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State/Territory Name: Rhode Island

State Plan Amendments (SPA) #: RI-20-0002

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Children and Adults Health Programs Group

April 24, 2020

Kristin Sousa
CHIP Director
Rhode Island Executive Office of Health and Human Services
74 West Road
Cranston, RI 02920

Dear Ms. Sousa:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) RI-20-0002, submitted on March 16, 2020, has been approved. This SPA provides temporary adjustments to the state's redetermination policies, policies for acting on changes in circumstances, reasonable opportunity period, and tribal consultation process in response to disaster events. This amendment has an effective date of March 16, 2020.

This amendment, as it applies to the COVID-19 public health emergency, makes the following changes effective March 16, 2020 through the duration of the emergency declaration, or at state discretion, a shorter period of time:

- Delay processing of renewals and extend deadlines for families to respond to renewal requests;
- Delay acting on changes in circumstances affecting eligibility, other than changes related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid;
- Provide an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status as long as the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period; and
- Conduct tribal consultation following SPA submission, as permitted under section 1135 of the Social Security Act.

In the event of a future disaster, this SPA provides Rhode Island with the authority to implement the aforementioned temporary policy adjustments by simply notifying CMS of its intent, the effective date and duration of the provision, and a list of applicable Governor or federally-declared disaster or emergency areas. While the state must provide notice to CMS, this option provides an administratively streamlined pathway for the state to effectively respond to this evolving event.

Your title XXI project officer is Tess Hines. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Page 2 – Ms. Kristin Sousa

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-0435
E-mail: mary.hines@cms.hhs.gov

If you have any questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

**SECTION 1. GENERAL DESCRIPTION AND PURPOSE OF THE
STATE CHILD HEALTH PLANS AND STATE CHILD HEALTH
PLAN REQUIREMENTS (SECTION 2101)**

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box)
(42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

~~Effective date: January 27, 2020 and ending January 26, 2021 RI 20-002
COVID CHIP SPA Submission~~

Effective date: October 1, 1997, although the effective date for the Section 1115 waiver was January 18, 2001.

Effective date for Amendment #1 expansion of eligibility up to 300 percent FPL is January 5, 1999.

Effective/Approval date for Amendment #2, Rhode Island's compliance SPA is September 19, 2002.

Effective date for Amendment #3, Rhode Island's separate child health

program is November 1, 2002.

Effective date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility, is October 1, 2006.

Effective date for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Effective date for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Effective date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

Effective date: ~~for RI-20-002~~for Amendment #9, to extend renewals for emergencies, is March 16, 2020
~~January 27, 2020, and ending January 26, 2021~~ RI 20-002 COVID CHIP SPA Submission

~~**Effective date** for RI 20-002, to temporarily waive verification rules, is March 16, 2020.~~

~~**Effective date** for RI-20-002, to temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area, is March 16, 2020.~~

~~**Effective date** for RI-20-002, to provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, is March 16, 2020.~~

Implementation date: October 1, 1997, although the various components of the program, including applicable amendment provisions, have been implemented since then.

Implementation date: Amendment #1 was not implemented.

Implementation date for Amendment #2, compliance SPA was per CMS regulation.

Implementation date for Amendment #3, Rhode Island's separate child health program is November 1, 2002.

Implementation date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility is October 1, 2006. However, this amendment was not implemented.

Implementation date for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Implementation date for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Implementation date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

~~Implementation date for Amendment #9RI-20-002, to extend renewals for emergencies, is for up to the duration of the emergency, or at state discretion, a shorter period of time60 days post March 16, 2020, is March 16, 2020.~~

~~Implementation date for RI-20-002, to temporarily waive verification rules, is for up to the duration of the emergency, or at state discretion, a shorter period of time.~~

~~Implementation date for RI-20-002, to temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area, is for up to the duration of the emergency, or at state discretion, a shorter period of time.~~

~~Implementation date for RI-20-002, to provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, is for up to the duration of the emergency, or at state discretion, a shorter period of time.~~

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

RI-20-0002: To address the COVID19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA."

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
RI-13-023 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS15 CS8 CS9 CS13	MAGI-Based Income Methodologies Eligibility – Targeted Low Income Pregnant Women Eligibility – Coverage from Conception to Birth Eligibility – Deemed Newborns	Incorporate within a separate subsection under section 4.3 Supersedes the current sections Geographic Area 4.1.1-P; Age 4.1.2-P; and Income 4.1.3-P Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Supersedes the current section 4.1.9-P regarding deeming and incorporate within a separate subsection under section 4.3
RI-13-024 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
RI-13-025 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
RI-13-026 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
RI-13-027 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17 CS18	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS19	Non-Financial Eligibility – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR
		CS20	Non-Financial Eligibility – Social Security Number	Supersedes the current section 4.1.9.1
		CS21	Non-Financial Eligibility – Substitution of Coverage	Supersedes the current section 4.4.4
			Non-Financial Eligibility – Non-Payment of Premiums	Supersedes the current section 8.7
RI – 18-005 Effective/Implementation Date: October 2, 2017	MHPAEA Compliance		Document compliance with the MHPAEA of 2008	Supersedes the current section 6 Supersedes the current section 8
RI – 19-004 Effective/Implementation Date: July 1, 2018 Approval Date:	Managed Care Final Rule Compliance		Document compliance with the Medicaid and CHIP Managed Care Final Rule	Supersedes the current section 3

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4.3 ☒ **Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2)); {42CFR 457.350}**

Any person may request information about either Rite Care or Rite Share, either by telephone, mail, or in person. A request for information may be followed by an application for Rite Care, Rite Share, or another form of assistance. Authorized DHS staff must furnish information to the inquiring person in accordance with DHS policy and procedures. The DHS InfoLine staff also furnishes information upon request regarding Rite Care and Rite Share, and how to apply.

