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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #:13-0030MM1**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

December 13, 2013

Steven M. Costantino, Secretary  
Executive Office of Health and Human Services  
State of Rhode Island and Providence Plantations  
57 Howard Avenue, LP Building  
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No.13-0030MM1, submitted December 13, 2013. This SPA grants MAGI-Based Eligibility Group-Medicaid coverage for individuals with incomes below 133% of the FPL, effective January 1, 2014.

If you have any questions regarding this matter you may contact Lynn DeIVecchio (617) 565-1201 or by e-mail at [Lynn.DeIVecchio@cms.hhs.gov](mailto:Lynn.DeIVecchio@cms.hhs.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Medicaid State Plan Eligibility

RI.0601.R00.00 - Jan 01, 2014

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## Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Rhode Island

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-030

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.110, 435.116, 435.118, 435.119, 435.150, 435.214, 435.218, 435.220, 435.222, 435.224, 435.226, 435.228, 435.230, 435.232, 435.234, 435.236, 435.238, 435.240, 435.242, 435.244, 435.246, 435.248, 435.250, 435.252, 435.254, 435.256, 435.258, 435.260, 435.262, 435.264, 435.266, 435.268, 435.270, 435.272, 435.274, 435.276, 435.278, 435.280, 435.282, 435.284, 435.286, 435.288, 435.290, 435.292, 435.294, 435.296, 435.298, 435.300, 435.302, 435.304, 435.306, 435.308, 435.310, 435.312, 435.314, 435.316, 435.318, 435.320, 435.322, 435.324, 435.326, 435.328, 435.330, 435.332, 435.334, 435.336, 435.338, 435.340, 435.342, 435.344, 435.346, 435.348, 435.350, 435.352, 435.354, 435.356, 435.358, 435.360, 435.362, 435.364, 435.366, 435.368, 435.370, 435.372, 435.374, 435.376, 435.378, 435.380, 435.382, 435.384, 435.386, 435.388, 435.390, 435.392, 435.394, 435.396, 435.398, 435.400, 435.402, 435.404, 435.406, 435.408, 435.410, 435.412, 435.414, 435.416, 435.418, 435.420, 435.422, 435.424, 435.426, 435.428, 435.430, 435.432, 435.434, 435.436, 435.438, 435.440, 435.442, 435.444, 435.446, 435.448, 435.450, 435.452, 435.454, 435.456, 435.458, 435.460, 435.462, 435.464, 435.466, 435.468, 435.470, 435.472, 435.474, 435.476, 435.478, 435.480, 435.482, 435.484, 435.486, 435.488, 435.490, 435.492, 435.494, 435.496, 435.498, 435.500

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2014	\$ 153728865.00
<b>Second Year</b>	2015	\$ 329370054.00

**Subject of Amendment**

Character Count: 51 out of 2000

Individuals Below 133% of the Federal Poverty Level

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Character Count: 324 out of 2000

This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island law and practice, the Governor is kept apprised of

**Signature of State Agency Official**

Submitted By: Jodi DiBernardo  
Last Revision Date: Dec 13, 2013  
Submit Date: Dec 13, 2013

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

S32

### Adult Group

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes  No

**Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

### PRA Disclosure Statement



# Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.