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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:13-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) Approved SPA Pages
- 6) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

March 11, 2014

Steven M. Costantino, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
57 Howard Avenue, LP Building
Cranston, RI 02920

Enclosed is an approved copy of Rhode Island's state plan amendment (SPA) 13-0019-MM2, which was submitted to CMS on December 12, 2013. SPA 13-0019-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Rhode Island's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The state is using interim alternative single streamlined paper and online applications and by December 31, 2014 will implement revised alternative single streamlined paper and online applications that addresses CMS' concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section of Rhode Island's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement of use with respect to the alternative single, streamlined online application
- Attachment 2 – Statement of use with respect to the alternative single, streamlined paper application

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0019-MM2, which should also be incorporated into the state plan.

- Superseding pages of state plan material, SPA 13-0019-MM2.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Lynn DelVecchio at 617-565-1201 or lynn.delvecchio@cms.hhs.gov.

Sincerely,

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosures

Cc: Elena Nicolella, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

MD-S-30-RI

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March 11, 2014

Steven M. Costantino, Secretary
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57 Howard Avenue, LP Building
Cranston, RI 02920

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services’ (CMS) approval of state plan amendment (SPA) transmittal RI-13-0019-MM2, which was submitted to CMS on December 12, 2013. Our review of this submission included a review of the online and paper alternative single streamlined applications developed by the state.

Until December 31, 2014, the state is using interim alternative single streamlined paper and online applications. These interim applications need to be revised to reflect the following changes.

Necessary changes:	Completion Date:
Paper Application	
The questions about disability and foster care will only be asked of applicants.	December 31, 2014
The detailed questions regarding an absent parent (name, address, and SSN) will be removed.	December 31, 2014
Online Application	
The questions regarding citizenship and immigration status, as well as questions regarding disabilities and foster care, will not be asked of non-applicants.	December 31, 2014
In the question about other insurance enrollment, the state will add an option for Tricare.	December 31, 2014

Please submit the revised applications to CMS for review no later than December 1, 2014 to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684. If you have any questions about this letter or need any additional information, please contact please contact Lynn DelVecchio of my staff at (617) 565 – 1201 or by email at Lynn.Delvecchio@cms.hhs.gov.

Sincerely,

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

Cc: Elena Nicolella, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

MD-S-30-RI

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Rhode Island

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-019

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435,sub parts J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

MAGI Eligibility Process

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box for description]

- No reply received within 45 days of submittal
- Other, as specified

Describe:

This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island law and practice, the Governor is kept apprised of major changes in the state plan.

Signature of State Agency Official

Submitted By: Jodi DiBernardo

Last Revision Date: Mar 11, 2014

Submit Date: Dec 12, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

General Eligibility Requirements	S94
Eligibility Process	

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Web Portal	Internet access to electronic application	X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.