Rhode Island Executive Office of Health and Human Services
3 West Road, Virks Building, Cranston, RI 02920
phone: 401.462.5274 fax: 401.462.3677

Name of Regulation: **Working Adults with Disabilities**
Posted for Public Comment on **8/29/24**
Public hearing held on **N/A**
Comment Period Ended on **9/30/24**
Summary Response to Comments **12/3/24**

	Respondent	Nature of the Comments	EOHHS' Response
	Elisabeth Hubbard Executive Secretary RI Governor's Commission on Disabilities 9/30/24	Applaud the expansion of the Medicaid buy-In Program Recommends changing the name of the new eligibility pathway • Calling the program the "Ticket to Work Plan" will cause people to confuse the Medicaid buy-in program with the broader Ticket to Work Program run by the SSA • No requirement to name the program after the authorizing legislation (Sherlock Program is not named after the Balanced Budget Act)	EOHHS thanks you for your comment. In the FY24 Rhode Island State Budget, the legislature directed EOHHS to create "The Ticket to Work Program" and the agency has named it in accordance with that directive. EOHHS is working with internal staff as well as external stakeholders to educate them on this program to prevent confusion between it and the SSA program.

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2.	Beth Pinkham Associate Director OSCIL 9/30/24	Questions regarding implementation process for applications • Will spousal income be considered countable income or will the pathways consider the sole income of the beneficiary when determining eligibility? • When applying, how will applicants indicate they want to apply for the Ticket to Work pathway? • If an application is completed on the HealthSource RI website, is there a way to track the application to ensure it is being processed for the correct program? • How will applicants understand whether the Sherlock Plan or Ticket to Work Plan is better for them? • How does the applicant follow up to see if there are questions regarding their application or if more information is needed? Recommend a liaison is assigned to assist individuals to provide support navigating the application process	EOHHS thanks you for your comment. Neither the Ticket to Work program nor the implementing regulations make any broad changes to eligibility policy. For applicants who are applying for LTSS benefits, spousal income is not considered, for all others it is. Future communications will provide application guidance explaining how to apply for Ticket to Work. If found eligible, all those applying to the Medicaid Buy-In program for individuals with disabilities that are under age 65 will be enrolled in Ticket to Work while those 65 and older will be enrolled in the Sherlock Program. Individuals can look at the status of their application through the HSRI portal and should monitor their mail for additional information requests. Individuals may also call the call center or visit a public facing DHS office.

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3.	Shamus Durac Senior Attorney/Health Policy Analyst RIPIN 9/27/24	Thanks the State for establishing the new Ticket to Work pathway At 1.9.3, the rules around Hardship exemption do not define the method by which a hardship exemption is requested or granted. • Encourage the State to provide greater specificity as to the process the State intends to take and who the decisionmaker shall be • Encourage the State to specify the time period during which a hardship exemption can be requested and to adopt a liberal policy of allowing retroactive hardship determinations and to specify this in the regulation. The State should also call out that an adverse decision regarding a hardship exemption request is subject to notice and appeal rights At 1.8.4 and 1.10(A) recommend deleting or revising the language describing Sherlock and TTW as an "eligibility pathway for adults with disabilities who are unable to afford or obtain health coverage and/or services and supports they need to work." As there is no requirement that an applicant be unable to afford or obtain coverage or their own employment supports to qualify Requests clarification of "special provisions in the SSI methodology established in subchapter 00 Part 3 of this Title, and reiterated herein at 1.5 of this part" referred to at existing 1.8.4(B) and proposed 1.10(B) Encourages revisions at existing 1.8.4(c) and proposed 1.10(c) to say "The [Sherlock/Ticket to Work] eligibility pathway is open to adults with disabilities who are working and seeking any combination of: 1. Medicaid primary care essential benefit coverage; 2. Medicaid LTSS coverage; and/or 3. Integrated employment supports." Given that the Ticket to Work Plan does not have an asset limit, RIPIN strongly encourages that the resource reporting requirement and the reference to disqualifying transfers of assets be stricken from the amendment.	EOHHS thanks you for your comment. The following information has been added to 1.9.3: • If a 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. Invoices will reflect the amounts due for the current month as well as any past-due amounts for the previous unpaid premiums. • Beneficiaries have the right to appeal an adverse hardship decision. Beneficiaries will receive instructions detailing how to apply for a hardship with their premium invoice. The language at existing 1.8(A) and proposed 1.10(A) describing Sherlock and TTW as an "eligibility pathway for adults with disabilities who are unable to afford or obtain health coverage and/or services and supports they need to work." has been deleted. This language is intended to refer to § 1619(a) and § 1619(b). This language is unnecessary and has been deleted and language has been added to clarify that financial eligibility is evaluated using the SSI methodology. The language at 1.8.4(c) and 1.10(c) has been edited to say: "The Sherlock eligibility pathway is open to adults with disabilities who are working and seeking Medicaid coverage, either with or without LTSS HCBS benefits." While Ticket to Work does not have an asset limit, resource reporting is necessary to calculate any applicable transfer penalty for LTSS applicants per federal requirements and to facilitate enrollment into the most appropriate eligibility

