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## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: RI-13-024**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Rhode Island consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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**MAR 07 2014**

Deborah J. Florio, Administrator  
Center for Child and Family Health  
Rhode Island Department of Human Services  
Hazard Bldg #74 1st Floor  
74 West Road  
Cranston, RI 02920

Dear Ms. Florio:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number RI-13-024, submitted on December 12, 2013, and related Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

The SPA number RI-13-024 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3246  
Facsimile: (410) 786-5882  
E-mail: [Martin.Burian@cms.hhs.gov](mailto:Martin.Burian@cms.hhs.gov)

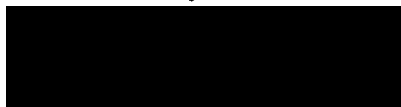
Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. Richard McGreal, Associate Regional Administrator (ARA) in our Boston Regional Office. Mr. McGreal's address is:

Page 2 – Ms. Deborah J. Florio

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
JFK Federal Building  
15 Sudbury Street, Room 2325  
Boston, MA 02203

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman  
Director

Enclosure

cc:  
Richard McGreal, ARA, CMS Region I

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

**Children's Health Insurance  
Program Eligibility**

**RI.0586.R00.00 - Jan 01, 2014**

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**Children's Health Insurance Program Eligibility: Summary Page**

State/Territory name: Rhode Island

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

RI-13-024

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 457.320(a)(2) and (3)

**Federal Budget Impact**

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

**Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count:22 out of 2000

XXI Medicaid Expansion

**Signature of State Agency Official**

Submitted By: Jodi DiBernardo

Last Revision Date: Feb 26, 2014

Submit Date: Dec 12, 2013

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Eligibility for Medicaid Expansion Program** **CS3**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
<b>+</b>	0	1	190	261	<b>X</b>
<b>+</b>	1	6	142	261	<b>X</b>
<b>+</b>	6	19	109	261	<b>X</b>

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.