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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 23-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# RI - Submission Package - RI2023MS00030 - (RI-23-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Program Operations  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 22, 2023

Richard Charest, R.Ph, MBA  
Secretary of Health and Human Services  
Executive Office of Health and Human Services  
3 West Road  
Virks Building  
Cranston, RI 02920

Re: Approval of State Plan Amendment RI-23-0006

Dear Richard Charest, R.Ph, MBA,

On June 30, 2023, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-23-0006, in which the state proposed to confirm in its state plan the eligibility requirements for the Medicare Savings Program eligibility groups.

We approve Rhode Island State Plan Amendment (SPA) RI-23-0006 with an effective date(s) of April 01, 2023.

If you have any questions regarding this amendment, please contact Joyce Butterworth at [joyce.butterworth@cms.hhs.gov](mailto:joyce.butterworth@cms.hhs.gov)

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# RI - Submission Package - RI2023MS0003O - (RI-23-0006) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS0003O | RI-23-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	RI2023MS0003O	<b>SPA ID</b>	RI-23-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2023
<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Rhode Island

**Medicaid Agency Name:** Executive Office of Health and Human Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

### Package Header

**Package ID** RI2023MS00030  
**Submission Type** Official  
**Approval Date** 09/22/2023  
**Superseded SPA ID** N/A

**SPA ID** RI-23-0006  
**Initial Submission Date** 6/30/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** RI-23-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2023	RI-23-0004
Qualified Medicare Beneficiaries	4/1/2023	RI-93-005
Qualified Disabled and Working Individuals	4/1/2023	RI-93-005
Specified Low Income Medicare Beneficiaries	4/1/2023	RI-93-005
Qualifying Individuals	4/1/2023	RI-93-005

#### Page Number of the Superseded Plan Section or Attachment (If Applicable):

9b  
9b1

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

## Package Header

<b>Package ID</b>	RI2023MS00030	<b>SPA ID</b>	RI-23-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2023
<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update the State Plan pages to align eligibility requirements for the Medicare Premium Payment Program with federal law. The Medicare Premium Payment Program covers Medicare premiums, co-payments, and deductibles for individuals with limited income and resources. This is a technical amendment and is consistent with current state practice.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

### Federal Statute / Regulation Citation

Sections 1902, 1905 of the Act; 42 CFR 435.100 et seq.

### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

### Package Header

<b>Package ID</b>	RI2023MS00030	<b>SPA ID</b>	RI-23-0006
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<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** This amendment has not been reviewed specifically with the Governor's Office. Under the RI Medicaid State Plan, the Governor has elected not to review the details of the state plan materials. However, in accordance with the RI law and practice, the Governor is kept apprised of major changes in the state plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	RI2023MS00030	<b>SPA ID</b>	RI-23-0006
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<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	<a href="#">4/1/2023</a>
<b>Superseded SPA ID</b>	RI-23-0004		
	User-Entered		

### Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006




## Package Header

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<b>Superseded SPA ID</b>	RI-23-0004		
	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# RI - Submission Package - RI2023MS0003O - (RI-23-0006) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS0003O | RI-23-0006

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	RI-93-005		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

## Package Header

<b>Package ID</b>	RI2023MS00030	<b>SPA ID</b>	RI-23-0006
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<b>Superseded SPA ID</b>	RI-93-005		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes  
 No

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource Reduction Rules	<p>If countable resources exceed the limit as of the first (1st) moment of a month, the applicant is not eligible for that month, unless the resources are reduced by expenditures on certain allowable expenses. In general, allowable expenses for resource reduction include:</p> <ul style="list-style-type: none"><li>• Health care services that are not covered under the Medicaid State Plan and the State's 1115 demonstration waiver and are not reimbursable by a third (3rd) party such as Medicare, or some form of insurance. Such expenses must occur in a month of eligibility, including periods of retroactive eligibility when applicable. Certain long-term services and supports (LTSS) home health care services are allowable expenses for Community Medicaid applicants when delivered by certified providers but only up to the amount Medicaid pays for the same or similar services on a fee-for-service basis.</li><li>• Tax payments based on assessments by the Federal Internal Revenue Service, the Rhode Island Department of Revenue or, other State or municipal taxing authority.</li><li>• Fees for court-appointed guardians or conservators including, but not limited to, court filing fees, the cost of a Probate Bond, court-approved guardianship/conservatorship fees, and court-approved legal fees.</li><li>• Legal fees associated with</li></ul>

**Name of methodology:**

**Description:**

disposing or gaining access to resources.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

## Package Header

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	User-Entered		

## C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

## Package Header

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	User-Entered		

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# RI - Submission Package - RI2023MS00030 - (RI-23-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

Working individuals with a disability, with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, and who qualify for payment of Medicare Part A premiums.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	RI2023MS00030	<b>SPA ID</b>	RI-23-0006
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<b>Superseded SPA ID</b>	RI-93-005		
	User-Entered		

The state covers the mandatory qualified disabled and working individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to purchase a premium to enroll for hospital insurance benefits under part A of title XVIII (Medicare Part A) pursuant to section 1818A (hospital insurance benefits for disabled individuals who have exhausted other entitlement).
2. Have income and resources at or below the standard for this group.
3. Are not otherwise eligible for medical assistance.

#### B. Financial Methodologies

SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### C. Income Standard Used

The amount of the income standard for this group is 200% FPL.

#### D. Resource Standard Used

The resource standard is two times the standard used in the SSI program.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part A premiums.

## Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

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### F. Additional Information (optional)



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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS0003O | RI-23-0006

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	RI-93-005		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes  
 No

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource Reduction Rules	<p>If countable resources exceed the limit as of the first (1st) moment of a month, the applicant is not eligible for that month, unless the resources are reduced by expenditures on certain allowable expenses. In general, allowable expenses for resource reduction include:</p> <ul style="list-style-type: none"><li>• Health care services that are not covered under the Medicaid State Plan and the State's 1115 demonstration waiver and are not reimbursable by a third (3rd) party such as Medicare, or some form of insurance. Such expenses must occur in a month of eligibility, including periods of retroactive eligibility when applicable. Certain long-term services and supports (LTSS) home health care services are allowable expenses for Community Medicaid applicants when delivered by certified providers but only up to the amount Medicaid pays for the same or similar services on a fee-for-service basis.</li><li>• Tax payments based on assessments by the Federal Internal Revenue Service, the Rhode Island Department of Revenue or, other State or municipal taxing authority.</li><li>• Fees for court-appointed guardians or conservators including, but not limited to, court filing fees, the cost of a Probate Bond, court-approved guardianship/conservatorship fees, and court-approved legal fees.</li><li>• Legal fees associated with</li></ul>

**Name of methodology:**

**Description:**

disposing or gaining access to resources.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

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## C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

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	User-Entered		

### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# RI - Submission Package - RI2023MS0003O - (RI-23-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS0003O | RI-23-0006

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2023
<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	<u>4/1/2023</u>
<b>Superseded SPA ID</b>	RI-93-005		
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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.



# Qualifying Individuals

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource Reduction Rules	<p>If countable resources exceed the limit as of the first (1st) moment of a month, the applicant is not eligible for that month, unless the resources are reduced by expenditures on certain allowable expenses. In general, allowable expenses for resource reduction include:</p> <ul style="list-style-type: none"><li>• Health care services that are not covered under the Medicaid State Plan and the State's 1115 demonstration waiver and are not reimbursable by a third (3rd) party such as Medicare, or some form of insurance. Such expenses must occur in a month of eligibility, including periods of retroactive eligibility when applicable. Certain long-term services and supports (LTSS) home health care services are allowable expenses for Community Medicaid applicants when delivered by certified providers but only up to the amount Medicaid pays for the same or similar services on a fee-for-service basis.</li><li>• Tax payments based on assessments by the Federal Internal Revenue Service, the Rhode Island Department of Revenue or, other State or municipal taxing authority.</li><li>• Fees for court-appointed guardians or conservators including, but not limited to, court filing fees, the cost of a Probate Bond, court-approved guardianship/conservatorship fees, and court-approved legal fees.</li><li>• Legal fees associated with</li></ul>

**Name of methodology:**

**Description:**

disposing or gaining access to resources.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | RI2023MS00030 | RI-23-0006

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### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

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