

MILLIMAN REPORT

2025 Social and human service programs review: Eligibility standards v 1.3

Rhode Island, Office of the Health Insurance Commissioner

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Revision History

| Version | Publication Date | Revision |
|---------|-------------------|--|
| 1.0 | May 26, 2023 | <ul style="list-style-type: none"> Initial Publication |
| 1.1 | June 20, 2023 | <ul style="list-style-type: none"> Program information for the @Home Cost Share program was added. |
| 1.2 | August 31, 2023 | <ul style="list-style-type: none"> Added CHIP program eligibility information and comparison with CMS Region 1 states Added retrospective review of Medicaid application processing times over the past 5 years Added Medicaid and CHIP enrollment growth over time and comparison to CME Region 1 states Added percent of population enrolled in managed care over time and comparison to CMS Region 1 states Added Medicaid spend as a percentage of the state budget and comparison to CMS Region 1 states |
| 1.3 | December 16, 2024 | <ul style="list-style-type: none"> Figure 1 was updated to include the Ticket to Work program Figure 2 was updated with new eligibility criteria for working disabled individuals Figure 8 was updated with new eligibility criteria for working disabled individuals Program information for the Ticket to Work program was added. Program information for the Sherlock Plan was updated |

Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires nine assessments covering various rate and programmatic elements of the social and human service programs, with a final assessment being a culmination of the prior nine assessments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging. As a whole, this series of reports may be used as one set of resources to provide education and insight into current Rhode Island social and human service programs' provider reimbursement and programmatic structure.

The first iteration of the Social and Human Service Programs Review was completed in 2023, culminating in the publication of the final report on September 1, 2023. The mandated public meeting subsequently took place on September 22, 2023.¹ This report is part of the 2025 cycle of the review, which is scheduled to conclude with the release of the final report by September 1, 2025, followed by a public meeting in September 2025. The update to programmatic reports is limited to significant program changes noted in the revision history. Benchmark data was not updated.

The rate recommendations included in the final September 1, 2023, report were focused on the Medicaid program. The recommended rates were largely adopted and funded by the State of Rhode Island with an effective date of October 1, 2024, and applied to both the Medicaid FFS and managed care programs. The status of the rate implementation (along with other rate initiatives) is available on the EOHHS website.²

This report addresses RIGL § 42-14.5-3(t) task 2: "an assessment and detailed reporting on eligibility standards and processes of all mandatory and discretionary social and human service programs."³ This report provides a comprehensive overview of the health and human service programs offered by the State of Rhode Island and includes the eligibility standards for the in-scope programs. In addition, this report compares certain Rhode Island social and human services program eligibility criteria and eligibility verification processes against similar offerings provided in Connecticut, Maine, Massachusetts, New Hampshire, and Vermont.

The purpose of this report is to provide an understanding of the eligibility criteria and policy for Medicaid and other social services in Rhode Island, along with comparison on select topics with other states in the region. This comparison is meant to provide insight into how Rhode Island policy and practice either aligns with or differs from neighboring states.

¹ The reports and meeting material for the Social and Human Service Programs Review is available at <https://ohic.ri.gov/regulatory-review/social-and-human-service-programs-review>.

² For more information see <https://eohhs.ri.gov/FY25-Medicaid-Rates>

³ Powers and Duties. RIGL § 42-14.5-3(t) (2022). <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-14.5/42-14.5-3.HTM>.

Executive Summary

This report provides an overview of the eligibility standards and policy processes for state-funded social and human services within the State of Rhode Island. The Executive Office of Health and Human Services (EOHHS) is the lead agency for social services in Rhode Island, overseeing the Department of Human Services (DHS), the Department of Children, Youth, and Families (DCYF), the Department of Health (DOH), and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

This report reviews the eligibility criteria for selected programs, provides a brief overview of the services that eligible persons may receive, and describes the application process. Figure 1 provides an inventory of the programs that are considered in-scope for this report, based upon the definition found in RIGL 42-14.5. This report provides a comprehensive yet concise summary of the factors reviewed for these social and human services while providing the key details for a wide array of programs. This report also provides links to sources of additional program information and links to key forms or applications.

Many social and human services are offered through the state's Medicaid program; as such, this report provides detailed analysis of the eligibility criteria, application processes, and program statistics for Medicaid programs in Rhode Island. The Centers for Medicare and Medicaid (CMS) has established Region 1 to include Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. These are the states that are used for the regional comparison. Regional comparisons are used to highlight similarities and differences between state policies but should not be used for setting targets for Rhode Island programs.

The majority of services delivered by the Medicaid program in Rhode Island fall under a type of federal authority called an 1115 demonstration waiver. A Section 1115 demonstration waiver is a Medicaid waiver authorized under Section 1115 of the Social Security Act that gives the Secretary of the U.S. Department of Health and Human Services (HHS) the authority to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program.⁴ Rhode Island has structured its waiver as a "global" 1115 demonstration waiver, including services for those in Rlte Care, Rhody Health Partners, Rlte Share, and the Children's Health Insurance Program (CHIP).⁵

While a wide variety of services are available under Rhode Island's Medicaid program, the pathways to access these services may vary. In this report we provide information on named Medicaid programs like Rlte Care and Rhody Health Partners in order to highlight the different eligibility criteria and services that are available based upon the program within the 1115 waiver in which an individual is enrolled. Additionally, it is noted that home and community-based services (HCBS) received through Medicaid are not a distinct program (HCBS refers to a set of services that an individual may be eligible to receive), yet these services have their own eligibility criteria and process for becoming eligible.

The processes for applying for specific programs vary greatly, which is generally consistent with other states when considering the full range of social and human services. Medicaid and many programs run by the Rhode Island Department of Human Services (DHS) utilize a common application form that is available online to print and mail or complete via the customer portal and submit electronically.⁶ This form is the way individuals may apply for all Medicaid programs, as well as RI Works, the Supplemental Nutrition Assistance Program, and the Child Care Assistance Program. The printable (paper) application is available on the Rhode Island Department of Human Services (DHS) website at: <https://dhs.ri.gov/apply-now>. The online customer portal, which is called HealthyRhode, is located at: <https://healthyrhode.ri.gov/HIXWebI3/DisplayHomePage> Other programs have a variety of different application forms and processes, each noted in the program summary section below.

Not all programs summarized in this report have an application process. Some are available only by referral from a provider, some are open to all Rhode Islanders without need for an application, and others may be assigned based upon a court order or because the individual is under the purview of the child welfare system. For programs of these types, which do not have eligibility criteria or application processes, this report provides a program summary, the responsibilities and process of the program, and pathways for entry. This applies to

⁴ About Section 1115 Demonstrations. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>.

⁵ Rhode Island Comprehensive Demonstration. (2020, July 28). Medicaid. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf>

⁶ HealthSource RI. (n.d.). <https://healthyrhode.ri.gov/HIXWebI3/DisplayHomePage>.

programs operated under the Rhode Island Department of Children, Youth, and Families (DCYF), including foster care and adoption, the work of the family services unit, the work of the Community Services and Behavioral Health Unit, and the work of the licensing unit. This also applies to the Lead Poisoning Prevention program under the Rhode Island Department of Health.

FIGURE 1: PROGRAM INVENTORY FOR ELIGIBILITY AND PROCESS REVIEW

| Executive Office of Health and Human Services (EOHHS) | |
|---|--|
| ▪ Rlte Care | ▪ Medicaid Expansion |
| ▪ Rhody Health Partners | ▪ Home and Community Based Services |
| ▪ Rlte Smiles | ▪ Rlte Share |
| ▪ Connect Care Choice | ▪ Program for all-inclusive care for the elderly |
| ▪ Medicare Premium Payment Program | ▪ Rhode Island Early Intervention |
| ▪ Cedar Family Services | |
| Department of Human Services (DHS) | |
| ▪ Supplemental Nutritional Assistance Program (SNAP) | ▪ Child Care Assistance Program |
| ▪ Head Start | ▪ Refugee Assistance Program |
| ▪ SSI Enhanced Assisted Living Program | ▪ Katie Beckett |
| ▪ Sherlock Plan | ▪ Ticket to Work |
| ▪ Disability Determination Services | ▪ Business Enterprises Program |
| ▪ Independent Living and Social Services | ▪ Rhode Island Works |
| ▪ Assistive Technology Access Partnership | ▪ Adaptive Telephone Equipment Loan Program |
| ▪ Ombudsman Program | ▪ Elder Protective Services |
| ▪ @Home Cost Share | ▪ Rhode Island Pharmaceutical Assistance to Elders Program |
| ▪ DigiAGE | ▪ Veterans Crisis Line |
| ▪ Veterans Home | ▪ Vocational Rehabilitation |
| Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) | |
| ▪ Community Mental Health Services Block Grant | ▪ Substance Abuse Prevention and Treatment Block Grant |
| ▪ Eleanor Slater Hospital | ▪ Rhode Island Psychiatric Hospital |
| ▪ Shared Living Arrangement | ▪ Rhode Island Community Living and Supports |
| ▪ Access to Independence | ▪ Projects for Assistance in Transition from Homelessness (PATH) |
| Department of Health (DOH) | |
| ▪ Lead Poisoning Prevention | ▪ Nurse Family Partnership |
| ▪ State Tobacco Quitline/RI Nicotine Helpline | ▪ Women's Cancer Screening Program |
| ▪ WISEWOMAN | ▪ Women, Infants and Children |
| Department of Children, Youth, and Families (DCYF) | |
| ▪ Family First Prevention Service | ▪ Family Care Community Partnerships |
| ▪ Child Protective Services | ▪ Family Services Unit |
| ▪ Foster Care and Adoption | ▪ Licensing |
| ▪ Community Services and Behavioral Health | ▪ Rhode Island Training School |
| ▪ Youth Diversion Programming | ▪ Wayward disobedient Programs |

Medicaid Eligibility and Processes

Many human and social services are primarily funded through Medicaid or the Children's Health Insurance Program (CHIP). Gaining eligibility for Medicaid or CHIP is often the first step to receiving state-funded social services. Medicaid offers services to individuals based on eligibility groups.⁷ These groupings impact the eligibility criteria, the services beneficiaries are eligible to receive, and the percentage of funding for a beneficiary's services that comes from the federal government.⁸ Medicaid is a federal and state partnership, with funding for programs and coverage coming from both parties. States determine an individual's eligibility for Medicaid based on several factors, depending on the program, including age, income, health/disability status, pregnancy status, and personal financial resources. There are two methods for determining Medicaid eligibility. Each is described below.

Modified Adjusted Gross Income (MAGI) is one methodology for determining eligibility for Medicaid and CHIP.⁹ The MAGI methodology is used for most children, pregnant women, Medicaid expansion adults, and low-income families. The MAGI eligibility standard was established by the Patient Protection and Affordable Care Act (ACA).¹⁰ This standard considers an individual's or family's taxable income but does not consider assets in determining eligibility. Financial eligibility for Medicaid programs is based upon the federal poverty level (FPL) and is adjusted for family size. A disregard of 5% of income is made if needed to find the individual eligible, which is why Medicaid expansion eligibility (133% FPL) is sometimes expressed as 138% of FPL (133% + 5%).¹¹

Those who are eligible for Medicaid based upon age, blindness, or disability establish eligibility using a different methodology. These categories of eligibility utilize Supplemental Security Income (SSI) standards.¹² This methodology is based upon financial criteria but also requires the individual to be 65 or older, to be legally blind, or to have been determined to be disabled.¹³ For financial eligibility criteria, this method considers earned income and other sources of income, e.g., food or housing that others provide and other benefits an individual receives.¹⁴ These categories often include a higher income limit than MAGI groups, but also consider assets or resources of the individual as part of the financial calculation.¹⁵ If a disability determination is needed, that is done at the state level using federal criteria.¹⁶

Figure 2 provides the financial criteria for eligibility by population for Rhode Island Medicaid.

In order to be eligible for Rhode Island Medicaid programs, an individual must be a resident of Rhode Island, a citizen of the United States (if applying as an adult), or a legally present noncitizen who has been in the United States for five years and meets certain exemptions, and must meet the age, income, and disability criteria established for each program if applicable.¹⁷

⁷ List of Medicaid Eligibility Groups. (n.d.). Medicaid. <https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf>.

⁸ Federal Medical Assistance Percentages or Federal Financial Participation in State Assistance Expenditures (FMAP). (n.d.). Office of the Assistant Secretary of Planning and Evaluation. <https://aspe.hhs.gov/federal-medical-assistance-percentages-or-federal-financial-participation-state-assistance>.

⁹ Medicaid Eligibility. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/eligibility/index.html>.

¹⁰ Ibid.

¹¹ Ibid.

¹² Understanding Supplemental Security Income SSI Income. (n.d.). Social Security Administration. <https://www.ssa.gov/ssi/text-income-ussi.htm>.

¹³ Medicaid Eligibility. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/eligibility/index.html>.

¹⁴ Understanding Supplemental Security Income SSI Income. (n.d.). Social Security Administration. <https://www.ssa.gov/ssi/text-income-ussi.htm>.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Medicaid Eligibility. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/eligibility/index.html>.

FIGURE 2: FINANCIAL ELIGIBILITY FOR FULL MEDICAID

| Group | Income* | Resource Limitations |
|--|-----------------|-------------------------------------|
| MAGI | | |
| Children and Young Adults | Up to 261% FPL | N/A |
| Pregnant Women | Up to 253% FPL | N/A |
| Low Income Parent/Caretaker | Up to 133% FPL | N/A |
| ACA Expansion Adults | Up to 133% FPL | N/A |
| Non-MAGI | | |
| Low-income Elders, Persons who are Blind, and Adults with Disabilities not applying based on need for LTSS | Up to 100% FPL | \$4,000 individual/\$6,000 couple |
| Adults Applying through the LTSS Special Income/HCBS 217 like pathway | Up to 300% SSI | \$4000 individual/\$6000 couple |
| Disabled Children | Up to 300% SSI | \$2,000 |
| Working Disabled Adults Under Age 65 | No income limit | None |
| Working Disabled Adults Age 65+ | Up to 250% FPL | \$10,000 individual/\$20,000 couple |

*These percentages do not include the possible 5% disregard for MAGI groups.

In addition, note that individuals receiving federal SSI benefits are automatically eligible for and enrolled in Medicaid.

Rhode Island also has mechanisms for people to access certain specific services even if they are not otherwise eligible for Medicaid and cannot access the full Medicaid benefit package. For example:

- Adults with Disabilities and Persons who are Blind who are at risk of needing long-term care can access certain HCBS-like waiver services (such as personal care) with income under 400% SSI.
- Elders who are at risk of needing long-term care can access certain HCBS-like waiver services (such as personal care) with income under 250% FPL.
- Children who are at risk of institutionalization can access certain home-based intervention services with individual income under 300% SSI.

The federal poverty level guidelines are reviewed and updated each year by the U.S. Department of Health and Human Services. Figure 3 outlines the poverty level established for 2023 and translates that income amount to the FPL standards that are utilized for Medicaid eligibility in Rhode Island.

FIGURE 3: 2023 POVERTY GUIDELINES¹⁸

| Family/Household Size | Poverty Guideline (100% of Poverty) | 133% FPL | 250% FPL | 253% FPL | 261% FPL |
|-----------------------|-------------------------------------|----------|-----------|-----------|-----------|
| 1 | \$14,580 | \$19,391 | \$36,450 | \$36,887 | \$38,054 |
| 2 | \$19,720 | \$26,228 | \$49,300 | \$49,892 | \$51,469 |
| 3 | \$24,860 | \$33,064 | \$62,150 | \$62,896 | \$64,885 |
| 4 | \$30,000 | \$39,900 | \$75,000 | \$75,900 | \$78,300 |
| 5 | \$35,140 | \$46,736 | \$87,850 | \$88,904 | \$91,715 |
| 6 | \$40,280 | \$53,572 | \$100,700 | \$101,908 | \$105,131 |
| 7 | \$45,420 | \$60,409 | \$113,550 | \$114,913 | \$118,546 |
| 8 | \$50,560 | \$67,245 | \$126,400 | \$127,917 | \$131,962 |

Note: For families or households with more than eight persons, the calculation adds \$5,140 for each additional person.

¹⁸ Annual Update of the HHS Poverty Guidelines (January 19, 2023). Federal Register Vol 88, Page 3424. <https://www.govinfo.gov/content/pkg/FR-2023-01-19/pdf/20023-00885.pdf>.

MAGI ELIGIBILITY IN CMS REGION 1

Figure 4 details the Federal Poverty Level (FPL) standards that CMS Region 1 states have set as the maximum for eligibility. All states in the region use the same 133% FPL standard for Affordable Care Act Expansion Adults (the maximum allowed under federal law). However, states have flexibility in which populations they choose to cover through pregnancy coverage and for those under age 19. As shown in Figure 4, Rhode Island covers children and young adults up to 261% FPL which is the second-lowest income threshold in the region for that group. Conversely, Rhode Island covers up to 253% FPL for pregnant women, which is one of the highest income thresholds in the region for that group.

