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TITLE 210 – EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

CHAPTER 10 – EOHHS GENERAL PROVISIONS

SUBCHAPTER 00 – GENERAL PROVISIONS

PART 3 – Medicaid and Children's Health Insurance Program (CHIP) Non-Financial General Eligibility Requirements

3.1 Overview

A. In accordance with Title XIX (42 U.S.C. §§ 1396-1396w-8) and Title XXI (42 U.S.C. §§ 1397aa-1397mm) of the Social Security Act, all Medicaid applicants and beneficiaries must meet certain non-financial general eligibility requirements related to identity, date of birth/age, Social Security Number (SSN), residency, and U.S. citizenship and immigration status. Rhode Island resident children under the age of nineteen (19) who do not meet Medicaid requirements related to citizenship and immigration status are eligible for state-funded medical coverage. In addition, applicants must agree to meet cooperation requirements regarding medical and child support, liens and estate recovery, providing application information, and reporting changes, among other requirements. The scope of the cooperation requirements varies depending on eligibility category and the age of the applicant or beneficiary.

B. This rule identifies the non-financial eligibility requirements for health coverage administered through the Rhode Island Medicaid program. The rule also sets forth the respective roles and responsibilities of the State, applicants, and beneficiaries to ensure required information is obtained in the most efficient and least burdensome way allowed by Rhode Island's integrated eligibility system (IES), within the parameters established in federal law.

C. Provisions related to the verification of financial eligibility are set forth as follows:

1. Part 30-00-5 of this Title, for children, pregnant people, parents and caretakers, and Affordable Care Act (ACA) expansion adults who are evaluated using the Modified Adjusted Gross Income (MAGI) standard; and

2. Part 40-05-1 of this Title for elders and adults with disabilities who are subject to the Supplemental Security Income (SSI) method for determining financial eligibility for Community Medicaid and Medicaid long-term services and supports (LTSS).

3.2 Legal Authority

A. This Part is promulgated pursuant to federal authorities as follows:

1. Federal Law: Title XIX of the Social Security Act, 42 U.S.C. §§ 1396a-1396w-8; Title XXI of the Social Security Act, 42 U.S.C. §§ 1397aa-1397mm; and 8 U.S.C. §§ 1611-1613 and 1631.

2. The Medicaid State Plan and the Section 1115 waiver granted pursuant to § 1115 of the Social Security Act, 42 U.S.C. § 1315.

B. Applicable State authority is derived from R.I. Gen. Laws Chapters 40-8; 40-8.4 to 40-8.12; and 42-12.3.

3.3 Incorporated Materials

A. These Regulations hereby adopt and incorporate 8 C.F.R. Part 1 (2026) by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

B. These Regulations hereby adopt and incorporate 42 C.F.R. Part 431 (2025), by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

C. These Regulations hereby adopt and incorporate 42 C.F.R. Part 433 (2025), by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

D. These Regulations hereby adopt and incorporate 42 C.F.R. Part 435 (2025), by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

E. These Regulations hereby adopt and incorporate CMS–9894–F, 89 Fed. Reg. 39393 (May 8, 2024), by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

F. These Regulations hereby adopt and incorporate AG Order No. 2131–97, 62 Fed. Reg. 238, 65285 (December 11, 1997), by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these Regulations.

3.4 Definitions

A. For the purposes of this Section, the following definitions apply:

1. “Citizenship” means the definition codified at 42 C.F.R. § 435.4 (2025). This definition includes United States citizens and nationals as defined herein.

2. “Lawfully residing” means that an individual is a resident of Rhode Island and is lawfully present in the United States for the purposes of the Medicaid program, as defined by U.S. Citizenship and Immigration Services (USCIS) and Centers for Medicare and Medicaid Services in CMS–9894–F (2024).

3. “Lawful permanent resident” means an individual who has been lawfully admitted for permanent residence, as defined at 8 C.F.R. § 1.2 (2026). Such individuals have been lawfully accorded the privilege of residing permanently in the United States without restrictions in accordance with federal immigration laws.

4. “Non-citizen” means a person who is not a U.S. citizen or U.S. national.

5. “United States (U.S.) citizen” or “citizen” means a person who is a citizen of the United States by law, birth, or naturalization.

6. “United States (U.S.) national” or “national” means a person owing permanent allegiance to the United States (8 U.S.C. § 1101(a)(22)). U.S. citizens are U.S. nationals, but U.S. nationals are not necessarily U.S. citizens.

3.5 Attestations, Consent, and Identity Proofing

A. Attestations and consent. In accordance with 42 C.F.R. § 435.945 (2025), when reviewing non-financial eligibility requirements, the State generally accepts: self-attestation when the person completing the application is requesting eligibility; and attestation by an adult who is in the applicant's household or family, or who is acting as an authorized representative, when the person requesting eligibility is a minor or incapacitated.

1. Application signature – To attest to the truthfulness of the information provided, an application must be signed either electronically or manually when submitted to be considered valid. The State notifies an applicant when a signature is missing; the application is held in pending status until the State receives the required signature from the applicant or head of household. If the application or appropriate sections or proxies thereof are not returned with a signature by the date due, the application is closed and no further action is taken by the State.

2. Consent for electronic data matches – Applicants must provide consent for the State to conduct electronic data matches related to income and other non-financial eligibility factors by signing the application.

B. Identity proofing. Identity proofing is a mechanism for assuring that an applicant is who he or she claims to be. This assurance is required to query the Federal and State electronic databases necessary to verify attestations. In addition, these sources contain confidential or private information that is protected by law and can only be obtained by

and disclosed to the applicant subsequent to identity proofing. Therefore, identity proofing is required for anyone seeking affordable health coverage financed by Medicaid, Federal tax credits, and/or State subsidies through a State eligibility system or health insurance exchange based on the MAGI methodology.

1. Applicant's responsibilities – Applicants for Medicaid Affordable Care Coverage (MACC) eligibility under Chapter 30 of this Title, who are subject to MAGI eligibility determinations, must comply with the provisions for establishing an on-line account set forth in Part 30-00-3 of this Title unless choosing to apply using a paper application. The identity proofing process occurs in conjunction with the creation of an account.

    a. Beginning the process. The identify proofing process must be completed prior to the start of an on-line application by an adult acting as the head of the household or as authorized representative in the case of minors. The process involves answering a series of questions about a variety of personal matters including current and past residences and place of birth.

    b. Alternative forms of proof. If the electronic process does not provide the required level of proof, an applicant may upload into his or her account or submit by fax, mail, or in-person, any of the forms of documents listed in 42 C.F.R. § 435.407(c) (2025).

2. State responsibilities – Identity proofing is conducted as an electronic process and occurs in conjunction with the creation of account.

    a. Remote Identity Proofing (RIDP). This process is conducted by a Federal contractor in accordance with nationwide standards. The applicant's responses to questions related to identity are evaluated using a multifaceted authentication process. Once the proofing process is completed, the on-line application process may begin and access personal information held by trusted sources like the Social Security Administration, the Internal Revenue Service, and the Department of Homeland Security. This information becomes available to both the applicant and the State in real-time rather than after the application is submitted.

    b. Agency assistance and alternative forms of proof. The State must provide assistance upon request to aid in both creating an account and in facilitating identity proofing for applicants who are unable to obtain the required level of verification through the RIDP process. In addition, the State must make applicants aware of and accept the alternative forms of identity proof identified in 42 C.F.R. § 435.407(c) (2025).

    c. Limits. The identity proofing process is permitted only at the time of initial account creation. The State is prohibited from requiring a beneficiary to

repeat the process during post-eligibility reviews or at the time of renewal. The State must also provide applicants with assurances that the identity proofing process, which is conducted by a credit rating agency, does not affect an applicant's credit standing or is not treated as a credit, rather than an identity check, for the purposes of establishing an application account.

