

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

1. TRANSMITTAL NUMBER:
13-001

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, 2013

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:

Section 1931 of the Social Security Act
42 CFR 435.725, 435.832, 435.1007

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 (9 Months) \$127,238
b. FFY 2014 (3 Months) \$ 41,713

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A, Page 8
Supplement 12 to Attachment 2.6-A, Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 2.6A, Page 8
Supplement 12 to Attachment 2.6-A, Page 3

10. SUBJECT OF AMENDMENT:

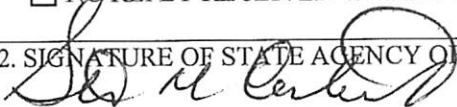
Medically Needy Income Limits

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

XX OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Steven M. Costantino

14. TITLE: Secretary

15. DATE SUBMITTED: March 20, 2013

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/20/13

18. DATE APPROVED: 4/29/13

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/13

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: