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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 24-0004

This file contains the following documents in the order listed:

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

RI - Submission Package - RI2024MS0002O - (RI-24-0004) - 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 Medicaid and CHIP Operations Group 601 E. 12th St. Room 355 Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 10, 2024

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

Re: Approval of State Plan Amendment RI-24-0004

Dear Secretary Charest,

On March 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-24-0004. In accordance with section 5112 of the Consolidated Appropriations Act of 2023, the state seeks CMS approval to provide 12 months of continuous eligibility (CE) for children under the age of 19 in Medicaid, with an effective date of January 1, 2024.

We approve Rhode Island State Plan Amendment (SPA) RI-24-0004 with an effective date(s) of January 01, 2024.

 $If you have any questions \ regarding \ this \ amendment, \ please \ contact \ Joyce \ Butterworth \ at \ joyce.butterworth@cms.hhs.gov$

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

RI - Submission Package - RI2024MS0002O - (RI-24-0004) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs

News Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0002O | RI-24-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID RI2024MS0002O Submission Type Official Approval Date 05/10/2024

Superseded SPA ID N/A

State Information

State/Territory Name: Rhode Island

Medicaid Agency Name: Executive Office of Health and Human

SPA ID RI-24-0004

Initial Submission Date 3/28/2024

Effective Date N/A

Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | Rl2024MS0002O | Rl-24-0004

Package Header

Package ID RI2024MS0002O

Submission Type Official

Approval Date 05/10/2024

Superseded SPA ID N/A

SPA ID RI-24-0004

Initial Submission Date 3/28/2024

Effective Date N/A

SPA ID and Effective Date

SPA ID RI-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	new

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | Rl2024MS0002O | Rl-24-0004

Package Header

Package ID RI2024MS0002O

Approval Date 05/10/2024

Superseded SPA ID N/A

Submission Type Official

SPA ID RI-24-0004

Initial Submission Date 3/28/2024

Effective Date N/A

Executive Summary

Summary Description Including In accordance with section 5112 of the Consolidated Appropriations Act of 2023, the state seeks CMS approval to provide Goals and Objectives 12 months of continuous eligibility (CE) for children under the age of 19 in Medicaid, with an effective date of January 1,

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$2196090
Second	2025	\$2928120

Federal Statute / Regulation Citation

Section 1902(e) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
No items available			

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS00020 | RI-24-0004

Package Header

Package ID RI2024MS0002O

Submission Type Official

Approval Date 05/10/2024

Superseded SPA ID N/A

Governor's Office Review

No comment

Comments received

No response within 45 days

Other

SPAID RI-24-0004

Initial Submission Date 3/28/2024

Effective Date N/A

Describe This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island 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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RI - Submission Package - RI2024MS0002O - (RI-24-0004) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter

Transaction Logs

Related Actions

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS00020 | RI-24-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID RI2024MS0002O

SPA ID RI-24-0004

Submission Type Official

Initial Submission Date 3/28/2024

Approval Date 05/10/2024

Effective Date 1/1/2024

Superseded SPA ID new

User-Entered

The state provides continuous eligibility for children in accordance with the following provisions;

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age,

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

- 1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
 - a. The month that the child turns 19 years old;
 - b. 12 months.
- 2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies:
 - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
 - c. The child ceases to be a resident of the state;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in B.

C. 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-

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