CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST

NUMBER: 11-W-00242/1

TITLE: Rhode Island Global Consumer Choice Compact Demonstration

AWARDEE: Rhode Island Department of Human Services

Title XIX Waivers

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the Demonstration project beginning December 1, 2009, through December 31, 2013. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

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 Rhode Island Global Consumer Choice Compact section 1115 Demonstration.

1. **Amount, Duration, and Scope**  
   Section 1902(a)(10)(B)
   
   To enable Rhode Island to vary the amount, duration, and scope of services offered to individuals, regardless of eligibility category, by providing additional services to individuals who are enrollees in certain managed care arrangements.

2. **Reasonable Promptness**  
   Section 1902(a)(8)
   
   To enable the State to impose waiting periods for HCBS waiver-like long term care services.

3. **Cost-Sharing Requirements**  
   Section 1902(a)(14) insofar as it incorporates Section 1916
   
   To permit the State to impose premiums in excess of statutory limits under section 1916 of the Act.

4. **Comparability of Eligibility Standards**  
   Section 1902(a)(17)
   
   To permit the State to apply standards different from those specified in the Medicaid State plan for determining eligibility, including, but not limited to, different income counting methods.

Demonstration Approval Period: January 16, 2009 through December 31, 2013

Amended December 2009
5. Freedom of Choice

Section 1902(a)(23)

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

6. Retroactive Eligibility

Section 1902(a)(34)

To enable the State to exclude individuals in the demonstration from receiving coverage for up to 3 months prior to the date that an application for assistance is made.

The waiver of retroactive eligibility does not apply to individuals under section 1902(l)(4)(A) of the Act.

7. Payment for Self-Directed Care

Section 1902(a)(32)

To permit individuals to self-direct expenditures for long-term care services.

8. Payment Review

Section 1902(a)(37)(B)

To the extent that prepayment review may not be available for disbursements under a self-directed care program by individual beneficiaries to their providers.