



Rhode Island Medicaid  
Advisory Committee  
(MAC) Guide



# Rhode Island Medicaid Advisory Committee (MAC) Guide

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## Introduction

On May 10, 2024, the Centers for Medicare & Medicaid Services (CMS) published the [Ensuring Access to Medicaid Services Final Rule](#), 89 FR 40542, (42 CFR 432.12), (referred to in this guide as the 2024 Access Final Rule). A key provision in the 2024 Access Final Rule establishes requirements for states to operate a Medicaid Beneficiary Advisory Council (BAC) and a Medicaid Advisory Committee (MAC). In Rhode Island, the MAC and the BAC are replacing the current Medicaid Medical Care Advisory Committee (MCAC) and the Medicaid Consumer Advisory Committee (CAC).

### What is the difference between the Medicaid Advisory Committee (MAC) and the Beneficiary Advisory Council (BAC)?

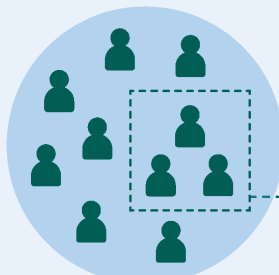
While the MAC and the BAC both provide opportunities for people to share their experiences and knowledge about Medicaid, there are a few differences to understand. The MAC is a diverse group of Medicaid stakeholders, including BAC members, with a wide range of perspectives and experiences. The MAC advises Rhode Island Medicaid about potential ways to improve the Medicaid program from a clinical perspective by providing a sounding board and, as an advisory group, give Rhode Island Medicaid feedback on current and evolving issues.

The BAC is a dedicated forum for people with lived experience of the Medicaid program. BAC members can advise Rhode Island Medicaid on issues or concerns they have about the program. The BAC can work with Medicaid staff to discuss a wide range of topics. For example, members can share ideas about how Medicaid can better communicate with its members or provide input about other ways Medicaid can improve the health of members.

### Beneficiary Advisory Council (BAC)

The BAC is a dedicated forum for **people with lived experience** of the Medicaid program. BAC members must include individuals who are:

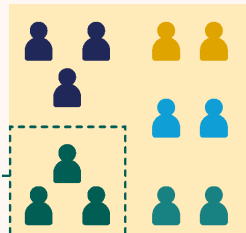
- Enrolled in Medicaid currently or in the past
- A family member of someone enrolled in Medicaid
- A paid or unpaid caregiver of someone enrolled in Medicaid



### Medicaid Advisory Committee (MAC)

The MAC is a **diverse group of Medicaid stakeholders** with a wide range of perspectives and experiences. The MAC includes BAC members and at least one representative from each of these categories:

- Clinicians / administrators
- Managed care organizations (MCO)
- Other state agencies as ex officio members
- State, local, or community-based organizations



**By July 10, 2027, 25% of MAC members must be from the BAC**

## Part 1

### Medicaid Advisory Committee (MAC) Member Information

Your voice and experience matter to Rhode Island Medicaid and the Medicaid Advisory Committee (MAC) gives you an opportunity to share your point of view. By joining the MAC, stakeholders can help us improve and make Medicaid better.

#### What is the Medicaid Advisory Committee (MAC)?

The MAC is a group of up to 25 people who represent advocates, clinicians and administrators, community partners, and state, local or community-based organizations. The MAC must also include representatives from the Beneficiary Advisory Council (BAC). [Learn more about the BAC.](#)

To participate in the MAC members must be representatives of:

- Local community-based organizations that provide services to Medicaid beneficiaries.
- Clinicians and/or administrators that have experience with the health and social needs of Medicaid beneficiaries. This may include, but may not be limited to, primary care, specialty care, behavioral health, oral health, and long-term care providers and associations.
- Medicaid managed care organizations (MCO) or an association representing more than one such MCO.
- Representatives from a local Rhode Island tribe.
- Other state agencies that serve Medicaid beneficiaries (for example, state mental health authority, state child welfare authority, state department of health, state department of human services) as ex-officio, non-voting members.
- Representatives from the BAC.

## **MAC Responsibilities and Expectations**

The MAC provides guidance, in an advisory role, to the Medicaid program, as well as the Medicaid Program Director, on high priority issues, challenges, policies, and operational decisions regarding program administration and the experiences of Medicaid members in Rhode Island. This can include the following:

- Additions and changes to services
- Coordination of care
- Quality of services
- Access to services
- Eligibility, enrollment, and renewal processes
- Member and provider communications by the Medicaid program and its contracted vendors such as Medicaid managed care organizations
- Cultural competency, language access, health equity, and disparities and biases in the Medicaid program
- Other issues that impact health outcomes and delivery of medical care services in the Medicaid program.

