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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: RI-22-0026

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

April 19, 2023

Kristin Sousa
Medicaid Program Director
Executive Office, Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Dear Ms. Sousa:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number RI-22-0026 submitted on December 28, 2022, with additional information received on March 30, 2023, has been approved. This SPA has an effective date of October 1, 2022.

Through this SPA, Rhode Island implements a Health Services Initiative (HSI) to provide 12 months of postpartum coverage for individuals covered under the from conception group (also known as the "unborn" option). The benefits provided during this postpartum period are identical to the comprehensive benefits provided to postpartum individuals enrolled in Medicaid.

This approval is based on section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your Project Officer is Tess Hines. Tess is available to answer your questions concerning this amendment and other CHIP-related matters. Tess's contact information is as follows:

Page 2 – Ms. Kristin Sousa

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-0435
E-mail: mary.hines@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

1.4

Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (**42 CFR 457.65**):

Effective date: October 1, 1997, although the effective date for the Section 1115 waiver was January 18, 2001.

Effective date for Amendment #1 expansion of eligibility up to 300 percent FPL is January 5, 1999.

Effective/Approval date for Amendment #2, Rhode Island's compliance SPA is September 19, 2002.

Effective date for Amendment #3, Rhode Island's separate child health program is November 1, 2002.

Effective date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility, is October 1, 2006.

Effective date for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Effective date for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Effective date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

Effective date for RI-20-002, to extend renewals for emergencies, is March 16, 2020

Effective date for RI-20-002, to temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area, is March 16, 2020.

Effective date for RI-20-002, to provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, is March 16, 2020.

Effective date for RI-22-0006, to document compliance with the American Rescue Plan ACT COVID treatment, testing, and vaccination coverage, is March 11, 2021

Effective date for RI-22-0025, to extend 12 months postpartum coverage to all pregnant individuals enrolled in CHIP and provide coverage for lawfully residing pregnant women is October 1, 2022

Effective date for RI-22-0026, to extend 12 months postpartum coverage the CHIP unborn population is October 1, 2022

Implementation date: October 1, 1997, although the various components of the program, including applicable amendment provisions, have been implemented since then.

Implementation date: Amendment #1 was not implemented.

Implementation date for Amendment #2, compliance SPA was per CMS regulation.

Implementation date for Amendment #3, Rhode Island's separate child health program is November 1, 2002.

Implementation date for Amendment #4, adding a \$10,000 liquid asset limit for eligibility is October 1, 2006. However, this amendment was not implemented.

Implementation date for Amendment #5, removing a \$10,000 liquid asset limit for eligibility is July 1, 2007.

Implementation date for Amendment #7, to an eligibility group of children who are otherwise eligible aliens lawfully residing in the United States as authorized by section 214 of the Children's Health Insurance Reauthorization Act of 2009 is July 1, 2009.

Implementation date for Amendment #8, to eliminate CHIP premiums, is 1 July 2014.

Implementation date for RI-20-002, to extend renewals for emergencies, is for up to the duration of the emergency, or at state discretion, a shorter period of time.

Implementation date for RI-20-002, to temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area, is for up to the duration of the emergency, or at state discretion, a shorter period of time.

Implementation date for RI-20-002, to provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, is for up to the duration of the emergency, or at state discretion, a shorter period of time.

Implementation date for RI-20-0009, updating to be compliant with the SUPPORT ACT, is October 1, 2019.

Implementation date for RI-22-0006, to document compliance with the American Rescue Plan ACT COVID treatment, testing, and vaccination coverage, is March 11, 2021

Implementation date for RI-22-0025, to extend 12 months postpartum coverage to all pregnant individuals enrolled in CHIP is October 1, 2022

Implementation date for RI-22-0026, to extend 12 months postpartum coverage to the CHIP unborn population is October 1, 2022

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

RI-20-0002: To address the COVID19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.”

RI-20-0009 Tribal Notice May 26,2020

RI-22-0006- Under 1135 authority, Rhode Island contacted its tribal partners to notify them of this amendment via email at the time the amendment was submitted.

