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State/Territory Name: Tj qf g'Krcpf

State Plan Amendment (SPA) #: TI-24-0025

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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

May 14, 2024

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

Dear Director Kristin Sousa:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) RI-24-0005, submitted on April 19, 2024, has been approved. Through this SPA, Rhode Island has demonstrated compliance with both the Inflation Reduction Act (IRA) Section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. This SPA has an effective date of October 1, 2023.

Section 11405(b)(1) of the IRA requires states with separate CHIPs that include coverage for adults to provide coverage and payment for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing. Current regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the ACIP without cost sharing. The state provided the necessary assurances to demonstrate compliance with both requirements.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

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) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI
OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

**SECTION 1. GENERAL DESCRIPTION AND PURPOSE OF THE
STATE CHILD HEALTH PLANS AND STATE CHILD HEALTH
PLAN REQUIREMENTS (SECTION 2101)**

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box)
(42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

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

Effective date for RI-24-0005, to attest that the state provides coverage for age-appropriate vaccines and their administration, without cost sharing is October 1, 2023

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

Implementation date for RI-24-0005, for RI-24-0005, to attest that the state provides coverage for age-appropriate vaccines and their administration, without cost sharing is October 1, 2023

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

RI-24-0005- Tribal Notice sent on February 26, 2024, no comments received.

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
RI-13-023 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS15 CS8 CS9 CS13	MAGI-Based Income Methodologies Eligibility – Targeted Low Income Pregnant Women Eligibility – Coverage from Conception to Birth Eligibility – Deemed Newborns	Incorporate within a separate subsection under section 4.3 Supersedes the current sections Geographic Area 4.1.1-P; Age 4.1.2-P; and Income 4.1.3-P Supersedes the current sections Geographic 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	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS20	Non-Financial Eligibility – Social Security Number	Supersedes the current section 4.1.9.1
		CS21	Non-Financial Eligibility – Substitution of Coverage	Supersedes the current section 4.4.4
			Non-Financial Eligibility – Non-Payment of Premiums	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 Approval Date: June 23, 2022	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
RI-22-0025 Effective/Implementation Date: October 1, 2022			Provide 12 months continuous postpartum coverage to	Amendment to section _6.2

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Approval Date: April 19, 2023			pregnant individuals enrolled in CHIP and provide coverage for lawfully residing pregnant women	
RI-22-0026 Effective/Implementation Date: October 1, 2022 Approval Date: April 19, 2023			Provide 12 months continuous postpartum coverage to CHIP unborn population	Amendment to section 6.2, 2.2
RI-24-0005 Effective/Implementation Date: October 1, 2023	Inflation Reduction Act Compliance		The state is assuring that it covers age-appropriate vaccines and their administration, without cost sharing.	Amendment to section 6.5

6.5-Vaccine coverages

Guidance: States are required to provide coverage for age-appropriate vaccines and their administration, without cost sharing. States that elect to cover children under the State plan (indicated in Section 4.1) should check box 6.5.1 States that elect to cover pregnant individuals under the State plan should also check box 6.5.2. States that elect to cover the from-conception-to-end-of-pregnancy population (previously referred to as the “unborn”) option under the State plan should also check box 6.5.3.

6.5.1- Vaccine coverage for targeted-low-income children. The State provides coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP), without cost sharing. (Section 2103(c)(1)(D)) (42CFR 457.410(b)(2) and 457.520(b)(4)).

6.5.2- Vaccine coverage for targeted-low-income pregnant individuals. The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12))

6.5.3-Vaccine coverage for from-conception-to-end-of-pregnancy population option. The state provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost-sharing, to benefit the unborn child.