



RHODE ISLAND EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

Notice of Public Hearing and Public Review of Rules

The Secretary of the Executive Office of Health & Human Services (EOHHS) has under consideration a series of proposed new sections (as well as amendments to existing sections) of the Medicaid Code of Administrative Rules (MCAR) (“Regulations”) related to the expansion of the Medicaid Program under the provisions of health care reform statutes. (A summary of the rule changes appears below).

Under the authority granted in the federal Patient Protection and Affordable Care Act of 2010 (ACA) and applicable State law, including Executive Order 11-09, Rhode Island created its own health insurance marketplace and on-line eligibility system, previously referred to as a “health benefit exchange”, and elected to expand Medicaid eligibility to the new ACA coverage group of adults, without dependent children, who have income up to 133% of the Federal Poverty Level (FPL). On October 1, 2013 Rhode Islanders interested in obtaining health coverage under this new expansion group began applying through the health insurance marketplace (HealthSourceRI), the Department of Human Services (DHS) field offices or website, and/or the Executive Office of Health and Human Services website (EOHHS). Applicants deemed to be eligible began enrolling in one of two Medicaid health plans during the period from October 1, 2013 to December 31, 2013. Actual coverage begins on January 1, 2014.

There will be no changes in Medicaid coverage until January 1, 2014. The proposed rules seek to accomplish the following:

01. To describe the new income standard that will be used to determine access to coverage for the ACA expansion group beginning on January 1, 2014;
02. To amend existing Medicaid rules to provide for persons participating in Medicaid prior to January 1, 2014;
03. To identify the principal roles and responsibilities of the Medicaid agency and the State with respect to persons seeking eligibility for the new ACA expansion coverage group; and
04. To inform Rhode Islanders of their rights and responsibilities when seeking Medicaid eligibility as a member of the new ACA or existing coverage groups during this same period.

These regulations are being promulgated pursuant to the authority contained in Rhode Island General Laws Chapter 40-8 (Medical Assistance) as amended, including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq.*; Chapter 42-35 of the Rhode Island General Laws, as amended; and Chapter 42-7.2 of the Rhode Island General Laws, as amended.

In the development of these proposed Regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small businesses in Rhode Island. No alternative approach, duplication or overlap, or impact upon small businesses were identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold two Public Hearings on the above mentioned matter on **TUESDAY, 3 DECEMBER 2013** at which time and place all persons interested therein will be heard.

Hearings will be convened as follows:

Tuesday, December 3, 2013 2:00 p.m.	Tuesday, December 3, 2013 6:00 p.m.
Arnold Conference Center 111 Howard Avenue Regan Building Pastore Complex Cranston RI 02920	DaVinci Center 470 Charles Street Providence, RI 02904

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the Regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Steven M. Costantino, Secretary, Rhode Island Executive Office of Health & Human Services, Louis Pasteur Building, 57 Howard Avenue, Cranston, Rhode Island, 02920 or via email to the attention of: eshelov@ohhs.ri.gov.

Interested persons may inspect said Regulations and other related materials on the Rhode Island Secretary of State's website: www.sec.state.ri.us/rules, on the Executive Office of Health & Human Services' website: www.eohhs.ri.gov or at the Executive Office of Health & Human Services, 57 Howard Avenue, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-1575 {via RI Relay 711} or by emailing [Eshelov@ohhs.ri.gov](mailto:eshelov@ohhs.ri.gov).

The Rhode Island Executive Office of Health & Human Services in the Louis Pasteur Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-6266 (hearing/speech impaired, dial 711) at least three (3) business days prior to the Public Hearing so arrangements can be made to provide such assistance at no cost to the person requesting.



Steven M. Costantino, Secretary
Signed this 25th day of October 2013

Significant ACA-Related Changes in the Medicaid Program

The following provides a summary of the major changes in the Medicaid program authorized or mandated by the ACA and the applicable rules in this chapter:

- Consolidation and simplification of Medicaid coverage groups subject to MAGI-based eligibility determinations – MCAR section 1301.
- Elimination of Medicaid eligibility for parents/caretakers with income from 133% to 175% of the FPL – MCAR 1301.
- Expansion of Medicaid eligibility to adults, ages 19 to 64, without dependent children and establishment of a new Medicaid affordable care coverage group – MCAR section 1301.
- Streamlined application process through the automated affordable care eligibility system – MCAR 1303.
- Standardization of Medicaid eligibility requirements for MACC coverage groups – MCAR Section 1305.

- Establishment of passive renewal process for making determinations of continuing eligibility – MCAR section 1306.
- Implementation of the MAGI-based income standard – MCAR section 1307.
- Automated verification of eligibility requirements through federal and State data sources – MCAR section 1308.
- Elimination of premiums in the RItE Care managed care delivery system and redefinition of RItE Care coverage groups – MCAR section 1309.
- Enrollment of the MACC coverage group for adults without dependent children in a Rhody Health Partners managed care plans with a modified benefit package – MCAR section 1310.
- Modifications of the managed care enrollment system to complement changes in the application and eligibility determination processes – MCAR section 1311.
- Changes in the RItE Share premium assistance program to complement ACA initiatives, remove premiums, and add a buy-in requirement – MCAR section 1312.
- Extension of the Communities of Care requirement to MACC expansion group – MCAR section 1314.
- Implementation of a limited subsidy program for parents/caretakers with income from 133% to 175% of the FPL who are no longer eligible for Medicaid affordable care coverage – MCAR section 1315.

0342 ~~Cat Needy AFDC-Related Coverage~~ Medicaid Coverage for Children and Families

0342.01 Applicability

October 2013

The provisions in this section do not apply to the individuals and families in the Medicaid affordable coverage groups identified in MCAR section 1301 that take effect on January 1, 2014. The rule governing the application process for the Medicaid affordable coverage groups included in section 1301 are located in MCAR section 1303; eligibility requirements for Medicaid-eligible individuals and families in these groups are set forth in MCAR section 1305. Accordingly, the provisions of this section, MCAR 0342, are applicable and in-effect on and after January 1, 2014 only to the extent indicated in each subsection.

0342.05 RI Works Program Families and Section 1931

~~REV:01/2008-~~ October 2013

RI WORKS PROGRAM (RIWorks)

In Rhode Island, eligible families receive temporary cash assistance through the RI Works Program (RIW). ~~Medical Assistance~~ Medicaid benefits for RIWorks eligible families will be determined through a separate determination of eligibility for Title XIX, Section 1931 coverage in accordance with all of the rules and regulations of the ~~Medical Assistance~~ Medicaid Program. Effective January 1, 2014, eligibility for RIWorks participant will be governed by the provisions set forth in the Medicaid Code of Administrative Rules (MCAR) sections 1301.03.01 (01) pertaining to families covered through, Section 1931 of Title XIX of the U.S. Social Security Act – the federal Medicaid law. Any families receiving coverage on January 1, 2014 who were initially determined eligible under section 0342.05 will be subject to the provisions applicable to the Medicaid Affordable Care Coverage (MACC) group for families at the time of their next redetermination in 2015 or if there is a change in eligibility status for any reason prior to the redetermination date. Such redeterminations will entail use of the web-based eligibility system (MCAR section 1301 and 1303), including evaluating income eligibility based on the modified adjusted gross income standard (MAGI) in MCAR section 1307. This determination of Medical Assistance eligibility will be made concurrently with the determination of cash assistance eligibility.

