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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: RI-26-0004

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Children and Adults Health Programs Group

August 17, 2026

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

Dear Director Sousa,

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) RI-26-0004 submitted on June 26, 2026, has been approved. The effective date for this SPA is January 1, 2026.

Through RI-26-0004, Rhode Island demonstrates compliance with section 205 of the Consolidated Appropriations Act, 2024 (CAA, 2024) by modifying CHIP eligibility requirements for the treatment of incarcerated pregnant women. Section 205 of the CAA, 2024, amends section 2102(d)(1)(A) of the Act to expand the prohibition on terminating eligibility to CHIP-enrolled pregnant women solely because an individual is an inmate of a public institution. Additionally, the state clarifies policies related to a pregnant woman's enrollment in managed care while incarcerated.

Your Project Officer is Chanelle Parkar. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Chanelle.Parkar@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Jessica Stephens/

Jessica Stephens
Acting 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

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.

Effective date for RI-24-0006, to attest that the state provides continuous 12-month coverage to individuals enrolled in CHIP, pursuant to section 5112 of the Consolidated Appropriations Act, 2023, effective January 1, 2024.

Effective date: RI-26-0004, to attest that the state does not terminate pregnant individuals enrolled in a separate CHIP due to incarceration in a public institution, pursuant to the Consolidated Appropriations Act, 2024, effective January 1, 2026.

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

Implementation date for RI-24-0006, to attest to attest that the state

provides continuous 12-month coverage to individuals enrolled in CHIP is January 1, 2024

Implementation date for RI-26-0004, does not terminate pregnant individuals enrolled in a separate CHIP due to incarceration in a public institution, pursuant to the Consolidated Appropriations Act, 2024, is January 1, 2026

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.

RI-24-0006 – Tribal Notice sent on February 26, 2024, no comments received.

RI-26-0004 – Tribal Notice sent on 5/21/26, no comments received.

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
RI-13-023	MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date: January 1, 2014		CS8 CS9 CS13	Eligibility – Targeted Low Income Pregnant Women Eligibility – Coverage from Conception to Birth Eligibility – Deemed Newborns	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	Non-Financial Eligibility – Residency Non-Financial Eligibility –	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0;

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS19 CS20 CS21	Citizenship Non-Financial Eligibility – Social Security Number Non-Financial Eligibility – Substitution of Coverage Non-Financial Eligibility – Non-Payment of Premiums	4.1.1-LR; 4.1.1-LR Supersedes the current section 4.1.9.1 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 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			Provide 12 months	Amendment to

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date**: October 1, 2022** Approval Date: April 19, 2023			continuous postpartum coverage to pregnant individuals enrolled in CHIP and provide coverage for lawfully residing pregnant women	section _6.2
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
RI-24-0006 **Effective/Implementation Date: January 1, 2024**		CS27	Provides 12 months of continuous eligibility coverage to FCEP population	
RI-26-0004 **Effective/Implementation Date: January 1, 2026**		CS31	Attestation that the state does not terminate pregnant individuals in a separate CHIP due to incarceration in a public institution	

3.1. **Delivery Systems** (Section 2102(a)(4)) (42 CFR 457.490; Part 457, Subpart L)

3.1.1 Choice of Delivery System

3.1.1.1 Does the State use a managed care delivery system for its CHIP populations? Managed care entities include MCOs, PIHPs, PAHPs, PCCM entities and PCCMs as defined in 42 CFR 457.10. Please check the box and answer the questions below that apply to your State.

☐ No, the State does not use a managed care delivery system for any CHIP populations.

☒ Yes, the State uses a managed care delivery system for all CHIP populations.

☐ Yes, the State uses a managed care delivery system; however, only some of the CHIP population is included in the managed care delivery system and some of the CHIP population is included in a fee-for-service system.

If the State uses a managed care delivery system for only some of its CHIP populations and a fee-for-service system for some of its CHIP populations, please describe which populations are, and which are not, included in the State's managed care delivery system for CHIP. States will be asked to specify which managed care entities are used by the State in its managed care delivery system below in Section 3.1.2.