The MAC, with support from the Executive Office of Health & Human Services (EOHHS) and Medicaid, is responsible for submitting an annual report describing its activities, the activities of the BAC, topics discussed, recommendations, as well as the responses given to the recommended actions. The first annual report is due on July 1, 2026.

## **MAC Meetings and Attendance**

The MAC meets four times a year in person, virtually, or mixed formats. Two out of the four meetings must be open to the public. Full participation and attendance are a requirement of committee membership, unless excused, and are key for the committee to conduct business:

**Excused absence:** An absence may be excused if you notify the MAC administrator at least two (2) days in advance of absence. Qualified excused absences shall be determined by the MAC and include reasons such as unexpected personal or family emergencies, planned travel, and personal or family illness. Members who have more than two excused absences will receive a letter from the committee regarding their continued participation and the response either in writing or verbally will be discussed at the next committee meeting at which a decision will be made.

**Unexcused absence:** Committee members must contact the MAC administrator when they will be absent. Failure to provide advance notice of an absence will be considered “unexcused.” Members who have more than two unexcused absences in the same calendar year will be in

jeopardy of being terminated from the committee and have their continued membership voted on by the remaining committee members.

### Selecting MAC Members

The State Medicaid Program Director will select individuals to serve on the MAC for a two-year term unless or until they resign or fail to meet committee participation requirements. Terms cannot be followed immediately by a consecutive term for the same member on a rotating and/or continuous basis. Committee vacancies will be filled by the Medicaid Program Director's established selection process. The MAC will consist of no more than 25 members.

### Member Conduct and Norms

Members of the Medicaid Advisory Committee (MAC) are expected to follow specific conduct guidelines and norms to ensure meetings are productive, respectful, and aligned with the Committee's mission. The feedback you provide as a MAC member is important. Please share your experiences with others who attend the meetings. More importantly, practice being a good listener.

Below are some guidelines that outline how MAC members should interact with each other, Rhode Island Medicaid staff, and others attending the meetings. They include ways to protect the MAC whether at meetings or outside meetings. Expectations include:

- **Uphold confidentiality.** Always respect the privacy and confidentiality of information shared. What is said here, stays here. Maintain confidentiality of any sensitive or protected information discussed at meetings. You should also avoid publicly criticizing or mis-stating information shared by other MAC members during meetings. This applies to any written communications, like emails, blogs, or social media (for example, Facebook or Instagram).
- **Step up and step back.** It is important that all MAC member voices are heard. One person speaks at a time. Give and take space so that all members can share. Be willing to share your experiences and listen to the experiences of others.
- **Disagree without being disagreeable.** Be respectful of other MAC members, Rhode Island Medicaid staff, and other presenters. Avoid personal attacks and suspend judgement. We want to be hard on the problem, not each other. Use a respectful tone even if your opinions are different. Engage with others with curiosity and compassion.
- **Listen to understand.** Listen to the perspectives of others and try to understand them by using active listening skills. Avoid interrupting and reflect what you heard to ensure understanding,

- **Be present.** You should do your best to attend MAC meetings and be active. If you can't attend, let the MAC Administrator know ahead of time. If you miss a meeting, ask about what you missed. During the meeting, minimize distractions to ensure that you are as fully engaged as possible.
- **Stay focused and follow-up.** Approach challenges with a solution-focused energy and have timely follow-up when feedback is given.
- **Conflict of interest disclosure.** Disclose any actual or potential conflicts of interest and recuse yourself from votes or discussions where a conflict of interests exists. If you have a question about a potential conflict of interest, please be sure to reach out to let our staff know. See Part 4 for the conflict-of-interest policy and form.

### Medicaid Beneficiary Advisory Council (BAC) Representation at MAC Meetings

<p><b>Members of the BAC will represent the council at Medicaid Advisory Committee (MAC) meetings as follows:</b></p>	<ul style="list-style-type: none"><li>■ From the period of July 9, 2025-July 9, 2026, 10% of the MAC membership will be BAC members.</li><li>■ From the period of July 10, 2026-July 10, 2027, 20% of the MAC membership will be BAC members.</li><li>■ And thereafter 25% of MAC members must come from the BAC.</li></ul>
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### Medicaid Staff Support for MAC Members

Rhode Island Medicaid staff will provide support to MAC members by assisting with all planning and preparation for meetings, including agenda development and posting of meeting minutes as well as annual reports.

The MAC, with support from the State, must submit an annual report describing its activities, topics discussed, and recommendations. The State must review the report and include responses to the recommended actions. The state agency must then provide MAC members with final review of the report. Once the report is finalized the state must post the report on the State's website. The first annual MAC report is due July 1, 2026.

