

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
12-001

2. STATE  
RI

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2012

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 (9 Months)      \$236,466  
b. FFY 2013 (12 Months)      \$310,086

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Supplement 6 to Attachment 2.6A

10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Steven Costantino

14. TITLE: Secretary

15. DATE SUBMITTED: March 23, 2012

16. RETURN TO:

EOHHS Policy Office  
600 New London Avenue, Bldg. 57  
Cranston, RI 02920

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/23/12

18. DATE APPROVED: 06/07/12

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and  
Children's Health Operations, Boston Regional Office

23. REMARKS: