

ARTICLE 9 AS AMENDED

RELATING TO HUMAN SERVICES

SECTION 1. Section 23-17-38.1 of the General Laws in Chapter 23-17 entitled "Licensing of Health Care Facilities" is hereby amended to read as follows:

23-17-38.1. Hospitals -- Licensing fee.

~~(a) There is imposed a hospital licensing fee for state fiscal year 2021 against each hospital in the state. The hospital licensing fee is equal to five percent (5.0%) of the net patient services revenue of every hospital for the hospital's first fiscal year ending on or after January 1, 2019, except that the license fee for all hospitals located in Washington County, Rhode Island shall be discounted by thirty seven percent (37%). The discount for Washington County hospitals is subject to approval by the Secretary of the U.S. Department of Health and Human Services of a state plan amendment submitted by the executive office of health and human services for the purpose of pursuing a waiver of the uniformity requirement for the hospital license fee. This licensing fee shall be administered and collected by the tax administrator, division of taxation within the department of revenue, and all the administration, collection, and other provisions of chapter 51 of title 44 shall apply. Every hospital shall pay the licensing fee to the tax administrator on or before July 13, 2021, and payments shall be made by electronic transfer of monies to the general treasurer and deposited to the general fund. Every hospital shall, on or before June 15, 2020, make a return to the tax administrator containing the correct computation of net patient services revenue for the hospital fiscal year ending September 30, 2019, and the licensing fee due upon that amount. All returns shall be signed by the hospital's authorized representative, subject to the pains and penalties of perjury.~~

~~(b)~~(a) There is also imposed a hospital licensing fee for state fiscal year 2022 against each hospital in the state. The hospital licensing fee is equal to five and six hundred fifty-six thousandths percent (5.656%) of the net patient-services revenue of every hospital for the hospital's first fiscal year ending on or after January 1, 2020, except that the license fee for all hospitals located in Washington County, Rhode Island shall be discounted by thirty-seven percent (37%). The discount for Washington County hospitals is subject to approval by the Secretary of the U.S. Department of Health and Human Services of a state plan amendment submitted by the executive office of health and human services for the purpose of pursuing a waiver of the uniformity requirement for the

1 hospital license fee. This licensing fee shall be administered and collected by the tax administrator,
2 division of taxation within the department of revenue, and all the administration, collection, and
3 other provisions of chapter 51 of title 44 shall apply. Every hospital shall pay the licensing fee to
4 the tax administrator on or before July 13, 2022, and payments shall be made by electronic transfer
5 of monies to the general treasurer and deposited to the general fund. Every hospital shall, on or
6 before June 15, 2022, make a return to the tax administrator containing the correct computation of
7 net patient-services revenue for the hospital fiscal year ending September 30, 2020, and the
8 licensing fee due upon that amount. All returns shall be signed by the hospital's authorized
9 representative, subject to the pains and penalties of perjury.

10 ~~(e)~~(b) There is also imposed a hospital licensing fee for state fiscal year 2023 against each
11 hospital in the state. The hospital licensing fee is equal to five and forty-two hundredths percent
12 (5.42%) of the net patient-services revenue of every hospital for the hospital's first fiscal year
13 ending on or after January 1, 2021, except that the license fee for all hospitals located in Washington
14 County, Rhode Island shall be discounted by thirty-seven percent (37%). The discount for
15 Washington County hospitals is subject to approval by the Secretary of the U.S. Department of
16 Health and Human Services of a state plan amendment submitted by the executive office of health
17 and human services for the purpose of pursuing a waiver of the uniformity requirement for the
18 hospital license fee. This licensing fee shall be administered and collected by the tax administrator,
19 division of taxation within the department of revenue, and all the administration, collection, and
20 other provisions of chapter 51 of title 44 shall apply. Every hospital shall pay the licensing fee to
21 the tax administrator on or before June 30, 2023, and payments shall be made by electronic transfer
22 of monies to the general treasurer and deposited to the general fund. Every hospital shall, on or
23 before May 25, 2023, make a return to the tax administrator containing the correct computation of
24 net patient-services revenue for the hospital fiscal year ending September 30, 2021, and the
25 licensing fee due upon that amount. All returns shall be signed by the hospital's authorized
26 representative, subject to the pains and penalties of perjury.

27 (c) There is also imposed a hospital licensing fee described in subsections d through g for
28 state fiscal years 2024 and 2025 against net patient-services revenue of every non-government
29 owned hospital as defined herein for the hospital's first fiscal year ending on or after January 1,
30 2022. The hospital licensing fee shall have three (3) tiers with differing fees based on inpatient and
31 outpatient net patient-services revenue. The executive office of health and human services, in
32 consultation with the tax administrator, shall identify the hospitals in each tier, subject to the
33 definitions in this section, by July 15, 2023, and shall notify each hospital of its tier by August 1,
34 2023.

1 (d) Tier 1 is composed of hospitals that do not meet the description of either Tier 2 or Tier
2 3.

3 (1) The inpatient hospital licensing fee for Tier 1 is equal to thirteen and twelve hundredths
4 percent (13.12%) of the inpatient net patient-services revenue derived from inpatient net patient-
5 services revenue of every Tier 1 hospital.

6 (2) The outpatient hospital licensing fee for Tier 1 is equal to thirteen and thirty hundredths
7 percent (13.30%) of the net patient-services revenue derived from outpatient net patient-services
8 revenue of every Tier 1 hospital.

9 (e) Tier 2 is composed of High Medicaid/Uninsured Cost Hospitals and Independent
10 Hospitals.

11 (1) The inpatient hospital licensing fee for Tier 2 is equal to two and sixty-three hundredths
12 (2.63%) of the inpatient net patient-services revenue derived from inpatient net patient-services
13 revenue of every Tier 2 hospital.

14 (2) The outpatient hospital licensing fee for Tier 2 is equal to two and sixty-six one
15 hundredths (2.66%) of the outpatient net patient-services revenue derived from outpatient net
16 patient-services revenue of every Tier 2 hospital.

17 (f) Tier 3 is composed of hospitals that are Medicare-designated Low Volume hospitals
18 and rehabilitative hospitals.

19 (1) The inpatient hospital licensing fee for Tier 3 is equal to one and thirty-one hundredths
20 (1.31%) of the inpatient net patient-services revenue derived from inpatient net patient-services
21 revenue of every Tier 3 hospital.

22 (2) The outpatient hospital licensing fee for Tier 3 is equal to one and thirty-three
23 hundredths (1.33%) of the outpatient net patient-services revenue derived from outpatient net
24 patient-services revenue of every Tier 3 hospital.

25 (g) There is also imposed a hospital licensing fee for state fiscal year 2024 against state-
26 government owned and operated hospitals in the state as defined therein. The hospital licensing fee
27 is equal to five and twenty-five hundredths percent (5.25%) of the net patient-services revenue of
28 every hospital for the hospital's first fiscal year ending on or after January 1, 2022.

29 (h) The hospital licensing fee described in subsections (c) through (g) is subject to U.S.
30 Department of Health and Human Services approval of a request to waive the requirement that
31 health care-related taxes be imposed uniformly as contained in 42 CFR 433.68(d).

32 (i) This hospital licensing fee shall be administered and collected by the tax administrator,
33 division of taxation within the department of revenue, and all the administration, collection, and
34 other provisions of chapter 51 of title 44 shall apply. Every hospital shall pay the licensing fee to

1 the tax administrator before June 30 of each fiscal year, and payments shall be made by electronic
2 transfer of monies to the tax administrator and deposited to the general fund. Every hospital shall,
3 on or before August 1, 2023, make a return to the tax administrator containing the correct
4 computation of inpatient and outpatient net patient-services revenue for the hospital fiscal year
5 ending in 2022, and the licensing fee due upon that amount. All returns shall be signed by the
6 hospital's authorized representative, subject to the pains and penalties of perjury.

7 ~~(d)~~(j) For purposes of this section the following words and phrases have the following
8 meanings:

9 (1) "Hospital" means the actual facilities and buildings in existence in Rhode Island,
10 licensed pursuant to § 23-17-1 et seq. on June 30, 2010, and thereafter any premises included on
11 that license, regardless of changes in licensure status pursuant to chapter 17.14 of this title (hospital
12 conversions) and § 23-17-6(b) (change in effective control), that provides short-term acute inpatient
13 and/or outpatient care to persons who require definitive diagnosis and treatment for injury, illness,
14 disabilities, or pregnancy. Notwithstanding the preceding language, the negotiated Medicaid
15 managed care payment rates for a court-approved purchaser that acquires a hospital through
16 receivership, special mastership, or other similar state insolvency proceedings (which court-
17 approved purchaser is issued a hospital license after January 1, 2013) shall be based upon the newly
18 negotiated rates between the court-approved purchaser and the health plan, and such rates shall be
19 effective as of the date that the court-approved purchaser and the health plan execute the initial
20 agreement containing the newly negotiated rate. The rate-setting methodology for inpatient hospital
21 payments and outpatient hospital payments set forth in §§ 40-8-13.4(b) and 40-8-13.4(b)(2),
22 respectively, shall thereafter apply to negotiated increases for each annual twelve-month (12)
23 period as of July 1 following the completion of the first full year of the court-approved purchaser's
24 initial Medicaid managed care contract.

25 (2) "Non-government owned hospitals" means a hospital not owned and operated by the
26 state of Rhode Island.

27 (3) "State-government owned and operated hospitals" means a hospital facility licensed by
28 the Rhode Island Department of Health, owned and operated by the state of Rhode Island.

29 (4) "Rehabilitative Hospital" means Rehabilitation Hospital Center licensed by the Rhode
30 Island Department of Health.

31 (5) "Independent Hospitals" means a hospital not part of a multi-hospital system

32 (6) "High Medicaid/Uninsured Cost Hospital" means a hospital for which the hospital's
33 total uncompensated care, as calculated pursuant to § 40-8.3-2(4), divided by the hospital's total
34 net patient-services revenues, is equal to 6.0% or greater.

1 (7) “Medicare-designated Low Volume Hospital” means a hospital that qualifies under 42
2 CFR 412.101(b)(2) for additional Medicare payments to qualifying hospitals for the higher
3 incremental costs associated with a low volume of discharges.

4 ~~(2)~~(8) “Gross patient-services revenue” means the gross revenue related to patient care
5 services.

6 ~~(3)~~(9) “Net patient-services revenue” means the charges related to patient care services less
7 (i) Charges attributable to charity care; (ii) Bad debt expenses; and (iii) Contractual allowances.

8 (10) “Inpatient net patient-services revenue” means the charges related to inpatient care
9 services less (i) Charges attributable to charity care; (ii) Bad debt expenses; and (iii) Contractual
10 allowances.

11 (11) “Outpatient net patient-services revenue” means the charges related to outpatient care
12 services less (i) Charges attributable to charity care; (ii) Bad debt expenses; and (iii) Contractual
13 allowances.

14 ~~(e)~~(k) The tax administrator in consultation with the executive office of health and human
15 services shall make and promulgate any rules, regulations, and procedures not inconsistent with
16 state law and fiscal procedures that he or she deems necessary for the proper administration of this
17 section and to carry out the provisions, policy, and purposes of this section.

18 ~~(f)~~(l) The licensing fee imposed by subsection (a) shall apply to hospitals as defined herein
19 that are duly licensed on July 1, ~~2020~~ 2021, and shall be in addition to the inspection fee imposed
20 by § 23-17-38 and to any licensing fees previously imposed in accordance with this section.

21 ~~(g)~~(m) The licensing fee imposed by subsection (b) shall apply to hospitals as defined
22 herein that are duly licensed on July 1, ~~2021~~ 2022, and shall be in addition to the inspection fee
23 imposed by § 23-17-38 and to any licensing fees previously imposed in accordance with this
24 section.

25 ~~(h)~~(n) The licensing ~~fee~~ fees imposed by ~~subsection~~ subsections (c) through (g) shall apply
26 to hospitals as defined herein that are duly licensed on July 1, ~~2022~~ 2023, and shall be in addition
27 to the inspection fee imposed by § 23-17-38 and to any licensing fees previously imposed in
28 accordance with this section.

29 SECTION 2. Sections 40-5.2-8, 40-5.2-10 and 40-5.2-20 of the General Laws in Chapter
30 40-5.2 entitled "The Rhode Island Works Program" are hereby amended to read as follows:

31 **40-5.2-8. Definitions.**

32 As used in this chapter, the following terms having the meanings set forth herein, unless
33 the context in which such terms are used clearly indicates to the contrary:

34 (1) “Applicant” means a person who has filed a written application for assistance for herself

1 or himself and her or his dependent child(ren). An applicant may be a parent or non-parent caretaker
2 relative.

3 (2) "Assistance" means cash and any other benefits provided pursuant to this chapter.

