



Rhode Island Executive Office of Health and Human Services
 3 West Road, Virks Building, Cranston, RI 02920
 phone: 401.462.5274 fax: 401.462.3677

Name of Regulation: 210-30-05-3: Rite Share Premium Assistance Program
 Posted for Public Comment on 5/12/25
 Comment Period Ended on 6/13/25
 Summary Response to Comments 7/14/25

	Respondent	Nature of the Comments	EOHHS' Response
1.	Shamus Durac RIPIN	Oppose proposed rule - EOHHS has authority for 136/141% parent/caretaker income threshold and lacks authority to lower the threshold outside the legislative process (references conversion process following ACA) - CMS has not found RI to be out of compliance with regard to the implemented parent/caretaker income level (136/141%) - The lowering of the parent/caretaker threshold was not included in the Governor's budget - Lowering this threshold will cause approximately 900 people to lose Medicaid benefits which will have a negative impact	Rhode Island General Law 40-8.4-4(b) states "The secretary of the executive office of health and human services is authorized and directed to amend the medical assistance Title XIX state plan or Rite Care waiver to provide medical assistance coverage through expanded income disregards or other methodology for parents or relative caretakers whose income levels are below one hundred thirty-three percent (133%) of the federal poverty level." With the 5% income disregard applied under the Modified Adjusted Gross Income (MAGI) methodology, this is equal to 138% FPL. The Medicaid State Plan identifies the income limit for the mandatory parent/caretaker group as 116% FPL. There is no provision in the Medicaid State Plan that would authorize a higher income limit for parent/caretakers based on their parent/caretaker status and it is EOHHS's understanding that such a provision could not be approved under federal rules. The State Plan does, of course, include the state's adoption of the Adult Expansion population, which has an income limit up to 133% FPL (138% with the 5% disregard). The Governor's budget did account for the fiscal impact of implementing this change. EOHHS agrees that Medicaid eligibility has a positive impact on both individuals and the community in general. At this time however, these changes are necessary to ensure compliance with existing state and federal authorities.
2.	Michaela Carroll Kids Count	Oppose proposed rule - Will have a net cost (save \$1.9 million but cost \$4.5 million in loss of federal funds) - Will hurt vulnerable individuals as it will cause about 900 low income parents/guardians to lose Medicaid coverage. - While those that lose eligibility may be eligible for a QHP, they will lose access to services provided by Rite Care but not commercial insurance, such as transportation and interpreter services and will be subject to out of pocket costs (premiums etc.)	EOHHS agrees that Medicaid eligibility is beneficial to individuals and includes coverage that is not available from commercial plans. EOHHS is making this change solely to comply with existing state and federal authorities.



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		- Some individuals w/disabilities may not be eligible for a QHP and will need to enroll in Medicare and will be subject to monthly premiums. - Some individuals will not be able to enroll in these other types of health plans which will lead to worse health outcomes for children and families.	
3.	Karen Malcolm Protect Our Healthcare Coalition RI Megan Tucker American Heart Association	Oppose proposed rule - Will hurt vulnerable individuals as it will cause about 900 low income parents/guardians to lose Medicaid coverage. - While those that lose eligibility may be eligible for a QHP, they will lose access to services like NEMT, interpreter services, dental care, home care etc. and be subject to out of pocket costs (co-pays etc.) This change should be made via legislation not the administrative process	EOHHS agrees that Medicaid eligibility is beneficial to individuals and includes coverage that is not available from commercial plans. EOHHS is making this change only because it is necessary to do so to ensure compliance with existing state and federal authorities. This change is not being made through legislation because RI General Law already compels this result. Rhode Island General Law 40-8.4-4(b) states that "(t)he secretary of the executive office of health and human services is authorized and directed to amend the medical assistance Title XIX state plan or Rlte Care waiver to provide medical assistance coverage through expanded income disregards or other methodology for parents or relative caretakers whose income levels are below one hundred thirty-three percent (133%) of the federal poverty level." With the 5% income disregard applied under the Modified Adjusted Gross Income (MAGI) methodology, this is equal to 138% FPL. There is no legislative authority for parent/caretaker income limits over this level.