~~The application also serves as the Medical Assistance application.~~

~~Eligible recipients include:~~

- ~~● RIW families which include children under 18 and their parent(s) or caretaker relative; Includes RIW children age 18 who are full time students in a secondary school or in the equivalent level of vocational or technical training, and who will complete school before or in the month of their 19th birthday.~~
- ~~● RIW pregnant women with no other eligible children. All RIW closures and denials must be reviewed for continuing eligibility under Section 1931 using Medical Assistance (i.e., non RIW) income and resource counting rules (see DHS Manual, sections 0330.30 and 0338.05). For example, a review of continuing MA eligibility should take place when:
 - ~~— A family found eligible for RIW cash assistance decides to decline the cash benefit;~~~~

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~~— A family applying or being recertified for RIW and fails to provide sufficient verification for RIW, but has met the 1931 verification requirements (proof of income, alien non-citizen status, pregnancy); or~~

~~— An eligible RIW family decides to close their cash assistance.~~

~~All RIW families receiving cash assistance are categorically needy and if they are determined eligible for Medical Assistance, must enroll in RIte Care or RIte Share, as determined by the Department. RIW families qualify for extended Medical Assistance if their Medical Assistance is closed for reasons related to increased child support or income from employment.~~

~~SECTION 1931 MEDICAL ASSISTANCE ONLY~~

~~Section 1931 refers to a family category of MA Only (i.e., there is no cash assistance attached to the receipt of the Medical Assistance.~~

~~Section 1931 MA Only recipients include:~~

- ~~• Families with children under age eighteen¹ (18) whose countable income does not exceed one hundred ten percent (110%) of the federal poverty level income guidelines (FPL) and without regard to deprivation or resources.~~

~~All MA Section 1931 families are categorically needy and must enroll in RIte Care or RIte Share.~~

~~Families who do not qualify for Section 1931 MA because of excess income are evaluated for MA under the Family Waiver Group.~~

~~Both RIW and Section 1931 MA only families may qualify for Extended Medical Assistance when Section 1931 MA eligibility is lost due to reasons related to increased income from child support or employment.~~

~~If the family is eligible for both extended MA coverage and Family Waiver coverage, Extended MA coverage is granted first.~~

0342.10 Deemed RI Works Program Recipient

REV:06/1998

Deemed RI Works Program (RIW) recipients include:

- ~~• RIW eligible persons who receive no cash assistance payment because the monthly grant would be less than \$10 (InRHODES Category Code 48);~~
- ~~• Individuals who would be eligible for RIW except for the fact that a member of the RIW filing unit is participating in the Work Supplementation Program (InRHODES Category Code 49);~~
- ~~• Individuals whose RIW payments are reduced to zero by reason of recovery of overpayment of RIW funds (InRHODES Category Code 50).~~

0342.15 RIW Closures Due To Increased Child Support

REV:06/1998

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~~This coverage group is families who become ineligible for the RI Works Program (RIW) due to an initial collection or an increase in the collection of child support payments. The family continues to be eligible for Medical Assistance as Categorically Needy for four (4) additional months following cash assistance closure due to increased child support. The family must have received cash assistance in at least three (3) of the six (6) months preceding the month of ineligibility (InRHODES Category Code 53).~~

¹ Includes children age eighteen (18) who are full time students in a secondary school, or an equivalent level of vocational or technical training program, and who will complete school before or in the month of their 19th birthday.

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~~When the cash assistance case is closed due to the receipt of child support, InRhodes determines potential eligibility and identifies the case as eligible for extended benefits. The eligibility technician verifies and approves eligibility. InRhodes generates the appropriate notice, notifies MMIS and tracks the period of Extended Medical Assistance eligibility.~~

~~In the third month of the 4 month extension, InRhodes notifies the eligibility technician and a redetermination packet is sent to the Extended Medical Assistance recipient.~~

0342.20 Cash Assistance-Eligible, Except RSDI-Inerse

REV:07/1994

~~This coverage group is individuals who, for any month, would have been eligible for cash assistance if the August, 1972 increase in RSDI benefits, under Title II of the Social Security Act, had not been applicable to him/her (InRHODES Category Code 64).~~

~~Eligibility exists provided that:~~

- ~~• The recipient was cash assistance eligible for the month of August 1972; and~~
- ~~• The recipient was entitled to RSDI benefits; and~~
- ~~• The receipt of cash assistance was discontinued solely due to the August 1972 increase in RSDI benefits.~~

0342.25 Qualified Pregnant Woman, No Deprivation

REV:01/2002-October 2013

Effective January 1, 2014, Medicaid eligibility for pregnant women is governed by the provisions set forth in the Medicaid Code of Administrative Rules (MCAR) section 1301.03.01 (2). Eligibility requirements are set forth in MCAR section 1305. Any pregnant women receiving coverage on January 1, 2014 who were initially determined eligible under this section will be subject to the provisions applicable to the Medicaid Affordable Care Coverage (MACC) group for pregnant women if there is a change in eligibility status for any reason prior to the redetermination date. Such redeterminations will entail use of the web-based eligibility system (MCAR section 1301 and 1303), including evaluating income eligibility based on the modified adjusted gross income standard (MAGI) in MCAR section 1307.

~~A pregnant woman in a one or two parent family whose income and resources are within appropriate limits at the time of the eligibility determination, is eligible for Medical Assistance Medicaid as an individual for the duration of the pregnancy.~~

~~Eligibility exists provided that:~~

- ~~• The pregnancy has been medically verified; and~~
- ~~• The family's income and resources do not exceed the RI Works Program (RIW) income and resource standards for the size of the family including the newborn.~~

~~Once the pregnant woman has been determined eligible, she remains eligible throughout the pregnancy and post-partum period regardless of changes in family income.~~

0342.30 Qualified Pregnant Women

REV:01/2002

Draft Rule: For Public Comment

~~This coverage group is women whose pregnancy has been medically verified, and who would be eligible for a RI Works Program (RIW) cash payment if the child had been born and living with her. (Family size includes the unborn). Once the pregnant woman is determined eligible, she remains eligible regardless of any change in family income.~~

~~0342.35 Qualified Post Partum Women~~

~~REV:07/1994~~

~~This coverage group is women who, while pregnant, were eligible for and received MA Medicaid. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and post partum medical assistance for a 60-day period beginning with the last day of her pregnancy (InRHODES Category Code 68).~~

~~Eligibility for this coverage extends to the last day of the month in which the 60th post partum day falls.~~

~~0342.35.05 Post Partum Women--Family Plan~~

~~REV:07/1994~~

~~This special coverage group (i.e., not Categorically Needy or Medically Needy) is post partum women who received categorical MA at the time the child was born and who are otherwise ineligible. (69) Coverage for FAMILY PLANNING SERVICES ONLY extends for twenty-four (24) months after the post partum period. It is provided to all women after the post partum period even if they have become ineligible for Medical Assistance.~~