RI-22-0025- Tribal Notice sent September 8, 2022

RI-22-0026- Tribal Notice sent September 8, 2022

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
RI-13-023 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
		CS8	Eligibility – Targeted Low Income Pregnant Women	Supersedes the current sections Geographic Area 4.1.1-P; Age 4.1.2-P; and Income 4.1.3-P
		CS9	Eligibility – Coverage from Conception to Birth	Supersedes the current sections Geographic

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS13	Eligibility – Deemed Newborns	Area 4.1.1; Age 4.1.2; and Income 4.1.3 Supersedes the current section 4.1.9-P regarding deeming and incorporate within a separate subsection under section 4.3
RI-13-024 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
RI-13-025 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
RI-13-026 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
RI-13-027 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17 CS18 CS19	Non-Financial Eligibility – Residency Non-Financial Eligibility – Citizenship Non-Financial Eligibility – Social Security Number	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR Supersedes the current section 4.1.9.1

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS20 CS21	Non-Financial Eligibility – Substitution of Coverage Non-Financial Eligibility – Non-Payment of Premiums	Supersedes the current section 4.4.4 Supersedes the current section 8.7
RI – 18-005 Effective/Implementation Date: October 2, 2017	MHPAEA Compliance		Document compliance with the MHPAEA of 2008	Supersedes the current section 6 Supersedes the current section 8
RI – 19-004 Effective/Implementation Date: July 1, 2018 Approval Date: August 9, 2019	Managed Care Final Rule Compliance		Document compliance with the Medicaid and CHIP Managed Care Final Rule	Supersedes the current section 3
RI-20-0009	SUPPORT ACT			
RI – 22-0006 Effective/Implementation Date: March 11, 2021	American Rescue Plan Act Compliance		Document compliance with the American Rescue Plan Act COVID treatment, testing, and vaccination coverage	New addition to section 6.2.31

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Approval Date: June 23, 2022				
RI-22-0025 Effective/Implementation Date: October 1, 2022 Approval Date:			Provide 12 months continuous postpartum coverage to pregnant individuals enrolled in CHIP and provide coverage for lawfully residing pregnant women	Amendment to section _6.2
RI-22-0026 Effective/Implementation Date: October 1, 2022 Approval Date:			Provide 12 months continuous postpartum coverage to CHIP unborn population	Amendment to section _6.2, 2.2

2.2. Health Services Initiatives- Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Rhode Island is seeking approval of a Health Services Initiative to provide coverage for the individuals covered under the conception to end of pregnancy group (also known as the “unborn” option) for 12 months post-partum (through the end of the month in which the 12th month falls). This change aligns with post-partum coverage expansion across Rhode Island’s Medicaid population as a result of the new state plan opportunity established by the American Rescue Plan Act.

This Health Services Initiative will be funded under the State’s ten percent Title XXI administration cap and will assist in improving the health of children by ensuring that their birth parent has access to healthcare services and supports needed for a healthy post-partum period and beyond.

In FFY 2023, the State estimates average monthly enrollment of 594 benefiting members, for an additional 7,133 member months of coverage under the HSI.

Given historical trends, the State estimates a similar HSI population in FFY 2024. The postpartum services covered are consistent with the comprehensive benefit package provided under Rhode Island's Medicaid program under Title XIX in terms of the amount, duration and scope of services

This initiative will result in better health outcomes for children. When adults are not able to access the healthcare they need, they are not able to care for their children to the best of their ability. Furthermore, certain untreated conditions such as depression and substance use disorder can lead to actions that have negative impacts on a child's development.

The state will report on performance metrics for this Health Services Initiative through CARTS. The state assures that funding under this HSI will not supplant or match CHIP federal funds with other federal funds, nor will it allow other federal funds to supplant or match CHIP federal funds.