4 (3) "Assistance unit" means the assistance-filing unit consisting of the group of persons,
5 including the dependent child(ren), living together in a single household who must be included in
6 the application for assistance and in the assistance payment if eligibility is established. An
7 assistance unit may be the same as a family.

8 (4) "Benefits" shall mean assistance received pursuant to this chapter.

9 (5) "Community service programs" means structured programs and activities in which cash
10 assistance recipients perform work for the direct benefit of the community under the auspices of
11 public or nonprofit organizations. Community service programs are designed to improve the
12 employability of recipients not otherwise able to obtain paid employment.

13 (6) "Department" means the department of human services.

14 (7) "Dependent child" means an individual, other than an individual with respect to whom
15 foster care maintenance payments are made, who is: (i) Under the age of eighteen (18); or (ii) Under
16 the age of nineteen (19) and a full-time student in a secondary school (or in the equivalent level of
17 vocational or educational training).

18 (8) "Director" means the director of the department of human services.

19 (9) "Earned income" means income in cash or the equivalent received by a person through
20 the receipt of wages, salary, commissions, or profit from activities in which the person is self-
21 employed or as an employee and before any deductions for taxes.

22 (10) "Earned income tax credit" means the credit against federal personal income tax
23 liability under § 32 of the Internal Revenue Code of 1986, 26 U.S.C. § 32, or any successor section,
24 the advanced payment of the earned income tax credit to an employee under § 3507 of the code, 26
25 U.S.C. § 3507 [repealed], or any successor section and any refund received as a result of the earned
26 income tax credit, as well as any refundable state earned income tax credit.

27 (11) "Education directly related to employment" means education, in the case of a
28 participant who has not received a high school diploma or a certificate of high school equivalency,
29 related to a specific occupation, job, or job offer.

30 (12) "Family" means: (i) A pregnant ~~woman~~ person from ~~and including the seventh month~~
31 onset of ~~her~~ pregnancy; or (ii) A child and the following eligible persons living in the same
32 household as the child: (iii) Each biological, adoptive or stepparent of the child, or in the absence
33 of a parent, any adult relative who is responsible, in fact, for the care of such child; and (iv) The
34 child's minor siblings (whether of the whole or half blood); provided, however, that the term

1 “family” shall not include any person receiving benefits under Title XVI of the Social Security Act,
2 42 U.S.C. § 1381 et seq. A family may be the same as the assistance unit.

3 (13) “Gross earnings” means earnings from employment and self-employment further
4 described in the department of human services rules and regulations.

5 (14) “Individual employment plan” means a written, individualized plan for employment
6 developed jointly by the applicant and the department of human services that specifies the steps the
7 participant shall take toward long-term economic independence developed in accordance with §
8 40-5.2-10(e). A participant must comply with the terms of the individual employment plan as a
9 condition of eligibility in accordance with § 40-5.2-10(e).

10 (15) “Job search and job readiness” means the mandatory act of seeking or obtaining
11 employment by the participant, or the preparation to seek or obtain employment.

12 In accord with federal requirements, job search activities must be supervised by the
13 department of labor and training and must be reported to the department of human services in
14 accordance with TANF work verification requirements.

15 Except in the context of rehabilitation employment plans, and special services provided by
16 the department of children, youth and families, job-search and job-readiness activities are limited
17 to four (4) consecutive weeks, or for a total of six (6) weeks in a twelve-month (12) period, with
18 limited exceptions as defined by the department. The department of human services, in consultation
19 with the department of labor and training, shall extend job-search, and job-readiness assistance for
20 up to twelve (12) weeks in a fiscal year if a state has an unemployment rate at least fifty percent
21 (50%) greater than the United States unemployment rate if the state meets the definition of a “needy
22 state” under the contingency fund provisions of federal law.

23 Preparation to seek employment, or job readiness, may include, but may not be limited to:
24 the participant obtaining life-skills training; homelessness services; domestic violence services;
25 special services for families provided by the department of children, youth and families; substance
26 abuse treatment; mental health treatment; or rehabilitation activities as appropriate for those who
27 are otherwise employable. The services, treatment, or therapy must be determined to be necessary
28 and certified by a qualified medical or mental health professional. Intensive work-readiness
29 services may include: work-based literacy; numeracy; hands-on training; work experience; and case
30 management services. Nothing in this section shall be interpreted to mean that the department of
31 labor and training shall be the sole provider of job-readiness activities described herein.

32 (16) “Job skills training directly related to employment” means training or education for
33 job skills required by an employer to provide an individual with the ability to obtain employment
34 or to advance or adapt to the changing demands of the workplace. Job skills training directly related

1 to employment must be supervised on an ongoing basis.

2 (17) “Minor parent” means a parent under the age of eighteen (18). A minor parent may be
3 an applicant or recipient with his or her dependent child(ren) in his or her own case or a member
4 of an assistance unit with his or her dependent child(ren) in a case established by the minor parent’s
5 parent.

6 (18) “Net income” means the total gross income of the assistance unit less allowable
7 disregards and deductions as described in § 40-5.2-10(g).

8 (19) “On-the-job training” means training in the public or private sector that is given to a
9 paid employee while he or she is engaged in productive work and that provides knowledge and
10 skills essential to the full and adequate performance of the job. On-the-job training must be
11 supervised by an employer, work-site sponsor, or other designee of the department of human
12 services on an ongoing basis.

13 (20) “Participant” means a person who has been found eligible for assistance in accordance
14 with this chapter and who must comply with all requirements of this chapter, and has entered into
15 an individual employment plan. A participant may be a parent or non-parent caretaker relative
16 included in the cash assistance payment.

17 (21) “Recipient” means a person who has been found eligible and receives cash assistance
18 in accordance with this chapter.

19 (22) “Relative” means a parent, stepparent, grandparent, great grandparent, great-great
20 grandparent, aunt, great-aunt, great-great aunt, uncle, great-uncle, great-great uncle, sister, brother,
21 stepbrother, stepsister, half-brother, half-sister, first cousin, first cousin once removed, niece, great-
22 niece, great-great niece, nephew, great-nephew, or great-great nephew.

23 (23) “Resident” means a person who maintains residence by his or her continuous physical
24 presence in the state.

25 (24) “Self-employment income” means the total profit from a business enterprise, farming,
26 etc., resulting from a comparison of the gross receipts with the business expenses, i.e., expenses
27 directly related to producing the goods or services and without which the goods or services could
28 not be produced. However, items such as depreciation, personal business and entertainment
29 expenses, and personal transportation are not considered business expenses for the purposes of
30 determining eligibility for cash assistance in accordance with this chapter.

31 (25) “State” means the state of Rhode Island.

32 (26) “Subsidized employment” means employment in the private or public sectors for
33 which the employer receives a subsidy from TANF or other public funds to offset some or all of
34 the wages and costs of employing a recipient. It includes work in which all or a portion of the wages

1 paid to the recipient are provided to the employer either as a reimbursement for the extra costs of
2 training or as an incentive to hire the recipient, including, but not limited to, grant diversion.

3 (27) “Subsidized housing” means housing for a family whose rent is restricted to a
4 percentage of its income.

5 (28) “Unsubsidized employment” means full- or part-time employment in the public or
6 private sector that is not subsidized by TANF or any other public program.

7 (29) “Vocational educational training” means organized educational programs, not to
8 exceed twelve (12) months with respect to any participant, that are directly related to the preparation
9 of participants for employment in current or emerging occupations. Vocational educational training
10 must be supervised.

11 (30) “Work activities” mean the specific work requirements that must be defined in the
12 individual employment plan and must be complied with by the participant as a condition of
13 eligibility for the receipt of cash assistance for single and two-family (2) households outlined in §
14 40-5.2-12.

15 (31) “Work experience” means a work activity that provides a participant with an
16 opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain
17 employment. The purpose of work experience is to improve the employability of those who cannot
18 find unsubsidized employment. An employer, work site sponsor, and/or other appropriate designee
19 of the department must supervise this activity.

20 (32) “Work supplementation,” also known as “grant diversion,” means the use of all or a
21 portion of a participant’s cash assistance grant and food stamp grant as a wage supplement to an
22 employer. The supplement shall be limited to a maximum period of twelve (12) months. An
23 employer must agree to continue the employment of the participant as part of the regular work
24 force, beyond the supplement period, if the participant demonstrates satisfactory performance.

25 **40-5.2-10. Necessary requirements and conditions.**

26 The following requirements and conditions shall be necessary to establish eligibility for
27 the program.

28 (a) **Citizenship, alienage, and residency requirements.**

29 (1) A person shall be a resident of the State of Rhode Island.

30 (2) Effective October 1, 2008, a person shall be a United States citizen, or shall meet the
31 alienage requirements established in § 402(b) of the Personal Responsibility and Work Opportunity
32 Reconciliation Act of 1996, PRWORA, Pub. L. No. 104-193 and as that section may hereafter be
33 amended [8 U.S.C. § 1612]; a person who is not a United States citizen and does not meet the
34 alienage requirements established in PRWORA, as amended, is not eligible for cash assistance in

1 accordance with this chapter.

2 (b) The family/assistance unit must meet any other requirements established by the
3 department of human services by rules and regulations adopted pursuant to the Administrative
4 Procedures Act, as necessary to promote the purpose and goals of this chapter.

5 (c) Receipt of cash assistance is conditional upon compliance with all program
6 requirements.

7 (d) All individuals domiciled in this state shall be exempt from the application of
8 subdivision 115(d)(1)(A) of Pub. L. No. 104-193, the Personal Responsibility and Work
9 Opportunity Reconciliation Act of 1996, PRWORA [21 U.S.C. § 862a], which makes any
10 individual ineligible for certain state and federal assistance if that individual has been convicted
11 under federal or state law of any offense that is classified as a felony by the law of the jurisdiction
12 and that has as an element the possession, use, or distribution of a controlled substance as defined
13 in § 102(6) of the Controlled Substances Act (21 U.S.C. § 802(6)).

14 (e) **Individual employment plan as a condition of eligibility.**

15 (1) Following receipt of an application, the department of human services shall assess the
16 financial conditions of the family, including the non-parent caretaker relative who is applying for
17 cash assistance for himself or herself as well as for the minor child(ren), in the context of an
18 eligibility determination. If a parent or non-parent caretaker relative is unemployed or under-
19 employed, the department shall conduct an initial assessment, taking into account:

20 (A) The physical capacity, skills, education, work experience, health, safety, family
21 responsibilities, and place of residence of the individual; and

22 (B) The child care and supportive services required by the applicant to avail himself or
23 herself of employment opportunities and/or work readiness programs.

24 (2) On the basis of this assessment, the department of human services and the department
25 of labor and training, as appropriate, in consultation with the applicant, shall develop an individual
26 employment plan for the family that requires the individual to participate in the intensive
27 employment services. Intensive employment services shall be defined as the work requirement
28 activities in § 40-5.2-12(g) and (i).

29 (3) The director, or his or her designee, may assign a case manager to an
30 applicant/participant, as appropriate.

31 (4) The department of labor and training and the department of human services in
32 conjunction with the participant shall develop a revised individual employment plan that shall
33 identify employment objectives, taking into consideration factors above, and shall include a
34 strategy for immediate employment and for preparing for, finding, and retaining employment

1 consistent, to the extent practicable, with the individual's career objectives.

2 (5) The individual employment plan must include the provision for the participant to
3 engage in work requirements as outlined in § 40-5.2-12.

4 (6)(i) The participant shall attend and participate immediately in intensive assessment and
5 employment services as the first step in the individual employment plan, unless temporarily exempt
6 from this requirement in accordance with this chapter. Intensive assessment and employment
7 services shall be defined as the work requirement activities in § 40-5.2-12(g) and (i).

8 (ii) Parents under age twenty (20) without a high school diploma or general equivalency
9 diploma (GED) shall be referred to special teen-parent programs that will provide intensive services
10 designed to assist teen parents to complete high school education or GED, and to continue approved
11 work plan activities in accord with Rhode Island works program requirements.

12 (7) The applicant shall become a participant in accordance with this chapter at the time the
13 individual employment plan is signed and entered into.

14 (8) Applicants and participants of the Rhode Island works program shall agree to comply
15 with the terms of the individual employment plan, and shall cooperate fully with the steps
16 established in the individual employment plan, including the work requirements.

17 (9) The department of human services has the authority under the chapter to require
18 attendance by the applicant/participant, either at the department of human services or at the
19 department of labor and training, at appointments deemed necessary for the purpose of having the
20 applicant enter into and become eligible for assistance through the Rhode Island works program.
21 The appointments include, but are not limited to: the initial interview, orientation and assessment;
22 job readiness; and job search. Attendance is required as a condition of eligibility for cash assistance
23 in accordance with rules and regulations established by the department.

24 (10) As a condition of eligibility for assistance pursuant to this chapter, the
25 applicant/participant shall be obligated to keep appointments; attend orientation meetings at the
26 department of human services and/or the Rhode Island department of labor and training; participate
27 in any initial assessments or appraisals; and comply with all the terms of the individual employment
28 plan in accordance with department of human services rules and regulations.