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		The statement "gross countable income" found at existing 1.9.1(A) and proposed 1.10.1(A) is contradictory. The word gross should be stricken.	pathway. Therefore, the resource reporting requirement will remain in place. The word gross has been stricken from existing 1.8.1(A) and proposed 1.10.1(A).
		Suggest the language at existing 1.9.1(A)(1) and proposed 1.10.1(A)(1) be revised to read "To calculate a premium, the earned income of the beneficiary and their spouse, if applicable, are added together and then all SSI-related earned income disregards are applied. The remaining earned income is added to the unearned income of the beneficiary or couple (after unearned income disregards are applied) and are assigned a premium as follows:---"	The language at existing 1.8.2(A)(1) and proposed 1.10.1(A) has been revised as suggested.
		The language at existing 1.9.1(A)(1)(c) and proposed 1.10.1(A)(1)(c) is unclear. Does the State mean to say that the beneficiaries may deduct the amount of ***paid*** medical bills from the retroactive coverage period (i.e. bills that will not be covered by Sherlock/TTW) from the premium amount calculated for that retroactive benefit period? If the State does mean an unpaid bill, what mechanism would be used to achieve this? Why would an enrollee who qualifies for retroactive coverage be required to pay a bill for that period of retroactive coverage when that bill should be paid by Medicaid?	The State has deleted existing 1.8.1(A)(2)(c) and proposed 1.10.1(A)(1)(c). The original language was intended to mean that beneficiaries could provide documentation of any medical bills they paid prior to being found eligible that are then eligible for retro coverage and have the amount they paid deducted from their premium cost. However, The State will not impose a beneficiary's premium until after notification of eligibility, so they will not incur their premium for this time period and therefore this language is no longer applicable.
		Encourage inclusion of additional language at 1.10.3(A) 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 at 1.9.3" or by repeating the proposed language at 1.9.3(A)(1) at 1.10.3(A)	This language has been added.
		Encourage the State to change every instance of "beneficiary liability" to "LTSS cost of care" when referring to the amount calculated under the post-eligibility treatment of income rules in 210-RICR-50-00-8.	This language has been revised as suggested.
		Encourages the State to specifically include language at proposed 1.10.4(B) stating that any "approved medical savings accounts and retirement account assets in the amount held on the last full day of eligibility" is excluded as a resource for eligibility for other programs. Also encourage greater specificity as to the precise amount intended to be excluded- does this propose to exclude the full amount in those accounts at the time of loss of eligibility for TTW or only the amount contributed during the period of TTW eligibility? Can an applicant protect the entirety of their retirement savings by obtaining a single month of TTW eligibility? If not, how does the State proposed to determine those starting and ending amounts?	In general, medical savings accounts and retirement accounts are not counted as resources for any applicants, and so in that sense it is true that, just as for other applicants, former Sherlock/Ticket to Work beneficiaries would not have these resources counted. However, because there are no specific rules for Sherlock or Ticket to Work to cover what is described at 1.10.4(B) and the state does not have federal authority to create any such specific rules, the language is being deleted.

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