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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 23-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 1, 2024

Richard Charest, R. Ph, MBA, Secretary Executive Office of Health and Human Services 3 West Road, Virks Building Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 23-0011

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to implement premiums for working adults who have disabilities as authorized by the Ticket to Work and Work Incentives Improvement Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 447.55. This letter is to inform you that Rhode Island's Medicaid SPA Transmittal Number 23-001 I was approved on March 1, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce Butterworth@cms.hhs.gov.

Sincerely

James G. Scott, Director Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director Kathryn Thomas, Senior Economic and Policy Analyst

CENTERS FOR MEDICARE & MEDICARD SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
1902(a)(10)(A)(ii)(XV) 42 CFR 447.55	a FFY 2024 \$ 349,221 • FFY 2025 \$ 751,312	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 4:18-F pages-1-7 (NEW)	OR ATTACHMENT (If Applicable)	
Attachment 4.18-F Pages 1, 2, 3, 4, 5, 5a, 6, 7 (NEW)	N/ANEVV	
7. (14236)		
9. SUBJECT OF AMENDMENT		
Ticket to Work		
10. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
	EOHHS 3 West Road, Virks Building	
Richard Charest	Cranston, RI 02920	
13. TITLE Secretary		
14. DATE SUBMITTED 12/20/2023		
FOR CMS U	JSE ONLY	
16. DATE RECEIVED 12/20/2024	17. DATE APPROVED 03/01/2024	
PLAN APPROVED - O		
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF ARREDOVING DESCRIP	
10/01/2023		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. REMARKS		
02/06/2024: The State authorized the following pen & ink changes:		
Box 5: add federal regulation 42 CFR 447.55		
Box 7: correct pagination to read Attachment 4.18-F Pages 1, 2, 3, 4, 5, 5a, 6, 7 (NEW)		
Box 8: delete "N/A-NEW"		

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It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

- 1. Cost sharing
 - a. x/No cost sharing is imposed.
 - b. __/ Cost sharing is imposed under section 1916A of the Act as follows (specify the amounts by group and services (see below)):

		Type of Charge	
Group of Individuals	Item/Service	Deductible Co-insurance Co-payment	*Method of Determining Family
			Income
			(including
			monthly or
			quarterly
			period)

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

b. Limitations:

The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the

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family involved, as applied on a monthly and quarterly basis as specified by the State above

- Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.
- c. No cost sharing will be imposed for the following services:
 - Services furnished to individuals under 18 years of age that are required to be
 provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished
 to individuals with respect to whom aid and assistance is made available under part B
 of title IV to children in foster care and individuals with respect to whom adoption or
 foster care assistance is made available under part E of such title, without regard to
 age;
 - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
 - Services furnished to pregnant people, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
 - Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
 - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
 - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
 - Family planning services and supplies described in section 1905(a)(4)(C) of the Act;
 - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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1.	_/ Providers are permitted to require, as a condition for the provision of c	are
tems,	, or services, the payment of any cost sharing.	

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2.	/ (If above box select	ed) Providers per	mitted to reduce of	or waive cost s	sharing
on a ca	ise-by-case basis.				

- 3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
- 4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

- 1. Cost sharing amounts
 - a. x/ No cost sharing is imposed.
 - b. __/ Cost sharing is imposed under section 1916A of the Act as follows (specify amounts by groups and services (see below)):

Type of Charge

Group of Individuals

Item/Service

Deductible Coinsurance Co-payment

*Method of Determining Family Income (including monthly or quarterly period)

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Effective Date October 1, 2023

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

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Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.
- c. No cost sharing shall be imposed for the following services:
 - Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care, and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
 - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income;
 - Services furnished to pregnant people, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
 - Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act);
 - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
 - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
 - Family planning services and supplies described in section 1905(a)(4)(C) of the Act;
 and
 - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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Revision: June 2009

Attachment 4.18-F Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

			2000, 20111001, 1111000	25.41.5
1.	Enforceme	nt		
	i.		oviders are permitted to require, as or services, the payment of any cos	a condition for the provision of care, t sharing.
	ii.		above box selected) Providers are on a case-by-case basis.	permitted to reduce or waive cost
	iii.	costsha		reduced by the amount of the beneficiary ether the provider successfully collects
2.	Premi	ıms		
1.	Amou	nt of Pre	miums	
	i. ii.	<u>x</u> /	No premiums are imposed. Premiums are imposed under sectimium amount by group and income	on 1916A of the Act as follows (specify elevel.
	Group of Individuals		Premium	Method for Determining Family Income (including monthly or quarterly period)

Group of	Premium	Method for Determining Family Income
Individuals		(including monthly or quarterly period)
	Premiums are based on family income,	The State calculates monthly income using
	beginning at 150% FPL on a sliding fee scale, no more than 5% of family	the standard SSI methodology.
pathway	income, as described on page 5a.	

b. Limitation:

• The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

TN No.	23-0011			
Superse	des TN	No.	NEW	
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FPL	Premium Amountfor Ticket to Work
<150% FPL	\$0
150 - <185% FPL	\$61
185 - <200% FPL	\$77
200 - <250% FPL	\$92
250 - <300% FPL	\$110
300 - <350% FPL	\$130
350 - <400% FPL	\$150
400 - <450% FPL	\$170
450 - <500% FPL	\$190
500 - <550% FPL	\$210
550 - <600% FPL	\$230
600 - <650% FPL	\$250
650 - <700% FPL	\$270
700 - <750% FPL	\$290
750 - <800% FPL	\$310
800 - <850% FPL	\$330
850 - <900% FPL	\$350
900%+ FPL	\$370

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- c. No premiums shall be imposed for the following individuals:
 - Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
 - Pregnant people;
 - Any terminally ill individual receiving hospice care, as defined in section 1905(o);
 - Any individual who is an inpatient in a hospital, nursing facility, intermediate care
 facility, or other medical institution, if such individual is required, as a condition of
 receiving services in such institution under the State plan, to spend for costs of
 medical care all but a minimal amount of the individual's income required for
 personal needs; and
 - Individuals who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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- 1. __/ Prepayment required for the following groups of individuals who are applying for Medicaid:
- 2. \underline{X} / Eligibility terminated after failure to pay for 90 days for the following groups of individuals who are receiving Medicaid:

Working Disabled Adults enrolled via the Ticket to Work pathway

3. X/ Payment will be waived on a case-by-case basis for undue hardship.

C. Period of determining aggregate 5 per	cent cap
Specify the period for which the 5 perce	nt maximum would be applied.
/ Quarterly	
X / Monthly	
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D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

Premiums will not exceed the 5% maximum and the State is not charging cost-sharing. As the State will only apply premiums to individuals with an income equal to orgreater than 150% of the FPL, and premiums are set at an amount that is less than the maximum amount of 5% of income, there will not be cases in which an individual is charged more than the maximum amount.

Once an individual is determined eligible for the Ticket to Work pathway, a letter will be sent to the qualifying individual with their monthly premium amount.

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