STATE OF RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

10/26/2023 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND MEDICAID STATE PLAN

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Ticket to Work Eligibility Group

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update Rhode Island's Medicaid State Plan to implement a new eligibility group for working adults who have disabilities, as authorized by the Ticket to Work and Work Incentives Improvement Act. The pathway would offer Medicaid coverage to higher-income workers with disabilities who aside from earned income, meet the Social Security definition of disability. Premiums for this eligibility group are based on family income, beginning at 150% FPL on a sliding fee scale up to 5% of family income.

These changes are proposed to take effect on October 1, 2023 and are expected to result in an increase in expenditures of \$0.6 million in SFY24 and \$1.2 million in SFY25 (all funds).

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-2407 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by November 25, 2023 to Brittany Church, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Brittany.Church@ohhs.ri.gov or via phone at (401) 462-2407.

In accordance with the Rhode Island General Laws 42-35-2.8, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

Original signed by Richard Charest, Secretary, Rhode Island Executive Office of Health and Human Services
Signed this 26th day of October, 2023

State/Territory: Rhode Island

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A.	. For groups of individuals with family	income	above 100	percent but	below 1	150 percent
	of the FPL:					

4	•	1		
1.	Cost	сh	arın	O
1.	COSt	OII	arm	5

- a. x/No cost sharing is imposed.
- b. __/Cost sharing is imposed under section 1916A of the Act as follows (specify the amounts by group and services (see below)):

		Type of Charge	
Group of	Item/Service	Deductible Co-insurance Co-payment	*Method of
Individuals			Determining
			Family
			Income
			(including
			monthly or
			quarterly
			period)

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

b. Limitations:

The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the

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family involved, as applied on a monthly and quarterly basis as specified by the State above.

- Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.
- c. No cost sharing will be imposed for the following services:
 - Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
 - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
 - Services furnished to pregnant people, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
 - Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
 - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
 - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
 - Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
 - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

ci. Enforcement	
1/ Providers are permitted to req items, or services, the payment of any cos	uire, as a condition for the provision of care, at sharing.
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	2/ (If above box sele on a case-by-case basis.	cted) Providers permitted to reduce or wait	ve cost sharing
	1 0	riders must be reduced by the amount of the rdless of whether the provider successfully	•
	•	to increase total State plan rates to provide nts when cost sharing is introduced.	ers to maintain
2.	Premiums		
	No premiums may be imposed below 150 percent of the FPL	d for individuals with family income above .	e 100 percent but
B. Fo	r groups of individuals with f	amily income above 150 percent of the F	PL:
1.	Cost sharing amounts		
	_	imposed. posed under section 1916A of the Act as following discrete (see below)):	ollows (specify
		Type of Charge	
Group Individ		Deductible Coinsurance Co-payment	*Method of Determining Family Income (including monthly or quarterly period)
	ribe the methodology used to dermining eligibility.	etermine family income if it differs from ye	our methodology
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Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.
- c. No cost sharing shall be imposed for the following services:
 - Services furnished to individuals under 18 years of age that are required to be
 provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services
 furnished to individuals with respect to whom aid and assistance is made available
 under part B of title IV to children in foster care, and individuals with respect to
 whom adoption or foster care assistance is made available under part E of such title,
 without regard to age;
 - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income;
 - Services furnished to pregnant people, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
 - Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act);
 - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
 - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
 - Family planning services and supplies described in section 1905(a)(4)(C) of the Act;
 - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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Revision: June 2009

Attachment 4.18-F Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

d. Enforcement	ne provision of care,		
· / Description and the last of the control of the	ne provision of care,		
i/ Providers are permitted to require, as a condition for the items, or services, the payment of any cost sharing.	•		
ii/ (If above box selected) Providers are permitted to redu sharing on a case-by-case basis.	ce or waive cost		
iii/ State payments to providers must be reduced by the an cost-sharing obligations, regardless of whether the provider the cost-sharing.	-		
2. Premiums			
a. Amount of Premiums			
 i/ No premiums are imposed. ii/X/ Premiums are imposed under section 1916A of the Act as follows (spetthe premium amount by group and income level. 			
	mining Family Income y or quarterly period)		
Working Disabled Adults enrolled via the Ticket to Work pathway Premiums are based on family income, beginning at 150% FPL on a sliding fee scale, no more than 5% of family income, as described on page 5a. The State calculates the standard SSI me scale, no more than 5% of family income, as described on page 5a.	s monthly income using ethodology.		
 b. Limitation: The total aggregate amount of premiums and cost sharing imposing the family may not exceed 5 percent of the family income of as applied on a monthly or quarterly basis as specified by the S 	f the family involved,		
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CMS-101090 (09/06)			

