CONCISE EXPLANATORY STATEMENT

In accordance with the Administrative Procedures Act, R.I. Gen. Laws § 42-35-2.6, following is a concise explanatory statement:

AGENCY: Executive Office of Health and Human Services (EOHHS)

DIVISION: Medicaid Policy Unit

RULE IDENTIFIER: 210-RICR-40-15-1

RULE TITLE: Chapter 40 – Medicaid for Elders and Adults with Disabilities, Subchapter 15 – Working Adults With Disabilities, Part 1 Working Adults with Disabilities

REASON FOR RULEMAKING:
As part of the FY24 Budget, the RI Legislature mandated that OHHS Medicaid establish a Medicaid buy-in program for working people with disabilities using the Ticket to Work federal authority.

ANY FINDING REQUIRED BY LAW AS A PREREQUISITE TO THE EFFECTIVENESS OF THE RULE: *N/A*

TESTIMONY AND COMMENTS: Comments were received and are summarized in the response to comments document.

CHANGE TO TEXT OF THE RULE: Changes are being proposed that differ from the original proposed language that was posted for public comment on 8/29/24:

- 1.8.3 (B) revised “beneficiary’s liability” to be “beneficiary’s LTSS cost of care”
- 1.9 (A) deleted “The State law is based on the option under Federal law to establish a Medicaid eligibility pathway for adults with disabilities who are unable to afford or obtain health coverage and/or the servcies and supports they need to work.”
- 1.9(B) deleted “the special provisions in the SSI methodology established in Subchapter 00 Part 3 of this Title, and reiterated herein at 1.5 of this Part, may apply” and added “Financial eligibility for the Sherlock pathway is determined in accordance with the SSI methodology as described in Subchapter 00 Part 3 of this Chapter”
- 1.9(C) revised to read “The Sherlock eligibility pathway is open to adults with disabilities who are working and seeking Medicaid coverage, either with or without LTSS HCBS benefits” and deleted (1) and (2)
- 1.9.1(A) deleted the word “gross” so clause reads: “Depending on their countable income from all sources, both LTSS and non-LTSS Sherlock beneficiaries may be required to pay a share of the cost of coverage.”

- 1.9.1(A)(1) added language so sentence reads “The remaining earned income is added to the unearned income of the beneficiary or couple (after unearned income disregards are applied) and assigned a premium as follows:”
- 1.9.1(A)(1)(c) deleted (c) “Sherlock beneficiaries may deduct premium amounts from the total amount of any unpaid medical bills in the retroactive coverage eligiblity period.”
- 1.9.1(A)(2) revised “beneficiary’s liability for the cost of care” to be “beneficiary’s LTS cost of care”
- 1.9.1(A)(3) revised “beneficiary liability” to be “the LTSS cost of care”
- 1.9.2(B) revised “beneficiary liability” to be “LTSS cost of care”
- 1.9.3(A)(2) revised to read “If the hardship exemption request is approved, the beneficiary will not be required to pay the premium amount that was due on the invoice to which the individual responded with the hardship request. Invonices will reflect the amount due for the current month as well as any past-due amounts for the previous unpaid premiums.”
- 1.9.3(A) added (4) “Beneficiaries have the right to appeal an adverse hardship decision. Additional information regarding appeals can be found in part 10-05-2 of this Title
- 1.9.4(A) revised “beneficiary liability” to be “LTSS cost of care”
- 1.9.4 deleted (B)
- 1.10(B) deleted “the special provisions in the SSI methodology established in Subchapter 00 Part 3 of this Title, and reiterated herein at 1.5 of this Part, may apply” and added “Financial eligibility for the Sherlock pathway is determined in accordance with the SSI methodology as described in Subchapter 00 Part 3 of this Chapter”
- 1.10(C) revised to read “The Sherlock eligibility pathway is open to adults with disabilities who are working and seeking Medicaid coverage, either with or without LTSS HCBS benefits” and deleted (1) and (2)
- 1.10.1(A) deleted the word “gross” so clause reads: “Depending on their countable income from all sources, both LTSS and non-LTSS Sherlock beneficiaries may be required to pay a share of the cost of coverage.”
- 1.10.1(A)(1) added language so sentence reads “The remaining earned income is added to the unearned income of the beneficiary or couple (after unearned income disregards are applied) and assigned a premium as follows:”
- 1.10.1(A)(1)(c) deleted (c) “Sherlock beneficiaries may deduct premium amounts from the total amount of any unpaid medical bills in the retroactive coverage eligiblity period.”
- 1.10.1(A)(2) revised “beneficiary liability” to be “Cost of Care” and “LTSS cost of care”
- 1.10.1(A)(3) revised “beneficiary liability” to be “LTSS cost of Care”
- 1.10.2(B) revised “beneficiary liability” to be “LTSS cost of care”
- 1.10.3(A) revised to read “If circumstances arise that prevent a beneficiary eligible through the Ticket to Work pathway from paying their premium in a given month, the beneficiary may apply for a hardship exemption as described in 1.9.3(A)(1) of this Part.”
- 1.10.4(A) revised “beneficiary liability” to be “LTSS cost of care”
- 1.10.4 deleted (B)

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REGULATORY ANALYSIS :

This implements to program for working people with disabilities mandated by the FY24 budget. This regulation does not impact small business. In the development of the proposed adoption, consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.