

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

1/21/2015 PUBLIC NOTICE OF PROPOSED AMENDMENT TO CHIP STATE PLAN

In accordance Rhode Island General Laws (RIGL) 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to amend the following section of the Rhode Island State Plan under Title XXI of the Social Security Act:

Elimination of Children's Health Insurance Program Premiums

In 2014, EOHHS eliminated cost-sharing requirements for participation in the Children's Health Insurance Program (CHIP). EOHHS will now formalize that change. Therefore, the agency intends to submit to the federal Centers for Medicare and Medicaid Services (CMS) an amendment to Rhode Island's CHIP State Plan to eliminate premiums and cost-sharing requirements for beneficiaries. The effective date for this change will be July 1, 2014.

This state plan amendment does not change CHIP eligibility or benefits.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401 462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by February 22, 2015 to Darren J. McDonald, Office of Policy and Innovation, R.I. Executive Office of Health and Human Services, Louis Pasteur Building, 57 Howard Avenue, Cranston, RI 02920 or darren.mcdonald@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, or an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI
OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

**SECTION 1. GENERAL DESCRIPTION AND PURPOSE OF THE
STATE CHILD HEALTH PLANS AND STATE CHILD HEALTH
PLAN REQUIREMENTS (SECTION 2101)**

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box)
(42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: October 1, 1997, although the effective date for the Section 1115 waiver was January 18, 2001.

Effective date for Amendment #1 expansion of eligibility up to 300 percent FPL is January 5, 1999.

Effective/Approval date for Amendment #2, Rhode Island's compliance SPA is September 19, 2002.

Effective date for Amendment #3, Rhode Island's separate child health program is November 1, 2002.

Effective date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility, is October 1, 2006.

Effective date for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Effective date for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Effective date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

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Implementation date: October 1, 1997, although the various components of the program, including applicable amendment provisions, have been implemented since then.

Implementation date: Amendment #1 was not implemented.

Implementation date for Amendment #2, compliance SPA was per CMS regulation.

Implementation date for Amendment #3, Rhode Island's separate child health program is November 1, 2002.

Implementation date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility is October 1, 2006. However, this amendment was not implemented.

Implementation date: for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Implementation date: for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Implementation date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

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<u>Transmittal Number</u>	<u>SPA Group</u>	<u>PDF #</u>	<u>Description</u>	<u>Superseded Plan Section(s)</u>
<u>RI-13-023</u> <u>Effective/Implementation Date: January 1, 2014</u>	<u>MAGI Eligibility & Methods</u>	<u>CS15</u> <u>CS8</u> <u>CS9</u> <u>CS13</u>	<u>MAGI-Based Income Methodologies</u> <u>Eligibility – Targeted Low Income Pregnant Women</u> <u>Eligibility – Coverage from Conception to Birth</u> <u>Eligibility – Deemed Newborns</u>	<u>Incorporate within a separate subsection under section 4.3</u> <u>Supersedes the current sections Geographic Area 4.1.1-P; Age 4.1.2-P; and Income 4.1.3-P</u> <u>Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3</u> <u>Supersedes the current section 4.1.9-P regarding deeming and incorporate within a separate subsection under section 4.3</u>
<u>RI-13-024</u> <u>Effective/Implementation Date: January 1, 2014</u>	<u>XXI Medicaid Expansion</u>	<u>CS3</u>	<u>Eligibility for Medicaid Expansion Program</u>	<u>Supersedes the current Medicaid expansion section 4.0</u>
<u>RI-13-025</u> <u>Effective/Implementation Date: January 1, 2014</u>	<u>Establish 2101(f) Group</u>	<u>CS14</u>	<u>Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards</u>	<u>Incorporate within a separate subsection under section 4.1</u>
<u>RI-13-026</u> <u>Effective/Implementation Date: October 1, 2013</u>	<u>Eligibility Processing</u>	<u>CS24</u>	<u>Eligibility Process</u>	<u>Supersedes the current sections 4.3 and 4.4</u>
<u>RI-13-027</u> <u>Effective/Implementation Date: January 1, 2014</u>	<u>Non-Financial Eligibility</u>	<u>CS17</u> <u>CS18</u>	<u>Non-Financial Eligibility – Residency</u> <u>Non-Financial Eligibility –</u>	<u>Supersedes the current section 4.1.5</u> <u>Supersedes the current sections 4.1.0; 4.1.1-</u>