~~0342.40 Newborn Child of MA Medicaid Eligible Mother~~

~~REV:11/2006 October 2013~~

~~Effective January 1, 2014, Medicaid eligibility for newborn children of Medicaid-eligible pregnant women is governed by the provisions set forth in the Medicaid Code of Administrative Rules (MCAR) section 1305.14 and below as indicated.~~

~~This coverage group consists of children born to a woman who is eligible for and receiving MA as Categorically Needy on the date of the child's birth. The mother's basis of eligibility may be cash assistance-related or MA Only. The child is deemed eligible for one year from birth as long as:~~

- ~~• The child resides continuously in the mother's household;~~
 - ~~• The mother remains eligible for MA, or would have remained eligible if she were still pregnant;~~
- ~~and~~

~~NOTE: Under the provisions of the federal Deficit Reduction Act of 2005, children born to mothers whose alien status is determined to be undocumented or who is a qualified alien but has been here less than five (5) years, are not automatically eligible to receive Medical Assistance. The parent(s) of these children must complete a redetermination in order to determine their continuing eligibility for Medical Assistance~~

- ~~• Reasonable effort is made to fulfill the newborn enumeration requirement.~~

~~To determine if the newborn is living in the mother's household, the eligibility technician will use the rules of the cash assistance program (FIP or SSI) related to the mother's eligibility.~~

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~~Changes in the mother's family income never effect the newborn's deemed eligibility because, if still pregnant, the mother would remain eligible regardless of changes in income. If the mother loses eligibility because of changes other than income, the eligibility technician must determine whether she would have remained eligible on any basis if she were still pregnant.~~

~~An infant born to an eligible pregnant woman has automatic MA enrollment for the first year of life whether the mother qualifies through a cash assistance program (RIW or SSI) or through Medical Assistance only. The eligibility exists even if the mother becomes ineligible for RIW or SSI, provided the mother is currently eligible for MA or would be if she were pregnant.~~

~~Eligibility under this coverage group remains until one of the following occurs:~~

- ~~• One year from the child's date of birth; or~~
- ~~• The infant is determined eligible for the equivalent scope of Medical Assistance services under another coverage group; or~~
- ~~• The mother loses MA eligibility based on the application of criteria as if she were pregnant. As a result, the child is determined to be ineligible.~~

~~EXAMPLE OF NEWBORN ELIGIBILITY~~

~~A pregnant woman in one parent family is determined eligible for RIW cash assistance. After the birth of the child the mother refuses to cooperate with the RI Works Program's requirement that she assist Child Support Enforcement (CSE) to establish paternity and seek support from the father of the child. As a result of non cooperation, mother is ineligible for RIW and cash related Medical Assistance benefits cease at the end of the post partum period. Although mother is no longer eligible for cash assistance, cooperation with CSE is not a requirement of the Medical Assistance Program if she were pregnant.~~

~~Since mother would be eligible for Medical Assistance if she were pregnant, the newborn is automatically enrolled and eligible for Medical Assistance benefits for the first year of life.~~

~~0342.40.05 Newborn Enumeration Requirement~~

~~REV:01/2002~~

~~Although the mother need not file a separate application for coverage for the newborn, she is required to cooperate with the agency in the enumeration process. Enumeration is a requirement of eligibility for the newborn. However, failure to enumerate the child results in a sanction against the mother, not the child. The child will remain eligible even if lacking a social security number because of the mother's failure to cooperate.~~

~~Medical Assistance coverage under this group is the "last resort" for newborns. Whenever possible, staff should determine a child eligible as part of the mother's cash assistance or Medical Assistance case or under another MA coverage group before certifying the child for MA as a newborn.~~

~~0342.40.10 Newborn Case Processing~~

~~REV:01/2002~~

~~Although the newborn is deemed eligible at birth, the birth itself is a change in household composition which has substantial eligibility ramifications. The introduction of a new household member(s) requires the worker to redetermine eligibility for the family unit as a whole, as well as the newborn. The redetermination process is completed within thirty (30) days from the date the district office receives notification of the birth.~~

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~~Operating procedures vary, depending on how the district office becomes aware of the birth and on whether the mother is enrolled in managed care. In some instances the hospital or HMO may inform DHS of the birth, or the mother, or guardian of the infant, may inform the district office of the birth directly.~~

~~For a newborn child born to a mother not enrolled in managed care, the district office will receive a copy of the hospital birth record from the hospital where the birth occurs. Subsection 0342.40.10.05, below, describes the function of the hospital birth record.~~

~~For a newborn born to a mother enrolled in managed care, the hospital will notify the mother's HMO through their billing process and the HMO will subsequently send a Health Plan Status Change Reporting Form (RC-80HP) to the Center for Child and Family Health. The birth hospital may also issue a hospital birth record to the mother which will allow the mother to report the birth to DHS directly. Refer to section 0348.75.10 for guidance relative to newborn enrollment into managed care. Either the Health Plan Status Change Reporting Form or the hospital birth record is acceptable verification of the birth.~~

~~Upon notification, the worker evaluates the change in circumstances brought about by the birth by re-determining eligibility for the family unit.~~

0342.40.10.05 Hospital Record of Birth

REV:01/2002 October 2013

Certain in-state hospitals with maternity units have agreed to assist ~~DHS~~ the Medicaid agency in establishing eligibility for newborns (for ~~Medical Assistance~~ Medicaid Only, or RIW/MA Medicaid) by completing a hospital birth record form. The hospital record of birth contains:

- Newborn's name, date of birth and sex;
- Mother's name; and,
- Information regarding whether the child was discharged in the mother's care.

The document must bear the original signature of the hospital's representative authorized to sign the hospital record of birth.

The authorized representative must be an individual designated as keeper of the facility's official records.

The original of the hospital birth record is given to the mother at the point of discharge from the hospital, and a copy is attached to the hospital bill for the newborn that is sent to the ~~Division of Health Care Quality, Financing and Purchasing~~ Medicaid agency.

This document is reliable alternate evidence of:

- The age of the child;
- The relationship of the child to the mother; and
- The U.S. citizenship of the child.

The birth record serves as initial documentation for the field staff to add a child to the cash assistance and/or ~~Medical Assistance~~ Medicaid case.

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Note: This document does not establish paternity for a child born out of wedlock. Paternity for eligibility determination purposes is established only when an adjudication is made by Family Court, or when the official birth certificate issued by the Division of Vital Statistics lists the father's name.