A formal application procedure is required to ensure a person's right to apply without delay. It affords an opportunity to state her/his needs and to learn what DHS can do to assist her/him. It also affords DHS the opportunity to apprise the person of her/his responsibilities in relation to DHS and the programs, both as an applicant, and, should eligibility be established, as a recipient.

An applicant may be assisted in the application process, including completion of the application form, by one or more individuals of her/his choice, and when accompanied by such individual(s), may be represented by them.

DHS streamlined the Rite Care application process effective November 1, 1998 by introducing a shortened, mail-in application and by eliminating most verification requirements. This application is in English/Spanish and is widely available at community agencies or by contacting DHS.

Family Assistance Program (formerly AFDC) cash recipients access Rite Care by virtue of their cash eligibility as determined through the Family Independence Program application process. Medical Assistance Only (MAO) cases and non-MA unborn children access Rite Care and Rite Share through the mail-in application. No separate screening or application process is required.

Applicants for Rite Care and Rite Share may mail in applications to DHS or submit applications at any DHS district office or any site designated by DHS. Under Medicaid law, DHS is required to outstation eligibility workers in community settings. DHS, along with the Department of Health, provides funding to the RI Health Center Association (RIHCA) to meet this requirement. Each health center employs a Family Resource Counselor on its premises. These FRCs are of the culture and/or speak the language of the community in which they serve. The FRCs are trained to screen families/pregnant women for Rite Care/Rite Share; assist potentially eligible families in the completion and filing of the mail-in application;

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provide follow-up to applicants as appropriate; check the Recipient Eligibility Verification System (REVS) to determine the outcome of the application; and assist recipients with the annual renewal process. They are also responsible for screening and referring families for the cash assistance, Food Stamps, WIC and childcare services. DHS is an active participant in the regular training sessions in which all FRCs are mandated to participate. This ensures that the FRCs are aware of any changes to the State's assistance programs.

Applications are acted upon promptly. A decision on eligibility or ineligibility must be made within 30 days of an application filing date. This standard is not used as a waiting period nor as a basis for denial of an application. The applicant must be informed of the reason for any delay in a decision and her/his right to a hearing, if delay is beyond 30 days.

When the applicant is found to be eligible, the acceptance date for medical coverage is the first day of the month of application. When the applicant is found ineligible or the applicant makes the decision after signing the application the she/he does not want assistance, DHS notifies the applicant in writing of the rejection. This letter informs the applicant at the same time of her/his right to appeal the decision and the method by which the applicant can request a hearing.

The program provides for 12 months continuous coverage for infants, regardless of income changes, except for death, voluntary withdrawal from the program, removal from the State, or failure to pay the applicable premium share. For an unborn child, upon birth the child will be automatically eligible as a Medicaid expansion case until the child's first birthday. At that point, the child's continuing eligibility will be re-determined just like any other Medicaid expansion case. For other than infants, eligibility is re-determined every 12 months. If there is a change of income in the interim and DHS becomes aware of it, re-determination will occur at that time.

[In the event of a federal or state declared emergency or disaster, the state will notify CMS of the intent to provide additional time for beneficiaries living and/or working in Governor or federally declared disaster or emergency areas to complete the renewal process, and additional time for the state to process renewals.](#)

[In the event of a federal or state declared emergency or disaster, the state will notify CMS of the intent to temporarily ~~residency, age/date of birth, household composition, receipt of other coverage \(such as Medicare\), Social Security Number, application for other benefits, and whether the applicant has access to~~](#)

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~~employer sponsored insurance delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.~~

~~(insert State specific request)~~

~~The state has determined that the following income related data sources will not be checked periodically between initial application and regular renewals: Internal Revenue Service; Social Security Administration (SSI and SSDI); State Wage Income Collection Agency; State Unemployment Compensation; Supplemental Nutrition Assistance Program; Temporary Assistance for Needy Families; The Work Number/TALX; and PARIS. The agency will conduct post-enrollment verification during the post-eligibility verification run (PEV) or members annual renewal period, once the emergency period has ended. The determination to verify through standard PEV or renewal processing will be determined by which process occurs first.~~

~~In the event of a federal or state declared emergency or disaster, the state will notify CMS of the intent to provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the State or Federally declared disaster or public health emergency.~~

These standards assure that the State shall verify that eligible children under 19 as provided for in Section 214 of CHIPRA who are otherwise eligible aliens lawfully residing in the United States continue to lawfully reside in the United states using the documentation presented to the State by the individual on initial enrollment. If the State cannot successfully verify that the individual is lawfully residing in the United States in this manner, it shall require that the individual provide the State with further documentation or other evidence to verify that the individual is lawfully residing in the United States. (Section 1903(v)(a)(4)(c) of the Act).

The State assures that by choosing to provide for the optional coverage of children under 19 as provided for by Section 214 of CHIPRA who are otherwise eligible aliens lawfully residing in the United State: The State has elected the option to apply such coverage with respect to such category of children under Title XIX (Section 2107(e)(1)(E))

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4.3.1

Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b)(7)); (42CFR 457.305(b))

Check here if this section does not apply to your state.