

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:13-031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

January 6, 2014

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 13-031. This SPA is effective December 31, 2013 as requested.

This SPA transmitted a proposed amendment to Rhode Island's approved Title XIX State plan to continue to provide coverage of children in the State's Medicaid program for 12 months if they would have lost Medicaid eligibility due the elimination of income disregards under the Modified Adjusted Gross Income (MAGI) methodologies which are effective January 1, 2014.

Section 2101(f) of the Affordable Care Act provides that States maintain coverage under a separate Children's Health Insurance Program (CHIP) for children who lose Medicaid eligibility due to the loss of income disregards under MAGI. CMS has allowed States an additional option to continue to provide coverage of these children in the State's Medicaid program for 12 months, thereby eliminating the need to provide coverage under a separate CHIP. Rhode Island has chosen this option which requires the State to provide Medicaid coverage until the child's first scheduled annual renewal.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Sandra Powell, Director, Department of Human Services
Elena Nicolella, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

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

1. TRANSMITTAL NUMBER:
13-031

2. STATE
RI

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 31, 2013

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.222

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$0
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 13a
Supplement 1 to Attachment 2.2-A, page 1
Supplement 8a to Attachment 2.6-A, page 2

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

Attachment 2.2-A, page 13a
Supplement 1 to Attachment 2.2-A, page 1

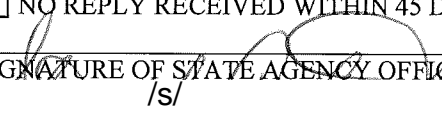
10. SUBJECT OF AMENDMENT:

2101(f)-Like Children Covered by 42 CFR 435.222

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:

/s/

16. RETURN TO:

13. TYPED NAME: Steven M. Costantino

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

14. TITLE: Secretary

15. DATE SUBMITTED: December 31, 2013

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/31/13

18. DATE APPROVED: 1/6/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/13

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:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

<u>Agency</u>	<u>Citation(s)</u>	<u>Group Covered</u>
---------------	--------------------	----------------------

B. Optional Groups Other Than the Medically Needy
(Continued)

_____ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

42 CFR 435.222

**Reasonable Classifications of Individuals Under
The Age of 21, 20, 19, and 18**

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid on 31 December 2013 and would otherwise become ineligible for Medicaid at their first redetermination using Modified Adjusted Gross Income (MAGI) methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

TN#13-031
Supersedes
TN: 93-004

Approved: 1/6/14

Effective: 31 December 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

2. Disregard all income for the 2101(f)-like reasonable classification of children described at Supplement 1 to Attachment 2.2-A page 1.

TN#13-031
Supersedes
TN: NEW

Approved: 1/6/14

Effective: 31 December 2013