## How to Get Involved in the MAC

We invite people to apply to the MAC if they are a representative of:

- Local community-based organizations that provide services to Medicaid beneficiaries.
- Clinicians and/or administrators that have experience with the health and social needs of Medicaid beneficiaries. This may include, but may not be limited to, primary care, specialty care, behavioral health, oral health, and long-term care providers and associations.
- Medicaid managed care organizations (MCO) or an association representing more than one such MCO.
- Representatives from a local Rhode Island tribe.
- Other state agencies that serve Medicaid beneficiaries (for example, state mental health authority, state child welfare authority, state department of health, state department of human services) as ex-officio, non-voting members.

EOHHS is not currently accepting applications for the MAC. However, anyone interested in completing an application for the next application period, can contact Damaris Teixeira at [damaris.r.teixeira@ohhs.ri.gov](mailto:damaris.r.teixeira@ohhs.ri.gov) or 401-462-6577.

## Additional Resources

For additional information and resources about the MAC, please visit the [Rhode Island Medicaid Advisory Committee \(MAC\) | Executive Office of Health and Human Services](#).

## Part 2

### Medicaid Services Information

#### What is Medicaid?

Medicaid is a health insurance program. It helps people with low income pay for medical costs. The federal government sets basic rules about Medicaid and all states must follow them, but each state runs its own program. For example, states have some flexibility to decide who gets Medicaid coverage and what services are covered.

In Rhode Island, the Executive Office of Health and Human Services (EOHHS), Medicaid Office, administers the Medicaid program which is jointly funded by the federal government and the State. The Department of Human Services (DHS) determines eligibility on behalf of the Medicaid program.

There are several different pathways to Medicaid.

Basic criteria:

- Citizenship/residency status
- Rhode Island residency
- Gross income of the household
- Number of people in a household
- Age/Disability status
- Financial resources

#### What does RI Medicaid cover?

Rhode Island Medicaid will pay for many different healthcare services when members have a medical need for the service. Coverage is considered comprehensive health insurance. RI Medicaid generally does not charge cost shares or co-pays for health services. Long-term services and supports, and the Rite Share program are the only programs or services where you might have cost-sharing, depending on your income.

Below are some examples of services covered:

### Medicaid covered services

#### Covered Services

- Inpatient and outpatient hospital services
- Primary care and physician services
- Lab and x-ray services
- Home health services
- Nursing facility services
- [Early and Periodic Screening, Diagnostic, and Treatment \(Children's services\)](#)
- [Non-emergency medical transportation](#)
- Prescription drugs, including prescribed over-the-counter medicines
- Case management
- Home stabilization
- Home care and personal care services (max 6 hours/week unless you qualify for LTSS)
- Physical therapy
- Occupational therapy
- Speech therapy
- Dental services\*
- Optometry
- Behavioral health, psychology, and substance use disorder treatment
- Ambulatory surgery center services
- Federally Qualified Health Center (FQHC) services
- Adult day services

\*See below for additional information about dental services.

#### Services specifically available to people younger than 21

- Private duty nursing
- Home-Based Therapeutic Services (HBTS)
- Personal Assistance Services and Supports (PASS)
- Specialized dental services

## Services available to people younger than 21 and adults who qualify for Long-Term Services and Supports (LTSS)

- Personal care (number of hours based on need)
- Homemaker services (number of hours based on need)
- Personal care and other home and community-based services provided in an Assisted Living facility
- Respite services
- Other Home and Community-Based services

### Dental Services

#### *Dental services for adults*

Adults who receive Medicaid benefits have access to dental services through Medicaid Fee-for-Service. This means that a member must find a dentist that is enrolled in RI Medicaid. Learn more about [covered dental benefits for adults with Medicaid](#).

People can find a dentist who may accept new Medicaid patients by searching the [provider portal](#). They can also seek dental care at one of the state's [free or low-cost dental care facilities](#).

Adults who have Medicaid and live in a nursing home may be able to get dental care through [CareLink Mobile Dentistry](#).

#### *Rlte Smiles for children and young adults*

Rlte Smiles is a managed dental plan for children and young adults born after May 1, 2000. Rlte Smiles is managed by United Health Care (UnitedHealthcare Dental/Rlte Smiles) and focuses on preventive services including routine exams, cleanings, fluoride treatments, x-rays and other services. Children who have a commercial dental plan are not eligible to enroll in Rlte Smiles.

[Learn more about Rlte Smiles](#).

### Pathways to Medicaid

Rhode Island Medicaid coverage is extended to several groups, and it's largely dependent on income. Rhode Island has chosen to expand eligibility beyond what is federally mandated.

Below is a list of the different pathways for Medicaid eligibility:

- Modified Adjusted Gross Income (MAGI) Medicaid – for low-income adults, parents, children, and pregnant women (ages birth to 64)

- Medicaid for Older Adults or Adults with Disabilities
- Medicaid Long-Term Services and Supports (LTSS)
- Medicaid for People with High Medical Costs
- Medicaid for Individuals on Supplemental Security Income (SSI) - Rhody Health Partners (RHP)
- Katie Beckett Waiver (households that are over income but have child with disability that meets an institutional level of care)

### **Modified Adjusted Gross Income (MAGI) Medicaid**

This is income-based Medicaid and where the majority of RI's Medicaid members fall.

