Supersedes

TN No. NEW

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