

1 services;

2 (2) Prior to the final acceptance of the federal global waiver by the state, the executive
3 office of health and human services and the department of human services shall allow the
4 respective finance committees of both chambers of the general assembly to review all materials
5 related to the federal global waiver, including the materials submitted by the state and the
6 tentative approval letter; moreover, the executive office of health and human services and the
7 department of human services may accept the federal global waiver if the general assembly does
8 not repeal the authority to pursue the global waiver within thirty (30) days of the receipt of the
9 proposed federal waiver;

10 (3) Upon the enactment of legislation related to the federal waiver(s), the executive office
11 of health and human services and the health and human services agencies, as defined in 42-7.2-2,
12 are authorized and directed to adopt rules and regulations in order to implement the provisions of
13 the federal waiver(s) and/or state plan amendments.

14 **42-12.4-3. Legislative Enactments.** – Until statutory changes are enacted through the
15 legislative process, all applicable laws remain in effect. It may be necessary to propose
16 legislative changes in order to comply with the federal waiver(s). In order to effectuate additional
17 programmatic changes to the Medicaid program beyond those authorized in the 2008 legislative
18 session, and as authorized by the federal waiver, the executive office of health and human
19 services and the department of human services shall propose the additional appropriate legislative
20 amendments. Such additional legislative changes cannot be effectuated until the necessary
21 statutory enactments have been passed.

22 **42-12.4-4. Public hearings and recommendations.** – The chairpersons of the house
23 finance committee and senate finance committee shall hold public hearings on such additional
24 proposed legislation, if proposed, to determine whether or not such legislation satisfies the goals
25 enumerated herein and would result in substantial new opportunities for the medical assistance
26 program on a cost neutral basis over a period not to exceed five (5) years.

27 **42-12.4-5. Permanent joint committee of the Global Waiver Compact.** –
28 **Composition.** – After the approval of the global waiver by the federal center for Medicare and
29 Medicaid services, there shall be created a permanent joint committee on the global waiver
30 compact to consist of the following twelve (12) members: the chair of the house finance
31 committee; the chair of the senate finance committee; the chair of the house health, education and
32 welfare committee; the chair of the senate health and human services committee; two (2)
33 members of the house finance committee appointed by the speaker of the house; two (2) members
34 of the senate finance committee appointed by the senate president; two (2) members of the house

1 of representatives appointed by the speaker of the house, one of whom shall be from the minority
2 party; and two (2) members of the senate appointed by the senate president, one of whom shall be
3 a member of the minority party.

4 The speaker of the house and the senate president shall consult with the house and senate
5 minority leaders on the appointments of the minority members.

6 **42-14.4-6. Powers and duties of the permanent joint committee on the Global**
7 **Waiver Compact.** – The permanent joint committee on the state Global Waiver Compact shall
8 have the authority to:

9 (a) Provide oversight on the Global Waiver Compact;

10 (b) Confer as the committee deems desirable with the directors of all departments within
11 the executive office of health and human services;

12 (c) Recommend the type of services for the Medicaid program to be offered by the state;

13 (d) Issue subpoenas, subpoenas duces tecum and orders for the production of books,
14 accounts, papers, records and documents; and

15 (e) Make recommendations to the general assembly and propose legislation regarding the
16 state Medicaid Program.

17 SECTION 2. Chapter 42-7.2 of the General Laws entitled “Office of Health and Human
18 Services” is hereby amended by adding thereto the following sections:

19 **42-7.2-16. Medicaid System Reform 2008.-** (a) The executive office of health and
20 human services, in conjunction with the department of human services, the department of elderly
21 affairs, the department of children youth and families, the department of health and the
22 department of mental health, retardation and hospitals, is authorized to design options that reform
23 the Medicaid program so that it is a person-centered, financially sustainable, cost-effective, and
24 opportunity driven program that: utilizes competitive and value based purchasing to maximize the
25 available service options, promote accountability and transparency, and encourage and reward
26 healthy outcomes, independence, and responsible choices; promotes efficiencies and the
27 coordination of services across all health and human services agencies; and ensures the state will
28 have a fiscally sound source of publicly-financed health care for Rhode Islanders in need.

29 (b) Principles and Goals. In developing and implementing this system of reform, the
30 executive office of health and human services and the five (5) health and human services
31 departments shall pursue the following principles and goals:

32 (1) Empower consumers to make reasoned and cost-effective choices about their health
33 by providing them with the information and array of service options they need and offering
34 rewards for healthy decisions;

1 (2) Encourage personal responsibility by assuring the information available to
2 beneficiaries is easy to understand and accurate, provide that a fiscal intermediary is provided
3 when necessary, and adequate access to needed services;

4 (3) When appropriate, promote community-based care solutions by transitioning
5 beneficiaries from institutional settings back into the community and by providing the needed
6 assistance and supports to beneficiaries requiring long-term care or residential services who wish
7 to remain, or are better served in the community;

8 (4) Enable consumers to receive individualized health care that is outcome-oriented,
9 focused on prevention, disease management, recovery and maintaining independence;

10 (5) Promote competition between health care providers to ensure best value purchasing,
11 to leverage resources and to create opportunities for improving service quality and performance;

12 (6) Redesign purchasing and payment methods to assure fiscal accountability and
13 encourage and to reward service quality and cost-effectiveness by tying reimbursements to
14 evidence-based performance measures and standards, including those related to patient
15 satisfaction; and

16 (7) Continually improve technology to take advantage of recent innovations and advances
17 that help decision makers, consumers and providers to make informed and cost-effective
18 decisions regarding health care.

19 (c) The executive office of health and human services shall annually submit a report to
20 the governor and the general assembly commencing on a date no later than July 1, 2009
21 describing the status of the administration and implementation of the Global Waiver Compact.

22 SECTION 3 Section 40-8-17 of the General Laws in Chapter 40-8 entitled “Medical
23 Assistance” is hereby amended to read as follows:

24 **40-8-17. Waiver request – Formulation.--** ~~(a) The department of human services and~~
25 ~~the department of elderly affairs shall cooperate and collaborate in the formulation of a 2176~~
26 ~~waiver request to the health care financing administration. The waiver shall be designed to bring~~
27 ~~people who have been admitted to nursing homes back into the community. The department of~~
28 ~~human services and the department of elderly affairs shall formulate the waiver application~~
29 ~~forthwith. In no event shall the waiver request be submitted later than August 1, 1987.~~

30 ~~(b) The department of elderly affairs shall, forthwith, formulate and effectuate a~~
31 ~~coordinated outreach and education program to create an awareness of the alternatives to nursing~~
32 ~~home placement. The outreach and education program shall be directed to both health care~~
33 ~~providers and potential clients.~~

34 (a) The department of human services, in conjunction with the executive office of health

1 and human services, is directed and authorized to apply for and obtain any necessary waiver(s),
2 waiver amendment(s) and/or state plan amendments from the secretary of the United States
3 department of health and human services, including, but not limited to, a §1115a global
4 demonstration waiver that provides program flexibility in exchange for federal budgetary
5 certainty and under which Rhode Island will operate all facets of the state’s Medicaid program,
6 except as may be explicitly exempted under any applicable public or general laws.