Income guidelines are as follows:

- Parents with children under age 18 with income up to 138% of the Federal Poverty Level (FPL)
- Adults (19-64) without children with income up to 138% of the FPL
- Children up to age 19 with income up to 266% of the FPL
- Pregnant women with income up to 258% of the FPL

MAGI Medicaid Programs:

#### ***Rlte Care*** (for families with children)

In Rhode Island, families with children under 19 and pregnant women get services through Rlte Care, a managed care program. Family size and income determine if people are eligible for Rlte Care. Eligible individuals have the choice of enrolling in one of three managed care organizations (MCOs) health plans or into the Rlte Share Premium Assistance program, if appropriate. [Learn more about Rlte Care.](#)

#### ***Medicaid Expansion***

The program for MAGI eligible adults without children is called Medicaid Expansion. Eligible individuals have the choice of enrolling in one of three managed care organizations (MCOs) or into the Rlte Share Premium Assistance Program, if appropriate.

Who is eligible?

- Single adults between the ages of 19 and 64 who do not otherwise qualify for Medicaid (must be a Rhode Island resident).

- Their income is equal or less than 133% of the FPL (138% FPL with the 5% disregard)
- Not pregnant and not have dependent children.
- Not have any other insurance including Medicare.

### Managed Care Organizations (MCOs)

Most MAGI Medicaid members in Rhode Island are in one of three managed care organizations (MCOs). MCOs are responsible for cost, quality, and access to services for their populations. Individuals approved for Medicaid will get information about their MCO options. This information will come in the mail and be available on the HealthyRhode Customer Portal. They can choose which managed care plans they like. If they do not make a choice, the state will automatically enroll them into one of the plans.

The three MCOs are:

- [Neighborhood Health Plan of Rhode Island](#) (NHPRI)  
1-800-459-6019
- [Tufts Health Plan](#)  
1-866-738-4116/ TTY: 711
- [UnitedHealthcare Community Plan](#) (UHC)  
1-800-587-5187

Rhode Island's Medicaid program has a contract with each of these MCOs. People can select an MCO for their Medicaid benefits by logging in to their HealthyRhode account. Once they choose their Medicaid health plan, they will receive an insurance card and member packet. They should take this card with them when they visit a healthcare provider. Members will not have to pay any co-pays or other costs. Some MCOs may cover extra services that Medicaid does not require them to cover. People should contact their MCO to learn more about the services covered and the provider networks of the health plan.

**Rite Share** is a RI's Medicaid Premium Assistance program for MAGI eligible individuals who are employed and have access to cost-effective employer-sponsored insurance. Rite Share is an alternative to enrollment in an MCO for employed individuals whose employers offer cost effective health insurance. The State will pay all or part of the cost for employee health insurance coverage, as well as their deductibles, coinsurance, and any services covered by Medicaid but not by their employer coverage. Learn more about Rite Share.

## Medicaid for Older Adults or Adults with Disabilities

Medicaid benefits provide the healthcare people need when they are older or living with a disability. People who experience disabilities can get Medicaid in different ways.

### Medicaid Programs for Working People with Disabilities

- If a person has a disability and is an employed adult between the ages of 19 and 64, or they are 65 or older and still working, they may be eligible for a Medicaid program that supports their ability to work.
- People may be eligible for Medicaid through one of two [programs for working people with disabilities](#). If they are enrolled in one of these programs, they have access to all standard Medicaid benefits.

#### Ticket to Work (ages 16-64)

Ticket to Work (TTW) provides full Medicaid benefits to adults between the ages of 16 and 64 who meet Medicaid requirements for eligibility based on a disability. They must have proof of active paid employment. If they get Medicaid through TTW, they may pay a monthly premium based on how much money they make. [Learn more about the Ticket to Work program.](#)

#### Sherlock Plan (age 65 and older)

If a person is at least 65, meets Medicaid requirements for eligibility based on a disability, and has proof of active paid employment, they may get Medicaid through the Sherlock Plan. Their eligibility for this program also depends on their income and assets. If they get Medicaid through the Sherlock Plan, they may pay a monthly premium based on how much money they make. [Learn more about the Sherlock Plan.](#)

## Medicaid Long-Term Services and Supports (LTSS)

Long-term services and supports (LTSS) are for people with healthcare conditions and/or disabilities who need nursing home, assisted living or home care services.

Medicaid requires states to cover all medically necessary services for children from childbirth up to their 21<sup>st</sup> birthday. This coverage is known as **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)**. All children and adolescents who have Medicaid get preventive and routine healthcare services. They also include specialized health services. EPSDT services include:

- Regular check-ups.
- Screenings for physical, mental, developmental, dental, hearing, vision, and other tests.
- Diagnostic tests to find out if a child has a health condition.
- Treatment to control, correct, or reduce health conditions a child may have.

[Learn more about Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\).](#)

Eligibility for LTSS considers the income and assets of the person and their spouse. They must also meet eligibility requirements for the medical [level of care](#) they need.

- For older adults and adults with medical or age-related disabilities, LTSS is focused on services to help with normal daily tasks like eating, dressing, and using the bathroom.
- For adults with an intellectual or developmental disability, LTSS can include both support with activities of daily living as well as supports to help people fully participate in their communities such as employment supports and day/residential habilitation.
- LTSS covers services in a nursing home, assisted living and at home through a self-directed model of care.
  - Self-direction (Personal Choice), where they can choose who provides their care and when. With Personal Choice they manage their service budget, how much their caregivers are paid (within certain limits), and they decide the type of training they receive. Visit [MyOptionsRI](#) to learn more about Personal Choice
- Members can choose how they get LTSS benefits. Options include:
  - Fee-for-service, where Medicaid directly pays the bills for their LTSS
  - For those LTSS eligibles also on Medicare, they can choose to enroll in NHPRI Integrity plan
  - Managed long-term care through the [Program for All Inclusive Care for the Elderly \(PACE\)](#).
  - [Click here to learn more about LTSS options.](#)

### Medicaid for People with High Medical Costs

If a person's income is too high for regular Medicaid, but they have high medical bills, they may be able to get Medicaid coverage through the Medically Needy pathway. The state can subtract their medical bills from their income, and if the amount left is low enough, they can get Medicaid for a six-month period.

Income guidelines are as follows:

- Older adults and adults with disabilities with income above 100% of the Federal Poverty Level (FPL);
- Children with income above the Medicaid Affordable Care Coverage (MACC) limit of 266% of the FPL;
- Pregnant women with income above the MACC limit of 258% of the FPL;
- Parents/caretakers with income above the MACC limit of 138% of the FPL;
- Non-qualified non-citizens seeking coverage for emergency Medicaid if ineligible under all other pathways; and

- Certain refugees who do not otherwise qualify for Medicaid health coverage or commercial insurance with financial help through HealthSource RI.

## **Medicaid for Individuals on Supplemental Security Income (SSI)**

When an individual is eligible for Supplemental Security Income (SSI), they are automatically enrolled in Medicaid.

### ***Rhody Health Partners (RHP)***

Rhody Health Partners (RHP) is a managed care delivery system program low-income adults without children who are on Supplemental Security Income (SSI) or who have a disability and are under 100% of the federal poverty level.

To be eligible for Rhody Health Partners, members must:

- Have RI Medicaid coverage only (not Medicare).
- Be age 21+.
- Live in the community (at home, in assisted living, or in a group home).

## **Katie Beckett Waiver**

The Katie Beckett waiver helps children under 19 who have serious disabilities or medical needs get Medicaid, even if their family makes too much money to qualify for regular Medicaid. The purpose of Katie Beckett is to make sure children can get care in their homes instead of in a facility.

With Katie Beckett only the child's income and resources are used to determine eligibility. Many children enrolled through Katie Beckett have health insurance from their parents' jobs. These health insurance plans must pay first for all services that they cover. For services that the family's commercial insurance doesn't cover, Medicaid will cover if the provider is enrolled in Medicaid fee-for-service.

## **Other Programs Administered by Medicaid**

Beyond the Medicaid pathways outlined here, there are other programs for people who may not be eligible for Medicaid. The following programs are administered by Rhode Island's Medicaid agency.

### ***Medicare Premium Payment Program (also known as Medicare Savings Program)***

The Medicare Premium Payment (MPP) program, also known as the Medicare Savings Program (MSP), can help older adults save money on Medicare premiums, co-payments, and deductibles. Learn more about the [Medicare Premium Payment Program](#).

### ***Ryan White/HIV Program***

People living with HIV/AIDS whose income might be too high to qualify for Medicaid, can get coverage to help pay for HIV/AIDS medicine through this program. Learn more about the [Ryan White HIV/AIDS Program](#).

### ***Breast and Cervical Cancer Screening Program***

The Rhode Island Breast and Cervical Cancer Screening Program provides no-cost pelvic exams, Pap tests, HPV tests, clinical breast exams, and mammograms (breast x-rays) to eligible Rhode Islanders. The program also covers many diagnostic tests. Learn more about the [Breast and Cervical Cancer Screening Program](#).

## How to Apply for Medicaid

In Rhode Island, [the Department of Human Services \(DHS\) processes Medicaid applications](#). There are many ways to apply for Medicaid.

### Online

People can log in or create an account on [healthyrhode.ri.gov](https://healthyrhode.ri.gov). There they'll be guided step-by-step through the application process.

### By Mail

People can visit [DHS.RI.gov/apply-now](https://DHS.RI.gov/apply-now) to download the application. Completed applications can be mailed to:

RI Department of Human Services  
P.O. Box 8709  
Cranston, RI 02920-8787

### Drop Off in Person

Completed applications can be dropped in a secure drop box at [any DHS office](#).

People should fill out applications as honestly and completely as possible. Depending on the benefits or programs they are applying for, additional documentation may be needed such as proof of identity, income, assets/resources, and expenses.

## Not Eligible for Medicaid, but Still Need Health Insurance?

If someone is not eligible for Medicaid, the team at [HealthSource RI](#) can help them find affordable healthcare coverage. [Click here to learn more about transitioning health coverage with HealthSource RI.](#)

## Part 3: Medicaid Terms

### Medicaid Terms: Quick Reference Guide

Learn more about commonly used Medicaid terms below.

<b>Additional Documentation Required (ADR)</b>	When the State does not have enough information on file to renew your Medicaid benefits, you will get a notice in the mail requesting additional documentation. This notice is commonly called an ADR.
<b>Affordable Care Act (ACA)</b>	The name for the health care reform law (passed in 2010) and its amendments. The law addresses health insurance coverage, health care costs, and preventive care.
<b>Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)</b>	<a href="#">Rhode Island's Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)</a> provides high-quality services for individuals with disabilities, mental health or substance use issues, or those under state care.
<b>Beneficiary</b>	A person who has health care insurance through the Medicaid or Medicare programs.
<b>Beneficiary Advisory Council (BAC)</b>	An advisory group open only to Medicaid beneficiaries, their families, or caregivers.
<b>Benefits Decision Notice (BDN)</b>	When your application for Medicaid or other benefit programs is either approved or denied, you will get a notice in the mail that is called a Benefits Decision Notices, or a BDN. You may also get a BDN when your benefits or eligibility change.
<b>Centers for Medicare and Medicaid Services (CMS)</b>	The federal agency that administers Medicare and Medicaid.
<b>Certified Community Behavioral Health Clinics (CCHBHC)</b>	An outpatient clinic that is certified by the State of Rhode Island to offer expanded behavioral health services. CCBHCs serve anyone who walks through the door, regardless of age, diagnosis, or insurance status.  Information for individuals and loved ones: <a href="#">RI Certified Community Behavioral Health Clinics   Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals</a> Information for Providers and MCOs: <a href="#">Certified Community Behavioral Health Clinics (CCBHC)   Executive Office of Health and Human Services</a> .



<b>Children’s Health Insurance Program (CHIP)</b>	Provides health coverage to eligible children through Medicaid.
<b>Coinsurance</b>	The portion of Medicare, Medicaid, or other insurance-allowed charges for which the patient is responsible.
<b>Conflict-Fee Case Management (CFCM)</b>	An interagency collaborative to create a statewide program that offers conflict-free case management (CFCM) for Medicaid long-term care and support (LTSS) members in the State's home and community-based services (HCBS) programs.
<b>Continuous Eligibility</b>	<p>Often implemented for children through the Children’s Health Insurance Program (CHIP), continuous eligibility refers to an approach to Medicaid enrollment that allows for an individual to continue to receive Medicaid coverage and care – even if financial changes would otherwise change that eligibility.</p> <ul style="list-style-type: none"> <li>In 2024, Rhode Island enacted “continuous coverage” for children. This means that if everyone in a household is enrolled in Medicaid, but a parent or caregiver later reports a change that means they and their dependent are no longer eligible for Medicaid, the dependent may stay enrolled in Medicaid for the remainder of their 12-month coverage period.</li> </ul>
<b>Co-Payment</b>	The portion of Medicaid, or other insurance-allowed charges for which the patient is responsible.
<b>Department of Human Services (DHS)</b>	<a href="#">Rhode Island’s Department of Human Services</a> (DHS) is dedicated to promoting access and success. Its vision is to ensure that every Rhode Islander has the chance to thrive in their home, workplace, and community.
<b>Dual Eligible</b>	Medicaid health coverage for individuals who are eligible for both Medicare and Medicaid.
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</b>	A benefit for children and adolescents who need treatments and other health services to correct or improve birth defects, and behavioral and physical health conditions. Your child may be eligible for this benefit if they are under 21 and receive Medicaid.
<b>Early Intervention Program (EI)</b>	Rhode Island’s Early Intervention Program is a no-cost program that supports the growth and development of certain infants and toddlers. If your child has developmental disabilities or delays that