FPL	Premium Amount for Ticket to Work
<150% FPL	\$0
150 - <185% FPL	\$61
185 - <200% FPL	\$77
200 - <250% FPL	\$92
250 - <300% FPL	\$110
300 - <350% FPL	\$130
350 - <400% FPL	\$150
400 - <450% FPL	\$170
450 - <500% FPL	\$190
500 - <550% FPL	\$210
550 - <600% FPL	\$230
600 - <650% FPL	\$250
650 - <700% FPL	\$270
700 - <750% FPL	\$290
750 - <800% FPL	\$310
800 - <850% FPL	\$330
850 - <900% FPL	\$350
900%+ FPL	\$370

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CMS-101090 (09/06)

State/Territory: Rhode Island

- c. No premiums shall be imposed for the following individuals:
 - Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
 - Pregnant people;
 - Any terminally ill individual receiving hospice care, as defined in section 1905(o);
 - Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
 - Individuals who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

C1	Hntorcoment
C1.	Enforcement

- 1. __/ Prepayment required for the following groups of individuals who are applying for Medicaid:
- 2. \underline{X} / Eligibility terminated after failure to pay for 90 days for the following groups of individuals who are receiving Medicaid:

Working Disabled Adults enrolled via the Ticket to Work pathway

3. \underline{X} / Payment will be waived on a case-by-case basis for undue hardship.

C. Period of determining aggregate 5 percent cap

of Teriod of determining aggregate 2 percent cup			
	Specify the period for which the 5 percent maximum would be applied.		
	/ Quarterly		
	X/ Monthly		
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D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

Premiums will not exceed the 5% maximum and the State is not charging cost-sharing. As the State will only apply premiums to individuals with an income equal to or greater than 150% of the FPL, and premiums are set at an amount that is less than the maximum amount of 5% of income, there will not be cases in which an individual is charged more than the maximum amount.

Once an individual is determined eligible for the Ticket to Work pathway, a letter will be sent to the qualifying individual with their monthly premium amount.

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RI - Submission Package - RI2023MS0005O - (RI-23-0012) - Eligibility

MODIFY PACKAGE VIEW PRINT PREVIEW

Summary

Reviewable Units

News

Related Actions

← All Reviewable Units

← Optional Eligibility Groups

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00050 | RI-23-0012

Individuals between ages 16 and 64 with a disability, who have earned income.

♣ Spell Check Instructions | ② Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID RI2023MS0005O

SPA ID RI-23-0012

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date 10/1/2023

Superseded SPA ID new

User-Entered

View Implementation Guide

VIEW ALL RESPONSES

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

A. Characteristics

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Individuals qualifying under this eligibility group must meet the following criteria:

- 1. Are at least age 16 but less than 65 years of age.
- 2. Have earned income.
- 3. But for earned income, meet the SSI definition of disability.
- ${\bf 4.} \ {\bf Have\ income\ and\ resources\ that\ do\ not\ exceed\ the\ standards\ established\ by\ the\ state.}$

B. Financial Methodologies

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1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

View approved version of Non-MAGI Methodologies

2. L	ess restrictive	methodologies	are used in	calculating	countable	income.
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O Yes

No

3. Less restrictive methodologies are used in calculating countable resources.

O Yes

No

C. Income Standard Used

Col	lapse

The income standard for this group is	:	
	① 1. No income standard	
	2. A percentage of the federal poverty level:	
	○ 3. A percentage of the SSI Federal Benefit Rate:	
	O 4. A dollar amount	
	○ 5. Other	
D. Resource Standard	Used	
		Collapse
The resource standard for this group	is:	
	① 1. No resource standard	
	2. SSI resource standard	
	4. A dollar amount higher than the SSI resource standard	
E. Premiums and Cost	Sharing	
		Collapse

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

F. Additional Information (optional)

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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850