

RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Title of Rule: Community Medicaid: Medically Needy Eligibility (210-RICR-40-05-2)

Rule Identifier: 210-RICR-40-05-2

Rulemaking Action: Proposed Amendment

Important Dates:

Date of Public Notice: January 25, 2022

End of Public Comment: February 24, 2022

Rulemaking Authority:

Chapters 40-6 and 40-8 of the Rhode Island General Laws

as amended; Title XIX of the Social Security Act

Summary of Rulemaking Action:

This amendment is being promulgated to reflect updated guidance from the federal government related to Medicaid eligibility during the PHE. The federal government has clarified that Medicaid beneficiaries may be moved within tiers of coverage during the PHE and this amendment adds language to clarify that medically needy ABD Medicaid beneficiaries will only have their coverage extended if they are not enrolled in another tier 1 coverage. If they are enrolled in another tier 1 coverage their medically needy coverage will end at the end of their 6 month coverage period and they will switch to the other tier 1 coverage for which they are eligible.

Additional Information and Public Comments:

All interested parties are invited to request additional information or submit written or oral comments concerning the proposed amendment until February 24, 2022 by contacting the appropriate party at the address listed below:

Kathryn Thomas
Executive Office of Health and Human Services
Executive Office of Health and Human Services
3 West Rd.
Cranston, RI 02920
kathryn.thomas@ohhs.ri.gov

In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by a governmental agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of the publication of this notice.

Regulatory Analysis Summary and Supporting Documentation:

This amendment ensures compliance with federal guidance and that Medicaid beneficiaries are receiving proper benefits during the PHE.

For full regulatory analysis or supporting documentation contact the agency staffperson listed above.