3.6 Non-financial Eligibility Factors

A. Social Security Number (SSN). Pursuant to 42 C.F.R. § 435.910 (2025), each person applying for Medicaid must furnish their SSN as a condition of eligibility for the program.

1. Condition of eligibility – Applicants are notified prior to or while completing the application that furnishing an SSN is a condition of eligibility. Only household members who are applying for Medicaid are required to provide an SSN. An SSN of a non-applicant may be requested to verify income. Refusal of a non-applicant to provide an SSN is not used as a basis for denying eligibility to an applicant who has provided an SSN. If an SSN is unavailable for the non-applicant, other proof of income is accepted.

2. Limits on use – Applicants are informed that their SSN is used only in the administration of the Medicaid program, including in verifying income and eligibility.

3. Verification – SSN is verified through an electronic data match with the Social Security Administration. Paper documentation indicating that an application for an SSN has been made is required for applicants who do not have an SSN at the time of application.

    a. Accepted evidence if the data match fails. Applicants must provide documentation of SSN if the data match fails. Accepted forms of proof of SSN include a Social Security Card, Social Security Records, or a tax return or other document showing SSN and identity.

4. Exemption – Rhode Island resident children under the age of nineteen (19) who are receiving state-funded medical coverage, rather than Medicaid coverage, as described in § 3.7(E) of this Part, are not required to provide proof of lawful presence or to have an SSN.

B. Date of Birth. Each person applying for Medicaid must provide a date of birth (age). Attestations and self-attestations about age are verified through electronic data matches.

1. Accepted evidence if the data match fails. If the data match fails, the state may accept other evidence of date of birth, such as a legal birth certificate, valid

driver's license, valid state identification, passport, or other immigration document.

C. Residency. Pursuant to 42 C.F.R. § 435.403 (2025), a person must be a resident of Rhode Island to be eligible for Medicaid. Attestations and self-attestations about Rhode Island residency and intent to remain are accepted at the time of initial application.

1. Temporary absence – Temporary absences from Rhode Island for any of the following purposes do not interrupt or end Rhode Island residence for Medicaid purposes:

a. Obtaining necessary health care;

b. Visiting;

c. Obtaining education or training under a program of the Rhode Island Office of Rehabilitation Services, work incentive, or higher education program, or

d. Residing in a facility in another State, if arranged by an agent of the State of Rhode Island, unless the person (or their parent or guardian, as applicable) stated an intent to abandon Rhode Island residence and to reside outside Rhode Island upon discharge.

2. Indefinite absence – Individuals who are absent from Rhode Island with no intent to return, including indefinite absence due to a military assignment, are no longer considered Rhode Island residents.

D. Living Arrangements. Each person applying for Medicaid must provide information about their living arrangements (e.g., living in own home, living in another's home). This information is used to determine an applicant's household or eligibility group size.

1. Documentation – Self-attestation of living arrangement is accepted during initial application for persons living in their own homes or in someone else's household. Proof of living in a health care or treatment institution must be provided when no other source of verification is available.

2. Change in living arrangements – Notification to EOHHS and the Rhode Island Department of Human Services (DHS) of change in living arrangement from a community-based to an institutional setting or the reverse is mandatory and must be made within ten (10) days of the date the change occurs.

E. Correctional Facility. Residence in a correctional facility is based on when incarceration data is received from the Rhode Island Department of Corrections (DOC) and continues until the date the person is released from the correctional facility. While living in a correctional facility, including a juvenile facility, Medicaid health coverage is suspended except for inpatient and emergency services provided outside of the facility.

Eligible juveniles, as defined by § 1902(nn)(2) of the Social Security Act, 42 U.S.C. § 1396a(nn)(2), as well as individuals under age nineteen (19) in CHIP who are eligible for services under § 2102(d)(2) of the Social Security Act, 42 U.S.C. § 1397bb(d)(2), receive screening and diagnostic services and Targeted Case Management in the thirty (30) days prior to their release.