7 SECTION 4 Chapter 40-8.4 of the General Laws entitled “Health Care for Families” is
8 hereby amended by adding thereto the following section:

9 **40-8.4-19. Managed health care delivery systems for families.** -- (a) Notwith-standing
10 any other provision of state law, the delivery and financing of the health care services provided
11 under this chapter shall be provided through a system of managed care. "Managed care" is
12 defined as systems that: integrate an efficient financing mechanism with quality service delivery;
13 provide a "medical home" to assure appropriate care and deter unnecessary services; and place
14 emphasis on preventive and primary care. For the purposes of Medical Assistance, managed care
15 systems are defined to include a primary care case management model in which ancillary services
16 are provided under the direction of a physician in a practice that meets standards established by
17 the department of human services, including standards pertaining to certification as an “advanced
18 medical home”.

19 (b) Enrollment in managed care health delivery systems is mandatory for individuals
20 eligible for medical assistance under this chapter. This includes children in substitute care,
21 children receiving Medical Assistance through an adoption subsidy, and children eligible for
22 medical assistance based on their disability. Beneficiaries with third-party medical coverage or
23 insurance may be exempt from mandatory managed care in accordance with rules and regulations
24 promulgated by the department of human services for such purposes.

25 (c) Individuals who can afford to contribute shall share in the cost. The department of
26 human services is authorized and directed to apply for and obtain any necessary waivers and/or
27 state plan amendments from the secretary of the U.S. department of health and human services,
28 including, but not limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. § 1396
29 et seq., to require that beneficiaries eligible under this chapter or chapter 12.3 of title 42, with
30 incomes equal to or greater than one hundred thirty-three percent (133%) of the federal poverty
31 level, pay a share of the costs of health coverage based on the ability to pay. The department of
32 human services shall implement this cost-sharing obligation by regulation, and shall consider co-
33 payments, premium shares, or other reasonable means to do so in accordance with approved
34 provisions of appropriate waivers and/or state plan amendments approved by the secretary of the

1 United States department of health and human services.

2 (d) All children and families receiving Medical Assistance under title 40 of the Rhode
3 Island general laws shall also be subject to co-payments for certain medical services as approved
4 in the waiver and/or the applicable state plan amendment, and in accordance with rules and
5 regulations promulgated by the department.

6 (e) The department of human services may provide health benefits, similar to those
7 available through commercial health plans, to parents or relative caretakers with an income above
8 one hundred percent (100%) of the federal poverty level who are not receiving cash assistance
9 under the Rhode Island Temporary Assistance to Needy Families (TANF program).

10 (f) The department of human services is authorized to create consumer directed health
11 care accounts, including but not limited to health opportunity accounts or health savings accounts,
12 in order to increase and encourage personal responsibility, wellness and healthy decision-making,
13 disease management, and to provide tangible incentives for beneficiaries who meet designated
14 wellness initiatives.

15 SECTION 5 Section 40-8.5-1 of the General Laws in Chapter 40-8.5 entitled "Health
16 Care for Elderly and Disabled Residents Act" is hereby amended to read as follows:

17 **40-8.5-1. Categorically needy medical assistance coverage.** – (a) The department of
18 human services is hereby authorized and directed to amend its Title XIX state plan to provide for
19 categorically needy medical assistance coverage as permitted pursuant to Title XIX of the Social
20 Security Act, 42 U.S.C. § 1396 et seq., as amended, to individuals who are sixty-five (65) years
21 or older or are disabled, as determined under § 1614(a)(3) of the Social Security Act, 42 U.S.C. §
22 1382c(a)(3), as amended, whose income does not exceed one hundred percent (100%) of the
23 federal poverty level (as revised annually) applicable to the individual's family size, and whose
24 resources do not exceed four thousand dollars (\$4,000) per individual, or six thousand dollars
25 (\$6,000) per couple. The department shall provide medical assistance coverage to such elderly or
26 disabled persons in the same amount, duration and scope as provided to other categorically needy
27 persons under the state's Title XIX state plan.

28 ~~(b) In order to ensure that individuals with disabilities have access to quality and~~
29 ~~affordable health care, the department is authorized to plan and to implement a system of health~~
30 ~~care delivery through voluntary (opt-out) managed care health systems for such individuals.~~
31 ~~"Managed care" is defined as systems that: integrate an efficient financing mechanism with~~
32 ~~quality service delivery; provides a "medical home" to assure appropriate care and deter~~
33 ~~unnecessary and inappropriate care; and places emphasis on preventive and primary care.~~

34 ~~(c) The department is authorized to obtain any approval and/or waivers from the United~~

1 ~~States Department of Health and Human Services, necessary to implement a voluntary (opt out)~~
2 ~~managed health care delivery system to the extent approved by the United States Department of~~
3 ~~Health and Human Services, including a primary care case management model in which ancillary~~
4 ~~services are provided under the direction of a physician in a practice that meets standards~~
5 ~~established by the department of human services. Nothing in this subsection shall be interpreted~~
6 ~~to reduce the scope or duration of services or benefits covered for any Medicaid recipient or to~~
7 ~~restrict or remove any services or benefits from a managed care benefit plan provided by the state~~
8 ~~Medicaid program.~~

9 (d) ~~The department shall submit a report to the permanent joint committee on health care~~
10 ~~oversight no later than April 1, 2006 that proposes an implementation plan for this voluntary~~
11 ~~program, based on beginning enrollment not sooner than July 1, 2006. The report will describe~~
12 ~~projected program costs and savings, the outreach strategy to be employed to educate the~~
13 ~~potentially eligible populations, the enrollment plan, and an implementation schedule.~~

14 (e) ~~To ensure the delivery of timely and appropriate services to persons who become~~
15 ~~automatically eligible for Medicaid by virtue of their eligibility for a Social Security~~
16 ~~Administration program, data on their special needs may be reported to the department of human~~
17 ~~services by the Social Security Administration. The department of human services is authorized~~
18 ~~to seek any and all data sharing agreements or other agreements with the Social Security~~
19 ~~Administration as may be necessary to receive timely and accurate diagnostic data and clinical~~
20 ~~assessments to be used exclusively for the purpose of service planning, and to be held and~~
21 ~~exchanged in accordance with all applicable state and federal medical record confidentiality laws~~
22 ~~and regulations.~~

23 SECTION 6 Chapter 40-8.5 of the General Laws entitled "Health Care for Elderly and
24 Disabled Residents Act" is hereby amended by adding thereto the following section:

25 **40-8.5-1.1. Managed health care delivery systems.-** (a) To ensure that all medical
26 assistance beneficiaries, including the elderly and all individuals with disabilities, have access to
27 quality and affordable health care, the department of human services is authorized to implement
28 mandatory managed care health systems.

29 (b) "Managed care" is defined as systems that: integrate an efficient financing mechanism
30 with quality service delivery; provides a "medical home" to assure appropriate care and deter
31 unnecessary services; and place emphasis on preventive and primary care. For purposes of
32 Medical Assistance, managed care systems are also defined to include a primary care case
33 management model in which ancillary services are provided under the direction of a physician in
34 a practice that meets standards established by the department of human services. Those medical

1 assistance recipients who have third-party medical coverage or insurance may be exempt from
2 mandatory managed care in accordance with rules and regulations promulgated by the department
3 of human services. The department is further authorized to redesign benefit packages for medical
4 assistance beneficiaries subject to appropriate federal approval.

5 (c) The department is authorized to obtain any approval through waiver(s) and/or state
6 plan amendments, from the secretary of the United States department of health and human
7 services, that are necessary to implement mandatory managed health care delivery systems for all
8 medical assistance recipients, including the primary case management model in which ancillary
9 services are provided under the direction of a physician in a practice that meets standards
10 established by the department of human services. The waiver(s) and/or state plan amendments
11 shall include the authorization to exempt beneficiaries with third-party medical coverage or
12 insurance from mandatory managed care in accordance with rules and regulations promulgated by
13 the department of human services. The department may also redesign benefit packages for
14 medical assistance beneficiaries in accordance with rules and regulations promulgated by the
15 department.

16 (d) To ensure the delivery of timely and appropriate services to persons who become
17 eligible for Medicaid by virtue of their eligibility for a U.S. social security administration
18 program, the department of human services is authorized to seek any and all data sharing
19 agreements or other agreements with the social security administration as may be necessary to
20 receive timely and accurate diagnostic data and clinical assessments. Such information shall be
21 used exclusively for the purpose of service planning, and shall be held and exchanged in
22 accordance with all applicable state and federal medical record confidentiality laws and
23 regulations.

24 (e) The department of human services and/or the executive office of health and human
25 services is authorized and directed to apply for and obtain any necessary waiver(s) and/or state
26 plan amendments from the secretary of the United States department of health and human
27 services, including, but not limited to, a waiver of the appropriate sections of law for the purpose
28 of administering and implementing the goals of the Medicaid Reform Act 2008 as described in §
29 42-7.2-16 of the Rhode Island general laws, specifically using competitive value-based
30 purchasing to maximize the available service options and to promote accountability and
31 transparency in the delivery of services for all Medical Assistance beneficiaries.

32 SECTION 7 Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby
33 amended by adding thereto the following sections:

34 **40-8-27. Cooperation by providers.** – Medicaid providers who employ individuals

1 applying for benefits under any chapter of title 40 shall comply in a timely manner with requests
2 made by the department for any documents describing employer sponsored health insurance
3 coverage or benefits the provider offers that are necessary to determine eligibility for the state’s
4 premium assistance program pursuant to section 40-8.4-12. Such documents requested by the
5 department may include, but are not limited to, certificates of coverage or a summary of benefits
6 and employee obligations. Upon receiving notification that the department has determined that
7 the employee is eligible for premium assistance under section 40-8.4-12, the provider shall
8 accept the enrollment of the employee and his or her family in the employer based health
9 insurance plan without regard to any seasonal enrollment restrictions, including open enrollment
10 restrictions, and/or the impact on the employee’s wages. Additionally, the Medicaid provider
11 employing such persons shall not offer “pay in lieu of benefits.” Providers who do not comply
12 with the provisions set forth in this section shall be subject to suspension as a participating
13 Medicaid provider.

14 **40-8-28. Vendors doing business in the state of Rhode Island. - All vendors who do**
15 business with the state of Rhode Island in accordance with title 37 of the Rhode Island general
16 laws and who are also employers of Rhode Island medical assistance recipients shall make
17 available in a timely manner to the department at the department’s request, documents describing
18 the health insurance or health benefits offered by the vendor to the employee, including, but not
19 limited to a certificate of coverage or a summary of benefits and employee obligations for the
20 purposes of and only to the extent necessary to carry out the provisions of this section of the
21 general laws The employer shall accept the enrollment of the individual and/or the family in the
22 employer based health insurance plan without regard to any seasonal enrollment restrictions,
23 including open enrollment restrictions, without regard to the impact on the member’s wages.
24 This is known as “pay in lieu of benefits.”

25 **40-8-29. Selective Contracting. – (a) Notwithstanding any other provision of state law,**
26 the department of human services is authorized to utilize selective contracting to assure that all
27 service expenditures under this chapter have the maximum benefit of competition, and afford
28 Rhode Islanders the overall best value, optimal quality, and the most cost-effective care possible.

29 (b) Any approved medical assistance provider who declines to participate in contracting
30 for benefits in any one of the department’s medical assistance programs, including, but not
31 limited to any and all managed care programs, may be suspended as a participating provider and
32 denied participation in all state operated medical assistance programs at the discretion of the
33 department.

34 SECTION 8 Chapter 40-8.9 of the General Laws entitled “Medical Assistance – Long-

1 term Care Service and Finance Reform” is hereby amended by adding thereto the following
2 section:

3 **40-8.9-9. Long-term Care Re-balancing System Reform Goal.** – (a) Notwithstanding
4 any other provision of state law, the department of human services is authorized and directed to
5 apply for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan
6 amendments from the secretary of the United States department of health and human services,
7 and to promulgate rules necessary to adopt an affirmative plan of program design and
8 implementation that addresses the goal of allocating a minimum of fifty percent (50%) of
9 Medicaid long-term care funding to home and community-based care on or before December 31,
10 2012. The department is further authorized and directed to prioritize investments in home and
11 community-based care and to maintain the integrity and financial viability of all current long-
12 term care services while pursuing this goal.

13 (b) The long-term care re-balancing goal is person-centered and encourages individual
14 self-determination, family involvement, interagency collaboration, and individual choice through
15 the provision of highly specialized and individually tailored home-based services. Additionally,
16 individuals with severe behavioral, physical, or developmental disabilities must have the
17 opportunity to live safe and healthful lives through access to a wide range of supportive services
18 in an array of community-based settings, regardless of the complexity of their medical condition,
19 the severity of their disability, or the challenges of their behavior. Delivery of services and
20 supports in less costly and less restrictive community settings, will enable children, adolescents
21 and adults to be able to curtail, delay or avoid lengthy stays in residential treatment facilities,
22 juvenile detention centers, psychiatric facilities, and/or intermediate care or skilled nursing
23 facilities.

24 (c) Pursuant to federal authority procured under section 42-7.2-16 of the general laws, the
25 department of human services is directed and authorized to adopt a tiered set of criteria to be used
26 to determine eligibility for services. Such criteria shall be developed in collaboration with the
27 state’s health and human services departments and shall encompass eligibility determinations for
28 services in nursing facilities, hospitals, and intermediate care facilities for the mentally retarded
29 as well as home and community-based alternatives, and shall provide a common standard of
30 income eligibility for both institutional and home and community-based care. The department is
31 authorized to adopt criteria for admission to a nursing facility, hospital, or intermediate care
32 facility for the mentally retarded that are more stringent than those employed for access to home
33 and community-based services. The department is also authorized to promulgate rules that define
34 the frequency of re-assessments for services provided for under this section.

1 (d) The department of human services is further authorized and directed to consolidate
2 all home and community-based services currently provided pursuant to section 1915(c) of title
3 XIX of the United States Code into a single program of home and community-based services that
4 include options for consumer direction and shared living. The resulting single home and
5 community-based services program shall replace and supersede all section 1915(c) programs
6 when fully implemented. Notwithstanding the foregoing, the resulting single program home and
7 community-based services program shall include the continued funding of assisted living services
8 at any assisted living facility financed by the Rhode Island housing and mortgage finance
9 corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8 of title 42 of
10 the general laws as long as assisted living services are a covered Medicaid benefit.

11 (e) The department of human services is authorized to promulgate rules that permit
12 certain optional services including, but not limited to, homemaker services, home modifications,
13 respite, and physical therapy evaluations to be offered subject to availability of state-appropriated
14 funding for these purposes.

15 (f) To promote the expansion of home and community-based service capacity, the
16 department of human services is authorized and directed to pursue rate reform for homemaker,
17 personal care (home health aide) and adult day care services, as follows:

18 (1) A prospective base adjustment effective, not later than July 1, 2008, across all
19 departments and programs, of ten percent (10%) of the existing standard or average rate,
20 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,
21 2009;

22 (2) Development, not later than September 30, 2008, of certification standards supporting
23 and defining targeted rate increments to encourage service specialization and scheduling
24 accommodations including, but not limited to, medication and pain management, wound
25 management, certified Alzheimer's Syndrome treatment and support programs, and shift
26 differentials for night and week-end services; and

27 (3) Development and submission to the governor and the general assembly, not later than
28 December 31, 2008, of a proposed rate-setting methodology for home and community-based
29 services to assure coverage of the base cost of service delivery as well as reasonable coverage of
30 changes in cost caused by wage inflation.

31 (h) The department of human services is also authorized, subject to availability of
32 appropriation of funding, to pay for certain non-Medicaid reimbursable expenses necessary to
33 transition residents back to the community; provided, however, payments shall not exceed an
34 annual or per person amount.

1 (i) To assure the continued financial viability of nursing facilities, the department of
2 human services is authorized and directed to develop a proposal for revisions to section 40-8-19
3 that reflect the changes in cost and resident acuity that result from implementation of this re-
4 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or
5 before January 1, 2010.

6 SECTION 9 Sections 14-1-11, 14-1-21, 14-1-27 and 14-1-36.1 of the General Laws in
7 Chapter 14-1 entitled "Proceedings in Family Court" are hereby amended to read as follows:

8 **14-1-11. Authorizing and filing petition.** – (a) The filing of the petition constitutes
9 assumption of jurisdiction over the child. Filing shall take place upon authorization by the intake
10 department upon completion of its procedures pursuant to Rule 3 of the Rules of Juvenile
11 Proceedings, upon authorization by a justice of the family court pursuant to Rule 4 of the Rules of
12 Juvenile Proceedings, or immediately upon appearance of the child before the court following
13 emergency detention, unless the court otherwise orders.

14 (b) In the event that a petition is filed, any appropriate person having knowledge,
15 information, or belief of the material facts that appear to warrant a petition may be a petitioner
16 under this chapter and is not required to give recognizance or surety for costs. The petition shall
17 be directed to the family court of the state of Rhode Island, setting forth that in the opinion of the
18 petitioner the child is a delinquent, wayward, dependent, or neglected child, or otherwise comes
19 within the provisions of this chapter, and requires the care and protection of the state, and all
20 petitions, with the exception of those requesting the arrest and/or detention of any person, shall be
21 sworn to before a licensed notary public. ~~The~~Those exceptions, as stated ~~in this subsection~~ above,
22 shall be sworn to by either a justice or clerk of the family court.

23 (c) No child shall be ordered detained at the training school, unless there is pending
24 against the child a petition setting forth facts which would constitute a felony or misdemeanor if
25 committed by an adult or which alleges a violation of a valid court order, or unless the child is
26 adjudged in contempt of court. In the event a child is ordered to be detained at the training
27 school, the family court shall conduct a probable cause hearing within five (5) calendar days of
28 the child's detention (exclusive of weekends and/or holidays). At the conclusion of the probable
29 cause hearing, the court shall order the release of the child from the training school unless the
30 court finds that the child poses a substantial risk of harm to self or to others.

31 ~~Any child detained is entitled to a probable cause hearing within ten (10) days.~~ Nothing
32 in this section prohibits the temporary commitment by the family court to the department of
33 children, youth, and families for placement of a child in a specific facility or program other than
34 the training school for youth.

1 (d) The department of children, youth and families, in consultation with law
2 enforcement agencies, the attorney general, the office of the public defender and the family court,
3 shall develop and implement a detention risk assessment instrument by no later than July 1, 2009.

4 (e) No child shall be placed in detention at the training school unless a determination is
5 made by the family court that the child poses a substantial risk of harm to self or to others.

6 ~~(d)~~(f) No petition alleging that a child is wayward by virtue of disobedient behavior may
7 be filed except upon proof offered in the petition that the child has been subjected to a needs
8 assessment conducted at a facility approved by the director of the department of children, youth,
9 and families, and that a treatment plan resulting from such an assessment has been unsuccessful.

10 ~~(e)~~(g) The director of the department of children, youth, and families is authorized and
11 directed to promulgate any rules and regulations that it deems necessary to implement the
12 provisions and purposes of this section.

13 **14-1-21. Release or detention of child under custody of court.** – In the case of any
14 child whose custody has been assumed by the court, the child may, pending the final disposition
15 of the case, be released in the custody of a parent, guardian, or other custodian, or of a probation
16 counselor or other person appointed by the court, to be brought before the court at the designated
17 time. When not released as provided in this section, the child, pending the hearing of the case,
18 shall be detained ~~in any place of detention that shall be designated by the court, subject to further~~
19 ~~order of the court~~ at the training school subject to sections 14-1-11 and 14-1-27.

20 **14-1-27. Temporary detention in public or private institutions.**–(a) Subject to section
21 14-1-11, Provision ~~provision~~ may be made by the family court for the temporary detention of
22 children ~~ordered to be detained~~ at the training school for youth or in the custody of the director of
23 the department of children, youth and families. The court may ~~arrange for the boarding of~~
24 ~~children temporarily~~ authorize the temporary placement of children in private homes licensed and
25 approved by the department of children, youth, and families and subject to the supervision of the
26 court, or may arrange with any incorporated institution or agency licensed for child care, to
27 receive for temporary care children ordered detained by the court. ~~The detention shall not exceed~~
28 ~~thirty (30) days. The court, however, may extend this time for an additional period of not more~~
29 ~~than thirty (30) days if it considers it is for the best interest of the child~~ Unless good cause is
30 shown to delay the commencement of the adjudicatory hearing, if a child is in detention, the
31 family court shall commence the adjudicatory hearing within thirty (30) calendar days from
32 whichever of the following events occurs latest: the date the petition is served on the child; or
33 the date the child is placed in detention. In all such cases, the family court shall conclude the
34 adjudicatory hearing within fifteen (15) calendar days of the commencement of the hearing unless

1 good cause is shown to extend an adjudicatory hearing beyond fifteen (15) calendar days.

2 (b) In any case wherein the attorney general files an application to waive and/or certify a
3 youth, the juvenile may be detained at the training school for a period not to exceed ninety (90)
4 days. In such cases, the department shall present to the family court a waiver report within forty-
5 five (45) calendar days. At the expiration of ninety (90) days, the attorney general's petition for
6 waiver and/or certification shall be decided by the family court, unless good cause is shown to
7 extend the time upon which the family court may render such a decision.

8 ~~(b)~~(c) When DCYF makes application to the court to take a child into temporary custody
9 due to allegations of abuse and/or neglect or dependency, DCYF shall have the duty to investigate
10 the possibility of placing the child or children with a fit and willing relative not residing with the
11 parents. DCYF shall conduct an assessment into the appropriateness of placement of the child or
12 children with the relative within thirty (30) days of the child's placement in the temporary custody
13 of DCYF. If the department determines that the relative is a fit and proper person to have
14 placement of the child, the child shall be placed with that relative, unless the particular needs of
15 the child make the placement contrary to the child's best interests. All placements with relatives
16 shall be subject to criminal records checks in accordance with § 14-1-34, foster care regulations
17 promulgated by DCYF, and interstate compact approval, if necessary.

18 ~~(c)~~(d) If DCYF proposes to place the child with a relative outside the state of Rhode
19 Island, DCYF shall notify the parent who shall have an opportunity to file an objection to the
20 placement with the family court within ten (10) days of receipt of the notice. A hearing shall be
21 held before the child is placed outside the state of Rhode Island.

22 ~~(d)~~(e) If the request of a relative for placement of a child or children is denied by DCYF,
23 that relative shall have the right to petition the court for review. The court shall within five (5)
24 days of the request conduct a hearing as to the suitability of temporary placement with the relative
25 and shall make any orders incident to placement that it deems meet and just.

26 ~~(e)~~(f) Whenever the court determines that permanent placement or adoption is in the
27 best interest of a child, a fit and willing relative who has been awarded placement of the child
28 shall be given priority over a non-relative, provided that the placement or adoption is in the best
29 interest of the child.

30 SECTION 10. Chapter 14-1 of the General Laws entitled "Delinquent and Dependent
31 Children" is hereby amended by adding thereto the following section:

32 **14-1-36.2. Assignment of custody to the director of the department of children,**
33 **youth and families. – In the event the court assigns custody of a child to the director of the**
34 **department of children, youth and families pursuant to sections 14-1-11, 14-1-11.1, 14-1-27,**

1 [14-1-32, 14-1-34, 14-1-36, 14-1-36.1, 40-11-7.1, or 40-11-12](#), the court shall authorize the
2 [provision of suitable treatment, rehabilitation and care for each child in the least restrictive and](#)
3 [community-based setting.](#)

4 SECTION 11. Section 40.1-21-4.4 of the General Laws in Chapter 40.1-21 entitled
5 “Division of Developmental Disabilities” is hereby repealed.

6 **40.1-21-4.4. Medical assistance – Managed care system.** ~~–(a) In order to ensure that
7 adult persons who are developmentally disabled have access to an appropriate array and level of
8 services, the department of mental health, retardation and hospitals, with the assistance of the
9 department of human services, is authorized to plan and to implement a system of service
10 delivery through a managed care system for developmentally disabled adults. "Managed care" is
11 defined as a system that: consolidates all current state and federal funding streams for persons
12 with developmental disabilities to maintain and expand the broad range of primary, preventive
13 and continuing care community based service options under a single funding mechanism;
14 integrates the single funding mechanism with quality service delivery; and provides a "managed
15 care home" to assure appropriate services and deter unnecessary and inappropriate services.~~

16 ~~(b) The department of human services, with the assistance of the department of mental
17 health, retardation, and hospitals, is authorized to seek any approval and/or waivers from the U.S.
18 Department of Health and Human Services, Health Care Financing Administration, necessary to
19 implement a mandatory managed care system for persons with developmental disabilities who are
20 eligible for medical assistance under Title XIX of the federal Social Security Act, 42 U.S.C. §
21 1396 et seq. Prior to submitting such request for approvals and/or waivers, the department shall
22 submit them to the medical assistance advisory committee for comprehensive review and
23 comment. Subsequent applications shall be submitted to the medical assistance advisory
24 committee at least one month prior to submission. The medical assistance advisory committee, to
25 the extent not prohibited by federal law or regulation, shall include legislative members. The
26 department of mental health, retardation, and hospitals, with the assistance of the department of
27 human services, shall identify the initial populations and geographical areas where managed care
28 shall begin. The department of health, in cooperation with the departments of human services and
29 mental health, retardation, and hospitals, shall annually develop and implement a survey and
30 evaluation of all managed care programs to measure service outcomes and consumer satisfaction.
31 These results shall be published and made available to the public.~~

32 SECTION 12. Section 42-66-4 of the General Laws in Chapter 42-66 entitled “Elderly
33 Affairs Department” is hereby amended to read as follows:

34 **42-66-4. Duties of the department.** – (a) The department shall be the principal agency of

1 the state to mobilize the human, physical, and financial resources available to plan, develop, and
2 implement innovative programs to insure the dignity and independence of elderly persons,
3 including the planning, development, and implementation of a home and long-term care program
4 for the elderly in the communities of the state.

5 (b) The department shall serve as an advocate for the needs of the adult with a disability
6 as these needs and services overlap the needs and services of elderly persons.

7 (2) The department shall serve as the state's central agency for the administration and
8 coordination of a long-term care entry system, using community-based access points, that will
9 provide the following services related to long-term care: information and referral, initial
10 screening for service and benefits eligibility, and a uniform assessment program for state
11 supported long-term care.

12 (3) The department shall investigate reports of elder abuse, ~~and~~ neglect, [exploitation, or](#)
13 [self-neglect](#) and shall provide and/or coordinate protective services.

14 (c) To accomplish these objectives, the director is authorized:

15 (1) To provide assistance to communities in solving local problems with regard to elderly
16 persons including, but not limited to, problems in identifying and coordinating local resources to
17 serve the needs of elderly persons;

18 (2) To facilitate communications and the free flow of information between communities
19 and the offices, agencies and employees of the state;

20 (3) To encourage and assist communities, agencies, and state departments to plan,
21 develop, and implement home and long-term care programs;

22 (4) To provide and act as a clearinghouse for information, data, and other materials
23 relative to elderly persons;

24 (5) To initiate and carry out studies and analyses which will aid in solving local, regional,
25 and statewide problems concerning elderly persons;

26 (6) To coordinate those programs of other state agencies designed to assist in the solution
27 of local, regional, and statewide problems concerning elderly persons;

28 (7) To advise and inform the governor on the affairs and problems of elderly persons in
29 the state;

30 (8) To exercise the powers and discharge the duties assigned to the director in the fields
31 of health care, nutrition, homemaker services, geriatric day care, economic opportunity, local and
32 regional planning, transportation, and education and pre-retirement programs;

33 (9) To further the cooperation of local, state, federal and private agencies and institutions
34 providing for services or having responsibility for elderly persons;

1 (10) To represent and act on behalf of the state in connection with federal grant programs
2 applicable to programs for elderly persons in the functional areas described in this chapter;

3 (11) To seek, accept, and otherwise take advantage of all federal aid available to the
4 department, and to assist other agencies of the state, local agencies, and community groups in
5 taking advantage of all federal grants and subventions available for elderly persons and to accept
6 other sources of funds with the approval of the director of administration which shall be deposited
7 as general revenues;

8 (12) To render advice and assistance to communities and other groups in the preparation
9 and submission of grant applications to state and federal agencies relative to programs for elderly
10 persons;

11 (13) To review and coordinate those activities of agencies of the state and of any political
12 subdivision of the state at the request of the subdivision, which affect the full and fair utilization
13 of community resources for programs for elderly persons, and initiate programs that will help
14 assure such utilization;

15 (14) To encourage the formation of councils on aging and to assist local communities in
16 the development of the councils;

17 (15) To promote, and coordinate day care facilities for the frail elderly who are in need of
18 supportive care and supervision during the daytime;

19 (16) To provide and coordinate the delivery of in-home services to the elderly, as defined
20 under the rules and regulations ~~proposed by the in-home services commission and~~ adopted by the
21 department of elderly affairs;

22 (17) To advise and inform the public of the risks of accidental hypothermia;

23 (18) To establish a clearinghouse for information and education of the elderly citizens of
24 the state;

25 (19) To establish and operate in collaboration with community and aging service agencies
26 a statewide family-caregiver resource network to provide and coordinate family-caregiver
27 training and support services to include counseling and respite services;

28 (20) To provide and coordinate the "elderly/disabled transportation" program [including a](#)
29 [passenger cost sharing program as defined and provided for under rules and regulations](#)
30 [promulgated by the department](#); and

31 (21) To supervise the citizens' commission for the safety and care of the elderly created
32 pursuant to the provisions of chapter 1.4 of title 12.

33 (d) In order to assist in the discharge of the duties of the department, the director may
34 request from any agency of the state information pertinent to the affairs and problems of elderly

1 persons.

2 SECTION 13. Sections 42-66.3-1, 42-66.3-3 and 42-66.3-4 of the General Laws in
3 Chapter 42-66.3 entitled "Home and Community Services to the Elderly" is hereby amended to
4 read as follows:

5 **42-66.3-1. Definitions.** – As used in this chapter: (1) "Adult day services program" is
6 an agency licensed through the department of ~~elderly affairs~~ health that provides a comprehensive
7 supervised program on a regular basis to physically and/or mentally handicapped adults for a
8 substantial part of a day in a single physical location for a specified number of participants daily.
9 Adult day services may include, medical supervision, social and educational activities, snacks
10 and/or hot lunch.

11 (2) "Case management agency" means a community-based agency designated by the
12 department of elderly affairs to provide ~~ease-management-service~~ care coordination for home and
13 community care clients.

14 (3) "Director" means the director of the department of elderly affairs.

15 (4) "Home and community care services" means arranging for, or providing directly to
16 the client, or providing through contract ~~arrangement adult day~~ services - such as home health
17 aid/homemaker services and such other services that may be required for a client to remain in the
18 community and as may be promulgated by department regulations.

19 (5) "Home care agency" means an agency licensed by the department of health as a
20 "home nursing provider" and/or "home care provider" under the provisions of chapter 17 of title
21 23.

22 (6) "Long-term care ombudsperson" means the person or persons designated by the
23 director of the department of elderly affairs for the purpose of advocating on behalf of recipients
24 of long-term care services and of receiving, investigating and resolving through mediation,
25 negotiation and administrative action complaints filed by recipients of long-term care services;
26 individuals acting on their behalf or any individual organization or government agency that has
27 reason to believe that a long-term care agency has engaged in activities, practices or omissions
28 that constitute a violation of applicable statutes or regulations or that may have an adverse effect
29 upon the health, safety, welfare, rights or the quality of life of recipients of long-term care
30 services.

31 (7) "Home health aide services" means simple health care tasks, personal hygiene
32 services, housekeeping tasks essential to the patient's health, and other related supportive
33 services. These services shall be in accordance with a plan of treatment for the patient and shall
34 be under the supervision of the appropriate health care professional. These services shall be

1 provided by a person who meets the standards established by the department of health.

2 (8) "Homebound" means the condition of the client is such that the client does not have
3 the normal ability to leave home, consequently leaving the home requires a considerable and
4 taxing effort by the client. A client does not have to be confined to bed to be homebound.

5 (9) "Homemaker services" means assistance and instruction in managing and
6 maintaining a household and incidental household tasks for persons at home because of illness,
7 incapacity, or the absence of a caretaker relative. These services shall be provided by a person
8 who meets the standards established by the department of health.

9 (10) "Assisted living residences" means a publicly or privately operated residence that is
10 ~~provides directly or indirectly by means of contracts or arrangements personal assistance to meet~~
11 ~~the resident's changing needs and preferences, lodging, and meals to two (2) or more adults who~~
12 ~~are unrelated to the licensee or administrator, excluding however, any privately operated~~
13 ~~establishment or facility~~ licensed pursuant to section 23-17-4 of the general laws as amended. ~~17~~
14 ~~of title 23, as amended, and those facilities licensed by or under the jurisdiction of the department~~
15 ~~of mental health, retardation, and hospitals, the department of children, youth and families, or any~~
16 ~~other state agency. Assisted living residences include sheltered care homes, and board and care~~
17 ~~residences or any other entity by any other name providing the above services which meet the~~
18 ~~definition of assisted living facilities.~~

19 (11) "Respite care services" means temporary care given inside or outside the home of a
20 client who cannot entirely care for themselves and thereby offers relief to caregivers. ~~For the~~
21 ~~purposes of this chapter, these services are provided by an agency funded by the department of~~
22 ~~elderly affairs to provide respite care services.~~

23 (12) "Shared living" program means a privately owned residence in which the family
24 provides for or arranges for the needs of the client so that the client can remain in the community,
25 a program that is designed to respect the unique character of each individual, promotes self-
26 reliance and the freedom to make choices, and fosters dignity, autonomy and personal safety.
27 Services may be provided in-home or a host home residence in which the family provides for or
28 arranges for the needs of the client so that the client can remain in the community including but
29 not limited to lodging and meals. This program is designed to provide the opportunity for the
30 provision of an inter-generational multidisciplinary supports to preserve and strengthen families.

31 **42-66.3-3. Services available.** Home and community care services shall consist of:

32 (1) Medicaid waiver services for Medicaid eligible clients; or

33 (2) For the state funded co-payment program, ~~case management~~ care coordination, a
34 combination of homemaker/personal care services and other support services deemed necessary

1 by the director.

2 **42-66.3-4. Persons eligible.** – (a) To be eligible for this program the client must be
3 determined, through a functional assessment, to be in need of assistance with activities of
4 daily living or ~~meets an institutional level of care;~~ and/or must meet a required level of
5 care as defined in rules and regulations promulgated by the department;

6 (b) Medicaid eligible individuals age sixty-five (65) or older of the state who meet the
7 financial guidelines of the Rhode Island medical assistance program ~~except that they may retain~~
8 ~~cash and/or liquid resources not exceeding four thousand dollars (\$4,000) for an individual and~~
9 ~~six thousand dollars (\$6,000) for a married couple,~~ as defined in rules and regulations
10 promulgated by the department, shall be provided the services without charge; or

11 (c) Persons eligible for assistance under the provisions of this section, subject to the
12 annual appropriations deemed necessary by the general assembly to carry out the provisions of
13 this chapter, include: (1) any homebound unmarried resident or homebound married resident of
14 the state living separate and apart, who is at least sixty-five (65) years of age, ineligible for
15 Medicaid, and whose income does not exceed the income eligibility ~~for persons eligible under §~~
16 ~~42-66.2-5(a)(1)(i) and (a)(2)(i) for the Rhode Island pharmaceutical assistance to the elderly~~
17 ~~program;~~ limits as defined by rules and regulations promulgated by the department and (2) any
18 married resident of the state who is at least sixty-five (65) years of age, ineligible for Medicaid,
19 and whose income when combined with any income of that person's spouse does not exceed the
20 income eligibility ~~for persons eligible under § 42-66.2-5(a)(1)(i) and (a)(2)(i) for the Rhode~~
21 ~~Island pharmaceutical assistance to the elderly program.~~ limits as defined in rules and regulations
22 promulgated by the department. Persons who meet the eligibility requirement of this subsection
23 shall be eligible for the co-payment portion as set forth in § 42-66.3-5.

24 SECTION 14. Section 40-21-1 of the General Laws entitled “Medical Assistance-
25 Prescription Drugs” is hereby amended to read as follows:

26 **40-21-1 Prescription drug program.** – The department of human services is hereby
27 authorized and directed to amend its practices, procedures, regulations and the Rhode Island state
28 plan for medical assistance (Medicaid) pursuant to title XIX of the Federal Social Security Act
29 [42 U.S.C. § 1396 et seq.] to modify the prescription drug program:

- 30 (1) To establish a preferred drug list (PDL);
31 (2) To enter into supplemental rebate, discount or other agreements with
32 pharmaceutical companies; and
33 (3) To negotiate either state-specific supplemental rebates or to participate in a multi-
34 state pooling supplemental rebate program.

1 Determinations of drugs included on the PDL will be made by the State Department of
2 Human Services, and a listing of such drugs shall be maintained on a public website. In making
3 these determinations, the department shall consider the recommendations of the Medicaid
4 Pharmaceutical and Therapeutics Committee, whose membership shall include practicing
5 pharmacists and physicians, faculty members of the University of Rhode Island's College of
6 Pharmacy, and consumers or consumer representatives. Drugs exempt from the PDL shall
7 include: ~~(1) antipsychotics~~; (2) anti-retrovirals; and (3) organ transplant medications. Physicians
8 will be informed about prior authorization procedures for medications not on the PDL, and
9 seventy-two (72) hour emergency supplies may be dispensed if authorizations cannot be obtained.

10 SECTION 15. Section 40-6-9.1 of General Laws in Chapter 40-6 entitled "Public
11 Assistance Act" is hereby amended to read as follows:

12 **40-6-9.1 Data matching – Health care coverages.** – (a) For purposes of this section,
13 the term "medical assistance program" shall mean medical assistance provided in whole or in part
14 by the department of human services pursuant to chapters 5.1, 8, 8.4 of title 40, 12.3 of title 42
15 and/or title XIX or XXI of the federal Social Security Act, as amended, 42 U.S.C. § 1396 et seq.
16 and 42 U.S.C. § 1397aa et seq., respectively. Any references to the department shall be to the
17 department of human services.

18 (b) In furtherance of the assignment of rights to medical support to the department of
19 human services under § 40-6-9(b), (c), (d), and (e) and in order to determine the availability of
20 other sources of health care insurance or coverage for beneficiaries of the medical assistance
21 program, and to determine potential third party liability for medical assistance paid out by the
22 department, all health insurers, health maintenance organizations, including managed care
23 organizations, and third party administrators, self insured plans, pharmacy benefit managers
24 (PBM), and other parties that are by statute, contract, or agreement, legally responsible for
25 payment of a claim for a health care item of service doing business in the state of Rhode Island
26 shall permit and participate in data matching with the department of human services, as provided
27 in this section, to assist the Department to identify medical assistance program applicants,
28 beneficiaries and/or persons responsible for providing medical support for such applicants and
29 beneficiaries who may also have health care insurance or coverage in addition to that provided or
30 to be provided by the medical assistance program and to determine any third party liability in
31 accordance with this section.

32 The department shall take all reasonable measures to determine the legal liability of all
33 third parties (including health insurers, self-insured plans, group health plans (as defined in §
34 607(1) of the Employee Retirement Income Security Act of 1974 [29 U.S.C. § 1167(1)]), service

1 benefit plans, health maintenance organizations, managed care organizations, pharmacy benefit
2 managers, or other parties that are, by statute, contract, or agreement, legally responsible for
3 payment of a claim for a health care item or service), to pay for care and services on behalf of a
4 medical assistance recipient, including collecting sufficient information to enable the department
5 to pursue claims against such third parties.

6 In any case where such a legal liability is found to exist and medical assistance has
7 been made available on behalf of the individual (beneficiary), the department shall seek
8 reimbursement for such assistance to the extent of such legal liability and in accordance with the
9 assignment described in § 40-6-9.

10 To the extent that payment has been made by the department for medical assistance to a
11 beneficiary in any case where a third party has a legal liability to make payment for such
12 assistance, and to the extent that payment has been made by the department for medical assistance
13 for health care items or services furnished to an individual, the department (state) is considered to
14 have acquired the rights of such individual to payment by any other party for such health care
15 items or services in accordance with § 40-6-9.

16 Any health insurer (including a group health plan, as defined in § 607(1) of the employee
17 retirement income security act of 1974 [29 U.S.C. § 1167(1)], a self-insured plan, a service
18 benefit plan, a managed care organization, a pharmacy benefit manager, or other party that is, by
19 statute, contract, or agreement, legally responsible for payment of a claim for a health care item
20 or service), in enrolling an individual or in making any payments for benefits to the individual or
21 on the individual's behalf, is prohibited from taking into account that the individual is eligible for
22 or is provided medical assistance under a plan under 42 U.S.C. § 1396 et seq. for such state, or
23 any other state.

24 (c) All health insurers, including, but not limited to, health maintenance organizations,
25 third party administrators, nonprofit medical service corporations, nonprofit hospital service
26 corporations, subject to the provisions of chapters 18, 19, 20 and 41 of title 27, as well as, self-
27 insured plans, group health plans (as defined in § 607(1) of the Employee Retirement Income
28 Security Act of 1974 [29 U.S.C. § 1167(1)]), service benefit plans, managed care organizations,
29 pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally
30 responsible for payment of a claim for a health care item or service) doing business in this state
31 shall: (i) Provide [member](#) information [within fourteen \(14\) calendar days of the request](#) to the
32 department to enable the medical assistance program to identify medical assistance program
33 recipients, applicants and/or persons responsible for providing medical support for those
34 recipients and applicants who are or could be enrollees or beneficiaries under any individual or

1 group health insurance contract, plan or policy available or in force and effect in the state;

2 (ii) With respect to individuals who are eligible for, or are provided, medical assistance
3 by the department, upon the request of the department, provide member information within
4 fourteen (14) calendar days of the request member information to determine during what period
5 the individual or their spouses or their dependents may be (or may have been) covered by a health
6 insurer and the nature of the coverage that is or was provided by the health insurer (including the
7 name, address, and identifying number of the plan);

8 (iii) Accept the state's right of recovery and the assignment to the state of any right of
9 an individual or other entity to payment from the party for an item or service for which payment
10 has been made by the department;

11 (iv) Respond to any inquiry by the department regarding a claim for payment for any
12 health care item or service that is submitted not later than three (3) years after the date of the
13 provision of such health care item or service; and

14 (v) Agree not to deny a claim submitted by the state based solely on procedural reasons
15 such as on the basis of the date of submission of the claim, the type or format of the claim form,
16 or a failure to present proper documentation at the point-of-sale that is the basis of the claim, if–

17 (I) The claim is submitted by the state within the three (3) year period beginning on the
18 date on which the item or service was furnished; and

19 (II) Any action by the state to enforce its rights with respect to such claim is commenced
20 within six (6) years of the state's submission of such claim.

21 (d) This information shall be made available by these insurers and health maintenance
22 organizations and used by the department of human services only for the purposes of and to the
23 extent necessary for identifying these persons determining the scope and terms of coverage, and
24 ascertaining third party liability. The department of human services shall provide information to
25 the health insurers, including health insurers, self-insured plans, group health plans (as defined in
26 § 607(1) of the employee retirement income security act of 1974 [29 U.S.C. § 1167(1)]), service
27 benefit plans, managed care organizations, pharmacy benefit managers, or other parties that are,
28 by statute, contract, or agreement, legally responsible for payment of a claim for a health care
29 item or service) only for the purposes described herein.

30 (e) No health insurer, health maintenance organization, or third party administrator
31 which provides or makes arrangements to provide information pursuant to this section shall be
32 liable in any civil or criminal action or proceeding brought by beneficiaries or members on
33 account of this action for the purposes of violating confidentiality obligations under the law.

34 (f) The department shall submit any appropriate and necessary state plan provisions.

1 **SECTION 16.** This article shall take effect upon passage. Any rules or regulations
2 necessary or advisable to implement the provisions of SECTION 6 and SECTION 14 of this
3 article shall be effective immediately as an emergency rule upon the department’s filing thereof
4 with the secretary of state as it is hereby found that the current fiscal crisis in this state has caused
5 an imminent peril to public health, safety and welfare, and the department is hereby exempted
6 from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of
7 imminent peril to public health, safety and welfare and the filing of statements of the agency’s
8 reasons thereof.

9 **SECTION 2.** This article shall take effect upon passage.

10