29 (11) A participant, including a parent or non-parent caretaker relative included in the cash
30 assistance payment, shall not voluntarily quit a job or refuse a job unless there is good cause as
31 defined in this chapter or the department's rules and regulations.

32 (12) A participant who voluntarily quits or refuses a job without good cause, as defined in
33 § 40-5.2-12(l), while receiving cash assistance in accordance with this chapter, shall be sanctioned
34 in accordance with rules and regulations promulgated by the department.

1 (f) **Resources.**

2 (1) The family or assistance unit's countable resources shall be less than the allowable
3 resource limit established by the department in accordance with this chapter.

4 (2) No family or assistance unit shall be eligible for assistance payments if the combined
5 value of its available resources (reduced by any obligations or debts with respect to such resources)
6 exceeds five thousand dollars (\$5,000).

7 (3) For purposes of this subsection, the following shall not be counted as resources of the
8 family/assistance unit in the determination of eligibility for the works program:

9 (i) The home owned and occupied by a child, parent, relative, or other individual;

10 (ii) Real property owned by a husband and wife as tenants by the entirety, if the property
11 is not the home of the family and if the spouse of the applicant refuses to sell his or her interest in
12 the property;

13 (iii) Real property that the family is making a good faith effort to dispose of, however, any
14 cash assistance payable to the family for any such period shall be conditioned upon such disposal
15 of the real property within six (6) months of the date of application and any payments of assistance
16 for that period shall (at the time of disposal) be considered overpayments to the extent that they
17 would not have occurred at the beginning of the period for which the payments were made. All
18 overpayments are debts subject to recovery in accordance with the provisions of the chapter;

19 (iv) Income-producing property other than real estate including, but not limited to,
20 equipment such as farm tools, carpenter's tools, and vehicles used in the production of goods or
21 services that the department determines are necessary for the family to earn a living;

22 (v) One vehicle for each adult household member, but not to exceed two (2) vehicles per
23 household, and in addition, a vehicle used primarily for income-producing purposes such as, but
24 not limited to, a taxi, truck, or fishing boat; a vehicle used as a family's home; a vehicle that
25 annually produces income consistent with its fair market value, even if only used on a seasonal
26 basis; a vehicle necessary to transport a family member with a disability where the vehicle is
27 specially equipped to meet the specific needs of the person with a disability or if the vehicle is a
28 special type of vehicle that makes it possible to transport the person with a disability;

29 (vi) Household furnishings and appliances, clothing, personal effects, and keepsakes of
30 limited value;

31 (vii) Burial plots (one for each child, relative, and other individual in the assistance unit)
32 and funeral arrangements;

33 (viii) For the month of receipt and the following month, any refund of federal income taxes
34 made to the family by reason of § 32 of the Internal Revenue Code of 1986, 26 U.S.C. § 32 (relating

1 to earned income tax credit), and any payment made to the family by an employer under § 3507 of
2 the Internal Revenue Code of 1986, 26 U.S.C. § 3507 [repealed] (relating to advance payment of
3 such earned income credit);

4 (ix) The resources of any family member receiving supplementary security income
5 assistance under the Social Security Act, 42 U.S.C. § 301 et seq.;

6 (x) Any veteran's disability pension benefits received as a result of any disability sustained
7 by the veteran while in the military service.

8 (g) **Income.**

9 (1) Except as otherwise provided for herein, in determining eligibility for and the amount
10 of cash assistance to which a family is entitled under this chapter, the income of a family includes
11 all of the money, goods, and services received or actually available to any member of the family.

12 (2) In determining the eligibility for and the amount of cash assistance to which a
13 family/assistance unit is entitled under this chapter, income in any month shall not include the first
14 three hundred dollars (\$300) of gross earnings plus fifty percent (50%) of the gross earnings of the
15 family in excess of three hundred dollars (\$300) earned during the month.

16 (3) The income of a family shall not include:

17 (i) The first fifty dollars (\$50.00) in child support received in any month from each
18 noncustodial parent of a child plus any arrearages in child support (to the extent of the first fifty
19 dollars (\$50.00) per month multiplied by the number of months in which the support has been in
20 arrears) that are paid in any month by a noncustodial parent of a child;

21 (ii) Earned income of any child;

22 (iii) Income received by a family member who is receiving Supplemental Security Income
23 (SSI) assistance under Title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq.;

24 (iv) The value of assistance provided by state or federal government or private agencies to
25 meet nutritional needs, including: value of USDA-donated foods; value of supplemental food
26 assistance received under the Child Nutrition Act of 1966, as amended, and the special food service
27 program for children under Title VII, nutrition program for the elderly, of the Older Americans Act
28 of 1965 as amended, and the value of food stamps;

29 (v) Value of certain assistance provided to undergraduate students, including any grant or
30 loan for an undergraduate student for educational purposes made or insured under any loan program
31 administered by the United States Commissioner of Education (or the Rhode Island council on
32 postsecondary education or the Rhode Island division of higher education assistance);

33 (vi) Foster care payments;

34 (vii) Home energy assistance funded by state or federal government or by a nonprofit

1 organization;

2 (viii) Payments for supportive services or reimbursement of out-of-pocket expenses made
3 to foster grandparents, senior health aides, or senior companions and to persons serving in SCORE
4 and ACE and any other program under Title II and Title III of the Domestic Volunteer Service Act
5 of 1973, 42 U.S.C. § 5000 et seq.;

6 (ix) Payments to volunteers under AmeriCorps VISTA as defined in the department's rules
7 and regulations;

8 (x) Certain payments to native Americans; payments distributed per capita to, or held in
9 trust for, members of any Indian Tribe under P.L. 92-254, 25 U.S.C. § 1261 et seq., P.L. 93-134,
10 25 U.S.C. § 1401 et seq., or P.L. 94-540; receipts distributed to members of certain Indian tribes
11 which are referred to in § 5 of P.L. 94-114, 25 U.S.C. § 459d, that became effective October 17,
12 1975;

13 (xi) Refund from the federal and state earned income tax credit and any federal or state
14 child tax credits or rebates;

15 (xii) The value of any state, local, or federal government rent or housing subsidy, provided
16 that this exclusion shall not limit the reduction in benefits provided for in the payment standard
17 section of this chapter;

18 (xiii) The earned income of any adult family member who gains employment while an
19 active RI Works household member. This income is excluded for the first six (6) months of
20 employment in which the income is earned, or until the household's total gross income exceeds
21 one hundred eighty-five percent (185%) of the federal poverty level, unless the household reaches
22 its sixty-month (60) time limit first;

23 (xiv) Any veteran's disability pension benefits received as a result of any disability
24 sustained by the veteran while in the military service.

25 (4) The receipt of a lump sum of income shall affect participants for cash assistance in
26 accordance with rules and regulations promulgated by the department.

27 **(h) Time limit on the receipt of cash assistance.**

28 (1) On or after January 1, 2020, no cash assistance shall be provided, pursuant to this
29 chapter, to a family or assistance unit that includes an adult member who has received cash
30 assistance for a total of sixty (60) months (whether or not consecutive), to include any time
31 receiving any type of cash assistance in any other state or territory of the United States of America
32 as defined herein. Provided further, in no circumstances other than provided for in subsection (h)(3)
33 with respect to certain minor children, shall cash assistance be provided pursuant to this chapter to
34 a family or assistance unit that includes an adult member who has received cash assistance for a

1 total of a lifetime limit of sixty (60) months.

2 (2) Cash benefits received by a minor dependent child shall not be counted toward their
3 lifetime time limit for receiving benefits under this chapter should that minor child apply for cash
4 benefits as an adult.

5 (3) Certain minor children not subject to time limit. This section regarding the lifetime time
6 limit for the receipt of cash assistance, shall not apply only in the instances of a minor child(ren)
7 living with a parent who receives SSI benefits and a minor child(ren) living with a responsible adult
8 non-parent caretaker relative who is not in the cash assistance payment.

9 (4) Receipt of family cash assistance in any other state or territory of the United States of
10 America shall be determined by the department of human services and shall include family cash
11 assistance funded in whole or in part by Temporary Assistance for Needy Families (TANF) funds
12 [Title IV-A of the federal Social Security Act, 42 U.S.C. § 601 et seq.] and/or family cash assistance
13 provided under a program similar to the Rhode Island families work and opportunity program or
14 the federal TANF program.

15 (5)(i) The department of human services shall mail a notice to each assistance unit when
16 the assistance unit has six (6) months of cash assistance remaining and each month thereafter until
17 the time limit has expired. The notice must be developed by the department of human services and
18 must contain information about the lifetime time limit, the number of months the participant has
19 remaining, the hardship extension policy, the availability of a post-employment-and-closure bonus;
20 and any other information pertinent to a family or an assistance unit nearing the sixty-month (60)
21 lifetime time limit.

22 (ii) For applicants who have less than six (6) months remaining in the sixty-month (60)
23 lifetime time limit because the family or assistance unit previously received cash assistance in
24 Rhode Island or in another state, the department shall notify the applicant of the number of months
25 remaining when the application is approved and begin the process required in subsection (h)(5)(i).

26 (6) If a cash assistance recipient family was closed pursuant to Rhode Island's Temporary
27 Assistance for Needy Families Program (federal TANF described in Title IV-A of the Federal
28 Social Security Act, 42 U.S.C. § 601 et seq.), formerly entitled the Rhode Island family
29 independence program, more specifically under § 40-5.1-9(2)(c) [repealed], due to sanction
30 because of failure to comply with the cash assistance program requirements; and that recipient
31 family received sixty (60) months of cash benefits in accordance with the family independence
32 program, then that recipient family is not able to receive further cash assistance for his/her family,
33 under this chapter, except under hardship exceptions.

34 (7) The months of state or federally funded cash assistance received by a recipient family

1 since May 1, 1997, under Rhode Island's Temporary Assistance for Needy Families Program
2 (federal TANF described in Title IV-A of the Federal Social Security Act, 42 U.S.C. § 601 et seq.),
3 formerly entitled the Rhode Island family independence program, shall be countable toward the
4 time-limited cash assistance described in this chapter.

5 **(i) Time limit on the receipt of cash assistance.**

6 (1) No cash assistance shall be provided, pursuant to this chapter, to a family assistance
7 unit in which an adult member has received cash assistance for a total of sixty (60) months (whether
8 or not consecutive) to include any time receiving any type of cash assistance in any other state or
9 territory of the United States as defined herein effective August 1, 2008. Provided further, that no
10 cash assistance shall be provided to a family in which an adult member has received assistance for
11 twenty-four (24) consecutive months unless the adult member has a rehabilitation employment plan
12 as provided in § 40-5.2-12(g)(5).

13 (2) Effective August 1, 2008, no cash assistance shall be provided pursuant to this chapter
14 to a family in which a child has received cash assistance for a total of sixty (60) months (whether
15 or not consecutive) if the parent is ineligible for assistance under this chapter pursuant to subsection
16 (a)(2) to include any time they received any type of cash assistance in any other state or territory
17 of the United States as defined herein.

18 **(j) Hardship exceptions.**

19 (1) The department may extend an assistance unit's or family's cash assistance beyond the
20 time limit, by reason of hardship; provided, however, that the number of families to be exempted
21 by the department with respect to their time limit under this subsection shall not exceed twenty
22 percent (20%) of the average monthly number of families to which assistance is provided for under
23 this chapter in a fiscal year; provided, however, that to the extent now or hereafter permitted by
24 federal law, any waiver granted under § 40-5.2-34, for domestic violence, shall not be counted in
25 determining the twenty percent (20%) maximum under this section.

26 (2) Parents who receive extensions to the time limit due to hardship must have and comply
27 with employment plans designed to remove or ameliorate the conditions that warranted the
28 extension.

29 **(k) Parents under eighteen (18) years of age.**

30 (1) A family consisting of a parent who is under the age of eighteen (18), and who has
31 never been married, and who has a child; or a family consisting of a ~~woman~~ person under the age
32 of eighteen (18) ~~who is at least six (6) months pregnant,~~ from onset of pregnancy shall be eligible
33 for cash assistance only if the family resides in the home of an adult parent, legal guardian, or other
34 adult relative. The assistance shall be provided to the adult parent, legal guardian, or other adult

1 relative on behalf of the individual and child unless otherwise authorized by the department.

