

CENTERS FOR MEDICARE & MEDICAID SERVICES  
EXPENDITURE AUTHORITY

NUMBER:           **11-W-00242/1**

TITLE:             **Rhode Island Global Consumer Choice Compact  
Demonstration**

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

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

The following expenditure authority shall enable Rhode Island to operate its section 1115 Medicaid Global Consumer Choice Compact.

1. Expenditures for medical assistance to individuals who meet the non-financial qualifications for eligibility groups included in the approved State plan as of November 1, 2008, are not eligible under such plan, but who are eligible under the methods and standards for determining income under the demonstration.
2. **Budget Population 3.** Expenditures for medical assistance for children through age 18 whose family income is equal to or less than 250 percent of the Federal poverty level (FPL) and who are not otherwise eligible under the approved Medicaid State plan.
3. **Budget Population 5 [EFP]**
  - a. Expenditures for family planning services under the Extended Family Planning program, for women of childbearing age whose family income is at or below 200 percent of the FPL who lose Medicaid eligibility at the conclusion of their 60-day postpartum period and who do not have access to creditable health insurance. Continued program eligibility for these women will be determined by the twelfth month after their enrollment in the program.
  - b. Expenditures for family planning services for enrollees in the Extended Family Planning program whose family incomes are between 200 and 250 percent of the FPL for services that are furnished from January 1, 2009, through the date upon which their eligibility for the program is determined using the new net income criteria of 200 percent of the FPL.

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**Budget Population 6a [Pregnant Expansion].** Individuals who, at the time of initial application: (a) are uninsured pregnant women; (b) have no third party liability (TPL) or other coverage; (c) have net family incomes between 185 and 250 percent of the FPL; (d) receive benefits only by virtue of the Global Consumer Choice demonstration; (e) meet the citizenship and identity requirements specified in the Deficit Reduction Act of 2005; and f) are covered using title XIX funds if title XXI funds are exhausted.

**Budget Population 6b [Pregnant Expansion].** Individuals who, at the time of initial application: (a) are pregnant women; (b) have TPL or other coverage; (c) have net family incomes between 185 and 250 percent of the FPL; (d) receive benefits only by virtue of the Global Consumer Choice demonstration; and (e) meet the citizenship and identity requirements specified in the Deficit Reduction Act of 2005.

4. Expenditures for medical assistance furnished to individuals who are receiving home and community-based services, who are not otherwise eligible under the approved State plan, who are found to be in the highest and high need group, and whose income and resources are within the level to qualify for eligibility under the standard for institutionalized individuals.
5. Expenditures for medical assistance for the following populations:
  - a. **Budget Population 8** [*substitute care*]: Children and families in managed care (children under 19 & parents). Parents pursuing behavioral health treatment with children temporarily in State custody with income up to 200 percent of the FPL.
  - b. **Budget Population 9** [*Children with special health care needs Alt.*]: CSHCN (as an eligibility factor) who are 21 and under who would otherwise be placed in voluntary State custody up to 300 percent of the Supplemental Security Income (SSI).
  - c. **Budget Population 10** [Elders 65 and over]: At risk for long-term care (LTC) with income at or below 200 percent of the FPL who are in need of home and community-based services (State only group).
  - d. **Budget Population 11**: 217-like Categorically Needy Individuals receiving HCBW-like services & PACE-like participants highest need group.
  - e. **Budget Population 12**: 217-like Categorically Needy individuals receiving HCBW-like services and PACE like participants in the High need group
  - f. **Budget Population 13**: 217-like Medically Needy receiving HCBW-like services in the community (high and highest group). Medically needy PACE-like participants in the community

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- g. **Budget Population 14:** [BCCTP] Women screened for breast or cervical cancer under the CDC program and not eligible for Medicaid.
  - h. **Budget Population 15:** [Adults with disabilities at risk for LTC] HCBS waiver-like services for adults living with disabilities with incomes at or below 300 percent of the SSI with income and resource lists above the Medicaid limits.
  - i. **Budget Population 16:** [Uninsured adults with mental illness] Services for uninsured adults with mental illness and or substance abuse problems with incomes below 200 percent of the FPL not eligible for Medicaid.
  - j. **Budget Population 17:** [Youth at risk for Medicaid]: Coverage of detection and intervention services for at-risk young children not eligible for Medicaid up to 300 percent of the SSI.
  - k. **Budget Population 18:** [HIV]: Persons living with HIV with incomes below 200 percent of the FPL who are ineligible for Medicaid.
  - l. **Budget Population 19:** [Non-working disabled adults]: Non-working disabled adults ages 19-64 who do not qualify for disability benefits.
6. **Rite Share [Budget Services 2]** Expenditures for part or all of the cost of private insurance premiums and cost sharing for eligible individuals which are determined to be cost-effective using State-developed tests that may differ from otherwise applicable tests for cost effectiveness.
  7. **Window Replacement [Budget Services 1].** Expenditures for window replacement for homes which are the primary residence of eligible children who are lead poisoned.
  8. **Demonstration Benefits.** Expenditures for benefits specified in Attachment A and A.1 of the STCs provided to Demonstration populations, which are not otherwise available in the Medicaid State plan.
  9. Expenditures for Healthy Choice Accounts and Healthy Choice incentives.
  10. Expenditures for the provision of HCBS waiver-like services that are not otherwise available under the approved State plan, net of beneficiary post-eligibility responsibility for the cost of care.
  11. Expenditures for core and preventive services for Medicaid-eligible at-risk youth (Budget services 4).

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12. Expenditures not to exceed on an annual basis \$2.4 million total computable (Federal and non-Federal) for payments to Federally Qualified Health Centers (FQHCs) for uninsured populations (Budget Services 5).

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to Budget Population 5 beginning January 16, 2009 through December 31, 2013.

**Title XIX Requirements Not Applicable to Budget Population 5:**

**Amount, Duration, and Scope**

**Section 1902(a)(10)(B)**

To enable Rhode Island to provide a benefit package consisting only of approved family planning services

**CHIP Expenditure Authority**

1. Expenditures for medical assistance for children through age 18 whose family income is equal to or less than 250 percent of the FPL and who are not otherwise eligible under the approved Medicaid State plan.

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