1. A person transferred from a correctional facility to a hospital for part or all of the sentencing period is still considered to be living in the correctional facility for general eligibility purposes, unless the exemption for Medicaid coverage of inpatient and emergency care applies.

2. Self-attestation of incarceration is accepted initially and then verified through information exchanges with the DOC. In addition, electronic data matches with DOC records are conducted on a regular basis in conjunction with the post-eligibility verification process.

F. Verification. As detailed above, self-attestations and attestations at the time of initial application are accepted for certain non-financial eligibility requirements. Verification of this information is required in some situations by Federal or State law or regulation. Rhode Island uses approved Federal and State electronic interfaces with the IES for verification purposes when available, as authorized in 42 C.F.R. §§ 435.948 through 435.956 (2025). Paper documentation is used only when information is not available through an electronic data source or there is a discrepancy between a self-attestation or an attestation and the electronic data source.

1. Assistance from the State. The State provides assistance upon request to help applicants obtain and verify information about non-financial eligibility factors. Such information is made accessible to persons with limited English proficiency as well as persons with disabilities.

   a. Information for applicants. The State informs applicants in both on-line and paper application forms whether and by what means attestations related to non-financial eligibility factors are verified, and how the information is used in accordance with the applicable provisions of this Title. In addition, when a discrepancy is noted between a data source and an attestation, the State provides any assistance requested by the applicant to validate and/or correct the information from the data source.

   b. Information from applicants. An applicant is only required to provide the information necessary to determine eligibility. Any information requested by the State about non-applicants in the household is related to the applicant's eligibility. If requesting the SSN of a non-applicant, the State clearly indicates that providing the SSN is voluntary and the SSN is only used for purposes directly connected to initial or continuing eligibility for Medicaid. A non-applicant requesting eligibility for someone else in the household is not required to provide an SSN. The State does not request

information about the citizenship and immigration status of non-applicants in the household.

3.7 Citizenship and Immigration Status

A. General Requirements. In accordance with Section 71109 of the One Big Beautiful Bill Act (OBBBA), Pub. L. No. 119-21, codified at 42 U.S.C. § 1396b(v)(5), eligibility for Medicaid is limited to the following groups:

1. U.S. citizens and U.S. nationals;

2. Lawful permanent residents, after the five (5) year waiting period described in § 3.7(B) of this Part, as applicable;

3. Cuban and Haitian entrants; and

4. Compact of Free Association (COFA) migrants.

B. Five (5) year waiting period for lawful permanent residents.

1. General – Pursuant to 8 U.S.C. § 1613(a), unless an exception applies, lawful permanent residents are required to wait five (5) years before receiving Medicaid benefits.

2. Exceptions – The five (5) year waiting period does not apply to lawful permanent residents who are exempt under 8 U.S.C. § 1613, including:

a. Refugees and asylees meeting any of the criteria included at 8 U.S.C. § 1613(b)(1), and non-citizens who are treated as refugees or asylees for the purposes of Medicaid eligibility under other federal laws including:

(1) Victims of trafficking, Pub. L. No. 106-386;

(2) Afghan and Iraqi Special Immigrant Visa (SIV) holders, Pub. L. No. 111-118;

(3) Afghan parolees, Pub. L. No. 117-43; and

(4) Ukrainian parolees, Pub. L. No. 117-128;

b. Individuals who meet the veteran and active duty exception described at 8 U.S.C. § 1613(b)(2), or the spouse or unmarried dependent child of such an individual; and

c. American Indians born in Canada to whom the provisions of Section 289 of the Immigration and Nationality Act, codified at 8 U.S.C. § 1359, apply, or who are members of an Indian Tribe (8 U.S.C. § 1613(d)(1)).