When the State Medicaid Agency (SMA) is notified that a pregnant beneficiary has been incarcerated by the Department of Corrections (DOC), the MMIS disenrolls the member from their managed care organization (MCO) and an incarcerated indicator for that member is added in MMIS. The individual's underlying eligibility is maintained in the State's Integrated Eligibility System (IES). Once the member is discharged from the DOC, the MMIS receives an updated file and automatically re-enrolls the member in their MCO and removes the incarceration indicator.

Guidance: Utilization control systems are those administrative mechanisms that are designed to ensure that enrollees receiving health care services under the State plan receive only appropriate and medically necessary health care consistent with the benefit package.

Examples of utilization control systems include, but are not limited to: requirements for referrals to specialty care; requirements that clinicians use clinical practice guidelines; or demand management systems (e.g., use of an 800 number for after-hours and urgent care). In addition, the State should describe its plans for review, coordination, and implementation of utilization controls, addressing both procedures and State developed standards for review, in order to assure that necessary care is delivered in a cost-effective and efficient manner. (42 CFR 457.490(b))

If the State does not use a managed care delivery system for any or some of its CHIP populations, describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of:

- The methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102(a)(4); 42 CFR 457.490(a))
- The utilization control systems designed to ensure that enrollees receiving health care services under the State plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved State plan. (Section 2102(a)(4); 42 CFR 457.490(b))

Guidance: Only States that use a managed care delivery system for all or some CHIP populations need to answer the remaining questions under Section 3 (starting with 3.1.1.2). If the State uses a managed care delivery system for only some of its CHIP population, the State's responses to the following questions will only apply to those populations.

CHIP Eligibility

State Name: Rhode Island

OMB Control Number: 0938-1148

Transmittal Number: RI - 26 - 0004

Incarcerated CHIP Beneficiaries — CS31

2102(d) and 2110(b)(7) of the SSA

Targeted Low-Income Children Who Become Incarcerated

☐ The state assures that it does not terminate eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to children who are incarcerated. States that elect to suspend CHIP coverage for the duration of a child's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a child's incarceration ☐

If yes, then check an option below:

○ Benefits suspension

○ Eligibility suspension

☐ The state assures that it redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination and restores coverage for child health assistance to eligible children upon their release.

☐ Within the 30 days prior to release (or within one week of release, or as soon as practicable after release), the state assures that it provides eligible children with any screenings, diagnostic services, or case management services that would otherwise be available to children under the CHIP state plan (or waiver of such plan).

Additional information regarding implementation of mandatory provisions of section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023), including providing screenings, diagnostic services, or case management services:

Under section 5122 of the CAA, 2023, states may consider otherwise eligible children who are inmates pending disposition of charges as eligible for CHIP and provide all services covered under the CHIP state plan.

☐ The state elects to provide all CHIP state plan benefits (or waiver of such plan) to eligible children who are inmates pending disposition of charges.

CHIP Eligibility

Children Determined Eligible for CHIP While Incarcerated

Generally, children who apply for CHIP when they are in a carceral facility are not eligible because of the eligibility exclusion for inmates of a public institution under section 2110(b) of the Act. However, section 2110(b)(7) of the Act provides an exception to this eligibility exclusion for children who are within 30 days prior to their release.

☐ The state assures that they will process any application submitted on behalf of a child and make an eligibility determination for child health assistance upon their release from the institution.

☐ Children who apply and are found eligible within 30 days prior to their release will be provided screening and diagnostic services, and case management services that are otherwise available under the CHIP state plan (or waiver of such plan).

Targeted Low-Income Pregnant Women Who Become Incarcerated

☒ The state assures that it does not terminate eligibility for pregnant women enrolled in a separate CHIP because the pregnant woman is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to pregnant women who are incarcerated. States that elect to suspend CHIP coverage for the duration of a pregnant woman's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a pregnant woman's incarceration: Yes

If yes, then check an option below:

- (•) Benefits suspension
- ( ) Eligibility suspension