

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00242/1

TITLE: Rhode Island Comprehensive Demonstration

AWARDEE: Rhode Island Executive Office of Health and 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 extension, beginning December 23, 2013 through December 31, 2018, be regarded as expenditures under the state's title XIX plan. These expenditure authorities are granted to enable the state to operate its Rhode Island Comprehensive section 1115 demonstration and may only be implemented consistent with the approved Special Terms and Conditions (STCs) set forth in an accompanying document.

All requirements of the Medicaid program expressed in law, regulation and policy statements, not expressly waived or identified as not applicable to these expenditure authorities, shall apply to the Comprehensive demonstration project for the period of this demonstration extension.

1. Expenditures Related to Eligibility Expansion

Expenditures to provide medical assistance coverage to the following demonstration populations that are not covered under the Medicaid state plan and are enrolled in the Rhode Island Comprehensive demonstration.

[Note: Budget populations 1, 2, 4, 14, and 22, which are described in the demonstration's special terms and conditions and are affected by the demonstration, are covered under the Medicaid state plan. Demonstration populations 11 – 13 (related to 217-like groups) are described in expenditure authority 2 below, and demonstration population 7 is described in CHIP expenditure authority 1 below.]

Budget Population 3 [RIte Care]: Effective through December 31, 2013, expenditures for pregnant women with incomes up to 185 percent of the federal poverty level (FPL) and children whose family incomes are up to 250 percent of the FPL who are not otherwise eligible under the approved Medicaid state plan. Effective through December 31, 2013, expenditures for parents and caretaker relatives who are not otherwise eligible under the approved Medicaid state plan with incomes that is up to 175 percent of the FPL.

Effective January 1, 2014, expenditures for pregnant women with incomes up to 185 percent of the federal poverty level (FPL) and children whose family incomes are up

to 250 percent of the FPL who are not otherwise eligible under the approved Medicaid state plan.

Budget Population 5 [EFP]: Effective through December 31, 2013, 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.

Effective January 1, 2014, expenditures for family planning services under the Extended Family Planning program, for women of childbearing age whose family income is at or below 250 percent of the FPL who lose Medicaid eligibility at the conclusion of their 60-day postpartum period. Continued program eligibility for these women will be determined by the twelfth month after their enrollment in the program.

Budget Population 6a [Pregnant Expansion]: Individuals who, at the time of initial application: (a) are uninsured pregnant women; (b) have no other coverage; (c) have net family incomes between 185 and 250 percent of the FPL; (d) receive benefits only by virtue of the Comprehensive 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 other coverage; (c) have net family incomes between 185 and 250 percent of the FPL; (d) receive benefits only by virtue of the Comprehensive demonstration; and (e) meet the citizenship and identity requirements specified in the Deficit Reduction Act of 2005.

Budget Population 8 [Substitute Care]: Expenditures for parents pursuing behavioral health treatment with children temporarily in state custody with income up to 200 percent of the FPL.

Budget Population 9 [Children with special health care needs (CSHCN) Alt.]: Expenditures for CSHCN (as an eligibility factor) who are 21 and under who would otherwise be placed in voluntary state custody below 300 percent SSI.

Budget Population 10 [Elders 65 and over]: Effective through December 31, 2013, expenditure authority for those at risk for needing long term care (LTC) with income at or below 200 percent of the FPL.

Effective January 1, 2014, expenditure authority for those at risk for LTC with income at or below 250 percent of the FPL who are in need of home and community-based services (state only group).

Budget Population 15 [Adults with disabilities at risk for long-term care]:

Expenditures for HCBS waiver like services for adults living with disabilities with incomes at or below 300 percent of the SSI with income and resource levels above the Medicaid limits.

Budget Population 16 [Uninsured adults with mental illness]: Effective through December 31, 2013, expenditures for a limited benefit package of supplemental services for uninsured adults with mental illness and or substance abuse problems with incomes below 200 percent of the FPL not eligible for Medicaid.

Budget Population 17 [Youth at risk for Medicaid]: Expenditures for coverage of detection and intervention services for at-risk young children not eligible for Medicaid who have incomes up to 300 percent of SSI, including those with special health care needs, such as Seriously Emotionally Disturbed (SED), behavioral challenges and/or medically dependent conditions, who may be safely maintained at home with appropriate levels of care, including specialized respite services.

Budget Population 18 [HIV]: Effective through December 31, 2013, expenditures for a limited benefit package of supplemental HIV services for persons living with HIV with incomes below 200 percent of the FPL and who are ineligible for Medicaid.

Budget Population 19 [Non-working disabled adults]: Effective through December 31, 2013, expenditures for a limited benefit package of supplemental services for non-working disabled adults ages 19-64 eligible for the General Public cash assistance program, but who do not qualify for disability benefits.