C. Exemption – CHIPRA 214. Pursuant to Section 214 of the CHIP Reauthorization Act of 2009 (CHIPRA), Pub. L. No. 111-3, codified at 42 U.S.C. § 1396b(v)(4) and 42 U.S.C. § 1397gg(e)(1), the citizenship and immigration requirements in § 3.7(A) of this Part, and the five (5) year waiting period described in § 3.7(B) of this Part, do not apply to:

1. Lawfully residing children under the age of nineteen (19).

2. Lawfully residing pregnant people.

D. Pregnant and Postpartum People Not Otherwise Eligible. A pregnant person who is not otherwise eligible under § 3.7(A) or (C) of this Part is eligible on the basis of the eligibility of the baby they are carrying, for the duration of the pregnancy and for the twelve (12) month postpartum period. For Medicaid eligibility purposes, the baby in utero is considered to be a United States citizen and Rhode Island resident.

E. State-funded Coverage for Children. Pursuant to R.I. Gen. Laws § 42-12.3-4 and § 42-12.3-15, Rhode Island resident children under the age of nineteen (19) who do not qualify under § 3.7(A) or (C) of this Part are eligible for state-funded medical coverage, provided they meet Medicaid eligibility requirements except for immigration status and SSN. There is no five (5) year waiting period for state-funded coverage.

F. Exemption – Emergency Medicaid. Pursuant to 42 U.S.C. § 1396b(v)(2), Emergency Medicaid is provided to individuals who meet all criteria for Medicaid coverage except for the citizenship and immigration requirements as defined in this Part. The specific provisions governing Emergency Medicaid coverage for resident non-citizens are set forth in Part 40-05-1 of this Title.

G. Verification. Pursuant to 42 C.F.R. § 435.956(a) (2025), the state verifies citizenship and immigration status through an electronic data match.

1. Verification sources – The electronic data sources used by the State for verifying citizenship and immigration status are the U.S. Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements (SAVE) program, Verify Lawful Presence (VLP), and the Federal State Verification and Exchange System (SVES), which operates through the Social Security Administration. If verification through these electronic sources does not succeed, the State may require the applicant to submit alternative electronic or paper documentation in accordance with § 3.7.1 of this Part and 42 C.F.R. § 435.407 (2025).

2. Record of verification – The State maintains a record of having verified citizenship and immigration status for each applicant in the IES in accordance with the requirements in 42 C.F.R. § 431.17(c) (2025).

3. Agency assistance – A State eligibility specialist is available to assist an applicant who is unable to provide a declaration or attestation, correct errors or inconsistences, or obtain any required documents as a result of a disability,

homelessness, and/or the absence of someone who can act as authorized representative on the applicant's behalf.

4. Authorized representative – An authorized representative may submit proof of citizenship, identity, and/or satisfactory immigration status on the behalf of an applicant or beneficiary.

5. Limitations – Verification of citizenship or satisfactory immigration status occurs at the point of initial application. Unless an applicant or beneficiary reports a change in citizenship or immigration status, or the State receives information indicating such a change has or may occur, the State does not initiate or require re-verification of either eligibility factor at the point of renewal, as part of the post-eligibility verification (PEV) process set forth in Part 30-00-5 of this Title, or after a break in coverage.

3.7.1 Prompt Resolution and Reasonable Opportunity

A. Verification of citizenship and/or immigration status through primary electronic data sources and interfaces may not succeed. In such instances, in accordance with 42 C.F.R. § 435.956 (2025), the verification process proceeds as follows:

1. Prompt resolution – The State promptly attempts to resolve any inconsistencies, including typographical or other clerical errors, between information provided by the applicant and information from a primary electronic data source, and resubmits corrected information through such electronic services or an alternative electronic mechanism.

2. Reasonable Opportunity – If prompt resolution fails to provide verification within five (5) working days, the State provides a reasonable opportunity period. During the reasonable opportunity period, the State continues efforts to complete verification of the citizenship and/or satisfactory immigration status, or request documentation if necessary.

   a. Notice. The State provides notice to an applicant indicating that a reasonable opportunity period is being initiated. The period begins on the date the notice is received by the applicant which is presumed to be five (5) calendar days after the date on the notice. The notice provides the applicant with the following:

      (1) Temporary, provisional eligibility – During the reasonable opportunity period, temporary, provisional Medicaid eligibility is provided to applicants in the household for whom verification is pending for up to ninety (90) days. Temporary, provisional eligibility begins on the first (1st) day of the month in which the application was filed and ends when verification is completed, the applicant

fails to cooperate or cannot provide any requested verification, or the reasonable opportunity period expires, whichever comes first.

