SUPPLEMENT 17 TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | Rhode Island | | | |
|--|--|----------------------|---|--|
| DISQUA | ALIFICATION F | | ARE ASSISTANC L HOME EQUITY | CE FOR INDIVIDUALS WITH Y |
| 1917(f) | The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount: | | | |
| | _ <u>XX</u> _ \$52 | component of | | age increase in the urban ce index beginning with 2011, |
| | An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component the consumer price index beginning with 2011, rounded to the nearest \$1,000). | | | |
| | The | amount chosen by the | e State is | • |
| | | This high | er standard applies | s statewide. |
| | | | er standard does n the following are | ot apply statewide. It only as of the State: |
| | | This high | er standard applies | s to all eligibility groups. |
| | | | er standard only a ty groups: | applies to the following |
| | The State hundue hard | | hich this limitation | n will be waived in cases of |
| TN No. 12-003 Supersedes TN No. 06-001 | | Approval Date | 6/21/12 | Effective Date_ <u>01/01/2012</u> |