~~0342.40.15 Determination of Newborn Eligibility~~

~~REV:06/1998~~

~~When the eligibility technician determines if the child is eligible for inclusion in the mother's cash assistance or Medical Assistance case, there are three possible outcomes:~~

- ~~• The child is eligible for inclusion in the mother's case; or~~
- ~~• The child cannot be included in the mother's case, but is eligible as a "Poverty Level" or "Ribicoff" child; or~~
- ~~• The child remains eligible as a newborn.~~

~~0342.40.15.05 Elig Remains as a Newborn~~

~~REV:07/1994~~

~~If eligibility cannot be determined to exist in any other group, it continues to exist for the child as a newborn for as long as the mother:~~

- ~~• Remains eligible for and receiving Medical Assistance, or would be eligible for Medical Assistance if she were pregnant;~~
- ~~• The child remains living with her; and~~
- ~~• A reasonable effort is made to meet newborn enumeration requirements.~~

~~At minimum, the child must be authorized Medical Assistance coverage for the period from the date of birth until the expiration of the ten-day notice period.~~

~~When the mother becomes ineligible, and/or eligibility for the newborn terminates, the client must be given a ten-day notice of impending termination.~~

~~0342.40.15.10 Examples of Newborn Elig~~

~~REV:07/1994~~

~~EXAMPLE: Mother is eligible at the child's birth as a "Poverty Level" pregnant woman. Her eligibility continues to the end of the month in which the 60th postpartum day falls. The mother takes no action to secure continuing assistance for herself and/or the child, ignoring a contact letter sent to her by the district office upon receipt of the hospital notification of birth. Because the mother takes no action the child cannot be determined eligible in his/her own right under any provision other than as a newborn.~~

~~Medical Assistance eligibility for the mother continues only until the end of the month in which the 60th postpartum day falls.~~

~~Notice of impending termination must be sent to the mother at least ten days prior to the date eligibility for the mother terminates.~~

~~However, failure of the mother to cooperate does not result in termination of coverage of the newborn since an infant eligible under the newborn provision is eligible for the first year of life.~~

~~If recertification is unsuccessful, or if recertification is successful and eligibility under another provision is not found, eligibility remains for the newborn until the first birthday.~~

~~EXAMPLE: Mother, an SSI recipient, gives birth on November 11, 1994. The agency becomes aware of the birth from the hospital bill, accompanied by a hospital birth record. The hospital birth record is forwarded to the district office attached to the MA-526NB. The eligibility technician contacts the mother, who declines to file a formal application on behalf of the child. The mother does~~

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~~not cooperate in the enumeration process by completing an SS-5 for a Social Security Number for the child. The child remains Categorically Needy for Medical Assistance as long as s/he remains living with the mother and the mother remains Categorically Needy by virtue of being an SSI recipient. The child is certified for Medical Assistance via InRHODES. An interim redetermination must be conducted after six months to ascertain that the mother is still eligible for MA, or would be eligible if pregnant, and the child is still living with the mother.~~

~~Newborn children are considered to be eligible under the same category as the mother. Thus, if the mother is eligible as Categorically Needy, the child is Categorically Needy. If the mother is Medically Needy, the child is Medically Needy.~~

~~0342.40.20 Newborn's Loss of Eligibility~~

~~REV:07/1994~~

~~Events which result in the child's loss of eligibility under the newborn provision are:~~

- ~~• The mother loses eligibility for a reason that would result in her ineligibility even if she were pregnant, or there is a break in her eligibility;~~
- ~~• The child moves from the mother's house;~~
- ~~• The child is placed with potential adoptive parents either directly from the hospital or subsequent to discharge;~~
- ~~• The child attains one year of age.~~

~~0342.45 Ribicoff Child~~

~~REV:01/2002~~

~~This coverage group is children who are born after September 30, 1983, are under age 19, and whose family meets RI Works Program resource and income requirements. A deprivation factor does not exist.~~

~~However, if the income and resource limits are met, only the child may be eligible. A Ribicoff child does NOT qualify the caretaker relative for Medical Assistance.~~

~~0342.50 Extended Medical Assistance Medicaid~~

~~REV:01/2008- October 2013~~

The Family Support Act of 1988 created a special ~~Medical Assistance~~ Medicaid program for families in which parents are making the transition from welfare to work. The program was established because of an extraordinary lack of health insurance coverage among employed former welfare beneficiaries. These families are most likely to be uninsured and least able to pay out-of-pocket for medical services. Continuing categorically needy ~~Medical Assistance~~ Medicaid for up to 12 months provides a greater period of health care protection to families with newly employed parents.

Under welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) severed the historical link between eligibility for cash assistance -- formerly called Aid to Families with Dependent Children (AFDC) -- and automatic ~~Medical Assistance~~ Medicaid eligibility. However, Congress also created a new ~~Medical Assistance~~ Medicaid eligibility category referred to as Section 1931 families.

Extended MA Medicaid may be accessed directly from Section 1931 eligibility.

Families who are eligible for cash assistance and who choose to forgo cash benefits for whatever reason, remain eligible for ~~Medical Assistance~~ Medicaid under the Section 1931 category. If the

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family subsequently loses eligibility for reasons related to employment, family members may qualify for extended ~~MA~~ Medicaid.

0342.50.05 Extending ~~MA~~ Medicaid When ~~Cash or Section 1931~~ MA Medicaid Ends

REV: ~~01/2008~~ October 2013

Extended ~~MA~~ Medicaid may be provided to families for up to twelve (12) months following the loss of eligibility for medical coverage provided for families who receive ~~cash assistance or for~~ Section 1931 families ~~MA Medicaid Only. Receipt of benefits as a result of eligibility through either of these programs with a subsequent~~ Loss of eligibility under Section 1931 because of events related to employment may result in continuing categorically needy ~~Medical Assistance~~ Medicaid coverage.

~~Medical Assistance~~ Medicaid eligibility may continue under certain circumstances if a ~~cash assistance case or~~ Section 1931 ~~MA~~ Medicaid case is closed because of increased earned income due to:

- employment; or
- increased hours from employment; or
- an increase in wages.

0342.50.10 Initial Criteria for Extending ~~MA~~ Medicaid

REV: ~~01/2008~~ October 2013

At the time a family becomes ineligible for ~~cash assistance or~~ Section 1931 ~~Medical Assistance~~ Medicaid benefits, ~~InRhodes examines the case for potential eligibility for extended MA Medicaid and provides an MAXT pop-up window accordingly. The eligibility technician~~ the Medicaid agency must verify and confirm, whether:

- the family has a child living in the home who is under the age of eighteen (18) or between the age of eighteen (18) and nineteen (19) if the child is a full-time student in a secondary school, or at the equivalent level of vocational or technical training, and is reasonably expected to complete the program before or in the month of his/her nineteenth (19th) birthday. A student attending summer school full time, as defined by school authorities, is considered a full-time student for these purposes; and
- eligibility for ~~cash assistance or~~ Section 1931 ~~Medical Assistance~~ Medicaid coverage was discontinued because of earned income of a caretaker relative or other member of the family due to:
 - employment;
 - increased hours of employment; or
 - an increase in wages.

NOTE: Extended ~~Medical Assistance~~ Medicaid is not provided to any individual who has been legally determined to be ineligible for cash assistance because of fraud at any time during the last prior six months in which the family received benefits.

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Families who meet this initial criteria are eligible to receive ~~Medical Assistance~~ Medicaid beyond the loss of health coverage provided to those families receiving Section 1931 ~~MA~~ Medicaid ~~or medical assistance benefits concurrently with cash assistance~~ provided they continue to meet the additional requirements set forth below ~~described in Section 0342.50.15.~~

0342.50.15 Additional Requirements

REV:10/2006–October 2013

When earned income contributes to the loss of eligibility for ~~the cash assistance or for~~ Section 1931 ~~MA, Medicaid, InRhodes generates~~ a notice is sent informing the family of the right to continue to receive ~~categoryally needy~~ medical coverage under extended ~~Medical Assistance~~ Medicaid for up to the maximum of 12 months allowable under the program, and of the requirements to:

- submit a report which includes an accounting of the family's earned income and the "necessary child care" expenses;
- enroll in an employer's health plan (whether individual or family coverage) if it is offered at no cost to the caretaker relative; and
- report circumstances which could result in the discontinuance of extended benefits (e.g., no age appropriate child in the family or a move out of state).

0342.50.20 Loss of Benefits Due to Employment

REV:06/1998–October 2013

A required element for eligibility to receive extended ~~Medical Assistance~~ Medicaid is employment of a caretaker relative or other member(s) of the family whose earned income contributes to the family's loss of eligibility for ~~cash assistance or~~ Section 1931 ~~Medical Assistance~~ Medicaid.

Often employment linked with other changes, such as a parent returning to the home or a child turning eighteen, may combine to cause the loss of eligibility. While there must be a relationship between earned income and the loss of eligibility ~~for cash benefits or~~ Section 1931 ~~MA~~ Medicaid to qualify for extended ~~MA~~ Medicaid, the advent or increase in earned income need not be the only factor causing the loss.

~~0342.50.20.05 Determining Employment is a Causative Factor~~

REV:06/1998

~~Sometimes it is difficult to determine if the relationship between earned income and the loss of cash assistance or Section 1931 Medical Assistance eligibility is present. Follow the steps below to determine if a change in earned income had a causative effect.~~

- ~~1) Determine if the change in earned income (starting employment, increase in wages, or an increase in hours of work) would have resulted in the loss of eligibility if all other factors in the case remained the same (e.g., no other change in income, no change in family composition, no change in income standards, etc.).~~

~~If yes, the family is eligible to receive extended Medical Assistance.~~

~~If no, proceed to step 2;~~

- ~~2) Determine if events other than the change due to earned income would have resulted in the loss of eligibility if the earned income had stayed the same.~~

Draft Rule: For Public Comment

~~If yes, the family is not eligible to receive extended Medical Assistance.
If no, proceed to step 3;
3) Determine if the family is ineligible when all changes are considered.~~

~~If yes, the family is eligible for extended Medical Assistance. The change in earnings was essential to the loss of eligibility. Without the change related to earned income, the family would not have lost eligibility.~~

0342.50.25 Individuals Eligible to be Included

REV:06/1998 October 2013

The first month of extended ~~Medical Assistance~~ Medicaid is the first full or partial month in which the family loses the medical coverage received ~~concurrently with their cash assistance eligibility or~~ after the loss of their Section 1931 ~~Medical Assistance~~ Medicaid coverage. Extended ~~MA~~ Medicaid is provided to those individuals:

- who are living in the household, and whose needs and income were included in determining ~~cash assistance or~~ Section 1931 eligibility of the assistance unit at the time such benefits were discontinued;
- ~~— who are under cash assistance sanction and whose income but not needs were included in determining cash assistance eligibility of the assistance unit at the time such benefits were discontinued; and~~
- whose needs and income would be taken into account in determining ~~cash assistance or~~ Section 1931 ~~MA~~ Medicaid eligibility of the assistance unit if the family were applying for either of these programs in the current month.

Under the above definition, a child born after ~~cash assistance or~~ Section 1931 benefits are discontinued, or a child, parent or step-parent who returns home after ~~cash assistance or~~ Section 1931 benefits are discontinued, is included as a member of the family for purposes of providing extended ~~MA~~ Medicaid.

0342.50.30 Initial Receipt of Extended ~~MA~~ Medicaid

REV:06/1998 October 2013

Extended ~~Medical Assistance~~ Medicaid continues throughout the first seven months following the loss of ~~cash assistance or~~ Section 1931 ~~MA~~ Medicaid eligibility as described in Section 0342.50.05, unless:

- no age-appropriate child is living in the family; or
- the caretaker relative refuses to apply for ~~free~~ health coverage offered by the employer.

Draft Rule: For Public Comment

When it is determined that a family no longer has a child who meets the age requirements living in the home, ~~Medical Assistance~~ Medicaid for all family members ends the last day of the month in which the family no longer includes such child.

The ~~Medical Assistance~~ Medicaid program requires recipients to utilize all resources available to them to pay for all or part of their medical care before using ~~Medical Assistance~~ Medicaid. If the caretaker relative fails to avail her/himself of an employment related health plan (either individual or family membership) that is approved for RIte Share purposes offered at no cost to the employee, extended benefits must be discontinued.

0342.50.35 Continuing Receipt of Extended ~~MA~~ Medicaid

REV:~~10/2008~~ October 2013

To continue to receive the remaining months of extended ~~Medical Assistance~~ Medicaid, up to the limit of the full twelve months of the transitional medical program, families must:

- include a child who meets the age requirement living in the household (~~see Sec. 0342.50.10~~); and,
- timely file the earned income report when due in the seventh (7th) month; and
- pass the 185% FPL earned income test; and
- pass the caretaker relative employment test.

Additionally, an employed caretaker relative must enroll in an employment-related health plan, if such plan is offered. ~~at no cost to the employee.~~

0342.50.40 Earned Income Report - Requirement

REV:~~10/2006~~ October 2013

During the period of extended ~~MA~~ Medicaid, the family is required to file one (1) report due in the seventh (7th) month of extended ~~MA~~ Medicaid.

The report is filed in the seventh month of extended ~~MA~~ Medicaid coverage and is an accounting of the family's total earnings and necessary child care expenses incurred during month six (6) of extended ~~Medical Assistance~~ Medicaid.

The following information is reported.

- the family's gross monthly earnings received in the specified month, including the earnings of any individual who is eligible to be included in the coverage, but who may not be included in the coverage because of a statutory exclusion (e.g., an individual who fails to comply with child support requirements); and
- the necessary child care expenses for the specified month.

Necessary child care is defined as the child care expenses which allow a caretaker relative to be employed.

0342.50.40.05 The Family Defined

REV:06/1998

A family receiving extended MA is defined as:

- those individuals living in the household whose needs and income were included in determining the eligibility of the family unit at the time that the cash assistance or Section 1931 MA benefits were discontinued; and
- those individuals under sanction or who are statutorily barred from participation whose income but not needs were included in the family unit.

It also includes:

- those individuals whose needs and income would be taken into account in determining the eligibility of the family unit if the family were applying for cash assistance or Section 1931 MA in the current month.
- Under this definition, a child born after the cash assistance or Section 1931 MA coverage is discontinued or a child or parent who returns home after the benefits are discontinued is included in the family for purposes of extended MA eligibility.

0342.50.40.10 Family's Total Gross Earnings Defined

REV:06/1998 October 2013

The total gross earned income of family receiving extended MA Medicaid is defined as the total countable earned income of all the members of the family without the application of any earned income disregards.

0342.50.40.15 Necessary Child Care Expenses Defined

REV:02/1997 October 2013

For an extended MA Medicaid family, necessary child care expense is defined as a reasonable child care expense necessary for the employment of a caretaker relative.

'Reasonable' refers to a child of an age or of a dependency plausibly needing child care. Additionally, child care expenses paid by ~~DHS~~ the Medicaid agency or another third-party are not recognized as an allowable deduction. A necessary child care expense can be incurred, it need not be paid.

0342.50.45 Submitting the Earned Income Report

REV:10/2006 October 2013

The extended MA Medicaid earned income reports are:

- an accounting of the family's total gross earned income and a caretaker relative's necessary child care expenses for month six (6) of extended benefits;
- due by the 5th day of month seven (7) respectively of extended benefits.

Draft Rule: For Public Comment

On the 15th of each month, a reporting form is sent to any family who has reached month six (6) of extended ~~MA~~ Medicaid. Such a family must report the required income and necessary child care information by the 5th day of the following month.

On the 7th day of each month, a reminder notice is sent to all extended ~~MA~~ Medicaid cases scheduled to report in the month. This is to encourage compliance by any family that has neglected to return the report by the due date (5th of the month). Instructions direct those who have complied to disregard the reminder notice.

All reports due in the month must be received by ~~DHS~~ the Medicaid agency prior to the close of business on the 21st day of the month. ~~Medical Assistance~~ Medicaid is discontinued on the last day of the month for any family who fails to submit the report by the 21st of the month.

0342.50.45.05 Employment Test for the Caretaker Relative

REV:~~10/2006~~ October 2013

For families to remain eligible beyond the seventh (7th) month of extended benefits, a caretaker relative must meet an employment test. Unless there is good cause, a caretaker relative must be employed. The caretaker relative must claim good cause on the income report form in order to have the circumstances of a lack of employment considered. (See Section 0342.50.60.10 for Good Cause.)

A caretaker relative must have earnings under the employment test even if the loss of benefits from ~~the Family Independence Program or~~ Section 1931 ~~MA~~ Medicaid was caused by the earnings of another family member.

If a caretaker relative fails the employment test without good cause, extended ~~MA~~ Medicaid benefits are discontinued on the last day of the seventh (7th) month of extended ~~MA~~ Medicaid. InRhodes generates a notice of discontinuance to the recipient.

~~0342.50.45.10 Income Test – Family's Gross Earned Income~~

REV:~~10/2008~~

~~A family's total gross earnings consist of the countable earned income of all employed family members prior to the application earned income disregards. The family's gross earnings include the earnings of any financially liable relative who returns to the unit after the loss of cash assistance or Section 1931 eligibility.~~

~~The family's UNEARNED income is NOT a reporting requirement and is NOT included in the income test.~~

~~Necessary child care expenses are those incurred or paid child care expenses which allowed a caretaker relative to be employed.~~

~~InRhodes applies the income test in the following manner:~~

~~Step 1. The gross countable earnings of all employed members of the family are totaled.~~

~~Step 2. The totaled earnings are divided by the number of pay dates and the result is multiplied by 4.33 to determine the average monthly earnings.~~

~~Step 3. The caretaker relative's necessary child care expenses are totaled.~~

~~Step 4. The totaled necessary child care expense is divided by the number of pay dates (same as above) and the result is multiplied by 4.33 to determine the average necessary child care monthly expense.~~

Draft Rule: For Public Comment

~~Step 5. The child care expense from Step 4 is deducted from the earned income from Step 2 to determine the countable earned income.~~

~~Step 6. The countable earned income is then compared to 185% of the federal poverty level for the current family size.~~

~~Family size will take into account any individual living in the household whose income is being considered whether or not the individual is included in extended MA.~~

0342.50.50 Failure to Meet Requirements

REV:~~10/2006~~ October 2013

If the family fails to pass the income test, ~~InRhodes~~ the Medicaid agency discontinues extended MA Medicaid benefits on the last day of a reporting month. In addition failure to pass the employment and income tests in month seven (7) of extended benefits, eligibility will end in any month during extended MA Medicaid when it is determined that:

- the family ceases to include a child who meets the age requirement (~~see section 0342.50.10~~) living in the household; or
- an employed caretaker relative failed to enroll in a employment-related health plan., ~~which is offered at no cost to the employee.~~

The maximum amount of time under the extended MA Medicaid program is limited to twelve (12) months. The Medicaid agency must provide InRhodes generates a notice of closing if eligibility is discontinued prior to the receipt of the maximum time allowed under the program's twelve (12) months time-limited benefits. Eligibility is always discontinued on the last day of a month.

~~For a family nearing the end of the maximum period allowed under extended MA, a Medical Assistance application packet must be mailed to the family at the beginning of month eleven (11) so that continuing eligibility for Medical Assistance can be re-determined for the members of the family.~~

~~Failure to return the application by the specified return date will result in a discontinuance of coverage under extended MA.~~

~~Eligibility may continue for those family members for whom InRhodes has sufficient data to determine eligibility pursuant to another MA coverage group (e.g., poverty level child). If InRhodes is able to determine eligibility based on data in hand, Medical Assistance is reauthorized in a timely manner to avoid interruption of medical coverage.~~

0342.50.60 Good Cause

REV:~~06/1998~~ October 2013

A family may have reason to claim good cause for failure to comply with required action.

- Good cause may exist for a failure to timely submit an earned income report;
- Good cause may exist for a failure of the caretaker relative to be employed.

~~Good cause for failure to comply with the above requirements is discussed further in subsections 0342.50.60.05 and 0342.50.60.10.~~

Draft Rule: For Public Comment

Good cause may not be claimed for failure to comply with any extended ~~MA~~ Medicaid requirements other than the above.

0342.50.60.05 Failure to Submit Earned Income Report

REV:~~02/1997~~ October 2013

Good cause for failure to submit the earned income report or to include appropriate verifications, may exist if circumstances beyond the recipient's control prevent the requirement from being met when due. Circumstances in which good cause may exist include, but are not limited to, the following:

- hospitalization or documented serious illness of the recipient or a member of the recipient's family;
- lost or stolen mail confirmed by the U.S. Postal Service;
- a catastrophe caused by fire, flood, or a severe weather condition.

0342.50.60.10 Caretaker Relative Failure to be Employed

REV:~~06/1998~~ October 2013

The caretaker relative may have good cause for lack of employment if loss of employment was caused by illness or other factors beyond the caretaker relative's control. Extended ~~MA~~ Medicaid may continue if the caretaker relative can show good cause for being unemployed. Good cause includes circumstances beyond the recipient's control, such as, but not limited to:

- involuntary loss of employment;
- illness or incapacity;
- unanticipated household emergency;
- work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule.

0342.50.70 Discontinuing Extended MA - Notice Required

REV:~~10/2006~~ October 2013

When a family becomes ineligible for ~~cash assistance~~ or Section 1931 ~~MA~~ Medicaid for reasons related to employment, the family is advised in writing of their continuing eligibility for medical coverage. ~~In Rhode~~ generates The Medicaid agency must provide timely a notice informing the family of the extended ~~MA~~ Medicaid program's eligibility requirements; the time-limited nature of the program (12 months maximum), and the exact date coverage will end when the maximum period of benefits has passed. The notice also explains that family members may qualify for ~~Medical Assistance~~ Medicaid under other provisions of the program when eligibility for extended ~~MA~~ Medicaid ceases.

When extended ~~MA~~ Medicaid is discontinued for any reason prior to the end of the maximum twelve-month period, a separate notice of adverse action is sent.

