LEGAL AUTHORITY 3000.05

REV:01/1997

In accordance with R.I.G.L. 40-6.2-4, RIte Care coverage may be provided to certain DCYF-certified family child care providers who provide services to families who are remunerated by the Department of Human Services (DHS).

OBSOLETE

SUBSECTION

HEALTH INSURANCE

SECTION 3000 COVERAGE FOR CHILD CARE PROVIDERS

3000.10 CRITERIA FOR HEALTH CARE COVERAGE

REV:01/1997

A child care provider and her/his minor children (natural or adoptive child under the age of 18) residing with her/him qualify for this health care coverage if the child care provider:

1. Is a DCYF-certified family child care provider who is paid by DHS to provide child care services;

2. Has been paid at least one thousand eight hundred dollars ($1,800) by DHS for child care services within the six (6) month period immediately preceding the month in which s/he requests health coverage;

3. Requests coverage by completing a Child Care Provider Health Care Coverage Enrollment Form and returning it to the Third Party Liability (TPL) unit before the thirteenth (13th) day of the month that precedes the month in which coverage is requested to begin;

4. Selects a health plan from one of the plans under contract with the RIte Care Program and a primary care provider for each requesting family member; and

5. Is not in receipt of Rhode Island Medical Assistance or covered by any other comprehensive health insurance with the exception of General Public Assistance medical coverage.

OBSOLETE SUBSECTION

COVERAGE **3000.15**

REV:01/1997

The benefits covered, duration of coverage, review of qualification for coverage, plan lock-in requirement, and termination procedures are outlined in the following subsections.

OBSOLETE

SUBSECTION

3000.15.05 Benefits Provided

REV:01/1997

The covered benefits are as follows:

SERVICE	SCOPE OF BENEFIT (ANNUAL)
Inpatient Hospital Care	Up to 365 days per year based on medical necessity.
Outpatient Hospital Services	Covered as needed based on medical necessity. Includes physical therapy, occupational therapy, speech therapy, hearing therapy, language therapy, and respiratory therapy.
Physician Services	Covered as needed based on medical necessity. Includes surgical services including reconstructive surgery as medically necessary.
Prescription Drugs	Covered when prescribed by a health plan physician. Generic substitution required unless specified otherwise by physician.
Non-Prescription Drugs	Covered when prescribed by a health plan physician, limited to certain non-prescription drugs.
Laboratory Services	Covered when ordered by a health plan physician.
Radiology Services	Covered when ordered by a health plan physician.

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Diagnostic Services	Covered when ordered by a health plan physician.
Mental Health and Substance Abuse Services - Outpatient	Covered as needed based on medical necessity for individual or group therapy visits for mental health and for substance abuse.
Mental Health and Substance Abuse Services - Inpatient	Covered as needed based on medical necessity for acute mental health, substance abuse, and detoxification.
Certified Home Health Agency Services	Provided as ordered by a health plan physician. Includes private duty nursing and homemaking/ personal care services when medically necessary.
Nursing Facility Services	Covered when ordered by a health plan physician up to a maximum of thirty (30) days per annum.
Services of Other Practitioners*	Covered if referred by a health plan physician.

* Practitioners, certified and licensed by the State of Rhode Island including nurse practitioners, physician assistants, social workers, licensed dieticians, psychologists, and licensed nurse midwives.

Podiatry Services	Provided as ordered by health plan physician.
Optometry Services	For adults 18 and older, benefit is limited to

	examinations that include refractions and provision of eyeglasses if needed once every two years, and any other medically necessary treatment visits for illness or injury to the eye. For children under 18, covered as medically necessary with no other limits.
Durable Medical Equipment	Provided as ordered by a health plan physician. Includes surgical appliances, prosthetic devices, orthotic devices, and medical supplies. Includes hearing aids and molded shoes.
Hospice Services	Up to 210 days lifetime maximum as ordered by a health plan physician. Services limited to those provided by Medicare.
Nutrition Services	Covered as delivered by a licensed dietitian for certain medical conditions as defined in the Health Plan contract and as referred by a health plan physician.
Group Education/Programs	Including childbirth education classes, parenting classes, and smoking cessation programs.
Transplant Services	Covered when ordered by a health plan physician.

OBSOLETE SUBSECTION

Duration of Coverage 3000.15.10

REV:01/1997

Health care coverage under this provision consists of six (6) months of DHS-paid enrollment in a RIte Care health plan.

OBSOLETE

SUBSECTION

3000.15.15 Periodic Review

REV:01/1997

Qualification criteria will be reassessed in the fifth (5) month of each six (6) month benefit period. As long as the first two (2) criteria in Section 3000.10 continue to be met, coverage will be continuous. If those conditions are not met in the month of scheduled review, coverage will be terminated at the end of the sixth month. The provider may re-qualify for another six (6) month period as soon as all five (5) criteria in Section 3000.10 are once again met.

OBSOLETE

SUBSECTION

Health Plan Lock-In 3000.15.20

REV:01/1997

All qualified members of the child care provider's family must be enrolled in the same health plan. The family is locked into the selected health plan subject to the health plan's annual open enrollment policy and procedures.

OBSOLETE

SUBSECTION

3000.15.25 Termination of Health Care Coverage

REV:01/1997

If in the fifth (5th) month of health coverage the child care provider no longer meets the criteria in Section 3000.10, coverage will cease at the end of the six (6) month period. The provider may re-qualify for a new six (6) month period in any subsequent month if the conditions in Section 3000.10 are met again. An otherwise eligible minor child's coverage shall cease at the end of the month in which the child attains age 18.

OBSOLETE

SUBSECTION

COMPLAINTS AND APPEALS 3000.20

REV:01/1997

Child care providers have both in-plan rights to appeal as well as a right to appeal to DHS. Such providers may utilize either or both avenues simultaneously.

OBSOLETE

SUBSECTION

3000.20.05 In-Plan Timeliness and Formal Grievances

REV:01/1997

A health plan may take up to fifteen (15) days to seek resolution of a medical care related complaint and may take up to thirty (30) days to seek resolution of a non-medical care related complaint. If a complaint is not resolved to the satisfaction of the member or provider within the allotted time, the health plan must agree to automatically register the complaint as a formal grievance, unless requested otherwise by the member or provider. The health plan also must agree to register a complaint as a formal grievance if requested to do so at any time by the member or provider, even if the fifteen (15) or thirty (30) day limit has not been reached. In addition, the health plan must comply with the initial and second level appeals process as described in Rhode Island's Rules and Regulations for the Utilization Review of Health Care services. Health plans maintain internal policies and procedures to conform to State reporting policies and provide a process for logging formal grievances.

OBSOLETE

SUBSECTION

DHS Appeals Process 3000.20.10

REV:01/1997

Although health plans have a formal grievance process, child care providers have the right to request an appeal with the Department of Human Services at any point they are dissatisfied. A child care provider may initiate the departmental appeal process by mailing or delivering her/his written statement of complaint to DHS within thirty (30) days of the aggrieved action in accordance with applicable DHS complaints and appeals regulations.

OBSOLETE

SUBSECTION

HEALTH INSURANCE

SECTION 3000 COVERAGE FOR CHILD CARE PROVIDERS

3000.25 COVERAGE FOR CENTER-BASED CARE PROVIDERS

REV:08/1999

In accordance with RIGL 40-6.2-5, the Department of Human Services is authorized to establish a health care premium cost-sharing option for center-based child care providers who provide child care services paid for in whole or in part by the Department of Human Services or the Department of Children, Youth, and Families, and who meet the eligibility requirements outlined in Section 3000.25.05.

OBSOLETE

SUBSECTION

Criteria for Coverage 3000.25.05
REV:08/1999

A center-based provider shall be eligible to participate if:

* the provider is licensed as a child day care provider by the Department of Children, Youth, and Families pursuant to RIGL 42-72.1; and

* the provider demonstrates that it meets the minimum subsidized child care participation rates specified in Section 3000.25.10 for the applicable period; and

* the provider elects to exercise this health care premium cost-sharing option on behalf of its individual employees and makes timely payment of the provider's share of the premium.

  "Elects to exercise" means a) files an application after DHS notification of eligibility or ineligibility for prequalification for coverage, or b) without notification from DHS, files an application.

  If a completed application is received by DHS within thirty (30) days of DHS notification under a) and the provider meets the eligibility criteria, eligibility shall begin on the first day of that calendar quarter. If the completed application is not received within thirty (30) days of DHS notification and the provider is determined to meet the eligibility criteria, eligibility shall begin on the first day of the month in which the application is received by DHS.

  If a completed application is received by DHS under b) and the provider meets the eligibility criteria, eligibility shall begin on the first day of the month in which the application is received by DHS.

OBSOLETE SUBSECTION

3000.25.10 Payment of Premiums

REV:08/1999

If the number of children served by the provider who meet the Department's child care assistance income guidelines for families eligible for child care assistance under RIGL 40-5.1-17 is at least forty percent (40%) of the licensed capacity/enrollment census of the provider, then the center-based child care provider shall pay fifty percent (50%) of the allowable monthly premiums attributable to the center's participating employees.

Effective July 1, 2000, if the number of children served by the provider who meet the Department's child care assistance income guidelines for families eligible for child care assistance under RIGL 40-5.1-17 is at least thirty percent (30%) of the licensed capacity/enrollment census of the provider, then the center-based child care provider shall pay fifty percent (50%) of the allowable monthly premiums attributable to the center's participating employees.

The level of the allowable monthly premium will be determined from time to time by DHS. The allowable premium is initially set at one hundred seventy dollars ($170) per month.

OBSOLETE SUBSECTION

Benefits Provided 3000.25.15

REV:08/1999

The benefits covered are the benefit program(s) provided by the center/employer and purchased directly from licensed HMO's or insurance carriers.

OBSOLETE

SUBSECTION

3000.25.20 Complaints and Appeals

REV:08/1999

Child care centers have a right of appeal to DHS as described in Section 3000.20.10.

OBSOLETE

SUBSECTION