Budget Population 20 [Alzheimer adults]: Effective January 1, 2014, expenditure authority for adults aged 19-64 who have been diagnosed with Alzheimer's Disease or a related Dementia as determined by a physician, who are at risk for LTC admission, who are in need of home and community care services, and whose income is at or below 250 percent of the FPL.

Budget Population 21 [Beckett aged out]: Effective January 1, 2014, expenditure authority for young adults aged 19-21 aging out of the Katie Beckett eligibility group with incomes below 250 percent of the FPL, who are otherwise ineligible for Medical Assistance, and are in need of services and/or treatment for behavioral health, medical or developmental diagnoses.

2. Expenditures Related to Eligibility Expansion for 217-like groups.

Expenditures for Comprehensive demonstration beneficiaries who are age 65 and older and adults age 21 and older with disabilities and who would otherwise be Medicaid-eligible under section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR §435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if the services they receive under the Comprehensive demonstration were provided under an HCBS waiver granted

to the state under section 1915(c) of the Act. This includes the application of spousal impoverishment eligibility rules.

Budget Population 11: Expenditures for 217-like Categorically Needy Individuals receiving HCBW-like services & PACE-like participants Highest need group.

Budget Population 12: Expenditures for 217-like Categorically Needy Individuals receiving HCBW-like services and PACE-like participants in the High need group.

Budget Population 13: Expenditures for 217-like Medically Needy receiving HCBW-like services in the community (High and Highest group). Medically Needy PACE-like participants in the community.

3. Window Replacement [Budget Services 1]: Expenditures for window replacement for homes which are the primary residence of eligible children who are lead poisoned.

4. 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.

5. Designated State Health Program.

Expenditures for the following designated state health programs:

a. **Marketplace Subsidy Program:** Effective January 1, 2014, the state may claim as allowable expenditures under the demonstration, the payments made through its state-funded program to provide premium subsidies for parents and caretakers with incomes above 133 percent of the FPL through 175 percent of the FPL who purchase health insurance through the Marketplace. Subsidies will be provided on behalf of individuals who: (1) are not Medicaid eligible; (2) are eligible for the advance premium tax credit (APTC); and (3) whose income is above 133 percent of the FPL through 175 percent of the FPL.

b. **State-Funded Program for Uninsured Adults with Mental Illness:** Effective January 1, 2014 through April 30, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental services for uninsured adults with mental illness and or substance abuse problems with incomes below 200 percent of the FPL.

Effective May 1, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental services for uninsured adults with mental illness and or substance abuse problems with incomes above 133 percent of the FPL and below 200 percent of the FPL who are ineligible for Medicaid.

- c. **State-Funded Program for Persons Living with HIV:** Effective January 1, 2014 through April 30, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental HIV services for persons living with HIV with incomes below 200 percent of the FPL.

Effective May 1, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental HIV services for persons living with HIV with incomes above 133 percent of the FPL and below 200 percent of the FPL who are ineligible for Medicaid.

- d. **State-Funded Program for Non-working Disabled Adults:** Effective January 1, 2014 through April 30, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental services for non-working disabled adults ages 19-64 eligible for the General Public cash assistance program.

Effective May 1, 2014, expenditures for a state-funded program that provides a limited benefit package of supplemental services for non-working disabled adults ages 19-64 eligible for the General Public cash assistance program with incomes above 133 percent of the FPL, but who do not qualify for disability benefits.

6. Demonstration Benefits.

- a. Expenditures for benefits specified in Attachment A of the STCs provided to demonstration populations, which are not otherwise available in the Medicaid State Plan.
- b. 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.
- c. Expenditures for core and preventive services for Medicaid eligible at risk youth (Budget Services 4).

7. End of Month Coverage for Members Transitioning to Subsidized Qualified Health Plan (QHP) Coverage. Effective January 1, 2014, expenditures for individuals who would otherwise lose Medicaid eligibility pending coverage in a QHP, as specified in STC 27.

8. Expenditures for Healthy Choice incentives.

9. Expenditures not to exceed on an annual basis \$1.3 million total computable (Federal and non-Federal) for payments to Federally Qualified Health Centers (FQHCs) for uninsured populations (Budget Services 5). This expenditure authority is effective through December 31, 2015.

10. Long-Term Care Benefits Pending Verification of Financial Eligibility Criteria for New LTC Applicants. Expenditures for a limited set of LTC benefits for individuals who self-attest to financial eligibility factors as specified in STC 28.

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 and family planning-related services.

Title XIX Requirements Not Applicable to Budget Populations 10, 15, 16, 17, 18, 19, 20

Amount, Duration, and Scope

Section 1902(a)(10)(B)

To enable Rhode Island to provide a limited benefit package.

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. [Budget Population 7]