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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 26-0003

This file contains the following documents in the order listed:

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

RI - Submission Package - RI2026MS0003O - (RI-26-0003) - 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

April 13, 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-26-0003

Dear Richard Charest, R.Ph, MBA,

On March 11, 2026, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-26-0003, in which the state proposed income disregards for its Qualified Medicare Beneficiary (QMB) and Qualified Individual (QI) eligibility groups.

We approve Rhode Island State Plan Amendment (SPA) RI-26-0003 with an effective date(s) of February 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
Acting Director, Division of Program Operations
Center for Medicaid & CHIP Services

RI - Submission Package - RI2026MS0003O - (RI-26-0003) - Eligibility

- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS0003O | RI-26-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2026MS0003O	SPA ID	RI-26-0003
Submission Type	Official	Initial Submission Date	3/11/2026
Approval Date	04/13/2026	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Superseded SPA ID	N/A		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 | RI2026MS00030 | RI-26-0003

Package Header

Package ID RI2026MS00030
Submission Type Official
Approval Date 04/13/2026
Superseded SPA ID N/A

SPA ID RI-26-0003
Initial Submission Date 3/11/2026
Effective Date N/A

SPA ID and Effective Date

SPA ID RI-26-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	2/1/2026	RI-23-0006
Qualified Medicare Beneficiaries	2/1/2026	RI-23-0006
Qualifying Individuals	2/1/2026	RI-23-0006

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS00030 | RI-26-0003

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Approval Date	04/13/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to amend Rhode Island's Medicaid State Plan to implement income disregards for the Qualified Medicare Beneficiary (QMB) Medicare Savings Program (MSP), also known as the Medicare Premium Payment Program (MPPP), to increase eligibility up to one hundred and twenty-five percent (125%) of the federal poverty level (FPL) and the Qualified Individual (QI) MSP up to one hundred and sixty-eight percent (168%) of federal poverty, as required by the FY26 State Budget.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$1793616
Second	2027	\$2432408

Federal Statute / Regulation Citation

42 CFR 435.123
42 CFR 435.125

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS00030 | RI-26-0003

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Governor's Office Review

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

Describe 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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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS0003O | RI-26-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2026MS0003O	SPA ID	RI-26-0003
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	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 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
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

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

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS00030 | RI-26-0003


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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 - RI2026MS0003O - (RI-26-0003) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS0003O | RI-26-0003

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

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	System-Derived		

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 | RI2026MS00030 | RI-26-0003

Package Header

Package ID RI2026MS00030
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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

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

Between the following percentages of the FPL:

FPL 100.00%

and

FPL 125.00%

- Between the medically needy income limit and a percentage of the FPL:
 Between the SSI Federal Benefit Rate and:
 Between other income standards:

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">• 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.• Tax payments based on assessments by the Federal Internal Revenue Service, the Rhode Island Department of Revenue or, other State or municipal taxing authority.• 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.• Legal fees associated with disposing or gaining access to resources.

Qualified Medicare Beneficiaries

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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

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F. Additional Information (optional)

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RI - Submission Package - RI2026MS0003O - (RI-26-0003) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | RI2026MS0003O | RI-26-0003

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

Package Header

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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

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

Between the following percentages of the FPL:

FPL 135.00%

and

FPL 168.00%

- Between the medically needy income limit and a percentage of the FPL:
 Between the SSI Federal Benefit Rate and:
 Between other income standards:

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">• 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.• Tax payments based on assessments by the Federal Internal Revenue Service, the Rhode Island Department of Revenue or, other State or municipal taxing authority.• 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.• Legal fees associated with disposing or gaining access to resources.

Qualifying Individuals

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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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