

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 26-0001

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 - RI2025MS0004O - (RI-26-0001) - Eligibility

Summary Reviewable Units Versions 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

March 20, 2026

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-26-0001

Dear Richard Charest, R. Ph, MBA,

On February 19, 2026, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-26-0001, in which the state proposed to memorialize its new income standards for its state supplementary payment program and medically needy groups, and to adjust the parent/caretaker income limit to 133 percent of the federal poverty level.

We approve Rhode Island State Plan Amendment (SPA) RI-26-0001 with an effective date(s) of January 01, 2026.

If you have any questions regarding this amendment, please contact Joyce Butterworth at (857) 357-6375 or joyce.butterworth@cms.hhs.gov.

Sincerely,

Nicole McKnight

On Behalf of Courtney Miller, MCOG
Director

Center for Medicaid & CHIP Services

RI - Submission Package - RI2025MS0004O - (RI-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	N/A
Superseded SPA ID	N/A		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 | RI2025MS00040 | RI-26-0001

Package Header

Package ID RI2025MS00040
Submission Type Official
Approval Date 03/20/2026
Superseded SPA ID N/A

SPA ID RI-26-0001
Initial Submission Date 2/19/2026
Effective Date N/A

SPA ID and Effective Date

SPA ID RI-26-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2026	RI-25-0003
Mandatory Eligibility Groups	1/1/2026	RI-23-0006
Parents and Other Caretaker Relatives	1/1/2026	13-018
Optional Eligibility Groups	1/1/2026	RI-25-0003
Optional State Supplement Beneficiaries	1/1/2026	RI-25-0003

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives EOHHS is making the annual update to the Medicaid State Plan to reflect the federal government's guidance on State Supplementary Payments and the Medically Needy Income Limit. The Social Security Administration approved a 2.8% cost-of-living increase for 2026. The state's supplementary payments and Medically Needy Income Limit have been adjusted to reflect that increase. Additionally, the state is seeking to adjust the parent/caretaker income limit to 133%.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

42 CFR 435.811
42 CFR 435.814
42 CFR 435.1007
42 CFR 435.232
42 CFR 435.110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

Package Header

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Approval Date	03/20/2026	Effective Date	N/A
Superseded SPA ID	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 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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RI - Submission Package - RI2025MS0004O - (RI-26-0001) - Eligibility

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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	RI-25-0003		
	System-Derived		

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

3. The level used is:

Household size	Standard
5	\$1967.00
6	\$2192.00
7	\$2408.00
8	\$2633.00
9	\$2850.00
10	\$3075.00
1	\$1200.00
2	\$1242.00
3	\$1525.00
4	\$1750.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:
\$217.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	RI-25-0003		
	System-Derived		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

Package Header

Package ID	RI2025MS00040	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	RI-25-0003		
	System-Derived		

C. Additional Information (optional)

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RI - Submission Package - RI2025MS0004O - (RI-26-0001) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
Related Actions

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID RI2025MS0004O	SPA ID RI-26-0001
Submission Type Official	Initial Submission Date 2/19/2026
Approval Date 03/20/2026	Effective Date 1/1/2026
Superseded SPA ID RI-23-0006	
System-Derived	

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 checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
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 checked="" 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 type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

Package Header

Package ID	RI2025MS00040	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	RI-23-0006		
	System-Derived		

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

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RI - Submission Package - RI2025MS0004O - (RI-26-0001) - Eligibility

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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	13-018		
	System-Derived		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

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

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- b. Options relating to the definition of caretaker relative:
 - i. The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.
 - ii. The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.
 - iii. The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.
- c. Options relating to the definition of dependent child:
 - i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
 - ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	13-018		
	System-Derived		

B. Financial Methodologies

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

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

Yes

No

2. The state uses the following income standard for this group:

FPL 133.00%

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

Package Header

Package ID	RI2025MS00040	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	13-018		
	System-Derived		

D. Basis for Income Standard

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level: 179.00%
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- v. Other dollar amount

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

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Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	13-018		
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E. Additional Information (optional)

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RI - Submission Package - RI2025MS0004O - (RI-26-0001) - Eligibility

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

CMS-10434 OMB 0938-1188

Package Header

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Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	RI-25-0003		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package [?]	Included in Another Submission Package	Source Type [?]
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input 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 [?]
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<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 ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Package Header

Package ID	RI2025MS0004O	SPA ID	RI-26-0001
Submission Type	Official	Initial Submission Date	2/19/2026
Approval Date	03/20/2026	Effective Date	1/1/2026
Superseded SPA ID	RI-25-0003		
	System-Derived		

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 - RI2025MS0004O - (RI-26-0001) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.

Classifications administered by the state:

Institutionalized Individuals (ABD) and Community ABD Living Independently or Living in the Home of Another.

- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS00040 | RI-26-0001

Package Header

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
 No

b. Varies by payment classification.

- Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

Income Standard

Individual	Couple
\$10	\$15
33.9	70.3
2	8

- v. Living in household of another.

Income Standard

Individual	Couple
\$71	\$10
4.59	91.0
	4

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Residential Care and Assisted Living	Individuals residing in residential care or Assisted Living Facilities
Individual	Couple
\$1326.00	\$1326.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2025MS0004O | RI-26-0001

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