

~~0347~~ ~~CHILD CARE PROVIDER RITE CARE PROGRAM~~

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~~OBS:07/2008~~

~~0347.05~~ ~~Overview of the Program~~

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~~Family child care providers approved to receive payment from the Department of Human Services Child Care Assistance Program who both provide child care services paid for by the Rhode Island Department of Human Services and who meet the following eligibility requirements may receive health care through the Child Care Provider Rite Care Program.~~

- ~~1. The provider must be certified as a family child care home provider by the Rhode Island Department of Children, Youth, and Families pursuant to Chapter 72.1, Title 42, of the General Laws of Rhode Island; and,~~
- ~~2. The provider must be approved to accept payments from DHS for child care services delivered to children in the DHS Starting Rite Child Care Assistance Program in accordance with the requirements and process outlined in Section 0805.03.02 of the DHS code; and,~~
- ~~3. The provider must have applied for and been found ineligible for federally assisted Rite Care or Rite Share programs; and,~~
- ~~4. The provider must have received a minimum of seven thousand eight hundred dollars (\$7,800) in reimbursements from DHS for child care services delivered to CCAP eligible children during the six (6) consecutive months immediately preceding their application to the Department of Human Services for health coverage; and~~
- ~~5. The provider's total family annualized income cannot exceed three hundred fifty percent (350%) of the federal poverty levels.~~

~~This health care coverage will be administered through, and subject to the rules of, the Rite Care/Rite Share Program, DHS Policy Sections 0348 and 0349.~~

~~If a child care provider's or his/her spouse is employed and eligible to receive health care coverage through their employer, they are required to notify DHS of their employment; and the family must comply with Rite Share rules as listed in DHS Policy Section 0349. Failure to comply with the rules of the Rite Share Program will result in the disqualification of the child care provider from the Child Care Provider Rite Care Program. This is mandatory as the Rite Care Program~~

~~is the payor of last resort and must be accessed only when eligibility for all other health care assistance has been exhausted.~~

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~~Child care providers have the option of requesting assistance under this provision for their children only. They are not required to request assistance for themselves. Spouses are not eligible for assistance under the Child Care Provider Rite Care Program.~~

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~~Child Care Provider Rite Care Program participants are not eligible for retroactive benefits.~~

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0347.10 — CCPRC Program Application Process

OBS:07/2008

~~All applicants of the Child Care Provider Rite Care Program are required to apply for Rite Care health coverage. This application will be subject to the rules and regulations of the Rite Care Program per DHS Policy Section 0348. If found eligible for Rite Care, applicants will receive benefits through the Rite Care Program and may be subject to health insurance cost sharing in accordance with DHS Policy Section 0348.40.~~

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~~If the applicant is not found to be eligible for Rite Care, the application is then reviewed under the provisions of the Child Care Provider Rite Care Program.~~

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~~Any child care provider may request information or an application for the Child Care Provider Rite Care Program either by telephone, mail, or in person. When a request for an application is made, the authorized agency representative should provide the child care provider with a Form MARC 1.~~

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0347.10.05 — Decision on Application

OBS:07/2008

~~Applications are acted upon promptly. A decision on eligibility or ineligibility for the Child Care Provider Rite Care Program must be made within thirty (30) days of the application filing date. This standard is not used as a waiting period before granting assistance nor as a basis for denial of an application.~~

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~~The applicant must be informed of the reason for any delay in a decision and his/her right to a hearing, if the delay is beyond thirty (30) days.~~

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~~When the applicant is found to be ineligible or the applicant makes the decision after signing the application that he/she does not want assistance, the agency representative notifies the applicant of the rejection through an InRhodes generated notice. Additionally, anyone with income in excess of one hundred eighty five percent (185%) of the federal poverty level will also receive an InRhodes generated notice stating that they are ineligible for Title XIX Medical Assistance~~

~~Programs. This notice informs the applicant at the same time of his/her right to appeal the decision, and the method by which the applicant can request a hearing.~~

~~When the applicant is found to be eligible, the acceptance date for health care coverage will begin on the date that an applicant is enrolled in a health care plan. Eligible applicants will receive benefits identical to those received by Rite Care eligible recipients. However, they will not receive out of plan benefits. Dental benefits for those child care providers who are enrolled into a health plan prior to October 1, 2005 will receive dental benefits through the Blue Cross dental coverage plan until December 31, 2005.~~

~~As of January 1, 2006, dental benefits for these individuals will be provided through Medicaid on a fee for service basis.~~

~~Dental benefits for child care providers who are enrolled in a health plan as of October 1, 2005 or later, will receive dental benefits through Medicaid on a fee for service basis.~~

0347.10.10 — Recertification of Eligibility

OBS:07/2008

~~At the end of the original six (6) month certification period, child care providers may continue to have their eligibility reviewed for successive six (6) month time periods so long as they continue to meet the requirements listed in DHS Policy Section 0347.05.~~

~~Recertification periods will be as listed below:~~

~~○ Six (6) month recertification periods when:~~

~~———— A. All household members are over 250% of the federal poverty level, or~~

~~———— B. The household consists of a combination of members who are eligible under the Child Care Provider Rite Care Program as described in DHS Policy Section 0347 while others are eligible under the Rite Care Program as described in DHS Policy Section 0348.~~

~~○ Twelve (12) month recertification periods when:~~

~~———— A. All household members are eligible under the Rite Care Program provisions as described in DHS Policy Section 0348.~~

0347.15 — CCPRC Program Coverage Groups

OBS:07/2008

~~Individuals/groups required to pay a monthly premium are the same as listed in Section 0348.40.05 with the addition of:~~

~~○ Child care providers without dependent children,
and~~

~~○ Families with income in excess of two hundred
fifty percent (250%) of the Federal Poverty
Level and less than three hundred fifty
Percent (350%) of the Federal Poverty Level.~~

~~The premium amount is determined as follows:~~

~~○ The amount of the premium is determined by
countable family income as follows if:~~

Family Income	Monthly Family Premium
over 150% - 185% FPL	\$ 61.00
over 185% - 200% FPL	\$ 77.00
over 200% - 250% FPL	\$ 92.00
over 250% - 350% FPL	\$130.00

~~○ Monthly premiums are not prorated. That is, a full monthly
premium is due if the family receives medical assistance
coverage for any portion of a coverage month.~~

~~○ Families subject to cost sharing requirements must
cooperate in making required premium payments in order
to remain eligible for the Child Care Provider Rite
Care Program. Failure to make required premium payments
will result in sanctions as described in DHS Policy
Sections 0348.40, 0348.40.05, and 0348.40.05.05.~~