(2) Alternative forms of proof – An additional documentation request (ADR) is included in the notice. The ADR identifies the outstanding verification issues (discrepancy, error, missing data); indicates the corrective action required and how to obtain assistance from the State, if appropriate; and provides a list of alternative accepted forms of verification, including paper documentation.

b. Additional State responsibilities. During the reasonable opportunity period:

(1) No limits on coverage – The State does not delay, deny, reduce, or terminate coverage for a person who has been determined otherwise eligible for Medicaid during the reasonable opportunity period, in accordance with 42 C.F.R. § 435.911(c) (2025).

(2) Extensions – As permitted under 42 C.F.R. § 435.956(b)(2)(ii)(B) (2025), the State may extend the reasonable opportunity period when the applicant returns the necessary documentation prior to the due date and the State needs more time to verify the applicant's status.

(3) End of temporary, provisional eligibility – Pursuant to 42 C.F.R. § 435.956(b)(3) (2025), if the individual's citizenship or satisfactory immigration status has not been verified by the end of the reasonable opportunity period, the State terminates temporary, provisional eligibility within thirty (30) days. The State provides an adverse action notice containing the reason for termination and the right to appeal in accordance with Part 10-05-2 of this Title.

c. Applicant's responsibilities. An applicant must respond to requests for additional information. An applicant also has the right to appeal and request a hearing.

3.8 Sponsor Deeming

A. Scope. Sponsor deeming applies only to lawful permanent residents who:

1. Applied for lawful permanent resident status on or after December 19, 1997; and

2. Received legally binding affidavit(s) of support from a sponsor (USCIS Form I-864) (8 U.S.C. § 1631(a)).

B. General Rules.

1. Income of the sponsor and the sponsor's spouse is deemed to each lawful permanent resident covered by the affidavit, regardless of whether the sponsor actually contributes to the lawful permanent resident's support and maintenance needs. Income is deemed even if the sponsor or their spouse receives public assistance. The following types of income are deemed:

    a. Gross income, including any cash assistance received by the sponsor or the sponsor's spouse.

    b. Net self-employment income, minus self-employment expenses.

2. The sponsor's income is not separately deemed if the sponsor's income is already counted or deemed as a member of the financial responsibility unit under Part 40-05-1 of this Title or the household under Part 30-00-5 of this Title.

C. Duration. Pursuant to 8 U.S.C. § 1631(b), sponsor deeming continues until the lawful permanent resident:

1. Attains U.S. citizenship; or

2. Can be credited with forty (40) quarters of work as defined under Title II of the Social Security Act, provided that no credit is given for any quarter after December 31, 1996, in which any Federal means tested benefit was received. Federal means tested benefits include, but are not limited to: Supplemental Nutrition Assistance Program (SNAP), RI Works, Child Care Assistance Program (CCAP), SSI and Low-income Heating Assistance Program (LIHEAP).

    a. Lawful permanent residents may be credited with quarters from their own employment, their spouse's employment, and their parent's employment.

    b. Verification of qualifying quarters must be obtained from Social Security Administration records. A written statement, signed by the applicant under penalty of perjury, may be used as temporary verification of quarters worked while awaiting information requested from Social Security.

D. Exemptions. Sponsor deeming does not apply to:

1. Lawfully residing children and pregnant and postpartum people participating under § 3.7(C) of this Part. The exception for postpartum people ends the month following the end of the postpartum period.

2. Lawful permanent residents who qualify for a temporary exemption based on battery or cruelty, as described in § 3.8(E) of this Part, or indigence, as described in § 3.8(F) of this Part.

