STATE PLAN UNDER TITLE XIX
OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

HCFA-AT-80-38 (BPP)
MAY 22, 1980
OFFICIAL

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

State/Territory: Rhode Island

TABLE OF CONTENTS

SECTION PAGE NUMBERS
State Plan Submittal Statement ........................................ 1

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION ............... 2

1.1 Designation and Authority ................................... 2

1.2 Organization for Administration .............................. 7

1.3 Statewide Operation ........................................ 8

1.4 State Medical Care Advisory Committee ..................... 9
SECTION 3 - SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

3.2 Coordination of Medicaid with Medicare Part B

3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

3.4 Special Requirements Applicable to Sterilization Procedures

3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries

3.6 Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility Period
SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.1 Methods of Administration ........................................... 32
4.2 Hearings for Applicants and Recipients .......................... 33
4.3 Safeguarding Information on Applicants and Recipients .......... 34
4.4 Medicaid Quality Control ............................................. 35
4.5 Medicaid Agency Fraud Detection and Investigation Program .... 36
4.6 Reports ........................................................................ 37
4.7 Maintenance of Records .................................................. 38
4.8 Availability of Agency Program Manuals ............................ 39
4.9 Reporting Provider Payments to the Internal Revenue Service .... 40
4.10 Free Choice of Providers ................................................ 41
4.11 Relations with Standard-Setting and Survey Agencies .......... 42
4.12 Consultation to Medical Facilities ..................................... 44
4.13 Required Provider Agreement .......................................... 45
4.14 Utilization Control ....................................................... 46
4.15 Inspections of Care in Skilled Nursing and Intermediate Care Facilities and Institutions for Mental Diseases .......... 51
4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees ................................. 52
4.17 Liens and Recoveries .................................................... 53
4.18 Cost Sharing and Similar Charges ..................................... 54
4.19 Payment for Services .................................................... 57
<table>
<thead>
<tr>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.20</td>
</tr>
<tr>
<td>4.21</td>
</tr>
<tr>
<td>4.22</td>
</tr>
<tr>
<td>4.23</td>
</tr>
<tr>
<td>4.24</td>
</tr>
<tr>
<td>4.25</td>
</tr>
<tr>
<td>4.26</td>
</tr>
<tr>
<td>4.27</td>
</tr>
<tr>
<td>4.28</td>
</tr>
<tr>
<td>4.29</td>
</tr>
<tr>
<td>4.30</td>
</tr>
<tr>
<td>4.31</td>
</tr>
<tr>
<td>4.32</td>
</tr>
<tr>
<td>4.33</td>
</tr>
<tr>
<td>4.34</td>
</tr>
<tr>
<td>4.35</td>
</tr>
</tbody>
</table>
WAIVERS OF STATE PLAN PROVISIONS

State: Rhode Island

Type of Waiver

☐ 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 Waiver (non-model format).
☐ Home and Community-Based Services Waiver (model format).
☐ 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

To provide Home and Community-Based Services to the Frail Elderly

Approval Date: June 30, 1982

Renewal Date(s):

Effective Date: January 1, 1982

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: 1902(a)(10) 3.1 and Attachment 3.1A

Statewideness: 1902(a)(1) 1.3

Freedom of Choice:

Services: Case Management services, homemaker services, adult day care services, devices to adapt the home environment and minor assistive devices,

Eligibility: Categorically Needy with income up to the "CAP"

Reimbursement Provisions (if different from approved State Plan Methodology):

Signature of State Medicaid Director:

Rev. 1
<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 7 - GENERAL PROVISIONS</td>
<td>86</td>
</tr>
<tr>
<td>7.1 Plan Amendments</td>
<td>86</td>
</tr>
<tr>
<td>7.2 Nondiscrimination</td>
<td>87</td>
</tr>
<tr>
<td>7.3 Maintenance of AFDC Effort</td>
<td>88</td>
</tr>
<tr>
<td>7.4 State Governor's Review</td>
<td>89</td>
</tr>
</tbody>
</table>
### List of Attachments

