

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



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

February 28, 2014

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

Dear Secretary Costantino:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No.13-0017, submitted December 12, 2013. This SPA memorializes the State's commitment to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department effective January 1, 2014.

If you have any questions regarding this matter you may contact Lynn DelVecchio (617) 565-1201 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: 13-017		STATE: Rhode Island	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Attachment 1.1-A Attachment 1.2-A (pages 1-3) Attachment 1.2-B (pages 1-2) Attachment 1.2-C Attachment 1.2-D (pages 1-3)		PARTIAL PAGES SUPERSEDED: Section 1.4 (page 9)(State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.)
	A1-A2 Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.		



Medicaid Administration

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OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority

AI

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).



Yes No

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration

Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The state of Rhode Island has designated the Executive Office of Health and Human Services as the single State agency to administer the Medicaid Plan. EOHHS administers the Medicaid program through six internal offices: Program Integrity, Legal, Budget and Finance, Policy and Innovation, Healthcare, and Partner Engagement. EOHHS is also an umbrella agency that supports four separate State Departments: Human Services; Behavioral Healthcare, Developmental Disabilities, and Hospitals; Health; and

Children, Youth, and Families. EOHHS supports these Departments but does not directly govern their functions. The Departments receive their own appropriations and maintain their own statutory authority. The Departmental Directors, as well as the Secretary, serve at the pleasure of the Governor.

The following describes the functions of the offices internal to EOHHS:

- * Program Integrity is responsible for the review of the Medicaid program to identify any potential sources of fraud and abuse. Program Integrity works closely with the Medicaid Fraud and Control Unit by reviewing claims and encounter data, contracts, purchasing records, and any additional transactions impacting the Medicaid agency to ensure financial accountability and transparency.

- * Legal is responsible for the fair hearings and appeals process as well as ensuring compliance with State and Federal requirements. A team of staff attorneys is dedicated to conducting and resolving any hearings within the Medicaid program. Hearings and appeals move from field staff to the attorneys responsible for the hearings. Those attorneys have 90-days to resolve the complaint in writing and inform the client of the state's decision.

- * Budget and Finance is responsible for ensuring State claiming of federal financing is accurate and overall compliance with Medicaid fiscal requirements.

- * Policy and Innovation is responsible for development, analysis, and evaluation of the Medicaid program. Policy and Innovation implements health information technology projects, oversees the MMIS and eligibility systems, maintains the State Plan and 1115 Waiver documents, and establishes rules and policies. Policy and Innovation is responsible for ensuring the state is in compliance with any federal rules, regulations, or policies concerning Medicaid eligibility. Policy and Innovation personnel are then responsible for translating that guidance into workable rules, policies, and procedures governing how the program will interact with potential Medicaid beneficiaries.

- * Healthcare is responsible for the implementation and operations of the Medicaid program. Within the Office of Healthcare, programs are administered, Medicaid payment rates and methodologies are established, and managed care contracts and provider agreements are monitored. Eligibility for the Katie Beckett Program, Breast and Cervical Cancer Treatment Program, PACE, Medicaid Buy-In, Medicare Savings Programs, clinical eligibility for Medicaid LTC, and disability determinations are conducted within the Office of Healthcare.

- * Partner engagement addresses constituent affairs, conducts public relations, and provides information to media.

The following describes the functional relationship between the State Departments that fall under the umbrella of EOHHS, as it relates to the Medicaid program. The relationships are established through signed Interagency Service Agreements (ISAs).

- * Department of Human Services: Medicaid eligibility for MAGI Medicaid, ABD Medicaid, and financial LTC eligibility is conducted by the Department of Human Services through the ISA with EOHHS. The ISA also enables Medicaid FMAP claiming for certain Medicaid services administered by DHS's Division of Elderly Affairs, including home and community based services and supports for Medicaid-eligible elders.

