

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

NUMBER: 11W-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 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 with incomes between 200 and 250 percent of the FPL 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.

4. **Budget Population 6 [Pregnant Expansion].** Expenditures for medical assistance for pregnant women with incomes from 186 percent to 250 percent of the FPL who are not otherwise eligible under the Medicaid State plan.
5. Expenditures for medical assistance furnished to individuals who are receiving home and community based services, 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.
6. 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 SSI.
 - c. **Budget Population 10** [Elders 65 and over] At risk for 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
 - g. **Budget Population 14:** [BCCTP] Women screened for breast or cervical cancer under CDC program and not eligible for Medicaid.
 - h. **Budget Population 15: [Adults with disabilities at risk for long-term care]** 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.
7. **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.
 8. **Window Replacement [Budget Services 1].** Expenditures for window replacement for homes which are the primary residence of eligible children who are lead poisoned.
 9. **Demonstration Benefits.** Expenditures for benefits specified in Attachment A and A1 of the STCs provided to Demonstration populations, which are not otherwise available in the Medicaid State Plan.
 10. Expenditures for Healthy Choice Accounts and Healthy Choice incentives.
 11. 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.
 12. Expenditures for core and preventive services for Medicaid eligible at risk youth (Budget services 4).
 13. 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

SCHIP 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 Federal Poverty Level (FPL) and who are not otherwise eligible under the approved Medicaid State plan.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST**

NUMBER: 11W-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 January 16, 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 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 for 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.

4. Comparability of Eligibility Standards **Section 1902(a)(17)**

To permit the State to apply different standards for determining eligibility, including but not limited to different income counting methods, than specified in the Medicaid State plan.

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 three 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).

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.