<u>Transmittal Number</u>	<u>SPA Group</u>	<u>PDF #</u>	<u>Description</u>	<u>Superseded Plan Section(s)</u>
		CS19	<u>Citizenship</u>	<u>LR; 4.1.1-LR</u>
		CS20	<u>Non-Financial Eligibility – Social Security Number</u>	<u>Supersedes the current section 4.1.9.1</u>
		CS21	<u>Non-Financial Eligibility – Substitution of Coverage</u>	<u>Supersedes the current section 4.4.4</u>
			<u>Non-Financial Eligibility – Non-Payment of Premiums</u>	<u>Supersedes the current section 8.7</u>

SECTION 8. COST SHARING AND PAYMENT (SECTION 2103(E))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan?
(42CFR 457.505)

8.1.1. YES

8.1.2. NO, skip to question 8.8.

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate.
(Section 2103(e)(1)(A)); (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. ~~Premiums: Effective January 1, 2002, all families in the Rite Care (and Rite Share) have been required to pay a portion of the cost of premiums for their health insurance coverage if their income is above 150 percent of the FPL as follows:~~

<u>Income Level</u>	<u>Monthly Family Premium (as of 8/1/02)</u>
150-185% of FPL	\$61
185-200% of FPL	\$77
200-250% of FPL	\$92

8.2.2. ~~Deductibles:~~

8.2.3. ~~Coinsurance or copayments:~~

8.2.4. ~~Other:~~

8.3. Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(B)); (42CFR 457.505(b))

~~The public is notified about cost-sharing and changes in cost-sharing in the same manner as Rite Care. The public is notified of any changes in cost-sharing through the State's Administrative Procedures Act process. In addition, individuals directly affected by any change (i.e., those currently paying a premium share) are notified in writing prior to any proposed change in premium share amounts.~~

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8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

- 8.4.1. ~~Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)); (42CFR 457.530)~~
- 8.4.2. ~~No cost sharing applies to well baby and well child care, including age-appropriate immunizations. (Section 2103(e)(2)); (42CFR 457.520)~~
- 8.4.3. ~~No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)); (42CFR 457.516(f))~~

8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)); (42CFR 457.560(b) and 457.505(e))

~~The premium share amount is set well below 5 percent of family income. There is no variable cost sharing (e.g., point-of-service co-pays) that could increase family contribution to over 5 percent of income.~~

8.6. Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost-sharing. (Section 2103(b)(3)(D)); (42CFR 457.535)

~~Anyone identifying herself or himself as American Indian (or Alaskan Native) during the eligibility determination process is "flagged" for non-liability for any otherwise applicable premium share amount based upon income.~~

8.7. Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

~~An enrollee/family who does not pay the premium share amount for a period of two months will be disenrolled from Medical Assistance or the separate child health program. The member is notified of this action through a closure notice, which is generated in the middle of the second month of arrears. The notice identifies the amount and months for which payment is owed, the dates of the disenrollment period, and the members affected. The notice also informs the family that they can prevent this~~

action from taking place by making payment in full on or before the last day of the month.

8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

- State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost sharing charges. (42CFR 457.570(b))
- In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost sharing category as appropriate. (42CFR 457.570(b))
- The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))

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8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))

- 8.8.1. No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)); (42CFR 457.220)
- 8.8.2. No cost-sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5); (42CFR 457.224) (Previously 8.4.5)
- 8.8.3. No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)); (42CFR 457.626(a)(1))
- 8.8.4. Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)); (42CFR 457.622(b)(5))
- 8.8.5. No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105(c)(7)(B)) (42CFR 457.475)
- 8.8.6. No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for

coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)); (42CFR 457.475)