- * Department of Behavioral Healthcare, Developmental Disabilities; and Healthcare: The ISA between BHDDH and EOHHS enables certain Medicaid administrative claiming as well as claiming FMAP for behavioral healthcare, long-term hospital stays, and long-term services and supports for persons with developmental disabilities.

- * Department of Health: The ISA between Health and EOHHS allows for certain administrative claiming as well as FMAP claiming for targeted case management.

- * Department of Children, Youth, and Families: The ISA between DCYF and EOHHS allows for certain administrative claiming related to eligibility of foster care children and FMAP claiming for medical care provided to Medicaid eligible children and youth in State custody.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

Rhode Island's executive branch contains 7 departments in addition to the Executive Office of Health and Human Services (EOHHS) and its subordinate agencies. No department outside of the EOHHS umbrella has any Medicaid responsibilities.

EOHHS is the single State agency responsible for administering the Title XIX program. EOHHS is headed by the Secretary of Health and Human Services, who is appointed by the Governor and serves as the executive and principle point of accountability for the programs and services administered by the 4 health and human services agencies within its jurisdiction: (1) the Department of



Human Services; (2) Department of Children, Youth, and Families; (3) Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals; and (4) Department of Health.

The Secretary is vested with the authority to administer or supervise the administration of the Medicaid-financed program and services provided by the agencies within EOHHS.

The Secretary of EOHHS is the chief executive officer of the single State agency and in this capacity, plans, organizes, staffs, directs, and supervises all Medicaid-financed programs and services through the Medicaid program. The Secretary is responsible for ensuring Medicaid beneficiaries have access to the quality services they need in the most cost-effective manner and setting.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Functions related to Medicaid Eligibility are conducted within the Medicaid Program of the Executive Office of Health and Human Services, except for those addressing families, individuals under 21, and the aged, blind, and disabled.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

In Rhode Island, the agency that determines eligibility for families, individuals under 21, and for the aged, blind, and disabled is the Rhode Island Department of Human Services (DHS), the single State agency for the financial assistance program under Title IV-A.

The Rhode Island DHS conducts the following Medicaid eligibility functions:

- * Determination of eligibility for families and individuals under age 21,
- * Determination of eligibility for individuals who are aged, blind, or disabled,
- * Determination of financial eligibility for individuals and couples seeking eligibility for Medicaid-funded long-term care services and supports.

A written agreement between the Single State Agency (EOHHS) and DHS reflects the written responsibilities of each party.

When changes to the eligibility determination process are required, the EOHHS Office of Policy and Innovation will send a written memo to the DHS Director. This memorandum will describe the policy change and the necessary implementation steps. The information will be disseminated to the Associate Director of Management Services who will communicate to the Regional



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Managers and Administrator of Long-term Care, when appropriate, through written policy changes. The Associate Director of Management Services will also initiate the process for changes to the Eligibility System, INRHODES, to reflect new policy. The Associate Director of Management Services will provide the Medicaid Director with regular status updates and with a notification once all the changes have been implemented.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

EOHHS is the agency authorized and designated to hear and decide fair hearings.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10
 42 CFR 431.12
 42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.



Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

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Peter F. Kilmartin, Attorney General

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September 1, 2011

Steven M. Costantino
Secretary

Rhode Island Executive Office of Health and Human Services
600 New London Avenue - Louis Pasteur Building
Cranston, Rhode Island 02920

Re: Certification of Single State Agency

Dear Secretary Costantino,

As you requested, this letter is to certify that pursuant to R.I. Gen. Laws § 42-7.2-2, the Rhode Island Executive Office of Health and Human Services is designated as the single state agency authorized under Title XIX of the Social Security Act, 42 USC § 1396a *et seq.*

In addition, the Rhode Island Executive Office of Health and Human Services has the authority to adopt rules and regulations governing the administration of this program pursuant to R.I. Gen. Laws § 42-7.2-11.

Very Truly Yours,

Peter F. Kilmartin
Attorney General