3. Emergency Medicaid, as set forth in Part 40-05-1 of this Title.

E. Temporary Exemption – Battery or Cruelty. Sponsor deeming provisions may be waived for a period of one (1) year when a sponsored lawful permanent resident demonstrates that he or she or a child or dependent has been battered or subjected to extreme cruelty while in the U.S. by certain persons who were living in the same household (8 U.S.C. § 1631(f)).

1. For an individual to be eligible for this exemption:

    a. The battery or extreme cruelty must have occurred in the United States;

    b. The battery or cruelty must have been committed by an individual residing in the same household as the sponsored lawful permanent resident;

    c. There must be a substantial connection between the battery or cruelty and the need for Medicaid benefits, as detailed in AG Order No. 2131–97 (1997); and

    d. The sponsored lawful permanent resident must not currently live with the abuser.

2. Accepted forms of proof of battery or cruelty at the time of the initial application for a waiver and, as appropriate, continuation of the waiver include, but are not limited to:

    a. An approved USCIS petition;

    b. Restraining order;

    c. Third party affidavit,

    d. Signed affidavit from the applicant, or

    e. Health care or public or private agency records.

3. A waiver related to battery and cruelty may be renewed if the lawful permanent resident demonstrates the battery or cruelty has been recognized in the order of a judge or administrative law judge or a prior determination of the USCIS and the need for benefits remains the same.

F. Temporary Exemption – Indigence. Sponsor deeming provisions may be waived for a period of one (1) year when a lawful permanent resident is determined to be indigent under 8 U.S.C. § 1631(e)(2).

1. To be considered indigent, the sum of all income, including any cash or in-kind assistance, must be at or below one hundred thirty percent (130%) of the Federal Poverty Level.

2. When determining whether this exemption applies, only the total amount of income and resources actually deemed to the lawful permanent resident during a twelve (12) month period is counted.

3. The State is required under 8 U.S.C. § 1631(e)(2) to notify USCIS when the State makes a finding of indigence; the notification includes the name of the sponsor and the sponsored lawful permanent resident receiving Medicaid under this Part. The State notifies the lawful permanent resident that a finding of indigence must be reported to USCIS so they can decide whether to request consideration for the indigence exemption.

4. A waiver related to indigence may be renewed if the lawful permanent resident requests a continuation of the waiver based on the indigent standard set forth above.

G. Reimbursement. EOHHS does not seek reimbursement from sponsors.

3.9 Cooperation Requirements

A. Pursuant to 42 C.F.R. § 433.147 (2025), as a condition of eligibility, all Medicaid applicants and beneficiaries must meet certain cooperation requirements which enable to State to meet Federal laws and regulations related to obtaining and retaining Federal matching funds for the program.

1. General cooperation requirements – Applicants and beneficiaries must meet the following requirements:

a. Application information. Provide any information requested by the State that is necessary to determine eligibility for Medicaid.

b. Assignment of rights. Medical support or other third-party payments for health care services must be assigned to the State. As required under 42 C.F.R. § 433.146 (2025), an applicant must also assign to the EOHHS any third-party payments for any other eligible household members for whom he or she has the legal authority under State law to make such an assignment. This assignment obligation takes effect under State law upon an applicant's filing for Medicaid.

c. Third-party liability. Third-party liability refers to any individual, entity, or program that may be liable for all or part of a Medicaid applicant's coverage. As required by 42 C.F.R. § 433.147(a) and (b) (2025), applicants must cooperate in providing information to assist the state in obtaining medical support and pursuing third parties.

(1) Medical support. Medical support is a form of child support and is included on every child support order. Applicants reporting an absent parent must cooperate in establishing the identity of the

child's parent and obtaining medical support, unless a good cause exemption has been granted by the state. Pregnant women with no other children until the birth of the child, parents/caretakers in child-only application cases, and children are exempt from this requirement.

(2) Other liable third parties. All applicants and beneficiaries must identify and provide information about third-party payers liable for Medicaid covered services and supports and assign rights to payments. Beyond cooperating in this manner, the State generally pursues third-party liability without further assistance from the beneficiary.

d. Enrollment in RIte Share. An applicant with access to cost-effective employer-sponsored insurance (ESI) must enroll in the plan as a condition of eligibility. Medicaid-eligible children are not denied eligibility or subject to the loss of coverage, if their parent/caretaker with access to coverage does not cooperate and enroll in the approved plan. Specific provisions governing the RIte Share program are located in Part 30-05-3 of this Title.

e. Alternative sources of support and assistance. Take all reasonable actions to make income/resources available to meet needs. A reasonable action is one that will likely result in more financial benefit accruing to a household than the cost of Medicaid coverage. In addition, for eligibility to continue, a beneficiary who claimed that income or resources owned by or owed to him or her are unavailable must show a good faith effort to continue to take reasonable actions unless the State approves a good cause exemption made in writing. Reasonable actions include, but are not limited to:

(1) Filing applications for other benefits to which an applicant/beneficiary may be entitled including, but not limited to, State and federally-funded health care and cash assistance programs and income tax credits and private or public retirement benefits, food assistance, or supplemental insurance;

(2) Making formal requests to other joint owners to sell or otherwise liquidate jointly held property;

(3) Requesting guardians, trustees, and other legally authorized representatives to make resources or income available from estates, trusts, settlements, and other financial instruments;

(4) Retain counsel to petition a court to adjudicate any monetary or property claim which the client may have against any person; and

(5) Report to the State at the time of renewal or more frequently upon request progress being made toward making the resource or income available for use.

f. Quality Assurance. Assist the State by providing full cooperation in any quality assurance and/or program integrity activities.

g. Duty to Report. All Medicaid applicants and beneficiaries have a duty to report changes in income, family size, address, and access to employer-sponsored health insurance within ten (10) days of the date the change takes effect. Failure to make timely reports may result in the denial or discontinuation of Medicaid eligibility.

2. Essentials of Cooperation. The State may require a beneficiary to provide information or evidence, or take other reasonable steps to support cooperation, as detailed in 42 C.F.R. § 433.147(b) (2025).

3. Waiver of cooperation for good cause. The state will waive the cooperation requirements for third-party liability if it determines that the individual has good cause for refusing to cooperate. According to 42 C.F.R. § 433.147(c) (2025), an individual has good cause if cooperation is against the best interest of the child, or against the best interest of the beneficiary.

a. Good cause may be claimed by contacting a DHS or EOHHS agency representative.

b. To claim good cause, a person must state the basis of the claim in writing and present corroborative evidence within twenty (20) days of the claim; provide sufficient information to enable the investigation of the existence of the circumstance that is alleged as the cause for non-cooperation; or provide sworn statements from other persons supporting the claim.

c. A determination of good cause is based on the evidence establishing or supporting the claim and/or an investigation by EOHHS agency staff of the circumstances used as justification for the claim of good cause for non-cooperation.

d. The determination as to whether good cause exists must be made within thirty (30) days of the date the claim was made unless the agency needs additional time because the information required to verify the claim cannot be obtained within the time standard. The person making the claim must be notified accordingly.

e. Upon making a final determination, a notice is sent to the person making the claim. The notice includes the right to appeal through the EOHHS Administrative Fair Hearing Process set forth in Part 10-05-2 of this Title.

B. Pursuant to 42 C.F.R. § 433.148 (2025), non-cooperation with any requirement that is a condition of eligibility may result in the denial or termination of Medicaid eligibility for applicants and beneficiaries nineteen (19) years of age or older unless specifically exempt in Federal or State laws or regulations. Children are exempt from sanctions due to non-cooperation.

210-RICR-10-00-3

TITLE 210 - EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

CHAPTER 10 - EOHHS GENERAL PROVISIONS

SUBCHAPTER 00 - GENERAL PROVISIONS

PART 3 - MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NON-FINANCIAL GENERAL ELIGIBILITY REQUIREMENTS (210-RICR-10-00-3)

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