<table>
<thead>
<tr>
<th>No.</th>
<th>Title of Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1-A</td>
<td>Attorney General's Certification</td>
</tr>
<tr>
<td>1.1-B</td>
<td>Waivers under the Intergovernmental Cooperation Act</td>
</tr>
<tr>
<td>1.2-A</td>
<td>Organization and Function of State Agency</td>
</tr>
<tr>
<td>1.2-B</td>
<td>Organization and Function of Medical Assistance Unit</td>
</tr>
<tr>
<td>1.2-C</td>
<td>Professional Medical and Supporting Staff</td>
</tr>
<tr>
<td>1.2-D</td>
<td>Description of Staff Making Eligibility Determination</td>
</tr>
<tr>
<td>2.1-A</td>
<td>Definition of an HMO that is Not Federally Qualified</td>
</tr>
<tr>
<td>*2.2-A</td>
<td>Groups Covered and Agencies Responsible for Eligibility Determinations</td>
</tr>
<tr>
<td>*2.2-A</td>
<td>Supplement 1 - Reasonable Classifications of Individuals under the Ages of 21, 20, 19 and 18</td>
</tr>
<tr>
<td>*2.2-A</td>
<td>Supplement 2 - Definitions of Blindness and Disability (Territories Only)</td>
</tr>
<tr>
<td>*2.2-A</td>
<td>Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home</td>
</tr>
<tr>
<td>*2.6-A</td>
<td>Eligibility Conditions and Requirements (States only)</td>
</tr>
<tr>
<td>*2.6-A</td>
<td>Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries</td>
</tr>
<tr>
<td>*2.6-A</td>
<td>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</td>
</tr>
<tr>
<td>*2.6-A</td>
<td>Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid</td>
</tr>
<tr>
<td>*2.6-A</td>
<td>Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program</td>
</tr>
</tbody>
</table>

### Forms Provided

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Supersedes Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>82-02</td>
<td>DEC 9 1992</td>
<td>7/1/92</td>
</tr>
<tr>
<td>87-04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HCFA ID: 7982E
Title of Attachment

- Supplement 5 - Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
- Supplement 5a - Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
- Supplement 6 - Standards for Optional State Supplementary Payments
- 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 Section 1902(r)(2) of the Act
- Supplement 8b - More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
- Supplement 9 - Transfer of Resources
- Supplement 10 - Consideration of Medicaid Qualifying Trusts--Undue Hardship
- Supplement 11 - Cost-Effective Methods for COBRA Groups (States and Territories)

*2.6-A Eligibility Conditions and Requirements (Territories only)
- Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
- Supplement 2 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
- Supplement 3 - Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
- Supplement 4 - Consideration of Medicaid Qualifying Trusts--Undue Hardship
- Supplement 5 - More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
- Supplement 6 - More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

TN No. 92-07 Supersedes Approval Date DEC 24 1992 Effective Date 7/1/92
TN No. 92-02 HCFA ID: 79832E
Title of Attachment

*3.1-A Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
  * Supplement 1 - Case Management Services
  * Supplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act

*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

4.14-A Single Utilization Review Methods for Intermediate Care Facilities

4.14-B Multiple Utilization Review Methods for Intermediate Care Facilities

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

*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

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Supersedes</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-02</td>
<td>92-02</td>
<td>DEC 9 1992</td>
<td>7/1/92</td>
</tr>
<tr>
<td>90-13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HCFA ID: 7982E
SECTION 5 - PERSONNEL ADMINISTRATION

5.1 Standards of Personnel Administration

5.2 RESERVED

5.3 Training Programs; Subprofessional and Volunteer Programs
4.19-B Methods and Standards for Establishing Payment Rates - Other Types of Care
   * Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance

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)

*Forms Provided

Supersedes Approval Date  3/2/1992
Effective Date  7/1/92
TN No.  92-07
TN No.  92-02
HCFA ID:  7982E