

STATE PLAN UNDER TITLE XIX

OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

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

HCFA-PM-87-4 MARCH 1987

(BERC)

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OMB No. 0938-0193

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Hedical Assistance Program

State/Territory:

Rhode Island

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## WAIVERS OF STATE PLAN PROVISIONS

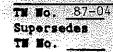
<u>State</u> : Rhode Island	OFFICIAL
Type of Waiver	T. I IVI
□ 1915(b)(1) - Case Management System □ 1915(b)(2) - Locality as a Central Broker □ 1915(b)(3) - Sharing of Cost Savings (through:) Additional Services Elimination of Copayments □ 1915(b)(4) - Restriction of Freedom of Choice 1915(c) - □ Home and Community-Based Services □ Home and Community-Based Services □ 1916(a)(3) and/or (b)(3) - Nominality of Copayments	Waiver (non-model format). Waiver (model format).
Title of Waiver and Brief Description:	
To provide Home and Community-Based Services to th	e Frail Elderly
Approval Date: June 30, 1982 Renewal Date(s	2
Effective Date: January 1, 1982	
Specific State Plan Provisions Waived and Corresponding	Plan Section(s:)
Comparability: 1902(a)(10) 3.1 and Attachment 3	<b>.1</b> A
Statewideness: 1902(a)(1) 1.3	
Freedom of Choice:	
Services: Case Management services, homemaker s Care services, devices to adapt the minor assistive devices, the services	ervices, adult day home environment and
Eligibility: Categorically Needy with income up t	o the "CAP"
Reimbursement Provisions (if different from approve	d State Plan Methodology):
$\sim$ 0 $^{\circ}$	

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Signature of State Medicaid Director

OMB No. 0938-0193 Revision: HCFA-PM-87-4 (BERC) OFFICIAL MARCH 1987 SECTION SECTION 6 - FINANCIAL ADMINISTRATION . . . . . 6.1 Fiscal Policies and Accountability 6.2 Cost Allocation . . . . . 6.3 State Financial Participation .

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### LIST OF ATTACHMENTS

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*1.1-A	Attorney General's Certification
*1.1-B	Walvers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1,2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18  * Supplement 2 - Definitions of Blindness and Disability (Territories only)  * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
•	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

#### \*Forms Provided

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F	* Supplement 5 -	Resources that Differ from those of the SSI
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	* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
	* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
;	* Supplement 8a-	More Liberal Methods of Treating Income Under
	* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
	* Supplement 9 -	Transfer of Resources
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  - \* Supplement 1 Case Management Services
    Supplement 2 Alternative Health Care Plans for Families
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- \*3.1-B Amount, Duration, and Scope of Services Provided Medically Needy Groups
- 3.1-C Standards and Methods of Assuring High Quality Care
- 3.1-D Methods of Providing Transportation
- •3.1-E Standards for the Coverage of Organ Transplant Procedures
- 4.11-A Standards for Institutions
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- 4.16-A Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
- 4.17-A Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
- \*4.18-A Charges Imposed on Categorically Needy
- \*4.18-B Medically Needy Premium
- \*4.18-C Charges Imposed on Medically Needy and other Optional Groups
- \*4.18-D Premiums Imposed on Low Income Pregnant Women and Infants

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- \*4.18-E Premiums Imposed on Qualified Disabled and Working Individuals
- 4.19-A Methods and Standards for Establishing Payment Rates Inpatient Hospital Care

#### \*Forms Provided

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- 4.19-C Payments for Reserved Beds
- 4.19-D Methods and Standards for Establishing Payment Rates Skilled Nursing and Intermediate Care Facility Services
- 4.19-E Timely-Claims Payment Definition of Claim
- 4.20-A Conditions for Direct Payment for Physicians' and Dentists' Services
- 4.22-A Requirements for Third Party Liability--Identifying Liable Resources
- \*4.22-B Requirements for Third Party Liability--Payment of Claims
- \*4.22-C Cost-Effective Methods for Employer-Based Group Health Plans
- \*4.32-A Income and Eligibility Verification System Procedures: Requests to Other State Agencies
- \*4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
- 7.2-A Methods of Administration Civil Rights (Title VI)

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