~~0342.55 Individuals Receiving DHS Day Care Subsidy~~

~~REV:01/2002~~

~~This coverage group consists of individuals in a family unit who would be eligible for cash assistance if the individual's work-related child care costs were paid directly from his/her earnings, rather than by the DHS Child Care Assistance Program.~~

~~Eligibility for this coverage group exists if the family's countable income is within the RI Works Program standard for the unit size.~~

~~The family's income is determined by the same methodology used for determining cash assistance eligibility. However, the Dependent Care Disregard used in these cases is equal to the amount of DHS Child Care Assistance plus the individual's co-payment, not to exceed \$200 per month for a child under two (2) or \$175 per month for a child age two (2) and older or an incapacitated adult. The dependent care expense is only disregarded when the dependent's care is rendered by a person not living in the child's or incapacitated adult's household.~~

~~0342.60 RI WORKS Eligible, No Cash Payment~~

~~REV:01/2002~~

~~This coverage group is composed of individuals who meet Rhode Island Works Program (RIW) requirements, but do not want a cash payment.~~

~~0342.65 RI WORKS Elig But For Institutionalization~~

~~REV:06/1998~~

~~This coverage group is individuals in a medical or nursing facility who, if they left the facility, would be eligible for the RI Works Program (RIW) (InRhodes Category Code 62).~~

~~0342.70 Adoption Subsidy/IV-E Foster Child~~

~~REV:07/2009-October 2013~~

~~This coverage group includes foster children, children in kinship guardianship care and adopted children whose MA-Medicaid eligibility is based on eligibility for the Title IV-E Foster Care Maintenance Program, Kinship Guardianship Assistance Program or Adoption Assistance Program (InRHODES Category Code 54).~~

~~The Foster Care Maintenance Program provides federally funded foster care payments on behalf of the following children:~~

- ~~• Children previously eligible under the Title IV-A Foster Care Maintenance Program;~~
- ~~• Certain children voluntarily placed or involuntarily removed from their homes;~~
- ~~• Children in public non-detention type facilities housing no more than 25 children.~~

~~Children for whom a cash payment is made under the foster care program are deemed AFDC recipients and thus eligible for Medical Assistance Medicaid as Categorically Needy. MA Medicaid eligibility for children in the Foster Care Maintenance program exists as long as the Title IV-E payment continues to be made for them or up to age twenty-six if still in foster care age eighteen (18).~~

Draft Rule: For Public Comment

~~Any eligible child for whom there is a kinship guardianship assistance payment being made under Section 473(d) of the Social Security Act is deemed to be a dependent child as defined in Section 406 of the Act, and is deemed to be a recipient of AFDC under part A of Title IV of the Act (as in effect 7/16/96). MA eligibility for children in the Guardianship Assistance Program exists as long as the Title IV-E payment continues to be made for them.~~

The Adoption Assistance Program provides Federal funding for continuing payments for hard to place children with special needs. The special needs adoptive children must be SSI- recipients ~~or AFDC eligible~~ at the time of adoption. A cash payment is not an ~~MA Medicaid~~ eligibility requirement for Title IV adoption assistance children. These children continue to be eligible for ~~Medical Assistance Medicaid~~ as long as a Title IV-E adoption assistance agreement is in effect. An interlocutory order or final decree need not exist.

~~0342.70.05 Eligibility Considerations~~

~~REV:07/1994~~

~~To be eligible for Title IV-E foster care payments, and therefore eligible for MA Medicaid, the child must be an SSI recipient or AFDC eligible. The child's AFDC eligibility must be based on deprivation of parental support independent of the fact that the child is out of the home. The deprivation of parental support and need must exist on the basis of the child remaining in the parent or caretaker relative's home.~~

~~Once initial eligibility based on parental deprivation is established, only the income and resources actually available to the child are considered for financial eligibility.~~

~~0342.70.05.05 MA Medicaid Eligibility, State of Residence~~

~~REV:07/2009 October 2013~~

~~Title IV-E adoption assistance children, kinship guardianship assistance children and Title IV-E foster care children are eligible for Medical Assistance Medicaid in their states of residence. The maintenance payment, adoption assistance payment or guardianship assistance payment need not have originated in Rhode Island.~~

~~0342.70.05.10 DCYF Certification Responsibility~~

~~REV:07/2009 October 2013~~

~~Primary certification responsibility for Title IV-E children resides with the Department of Children, Youth and Families (DCYF).~~

~~When a parent or guardian of a IV-E foster child, child in a kinship guardianship care or adopted child, who is now residing in Rhode Island contacts a local district office to apply for MA Medicaid for his/her child, referral is made to the IV-E Unit at the DCYF.~~

~~0342.70.05.15 Closing MA Case~~

~~REV:07/1994~~

~~Since the child's MA eligibility is contingent upon Title IV-E eligibility, the MA case is closed when the child becomes ineligible for any reason, including:~~

- ~~• Child returns home;~~
- ~~• Child is age 18 (and will not complete school before 19th birthday);~~
- ~~• No deprivation of parental support exists;~~

Draft Rule: For Public Comment

- ~~Income exceeds eligibility limit;~~
- ~~Resources exceed eligibility limit.~~

0342.75 Non IV-E Foster Child Under 18

REV:07/2009-October 2013

This coverage group is children under age 18, or if 18, will complete high school before his/her 19th birthday, who are in foster family care or in a kinship guardianship care and are not eligible for Title IV-E. (InRHODES Category Code 55). The basis of eligibility for Medical Assistance is deprivation of parental support by the child's separation from his/her family.

This coverage group includes:

- ~~Children placed in foster care by the Department of Children, Youth and Families (DCYF);~~
- ~~Children placed in foster care by private, non-profit child caring agencies;~~
- ~~Children in group care serviced by private, non-profit child caring agencies; and~~
- ~~Children placed in a kinship guardianship care by the Department of Children, Youth and Families (DCYF).~~

The determination of financial need of a child not living in a home maintained by the child's parents considers only the child's own income and resources. A child is determined to be Categorically Needy if his/her non-excluded resources are within the AFDC resource limit of \$1000 and income is less than the AFDC Consolidated Standard for a Plan size of one.

0342.75.05 MA Foster Care Case Processing

REV:07/2009

Within ten days of the child's placement in foster/group care, DCYF Medical Benefits Unit completes the Statement of Need for subsequent referral to the MA Foster Care Unit.

The MA FOSTER CARE UNIT is responsible for:

- ~~Processing MA applications for children placed in foster family care, group care or kinship guardianship care by DCYF or private, non-profit child caring agencies;~~
- ~~Determining the basis for MA eligibility (Categorically Needy or Medically Needy);~~
- ~~Maintaining records, files, controls and reports for this coverage group.~~

Prior to the final determination of eligibility, the MA Foster Care Unit will transmit a temporary ID for medical benefits to DCYF Medical and Benefits Unit.

0342.75.10 Responsibility of DCYF

REV:01/2002

DCYF has the continuing responsibility to notify the MA Foster Care Unit of any change in circumstance for the Foster or Group Care child. The change in circumstance could be a change in placement or a change in the child's income or resources.

When a child is no longer in the agency's care, notification and return of the medical identification card is made to the Division of Health Care Quality, Financing and Purchasing, 600 New London Avenue, Cranston, RI 02920.

If a child is returned to his/her family, the agency worker informs the family about Medical Assistance. If the family is potentially eligible, the worker helps the family apply for MA coverage.

0342.80 Non IV-E, Older Than 18 But Not 21

REV:07/1994

Draft Rule: For Public Comment

~~This coverage group is children older than age 18, but not yet 21 who are in foster family care and are not eligible for Title IV E (InRHODES Category Code 56). The basis of eligibility for Medical Assistance is deprivation of parental support occasioned by the child's separation from his/her family. This coverage group includes:~~

- ~~• Children placed in foster care by the Department of Children, Youth and Families (DCYF);~~
- ~~• Children placed in foster care by private, non profit child caring agencies; and~~
- ~~• Children in group care serviced by private, non profit child caring agencies.~~

~~The determination of financial need of a child not living in a home maintained by the child's parents or other relatives considers only the child's own income and resources. A child is determined to be Categorically Needy if his/her non-excluded resources are within the AFDC resource limit of \$1000 and income is less than the AFDC Consolidated Standard for a Plan size of one.~~

~~0342.80.05 Contin Respon, DCYF~~

~~REV:07/2009~~

~~Within ten days of the child's placement in foster/group/kinship guardianship care, DCYF Medical Benefits Unit completes the Medical Assistance application for subsequent referral to the MA Foster Care Unit.~~

~~The MA FOSTER CARE UNIT is responsible for:~~

- ~~• Processing MA applications for children placed in foster family care, kinship guardianship care or group care by DCYF or private, non profit child caring agencies;~~
- ~~• Determining the basis of MA eligibility;~~
- ~~• Maintaining records, files, controls and reports for this coverage group.~~

~~0342.80.10 Continuing Responsibility, DCYF~~

~~REV:07/2009-October 2013~~

~~DCYF has the continuing responsibility to notify the MA Medicaid Foster Care Unit of any change in circumstances for the Foster Care, Kinship Guardianship Care or Group Care child. The change in circumstance could be a change in placement or a change in the child's income or resources.~~

~~When a child is no longer in the agency's care, DCYF must notify ~~DHS~~ the Medicaid agency of the child's date of closure.~~

~~If a child is returned to his family, the agency worker informs the family about ~~Medical Assistance~~ Medicaid. If the family is potentially eligible, the worker helps the family apply for ~~MA~~ Medicaid coverage.~~

~~0342.85 Non IV-E, State Sub Adopt Assistance~~

~~REV:07/2009-October 2013~~

~~This coverage group is hard-to-place children for whom the state provides adoption/guardianship assistance and who are not eligible for Title IV-E. The basis of eligibility for ~~Medical Assistance~~ Medicaid is deprivation of parental support occasioned by the child's separation from his/her family.~~

~~The determination of financial need of a child not living in a home maintained by the child's parents considers only the child's own income and resources. A child is determined to be Categorically Needy if the value of his/her non-excluded Consolidated Standard for a Plan size of one.~~

Draft Rule: For Public Comment

~~Medical Assistance~~ Medicaid under this coverage group may be provided until the child reaches age 21.

0342.90 Refugee Medical Assistance

REV:~~01/2002~~ October 2013

This coverage group is refugees who have resided in the United States for eight (8) months or less, and who are ineligible for one of the categorical programs due to lack of a characteristic.

To be eligible for Refugee ~~Medical Assistance~~ (RMA) Medicaid, a refugee must:

- Meet the refugee immigration and identification requirements or be the dependent child of such refugees;
- Meet the non-financial requirements and conditions of eligibility for Refugee Cash Assistance (RCA). (Receipt of RCA is not an RMA eligibility requirement);
- Not have been denied or terminated from RCA due to voluntary termination from a job or a refusal of employment;
- Not be full-time students except as allowed in Section 0906.20;
- Be recipients of RCA or, for certain refugees prohibited from receiving a cash payment for a limited period of time, be eligible for some form of RCA;
- Have income and resources within the Categorically Needy limits.

0342.90.05 Treatment of Income

REV:07/1994

In-kind services and shelter provided by a sponsor or resettlement agency are not considered as income to the refugee when determining financial eligibility for RMA.

Direct cash payments to the refugee from a sponsor or resettlement agency are counted as unearned income.

0342.90.10 Eight Month Limitation for RMA

REV:07/1994

Receipt of RMA under the characteristic of "refugee" is limited to the first eight (8) months in the United States, beginning with the month the refugee initially entered the United States, or the entrant was issued documentation of eligible status by the Immigration and Naturalization Service.

0342.90.15 Extended RMA Coverage

REV:07/1994

Draft Rule: For Public Comment

If a refugee receiving Refugee Cash Assistance becomes ineligible solely due to increased earnings from employment, the refugee's RMA is extended, at the same level of care, for four months or until the end of the eight month limitation, whichever comes first.

0342.90.20 Termination of Eligibility for RMA

REV:07/1994

A refugee who is terminated from RCA because of failure or refusal to participate in the employment-related requirements (Sections 0906.10 and 0906.20) is also terminated from RMA. The RMA termination applies only to the sanctioned individual.

0342.95 Closed Family-Related MA-HMO Enroll

REV:01/2002

This coverage group is individuals who would be ineligible if not enrolled in an HMO. These individuals are closed family-related recipients locked in for the enrollment period by managed care.

0342.96 Post Foster Care Coverage Group

REV:10/2007 October 2013

The Foster Care Independence Act of 1999 established the John H. Chafee Foster Care Independence Program. Participants in this ~~Medical Assistance (MA)~~ Medicaid coverage group consist of children who are at least eighteen (18) years old but are not yet ~~twenty-one (21)~~ twenty-six (26) years old and who meet the following criteria:

1. They were in foster care under the responsibility of the Department of Children, Youth and Families (DCYF) on their eighteenth (18th) birthday, and
2. They have been closed to foster care services from DCYF; and
3. They are residents of Rhode Island.

~~These children are deemed categorically needy. There is no income or resource test applied when determining eligibility for these children.~~

A Post foster care adolescent may be residing independently or with others (including family members). ~~If eligible, a post foster care adolescent may receive medical assistance benefits until their twenty-first (21st) birthday.~~

A redetermination must be completed once in a twelve (12) month period to ensure that the post foster care adolescent is a resident of Rhode Island. If the child establishes residency in another state, s/he would not be eligible for medical coverage through the State of Rhode Island. ~~Should a child who was eligible for Medical Assistance Medicaid under this coverage group re-establish residency in Rhode Island, s/he can regain eligibility under this coverage until reaching age twenty one (21). The beneficiary is responsible for notifying DHS the Medicaid agency within ten (10) days of any changes in their residence.~~

0342.96.05 Continuing Responsibility, DCYF

REV:10/2007 October 2013

Draft Rule: For Public Comment

DCYF has the continuing responsibility to notify the ~~MA~~ Medicaid Foster Care Unit of any change in circumstances for the Independent Foster Care Adolescent which might cause him/her to be ineligible based on the above criteria.

~~If a child is returned to his/her family, the agency worker informs the family about Medical Assistance Medicaid. If the family is potentially eligible, the worker helps the family apply for MA Medicaid coverage.~~