4.1.10 Check if the State is electing the option under section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) to provide coverage to the following otherwise eligible individuals lawfully residing in the United States:

- (1) "Qualified aliens" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
- (2) Citizens of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who have been admitted to the United States (U.S.) as non-immigrants and are permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
- (3) Individuals described in 8 CFR 103.12(a)(4) who do not have a permanent residence in the country of their nationality and are in statuses that permit them to remain in the U.S. for an indefinite period of time pending adjustment of status. These individuals include:
 - (a) Individuals currently in temporary resident status as Amnesty beneficiaries pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
 - (b) Individuals currently under Temporary Protected Status pursuant to section 244 of the INA;
 - (c) Family Unity beneficiaries pursuant to section 301 of Public Law 101-649 as amended, as well as pursuant to section 1504 of Pub. L. 106-554;

- (d) Individuals currently under Deferred Enforced Departure pursuant to a decision made by the President; and
 - (e) Individuals who are the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
- (4) Individuals in non-immigrant classifications under the INA who are permitted to remain in the U.S. for an indefinite period, including the following who are specified in section 101(a)(15) of the INA:
- Parents or children of individuals with special immigrant status under section 101(a)(27) of the INA as permitted under section 101(a)(15)(N) of the INA;
 - Fiancées of a citizen as permitted under section 101(a)(15)(K) of the INA;
 - Religious workers under section 101(a)(15)(R);
 - Individuals assisting the Department of Justice in a criminal investigation as permitted under section 101(a)(15)(U) of the INA;
 - Battered aliens; and
 - Individuals with a petition pending for 3 years or more as permitted under section 101(a)(15)(V) of the INA.

The State elects the CHIPRA section 214 option for children up to age 19

The State elects the CHIPRA section 214 option for pregnant women through the 60-day postpartum period

9.10.

State source funding will be from the State’s General Revenue Fund.

	FFY 2023	FFY 2024
Total Estimated CHIP Benefit Expenditures (All Funds) [1]	\$137,601,177	\$135,663,177
Estimated Federal Share – November CEC Adopted [1]	\$96,238,614	\$92,942,843
Estimated State Share – November CEC adopted [1]	\$41,363,065	\$42,720,335

(Offsetting beneficiary cost sharing payments)	N/A	N/A
Effective FMAP Assumes 3/31/22 End Date of FFCRA Enhanced FMAP 6.2% MA and 4.34% CHIP Enhancement End	69.94%	68.51%
Net Benefit Costs	\$137,601,177	\$135,663,177
Administration Costs		
Executive Office of Health and Human Services [1]		
Personnel	\$600,515	\$714,342
Contractors/Brokers (e.g., enrollment contractors)	\$1,032,221	\$1,053,832
All Other Operating	\$35,601	\$39,597
EOHHS Administration Costs Total	\$1,668,337	\$1,807,771
Department of Human Services [1]		
Personnel	\$926,929	\$1,062,052
Contractors/Brokers (e.g., enrollment contractors)	N/A	N/A
All Other Operating	N/A	N/A
DHS Administration Costs Total	\$926,929	\$1,062,052
Administration Costs Total	\$2,595,266	\$2,869,823
Derivation of the 10% Cap Based upon Est. Benefit Exp		
CHIP Administrative Claiming Cap (All Funds)	\$13,760,168	\$13,566,318
CHIP Admin Amount Below/Under 10% Cap (Using Est. Benefit Exp)	\$11,164,902	\$10,696,495
Unborn Postpartum Coverage [3]	\$3,020,683	\$3,171,717
CHIP Administrative Claiming Balance (After HSI)	\$8,144,219	\$7,524,778
State Share	\$908,017	\$998,774
Federal Share	\$2,112,666	\$2,172,943

Notes

[1] As adopted by the November 2022 Caseload Estimating Conference for state fiscal years 2023 and 2024

[2] As requested by each department in its state fiscal year 2023 revised/2024 budget request

[3] Assumes members eligible for HIS transition HIS coverage category as of 10/1/22; Assumes equally distributed such that all else equal the same number of new members are starting their postpartum period that are ending it each month; and that 1/12 of the PHE growth is terminated monthly over a 12 month period starting April 2022. Additional member months based upon either 10 or 12 additional postpartum months.