FIGURE 4: 2023 ELIGIBILITY STANDARDS BY FPL FOR MAGI ELIGIBILITY GROUPS

| | Children and Young Adult | Pregnant Women | Low Income Parent/Caretaker | ACA Expansion Adults |
|-----------------------------|--------------------------|----------------|-----------------------------|----------------------|
| Connecticut ¹⁹ | 318% | 258% | 155% | 133% |
| Maine ²⁰ | 208% | 209% | 100% | 133% |
| Massachusetts ²¹ | 300% | 200% | 133% | 133% |
| New Hampshire ²² | 313% | 196% | 63% | 133% |
| Rhode Island ²³ | 261% | 253% | 136% | 133% |
| Vermont ²⁴ | 312% | 208% | 49% | 133% |

Additional differences can be found when eligibility is broken out between Medicaid and CHIP. Providers and beneficiaries may not immediately know the difference between the state Medicaid and CHIP programs as they are often branded under the same program name. In Rhode Island, both programs are housed in the RIte Care Program. However, they are distinctly different programs in terms of funding and authority from the federal government. The Children’s Health Insurance Program (CHIP) has two categories, Medicaid expansion CHIP (M-CHIP) and Separate CHIP (S-CHIP). Both programs are funded from Title XXI and have an enhanced Federal Medical Assistance Percentage (FMAP) rate. An enhanced rate means that the federal government pays a larger share for the CHIP program than the Medicaid program in the state. Under M-CHIP programs, the benefit package and cost sharing mirrors state plan Medicaid coverage.²⁵ Under S-CHIP programs, states may choose to have a benefit package that is more like commercial health benefits coverage and does not cover all services that are included in the Medicaid program, or it can be very similar to the Medicaid coverage.²⁶ S-CHIP programs may also have different cost sharing rules than the Medicaid program. States can choose to have premiums and co-payments for services for these programs.

States can choose to cover children via M-CHIP, S-CHIP, or a combination of both programs based upon FPL. States can also expand coverage for pregnant women under an S-CHIP program. Rhode Island is unique in using the S-CHIP program to expand eligibility to pregnant women up to 253% FPL allowing them to gain a higher federal matching rate for those individuals above 190% FPL as shown in Figure 5. In Rhode Island, the

¹⁹ Fitzpatrick, Mary. Medicaid Eligibility. (2022, March 21). Office of Legislative Research. <https://www.cga.ct.gov/2022/rpt/pdf/2022-R-0066.pdf>

²⁰ Maine’s Medical Assistance Programs: Who’s Covered? (n.d.). Maine Equal Justice. https://maineequaljustice.org/site/assets/files/2220/mainecare_whoscovered_2019.pdf

²¹ 2023 MassHealth & Other health Programs MLRI Income Table. (2023, March 1). Massachusetts Law Reform Institute. <https://www.masslegalservices.org/system/files/library/2023%20MassHealth%20%26%20Other%20Health%20Programs%20MLRI%20Income%20Table%20%28Mar%201%29%20FINAL.pdf>

²² Norris, L. (2023, July 25). Medicaid eligibility and enrollment in New Hampshire. [healthinsurance.org. healthinsurance.org.](https://www.healthinsurance.org/medicaid/new-hampshire/)

²³ Norris, L. (2023b, July 25). Medicaid eligibility and enrollment in Rhode Island. [healthinsurance.org. healthinsurance.org.](https://www.healthinsurance.org/medicaid/rhode-island/)

²⁴ Norris, L. (2023b, July 25). Medicaid eligibility and enrollment in Vermont. [healthinsurance.org. healthinsurance.org.](https://www.healthinsurance.org/medicaid/vermont/)

²⁵ Benefits | Medicaid <https://www.medicaid.gov/chip/benefits/index.html>

²⁶ <https://www.medicaid.gov/chip/benefits/index.html>

federal government pays for 67.77% of S-CHIP expenditures vs 53.96% of standard Medicaid expenditures.²⁷ Rhode Island does not operate an S-CHIP Program for children.

FIGURE 5: 2023 ELIGIBILITY FOR CHIP PROGRAM BY CMS REGION 1 STATES²⁸

| State | Coverage for Children 0-1 | | Coverage for Children 1-5 | | Coverage for Children 6-18 | | Coverage for Pregnant Women | |
|---------------|---------------------------|--------|---------------------------|--------|----------------------------|--------|-----------------------------|--------|
| | Medicaid and M-CHIP | S-CHIP | Medicaid and M-CHIP | S-CHIP | Medicaid and M-CHIP | S-CHIP | Medicaid and M-CHIP | S-CHIP |
| Connecticut | 196% | 318% | 196% | 318% | 196% | 318% | 258% | NA |
| Maine | 191% | 208% | 157% | 208% | 157% | 208% | 209% | NA |
| Massachusetts | 200% | 300% | 150% | 300% | 150% | 300% | 200% | NA |
| New Hampshire | 318% | NA | 318% | NA | 318% | NA | 196% | NA |
| Rhode Island | 261% | NA | 261% | NA | 261% | NA | 190% | 253% |
| Vermont | 312% | NA | 312% | NA | 312% | NA | 208% | NA |

²⁷ <https://www.federalregister.gov/documents/2021/11/26/2021-25798/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>

²⁸ *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>

Medicaid Application Process

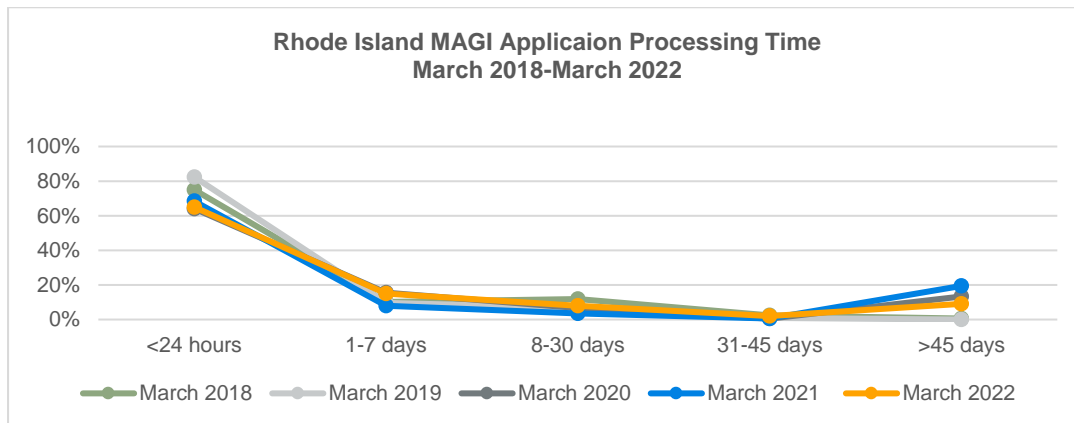
Rhode Islanders can apply for Medicaid programs online, in person, or using paper forms submitted to the Department of Human Services. The application can be found online at HealthyRhode.²⁹ Federal Medicaid regulations require states to make an eligibility determination on MAGI applications within 45 days.³⁰ Figure 6 outlines Rhode Island application processing timelines for a recent reporting month.

FIGURE 6: MAGI APPLICATION PROCESSING TIME SNAPSHOT (SEPTEMBER 2022³¹), RHODE ISLAND

| Time to Process | <24 hours | 1-7 days | 8-30 days | 31-45 days | >45 days |
|----------------------|-----------|----------|-----------|------------|----------|
| Percentage Processed | 61% | 16% | 12% | 2% | 8% |

Processing times can vary greatly, impacted by the number of applications being submitted and the quality of those applications. A complete application with all required information can have a determination made quickly while an incomplete application may require follow up requests for information. Figure 7 shows the processing times for MAGI applications over a five year period. Rhode Island is consistently able to process the majority of applications within the first 24 hours of receipt.

FIGURE 7: MAGI APPLICATION PROCESSING OVER 5 YEARS³²



NON-MAGI ELIGIBILITY

For individuals who are seeking eligibility in an aged, blind, or disabled category, the application process is slightly different. While the same application is utilized, the process of eligibility determination can involve an interview between the state eligibility worker and the applicant. As noted above, financial eligibility for these groups can include assets when determining eligibility as shown in Figure 8. This means applicants must also provide additional information regarding any assets they have like cash, investments, life insurance, cars, and

²⁹ HealthSource RI. (n.d.). <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

³⁰ Code of Federal Regulations 42 CFR §435.912 (1979). Timely determination for eligibility. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-J/subject-group-ECFR2b847721e0bfa03/section-435.912>.

³¹ Center for Medicaid and CHIP Services (March 10, 2023). MAGI Application Processing Time Snapshot Report: July 2022-September 2022. <https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-jul-sep-2022.pdf>.

³² Medicaid MAGI and CHIP Application Processing Time Report. (2022, April 21). Medicaid. <https://www.medicaid.gov/state-overviews/downloads/magi-application-time-report-2021.pdf>
 MAGI Application Processing Time Snapshot Report: January – March 2022. (2022, September 1). Medicaid. <https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-jan-mar-2022.pdf>
 Medicaid MAGI and CHIP Application Processing Time Report. (2019, November 7). Medicaid. <https://www.medicaid.gov/state-overviews/downloads/magi-and-chip-application-processing-time/magi-application-time-report-2019.pdf>

homes. For individuals who are seeking a disability determination, federal regulations require states to make a disability determination within 90 days.³³

FIGURE 8: NON-MAGI ELIGIBILITY

| Group | Income* | Resource Limitations |
|--|-----------------|-------------------------------------|
| Low-income Elders, Persons who are Blind, and Adults with Disabilities not applying based on need for LTSS | Up to 100% FPL | \$4,000 individual/\$6,000 couple |
| Adults Applying through the LTSS Special Income/HCBS 217 like pathway | Up to 300% SSI | \$4,000 individual/\$6,000 couple |
| Disabled Children | Up to 300% SSI | \$2,000 |
| Working Disabled Adults Under Age 65 | No income limit | None |
| Working Disabled Adults Age 65+ | Up to 250% FPL | \$10,000 individual/\$20,000 couple |

The Disability Determination Services (DDS) Unit within DHS makes determinations for anyone seeking a disability determination for federal Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Within the DDS Unit, the Medicaid Review Team completes the medical review to determine whether an individual has a qualifying disability. The process and criteria utilized by DDS and the Medicaid Review Team are established at the federal level by the Social Security Administration. Then financial criteria determined by the state, as outlined above, are applied to identify the appropriate eligibility category for the individual. Rhode Island accepts the disability determinations for Medicaid eligibility as well and anyone determined eligible for SSI is automatically eligible for Medicaid.

People with this type of eligibility are often those who also qualify for additional Home and Community Based Services (HCBS) that support an individual living in the community who might otherwise be at risk for placement in a nursing facility or other institutional setting. HCBS programs frequently target individuals who are elderly, have a physical disability, have a developmental or intellectual disability, have a serious mental illness, or have a traumatic brain injury. Rhode Island is unique in their offering of Home and Community Based Services (HCBS) via the global 1115 waiver. In most states, individuals who meet these criteria are provided services through a 1915 (c) waiver authority, also referred to as an HCBS Waiver. Forty-six states operate at least one HCBS waiver program. In CMS Region 1, Connecticut and Massachusetts both have ten separate HCBS waiver programs, while Maine has five such programs and New Hampshire has four programs. Each waiver program provides a select set of services to a defined population. Vermont is similar to Rhode Island in that they have chosen not to operate a separate 1915(c) waiver and instead include HCBS services within a global 1115 waiver.

While both 1115 and 1915(c) waivers are federal authorities that allow a state to waive certain federal requirements, there are key differences between the two authorities that impact state administrative operations. Some of the key differences between these two federal authorities are outlined in Figure 9. The 1915(c) waivers are designed explicitly for the delivery of HCBS services, while 1115 waivers are a broader authority that states use for a variety of services and populations.

FIGURE 9: COMPARISON OF SELECT 1915C AND 1115 WAIVER FEATURES³⁴

| Waiver Feature | 1915(c) HCBS Waivers | 1115 Demonstration Waivers |
|----------------|--|---|
| Target Groups | <ul style="list-style-type: none"> ▪ Aged or Disabled ▪ Intellectually disabled or developmentally disabled ▪ Mentally ill (ages 22-62) ▪ Any subgroup or combination of the above | <ul style="list-style-type: none"> ▪ State determines target group(s) and eligibility criteria |

³³ Code of Federal Regulations 20 CFR § 404.1601 (1981). Subpart Q—Determinations of Disability. <https://www.ecfr.gov/current/title-20/chapter-III/part-404/subpart-Q>.

³⁴ Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plan Amendments. (n.d.). National Resource Center for Participant-Directed Services. <https://www.appliedselfdirection.com/sites/default/files/Authority%20Comparison.pdf>.

| Waiver Feature | 1915(c) HCBS Waivers | 1115 Demonstration Waivers |
|--|--|---|
| Other Eligibility Criteria | <ul style="list-style-type: none"> Must meet an institutional level of care Must reside in CMS approved allowable HCBS settings | <ul style="list-style-type: none"> State determines requirements for services |
| Limits on Individuals Enrolled | <ul style="list-style-type: none"> Allowed to limit the number of individuals enrolled | <ul style="list-style-type: none"> Operates as an entitlement to all who are eligible |
| Waiting Lists | <ul style="list-style-type: none"> Allowed | <ul style="list-style-type: none"> Not allowed |
| Medicaid Requirements that may be Waived | <ul style="list-style-type: none"> Statewide Comparability Community Income rules for medically needy population Waivers are allowed to use the deeming rules offered to nursing home state plan services | <ul style="list-style-type: none"> Multiple requirements under §1902 of the Social Security Act may be waived if waiver promotes the objectives of Medicaid law and intent of the program |
| Application Process | <ul style="list-style-type: none"> Standardized HCBS application submitted electronically Public notice recommended | <ul style="list-style-type: none"> Standardized application requirements required in federal code Must follow public notice requirements. Must submit application a minimum of 12 months prior to proposed effective date |
| Approval Process | <ul style="list-style-type: none"> CMS has 90-days to make a decision after state submits waiver application; the clock may be stopped via CMS written request for additional information; new 90-day clock starts once state responds with requested information | <ul style="list-style-type: none"> Open-ended; state must engage in lengthy negotiation process with CMS; negotiation can take months or years |
| Approval Duration | <ul style="list-style-type: none"> Initial Application Approval: 3 years Renewals: 5 years | <ul style="list-style-type: none"> Initial Application Approval: 5 years Renewals: 5 years |
| Services Provided | <ul style="list-style-type: none"> State decides what HCBS services are covered (subject to CMS approval) Must not duplicate state plan services | <ul style="list-style-type: none"> State can offer a variety of unlimited services that are either standard medical services, non-medical services, or "other" types of services that assist in diverting/transitioning individuals from institutional settings into their homes |
| Interaction with State Plan | <ul style="list-style-type: none"> Individuals can be enrolled in Medicaid state plan and 1915c simultaneously. Enrolled individuals must utilize state plan services before waiver services | <ul style="list-style-type: none"> State defines relationship to state plan and other waivers, subject to CMS approval |
| Cost Requirements | <ul style="list-style-type: none"> Must be cost-effective (average annual cost per person served under the waiver cannot exceed average annual cost of institutional care for target group served) | <ul style="list-style-type: none"> Budget neutrality (services cannot in aggregate cost more than without the waiver) |
| Reporting | <ul style="list-style-type: none"> Annual reports | <ul style="list-style-type: none"> Quarterly and annual progress reports Independent evaluation required |

TOTAL MEDICAID ENROLLMENT

Enrollment in Rhode Island Medicaid and Children’s Health Insurance Program (CHIP) programs grew from 301,142 in July 2019 to 369,652 in March 2023³⁵. This growth is comparable to the nationwide growth in Medicaid enrollment that was driven by the Public Health Emergency (PHE) declared in March 2020. The Families First Coronavirus Response Act (FFCRA)³⁶ included a requirement that states keep people enrolled in the Medicaid program. At that time, regular redetermination practices of the Medicaid program were paused and individuals were not disenrolled from the program for the duration of the PHE unless they moved out of state, died, or requested to be disenrolled.

Figure 10 details the growth in Medicaid and CHIP enrollment from before the start of the PHE to July 2022. From July 2019 to July 2020, Rhode Island’s Medicaid enrollment grew by 2.7%. It then grew by 9.4% between July 2020 and July 2021. This was below the national Medicaid enrollment growth of 6.1% and 10.4% respectively, during these years. Rhode Island also experienced enrollment growth that was lower than most Region 1 states over the three years measured. The only state to experience a lower percentage of growth was Connecticut between July 2020-2021 and again between July 2021-2022.

FIGURE 10: MEDICAID AND CHIP ENROLLMENT GROWTH BY PERCENTAGE³⁷

| State | July 2019 - July 2020 | July 2020 - July 2021 | July 2021 - July 2022 |
|-------------------------------|-----------------------|-----------------------|-----------------------|
| Connecticut | 3.3% | 8.5% | 1.8% |
| Maine | 13.2% | 11.8% | 8.7% |
| Massachusetts | 4.3% | 10% | 6.1% |
| New Hampshire | 10.5% | 13.9% | 7.4% |
| Rhode Island | 2.7% | 9.4% | 4.3% |
| Vermont | 5.5% | 10.6% | 4.8% |
| Total Growth in United States | 6.1% | 10.4% | 7.2% |

When comparing the overall enrollment in Medicaid and CHIP in the CMS Region 1 states, the differing size of the state populations make comparisons difficult. However, if the total number enrolled is compared to the state’s population, the data shows what percentage of the state population is enrolled in Medicaid or CHIP. Figure 11 shows that Rhode Island has a relatively high percentage of the population enrolled in Medicaid or CHIP with 32.27% of residents enrolled.

