



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Executive Office of Health and Human Services
 Pastore Complex, Louis Pasteur Building

2. Title of Rule

Medicaid Code of Administrative Rules, Section #1400, "Medicaid Integrated Health Care Coverage"

3. Statutory Source of Authority

Chapters 40-8, 40-8.13 of the Rhode Island General Laws, as amended; Title XIX of the Social Security Act

4. Concise Explanatory Statement - §42-35-2.6

With the enactment of the federal Affordable Care Act in 2010, Medicaid eligibility groups were reorganized into two categories based on whether their eligibility must be determined using the Modified Adjusted Gross Income (MAGI) standard or the more comprehensive requirements associated with the Supplemental Security Income (SSI) Program that consider income as well as certain characteristics i.e., age, disability and blindness. For the purposes of clarity, the State has designated all MAGI-eligible populations as Medicaid Affordable Care Coverage (MACC) groups and consolidated all rules related to these groups in Chapter Section 1300 et seq. of the Medicaid Code of Administrative Rules (MCAR). Beneficiaries subject to the more comprehensive SSI income standards elders and adults with disabilities and beneficiaries receiving long-term services and supports (LTSS) have been organized into a new broad coverage category referred to hereinafter as the Integrated Health Care Coverage (IHCC) groups.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
- Amendment of ERLID:
- Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
- Amendment
- Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

Final Rules

B1. Amendment - §42-35-3(a)

B2. Adoption - §42-35-3(a)

B3. Repeal - §42-35-3(a)

C. Technical Revision

D. Direct Final Rule - §42-35-2.11

If B1 or C, please indicate new, amended, deleted, or revised sections:

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:05/16/2016
 Date of Public Hearing - §42-35-2.8:06/20/2016
 End of Comment Period - §42-35-2.8 :06/20/2016

7. Agency Additional Information - Web Page

<http://www.eohhs.ri.gov>

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Title

Notary Public

Subscribed and sworn before me

this _____ day of _____, _____