2 (2) This subsection shall not apply if the minor parent or pregnant minor has no parent,
3 legal guardian, or other adult relative who is living and/or whose whereabouts are unknown; or the
4 department determines that the physical or emotional health or safety of the minor parent, or his or
5 her child, or the pregnant minor, would be jeopardized if he or she was required to live in the same
6 residence as his or her parent, legal guardian, or other adult relative (refusal of a parent, legal
7 guardian, or other adult relative to allow the minor parent or his or her child, or a pregnant minor,
8 to live in his or her home shall constitute a presumption that the health or safety would be so
9 jeopardized); or the minor parent or pregnant minor has lived apart from his or her own parent or
10 legal guardian for a period of at least one year before either the birth of any child to a minor parent
11 or the onset of the pregnant minor's pregnancy; or there is good cause, under departmental
12 regulations, for waiving the subsection; and the individual resides in a supervised supportive-living
13 arrangement to the extent available.

14 (3) For purposes of this section, "supervised supportive-living arrangement" means an
15 arrangement that requires minor parents to enroll and make satisfactory progress in a program
16 leading to a high school diploma or a general education development certificate, and requires minor
17 parents to participate in the adolescent parenting program designated by the department, to the
18 extent the program is available; and provides rules and regulations that ensure regular adult
19 supervision.

20 (l) **Assignment and cooperation.** As a condition of eligibility for cash and medical
21 assistance under this chapter, each adult member, parent, or caretaker relative of the
22 family/assistance unit must:

23 (1) Assign to the state any rights to support for children within the family from any person
24 that the family member has at the time the assignment is executed or may have while receiving
25 assistance under this chapter;

26 (2) Consent to and cooperate with the state in establishing the paternity and in establishing
27 and/or enforcing child support and medical support orders for all children in the family or assistance
28 unit in accordance with title 15 of the general laws, as amended, unless the parent or caretaker
29 relative is found to have good cause for refusing to comply with the requirements of this subsection.

30 (3) Absent good cause, as defined by the department of human services through the
31 rulemaking process, for refusing to comply with the requirements of subsections (l)(1) and (l)(2),
32 cash assistance to the family shall be reduced by twenty-five percent (25%) until the adult member
33 of the family who has refused to comply with the requirements of this subsection consents to and
34 cooperates with the state in accordance with the requirements of this subsection.

1 (4) As a condition of eligibility for cash and medical assistance under this chapter, each
2 adult member, parent, or caretaker relative of the family/assistance unit must consent to and
3 cooperate with the state in identifying and providing information to assist the state in pursuing any
4 third party who may be liable to pay for care and services under Title XIX of the Social Security
5 Act, 42 U.S.C. § 1396 et seq.

6 **40-5.2-20. Childcare assistance — Families or assistance units eligible.**

7 (a) The department shall provide appropriate child care to every participant who is eligible
8 for cash assistance and who requires child care in order to meet the work requirements in
9 accordance with this chapter.

10 (b) Low-income child care. The department shall provide child care to all other working
11 families with incomes at or below two hundred percent (200%) of the federal poverty level if, and
12 to the extent, these other families require child care in order to work at paid employment as defined
13 in the department's rules and regulations. The department shall also provide child care to families
14 with incomes below two hundred percent (200%) of the federal poverty level if, and to the extent,
15 these families require child care to participate on a short-term basis, as defined in the department's
16 rules and regulations, in training, apprenticeship, internship, on-the-job training, work experience,
17 work immersion, or other job-readiness/job-attachment program sponsored or funded by the human
18 resource investment council (governor's workforce board) or state agencies that are part of the
19 coordinated program system pursuant to § 42-102-11. Effective from January 1, 2021, through June
20 30, 2022, the department shall also provide childcare assistance to families with incomes below
21 one hundred eighty percent (180%) of the federal poverty level when such assistance is necessary
22 for a member of these families to enroll or maintain enrollment in a Rhode Island public institution
23 of higher education provided that eligibility to receive funding is capped when expenditures reach
24 \$200,000 for this provision. Effective July 1, 2022, the department shall also provide childcare
25 assistance to families with incomes below two hundred percent (200%) of the federal poverty level
26 when such assistance is necessary for a member of these families to enroll or maintain enrollment
27 in a Rhode Island public institution of higher education.

28 (c) No family/assistance unit shall be eligible for childcare assistance under this chapter if
29 the combined value of its liquid resources exceeds one million dollars (\$1,000,000), which
30 corresponds to the amount permitted by the federal government under the state plan and set forth
31 in the administrative rulemaking process by the department. Liquid resources are defined as any
32 interest(s) in property in the form of cash or other financial instruments or accounts that are readily
33 convertible to cash or cash equivalents. These include, but are not limited to: cash, bank, credit
34 union, or other financial institution savings, checking, and money market accounts; certificates of

1 deposit or other time deposits; stocks; bonds; mutual funds; and other similar financial instruments
2 or accounts. These do not include educational savings accounts, plans, or programs; retirement
3 accounts, plans, or programs; or accounts held jointly with another adult, not including a spouse.
4 The department is authorized to promulgate rules and regulations to determine the ownership and
5 source of the funds in the joint account.

6 (d) As a condition of eligibility for childcare assistance under this chapter, the parent or
7 caretaker relative of the family must consent to, and must cooperate with, the department in
8 establishing paternity, and in establishing and/or enforcing child support and medical support
9 orders for any children in the family receiving appropriate child care under this section in
10 accordance with the applicable sections of title 15, as amended, unless the parent or caretaker
11 relative is found to have good cause for refusing to comply with the requirements of this subsection.

12 (e) For purposes of this section, “appropriate child care” means child care, including infant,
13 toddler, preschool, nursery school, and school-age, that is provided by a person or organization
14 qualified, approved, and authorized to provide the care by the state agency or agencies designated
15 to make the determinations in accordance with the provisions set forth herein.

16 (f)(1) Families with incomes below one hundred percent (100%) of the applicable federal
17 poverty level guidelines shall be provided with free child care. Families with incomes greater than
18 one hundred percent (100%) and less than two hundred percent (200%) of the applicable federal
19 poverty guideline shall be required to pay for some portion of the child care they receive, according
20 to a sliding-fee scale adopted by the department in the department’s rules, not to exceed seven
21 percent (7%) of income as defined in subsection (h) of this section.

22 (2) Families who are receiving childcare assistance and who become ineligible for
23 childcare assistance as a result of their incomes exceeding two hundred percent (200%) of the
24 applicable federal poverty guidelines shall continue to be eligible for childcare assistance until their
25 incomes exceed three hundred percent (300%) of the applicable federal poverty guidelines. To be
26 eligible, the families must continue to pay for some portion of the child care they receive, as
27 indicated in a sliding-fee scale adopted in the department’s rules, not to exceed seven percent (7%)
28 of income as defined in subsection (h) of this section, and in accordance with all other eligibility
29 standards.

30 (g) In determining the type of child care to be provided to a family, the department shall
31 take into account the cost of available childcare options; the suitability of the type of care available
32 for the child; and the parent’s preference as to the type of child care.

33 (h) For purposes of this section, “income” for families receiving cash assistance under §
34 40-5.2-11 means gross, earned income and unearned income, subject to the income exclusions in

1 §§ 40-5.2-10(g)(2) and 40-5.2-10(g)(3), and income for other families shall mean gross, earned and
2 unearned income as determined by departmental regulations.

3 (i) The caseload estimating conference established by chapter 17 of title 35 shall forecast
4 the expenditures for child care in accordance with the provisions of § 35-17-1.

5 (j) In determining eligibility for childcare assistance for children of members of reserve
6 components called to active duty during a time of conflict, the department shall freeze the family
7 composition and the family income of the reserve component member as it was in the month prior
8 to the month of leaving for active duty. This shall continue until the individual is officially
9 discharged from active duty.

10 (k) Effective from August 1, 2023, through July 31, 2024, the department shall provide
11 funding for child care for eligible child care educators, and child care staff, who work at least twenty
12 (20) hours a week in licensed child care centers and licensed family child care homes as defined in
13 the department's rules and regulations. Eligibility is limited to qualifying child care educators and
14 child care staff with family incomes up to three hundred percent (300%) of the applicable federal
15 poverty guidelines and will have no copayments. Qualifying participants may select the child care
16 center or family child care home for their children. The department shall promulgate regulations
17 necessary to implement this section, and will collect applicant and participant data to report
18 estimated demand for state-funded child care for eligible child care educators and child care staff.
19 The report shall be due to the governor and the general assembly by November 1, 2024.

20 SECTION 3. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public
21 Assistance Act" is hereby amended to read as follows:

22 **40-6-27. Supplemental Security Income.**

23 (a)(1) The director of the department is hereby authorized to enter into agreements on
24 behalf of the state with the Secretary of the Department of Health and Human Services or other
25 appropriate federal officials, under the Supplemental Security Income (SSI) program established
26 by Title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq., concerning the administration
27 and determination of eligibility for SSI benefits for residents of this state, except as otherwise
28 provided in this section. The state's monthly share of supplementary assistance to the Supplemental
29 Security Income program shall be as follows:

30 (i) Individual living alone:	\$39.92
31 (ii) Individual living with others:	\$51.92
32 (iii) Couple living alone:	\$79.38
33 (iv) Couple living with others:	\$97.30
34 (v) Individual living in state-licensed assisted-living residence:	\$332.00

1 (vi) [Deleted by P.L. 2021, ch. 162, art. 12, § 1.]

2 (vii) Individual living in state-licensed supportive residential-care settings that, depending
3 on the population served, meet the standards set by the department of human services in conjunction
4 with the department of children, youth and families, the office of healthy aging, and/or the
5 department of behavioral healthcare, developmental disabilities and hospitals: \$300.00.

6 Provided, however, that the department of human services shall, by regulation, reduce,
7 effective January 1, 2009, the state's monthly share of supplementary assistance to the
8 Supplemental Security Income (SSI) program for each of the above-listed payment levels, by the
9 same value as the annual federal cost of living adjustment to be published by the federal Social
10 Security Administration in October 2008 and becoming effective on January 1, 2009, as determined
11 under the provisions of Title XVI of the federal Social Security Act, 42 U.S.C. § 1381 et seq.; and
12 provided further, that it is the intent of the general assembly that the January 1, 2009, reduction in
13 the state's monthly share shall not cause a reduction in the combined federal and state payment
14 level for each category of recipients in effect in the month of December 2008; provided further,
15 that the department of human services is authorized and directed to provide for payments to
16 recipients in accordance with the above directives.

17 (2) As of July 1, 2010, state supplement payments shall not be federally administered and
18 shall be paid directly by the department of human services to the recipient.

19 (3) Individuals living in institutions shall receive a ~~twenty-dollar (\$20.00)~~ forty-five dollar
20 (\$45.00) per-month personal needs allowance from the state that shall be in addition to the personal
21 needs allowance allowed by the Social Security Act, 42 U.S.C. § 301 et seq.

22 (4) Individuals living in state-licensed supportive residential-care settings and assisted-
23 living residences who are receiving SSI supplemental payments under this section shall be allowed
24 to retain a minimum personal needs allowance of fifty-five dollars (\$55.00) per month from their
25 SSI monthly benefit prior to payment of any monthly fees in addition to any amounts established
26 in an administrative rule promulgated by the secretary of the executive office of health and human
27 services for persons eligible to receive Medicaid-funded long-term services and supports in the
28 settings identified in subsection (a)(1)(v).

29 (5) The department is authorized and directed to make a determination of the medical need
30 and whether a setting provides the appropriate services for those persons who:

31 (i) Have applied for or are receiving SSI, and who apply for admission to supportive
32 residential-care settings and assisted-living residences on or after October 1, 1998; or

33 (ii) Who are residing in supportive residential-care settings and assisted-living residences,
34 and who apply for or begin to receive SSI on or after October 1, 1998.

1 (6) The process for determining medical need required by subsection (a)(5) of this section
2 shall be developed by the executive office of health and human services in collaboration with the
3 departments of that office and shall be implemented in a manner that furthers the goals of
4 establishing a statewide coordinated long-term-care entry system as required pursuant to the
5 Medicaid section 1115 waiver demonstration.

6 (7) To assure access to high-quality, coordinated services, the executive office of health
7 and human services is further authorized and directed to establish certification or contract standards
8 that must be met by those state-licensed supportive residential-care settings, including adult
9 supportive-care homes and assisted-living residences admitting or serving any persons eligible for
10 state-funded supplementary assistance under this section. The certification or contract standards
11 shall define:

12 (i) The scope and frequency of resident assessments, the development and implementation
13 of individualized service plans, staffing levels and qualifications, resident monitoring, service
14 coordination, safety risk management and disclosure, and any other related areas;

15 (ii) The procedures for determining whether the certifications or contract standards have
16 been met; and

17 (iii) The criteria and process for granting a one-time, short-term good-cause exemption
18 from the certification or contract standards to a licensed supportive residential-care setting or
19 assisted-living residence that provides documented evidence indicating that meeting, or failing to
20 meet, the standards poses an undue hardship on any person eligible under this section who is a
21 prospective or current resident.

22 (8) The certification or contract standards required by this section shall be developed in
23 collaboration by the departments, under the direction of the executive office of health and human
24 services, so as to ensure that they comply with applicable licensure regulations either in effect or
25 in development.

