TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-003	RI
SIATEIDANIMIEME		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR HEADTH CARE PRIVATERIOR ABBILITION	SOCIAL SECURITY ACT (MEDIC	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	,	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	XX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	•
Section 1917(f) of the Social Security Act	a. FFY 2012 (9 Months)	\$0
THE PART OF THE PA	b. FFY 2013 (12 Months)  9. PAGE NUMBER OF THE SUPERS	\$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable)	
	OK ATTACHWENT (1) Applicable)	•
SUPPLEMENT 17 TO ATTACHMENT 2.6-A Page 1	SUPPLEMENT 17 TO ATTACHMEN	JT 2.6-A Page 1
SOIT ELIVERYT 17 TO MITMORNALIVE 2.0 MT ago 1		
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10. SUBJECT OF AMENDMENT:		
10. Bobbbo 1 of Thinks (British 12)		
Annual increase in the amount of allowable home equity interest		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	XX 🗌 OTHER, AS S	PECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	See Attached Let	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	See Attached Let	
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