CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER & EXPENDITURE AUTHORITY
AMENDED JUNE 18, 2008

NUMBER: **11-W-00004/1**
21-W-00002/1

TITLE: **Rhode Island RIte Care Demonstration**

AWARDEE: **Rhode Island Department of Human Services**

TITLE XIX (11-W-00004/1)

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived or identified as not applicable in this list, shall apply to the demonstration project beginning August 1, 2005, through September 30, 2008.

Waiver Authority

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of State plan requirements contained in section 1902 of the Act are granted in order to enable Rhode Island to carry out the RIte Care demonstration:

1. **Amount, Duration, and Scope** **Section 1902(a)(10)(B)**

   To enable the State to pay for demonstration benefits that are not otherwise available in Medicaid, but only to the extent authorized by the demonstration.

2. **Freedom of Choice** **Section 1902(a)(23)**

   To enable the State to restrict freedom of choice of provider for demonstration participants.

3. **Administrative and Eligibility Determination** **Section 1902(a)(63)**

   To permit Rhode Island to include pregnant women in the demonstration notwithstanding the terms of section 1931 of the Act.

Expenditure Authority

All requirements of the Medicaid program that are not identified as not applicable in this list shall apply to the demonstration expenditures listed below for the period beginning August 1, 2005, through September 30, 2008.

Under the authority of section 1115(a)(2) of the Act, expenditures made by the State for the items identified below (which are not otherwise included as expenditures under section 1903) shall, for the period of this extension, be regarded as expenditures under the State's title XIX plan.

1. Expenditures for medical assistance furnished to individuals who are not otherwise Medicaid-eligible in the following demonstration populations:

    - Temporary Assistance to Needy Families (TANF) and TANF-related parents, children, and pregnant women eligible for Medicaid under Rhode Island's existing State plan (Demonstration Population 1);
    - Children who are covered under section 1115 demonstration authority who could be made eligible through a State plan amendment under section 1902(r)(2) of the Act and related provisions (Demonstration Population 2);
    - Parents and relative caretakers with income up to 185 percent of the Federal poverty level (FPL); and pregnant women with income from 185 percent to 250 percent of the FPL who are covered under section 1115 demonstration authority who could be made eligible through a State plan amendment under section 1931 and related provisions (Demonstration Population 3);
    - Women who lose Medicaid eligibility 60 days post partum and are eligible for extended family planning services under section 1115 waiver authority (Demonstration Population 4); and
    - Children with special health care needs eligible for Medicaid under Rhode Island's existing Medicaid State plan and enrolled in RIte Care under this Demonstration on a mandatory basis (Demonstration Population 5).

2. Expenditures for 24 months of extended family planning services after an individual is disenrolled from a demonstration population, and not otherwise Medicaid eligible, because she is no longer a pregnant woman.

3. Expenditures for premium assistance for employer-sponsored or other group health insurance and medical assistance fee-for-service benefits in order to obtain coverage for medical assistance or demonstration benefits, for individuals within the demonstration populations listed above, to the extent the State determines to be cost effective.

4. Expenditures for window replacement for homes inhabited by eligible children who are lead poisoned.

5. Expenditures for enhanced benefits that are required to be provided under the managed care organization contracts and are not available in the Rhode Island State Medicaid plan.

Title XIX Requirements Not Applicable to the Expenditure Authorities (All Demonstration Populations and Services)

1. **Reasonable Promptness** **Section 1902(a)(8)**

   To enable the State to impose waiting periods after application before individuals in the demonstration population are eligible for demonstration benefits.

2. **Financial Responsibility** **Section 1902(a)(17)(D)**

   To enable the State to consider the income of family members other than parents and spouses in determining eligibility.

3. **Retroactive Eligibility** **Section 1902(a)(34)**

   To enable the State to waive the requirement to provide medical assistance for up to 3 months prior to the date that application for assistance is made for a demonstration participant.

4. **Cost-Sharing Requirements** **Section 1902(a)(14) insofar as it incorporates Section 1916**

   To permit the State to impose premiums and cost sharing in excess of statutory limits for RIte Care Section 1115 demonstration eligibles.

TITLE XXI (21-W-00002/1)

All requirements of State Children's Health Insurance Program (SCHIP) not identified and not applicable in this list, shall apply to the demonstration expenditures described below for the period beginning August 1, 2005, through September 30, 2008.

Expenditure Authority

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would not otherwise be regarded as expenditures under title XXI will be regarded as expenditures under the State's title XXI plan:

1. Expenditures for expanded SCHIP eligibility to the following demonstration populations:

   - Individuals who, at the time of initial application: (a) are custodial parents or relative caretakers of children who are eligible under the title XIX State plan or the title XXI State plan; (b) are uninsured, and at a time of a redetermination, are insured through RIte Share if at all; (c) have net family

incomes between 100 percent and 185 percent of the FPL; and (d) receive benefits only by virtue of the RIte Care demonstration (Demonstration Population 1).

- Individuals who, at the time of initial application: (a) are uninsured pregnant women; (b) are uninsured, and at time of redetermination, are insured through RIte Share if at all; (c) have net family incomes between 185 percent and 250 percent of the FPL; and (d) receive benefits only by virtue of the RIte Care demonstration (Demonstration Population 2).

Title XXI Requirements Not Applicable to the Expenditure Authorities (All Demonstration Populations):

1. **General Requirements, Eligibility, and Outreach** **Section 2102**

   The State child health plan does not have to reflect the demonstration populations, and eligibility standards do not have to be limited by the general principles in section 2102(b) of the Act. To the extent other requirements in section 2102 of the Act duplicate Medicaid or other SCHIP requirements for this or other populations, they do not apply, except that the State must perform eligibility screening to ensure that the demonstration population does not include individuals otherwise eligible for Medicaid.

2. **Restrictions on Coverage and Eligibility to Targeted Low-Income Children** **Sections 2103, 2110**

   Coverage and eligibility for these demonstration populations are not restricted to targeted low-income children.

3. **Federal Matching Payment and Family Coverage Limit** **Section 2105**

   Federal matching payment is available in excess of the 10 percent cap for expenditures related to the demonstration populations and limits on family coverage are not applicable. Federal matching payments remain limited by the allotment determined under section 2104 of the Act. Expenditures other than for coverage of the demonstration populations remain limited in accordance with section 2105(c)(2) of the Act.

4. **Annual Reporting Requirements** **Section 2108**

   Annual reporting requirements do not apply to the demonstration populations.