26 (b) The department is authorized and directed to provide additional assistance to
27 individuals eligible for SSI benefits for:

28 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature,
29 which is defined as a fire or natural disaster; and

30 (2) Lost or stolen SSI benefit checks or proceeds of them; and

31 (3) Assistance payments to SSI-eligible individuals in need because of the application of
32 federal SSI regulations regarding estranged spouses; and the department shall provide the
33 assistance in a form and amount that the department shall by regulation determine.

34 SECTION 4. Section 40-8-2 of the General Laws in Chapter 40-8 entitled "Medical

1 Assistance" is hereby amended to read as follows:

2 **40-8-2. Definitions.**

3 As used in this chapter, unless the context shall otherwise require:

4 (1) "Dental service" means and includes emergency care, X-rays for diagnoses, extractions,
5 palliative treatment, and the refitting and relining of existing dentures and prosthesis.

6 (2) "Department" means the department of human services.

7 (3) "Director" means the director of human services.

8 (4) "Drug" means and includes only drugs and biologicals prescribed by a licensed dentist
9 or physician as are either included in the United States pharmacopoeia, national formulary, or are
10 new and nonofficial drugs and remedies.

11 (5) "Inpatient" means a person admitted to and under treatment or care of a physician or
12 surgeon in a hospital or nursing facility that meets standards of and complies with rules and
13 regulations promulgated by the director.

14 (6) "Inpatient hospital services" means the following items and services furnished to an
15 inpatient in a hospital other than a hospital, institution, or facility for tuberculosis or mental
16 diseases:

17 (i) Bed and board;

18 (ii) Nursing services and other related services as are customarily furnished by the hospital
19 for the care and treatment of inpatients and drugs, biologicals, supplies, appliances, and equipment
20 for use in the hospital, as are customarily furnished by the hospital for the care and treatment of
21 patients;

22 (iii)(A) Other diagnostic or therapeutic items or services, including, but not limited to,
23 pathology, radiology, and anesthesiology furnished by the hospital or by others under arrangements
24 made by the hospital, as are customarily furnished to inpatients either by the hospital or by others
25 under such arrangements, and services as are customarily provided to inpatients in the hospital by
26 an intern or resident-in-training under a teaching program having the approval of the Council on
27 Medical Education and Hospitals of the American Medical Association or of any other recognized
28 medical society approved by the director.

29 (B) The term "inpatient hospital services" shall be taken to include medical and surgical
30 services provided by the inpatient's physician, but shall not include the services of a private-duty
31 nurse or services in a hospital, institution, or facility maintained primarily for the treatment and
32 care of patients with tuberculosis or mental diseases. Provided, further, it shall be taken to include
33 only the following organ transplant operations: kidney, liver, cornea, pancreas, bone marrow, lung,
34 heart, and heart/lung, and other organ transplant operations as may be designated by the director

1 after consultation with medical advisory staff or medical consultants; and provided that any such
2 transplant operation is determined by the director or his or her designee to be medically necessary.
3 Prior written approval of the director, or his or her designee, shall be required for all covered organ
4 transplant operations.

5 (C) In determining medical necessity for organ transplant procedures, the state plan shall
6 adopt a case-by-case approach and shall focus on the medical indications and contra-indications in
7 each instance; the progressive nature of the disease; the existence of any alternative therapies; the
8 life-threatening nature of the disease; the general state of health of the patient apart from the
9 particular organ disease; and any other relevant facts and circumstances related to the applicant and
10 the particular transplant procedure.

11 (7) "Nursing services" means the following items and services furnished to an inpatient in
12 a nursing facility:

13 (i) Bed and board;

14 (ii) Nursing care and other related services as are customarily furnished to inpatients
15 admitted to the nursing facility, and drugs, biologicals, supplies, appliances, and equipment for use
16 in the facility, as are customarily furnished in the facility for the care and treatment of patients;

17 (iii) Other diagnostic or therapeutic items or services, legally furnished by the facility or
18 by others under arrangements made by the facility, as are customarily furnished to inpatients either
19 by the facility or by others under such arrangement;

20 (iv) Medical services provided in the facility by the inpatient's physician, or by an intern
21 or resident-in-training of a hospital with which the facility is affiliated or that is under the same
22 control, under a teaching program of the hospital approved as provided in subsection (6); and

23 (v) A personal-needs allowance of ~~fifty dollars (\$50.00)~~ seventy-five dollars (\$75.00) per
24 month.

25 (8) "Relative with whom the dependent child is living" means and includes the father,
26 mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister,
27 uncle, aunt, first cousin, nephew, or niece of any dependent child who maintains a home for the
28 dependent child.

29 (9) "Visiting nurse service" means part-time or intermittent nursing care provided by or
30 under the supervision of a registered professional nurse other than in a hospital or nursing home.

31 SECTION 5. Sections 40-8.3-2 and 40-8.3-3 of the General Laws in Chapter 40-8 entitled
32 "Uncompensated Care" is hereby amended to read as follows:

33 **40-8.3-2. Definitions.**

34 As used in this chapter:

1 (1) "Base year" means, for the purpose of calculating a disproportionate share payment for
2 any fiscal year ending after September 30, ~~2021~~ 2022, the period from October 1, ~~2019~~ 2020,
3 through September 30, ~~2020~~ 2021, and for any fiscal year ending after September 30, ~~2022~~ 2023,
4 the period from October 1, ~~2019~~ 2021, through September 30, ~~2020~~ 2022.

5 (2) "Medicaid inpatient utilization rate for a hospital" means a fraction (expressed as a
6 percentage), the numerator of which is the hospital's number of inpatient days during the base year
7 attributable to patients who were eligible for medical assistance during the base year and the
8 denominator of which is the total number of the hospital's inpatient days in the base year.

9 (3) "Participating hospital" means any nongovernment and nonpsychiatric hospital that:

10 (i) Was licensed as a hospital in accordance with chapter 17 of title 23 during the base year
11 and shall mean the actual facilities and buildings in existence in Rhode Island, licensed pursuant to
12 § 23-17-1 et seq. on June 30, 2010, and thereafter any premises included on that license, regardless
13 of changes in licensure status pursuant to chapter 17.14 of title 23 (hospital conversions) and § 23-
14 17-6(b) (change in effective control), that provides short-term, acute inpatient and/or outpatient
15 care to persons who require definitive diagnosis and treatment for injury, illness, disabilities, or
16 pregnancy. Notwithstanding the preceding language, the negotiated Medicaid managed care
17 payment rates for a court-approved purchaser that acquires a hospital through receivership, special
18 mastership, or other similar state insolvency proceedings (which court-approved purchaser is issued
19 a hospital license after January 1, 2013), shall be based upon the newly negotiated rates between
20 the court-approved purchaser and the health plan, and the rates shall be effective as of the date that
21 the court-approved purchaser and the health plan execute the initial agreement containing the newly
22 negotiated rate. The rate-setting methodology for inpatient hospital payments and outpatient
23 hospital payments set forth in §§ 40-8-13.4(b)(1)(ii)(C) and 40-8-13.4(b)(2), respectively, shall
24 thereafter apply to negotiated increases for each annual twelve-month (12) period as of July 1
25 following the completion of the first full year of the court-approved purchaser's initial Medicaid
26 managed care contract;

27 (ii) Achieved a medical assistance inpatient utilization rate of at least one percent (1%)
28 during the base year; and

29 (iii) Continues to be licensed as a hospital in accordance with chapter 17 of title 23 during
30 the payment year.

31 (4) "Uncompensated-care costs" means, as to any hospital, the sum of: (i) The cost incurred
32 by the hospital during the base year for inpatient or outpatient services attributable to charity care
33 (free care and bad debts) for which the patient has no health insurance or other third-party coverage
34 less payments, if any, received directly from such patients; and (ii) The cost incurred by the hospital

1 during the base year for inpatient or outpatient services attributable to Medicaid beneficiaries less
2 any Medicaid reimbursement received therefor; multiplied by the uncompensated-care index.

3 (5) "Uncompensated-care index" means the annual percentage increase for hospitals
4 established pursuant to § 27-19-14 [repealed] for each year after the base year, up to and including
5 the payment year; provided, however, that the uncompensated-care index for the payment year
6 ending September 30, 2007, shall be deemed to be five and thirty-eight hundredths percent (5.38%),
7 and that the uncompensated-care index for the payment year ending September 30, 2008, shall be
8 deemed to be five and forty-seven hundredths percent (5.47%), and that the uncompensated-care
9 index for the payment year ending September 30, 2009, shall be deemed to be five and thirty-eight
10 hundredths percent (5.38%), and that the uncompensated-care index for the payment years ending
11 September 30, 2010, September 30, 2011, September 30, 2012, September 30, 2013, September
12 30, 2014, September 30, 2015, September 30, 2016, September 30, 2017, September 30, 2018,
13 September 30, 2019, September 30, 2020, September 30, 2021, September 30, 2022, September
14 30, 2023, and September 30, 2024 shall be deemed to be five and thirty hundredths percent (5.30%).

15 **40-8.3-3. Implementation.**

16 ~~(a) For federal fiscal year 2021, commencing on October 1, 2020, and ending September~~
17 ~~30, 2021, the executive office of health and human services shall submit to the Secretary of the~~
18 ~~United States Department of Health and Human Services a state plan amendment to the Rhode~~
19 ~~Island Medicaid DSH Plan to provide:~~

20 ~~(1) That the DSH Plan to all participating hospitals, not to exceed an aggregate limit of~~
21 ~~\$142.5 million, shall be allocated by the executive office of health and human services to the Pool~~
22 ~~D component of the DSH Plan; and~~

23 ~~(2) That the Pool D allotment shall be distributed among the participating hospitals in direct~~
24 ~~proportion to the individual participating hospital's uncompensated care costs for the base year,~~
25 ~~inflated by the uncompensated care index to the total uncompensated care costs for the base year~~
26 ~~inflated by the uncompensated care index for all participating hospitals. The disproportionate share~~
27 ~~payments shall be made on or before July 12, 2021, and are expressly conditioned upon approval~~
28 ~~on or before July 5, 2021, by the Secretary of the United States Department of Health and Human~~
29 ~~Services, or his or her authorized representative, of all Medicaid state plan amendments necessary~~
30 ~~to secure for the state the benefit of federal financial participation in federal fiscal year 2021 for~~
31 ~~the disproportionate share payments.~~

32 ~~(b)~~(a) For federal fiscal year 2022, commencing on October 1, 2021, and ending September
33 30, 2022, the executive office of health and human services shall submit to the Secretary of the
34 United States Department of Health and Human Services a state plan amendment to the Rhode

1 Island Medicaid DSH Plan to provide:

2 (1) That the DSH Plan to all participating hospitals, not to exceed an aggregate limit of
3 \$145.1 million, shall be allocated by the executive office of health and human services to the Pool
4 D component of the DSH Plan; and

5 (2) That the Pool D allotment shall be distributed among the participating hospitals in direct
6 proportion to the individual participating hospital's uncompensated-care costs for the base year,
7 inflated by the uncompensated-care index to the total uncompensated-care costs for the base year
8 inflated by the uncompensated-care index for all participating hospitals. The disproportionate share
9 payments shall be made on or before June 30, 2022, and are expressly conditioned upon approval
10 on or before July 5, 2022, by the Secretary of the United States Department of Health and Human
11 Services, or his or her authorized representative, of all Medicaid state plan amendments necessary
12 to secure for the state the benefit of federal financial participation in federal fiscal year 2022 for
13 the disproportionate share payments.

14 ~~(e)~~(b) For federal fiscal year 2023, commencing on October 1, 2022, and ending September
15 30, 2023, the executive office of health and human services shall submit to the Secretary of the
16 United States Department of Health and Human Services a state plan amendment to the Rhode
17 Island Medicaid DSH Plan to provide:

18 (1) That the DSH Plan to all participating hospitals, not to exceed an aggregate limit of
19 ~~\$145.1~~ \$159.0 million, shall be allocated by the executive office of health and human services to
20 the Pool D component of the DSH Plan; and

21 (2) That the Pool D allotment shall be distributed among the participating hospitals in direct
22 proportion to the individual participating hospital's uncompensated-care costs for the base year,
23 inflated by the uncompensated-care index to the total uncompensated-care costs for the base year
24 inflated by the uncompensated-care index for all participating hospitals. The disproportionate share
25 payments shall be made on or before June 15, 2023, and are expressly conditioned upon approval
26 on or before June 23, 2023, by the Secretary of the United States Department of Health and Human
27 Services, or his or her authorized representative, of all Medicaid state plan amendments necessary
28 to secure for the state the benefit of federal financial participation in federal fiscal year 2023 for
29 the disproportionate share payments.