	can affect their physical abilities, social skills, or speech, they may be eligible for Early Intervention.
<b>Executive Office of Health and Human Services (EOHHS)</b>	<a href="#">Rhode Island’s Executive Office of Health and Human Services (EOHHS)</a> is the main government agency responsible for overseeing the state departments and programs. EOHHS also manages Medicaid.
<b>Fee for Service (FFS)</b>	States deliver and pay for Medicaid services through a fee-for-service system, which directly pays physicians, clinics, hospitals and other medical providers a fee for each service they provide their patients with Medicaid plans.
<b>Federal Poverty Level (FPL)</b>	A measure of income updated yearly by the Department of Health and Human Services (HHS) that’s used to determine eligibility for certain programs and benefits like Medicaid. <a href="#">Federal Poverty Level (FPL) Guidelines and Eligibility Information   Executive Office of Health and Human Services</a>
<b>Health Equity Zones (HEZ)</b>	Place-based, community-led collaborations to build healthier, resilient communities.
<b>HealthSource RI (HSRI)</b>	<a href="#">HealthSource RI (HSRI)</a> is Rhode Island’s official state health insurance available for Rhode Islanders at federally subsidized rates.
<b>Health Related Social Needs (HRSN)</b>	Included factors like housing instability, food insecurity, and exposure to intrapersonal violence that drive health care utilization and health outcomes. Also referred to as Social Determinants of Health or Social Drivers of Health.
<b>Home Based Therapeutic Services (HBTS)</b>	A RI Medicaid covered service that provides intensive home and community services to children up to age 21 with severe behavioral health, developmental or physical disabilities. All HBTS Agencies provide Pre and Post Treatments, Intensive Specialized Treatment and Treatment Support.
<b>Home and Community Based Services (HCBS)</b>	Provides opportunities for Medicaid beneficiaries eligible for Long-Term Services and Supports to receive services in their own homes or communities rather than institutions or other isolated settings.
<b>Intellectual and Developmental Disabilities (I/DD)</b>	Individuals with intellectual or developmental disabilities.

<b>Katie Beckett</b>	Children under the age of 19 who have long-term disabilities or complex medical needs could become eligible for Medicaid coverage. Katie Beckett eligibility enables children to be cared for at home instead of an institution. With Katie Beckett, only the child's income and resources are used to determine eligibility.
<b>Long-term Services and Supports (LTSS)</b>	Serves people who have disabilities or chronic care needs in the setting ideal for them and their families. Services may be on-going.
<b>Low Income Subsidy (LIS)</b>	Also known as “Medicare Extra Help,” is a federal program designed to help people with limited income and resources pay for their Medicare prescription drug costs.
<b>Managed Care Organization (MCO)</b>	A health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.
<b>Medicaid Advisory Committee (MAC)</b>	An advisory group; open to advocates, clinicians and administrators, community partners, and state, local or community-based organizations.
<b>Modified Adjusted Gross Income (MAGI)</b>	A person's adjusted gross income (AGI) after factoring in specific allowed deductions and tax penalties.
<b>Office of Healthy Aging (OHA)</b>	<a href="#">Rhode Island’s Office of Health Aging</a> (OHA) supports Rhode Islanders over the age of 55 and adults living with disabilities.
<b>Personal Assistance Services and Supports (PASS)</b>	A RI Medicaid covered services that provides specialized health care for children in their homes or communities. These services are consumer-directed, meaning parents can suggest workers to an agency and take responsibility for training and supervising them. Personal assistance focuses on helping children achieve goals in everyday tasks, make safe decisions, and engage in social activities and roles.
<b>Premium</b>	The monthly amount paid for a health insurance policy.
<b>Prescription Drug Plan (PDP)</b>	Also known as Medicare Part D, helps pay for the brand-name and generic drugs.

<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	Provides comprehensive medical and social services to certain frail, elderly participants still living in the community. PACE participants are dually eligible for both Medicare and Medicaid.
<b>Qualified Health Plan (QHP)</b>	A health insurance plan approved by the Health Insurance+ Marketplace. This includes important health services, follows cost-sharing rules, and meets other guidelines required during the application process.
<b>Rhode Island Department of Health (RIDOH)</b>	<a href="#">Rhode Island's Department of Health (RIDOH)</a> prevents disease and protects and promotes the health and safety of the people of Rhode Island.
<b>Rlte Care</b>	Rhode Island's Medicaid managed care program for families with children, pregnant women, and children under age 19.
<b>Rlte Smiles</b>	A dental plan for children who were born after May 1, 2000 and receive Medicaid.
<b>Rlte Share</b>	Rhode Island's Premium Assistance Program that can help which helps pay for a person's employer's health insurance plan. The State will pay all or part of the cost for employee health insurance coverage, as well as your deductibles, coinsurance, and any services covered by Medicaid but not by the employer coverage.
<b>Skilled Nursing Facility (SNF)</b>	An inpatient rehabilitation and medical treatment center staffed with trained medical professionals.
<b>State Health Insurance Assistance Program (SHIP)</b>	Free health benefits counseling service for Medicare beneficiaries and their families or caregivers.
<b>Supplemental Security Income (SSI)</b>	<p>A federal program designed to help aged, blind, and disabled people, who have little or no income. It provides a cash supplement to meet basic needs for food, clothing, and shelter.</p> <p>These programs serve a variety of groups, such as older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.</p>

## Part 4: Conflict of Interest Policy and Form

Rhode Island's Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) include a diverse and representative mix of different perspectives from current and former beneficiaries, advocates of beneficiaries, and providers.

Because members who will serve on the BAC and the MAC may also serve on the boards or committees of other State agencies, nonprofit community organizations, other advocacy groups, or work themselves for organizations that serve, support, or otherwise assist people who receive Medicaid services, it is possible that an item being discussed by the BAC and the MAC might present a conflict of interest, or the appearance of a conflict of interest, between these separate roles.

This policy attempts to deal with this possibility in a way that is fair to council and committee members.

R.I. Gen. Laws § 36-14-4 through 36-14-7 explain the Rhode Island Code of Ethics in government. R.I. Gen. Laws § 36-14-2 Definitions also state who the code of ethics applies to.

R.I. Gen. Laws § 36-14-4 Persons Subject to the Code of Ethics says the following:

The following persons shall be subject to the provisions of the Rhode Island Code of Ethics in government:

1. State and municipal elected officials;
2. State and municipal appointed officials; and
3. Employees of state and local government, boards, commissions, and agencies.

R.I. Gen. Laws § 36-14-6 Statement of Conflict of Interest says the following:

Any person subject to this Code of Ethics who, in the discharge of his or her official duties, is or may be required to take an action, make a decision or refrain therefrom that will or can reasonably be expected to directly result in an economic benefit to said person, or spouse (if not estranged) or any dependent child of said person, or business associate or any business by which said person is employed or which said person represents, shall, before taking any such action or refraining therefrom:

(1) Prepare a written statement sworn to under the penalties for perjury describing the matter requiring action and the nature of the potential conflict; if he or she is a member of a legislative body and he or she does not request that he or she be excused from voting,

deliberating or taking action on the matter, the statement shall state why, despite the potential conflict, he or she is able to vote and otherwise participate fairly, objectively and in the public interest; and

(2) Deliver a copy of the statement to the Commission, and:

(i) If he or she is a member of the general assembly or of any city or town legislative body he or she shall deliver a copy of the statement to the presiding officer of the body, who shall cause the statement to be recorded in the journal of the body and, upon request of the member, may excuse the member from votes, deliberations or any other action on the matter on which a potential conflict exists; or

(ii) If said person is not a legislator, his or her superior, if any, shall, if reasonably possible, assign the matter to another person who does not have a Conflict of Interest. If he or she has no immediate superior, he or she shall take such steps as the Commission shall prescribe through rules or regulations to remove himself or herself from influence over any action on the matter on which the Conflict of Interest exists.

Individuals selected to serve on the BAC or on the MAC need to:

- Complete and sign a conflict-of-interest disclosure form (see below) at the time of their appointment regarding any relevant financial relationship or commercial interests which would pose an actual or potential conflict of interest.
- Update the disclosure whenever there are any relevant changes (such as a new financial relationship).
- Abstain from participating in committee discussions if there's a conflict of interest other than to offer information or answer questions. When a vote is taken, a committee member with a conflict must not vote. The meeting minutes will reflect that the member abstained from the vote.
- Raise any doubts about whether there is a conflict or potential conflict of interest before any discussion or vote on the issue.



## Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) Conflict of Interest Disclosure Form

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This form will identify any potential conflicts of interest that may impact a Medicaid Beneficiary Advisory Council (BAC) or a Medicaid Advisory Committee (MAC) member's ability to vote on related matters.

### 1. Name and Membership Information

Name:

Address:

Email Address:

Phone Number:

I am a member of:

- The BAC       The MAC       The BAC and the MAC

### 2. Description of conflict of interest

What is the nature of your potential conflict(s) of interest? (Check all that apply):

- Financial or business relationship, interest, or affiliation
- Family relationship
- Board or committee of nonprofit community organization or another advocacy group
- Professional relationship, interest, or affiliation
- Other (Please specify in the text box below.)
- I have no known conflicts of interest (Skip to 3. Attestation and Signature)



Please provide a description of your potential conflicts(s) of interest. Include the following information, if applicable:

- Name of the company, individual, and/or organization involved.
- Nature of your relationship with the entity.
- Description of how the conflict(s) of interest could potentially impact your work on the BAC or the MAC.

### 3. Attestation and Signature

- I have read and understood the Beneficiary Advisory Council (BAC) and the Medicaid Advisory Committee (MAC) Policy (pages 1-2 of this document).
- I do hereby attest that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Signature:

Date: