

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: RHODE ISLAND

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

 X Pregnant women with no other children

 X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

 X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16 1996, with the following modifications.

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988 , as follows

 X The agency applies higher income standards than those in effect as of July 16,1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

<u>FAMILY SIZE</u>	<u>NEW STANDARD</u>	<u>7/16/96</u>
1	\$ 482.00	\$ 327
2	\$ 662.00	\$ 449
3	\$ 817.00	\$ 554
4	\$ 935.00	\$ 634
5	\$ 1,053.00	\$ 714
6	\$ 1,171.00	\$ 794
7	\$ 1,289.00	\$ 874
8	\$ 1,407.00	\$ 954
9	\$ 1,525.00	\$1,034
10	\$ 1,642.00	\$1,114

(Cumulative increase in the CPI-U for the period 7/96-09/12 was 47.39 %)

TN# 13-001
 Supersedes
 TN# 12-002

Approval Date 4/29/13

Effective Date: 01/01/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: RHODE ISLAND

INCOME LEVELS (Continued)

 D. MEDICALLY NEEDY

 X Applicable to all groups.

 Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance	Amount by which Column(2) exceeds limits specified in 42CFR435.1007*	Net Income level for persons living in rural areas for <u> </u> Months	Amount by which Column (4) exceeds limits specified in 42CFR435.1007*
	<u> </u> urban only			
	<u> X </u> urban & rural			
1	\$ 650	\$ -0-	\$	\$
2	\$ 883	\$ -0-	\$	\$
3	\$1,092	\$ -0-	\$	\$
4	\$1,250	\$ -0-	\$	\$
5	\$1,408	\$ -0-	\$	\$
6	\$1,567	\$ -0-	\$	\$
7	\$1,725	\$ -0-	\$	\$
8	\$1,883	\$ -0-	\$	\$
9	\$2,033	\$ -0-	\$	\$
10	\$2,192	\$ -0-	\$	\$

For each additional person add: \$1,900
 Depending on Family Size

*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No.13-001
 Supersedes

Approval Date: 4/29/13

Effective Date:01/01/13

TN No.12-002

HCFA ID: 7985E