30 (c) For federal fiscal year 2024, commencing on October 1, 2023, and ending September
31 30, 2024, the executive office of health and human services shall submit to the Secretary of the
32 United States Department of Health and Human Services a state plan amendment to the Rhode
33 Island Medicaid DSH Plan to provide:

34 (1) That the DSH Plan to all participating hospitals, not to exceed an aggregate limit of

1 \$14.8 million shall be allocated by the executive office of health and human services to the Pool D
2 component of the DSH Plan; and

3 (2) That the Pool D allotment shall be distributed among the participating hospitals in direct
4 proportion to the individual participating hospital's uncompensated-care costs for the base year,
5 inflated by the uncompensated-care index to the total uncompensated-care costs for the base year
6 inflated by the uncompensated-care index for all participating hospitals. The disproportionate share
7 payments shall be made on or before June 15, 2024, and are expressly conditioned upon approval
8 on or before June 23, 2024, by the Secretary of the United States Department of Health and Human
9 Services, or his or her authorized representative, of all Medicaid state plan amendments necessary
10 to secure for the state the benefit of federal financial participation in federal fiscal year 2024 for
11 the disproportionate share payments.

12 (d) No provision is made pursuant to this chapter for disproportionate-share hospital
13 payments to participating hospitals for uncompensated-care costs related to graduate medical
14 education programs.

15 (e) The executive office of health and human services is directed, on at least a monthly
16 basis, to collect patient-level uninsured information, including, but not limited to, demographics,
17 services rendered, and reason for uninsured status from all hospitals licensed in Rhode Island.

18 (f) [Deleted by P.L. 2019, ch. 88, art. 13, § 6.]

19 SECTION 6. Sections 40-8.7-1, 40-8.7-2 and 40-8.7-6 of the General Laws in Chapter 40-
20 8.7 entitled "Healthcare Assistance for Working People with Disabilities" are hereby amended to
21 read as follows:

22 **40-8.7-1. Short title.**

23 This chapter shall be known and may be cited as "The Sherlock Act." or "[The Ticket to](#)
24 [Work Program.](#)"

25 **40-8.7-2. Medicaid buy-in program.**

26 The ~~department of human services~~ [Executive Office of Health and Human Services](#) is
27 hereby authorized [and directed](#) to ~~establish~~ [maintain](#) a Medicaid buy-in program pursuant to the
28 "Balanced Budget Act of 1997," 42 U.S.C. § 1396a(a)(10)(A)(ii)(XIII) [and the federal Ticket to](#)
29 [Work and Incentives Improvement Act of 1999 \(TWWIA\), Public Law 106-170.](#)

30 **40-8.7-6. Eligibility.**

31 (a) To be eligible for benefits under the Medicaid buy-in program:

32 (1) The person shall be an individual with disabilities as defined in § 40-8.7-4, but without
33 regard to his or her ability to engage in substantial gainful activity, as specified in the Social
34 Security Act, 42 U.S.C. § 423(d)(4);

1 (2) The person shall be employed as defined in § 40-8.7-4;

2 (3) For the Sherlock Act Medicaid buy in program the ~~The~~ person's net accountable income
3 shall either not exceed two hundred fifty percent (250%) of the federal poverty level, taking into
4 account the SSI program disregards and impairment-related work expenses as defined in 42 U.S.C.
5 § 1396a(r)(2) or for the Ticket to Work Program buy in program there are no income or asset limits
6 to be considered as part of the eligibility determination;

7 (4) A maximum of ten thousand dollars (\$10,000) of available resources for an individual
8 and twenty thousand dollars (\$20,000) for a couple shall be disregarded as shall any additional
9 resources held in a retirement account, in a medical savings account, or any other account, related
10 to enhancing the independence of the individual and approved under rules to be adopted by the
11 ~~department~~ executive office for the Sherlock Act; there are no income or asset limits for the Ticket
12 to Work Program; and

13 (5) The person shall be a current medical assistance recipient under § 40-8.5-1 [CNIL] or
14 § 40-8-3(5)(v) [MNIL]; or shall meet income, assets, (except as modified by subsection (a)(4) of
15 this section) and eligibility requirements for the medical assistance program under § 40-8.5-1
16 [CNIL] or § 40-8-3(5)(v) [MNIL], as such requirements are modified and extended by this chapter.

17 (b) Appeals Process. The director or designee shall review each application filed in
18 accordance with regulations, and shall make a determination of whether the application will be
19 approved and the extent of the benefits to be made available to the applicant, and shall, within thirty
20 (30) days after the filing, notify the applicant, in writing, of the determination. If the application is
21 rejected, the applicant shall be notified the reason for the denial. The director may at any time
22 reconsider any determination. Any applicant for or recipient of benefits aggrieved because of a
23 decision, or delay in making a decision, shall be entitled to an appeal and shall be afforded
24 reasonable notice and opportunity for a fair hearing conducted by the director, pursuant to chapter
25 8 of this title.

26 SECTION 7. Sections 40-8.9-1 and 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled
27 "Long-Term Care Service and Finance Reform" are hereby amended to read as follows:

28 **40-8.9-1. Findings.**

29 (a) The number of Rhode Islanders in need of long-term-care services continues to rise
30 substantially, and the quality of life of these Rhode Islanders is determined by the capacity of the
31 ~~long-term-care-system-state~~ to provide_ensure equitable access to the full array of services and
32 supports required to meet their healthcare needs and maintain their independence.

33 (b) It is in the interest of all Rhode Islanders to endorse and fund statewide efforts to build
34 a fiscally sound, dynamic and resilient long-term-care system that ~~supports-fosters~~: consumer

1 independence and choice; the delivery of high-quality, coordinated services; the financial integrity
2 of all participants-purchasers, payers, providers, and consumers; and the responsible and efficient
3 allocation of all available public and private resources, including preservation of federal financial
4 participation.

5 (c) It is in the interest of all Rhode Islanders to assure that rates paid for community-based
6 long-term-care services are adequate to assure high quality ~~as well as~~ and supportive of support
7 workforce recruitment and retention.

8 (d) It is in the interest of all Rhode Islanders to improve consumers' access information
9 regarding community-based alternatives to institutional settings of care.

10 (e) It is in the best interest of all Rhode Islanders to maintain a person-centered, quality
11 driven, and conflict-free system of publicly financed long-term services and supports that is
12 responsive to the goals and preferences of those served.

13 **40-8.9-9. Long-term-care rebalancing system reform goal.**

14 (a) Notwithstanding any other provision of state law, the executive office of health and
15 human services is authorized and directed to apply for, and obtain, any necessary waiver(s), waiver
16 amendment(s), and/or state-plan amendments from the Secretary of the United States Department
17 of Health and Human Services, and to promulgate rules necessary to adopt an affirmative plan of
18 program design and implementation that addresses the goal of allocating a minimum of fifty percent
19 (50%) of Medicaid long-term-care funding for persons aged sixty-five (65) and over and adults
20 with disabilities, in addition to services for persons with developmental disabilities, to home- and
21 community-based care; provided, further, the executive office shall report annually as part of its
22 budget submission, the percentage distribution between institutional care and home- and
23 community-based care by population and shall report current and projected waiting lists for long-
24 term-care and home- and community-based care services. The executive office is further authorized
25 and directed to prioritize investments in home- and community-based care and to maintain the
26 integrity and financial viability of all current long-term-care services while pursuing this goal.

27 (b) The reformed long-term-care system rebalancing goal is person-centered and
28 encourages individual self-determination, family involvement, interagency collaboration, and
29 individual choice through the provision of highly specialized and individually tailored home-based
30 services. Additionally, individuals with severe behavioral, physical, or developmental disabilities
31 must have the opportunity to live safe and healthful lives through access to a wide range of
32 supportive services in an array of community-based settings, regardless of the complexity of their
33 medical condition, the severity of their disability, or the challenges of their behavior. Delivery of
34 services and supports in less-costly and less-restrictive community settings will enable children,

1 adolescents, and adults to be able to curtail, delay, or avoid lengthy stays in long-term-care
2 institutions, such as behavioral health residential-treatment facilities, long-term-care hospitals,
3 intermediate-care facilities, and/or skilled nursing facilities.

4 (c) Pursuant to federal authority procured under § 42-7.2-16, the executive office of health
5 and human services is directed and authorized to adopt a tiered set of criteria to be used to determine
6 eligibility for services. The criteria shall be developed in collaboration with the state's health and
7 human services departments and, to the extent feasible, any consumer group, advisory board, or
8 other entity designated for these purposes, and shall encompass eligibility determinations for long-
9 term-care services in nursing facilities, hospitals, and intermediate-care facilities for persons with
10 intellectual disabilities, as well as home- and community-based alternatives, and shall provide a
11 common standard of income eligibility for both institutional and home- and community-based care.
12 The executive office is authorized to adopt clinical and/or functional criteria for admission to a
13 nursing facility, hospital, or intermediate-care facility for persons with intellectual disabilities that
14 are more stringent than those employed for access to home- and community-based services. The
15 executive office is also authorized to promulgate rules that define the frequency of re-assessments
16 for services provided for under this section. Levels of care may be applied in accordance with the
17 following:

18 (1) The executive office shall continue to apply the level-of-care criteria in effect on ~~June~~
19 ~~30, 2015~~ April 1, 2021, for any recipient determined eligible for and receiving Medicaid-funded
20 long-term services and supports in a nursing facility, hospital, or intermediate-care facility for
21 persons with intellectual disabilities on or before that date, unless:

22 (i) The recipient transitions to home- and community-based services because he or she
23 would no longer meet the level-of-care criteria in effect on ~~June 30, 2015~~ April 1, 2021; or

24 (ii) The recipient chooses home- and community-based services over the nursing facility,
25 hospital, or intermediate-care facility for persons with intellectual disabilities. For the purposes of
26 this section, a failed community placement, as defined in regulations promulgated by the executive
27 office, shall be considered a condition of clinical eligibility for the highest level of care. The
28 executive office shall confer with the long-term-care ombudsperson with respect to the
29 determination of a failed placement under the ombudsperson's jurisdiction. Should any Medicaid
30 recipient eligible for a nursing facility, hospital, or intermediate-care facility for persons with
31 intellectual disabilities as of ~~June 30, 2015~~ April 1, 2021, receive a determination of a failed
32 community placement, the recipient shall have access to the highest level of care; furthermore, a
33 recipient who has experienced a failed community placement shall be transitioned back into his or
34 her former nursing home, hospital, or intermediate-care facility for persons with intellectual

1 disabilities whenever possible. Additionally, residents shall only be moved from a nursing home,
2 hospital, or intermediate-care facility for persons with intellectual disabilities in a manner
3 consistent with applicable state and federal laws.

4 (2) Any Medicaid recipient eligible for the highest level of care who voluntarily leaves a
5 nursing home, hospital, or intermediate-care facility for persons with intellectual disabilities shall
6 not be subject to any wait list for home- and community-based services.

7 (3) No nursing home, hospital, or intermediate-care facility for persons with intellectual
8 disabilities shall be denied payment for services rendered to a Medicaid recipient on the grounds
9 that the recipient does not meet level-of-care criteria unless and until the executive office has:

10 (i) Performed an individual assessment of the recipient at issue and provided written notice
11 to the nursing home, hospital, or intermediate-care facility for persons with intellectual disabilities
12 that the recipient does not meet level-of-care criteria; and

13 (ii) The recipient has either appealed that level-of-care determination and been
14 unsuccessful, or any appeal period available to the recipient regarding that level-of-care
15 determination has expired.

16 (d) The executive office is further authorized to consolidate all home- and community-
17 based services currently provided pursuant to 42 U.S.C. § 1396n into a single system of home- and
18 community-based services that include options for consumer direction and shared living. The
19 resulting single home- and community-based services system shall replace and supersede all 42
20 U.S.C. § 1396n programs when fully implemented. Notwithstanding the foregoing, the resulting
21 single program home- and community-based services system shall include the continued funding
22 of assisted-living services at any assisted-living facility financed by the Rhode Island housing and
23 mortgage finance corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8
24 of title 42 as long as assisted-living services are a covered Medicaid benefit.

25 (e) The executive office is authorized to promulgate rules that permit certain optional
26 services including, but not limited to, homemaker services, home modifications, respite, and
27 physical therapy evaluations to be offered to persons at risk for Medicaid-funded long-term care
28 subject to availability of state-appropriated funding for these purposes.

29 (f) To promote the expansion of home- and community-based service capacity, the
30 executive office is authorized to pursue payment methodology reforms that increase access to
31 homemaker, personal care (home health aide), assisted living, adult supportive-care homes, and
32 adult day services, as follows:

33 (1) Development of revised or new Medicaid certification standards that increase access to
34 service specialization and scheduling accommodations by using payment strategies designed to

1 achieve specific quality and health outcomes.

2 (2) Development of Medicaid certification standards for state-authorized providers of adult
3 day services, excluding providers of services authorized under § 40.1-24-1(3), assisted living, and
4 adult supportive care (as defined under chapter 17.24 of title 23) that establish for each, an acuity-
5 based, tiered service and payment methodology tied to: licensure authority; level of beneficiary
6 needs; the scope of services and supports provided; and specific quality and outcome measures.

7 The standards for adult day services for persons eligible for Medicaid-funded long-term
8 services may differ from those who do not meet the clinical/functional criteria set forth in § 40-
9 8.10-3.

10 (3) As the state's Medicaid program seeks to assist more beneficiaries requiring long-term
11 services and supports in home- and community-based settings, the demand for home-care workers
12 has increased, and wages for these workers has not kept pace with neighboring states, leading to
13 high turnover and vacancy rates in the state's home-care industry, the executive office shall institute
14 a one-time increase in the base-payment rates for FY 2019, as described below, for home-care
15 service providers to promote increased access to and an adequate supply of highly trained home-
16 healthcare professionals, in amount to be determined by the appropriations process, for the purpose
17 of raising wages for personal care attendants and home health aides to be implemented by such
18 providers.

19 (i) A prospective base adjustment, effective not later than July 1, 2018, of ten percent
20 (10%) of the current base rate for home-care providers, home nursing care providers, and hospice
21 providers contracted with the executive office of health and human services and its subordinate
22 agencies to deliver Medicaid fee-for-service personal care attendant services.

23 (ii) A prospective base adjustment, effective not later than July 1, 2018, of twenty percent
24 (20%) of the current base rate for home-care providers, home nursing care providers, and hospice
25 providers contracted with the executive office of health and human services and its subordinate
26 agencies to deliver Medicaid fee-for-service skilled nursing and therapeutic services and hospice
27 care.

28 (iii) Effective upon passage of this section, hospice provider reimbursement, exclusively
29 for room and board expenses for individuals residing in a skilled nursing facility, shall revert to the
30 rate methodology in effect on June 30, 2018, and these room and board expenses shall be exempted
31 from any and all annual rate increases to hospice providers as provided for in this section.

32 (iv) On the first of July in each year, beginning on July 1, 2019, the executive office of
33 health and human services will initiate an annual inflation increase to the base rate for home-care
34 providers, home nursing care providers, and hospice providers contracted with the executive office

1 and its subordinate agencies to deliver Medicaid fee-for-service personal care attendant services,
2 skilled nursing and therapeutic services and hospice care. The base rate increase shall be a
3 percentage amount equal to the New England Consumer Price Index card as determined by the
4 United States Department of Labor for medical care and for compliance with all federal and state
5 laws, regulations, and rules, and all national accreditation program requirements.

6 (g) As the state's Medicaid program seeks to assist more beneficiaries requiring long-term
7 services and supports in home- and community-based settings, the demand for home-care workers
8 has increased, and wages for these workers has not kept pace with neighboring states, leading to
9 high turnover and vacancy rates in the state's home-care industry. To promote increased access to
10 and an adequate supply of direct-care workers, the executive office shall institute a payment
11 methodology change, in Medicaid fee-for-service and managed care, for FY 2022, that shall be
12 passed through directly to the direct-care workers' wages who are employed by home nursing care
13 and home-care providers licensed by the Rhode Island department of health, as described below:

14 (1) Effective July 1, 2021, increase the existing shift differential modifier by \$0.19 per
15 fifteen (15) minutes for personal care and combined personal care/homemaker.

16 (i) Employers must pass on one hundred percent (100%) of the shift differential modifier
17 increase per fifteen-minute (15) unit of service to the CNAs who rendered such services. This
18 compensation shall be provided in addition to the rate of compensation that the employee was
19 receiving as of June 30, 2021. For an employee hired after June 30, 2021, the agency shall use not
20 less than the lowest compensation paid to an employee of similar functions and duties as of June
21 30, 2021, as the base compensation to which the increase is applied.

22 (ii) Employers must provide to EOHHS an annual compliance statement showing wages
23 as of June 30, 2021, amounts received from the increases outlined herein, and compliance with this
24 section by July 1, 2022. EOHHS may adopt any additional necessary regulations and processes to
25 oversee this subsection.

26 (2) Effective January 1, 2022, establish a new behavioral healthcare enhancement of \$0.39
27 per fifteen (15) minutes for personal care, combined personal care/homemaker, and homemaker
28 only for providers who have at least thirty percent (30%) of their direct-care workers (which
29 includes certified nursing assistants (CNA) and homemakers) certified in behavioral healthcare
30 training.

31 (i) Employers must pass on one hundred percent (100%) of the behavioral healthcare
32 enhancement per fifteen (15) minute unit of service rendered by only those CNAs and homemakers
33 who have completed the thirty (30) hour behavioral health certificate training program offered by
34 Rhode Island College, or a training program that is prospectively determined to be compliant per

1 EOHHS, to those CNAs and homemakers. This compensation shall be provided in addition to the
2 rate of compensation that the employee was receiving as of December 31, 2021. For an employee
3 hired after December 31, 2021, the agency shall use not less than the lowest compensation paid to
4 an employee of similar functions and duties as of December 31, 2021, as the base compensation to
5 which the increase is applied.

6 (ii) By January 1, 2023, employers must provide to EOHHS an annual compliance
7 statement showing wages as of December 31, 2021, amounts received from the increases outlined
8 herein, and compliance with this section, including which behavioral healthcare training programs
9 were utilized. EOHHS may adopt any additional necessary regulations and processes to oversee
10 this subsection.

11 (h) The executive office shall implement a long-term-care-options counseling program to
12 provide individuals, or their representatives, or both, with long-term-care consultations that shall
13 include, at a minimum, information about: long-term-care options, sources, and methods of both
14 public and private payment for long-term-care services and an assessment of an individual's
15 functional capabilities and opportunities for maximizing independence. Each individual admitted
16 to, or seeking admission to, a long-term-care facility, regardless of the payment source, shall be
17 informed by the facility of the availability of the long-term-care-options counseling program and
18 shall be provided with long-term-care-options consultation if they so request. Each individual who
19 applies for Medicaid long-term-care services shall be provided with a long-term-care consultation.

20 (i) The executive office shall implement, no later than January 1, 2024, a statewide network
21 and rate methodology for conflict-free case management for individuals receiving Medicaid-funded
22 home and community-based services. The executive office shall coordinate implementation with
23 the state's health and human services departments and divisions authorized to deliver Medicaid-
24 funded home and community-based service programs, including the department of behavioral
25 healthcare, developmental disabilities and hospitals; the department of human services; and the
26 office of healthy aging. It is in the best interest of the Rhode Islanders eligible to receive Medicaid
27 home and community-based services under this chapter, chapter 40.1, chapter 42 or any other
28 general laws to provide equitable access to conflict-free case management that shall include person-
29 centered planning, service arranging and quality monitoring in the amount, duration and scope
30 required by federal law and regulations. It is necessary to ensure that there is a robust network of
31 qualified conflict-free case management entities with the capacity to serve all participants on a
32 statewide basis and in a manner that promotes choice, self-reliance, and community integration.
33 The executive office, as the designated single state Medicaid authority and agency responsible for
34 coordinating policy and planning for health and human services under § 42-7.2 et seq., is directed

1 to establish a statewide conflict-free case management network under the management of the
2 executive office and to seek any Medicaid waivers, state plan amendments and changes in rules,
3 regulations and procedures that may be necessary to ensure that recipients of Medicaid home and
4 community-based services have access to conflict-free case management in a timely manner and in
5 accordance with the federal requirements that must be met to preserve financial participation.

6 ~~(j)~~(j) The executive office is also authorized, subject to availability of appropriation of
7 funding, and federal, Medicaid-matching funds, to pay for certain services and supports necessary
8 to transition or divert beneficiaries from institutional or restrictive settings and optimize their health
9 and safety when receiving care in a home or the community. The secretary is authorized to obtain
10 any state plan or waiver authorities required to maximize the federal funds available to support
11 expanded access to home- and community-transition and stabilization services; provided, however,
12 payments shall not exceed an annual or per-person amount.

13 ~~(k)~~(k) To ensure persons with long-term-care needs who remain living at home have
14 adequate resources to deal with housing maintenance and unanticipated housing-related costs, the
15 secretary is authorized to develop higher resource eligibility limits for persons or obtain any state
16 plan or waiver authorities necessary to change the financial eligibility criteria for long-term services
17 and supports to enable beneficiaries receiving home and community waiver services to have the
18 resources to continue living in their own homes or rental units or other home-based settings.

19 ~~(l)~~(l) The executive office shall implement, no later than January 1, 2016, the following
20 home- and community-based service and payment reforms:

21 (1) [Deleted by P.L. 2021, ch. 162, art. 12, § 6.]

22 (2) Adult day services level of need criteria and acuity-based, tiered-payment
23 methodology; and

24 (3) Payment reforms that encourage home- and community-based providers to provide the
25 specialized services and accommodations beneficiaries need to avoid or delay institutional care.

26 ~~(m)~~(m) The secretary is authorized to seek any Medicaid section 1115 waiver or state-plan
27 amendments and take any administrative actions necessary to ensure timely adoption of any new
28 or amended rules, regulations, policies, or procedures and any system enhancements or changes,
29 for which appropriations have been authorized, that are necessary to facilitate implementation of
30 the requirements of this section by the dates established. The secretary shall reserve the discretion
31 to exercise the authority established under §§ 42-7.2-5(6)(v) and 42-7.2-6.1, in consultation with
32 the governor, to meet the legislative directives established herein.

33 SECTION 8. Section 40.1-8.5-8 of the General Laws in Chapter 40 entitled "General
34 Provisions" is hereby amended to read as follows:

1 **40.1-8.5-8. Certified community behavioral health clinics.**

2 (a) The executive office of health and human services is authorized and directed to submit
3 to the Secretary of the United States Department of Health and Human Services a state plan
4 amendment for the purposes of establishing Certified Community Behavioral Health Clinics in
5 accordance with Section 223 of the federal Protecting Access to Medicare Act of 2014.

6 (b) The executive office of health and human services shall amend its Title XIX state plan
7 pursuant to Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C § 1397 et seq.] of the
8 Social Security Act as necessary to cover all required services for persons with mental health and
9 substance use disorders at a certified community behavioral health clinic through a ~~daily or~~ monthly
10 bundled payment methodology that is specific to each organization’s anticipated costs and inclusive
11 of all required services within Section 223 of the federal Protecting Access to Medicare Act of
12 2014. Such certified community behavioral health clinics shall adhere to the federal model,
13 including payment structures and rates.

14 (c) A certified community behavioral health clinic means any licensed behavioral health
15 organization that meets the federal certification criteria of Section 223 of the Protecting Access to
16 Medicare Act of 2014. The department of behavioral healthcare, developmental disabilities and
17 hospitals shall define additional criteria to certify the clinics including, but not limited to the
18 provision of, these services:

- 19 (1) Outpatient mental health and substance use services;
- 20 (2) Twenty-four (24) hour mobile crisis response and hotline services;
- 21 (3) Screening, assessment, and diagnosis, including risk assessments;
- 22 (4) Person-centered treatment planning;
- 23 (5) Primary care screening and monitoring of key indicators of health risks;
- 24 (6) Targeted case management;
- 25 (7) Psychiatric rehabilitation services;
- 26 (8) Peer support and family supports;
- 27 (9) Medication-assisted treatment;
- 28 (10) Assertive community treatment; and
- 29 (11) Community-based mental health care for military service members and veterans.

30 (d) Subject to the approval from the United States Department of Health and Human
31 Services’ Centers for Medicare and Medicaid Services, the certified community behavioral health
32 clinic model pursuant to this chapter, shall be established by ~~July 1, 2023~~ [February 1, 2024](#), and
33 include any enhanced Medicaid match for required services or populations served.

34 (e) By August 1, 2022, the executive office of health and human services will issue the

1 appropriate purchasing process and vehicle for organizations who want to participate in the
2 Certified Community Behavioral Health Clinic model program.

3 (f) ~~By December 1, 2022, the~~ The organizations will submit a detailed cost report
4 developed by the department of behavioral healthcare, developmental disabilities and hospitals
5 with approval from the executive office of health and human services, that includes the cost for the
6 organization to provide the required services.

7 (g) ~~By January 15, 2023, the~~ The department of behavioral healthcare, developmental
8 disabilities and hospitals, in coordination with the executive office of health and human services,
9 will prepare an analysis of proposals, determine how many behavioral health clinics can be certified
10 in FY 2024 and the costs for each one. Funding for the Certified Behavioral Health Clinics will be
11 included in the FY 2024 budget recommended by the Governor.

12 (h) The executive office of health and human services shall apply for the federal Certified
13 Community Behavioral Health Clinics Demonstration Program if another round of funding
14 becomes available.

15 SECTION 9. Section 42-7.2-5 of the General Laws in Chapter 42-7.2 entitled "Office of
16 Health and Human Services" is hereby amended to read as follows:

17 **42-7.2-5. Duties of the secretary.**

18 The secretary shall be subject to the direction and supervision of the governor for the
19 oversight, coordination, and cohesive direction of state-administered health and human services
20 and in ensuring the laws are faithfully executed, notwithstanding any law to the contrary. In this
21 capacity, the secretary of the executive office of health and human services (EOHHS) shall be
22 authorized to:

23 (1) Coordinate the administration and financing of healthcare benefits, human services, and
24 programs including those authorized by the state's Medicaid section 1115 demonstration waiver
25 and, as applicable, the Medicaid state plan under Title XIX of the U.S. Social Security Act.
26 However, nothing in this section shall be construed as transferring to the secretary the powers,
27 duties, or functions conferred upon the departments by Rhode Island public and general laws for
28 the administration of federal/state programs financed in whole or in part with Medicaid funds or
29 the administrative responsibility for the preparation and submission of any state plans, state plan
30 amendments, or authorized federal waiver applications, once approved by the secretary.

31 (2) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid
32 reform issues as well as the principal point of contact in the state on any such related matters.

33 (3)(i) Review and ensure the coordination of the state's Medicaid section 1115
34 demonstration waiver requests and renewals as well as any initiatives and proposals requiring

1 amendments to the Medicaid state plan or formal amendment changes, as described in the special
2 terms and conditions of the state's Medicaid section 1115 demonstration waiver with the potential
3 to affect the scope, amount or duration of publicly funded healthcare services, provider payments
4 or reimbursements, or access to or the availability of benefits and services as provided by Rhode
5 Island general and public laws. The secretary shall consider whether any such changes are legally
6 and fiscally sound and consistent with the state's policy and budget priorities. The secretary shall
7 also assess whether a proposed change is capable of obtaining the necessary approvals from federal
8 officials and achieving the expected positive consumer outcomes. Department directors shall,
9 within the timelines specified, provide any information and resources the secretary deems necessary
10 in order to perform the reviews authorized in this section.

11 (ii) Direct the development and implementation of any Medicaid policies, procedures, or
12 systems that may be required to assure successful operation of the state's health and human services
13 integrated eligibility system and coordination with HealthSource RI, the state's health insurance
14 marketplace.

15 (iii) Beginning in 2015, conduct on a biennial basis a comprehensive review of the
16 Medicaid eligibility criteria for one or more of the populations covered under the state plan or a
17 waiver to ensure consistency with federal and state laws and policies, coordinate and align systems,
18 and identify areas for improving quality assurance, fair and equitable access to services, and
19 opportunities for additional financial participation.

20 (iv) Implement service organization and delivery reforms that facilitate service integration,
21 increase value, and improve quality and health outcomes.

22 (4) Beginning in 2020, prepare and submit to the governor, the chairpersons of the house
23 and senate finance committees, the caseload estimating conference, and to the joint legislative
24 committee for health-care oversight, by no later than September 15 of each year, a comprehensive
25 overview of all Medicaid expenditures outcomes, administrative costs, and utilization rates. The
26 overview shall include, but not be limited to, the following information:

27 (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;

28 (ii) Expenditures, outcomes and utilization rates by population and sub-population served
29 (e.g., families with children, persons with disabilities, children in foster care, children receiving
30 adoption assistance, adults ages nineteen (19) to sixty-four (64), and elders);

31 (iii) Expenditures, outcomes and utilization rates by each state department or other
32 municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the Social
33 Security Act, as amended;

34 (iv) Expenditures, outcomes and utilization rates by type of service and/or service provider;

1 ~~and~~

2 (v) Expenditures by mandatory population receiving mandatory services and, reported
3 separately, optional services, as well as optional populations receiving mandatory services and,
4 reported separately, optional services for each state agency receiving Title XIX and XXI funds; and

5 (vi) Information submitted to the Centers for Medicare and Medicaid Services for the
6 mandatory annual state reporting of the Core Set of Children's Health Care Quality Measures for
7 Medicaid and Children's Health Insurance Program, behavioral health measures on the Core Set of
8 Adult Health Care Quality Measures for Medicaid and the Core Sets of Health Home Quality
9 Measures for Medicaid to ensure compliance with the Bipartisan Budget Act of 2018, Public Law
10 115-123.

11 The directors of the departments, as well as local governments and school departments,
12 shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever
13 resources, information and support shall be necessary.

14 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts among
15 departments and their executive staffs and make necessary recommendations to the governor.

16 (6) Ensure continued progress toward improving the quality, the economy, the
17 accountability and the efficiency of state-administered health and human services. In this capacity,
18 the secretary shall:

19 (i) Direct implementation of reforms in the human resources practices of the executive
20 office and the departments that streamline and upgrade services, achieve greater economies of scale
21 and establish the coordinated system of the staff education, cross-training, and career development
22 services necessary to recruit and retain a highly-skilled, responsive, and engaged health and human
23 services workforce;

24 (ii) Encourage EOHHS-wide consumer-centered approaches to service design and delivery
25 that expand their capacity to respond efficiently and responsibly to the diverse and changing needs
26 of the people and communities they serve;

27 (iii) Develop all opportunities to maximize resources by leveraging the state's purchasing
28 power, centralizing fiscal service functions related to budget, finance, and procurement,
29 centralizing communication, policy analysis and planning, and information systems and data
30 management, pursuing alternative funding sources through grants, awards and partnerships and
31 securing all available federal financial participation for programs and services provided EOHHS-
32 wide;

33 (iv) Improve the coordination and efficiency of health and human services legal functions
34 by centralizing adjudicative and legal services and overseeing their timely and judicious

1 administration;

2 (v) Facilitate the rebalancing of the long term system by creating an assessment and
3 coordination organization or unit for the expressed purpose of developing and implementing
4 procedures EOHHS-wide that ensure that the appropriate publicly funded health services are
5 provided at the right time and in the most appropriate and least restrictive setting;

6 (vi) Strengthen health and human services program integrity, quality control and
7 collections, and recovery activities by consolidating functions within the office in a single unit that
8 ensures all affected parties pay their fair share of the cost of services and are aware of alternative
9 financing;

10 (vii) Assure protective services are available to vulnerable elders and adults with
11 developmental and other disabilities by reorganizing existing services, establishing new services
12 where gaps exist and centralizing administrative responsibility for oversight of all related initiatives
13 and programs.

14 (7) Prepare and integrate comprehensive budgets for the health and human services
15 departments and any other functions and duties assigned to the office. The budgets shall be
16 submitted to the state budget office by the secretary, for consideration by the governor, on behalf
17 of the state's health and human services agencies in accordance with the provisions set forth in §
18 35-3-4.

19 (8) Utilize objective data to evaluate health and human services policy goals, resource use
20 and outcome evaluation and to perform short and long-term policy planning and development.

21 (9) Establishment of an integrated approach to interdepartmental information and data
22 management that complements and furthers the goals of the unified health infrastructure project
23 initiative and that will facilitate the transition to a consumer-centered integrated system of state
24 administered health and human services.

25 (10) At the direction of the governor or the general assembly, conduct independent reviews
26 of state-administered health and human services programs, policies and related agency actions and
27 activities and assist the department directors in identifying strategies to address any issues or areas
28 of concern that may emerge thereof. The department directors shall provide any information and
29 assistance deemed necessary by the secretary when undertaking such independent reviews.

30 (11) Provide regular and timely reports to the governor and make recommendations with
31 respect to the state's health and human services agenda.

32 (12) Employ such personnel and contract for such consulting services as may be required
33 to perform the powers and duties lawfully conferred upon the secretary.

34 (13) Assume responsibility for complying with the provisions of any general or public law

1 or regulation related to the disclosure, confidentiality and privacy of any information or records, in
2 the possession or under the control of the executive office or the departments assigned to the
3 executive office, that may be developed or acquired or transferred at the direction of the governor
4 or the secretary for purposes directly connected with the secretary’s duties set forth herein.

5 (14) Hold the director of each health and human services department accountable for their
6 administrative, fiscal and program actions in the conduct of the respective powers and duties of
7 their agencies.

8 [\(15\) Identify opportunities for inclusion with the EOHHS' October 1, 2023 budget](#)
9 [submission, to remove fixed eligibility thresholds for programs under its purview by establishing](#)
10 [sliding scale decreases in benefits commensurate with income increases up to four hundred fifty](#)
11 [percent \(450%\) of the federal poverty level. These shall include but not be limited to medical](#)
12 [assistance, child care assistance, and food assistance.](#)

13 SECTION 10. Rhode Island Medicaid Reform Act of 2008 Resolution.

14 WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled “The Rhode
15 Island Medicaid Reform Act of 2008”; and

16 WHEREAS, a legislative enactment is required pursuant to Rhode Island General Laws
17 42-12.4-1, et seq.; and

18 WHEREAS, Rhode Island General Laws section 42-7.2-5(3)(i) provides that the Secretary
19 of the Executive Office of Health and Human Services (“Executive Office”) is responsible for the
20 review and coordination of any Medicaid section 1115 demonstration waiver requests and renewals
21 as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category
22 II or III changes as described in the demonstration, “with potential to affect the scope, amount, or
23 duration of publicly-funded health care services, provider payments or reimbursements, or access
24 to or the availability of benefits and services provided by Rhode Island general and public laws”;
25 and

26 WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is
27 fiscally sound and sustainable, the Secretary requests legislative approval of the following
28 proposals to amend the demonstration; and

29 WHEREAS, implementation of adjustments may require amendments to the Rhode
30 Island’s Medicaid state plan and/or section 1115 waiver under the terms and conditions of the
31 demonstration. Further, adoption of new or amended rules, regulations and procedures may also be
32 required

33 (a) *Cedar Rate Increase.* The Secretary of the Executive Office is authorized to pursue and
34 implement any waiver amendments, state plan amendments, and/or changes to the applicable

1 department's rules, regulations and procedures required to implement an increase to existing fee-
2 for-service and managed care rates and an updated code structure for the Cedar Family Centers.

3 (b) *Hospital State Directed Managed Care Payment.* The Secretary of the Executive Office
4 is hereby authorized and directed to amend its regulations for reimbursement to Medicaid Managed
5 Care Organizations (MMCO) and authorized to direct MMCO's to make quarterly state directed
6 payments to hospitals for inpatient and outpatient services in accordance with the payment
7 methodology contained in the approved CMS preprint for hospital state directed payments.

8 (c) *Hospital Licensing Fee.* The Secretary of the Executive Office is authorized to pursue
9 and implement any waiver amendments, state plan amendments, and/or changes to the applicable
10 department's rules, regulations and procedures required to implement a hospital licensing rate,
11 including but not limited to, a three-tiered hospital licensing rate for non-government owned
12 hospitals and one rate for government-owned and operated hospitals.

13 (d) *Permanent Appendix K Authority for Parents and Other Relatives to Provide Day and*
14 *Community- Based Services Through Self-Directed HCBS Programs.* The Secretary of the
15 Executive Office is authorized to pursue and implement any waiver amendments, state plan
16 amendments, and/or changes to the applicable department's rules, regulations and procedures
17 required to implement permanent current 1115 Global Waiver Appendix K Authority to allow
18 parents and other relatives of adult members with disabilities to be reimbursed for day and
19 community-based services provided to adults with disabilities who participate in Self-Directed
20 Home and Community-Based Services Programs. The Department of Behavioral Healthcare,
21 Developmental Disabilities and Hospitals will include the necessary information for the expenses
22 and number of participants in the monthly reported required under § 35-17-1.

23 (e) *Authority for Personal Care Attendant Service Delivery to HCBS Recipients in Acute*
24 *Care Settings.* The Secretary of the Executive Office is authorized to pursue and implement any
25 waiver amendments, state plan amendments, and/or changes to the applicable department's rules,
26 regulations and procedures required to allow Medicaid reimbursement of direct support
27 professionals to assist Medicaid Long-Term Services and Supports Home and Community-Based
28 Services beneficiaries while such individuals are receiving care in hospital acute care settings.
29 Approval of the waiver does not create an obligation for any hospital to staff home and community-
30 based service providers and those providers may not interfere with hospital clinical activities or
31 engage in activities beyond the scope of the services prior to hospitalization.

32 Now, therefore, be it

33 RESOLVED, that the General Assembly hereby approves the proposals stated above in the
34 recitals; and be it further

1 RESOLVED, that the Secretary of the Executive Office of Health and Human Services is
2 authorized to pursue and implement any waiver amendments, state plan amendment, and/or
3 changes to the applicable department's rules, regulations and procedures approved herein and as
4 authorized by 42-12.4; and be it further;

5 RESOLVED, that this Joint Resolution shall take effect on July 1, 2023.

6 SECTION 11. This article shall take effect upon passage, except for Section 10 which shall
7 take effect as of July 1, 2023.