FIGURE 11: TOTAL MEDICAID AND CHIP ENROLLMENT

| State | July 2019 | July 2020 | July 2021 | July 2022 | Percent of State Population 2022 ³⁸ |
|---------------|-----------|-----------|-----------|-----------|--|
| Connecticut | 857,415 | 885,365 | 960,844 | 977,908 | 26.97% |
| Maine | 257,603 | 291,569 | 325,876 | 354,319 | 25.58% |
| Massachusetts | 157,582 | 1,640,354 | 1,803,587 | 1,914,226 | 27.42% |
| New Hampshire | 178,761 | 197,601 | 225,025 | 241,672 | 17.32% |
| Rhode Island | 301,142 | 309,281 | 338,291 | 352,986 | 32.27% |
| Vermont | 154,546 | 163,055 | 180,359 | 188,984 | 29.21% |

³⁵ *March 2023 Medicaid & CHIP Enrollment Data Highlights*. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

³⁶ Families First Coronavirus Response Act. Pub. L. No. 116-127. 2020. <https://www.congress.gov/bill/116th-congress/house-bill/6201>

³⁷ MACStats: Medicaid and CHIP Data Book. (December 2022). MACPAC. https://www.macpac.gov/wp-content/uploads/2022/12/MACSTATS_Dec2022_WEB-508.pdf

³⁸ This number was derived using 2022 Medicaid and CHIP enrollment data and dividing it by the estimated population of each state in 2022 using data from the U.S. Census Bureau.

SERVICE DELIVERY MODEL

There are two types of service delivery models in the Medicaid program, fee-for-service and managed care. In a fee-for-service model, the Medicaid program pays providers directly for the services that healthcare providers deliver to beneficiaries. In a managed care model, health benefits are provided through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a defined per member per month payment (capitation) for these services.³⁹

Several different service delivery models can be classified as a capitated managed care arrangement. These include a comprehensive managed care arrangement where one or more MCOs are responsible for coverage of most medical services covered by the Medicaid program for their assigned members. Some programs also include services like long-term services and supports (LTSS) or nursing facility services in the managed care arrangement. However, even in a comprehensive managed care program there can be some specific services that are “carved out” and paid on a FFS basis, and not the responsibility of the managed care organization. Common carve-out examples are LTSS, dental, or pharmacy benefits. In other instances, states operate separate, limited-scope managed care programs that target specific populations or specific services. In these capitated arrangements, the state pays a limited-benefit plan to manage benefits via a separate managed care capitation contract, such as for transportation benefits or dental benefits only.

In contrast, there are several other types of managed care service delivery models that do not involve MCOs. In Primary Care Case Management (PCCM), beneficiaries are assigned to a designated primary care provider (PCP) who handles care management. The only service under PCCM that is part of the capitation rate is care management (paid directly to the PCP); all medical services remain paid under the fee-for-service model. Another managed care delivery model is the Program of All-inclusive Care for the Elderly (PACE). PACE provides comprehensive medical and social services to certain frail, elderly people still living in the community.⁴⁰ The program covers all Medicare and Medicaid benefits (as well as other non-covered benefits) within a single community-based model using an interdisciplinary team approach and is limited to individuals who meet the need for nursing facility level of care. PACE availability is also limited to the service area selected by a particular PACE organization.

Rhode Island serves the vast majority of Medicaid eligible individuals through a comprehensive managed care arrangement. As shown in Figure 12, Rhode Island has the highest percentage of enrollees served through a managed care arrangement as compared to all other states in the region. Nationally, the trend is toward states using managed care for more Medicaid populations; this trend exists in Region 1 Medicaid programs as well.

FIGURE 12: PERCENT OF MEDICAID ENROLLED POPULATION IN MANAGED CARE BY STATE⁴¹

| State | 2018 | 2019 | 2020 |
|---------------|-------|-------|-------|
| Connecticut | 0.0% | 0.0% | 0.0% |
| Maine | 86.7% | 93.8% | 91.2% |
| Massachusetts | 64.9% | 64.9% | 65.4% |
| New Hampshire | 66.6% | 89.5% | 90.8% |
| Rhode Island | 96.6% | 93.9% | 97.5% |
| Vermont | 70.6% | 65.5% | 68.2% |

The table above counts all forms of managed care, including those that are comprehensive programs and those that are limited to specific services. Each state in the region has a unique makeup of the managed care programs they offer.

³⁹ *Managed Care*. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/index.html>

⁴⁰ *Program of All-Inclusive Care for the Elderly (PACE)*. (n.d.). CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE>

⁴¹ *Share of Medicaid Enrollees in Managed Care*. (2023, July 21). Medicaid. <https://data.medicaid.gov/dataset/79692ea5-21e1-56bf-8149-97d437120c4b>

- Connecticut did not have managed care service delivery in the Medicaid program through 2020.⁴²
- Maine operates a Primary Care Case Management (PCCM) program and has a Non-Emergency Transportation vendor. While a high percentage of individuals are covered by one of these programs, the majority of its medical care is still delivered in a fee-for-service arrangement.⁴³
- Massachusetts covers select counties with a managed care program targeting seniors and those who need MLTSS, it also has a PACE program covering select counties. In addition, there is a capitated arrangement for behavioral health services in the state.⁴⁴
- New Hampshire has a comprehensive statewide managed care program for most fully eligible enrolled children and adults. It does not cover those who are in nursing facility care.⁴⁵
- Rhode Island has the most comprehensive managed care programs in the region, serving nearly all children and adults in a comprehensive managed care program that includes those in need of LTSS services. Some LTSS benefits are carved out of managed care, specifically for those who are not dual-eligibles. Rhode Island also operates a children’s dental benefits program through a separate capitated arrangement. Rhode Island also offers a statewide PACE program.⁴⁶
- Vermont operates a comprehensive managed care program that serves most children and adults in the state and includes LTSS services.⁴⁷

MEDICAID EXPENDITURES

Another point of comparison among state Medicaid programs is the total Medicaid spend divided by the total state general fund spend. Figure 13 shows this data for 2020 and 2021 in each Region 1 state. The growth in budget allocations is tied to the growth in enrollment that has been seen in all state Medicaid programs due to the COVID-19 pandemic and resulting prohibition on disenrolling beneficiaries from Medicaid as a condition for states to receive enhanced program funding. Compared to other states, Rhode Island had a relatively smaller percentage of spending in State Fiscal Year (SFY) 2020 with just 15% of the state budget. Medicaid spending grew to 25% of the state budget in SFY 2021.

FIGURE 13: MEDICAID SPEND AS PERCENTAGE OF STATE GENERAL FUNDS⁴⁸

| State | SFY 2020 | SFY 2021 |
|---------------|----------|----------|
| Connecticut | 16% | 23% |
| Maine | 18% | 19% |
| Massachusetts | 21% | 27% |
| New Hampshire | 22% | 42% |
| Rhode Island | 15% | 25% |
| Vermont | 17% | 31% |

*Medicaid programs also receive a variety of other funds (including federal dollars) in addition to state general funds, which are not reflected here.

OPPORTUNITIES FOR ENHANCED MATCH

The Medicaid program is funded jointly by the federal government and the state. The federal government pays a percentage of program expenditures according to a calculation called the Federal Medical Assistance Percentage

⁴² 10 things to know about Medicaid Managed Care. (2023, March 1). KFF. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/>

⁴³ Maine Managed Care Program Features, as of 2020. (2020). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/downloads/me-2020-mmcdcs.pdf>

⁴⁴ Massachusetts Managed Care Program Features, as of 2020. (2020). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/downloads/ma-2020-mmcdcs.pdf>

⁴⁵ New Hampshire Managed Care Program Features, as of 2020. (2020). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/downloads/nh-2020-mmcdcs.pdf>

⁴⁶ Rhode Island Managed Care Program Features, as of 2020. (2020). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/downloads/ri-2020-mmcdcs.pdf>

⁴⁷ Vermont Managed Care Program Features, as of 2020. (2020). Medicaid. <https://www.medicaid.gov/medicaid/managed-care/downloads/vt-2020-mmcdcs.pdf>

⁴⁸ Medicaid Expenditures as a Percent of Total State Expenditures by Fund. (n.d.). KFF <https://www.kff.org/medicaid/state-indicator/medicaid-expenditures-as-a-percent-of-total-state-expenditures-by-fund/?currentTimeframe=0&selectedDistributions=state-general-funds&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

(FMAP). The FMAP paid by the federal government varies based on the type of expenditure and the population receiving services. Each state is assigned a standard FMAP rate that is based upon per capita income in the state, as compared to the per capita income in the continental United States.⁴⁹ The FMAP for medical services varies by state and is calculated each year; for federal fiscal year 2023, Rhode Island has a standard match rate of 53.96% for most beneficiaries. However, Congress has determined that special match rates will apply for some populations. Rhode Island receives a match rate of 67.77% for the S-CHIP population and a 90% match rate for the Medicaid expansion adult population. The FMAP for administrative costs is the same for all states, and is set at 50%, except that some qualifying technology improvements can be matched at 90%.

While some social service programs are funded with state-only dollars, there are many cases when states can have eligible social services matched through the Medicaid program. This way, instead of having full funding responsibility for a program, the state can gain more spending power by leveraging federal dollars. There are a number of services for which it may be possible for Rhode Island to restructure the service as a Medicaid service and obtain federal financing. A few examples that Rhode Island may wish to explore include:

- **Case management activities offered by the Lead Poisoning Prevention Program:** The work of lead inspection is already a covered Medicaid service and the funds are federally matched. However, the case management activities under that program are not currently designated as a Medicaid covered service. There is potential to structure the case management functions as a Medicaid service in order to receive FMAP.
- **The Rhode Island Nicotine Helpline:** This is a free service provided to any Rhode Island resident. Many states identify Medicaid enrolled individuals who utilize nicotine helpline services in order to claim federal match on funding for those services.
- **Foster Care:** When families are involved with the foster care system, often the children receive services for mental and behavioral health needs and the parents/guardians may be court-ordered to complete specific services (e.g., behavioral health and substance abuse disorder treatment services) as conditions for the child to be returned home. The state may wish to include such services in its state Medicaid plan, or if the services are already covered, encourage service providers to become Medicaid providers (if they are not already) in order to gain Medicaid funding for these services. The FMAP rate for Medicaid services is higher than the Federal Financial Participation (FFP) rate for these Title IV-E services. Additionally, nearly all children in foster care are eligible for Medicaid, but not Title IV-E eligible, which provides an opportunity for states to maximize use of Medicaid dollars for services for children in foster care.

⁴⁹ *FY2017 Federal Medical Assistance Percentages*. (n.d.). Office of the Assistant Secretary of Planning and Evaluation. <https://aspe.hhs.gov/reports/fy2017-federal-medical-assistance-percentages-0>

Program Summaries

For each program in scope, this report provides a description and key information about the program that may include eligibility criteria, the application process, and the services that are offered by the program. Of the 55 programs and services that are described in this report, 48 can be described using this format. The remaining seven programs are not meaningfully described using eligibility criteria or application processes. For these programs, this report provides a program summary, the responsibilities and process of the program, and pathways for entry. This applies to programs operated under DCYF including foster care and adoption, the work of the Family Services Unit, the work of the Community Services and Behavioral Health Unit, and the work of the Licensing Unit.

In reviewing programs, we observed that some program application processes are formal and structured, requiring documentation of income, assets, and medical history. Other program application processes are simpler, requiring only a request for the service. Most applications are accepted in multiple formats that allow an individual to apply over the phone, by mail, or online. The programs in the summaries below are listed under the state agency and department that has primary oversight for the program operations.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

The Executive Office of Health and Human Services (EOHHS) is the lead agency for social services in Rhode Island, overseeing the Department of Human Services (DHS), Department of Children, Youth, and Families (DCYF), the Department of Health (DOH), and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). Additionally, EOHHS is the single state agency that administers the Medicaid program in Rhode Island. The mission of EOHHS is "to ensure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders."⁵⁰ Program eligibility information for EOHHS programs is described below.

RITE CARE

Rlte Care provides comprehensive medical coverage for qualifying families with children, pregnant women, and children under 19.⁵¹ Rlte Care is a managed care program. Individuals and families have a choice of three participating health plans: Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan.⁵²

Eligibility

- Children up to 261% FPL
- Pregnant women up to 185% FPL
- Parents with children under age 18 with income up to 133 percent of the Federal Poverty Level (FPL)
- This program also serves individuals who have incomes over the Medicaid limitations and who qualify for the Children's Health Insurance Program (CHIP). Pregnant women up to 253% FPL are covered through CHIP.

Available Services

Comprehensive medical coverage including doctor's visits, lab work, hospital care, emergency care, maternity and newborn care, mental health and substance abuse treatment, eye care, prescription and over-the-counter drugs, and preventive care services.

Home and community-based services (HCBS) are available to individuals in the Rlte Care program who also meet criteria for high needs services.

⁵⁰ *Welcome*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/>

⁵¹ Rlte Care. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/Consumer/FamilieswithChildren/RlteCare.aspx>.

⁵² *Ibid*.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

MEDICAID EXPANSION

Medicaid expansion provides coverage for the adult population identified under the Patient Protection and Affordable Care Act.⁵³ Individuals have a choice of three participating health plans: Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan.⁵⁴

Eligibility

- Individuals aged 19 to 64 eligible as a Medicaid expansion adult
- Individuals up to 133% FPL

Available Services

Comprehensive medical coverage including doctor's visits, lab work, hospital care, emergency care, maternity and newborn care, mental health and substance abuse treatment, prescription drugs, and preventive care services.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

RHODY HEALTH PARTNERS

Rhody Health Partners provides comprehensive health coverage for individuals who are aged, blind, or disabled and not enrolled in Connect Care Choice. Rhody Health Partners is a managed care program with three participating health plans: Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan.⁵⁵

Eligibility

- Individuals 21 or older who are eligible based on their aged, blind, or disabled status
- Individuals who are eligible as a Medicaid expansion adult but have additional medical needs for services beyond those covered in Rlte Care
- To qualify for this program an individual must not be institutionalized

Available Services

Comprehensive medical coverage including doctor's visits, lab work, hospital care, emergency care, maternity and newborn care, mental health and substance abuse treatment, prescription drugs, and preventive care services. For individuals with special healthcare needs, additional services are available, such as home care services, hospice, adult day health, nursing home care for up to 30 days, dental, and nonemergency medical transportation.

Home and community-based services are available to individuals in Rhody Health Partners who also meet criteria for high needs services.

⁵³ Medicaid Eligibility. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/eligibility/index.html>.

⁵⁴ Rhode Island Comprehensive Demonstration. (2020, July 28) Medicaid. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf>

⁵⁵ 2020 EQR Annual Technical Report For United Healthcare Dental. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-04/RI%202021%20EQR%20ATR%20UHCCP-RI_F1_4.28.23.pdf

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

HOME AND COMMUNITY-BASED SERVICES (HCBS)

HCBS offers services that support an individual living in the community who might otherwise be at risk for placement in a nursing facility or other institutional setting. These services are offered based on a determination that the individual meets an institutional level of care (LOC).

Eligibility

While HCBS is not a distinct program, this grouping of services is critical to the understanding of social services in Rhode Island. For individuals served by the Medicaid program, there is an additional process to become eligible for these services. Home and community-based services are only available to Medicaid-covered individuals (including those in the Rlte Care program or Rhody Health Partners) who have been determined to have an intellectual or developmental disability (I/DD) or who meet LOC criteria for these services. A LOC determination will place eligible individuals into one of the following categories:

Highest: “The ‘Highest’ level of care is for beneficiaries who are determined based on medical need to require the institutional level of care. This population will receive services through nursing homes, long-term care hospitals, or Intermediate Care Facility for individuals with Intellectual disability ICF/IDs.”⁵⁶ Individuals who meet institutional LOC may choose community-based care instead of institutional placement, including services listed in Figure 14.

High: “The ‘High’ level of care is for beneficiaries who are determined based on medical need to benefit from either the institutional level of care or a significant level of home and community-based services.”⁵⁷ Individuals in this group will have access to the services listed in Figure 14.

Available services

Available services are determined by the LOC for the individual and may include those shown in Figure 14.

FIGURE 14: CORE SERVICES FOR THOSE WITH HIGHEST OR HIGH LOC⁵⁸

| | |
|--|--|
| ▪ Adult Companion Services | ▪ Assisted Living Services |
| ▪ Assistive Technology | ▪ Career Planning |
| ▪ Case Management | ▪ Shared Living |
| ▪ Community Transition Services | ▪ Day Treatment and Supports |
| ▪ Homemaker Services | ▪ Home-Delivered Meals |
| ▪ Individual Directed Goods and Services | ▪ Integrated Supported Employment |
| ▪ Nonmedical Transportation | ▪ Peer Supports |
| ▪ Personal Care | ▪ Personal Emergency Response System (PERS) |
| ▪ Private Duty Nursing | ▪ Psychosocial Rehabilitation Services |
| ▪ Respite | ▪ Skilled Nursing |
| ▪ Specialized Medical Equipment and Supplies | ▪ Supports for Consumer Direction (Supports Facilitation) |
| ▪ Training and Counseling Services for Unpaid Caregivers | ▪ Environmental Modifications (Home Accessibility Adaptations) |
| ▪ Minor Environmental Modifications | |

Assessment for LOC

Access to home and community-based services is based upon assessments that are completed by either EOHHHS, DHS, the Office of Healthy Aging, or BHDDH. This process is authorized by interagency agreements

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

between EOHHS and the relevant agencies to ensure that each has accurate information to share with individuals who may be eligible for and seeking HCBS or nursing facility services.⁵⁹

There are several different criteria that are part of the assessment to determine if an individual is eligible for HCBS services and at what level of service. Some of these criteria include:⁶⁰

- **Activities of daily living (ADLs):** Activities of daily living refer to the ability of an individual to do certain activities themselves, including “bathing, dressing, toileting, transferring, continence, and feeding.”⁶¹
- **Decision-making skills:** Moderate impairment combined with one of the following: wandering, resisting care, verbally aggressive behavior, physically aggressive behavior, or behavioral symptoms requiring extensive supervision.
- **Medical conditions or required treatments:** Stage 3 or 4 skin ulcers, IV medications, end-stage disease, second-degree or third-degree burns, ventilator or respirator, nasogastric tube feeding, parenteral feedings, suctioning, gait evaluation, and training.

A full listing of the assessment criteria for each category of service can be found in the Rhode Island 1115 demonstration waiver special terms and conditions.⁶²

Pending changes to HCBS

In December 2022, Rhode Island EOHHS submitted an 1115 waiver renewal application to the Centers for Medicare and Medicaid Services (CMS) that makes several changes to HCBS, including a new process for evaluation of level of care and changes to services.⁶³ If approved, these changes would be effective in January 2025. CMS is still evaluating many components of the renewal application and the information noted here is accurate as of publication.

Evaluation: The process for determining level of care (LOC) for home and community-based services will transition to the use of the InterRai 10 assessment tool for populations except individuals with I/DD. The waiver application documents the new process as follows: *“To incorporate the prevailing standards of care and practice in the community and align with assessment instruments that have been validated on a nationwide basis, EOHHS proposes to use the ‘InterRai 10’ tool to determine level of care. If a person is determined through InterRai 10 to meet the ‘Highest’ level of care, and the person chooses an institutional setting for their care, the State will continue to use the MDS to determine the member’s RUG score in that setting. If the person meets the ‘High’ level of care or meets the ‘Highest’ level of care and chooses a home or community setting, the results from the InterRai 10 assessment will serve as the ‘functional assessment’ needed to identify the specific services a person can receive through HCBS.”*⁶⁴

Service changes: The waiver renewal will include the addition of remote supports and surveillance monitoring to the list of available services (Figure 14). It will also amend the current service list to clarify those services that were never given approval by the state legislature and were therefore not available, despite being listed as a covered service in the previous waiver.

RITE SMILES

RlTe Smiles provides dental coverage for children on Medicaid up to the age of 21.⁶⁵ Enrollment in RlTe Smiles does not require a separate application. Dental coverage is automatically provided for those who are approved

⁵⁹ Ibid., Attachment C (p 134).

⁶⁰ Ibid., Attachment C (p 139).

⁶¹ McCabe, Donna. Katz Index of Independence in Activities of Daily Living (ADL). (n.d.). Hartford Institute for Geriatric Nursing. <https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>.

⁶² Rhode Island Comprehensive Demonstration. (2020, July 28) Medicaid. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf>

⁶³ Rhode Island Governor Daniel J. McKee (December 14, 2022). Rhode Island Section 1115 Demonstration Waiver Application. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ri-comprehensive-demonstration-extension-pa.pdf>.

⁶⁴ Ibid.

⁶⁵ Dental Services For Children And Young Adults. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/Consumer/DentalServices/ChildrenYoungAdults.aspx>.

for Medicaid and meet the eligibility criteria. RItE Smiles is a managed care program administered through UnitedHealthcare Dental.

Eligibility

- Children eligible for, and enrolled in, Medicaid benefits up to their 21st birthday

Available Services⁶⁶

- **Preventive services:** Routine dental exams, cleanings, fluoride varnish, and sealants.
- **Diagnostic services:** Radiographs.
- **Restorative services:** Fillings, crowns, and dentures.
- **Other:** Space maintainers, oral surgery, and orthodontics for limited medically necessary conditions

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal at HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

RITE SHARE

RItE Share is a premium assistance program for Medicaid/CHIP-eligible individuals who have access to employer-sponsored insurance (ESI). The state will pay all or part of the premium for ESI and offer wraparound services.⁶⁷ The ESI plan must meet requirements for coverage, affordability, and cost-effectiveness for the state.⁶⁸

Adults who have access to approved ESI must enroll in ESI to gain Medicaid coverage. Age 19 and below do not require their parent or guardian to enroll in ESI.⁶⁹

Eligibility

- Parents with children under age 18 and income up to 133% FPL
- Pregnant women with income up to 253% FPL
- Children up to age 19 with income up to 261% FPL
- Optional for those through the age of 64

In addition, those with family income greater than 150% FPL must pay a monthly premium to “buy-in” to the program. Figure 15 outlines the amount that must be paid by the member each month, based on their FPL, in order to maintain program eligibility.

Available Services

Individuals will receive comprehensive healthcare coverage through their employer plans. Any services that are covered by Medicaid that are not covered by the health plan can be covered by Medicaid as a wraparound service.⁷⁰

⁶⁶ Covered Dental Benefits for Children Under Age 21. (June 2019). Rhode Island Executive Office of Health and Human Services. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/RItEsmiles/26_Rhode_Island_Medicaid_Covered_Dental_Benefits_for_Children_Under_Age_21.pdf.

⁶⁷ RItE Share. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/Consumer/FamilieswithChildren/RItEShare.aspx>.

⁶⁸ RItE Share Premium Assistance Program 210-RICR-30-05-3. (n.d.). Rhode Island Department of State. <https://rules.sos.ri.gov/regulations/part/210-30-05-3>.

⁶⁹ Ibid.

⁷⁰ Ibid.

FIGURE 15: 2023 RITE SHARE BUY-IN AMOUNTS BY FPL

| MONTHLY FAMILY INCOME | MONTHLY BUY-IN AMOUNT |
|---|-----------------------|
| Over 150% and not greater than 185% FPL | \$61.00 |
| Over 185% and not greater than 200% FPL | \$77.00 |
| Over 200% and not greater than 250% FPL | \$92.00 |

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

CONNECT CARE CHOICE

Connect Care Choice is a primary care case management program for people who receive their Medicaid coverage through the state plan. It is designed for those who have special healthcare needs. Comprehensive medical coverage continues to be through the Medicaid state plan and these case management services are an additional benefit.⁷¹

Eligibility

- 21 years or older
- Are not in an institution
- Do not have Medicare or other insurance

Available Services

Case management services to help an individual manage their health conditions.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

PACE is a Medicaid long-term services and supports option that offers comprehensive healthcare service and supports to older adults. In this program model, an individual works with one provider, an adult day health center, to arrange all of their care.⁷² This program is available in four areas of the state: Providence, Woonsocket, Westerly, and Newport.⁷³

Eligibility

- Individuals eligible for Medicaid
- Age 55 and above
- Live in a covered service area
- Able to live safely in the community

Available Services

PACE offers the same comprehensive healthcare services that are available under the Medicaid program along with additional care coordination. Additional program information is available at: <https://pace-ri.org/>.

⁷¹ Rhode Island Governor Daniel J. McKee (December 14, 2022). Rhode Island Section 1115 Demonstration Waiver Application. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ri-comprehensive-demonstration-extension-pa.pdf>.

⁷² PACE. (n.d.). Pace Health Center, Rhode Island. <https://pace-ri.org/>.

⁷³ Ibid.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

MEDICARE PREMIUM PAYMENT PROGRAM

The Medicare Premium Payment Program provides a financial subsidy to eligible individuals to help them pay for certain Medicare premiums and/or copayments.

Eligibility

- Individuals who are eligible for Medicare and age 65 or older or an adult with a disability.

Available Services

This program does not offer services; it is a cost subsidy program. The different types of payment benefits available for different groups under the program are described in Figure 16.

FIGURE 16: CATEGORIES UNDER THE MEDICARE PREMIUM PAYMENT PROGRAM ⁷⁴

| Program Category | FPL | Resource Limits (2023) | Benefit |
|--|------------------|---|---|
| Qualified Medicare Beneficiary (QMB): | 100% FPL or less | \$9,090 individual or \$13,630 married couple | Medicaid will pay Medicare Part A premiums, Part B premiums, deductibles, coinsurance, and copayments for covered services. |
| Specified Low-income Medicare Beneficiary (SLMB) Program | 100%-120% FPL | \$9,090 individual or \$13,630 married couple | Medicaid will pay for Medicare Part B premiums. |
| Qualified Individual (QI) | 120%-135% FPL | \$9,090 individual or \$13,630 married couple | Medicaid will pay the Medicare Part B premium. Funds are limited and distributed on a first-come first-served basis. |

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

RHODE ISLAND EARLY INTERVENTION

The Rhode Island Early Intervention program provides early diagnosis and treatment for a child who shows a delay in speech, physical ability, or social skills. This program serves about 2,000 children per year in Rhode Island and is required by Part C of the Individuals with Disabilities Education Act

Eligibility

- Children up to age 3
- No financial eligibility criteria

Available Services

Comprehensive developmental evaluation.

Application Process

To apply for services, individuals may contact a provider from the list of providers found on the EOHS website at: <https://eohhs.ri.gov/Consumer/FamilieswithChildren/EarlyIntervention.aspx>.

⁷⁴ Medicare Premium Payment Program. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/Consumer/ProgramsServices/MedicarePremiumPaymentProgram.aspx>

CEDAR FAMILY CENTER SERVICES

This program consists of intensive care management and coordination for children and youth with special healthcare needs and their families.⁷⁵ This includes children with serious mental illness (SMI) or serious emotional disturbance (SED). The program is free for children enrolled in Rhode Island Medicaid.

Eligibility

- Rhode Island resident
- Up to age 21
- With two or more chronic health conditions or one chronic condition and at risk for two
- Children with SMI or SED are eligible for this program.

Available Services

Assessment, education, and referral.

Application Process

To apply for services, individuals may contact a nearby Cedar family center. More information is available at: <https://eohhs.ri.gov/providers-partners/provider-directories/cedarr-services>.

Location and phone numbers for the two centers:

| Cedar Family Centers | |
|--|---|
| RIPIN 1210 Pontiac Ave. Cranston, Rhode Island 02920 (401) 270-0101 | Three Cedar Family Center 335 R Prairie Ave., Suite 1A Providence, RI 02905 (401) 444-7703 |

⁷⁵ Cedar Family Center Services. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-04/Cedar%20Fact%20Sheet%208.19.pdf>.

DEPARTMENT OF HUMAN SERVICES

The Rhode Island Department of Human Services (DHS) administers social and human services programs that span several populations including children, individuals with disabilities, aging individuals, and veterans. Programs overseen by DHS provide benefits, supports, and services to over 300,000 Rhode Islanders. DHS is established with the following mission: “As an agency committed to access and achievement, the vision for the Rhode Island Department of Human Services (DHS) is that all Rhode Islanders have the opportunity to thrive at home, work and in the community.”⁷⁶ The department website also states:

“More specifically, DHS strives to guarantee:

Families are strong, productive, healthy, and independent.

- Families are strong, productive, healthy, and independent.
- Adults are healthy and reach their maximum potential.
- Children are safe, healthy, ready to learn and reach their full potential.
- Child Care providers deliver high quality education services.
- Older Adults and Seniors and individuals with disabilities receive all necessary services to enhance their quality of life.
- Veterans are cared for and honored.”⁷⁷

Program eligibility information for certain DHS programs is described below. In the sections below, we have provided additional breakouts to show the programs operated by the DHS Office of Rehabilitative Services, the DHS Office of Healthy Aging, and the DHS Office of Veterans Services.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP is the federal food assistance program (formerly called food stamps) that provides financial assistance recipients can use to buy food. The amount of money provided depends on the number and age of people who make up the household.

Eligibility

- 185% FPL for households without an older adult (60+)
- 200% FPL for households with an older adult (60+)
- 200% FPL for households with an individual with a disability

Available Services

This program does not offer services; it is a cost subsidy program. Subsidies are available to help individuals purchase eligible food products, according to the limits outlined in Figure 17.

FIGURE 17: 2023 MAXIMUM SNAP BENEFIT BASED ON HOUSEHOLD SIZE

| Household Size | Maximum Monthly Benefit Amount* |
|----------------|---------------------------------|
| 1 | \$281 |
| 2 | \$516 |
| 3 | \$740 |
| 4 | \$939 |
| 5 | \$1,116 |

* These are maximum benefit amounts. A household's actual benefit will be determined based upon their income and other eligibility factors.

⁷⁶ *About us.* (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/about-us>

⁷⁷ *Ibid.*

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

CCAP provides subsidies to low-income working families to offset the cost of childcare. Childcare centers and/or school age programs must attain the CCAP provider certification and comply with the terms and conditions set forth in the CCAP provider agreement to be able to participate in the program and receive payments from DHS.

Eligibility

Families with income at or below 200% FPL who meet an additional requirement from the following list:

- Enrolled in Temporary Assistance for Needy Families (TANF)
- Low-income families who work a minimum of 20 hours per week or are participating in job training, apprenticeships, internships, work experience, or work immersion sponsored by the Governor's Workforce Board.
- Low-income family with guardian enrolled in a degree program at a Rhode Island public institution of higher education: the Community College of Rhode Island, Rhode Island College, or the University of Rhode Island.
- Families participating in the Rhode Island Works program
- Parenting teens participating in DHS Youth Success program

Available Services

This program does not offer services; it is a cost subsidy program. Subsidies are available to help an individual pay for childcare up to a child's 13th birthday or up to age 18 for children with special needs. Subsidies are on a sliding scale depending on family size and income.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal at HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

HEAD START

Head Start programs offer services to children from birth to age 5 to support early learning and development, health, and family well-being.⁷⁸ Head Start includes Early Head Start services to families with children from birth to age 3, while Head Start preschool serves families with children ages 3 to 5.⁷⁹ Many Head Start providers offer both Early Head Start and Head Start preschool.

Eligibility

- Family at or below 100% FPL
- Family receives Rhode Island Works, SNAP, or SSI assistance
- Child In foster care
- Family experiencing homelessness

Available Services

- Child development services in center bases, home-based, or family childcare settings.
- Support for early learning and development
- Support for health and wellness

⁷⁸ *Head start Eligibility & how to apply*. (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/programs-and-services/child-care/head-start/head-start-eligibility-how-apply>.

⁷⁹ *Ibid*.

- Support for family well-being

Application Process

To apply for services, individuals may contact the Head Start provider in their local community. A list of Head Start programs can be found on the DHS website at: <https://dhs.ri.gov/programs-and-services/child-care/head-start/head-start-eligibility-how-apply>.

REFUGEE ASSISTANCE PROGRAM

The Refugee Assistance Program helps refugees, and their families obtain employment, economic self-sufficiency, and social integration after they arrive in Rhode Island.

Eligibility

Set forth in 218-RICR-20-00-6.⁸⁰

- Paroled as a refugee or asylee under section 212(d)(5) of the Refugee Act (8 U.S.C. § 1101 *et seq.*)
- Admitted as a refugee under section 207 of the Refugee Act (8 U.S.C. § 1101 *et seq.*)
- Granted asylum under section 208 of the Refugee Act (8 U.S.C. § 1101 *et seq.*)
- Cuban and Haitian entrants, in accordance with requirements in 45 C.F.R part 401
- Certain Amerasians from Vietnam who are admitted to the United States as immigrants pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Operations, Export Financing, and Related Programs Appropriations Acts, 1989, 8 U.S.C § 1101
- Special Immigrant Visa (SIV) holders for Iraq and Afghanistan
- Admitted for permanent residence, provided the individual previously held one of the statuses identified above

Available Services

Confirmed refugees are immediately eligible for SNAP, Medicaid, CCAP, Rhode Island Works, and Refugee Cash Assistance.⁸¹

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal at HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

SSI ENHANCED ASSISTED LIVING PROGRAM

The Supplemental Security Income (SSI) Enhanced Assisted Living Program provides an enhancement to SSI payments to cover the cost of room and board for individuals determined to be in need of services provided by an assisted living facility.

Eligibility

- Rhode Island residents
- 65 years or older with a disability
- Income less than \$1,212 per month
- Resources/assets less than \$2,000
- Must apply for or be a recipient of SSI
- Can safely live in the community

⁸⁰ Refugee Assistance Program: 218-RICR-20-00-6. (n.d.). Rhode Island Department of State. https://rules.sos.ri.gov/Regulations/part/218-20-00-6?reg_id=12563#:~:text=6.4.1Eligibility%20for%20Categorical%20Programs%20A.%20When%20a%20refugee,Works%20%28RIW%29%2C%20General%20Public%20Assistance%20%28GPA%29%2C%20and%20For%20Medicaid.

⁸¹ *Refugee Assistance Program*. (n.d.). RI Department of Human Services. <https://dhs.ri.gov/programs-and-services/refugee-assistance-program>.

Available Services

This program does not offer services; it is a cost subsidy program. Eligible individuals may receive an enhancement to their SSI payments to cover the cost of room and board.

Application Process

To apply for services, individuals may contact The Point, a free resource sponsored by the Office of Healthy Aging and United Way. The Point is available 24 hours a day at (401) 462-4444 or 211 or (401) 462-4445 TTY. Individuals can also apply in person by visiting their local Office of Healthy Aging Point office. A list of these office locations can be found at: <https://oha.ri.gov/point>.

KATIE BECKETT

The Katie Beckett program is a Medicaid eligibility category for children under age 19 who have long-term disabilities or complex medical needs and who meet income requirements. Children in the Katie Beckett program are able to receive care at home instead of in an institution.

Eligibility

A child must be under age 19, a Rhode Island resident, and:

- Have income less than 300% of the SSI federal benefit rate and resources totaling less than \$4,000
- Qualify under the U.S. SSA definition of disability
- Live at home
- Require a level of care at home that is typically provided in a hospital, nursing facility, or an Intermediate Care Facility for persons with intellectual disability (ICF-ID)

The child must require an institutional level of care and meet the SSI method for qualifying for community Medicaid. However, parental assets are not considered to be available to the child. Only the child's income and resources are counted. Resources must be less than \$4,000 and cost must be less than the cost of the care in the institution as there is a cost analysis required.⁸²

Available Services

Individuals eligible through this program are enrolled in Medicaid and are eligible for all services covered by that program.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

A disability determination using the Social Security Administration criteria and level of care (LOC) determination must be made within 90 days.

SHERLOCK PLAN

The Sherlock Plan is a Medicaid eligibility category for older adults with disabilities who are actively employed. Recent state legislative changes established the Ticket to Work program described below. The Sherlock Plan eligibility is now limited to those aged 65 and up.

Eligibility

- Disabled adults aged 65 and up
- Have paid employment
- Income at or below 250% FPL*
- Assets no greater than \$10,000 for an individual or \$20,000 for a couple*

⁸² *Katie Beckett Program (210-RICR-50-10-03)*. (n.d.). Rhode Island Department of State. <https://rules.sos.ri.gov/regulations/part/210-50-10-3>.

Additionally, individuals must pay a monthly premium to maintain eligibility.

Available Services

Individuals in the Sherlock Plan have access to the full scope of Medicaid benefits.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

TICKET TO WORK

The Ticket to Work (TTW) program, a Medicaid Program for Working People with Disabilities, is a Medicaid eligibility pathway for adults with disabilities who are actively employed.

Eligibility

- Individuals with a disability aged 16-64
- Have paid employment
- No income limit
- No asset limit

Additionally, individuals with income over 150% FPL pay a monthly premium to maintain eligibility.

Available Services

Individuals in the Ticket to Work program have access to the full scope of Medicaid benefits.

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

DHS OFFICE OF REHABILITATIVE SERVICES

Within DHS, the Office of Rehabilitative Services (ORS) is established with the following mission: “to empower individuals with disabilities to choose, prepare for, obtain, advance in, and maintain employment, economic self-sufficiency, independence, and integration into society.”⁸³ The ORS offers the programs detailed below.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation (VR) program assists individuals with disabilities, including individuals who are legally blind, in choosing, preparing for, obtaining, and maintaining employment. VR counselors are employees of the ORS and are assigned to schools and training programs within a given region.

Eligibility

Individuals must meet the following criteria:

- Have a physical, intellectual, or emotional impairment that is a substantial barrier to employment
- Require vocational rehabilitation services to prepare for, secure, retain, or regain employment
- Are able to benefit from vocational rehabilitation services in terms of an employment outcome⁸⁴

Available Services

Each person enrolled receives an individualized plan for employment that will inform the services received. Services may include: vocational counseling and guidance, diagnostic services, training, vocational evaluation, restoration services, placement assistance, assistive technology, and support services.⁸⁵

Application Process

Applicants must complete a paper application and submit it to the Office of Rehabilitation Services. Applications are available on the VR website at <https://ors.ri.gov/programs/vocational-rehabilitation-program/apply>.

DISABILITY DETERMINATION SERVICES

Disability Determination Services (DDS) helps individuals who have applied for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) by determining the medical eligibility of Rhode Island residents who are applying to these federally administered benefit programs.²⁵ DDS is a unit within ORS. The Medicaid Review Team completes the medical review to determine whether an individual has a qualifying disability. Then financial criteria, as outlined in the Medicaid eligibility and application processes section above, are applied to determine the appropriate eligibility category for the individual. The process and criteria utilized by DDS and the Medicaid Review Team are established at the federal level by the Social Security Administration.

Eligibility

Individuals must meet the following criteria:

For SSI:⁸⁶

- Aged 65 or older
- Blind or disabled
- U.S. citizen or national
- Limited income
- Limited resources
- Not a resident in a public institution

⁸³ <https://ors.ri.gov>

⁸⁴ *Vocational Rehabilitation Program*. (n.d.). Rhode Island Office of Rehabilitation Services. <https://ors.ri.gov/programs/vocational-rehabilitation-program>.

⁸⁵ *Services that may be provided*. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/vocational-rehabilitation-program/services-and-costs>.

⁸⁶ *Understanding Supplemental Security Income SSI Income*. (n.d.). Social Security Administration. <https://www.ssa.gov/ssi/text-income-ussi.htm>.

For SSDI:⁸⁷

- Worked in jobs covered by Social Security
- A medical condition that meets the Social Security definition of disability

For Medicaid:

- A medical condition that meets the Social Security definition of disability
- Meets financial criteria listed in Figure 2 (“Financial Eligibility for Full Medicaid”)

Available Services

- Federal Social Security Disability Insurance
- Federal Supplemental Security Income
- Eligibility for Rhode Island Medicaid benefits

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWebI3/DisplayHomePage>.

BUSINESS ENTERPRISES PROGRAM

The Business Enterprises Program (BEP) “offers training and employment for qualified persons who are legally blind. Licensed blind vendors operate vending facilities at 13 locations found throughout the state.”⁸⁸

Eligibility

Individuals must meet the following criteria:

- Be legally blind
- U.S citizen
- Be a VR client ready for training
- 18 years or older
- Have capacity or potential to travel independently
- Have basic math skills
- Have ability to meet and deal with the public
- Have pride in their personal appearance⁸⁹

Available Services

Training to work at or operate a vending facility that is part of the licensed blind vendor program.

Application Process

Applicants must complete a paper application and submit it to the Office of Rehabilitation Services. Applications are available on the VR website at <https://ors.ri.gov/programs/vocational-rehabilitation-program/apply>.

⁸⁷ How You Qualify. (n.d.). Social Security Administration. <https://www.ssa.gov/benefits/disability/qualify.html>.

⁸⁸ Business Enterprises Program. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/services-blind-and-visually-impaired/business-enterprises-program#:~:text=The%20Business%20Enterprises%20Program%20%5BBEP%5D%20of%20ORS%2Fservices%20for, facilities%20at%2013%20locations%20found%20throughout%20the%20state.>

⁸⁹ Business Enterprises Program Fact Sheet. (2010, August 24). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/sites/g/files/xkgbur441/files/2021-06/BEP%20fact%20sheet.pdf>.

INDEPENDENT LIVING AND SOCIAL SERVICES

Independent Living and Social Services are meant to enable Rhode Islanders with visual impairments to maintain independence and self-sufficiency in the community. Services are split into three service areas, children and youth, adults, and older adults, which are coordinated by social workers and vary based on age.

Eligibility

- **Children and youth:** Age 3 through 14.
- **Adults:** Adults that are not seeking to gain employment or retain employment and would like to remain independent in their home or the community.
- **Older adults:** Adults who want to maximize their independence living in any situation in a home, assisted living, or a nursing facility

Available Services

- **Children and youth:** Counseling for children and their parents or guardians, advocacy, individualized education plan (IEP) supports, glasses or other adaptive equipment (for those with economic need), and information and referral to community resources and supports.
- **Adults:** Assessment, counseling, and guidance; training in daily living skills and mobility; eyeglasses and other adaptive equipment; certification of legal blindness; and information and referral to community resources and supports.⁹⁰
- **Older adults:** Case management for those age 55 and older, rehabilitation services in activities of daily living, service coordination, and referral for additional services.

Application Process

To apply for services, individuals may contact the program intake line at 401-462-7908 or email state staff at laurie.diorio@dhs.ri.gov

RHODE ISLAND WORKS

Rhode Island Works (RI Works) is a financial and employment assistance program for low-income families with dependent children. The program provides services tailored to the needs of the family in an effort to improve their employment situation. Services include job readiness, employment or vocational training, childcare, transportation, and educational services.

Eligibility

Individuals must meet the following criteria:

- Have a dependent child or be pregnant
- Meet income limits
- Meet asset limits (no more than \$5,000 excluding home and vehicle)
- Live in Rhode Island and be a citizen or eligible noncitizen

Available Services

This program offers services as well as cost subsidies. Services included cash assistance, job readiness, employment or vocational training, childcare, transportation, and educational services.

⁹⁰ *Adult Social Service/ Independent Living Program.* (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/services-blind-and-visually-impaired/independent-living-and-social-services/adult-social>

Cash assistance based on family size and housing status is shown in Figure 18.

FIGURE 18: CASH ASSISTANCE BY FAMILY SIZE

| Household size | If applicant DOES NOT live in public or subsidized housing | If applicant does live in public or subsidized housing |
|----------------|--|--|
| 1 | \$425 | \$360 |
| 2 | \$584 | \$519 |
| 3 | \$721 | \$656 |
| 4 | \$825 | \$760 |

Note: These rates were effective July 1, 2021 ⁹¹

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWeb13/DisplayHomePage>.

ASSISTIVE TECHNOLOGY ACCESS PARTNERSHIP

The Assistive Technology Access Partnership (ATAP) is a partnership between ORS and several organizations with the goal of improving access to and acquisition of assistive technology for individuals with disabilities.²⁶ ATAP serves as the lead agency of this collaborative, responsible for coordinating activities and administering grant funds to partner organizations.²⁷

Eligibility

Individuals who are enrolled in Medicaid qualify for this program.

Available Services⁹²

- Device demonstration
- Device loan
- Device reuse
- Training, public awareness, collaboration, information, and referral

Application Process

To apply for services, individuals may contact an ATAP partner listed on the ORS website at <https://ors.ri.gov/programs/assistive-technology-access-partnership-atap/atap-partners>.⁹³

ADAPTIVE TELEPHONE EQUIPMENT LOAN PROGRAM

The Adaptive Telephone Equipment Loan (ATEL) program, part of ATAP, provides landline telephones and wireless devices on loan to Rhode Islanders who are deaf, hard of hearing, have a speech disability, or have a neuromuscular condition that hinders their ability to use a standard telephone. ATEL also provides training and demonstrations for smartphones and tablets through its Hearing and Speech Lab.⁹⁴

Eligibility

Individuals must meet the following criteria:

- Are deaf, hard of hearing, have a speech disability, or have a neuromuscular condition.

⁹¹ *RI Works Benefit Increase is Almost Here!* (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/press-releases/ri-works-benefit-increase-almost-here>

⁹² About ATAP. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/assistive-technology-access-partnership-atap>.

⁹³ ATAP Partners. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/assistive-technology-access-partnership-atap/atap-partners>.

⁹⁴ ATEL Applications. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/adaptive-telephone-equipment-loan-program-atel/application>.

- Meet income guidelines or are enrolled in or receive at least one of the following: SNAP support, Medicaid, SSI, heating assistance, Rlte Care, Family Independence Program, general public assistance, or telephone lifeline service.

Income guidelines are shown in Figure 19.

FIGURE 19: 2023 INCOME GUIDELINES FOR ATEL PROGRAM

| Family Size | Up to 250% FPL per Month |
|-------------|--------------------------|
| 1 | \$2,683 |
| 2 | \$3,629 |
| 3 | \$4,575 |

Available Services⁹⁵

- Landline or home telephones, including CapTel relay telephones
- Wireless devices
- Smartphone and tablet training and demonstrations

Application Process

Applications may be completed online at the ORS website at <https://ors.ri.gov/programs/adaptive-telephone-equipment-loan-program-atel/application>.

DHS Office of Healthy Aging

The DHS Office of Healthy Aging (OHA) empowers older Rhode Islanders (age 55+) and adults living with disabilities to age strong, connects older adults to information and resources in the community, and advocates for laws, policies, and investments that protect their rights and agency. The OHA offers the following programs.

OMBUDSMAN PROGRAM

Rhode Island’s Long-Term Care Ombudsman advocates on behalf of residents in care facilities, listening to their concerns and taking action to protect their rights.⁹⁶

Eligibility

There are no eligibility criteria. Anyone who has a concern about an individual living in a nursing facility or assisted living facility or those receiving home care or hospice services may contact the Ombudsman.

Available Services

- Education on resident’s rights and good care practices
- Technical support for development of resident and family councils
- Advocacy for changes to improve resident’s quality of life and care
- Information to the public regarding long-term care (LTC) facilities and services, residents’ rights, and legislative and policy issues
- Representation of residents’ interests before governmental agencies
- Legal, administrative, and other remedies to protect residents

Application Process

A formal application is not required for this program. For questions, consultation or to report suspected abuse individuals may call 401-785-3340 or 1-888-351-0808.

⁹⁵ ATEL Hearing and Speech Lab & Loaner Library. (n.d.). Rhode Island DHS Office of Rehabilitation Services. <https://ors.ri.gov/programs/adaptive-telephone-equipment-loan-program-atel/atel-hearing-speech-lab-loaner-library>.

⁹⁶ Ombudsman Program. (n.d.). Rhode Island Office of Healthy Aging. <https://oha.ri.gov/what-we-do/protect/ombudsman-program>.

ADULT PROTECTIVE SERVICES

Adult Protective Services allows reports to be made about suspected abuse, neglect, and/or financial exploitation by a caregiver or self-neglect of an older person (60+).⁹⁷

Eligibility

Eligibility criteria do not apply. Any Rhode Island resident who has a concern about an older adult should report that concern by calling or submitting an online form.

Available Services

The Elder Rights and Safety (ERS) unit investigates complaints of abuse and self-neglect. ERS also works collaboratively with law enforcement agencies to address any suspected cases of financial exploitation.⁹⁸

Application Process

None. To report, individuals may contact 401-462-0555 or use the online form at <https://hssriprod.wellsky.com/assessments/?WebIntake=63BBACF5-07E9-4F75-9182-017BDB0F3F9A>.

@HOME COST SHARE

The @Home Cost Share program is designed to help RI residents who do not qualify for Medicaid access in-home services at a reduced rate. Figure 20 illustrates the maximum amount of member cost sharing using income as the percent of FPL calculation. The goal of the program is to allow individuals to remain in the community.⁹⁹

Eligibility

- At least 65 years old
- Age 9-64 with medically documented diagnosis of Alzheimer's Disease or related dementia
- Income up to 250% FPL
- Not eligible for Medicaid
- Assessed to need the services provided by the program

Available Services

Case management, homemaker/personal care services, adult day services and other supports

FIGURE 20: 2023 MAXIMUM MEMBER COST SHARING BASED ON INCOME

| Service | Maximum Cost Share | | |
|--------------------|-------------------------|------------------------|------------------------|
| | Level 1: up to 125% FPL | Level 2: 125%-200% FPL | Level 3: 200%-250% FPL |
| Home Care | \$4.50/hour | \$7.50/hour | \$7.50/hour |
| Adult Day Services | \$7.00/day | \$15.00/day | \$15.00/day |

Application Process

To apply for services, individuals may contact The Point, a free resource sponsored by the Office of Healthy Aging and United Way. The Point is available 24 hours a day at 401-462-4444 or 211 or 401-462-4445 TTY.

⁹⁷ Adult Protective Services. (n.d.). Rhode Island Office of Healthy Aging. <https://oha.ri.gov/what-we-do/protect/elder-protective-services>.

⁹⁸ Ibid.

⁹⁹ Home and Community Care Services to the Elderly Program. 218-RICR-40-00-4. (n.d.). Rhode Island Department of State. <https://rules.sos.ri.gov/regulations/part/218-40-00-4>.

RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO ELDERS PROGRAM (RIPAE)

The Rhode Island Pharmaceutical Assistance to Elders (RIPAE) program provides financial support to qualifying individuals to cover part of the cost of approved medications purchased under the deductible of a Part D plan. The amount of assistance depends on age and income.¹⁰⁰

Eligibility

Individuals must meet the following criteria:

- At least 55 years old
- Financial eligibility
- Enrolled in a Medicare Part D plan
- Rhode Island resident
- Not eligible for or enrolled in SSA Extra Help program

Available Service

The program will pay a portion of the cost of qualifying medications. Figure 21 outlines the amount of assistance available based on age and income.¹⁰¹

FIGURE 21: 2023 MEMBER COST SHARING BASED ON INCOME AND AGE

| Qualifying Levels | | | | |
|----------------------|-----------------------|----------------------|-------------|--------------|
| Age 65 and Older | Single Person | Married Couple | State Share | Member Share |
| Level 1 | Up to \$32,996 | Up to \$41,249 | 60% | 40% |
| Level 2 | \$32,996 to \$ 41,424 | \$41,249 to \$51,798 | 30% | 70% |
| Level 3 | \$41,424 to \$72,628 | \$51,798 to \$82,848 | 15% | 85% |
| Level 4 (Ages 55-64) | Up to \$72,628 | Up to \$82,848 | 15% | 85% |

Application Process

To apply for services, individuals may apply using the form online at the OHA website at <https://oha.ri.gov/what-we-do/access/health-insurance-coaching/drug-cost-assistance>. Completed applications must be submitted to the Office of Healthy Aging.

