Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:19-005

This file contains the following documents in the order listed:

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

Boston Regional Operations Group

August 9, 2019

Ms. Womazetta Jones, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
3 West Road
Cranston, RI 02920

Dear Secretary Jones:

On June 28, 2019 the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) transmittal number 19-005 proposing to update cost-sharing pages in the State Plan to reflect current practice.

We are pleased to inform you that RI 19-005 was approved on August 6, 2019 with an effective date of July 1, 2019.

If you have any questions regarding this matter you may contact Lynn DelVecchio (401) 380-5604 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

Francis T. McCullough
Director, Boston Regional Operations Group

Cc: Patrick Tigue, Medicaid Director
Melody Lawrence, Interdepartmental Project Manager

☐ **Other Issue**

Medicaid Premiums and Cost Sharing: 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.

RI-19-0005

Proposed Effective Date

04/01/2019 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

42 CFR § 447.52

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	$ 0.00
Second Year	2020	$ 0.00

Subject of Amendment

This amendment updates the states cost sharing State Plan pages to reflect current practice.

Governor's Office Review

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

  Describe:
- ○ **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:	**Melody Lawrence**
Last Revision Date:	**Jul 31, 2019**
Submit Date:	**Jun 28, 2019**

Medicaid Premiums and Cost Sharing

Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: **Rhode Island**

Transmittal Number: **RI-19-0005**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

RI MPC

PDFs superseded by this SPA
(Include Transmittal Number):

Attachment 4.18-A Pages 1 - 3 TN: 93-018
Attachment 4.18-C Pages 1 - 3 TN: 93-018
Attachment 4.18-D Pages 1 - 2 TN: 92-02
Attachment 4.18-E Pages 1 - 2 TN: 92-02
Section 4, pages 54-56f TN 92-02

Description:

This SPA updates RI Cost Sharing information.

Public Notice and Comment:

☑ **ublic notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c**

Indicate how the public notice was issued and public comment was solicited:

☐ **Newspaper Announcement (in newspapers with wide circulation)**

☑ **ormal notice and comment in accordance with the state's admin**

Date of Publicatio

05/28/2019 *(mm/dd/yyyy)*

☑ **e**

Website	
Date of Posting: 05/28/2019 *(mm/dd/yyyy)* Website URL: http://www.eohhs.ri.gov/	

☐ **Public Hearing or Meeting**

☐ **Media specifically designed to reach racial, ethnic and linguistic minorities**

☐ **Other method**

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document
Uploaded Document Name: **Date Uploaded:** Notice to Public - Premiums and Cost Sharing.pdf
Uploaded Document Name: **Date Uploaded:** Interested Parties - Cost Sharing.pdf

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

No public comments were received.

Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: **Rhode Island**

Transmittal Number: **RI-19-0005**

Type of SPA	Form Code	Form Name/Description	Uploaded?
Cost Sharing	G1	Cost Sharing Requirements	yes
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	no
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	no
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	no
Cost Sharing	G3	Cost Sharing Limitations	no

Medicaid Premiums and Cost Sharing: File Management Detail

Form G1: Cost Sharing Requirements

Form Description:

Uploaded Form: **Date Uploaded:**

Cost Sharing G1.pdf

Support Documents

Document
Please provide a short description of this support document: Attachment 4.18-C pages 1-3 **Uploaded Document Name:** **Date Uploaded:** Attachment 4.18-C page 1-3.pdf
Please provide a short description of this support document: Attachment 4.18-A pages 1-3 **Uploaded Document Name:** **Date Uploaded:** Attachment 4.18-A page 1-3.pdf
Please provide a short description of this support document: Attachment 4.18-E pages 1-2 **Uploaded Document Name:** **Date Uploaded:** Attachment 4.18-E page 1-2.pdf
Please provide a short description of this support document: Attachment 4.18-D pages 1-2 **Uploaded Document Name:**

Document	
	Date Uploaded:
Attachment 4.18-D page 1-2.pdf	
Please provide a short description of this support document: Section 4 pages 54-56f **Uploaded Document Name:**	
	Date Uploaded:
Section 4 page 54-56f.pdf	

Form G2a: Cost Sharing Amounts - Categorically Needy Individuals

Form Description:

Uploaded Form: **Date Uploaded:**

Support Documents

Document

Form G2b: Cost Sharing Amounts - Medically Needy Individuals

Form Description:

Uploaded Form: **Date Uploaded:**

Support Documents

Document

Form G2c: Cost Sharing Amounts - Targeting

Form Description:

Uploaded Form: **Date Uploaded:**

Support Documents

Document

Form G3: Cost Sharing Limitations

Form Description:

Uploaded Form: **Date Uploaded:**

Support Documents

Document

Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name: **Rhode Island**

Transmittal Number: **RI-19-0005**

☑ **One or more Indian Health Programs or Urban Indian Organizations furnish health ca State.**

☑ **dment is likely to have a direct effect on Indians, Indian h Urban Indian Organizations**

☑ **State has solicited advice from Indian Health Programs, Urban Indian Organizations, an Tribal governments prior to submission of this State Plan Amend**

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. ***States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:***

☐ **Indian Tribes**

☑ **Indian Health Programs**

Indian Health Programs	
Name of Indian Health Programs: Narragansett Indian Health Center Date of consultation: 05/28/2019 *(mm/dd/yyyy)* Method/Location of consultation: Email and notice sent via USPS.	

☐ **Urban Indian Organization**

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: Tribal notification sent via email and USPS. **Uploaded Document Name:**

Document	
	Date Uploaded:
Tribal Notice - Premiums and Cost Sharing.pdf	

Indicate the key issues raised in Indian consultative activities:

- [ ] **Access**

Summarize Comments

Summarize Response

- [ ] **Quality**

Summarize Comments

Summarize Response

- [ ] **Cost**

Summarize Comments

Summarize Response

- [ ] **Payment methodology**

Summarize Comments

Summarize Response

- [ ] **Eligibility**

Summarize Comments

Summarize Response

- [ ] **Benefits**

Summarize Comments

Summarize Response

- [ ] **Service delivery**

Summarize Comments

Summarize Response

Medicaid Premiums and Cost Sharing

State Name: Rhode Island

OMB Control Number: 0938-1148

Transmittal Number: RI - 19 - 0005

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	No

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.

V.20160722

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

STAE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

This Page Intentionally Left Blank

State/Territory: RHODE ISLAND

This page intentionally left blank

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page intentionally left blank

Revision: HCFA-PM-91-4 (BPD)
August 1991 OMB NO.: 0938

State/Territory: RHODE ISLAND

This page is intentionally left blank