DIGIAGE

DigiAGE is a partnership of government, industry, and community that links older adults to technology and the virtual opportunities that exist today through assistance with accessing devices, establishing internet connection, and training.¹⁰²

Eligibility

All older adults living in Rhode Island are eligible to access the DigiAGE program. Those who are covered by other social services programs in the state or with incomes below 250% FPL may also be eligible for free devices or reduced internet cost.¹⁰³

Available Services

- **Device access:** Multiple programs to help older adults access phone equipment or electronic devices.
- **Internet connectivity:** Multiple programs to assist older adults with gaining access to the internet.

¹⁰⁰ Drug Cost Assistance. (n.d.). Rhode Island Office of Healthy Aging. <https://oha.ri.gov/what-we-do/access/health-insurance-coaching/drug-cost-assistance>.

¹⁰¹ Ibid.

¹⁰² DigiAGE: Bridging the Digital Divide for Older Rhode Islanders. (n.d.). Rhode Island Office of Healthy Aging. <https://oha.ri.gov/digiAGE>.

¹⁰³ Ibid.

- **Training programs:** Multiple programs to assist older adults in learning how to use the internet and their electronic devices.

Application Process

To apply for services, individuals may locate a service provider and learn about program offerings on the Office of Healthy Aging website at: <https://oha.ri.gov/digiAGE>.

DHS Office of Veterans Services

Within DHS, the Office of Veterans Services (RIVETS) operates under the following mission statement.

“Effective immediately, the Rhode Island Office of Veterans Services maintains the following:

- Through knowledge of individual and social factors contributing to personal problems that affect the Veteran, active duty, guard and reserve, and/or their families;
- Remains current on issues and trends impacting the work and mission of the agency;
- Forms strong and successful partnerships locally, regionally, and nationwide to address Veterans’ issues in Rhode Island.”¹⁰⁴

These focuses are imperative to reduce homelessness among veterans, veterans living in poverty, and veteran unemployment rates, to ensure veterans receive proper medical care and continued quality service at the Rhode Island Veterans Home and Rhode Island Veterans Memorial Cemetery, and to ensure every veteran has an opportunity to make it in Rhode Island. The RIVETS offers the following programs:

THE VETERANS CRISIS LINE

The Veterans Crisis Line is a nationwide toll-free crisis line to assist service members and loved ones in times of stress or crisis. This program is operated as part of the national 988 program.¹⁰⁵

Eligibility

Any veteran, service member, national guard, or reserve member, or friends and loved ones who support them.

Available Service

A responder will talk with individuals and can also connect people to additional resources. The phones are operated 24 hours a day, seven days a week.

Application Process

Not applicable. Anyone may access the program.

VETERANS HOME

The Rhode Island Veterans Home is a state-run facility that provides nursing and residential care to war veterans living in Rhode Island.¹⁰⁶

Eligibility¹⁰⁷

Individuals must meet the following criteria:

- Veterans with an honorable discharge
- Those who had 90-day active service during wartime
- Individuals who are a Rhode Island resident for two consecutive years prior to date of application or joined the service from Rhode Island

Available Services/Cost Sharing¹⁰⁸

- Long-term care facility services
- X-ray, dental, and pharmacy services, physical therapy and occupational therapy, social work services, and transportation to Providence Veterans Affairs (VA) Medical Center (PVAMC).
- Individual pays 80% of adjusted net income

¹⁰⁴ *Welcome.* (n.d.). Rhode Island Office of Veterans Services. <https://vets.ri.gov/>

¹⁰⁵ Ibid.

¹⁰⁶ RI Veterans Home Community Living Center. (n.d.). Rhode Island Office of Veterans Services. <https://vets.ri.gov/i-am-find-your-benefits/world-war-ii-korean-war-veteran/ri-veterans-home-community-living-center>.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

Application Process

To apply for services, individuals may complete the online application found on the Office of Veterans Service website at: <https://vets.ri.gov/i-am-find-your-benefits/world-war-ii-korean-war-veteran/ri-veterans-home-community-living-center>.

DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) provides services to Rhode Island residents with mental illness, substance use disorders, or developmental disabilities. BHDDH also operates two acute care state hospitals that serve these individuals. BHDDH is established with the following mission:

“BHDDH guarantees high-quality, safe and accessible health care services for all individuals with differing intellectual/developmental abilities, mental health or substance use disorders, or who are in the care of facilities administered by BHDDH through an integrated healthcare landscape, in which all Rhode Islanders will thrive.”¹⁰⁹

Program eligibility information for BHDDH programs is described below.

MENTAL HEALTH BLOCK GRANT | SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

The combined Substance Abuse (SA), Mental Health (MH), and Substance Abuse Block Grant provides federal funding to the state that is used to provide substance abuse and mental health treatment throughout the state.¹¹⁰ This program provides funding to programs and providers through the state. It is not a specific program that individuals can apply to directly, though the funding does go to a number of programs in which an individual may participate. Federal funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA). In order to receive funding, BHDDH must submit an application that provides assurances that the state will comply with the terms of the grant funding and includes a proposed budget for how the funds will be utilized.¹¹¹ Rhode Island provides a username and password that anyone can use to log into the SAMHSA block grant website and access Rhode Island block grant applications and reports. The log-in information and link to the federal site can be found on the BHDDH website at: <https://bhddh.ri.gov/substance-useaddiction/block-grant-information>.

SAMHSA allows states to use block grant dollars in the way that best serves the states needs within the following criteria:

- “To fund priority treatment and support services for individuals who are uninsured or underinsured.
- For SABG funds, to fund primary prevention: universal, selective, and indicated prevention activities.
- To collect performance and outcome data for mental health and substance use, determine the effectiveness of promotion/SUD primary prevention, and treatment and recovery supports.”¹¹²

Rhode Island’s block grant application outlined how funding from the block grants would be utilized for the Substance Abuse Prevention and Treatment Block Grant. Some of the plans include:¹¹³

- Investment in crisis response infrastructure
- Outreach to homeless individuals
- Naloxone distribution infrastructure
- Creation of new level of care (LOC) placement tool
- Expanding student assistance services
- Workforce development, including peer recovery specialists
- Developing a race/equity strategic plan

¹⁰⁹ *Welcome*. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/>

¹¹⁰ Substance Abuse and Mental Health Block Grants. (n.d.). SAMHSA. <https://www.samhsa.gov/grants/block-grants#:~:text=Mandated%20by%20Congress%2C%20SAMHSA%27s%20block%20grants%20are%20noncompetitive,noncompetitive%2C%20formula%20grant%20mandated%20by%20the%20U.S.%20Congress.>

¹¹¹ *Ibid*.

¹¹² FFY 2022-2023 Block Grant Application. (n.d.). SAMHSA. <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf>.

¹¹³ Rhode Island Uniform Application FY 2022/2023 Combined MHBG Application Behavioral Health Assessment and Plan. (September 30, 2021). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-10/fy2022-2023-combined-mental-health-and-substance-abuse-block-grant-application-behavioral-health-assessment-and-plan.pdf>.

Some of the planned expenditures for the Mental Health Block Grant include:¹¹⁴

- Development of crisis services
- Certified Community Behavioral Health Clinic (CCBHC) implementation
- Suicide prevention
- Workforce development, including peer recovery specialists

ELEANOR SLATER HOSPITAL

Eleanor Slater Hospital is a long-term acute care hospital providing services to Rhode Island residents with complex medical and psychiatric needs.¹¹⁵ The hospital provides comprehensive mental health services; physical, occupational, recreational, speech, and respiratory therapies; ventilator care; and acute brain injury care. The hospital operates two locations: a Cranston campus and a Zambarano campus.

Eligibility

Individuals who meet the hospital level of care with an appropriate primary diagnosis and who are referred by a treating physician. State staff work with medical professionals to determine the most appropriate placement for an individual in need of this level of care and make all admission decisions.

Available Services

- Comprehensive mental health services
- Physical, occupational, recreational, speech, and respiratory therapies
- Ventilator care
- Acute brain injury care¹¹⁶

Application Process

Referrals typically come from the individual's treating physician. Applications for referral are located on the BHDDH website at: <https://bhddh.ri.gov/eleanor-slater-hospital/description-services-and-application>.

RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

The Rhode Island State Psychiatric Hospital (RISPH) treats "psychiatric and court-ordered forensic patients who have serious mental illnesses, including those who are incompetent to stand trial, those who have been found not guilty by reason of insanity and deemed too dangerous for current release, and those who are serving prison sentences and require specialized treatment not available at the Adult Correctional Institutions."¹¹⁷

Eligibility

Individuals who are referred to this setting through a court order.

Available Services

- Court-ordered psychiatric services

Application Process

No application process exists. Services are assigned through court order.

SHARED LIVING ARRANGEMENT (SLA)

Shared Living Arrangement (SLA) is a set of services to assist a person with a developmental disability to live with an individual or family in a home-like setting.

¹¹⁴ Ibid.

¹¹⁵ About Eleanor Slater Hospital. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/Eleanor-slater-hospital>.

¹¹⁶ Ibid.

¹¹⁷ Overview of RI State Psychiatric Hospital. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/ri-state-psychiatric-hospital>.

Eligibility

Certain individuals who are enrolled in Medicaid may qualify for this program. SLA is part of the home and community-based services (HCBS) that are only available to Medicaid-eligible individuals who meet the “High” or “Highest” level of care. See HCBS in the Medicaid Eligibility and Application Processes section of this report above for additional information.¹¹⁸

Available Services

- “Staff provide help with daily activities such as meals, transportation and personal care while providing a positive social environment.”¹¹⁹

Application Process

Applications may be completed online, by phone, or by paper application. The paper application is available on the DHS website at: <https://dhs.ri.gov/apply-now>. The online application is on the customer portal, HealthyRhode at: <https://healthyrhode.ri.gov/HIXWebI3/DisplayHomePage>.

RHODE ISLAND COMMUNITY LIVING AND SUPPORTS

Rhode Island Community Living and Supports (RICLAS) is a state-operated service provider with both day programming and residential services for individuals with developmental disabilities.

Eligibility¹²⁰

Individuals must meet the following criteria:

- Eligible for Rhode Island Medicaid
- Meet the definition of developmentally disabled adult

Available Services¹²¹

- Individual supports in special care facilities and group homes
- Individual supports in U.S. Department of Housing and Urban Development (HUD) apartments with lease support

The following services are also provided to individuals in RICLAS based on assessed individual needs. These services are also provided when people, who reside at home or in a community setting, may need them on a temporary basis:

- Direct support services
- Nursing services
- Psychological services
- Social services
- Nutrition services
- Physical therapy
- Respite care
- Medical services
- Occupational therapy
- Transportation services
- Self-advocacy groups

Application Process

¹¹⁸ Rhode Island Comprehensive Demonstration. (2020, July 28) Medicaid. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf>

¹¹⁹ Shared Living Arrangement (SLA). (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/developmental-disabilities/services-adults/shared-living-arrangement-sla>.

¹²⁰ Eligibility and Application. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/developmental-disabilities/eligibility-and-application>.

¹²¹ Rhode Island Community Living and Supports (RICLAS). (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/developmental-disabilities/services-adults/riclas>.

There is not a separate application process. The program is available to individuals in Medicaid who require these services.

ACCESS TO INDEPENDENCE

“The Access to Independence program provides funding in the form of grants and/or loans to families and caregivers of individuals with developmental disabilities to make modifications within their homes to furnish and install equipment to improve accessibility.”¹²²

Eligibility

Individuals must meet the following criteria:

- Must have a developmental disability and be at least 17 years old
- Must meet income requirements
- Must request for equipment or home modification that meets an assessed need as determined by a doctor or physical therapist¹²³

Available Services

This program does not offer services; it is a cost subsidy program. This program provides funding for home modification and equipment including ramps, stair glides, railings, chair lifts, kitchen or bathroom conversions, roll-in showers, or van conversions. “Requested home modifications must provide for improvements or modifications to the dwelling for the care and/or mobility needs of an eligible person to allow the person to safely and comfortably reside in his/her home.”¹²⁴

- Up to \$50,000 in grants and loans for homeowners
- Up to \$20,000 in grants to renters

Application Process

To apply for services, individuals must complete an Access to Independence application and submit it to the state along with pricing quotes from at least two service providers for the desired home modification.¹²⁵

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) GRANT

Projects for Assistance in Transition from Homelessness (PATH) is a formulary grant that is awarded to states and funds programs for people with serious mental illness who are experiencing homelessness.¹²⁶

Eligibility¹²⁷

This program is available for service providers.

Available Services

This program does not offer services; it is a grant program. Entities receiving grants under the PATH formula grant program expend funds for the following services:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Alcohol or drug treatment
- Staff training

¹²² Equipment and Home Modifications. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/developmental-disabilities/services-adults/equipment-and-home-modifications>.

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Ibid.

¹²⁶ BHDDH Grant Information. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/mental-health/bhddh-grant-information>.

¹²⁷ RI 2020 PATH Application. (n.d.). Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/RI-2020-PATH-Application.pdf>.

- Case management services
- Referrals for primary health services
- Housing services

Provider Application

Providers can apply for funding with an online application located on the BHDDH web page: [RI-2020-PATH-Application.pdf](#).

DEPARTMENT OF HEALTH

The Rhode Island Department of Health (DOH) coordinates all public health activities and services throughout the state under their mission to “prevent disease and protect and promote the health and safety of the people of Rhode Island.”¹²⁸ In addition, DOH lists its “leading priorities” as:

- “Address the socioeconomic and environmental determinants of health
- Eliminate health disparities and promote health equity
- Ensure access to quality health services for all Rhode Islanders, including the state’s vulnerable populations”¹²⁹

Program eligibility information for DOH programs is described in the following sections.

LEAD POISONING PREVENTION

The Environmental Lead Program “protects the health and safety of children, workers, and the general public by identifying and decreasing environmental lead hazards.”¹³⁰ Within the Department of Health, the Center for Healthy Homes and Environment coordinates statewide effort to reduce and eliminate lead hazards in the environment and works to develop and implement policy to enforce health housing and safer work practices.

The program takes the following actions to prevent lead poisoning in the state:

- “Ensure that children under 6 years of age are screened for lead poisoning.
- Collect blood level test results for children younger than 6 years of age to evaluate screening and lead poisoning trends.
- Refer children with blood lead levels above the reference level (5 mcg/dL) to case management and in-home education services.
- Offer comprehensive environmental inspection of homes of children younger than 6 years of age with significant blood lead levels.
- Conduct outreach and education about the dangers of lead poisoning.
- Offer free educational materials.
- Partner with the Rhode Island Alliance for Healthy Housing to improve housing in Rhode Island.
- Set parameters for licensing lead professionals to conduct environmental inspections and remove lead hazards from properties.
- Conduct filed investigations on sites where lead hazard removal is being performed to ensure that workers are appropriately licensed and follow lead-safe work practices.
- Enforce and inform the public about Lead poisoning prevention regulations.”¹³¹

This prevention program does not have eligibility criteria or an application process as services are provided to the public.

NURSE FAMILY PARTNERSHIP

The Nurse Family Partnership provides resources to assist first-time pregnant people in their pregnancies and early parenthood. with finding prenatal care, providing education to increase knowledge about pregnancy, labor, and delivery, offering support around child growth and development, and linking families with social services and community resources.¹³² Nurse home visitors can meet with pregnant individuals in their own homes to provide one-on-one assistance and support.

¹²⁸ About Us. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/about/>.

¹²⁹ Ibid.

¹³⁰ Environmental Lead Program. (n.d.). Rhode Island Department of Health. https://health.ri.gov/programs/detail.php?pgm_id=1071.

¹³¹ Ibid.

¹³² Office of Family Visiting. (n.d.). Rhode Island Department of Health. https://health.ri.gov/programs/detail.php?pgm_id=176.

Eligibility

Individuals must meet the following criteria:

- Experiencing a first pregnancy
- Pregnancy is currently at a gestational age of less than 28 weeks¹³³

Available Services

- Assistance with finding prenatal care
- Education to increase knowledge about pregnancy, labor, and delivery
- Support around child growth and development
- Assistance for families to find other social services and community resources
- Nurse home visitors can meet with pregnant individuals in their own homes to provide one-on-one assistance and support

Application Process

To apply for services, individuals may contact Children's Friend directly at: <https://www.cfsri.org/contact-us/>. Individuals can also be referred by a service provider.

STATE TOBACCO QUITLINE/RI NICOTINE HELPLINE

The Rhode Island Nicotine Helpline, 1-800-QUIT-NOW (1-800-784-8669), is a free service that connects people with nicotine dependency to multi-session live telephone counseling or web coaching, self-help tools, and referrals to other addiction treatment and cessation services.¹³⁴

Eligibility

There are no eligibility criteria. The program is open to any Rhode Island resident with nicotine dependency.¹³⁵

Available Services

- At least 5 scheduled telephonic and online counseling sessions by a trained Tobacco Treatment Specialist
- Up to six weeks of nicotine replacement therapy, for those who are medically eligible
- Unlimited automated text-based support
- Specialty tailored protocols such as a: Behavioral Health Program, Menthol Recovery Program, Pregnancy and Post-partum program, American Indian Commercial Tobacco Program, and the Asian Language Quitline
- Educational information for concerned family members
- Cognitive Behavioral Therapy and Motivational Interviewing informed worksheets and interactive tools
- Bi-directional medical provider referrals and patient treatment updates

Application Process

None. Anyone in Rhode Island may obtain services by directly calling this toll-tree number: 1-800-QUIT-NOW (1-800-784-8669).

¹³³ Nurse-Family Partnership. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/find/services/detail.php?id=36>.

¹³⁴ Taking your first steps toward becoming tobacco free. (n.d.). Rhode Island Department of Health. <https://ri.quitlogix.org/en-US/>.

¹³⁵ About the Quitline Programs. (n.d.). Rhode Island Department of Health. <https://ri.quitlogix.org/en-US/About-The-Program/Quitline-Programs>.

WOMEN'S CANCER SCREENING PROGRAM

The Women's Cancer Screening Program coordinates with healthcare providers to identify breast and cervical cancer in their earliest stages and helps uninsured women in Rhode Island apply for Medicaid to cover the cost of treatment for breast or cervical cancer.¹³⁶

Eligibility¹³⁷

Individuals must meet the following criteria:

- A woman aged 21 and over living in Rhode Island
- Income up to 250% FPL
- Uninsured or have insurance that does not cover the cost of screenings

Available Services

Pelvic exams, Pap tests, human papillomavirus (HPV) tests, clinical breast exams, mammograms, and additional diagnostic tests that are recommended based upon age or clinical criteria.¹³⁸

Application Process

To apply for services, individuals may contact a participating provider for appropriate cancer screenings. Participating providers will assist individuals in enrollment into the program. Providers will also assist uninsured women who may be eligible for Medicaid to complete the application process.

WISEWOMAN

WISEWOMAN provides additional preventive health services to eligible women enrolled in the Women's Cancer Screening Program (WCSP) and to women enrolled in Rhode Island Medicaid.¹³⁹

Eligibility¹⁴⁰

Individuals must meet the following criteria:

- Enrolled in the Women's Cancer Screening Program
- A woman aged 40-64

Available Services

- Lifestyle programs for participants at no cost address diet, physical activity, tobacco use, and other disease prevention and management behaviors.

Application Process

Not applicable.

WOMEN, INFANTS, AND CHILDREN (WIC)

WIC benefits provide mothers and their infants and children with one-on-one nutrition counseling, referrals to services they may need, health screenings, and a food prescription to purchase nutritious foods which are designed to meet the specific needs of a family. There is no cost for WIC participation.

¹³⁶ Women's Cancer Screening Program. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/programs/womenscancerscreening/>.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ WISEWOMAN. (n.d.). Rhode Island Department of Health. https://health.ri.gov/programs/detail.php?pgm_id=1001

¹⁴⁰ Annual Women's Cancer Screening Program (WCSP)/WISEWOMAN Enrollment Form. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/forms/enrollment/WomensCancerScreeningAndWisewoman.pdf>.

Eligibility

Rhode Island residents who are pregnant, breastfeeding, or up to six months postpartum, any parents or guardians of a child up to the age of 5, and who meet the income guidelines, as shown in Figure 22.

FIGURE 22: WIC FEDERAL INCOME GUIDELINES

| WIC Federal Income Guidelines¹⁴¹ | | |
|--|---------------|----------------|
| May 1, 2022-June 30, 2023 | | |
| Family Size | Annual | Monthly |
| 1 | \$25,142 | \$2,096 |
| 2 | \$33,874 | \$2,823 |
| 3 | \$42,606 | \$3,551 |
| 4 | \$51,338 | \$4,279 |
| 5 | \$60,070 | \$5,006 |
| 6 | \$68,802 | \$6,462 |

Note: A pregnant woman's family size for eligibility is calculated to include unborn child(ren).

Available Services

- One-on-one nutrition counseling
- Referrals to social services
- Health screenings
- Food prescriptions

Application Process

Applications to the WIC program are made at a local WIC healthcare service agency. The local agency is responsible for informing applicants of eligibility requirements, accepting applications, determining eligibility or ineligibility, and distributing WIC benefits. Individuals can find more information at:

<https://health.ri.gov/find/services/detail.php?id=44>

¹⁴¹ WIC Federal Income Guidelines. (May 2022). Rhode Island Department of Health.
<https://health.ri.gov/publications/requirements/WICFederalIncomeGuidelines.pdf>.

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

The Rhode Island Department of Children, Youth, and Families (DCYF) is the state child welfare, children’s mental health, and juvenile corrections services agency, established with the following mission: “to partner with families and communities to raise safe and healthy children and youth in a caring environment.”¹⁴² DCYF includes the following program areas: Child Protective Services, Foster Care, the Division of Youth Development, Family Care Community Partnerships, the Family Service Units; and Community Service and Behavioral Health. DCYF also operates the Rhode Island Training School with federal oversight from the U.S. Department of Justice. The Rhode Island Training School (RITS) is a secure correctional program for male and female youth who are detained or sentenced to the facility by order of the Rhode Island Family Court. The RITS provides for the rehabilitation of youth through a comprehensive continuum of services provided in partnership with families, the community, and DCYF. All youth incarcerated at the RITS receive educational services in accordance with their academic level or individual education plan.¹⁴³ This report provides comparison between Rhode Island and other CMS Region 1 states in the areas of prevention plans and foster care.

Figure 23 shows the total state and federal expenditures for child welfare activities in CMS Region 1 states. As the states have very different population sizes, a comparison of the spending as a percentage of the state budget is also provided. Rhode Island spends the third highest percentage compared to its state budget, New Hampshire is an outlier with a very low percentage of only 0.13% of its state budget.

FIGURE 23: CHILD WELFARE SPEND BY STATE FY 2020¹⁴⁴

| State | Total State Expenditures | Percent of State Budget | Total Federal Expenditures | Total Expenditures |
|---------------|--------------------------|-------------------------|----------------------------|--------------------|
| Connecticut | \$416,361,056.68 | 1.96% | \$387,916,191.00 | \$807,477,571.48 |
| Maine | \$81,276,418.78 | 1.02% | \$51,931,019.00 | \$135,640,729.78 |
| Massachusetts | \$757,604,423.69 | 1.75% | \$289,816,360.31 | \$1,053,787,651.00 |
| New Hampshire | \$16,517,518.00 | 0.13% | \$72,851,957.00 | \$92,067,015.87 |
| Rhode Island | \$152,052,335.35 | 1.55% | \$78,535,559.34 | \$232,456,094.90 |
| Vermont | \$44,035,342.21 | 0.73% | \$61,028,144.42 | \$105,918,563.63 |

State Prevention Plans

In 2018, Congress enacted the Family First Prevention Services Act (FFPSA) allowing states to draw Title IV-E funding for prevention services upon approval of a prevention plan by the federal Administration on Children, Youth and Families (ACYF). States can choose eligible prevention services from a listing provided by the Title IV-E Clearinghouse, a resource developed by ACYF in accordance with the FFPSA. The Clearinghouse conducts research on various programs and services and rates them to determine which ones are “promising,” “supported” or “well-supported”. Any that are “supported” or “well-supported” are deemed eligible for Title IV-E funding. States that are approved to claim Title IV-E funding will receive a 50% Federal Financial Percentage (FFP) rate until FFY 2027 when the FFP will be updated to match each state’s Medicaid FMAP rate. Each state is permitted to define candidacy for foster care within the context of its own state policies and with consideration for its prevention service array. The state can receive Title IV-E federal funding for the approved prevention services when children and/or families meet the state’s candidacy for foster care definition. Figure 24 is a listing of the definitions of candidacy as described in the respective prevention plans for each Region 1 state.

FIGURE 24: REGION 1 STATE DEFINITIONS OF FOSTER CARE CANDIDATES

| State | Definition of Foster Care Candidates |
|-----------------------------|---|
| Rhode Island ¹⁴⁵ | <ul style="list-style-type: none"> ▪ Children & families open to DCYF Family Services Unit (FSU) for in home services ▪ Children & families that have reunified |

¹⁴² About. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/our-office>.

¹⁴³ The Rhode Island Training School. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/juvenile-corrective-services>.

¹⁴⁴ Child Welfare Financing SFY 2020. (May 2023). Child Trends. https://cms.childtrends.org/wp-content/uploads/2023/04/SFY2020DataTable_ChildTrends_May2023.xlsx

¹⁴⁵ https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FF%20Prevention%20Plan%20FINAL_10.2022.pdf

| State | Definition of Foster Care Candidates |
|-------------------------------------|--|
| | <ul style="list-style-type: none"> ▪ Children or youth engaged in in-home juvenile probation ▪ Children in-home with a sibling in foster care ▪ Pregnant and parenting youth in foster care (categorically eligible for Family First services) ▪ Children & families that are assessed by the DCYF Support and Response Unit (SRU) but receive services through the FCCPs ▪ Children who are post-guardianship and/or post-adoption at risk for disruption of placement and receive services through the FCCPs ▪ Children & families referred to the Family Community Care Partnerships (FCCP) by another community-based organization or self-referral |
| Connecticut ¹⁴⁶ | <ul style="list-style-type: none"> ▪ Families with accepted Careline calls ▪ Pregnant and parenting youth in foster care ▪ Siblings of youth in foster care ▪ Families accepted for Voluntary Care Management Services ▪ Youth that have exited foster care ▪ Children who are chronically absent from preschool/school or are truant from school ▪ Children of incarcerated parents ▪ Trafficked youth ▪ Unstably housed/homeless youth ▪ Families experiencing interpersonal violence ▪ Youth who have been referred to a Juvenile Review Board, a Youth Service Bureau, or another diversion program; or who have been arrested ▪ Caregivers or children who have a substance use disorder, mental health condition, or disability that impacts parenting ▪ Infants born substance-exposed (as defined by the state CAPTA notification protocol) |
| Maine ¹⁴⁷ | <ul style="list-style-type: none"> ▪ A child who is a victim of maltreatment in which safety and risk factors can be mitigated by the provision of in-home services and is able to safely remain at home with a child specific Prevention Plan ▪ A pregnant or parenting youth in foster care ▪ Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry |
| Massachusetts ¹⁴⁸ | <ul style="list-style-type: none"> ▪ A child who is identified in a prevention plan documented in the family's Action Plan as being at imminent risk of entering foster care, which could include a child who has transitioned out of foster care to reunification ▪ A child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement |
| New Hampshire ¹⁴⁹ | <ul style="list-style-type: none"> ▪ Children of families at investigation with no court involvement ▪ Children of families served in-home with an open DCYF case ▪ Children born to mother with a positive toxicology screening ▪ Children served with an open in-home juvenile justice case ▪ Children in recently reunified families ▪ Children in recently adopted families ▪ Children remaining in the home with at least one sibling in placement ▪ Pregnant and parenting youth in foster care |
| Vermont ¹⁵⁰ | <ul style="list-style-type: none"> ▪ Children and Families served by FSD in home ▪ Children served by FSD in home with sibling in care ▪ Community Pathways w/0 DCF Involvement ▪ Court Involved Families ▪ Children and Families who have exited foster care ▪ FSD in home juvenile probation youth ▪ Children in established adoptions or guardianships at risk of disruption, including kin caregivers |

Figure 25 compares the array of prevention services as described in the prevention plans for each Region 1 state. Those that are considered “supported” or “well-supported” by the IV-E Prevention Services Clearinghouse are noted.

¹⁴⁶ https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022_FINAL.pdf

¹⁴⁷ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Prevention%20Services%20State%20Plan%20September%202021.pdf>

¹⁴⁸ <https://www.mass.gov/doc/ma-title-iv-e-prevention-plan/download>

¹⁴⁹ <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/dcyf-family-first-prevention-plan.pdf>

¹⁵⁰ <https://outside.vermont.gov/dept/DCF/Shared%20Documents/FSD/Reviews/FFPSA-Prevention-2022.pdf>

FIGURE 25: PREVENTION SERVICES IN REGION 1 STATES

| | Rhode Island ¹⁵¹ | Connecticut ¹⁵² | Maine ¹⁵³ | Massachusetts ¹⁵⁴ | New Hampshire ¹⁵⁵ | Vermont ¹⁵⁶ |
|---|-----------------------------|----------------------------|----------------------|------------------------------|------------------------------|------------------------|
| Adolescent Community Reinforcement Approach | | | | X | | |
| Brief Strategic Family Therapy* | | X | | | | |
| Child-Parent Psychotherapy | | | | X | | |
| Eye Movement Desensitization and Reprocessing* | | | | X | | |
| Familias Unidas* | X | | | | | |
| Functional Family Therapy* | X | X | X | X | | |
| Healthy Families America* | | X | | X | X | |
| Homebuilders* | X | | X | | X | |
| Intensive Care Coordination High Fidelity Wrap Intercept* | | | | X | X | |
| Methadone Maintenance | | | | X | | |
| Motivational Interviewing* | X | | | X | X | X |
| Multisystemic Therapy* | X | X | X | X | X | |
| Nurse Family Partnership* | | X | | | | |
| Parent Child Interaction Therapy* | X | X | | | | |
| Parents as Teachers* | | X | X | X | | |
| Parent Child Interaction Therapy* | | | X | X | | X |
| Prolonged Exposure Therapy for PTSD | | | | X | | |
| The Incredible Years | | | X | X | | |
| Trauma Focused Cognitive Behavioral Therapy | | | X | X | | |
| Triple P- Positive Parenting Program | | | X | | | |

*Denotes a service that is listed on the Title IV-E Prevention Services Clearinghouse as “Well-Supported” or “Supported” and thus eligible for Title IV-E funding.

Foster Care

When children cannot remain safely in their home, foster care provides a safe, temporary living arrangement with either a kinship resource (e.g., grandparents, other relatives, or family friends) or a licensed non-relative foster family home. Some children who have higher levels of need may benefit from living in a congregate care setting such as a group home or residential treatment center. Like many states, Rhode Island has seen a decrease in the number of children entering foster care in recent years. Some of this decline may be related to the decrease in reports of suspected child abuse and neglect during the COVID-19 health emergency, at a time when children were not attending in-person school and had reduced doctor visits, decreasing contacts with mandated reporters such as teachers and healthcare providers. At the same time, experts are exploring whether increased economic support through stimulus checks and the expansion of the Child Care Credit may have also helped to reduce the number of families experiencing poverty, which at times may be connected to conditions of neglect.¹⁵⁷ As an additional factor, the implementation of the Families First Prevention Services Act (FFPSA), which enabled states

¹⁵¹ https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FF%20Prevention%20Plan%20FINAL_10.2022.pdf

¹⁵² https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022_FINAL.pdf

¹⁵³ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Prevention%20Services%20State%20Plan%20September%202021.pdf>

¹⁵⁴ <https://www.mass.gov/doc/ma-title-iv-e-prevention-plan/download>

¹⁵⁵ <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/dcyf-family-first-prevention-plan.pdf>

¹⁵⁶ <https://outside.vermont.gov/dept/DCF/Shared%20Documents/FSD/Reviews/FFPSA-Prevention-2022.pdf>

¹⁵⁷ <https://imprintnews.org/foster-care/foster-care-went-down-during-pandemic-did-maltreatment/63525>

to receive federal funding for prevention services and expand support to families, may have also contributed to the decline. Figure 26 is a comparison of the foster care population from 2018 to present in each Region 1 state. As there are very different population totals in each state, a percentage of children in foster care in 2022 is provided. Each state reports less than 1% of children in foster care.

FIGURE 26: CHILDREN IN FOSTER CARE (REGION 1 STATES)

| State | Children in Foster Care ¹⁵⁸ | | | | Percentage of children 2022 ¹⁵⁹ |
|---------------|--|-------|-------|-------|--|
| | 2018 | 2019 | 2020 | 2021 | |
| Connecticut | 4,225 | 4,333 | 4,034 | 3,488 | 0.47% |
| Maine | 1,768 | 2,096 | 2,291 | 2,202 | 0.88% |
| Massachusetts | 10,612 | 9,871 | 9,320 | 9,190 | 0.68% |
| New Hampshire | 1,531 | 1,225 | 1,184 | 1,091 | 0.43% |
| Rhode Island | 2,003 | 2,200 | 2,140 | 1,823 | 0.88% |
| Vermont | 1,308 | 1,245 | 1,078 | 1,054 | 0.91% |

In Rhode Island, most children who are placed out-of-home live in a family setting with a kinship caregiver or licensed foster family. There are some children who need a higher level of care due to their needs and are placed in congregate settings. Figure 27 shows the current out of home foster care population as of July 2023.¹⁶⁰

FIGURE 27: RHODE ISLAND OUT-OF-HOME FOSTER PLACEMENTS (JULY 2023)

| Placement Type | Total Number of Children | Breakdown by Placement Type (if applicable) |
|--|--------------------------|--|
| Foster Care | 1063 | Relative Kinship: 581 Non-Relative Kinship: 190 Not Kinship: 292 |
| Congregate Care | 294 | Semi Independent: 25 Group Home: 94 Residential: 160 Assessment and Stabilization: 15 |
| Medical Hospital | 9 | n/a |
| Psychiatric Hospital | 40 | n/a |
| Independent Living | 55 | n/a |
| Absent from Care | 18 | n/a |
| Rhode Island Training School | 47 | n/a |
| Total out-of-home foster care population | 1526 | |

Eligibility for foster care services in Rhode Island is different than other state programs which typically have criteria based on age, need, and/or income level. Any child can be placed into foster care when they can no longer remain in the home with their parent(s) or guardian(s) due to risk of abuse or neglect. It is the responsibility of the state to maintain the Child Protective Services (CPS) hotline and investigate reports of potential child abuse or neglect when there is “reasonable cause to believe that abuse or neglect exists.” The state must take protective custody of the child and file a motion for a change of placement in Family Court if the parent or guardian is unwilling, unable, or unavailable to cooperate in the protection of the child and/or the child would be at imminent risk of harm if left in the home. Rule 214 of the Rhode Island Code of Regulations outlines the requirements of a CPS investigation and the required actions of the state to protect children.¹⁶¹

Title IV-E of the Social Security Act is the federal government’s primary mechanism of financial support for foster care in the United States. It also supports adoption assistance and kinship navigator programs. The state must

¹⁵⁸ <https://datacenter.aecf.org/data/tables/6243-children-in-foster-care?loc=1&loct=1#detailed/2/8,21,23,31,41,47/false/2048,574,1729,37/any/12987>

¹⁵⁹ <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

¹⁶⁰ <https://dcyf.ri.gov/data-analytics/strategic-metric-reports>

¹⁶¹ <https://rules.sos.ri.gov/regulations/part/214-10-00-1>

perform a Title IV-E eligibility review following a court order determining that it is in the child's best interest to be placed into foster care. Eligibility for Title IV-E reimbursement continues to be based on the 1996 Aid to Families with Dependent Children (AFDC) income levels. Due to increases in wages since this standard was established, the number of children in foster care that are Title IV-E eligible continues to decrease, and as a result, states receive overall less Title IV-E federal financial support than they did in past years. For those children who are Title IV-E eligible, the state can claim federal reimbursement for specific costs related to the maintenance and administrative costs of the child's foster care stay.

Rhode Island receives the current Title IV-E FFP rate (55.01%)¹⁶² for all maintenance costs (payments made to kinship caregivers and licensed foster parents for the cost associated with caring for the child) and the federal financial participation rate (50%) of all administrative costs (payments made to licensed child placing agencies for case management, foster parent recruitment, licensing, and overhead costs) – but limited to the costs for Title IV-E eligible children.

While they are identified as programs in the following sections, the work of Child Protective Services, foster care and adoption, licensing, and the Family Services Unit operate together to provide the needed services and oversight activities of caring for children and youth who are in need of their services.

FAMILY FIRST PREVENTION SERVICES

The Family First Prevention Service program is for children ages 0 to 17 who are at risk of entering foster care, pregnant, or parenting youth in foster care, and for parents or relative caregivers of those children and youth. The Family First Prevention Services Act (FFPSA) enables states to use federal funding to cover the cost of services that help support families and prevent children from entering the foster care system. Under this federal legislation, FFPSA allows Title IV-E funding for mental health services, substance use treatment, and in-home parent skill-based programs for children or youth.

Eligibility

There are two functional eligibility pathways for FFPSA either through DCYF or through Family Care Community Partnerships (FCCPs).

Available Services

Some service examples include evidence-based programs (EPBs) such as functional family therapy, motivational interviewing, and parent-child interaction therapy.

Application Process

None. There are several pathways to obtain services:

- Youth enters through DCYF or FCCPs
- Preventive service need identified through assessment and documented in service plan
- Completion of a Service Referral Form

FAMILY CARE COMMUNITY PARTNERSHIPS (FCCPS)

Family Care Community Partnerships (FCCPs) are DCYF's primary prevention resource for the state. FCCPs partner with families and communities to raise healthy children in a safe, caring environment.

Eligibility

Eligibility for these services are children, ages 0 to 17, who have a serious emotional disturbance (SED) or a developmental disability (DD) that places them at risk for involvement with DCYF. Another avenue for eligibility is youth that are being discharged from the RITS (a juvenile justice program).

Available Services

¹⁶² <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

FCCPs provide a wide range of services that are community-based, including referrals, triage, needs screenings, intakes, resource information, linkages to community-based resources, and wraparound services.

Application Process

None. Referrals for services may either come through DCYF or medical professionals, schools, or individuals with direct contact with the youth or child. FCCPs are mainly funded through DCYF and the U.S. Department of Health and Human Services (HHS) and there are no associated costs to participants.

CHILD PROTECTIVE SERVICES

Child Protective Services (CPS) within DCYF “is the investigative division of the department and includes the Department’s abuse and neglect hotline. CPS receives, screens, and responds to reports of suspected child maltreatment.”¹⁶³ Reports of abuse and neglect may come from several sources such as the public, courts, hospitals, police departments, parents, relatives, schools, etc. The CPS unit operates 24 hours a day, 365 days per year.¹⁶⁴

Eligibility

Reports of abuse and neglect may come from several sources such as the public, courts, hospitals, police departments, parents, relatives, schools, etc. Anyone can call the DCYF hotline at 1-800-RI-CHILD to report suspected abuse or neglect.¹⁶⁵

Rhode Island law (RI General Laws § 40-11-3; 40-11-6) requires all individuals in Rhode Island to be mandated reporters. “This means any person who has reasonable cause to know or suspect any child has been abused or neglected (as defined by law) or is a victim of sexual abuse by another child, must report this information to the DCYF within twenty-four (24) hours.”¹⁶⁶

Available Services

- The division ensures each child and youth is protected from harm through the timely investigation of reports of child abuse and neglect.

Application Process

None. A CPS investigation will be initiated “when a report meets a combination of the following criteria:

- A reporter has expressed concerns about a child under the age of eighteen (18), who lives in Rhode Island in his/her own home.
- A reporter has expressed concerns about a child under the age of twenty-one (21), who is living in DCYF foster or institutionalized care.
- Harm or substantial risk of harm to the child must be present.
- A specific incident or pattern of incidents suggesting child abuse and/or neglect must be identified.
- The potential perpetrator of abuse is a person responsible for the child’s welfare or is living in the same home as the child. For example:
 - A parent, guardian, or foster parent.
 - A residential home or facility staff.
 - Child day care staff or other childcare provider.
 - An employee, agent, contractor, or volunteer of an educational program when the allegation involves sexual abuse of a child.
 - Anyone suspected of sex trafficking a child.”¹⁶⁷

¹⁶³ Child Protective Services. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/child-protective-services>.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

FAMILY SERVICES UNIT

The Family Services Unit (FSU) division of DCYF “becomes involved with families after a CPS investigation has been conducted and a determination was made that services are needed to address abuse, neglect, or dependency within the family”;¹⁶⁸ thus the functions are involuntary.

Eligibility

- After CPS has investigated and determined that a case should be “opened,” the family is assigned an FSU worker.

Available Services

The goal of the FSU is to assist families and youth in accessing services and supports needed to stay in their own homes or safely return and maintain children in the home. The FSU works with the family to develop family goals and identify the “appropriate services and supports” needed by the family.¹⁶⁹ Collaboration and case management are integral parts of the services the FSU provides. Family Services Unit staff are state employees who are based in offices throughout the state.¹⁷⁰

Application Process

None. Available to individuals for whom a CPS investigation has been conducted and need has been established.

FOSTER CARE AND ADOPTION

As noted above, foster parents are often relative caregivers or kinship caregivers. If not a relative, children are placed with other foster parents who are licensed through the state of Rhode Island.¹⁷¹ The main “goal of the foster care system is to safely reunite children with their birth families whenever possible.”¹⁷² When that is not possible, DCYF works with partner agencies to match the child or youth with an adoptive family.

Eligibility- Foster or Adoptive Parent

In order to be a foster or adoptive parent (an “anchor”) an individual must:

- “Be 21 years old or older
- Pass background check
- Be in good enough health to care for a child
- Be able to make ends meet financially”¹⁷³

Additionally, if an individual is fostering a child under the age of 6 and owns or rents a home, the home must pass lead inspection.¹⁷⁴ Individuals can learn more about the process in the “Foster Care and Adoption Regulations for Licensure Guidance Document”¹⁷⁵ at: <https://dcyf.ri.gov/sites/g/files/xkgbur416/files/documents/fostercare-adoption-guidance-document-v1-2017.pdf>.

Available Services

Not applicable

¹⁶⁸ Division of Family Services. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/family-service-unit>.

¹⁶⁹ Ibid.

¹⁷⁰ Family Services Staffing. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/family-service-unit/family-services-staffing>.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Apply to Be An Anchor. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/foster-care-adoption/apply-be-anchor>.

¹⁷⁴ Ibid.

¹⁷⁵ Foster Care and Adoption Regulations for Licensure Guidance Document. (2017, February 6). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/sites/g/files/xkgbur416/files/documents/fostercare-adoption-guidance-document-v1-2017.pdf>.

Application Process

DCYF has a statewide plan to recruit and retain foster care families in Rhode Island. The “Be an Anchor” campaign began in 2017 and continues today, with “the goal that all children and youth should be cared for in a safe, supportive family setting.”¹⁷⁶ Actively recruiting foster care families works to increase capacity in the system.

DCYF is responsible for “the licensing, monitoring and enforcing regulations in all foster homes, residential facilities, and agencies who place children.”¹⁷⁷ The mission within licensing is to ensure that providers deliver the health, safety, and well-being of children in their care, through compliance with applicable regulations.¹⁷⁸ The licensing activities of the DCYF are authorized by Rhode Island General Law §42-72.1. Applications to be a foster parent can be submitted online using the applicant portal located at: <https://family.binti.com/users/signup/ri-rfa>. If approved, a license is valid for two years.¹⁷⁹

COMMUNITY SERVICES AND BEHAVIORAL HEALTH

The Division of Community Services and Behavioral Health (CSBH) is “responsible for developing a continuum of care for children’s behavioral health services that supports children to live in family settings.”¹⁸⁰ It strives to work “collaboratively with community providers and other state organizations in developing a comprehensive system of care that ensures effective services are provided to children in the least restrictive environment possible.”¹⁸¹ CSBH works to prevent hospitalization through matching individuals with appropriate community services and working to improve access to quality community services.¹⁸² The work of the division is authorized by Rhode Island General Laws § 42-72-5.2, which directed DCYF and DHS to work together to develop a continuum of care for children’s behavioral health services and present that to the general assembly in 2006.¹⁸³

CSBH assists children and families access needed services such as behavioral health and other services that are identified based on assessments. CSBH consists of multiple units, each of which has separate functions:

Central Referral Unit: Responsible for processing congregate care and community-based service referrals.¹⁸⁴ Congregate care matches children to the most appropriate group home or residential program to address behavioral health or cognitive needs.¹⁸⁵ Home-based services are preferred whenever possible to support children with behavioral health needs or who have an intellectual disability.¹⁸⁶

Assessment: DCYF uses the nationally validated, standardized Child and Adolescent Needs and Strengths (CANS) assessment for anyone entering residential care or foster care.¹⁸⁷ The Assessment unit also provides training for staff on how to use the CANS assessment tool.¹⁸⁸ Additionally, a level of need (LON) assessment is used for all placement requests. This LON assessment uses modules of CANS and additional questions to assign a LON to the child.¹⁸⁹ For children referred to DCYF by the courts, the Diagnostic Assessment Service provides a comprehensive assessment and report using psychosocial history, educational reports, and IQ testing to develop treatment recommendations.¹⁹⁰

¹⁷⁶ Be an Anchor: 2022-2023 Statewide Plan for the Recruitment and Retention of Foster Families. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/media/3076/download?language=en> (PDF download).

¹⁷⁷ Licensing. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/licensing>.

¹⁷⁸ Ibid.

¹⁷⁹ Foster Care and Adoption Regulations for Licensure Guidance Document. (2017, February 6). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/sites/g/files/xkgbur416/files/documents/fostercare-adoption-guidance-document-v1-2017.pdf>.

¹⁸⁰ The Division of Community Services & Behavioral Health (CSBH). (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/programs-and-services/behavioral-health>.

¹⁸¹ Ibid.

¹⁸² Ibid.

¹⁸³ Rhode Island General Laws § 42-72-5.2 (2006). Development of a Continuum of Children’s Behavioral Health Programs. <http://webservice.rilin.state.ri.us/Statutes/TITLE42/42-72/42-72-5.2.HTM>.

¹⁸⁴ Central Referral Unit. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/services/behavioral-health/central-referral-unit>.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Assessments. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/programs-and-services/behavioral-health/assessments>.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

Utilization Management (UM): “The UM unit is responsible for performing reviews to ensure continued congregate care placement reflects level of need, assess service quality and effectiveness towards clinical and functional goals and reinforce progress towards timely permanence for children.” The unit strives to ensure that children and youth are in the placement that is appropriate to their needs.¹⁹¹

Medicaid program management: “The Medicaid Program Management unit reviews programs to ensure compliance with Medicaid regulations and performs quality assurance reviews of program documentation. In addition, Medicaid Program Management assists with the development of Medicaid claiming for new services, especially home and community-based services.”¹⁹²

The CSBH also provides the certification for providers of mental health emergency services and tracks the utilization of mental health emergency services.¹⁹³

THE RHODE ISLAND TRAINING SCHOOL (RITS)

The Rhode Island Training School (RITS) is a secure correctional program for male and female youth who are detained and/or sentenced to the facility by order of the Rhode Island Family Court.

Eligibility

The RITS is a correctional program for male and female youth who have been ordered or sentenced by the Rhode Island Family Court.

Available Services

The RITS provides rehabilitation for youth through a comprehensive continuum of services provided in partnership with families, the community, and DCYF. Through this program, youth are provided supervision, security, education, behavioral health, and physical health services. Once discharged, the youth is eligible for FCCPs.

Application Process

None. Services are assigned through court order.

YOUTH DIVERSION PROGRAMMING

Youth Diversion programs are community-based programs for youths ages 9 to 17 years old who are not currently involved with DCYF.

Eligibility

Eligibility for the programming is families with issues affecting the youth and family's emotional, physical, psychological, and social well-being.

Available Services

Services are provided in the first 90 days that include needs assessment, crisis intervention, case planning, family mediation, outreach services, access to community resources, and counseling.

Application Process

None. This program is available by referral only. Referrals may come from truancy courts, juvenile hearing boards, youth centers, police, or the family themselves.

¹⁹¹ The UM unit is responsible for performing reviews to ensure continued congregate care placement reflects level of need, assessing service quality and effectiveness toward clinical and functional goals, and reinforcing progress toward timely permanence for children.

¹⁹² Medicaid Program Management. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/programs-and-services/behavioral-health/medicaid-program-management>.

¹⁹³ Ibid.

WAYWARD/DISOBEDIENT PROGRAMS

Wayward/Disobedient programs (WDPs) are available to parents and guardians experiencing problems at home with their child(ren) 12 to 17 years of age.

Eligibility

Youth who are habitually engaging in serious behavior that would be considered disobedient to lawful commands of their parents or guardians are eligible for WDPs.

Available Services

Family support services including family meetings, role-modeling and coaching through the process of a Strength/Needs/Culture/ Discovery, and wraparound planning.

Application Process

To apply for services, a parent or guardian may contact their local police department and ask about a wayward/disobedient petition. WDPs are a completely voluntary service that is only conducted upon request from a parent or guardian. The local police department will then connect the family to a local FCCP, which delivers the program. The family must engage with the services for 90 days.

Summary

This final report outlines the eligibility standards for a broad array of social and human services that fall under the purview of the Rhode Island Executive Office of Health and Human Services (EOHHS). This report summarizes the key programs that fall within the scope of Rhode Island General Laws § 42-14.5-3(t).

This report provides a comprehensive overview of the health and human service programs offered by the State of Rhode Island that includes eligibility standards and eligibility process. Additionally, this report provides additional context through comparison with CMS Region 1 states for select program areas. CMS Region 1 is comprised of Connecticut, Maine, Massachusetts, New Hampshire, and Vermont.

The purpose of this report is to provide an understanding of the eligibility criteria and process for Medicaid and other social services in Rhode Island, along with comparison with other states in the region on select topics. This comparison is meant to provide insight into how Rhode Island policy and practice either align with or differ from neighboring states.

Limitations

The information contained in this report has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman's work is prepared solely for the use and benefit of the OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties. However, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety.

The recommendations or analysis in this presentation do not constitute legal advice. We recommend that users of this material consult with their own legal counsel regarding interpretation of applicable laws, regulations, and requirements.

In preparing this information, we relied on information provided by EOHSS and the Departments under EOHHS oversight. We accepted this information without audit but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

Version 1.3 of this report has been limited to updates deemed substantial and significant at the request of the client and was not a complete revision or review of all EOHHS programs and departments.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Ian McCulla is a member of the American Academy of Actuaries and meets the qualification standards for performing the analyses in this report.