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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:13-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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 10, 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. 13-032. This SPA is effective January 1, 2014, as requested.

This SPA transmitted a proposed amendment to Rhode Island's approved Title XIX State plan to provide coverage to Reasonable Categories of Individuals Under the Age of 21 pursuant to 42 C.F.R. §435.222 as reflected in pdf S52.

If there are questions, please contact Lynn DelVecchio at (617) 565-1201.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Elena Nicolella, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

logged in as LYNNDELVECCHIO(CMS RO Staff)

read only mode

application rev c01

Medicaid State Plan Eligibility

RI.0724.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.

13-032

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 435.222, 1902(a)(10)(A)(ii)(I),1902(a)(10)(A)(ii)(IV)

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------------------|---------------------|---------|
| First Year | 2014 | \$ 0.00 |
| Second Year | 2015 | \$ 0.00 |

Subject of Amendment

Character Count:29 out of 2000

MAGI Based Eligibility Groups

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: Jan 7, 2014
Submit Date: Jan 2, 2014

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**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-032

STATE:

Rhode Island

Pages or sections of pages being superseded by S52

| State Plan Section | Complete Pages Removed | Partial Pages Removed |
|--|------------------------|-----------------------|
| Attachment 2.2-A | Page 13 Page 13a | Page 12, B.7 |
| Supplement 1 to Attachment 2.2-A | Page 1 | |
| Supplement 8a to Attachment 2.6-A | Page 2 | |



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21 S52

42 CFR 435.222
1902(a)(10)(A)(ii)(I)
1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

Yes No

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

- Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
 - Be under age 21, or a lower age, as defined within the reasonable classification.
 - Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
 - Not be eligible and enrolled for mandatory coverage under the state plan.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

Reasonable Classifications Previously Covered

The state elects the option to include in this eligibility group reasonable classifications that were covered under the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state covers all children under a specified age limit, no higher than any age limit and/or income standard covered in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, provided the income standard is higher than the current mandatory income standard for the individual's age. Higher income standards may include the disregard of all income.

Yes No



Medicaid Eligibility

The state covers reasonable classifications of children that were covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

Yes No

The previously covered reasonable classifications to be included are:

Previously Covered Reasonable Classifications Included

| Reasonable Classifications of Children | | | | S11 |
|---|---|---|--------------|------------|
| <input type="checkbox"/> | Individuals for whom public agencies are assuming full or partial financial responsibility. | | | |
| <input type="checkbox"/> | Individuals in adoptions subsidized in full or part by a public agency | | | |
| <input type="checkbox"/> | Individuals in nursing facilities, if nursing facility services are provided under this plan | | | |
| <input type="checkbox"/> | Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan | | | |
| <input checked="" type="checkbox"/> | Other reasonable classifications | | | |
| | Name of classification | Description | Age Limit | |
| + | 2101(f)-like children | 2101(f)-like children who were enrolled in Medicaid on 12/31/13 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies. | Under age 19 | X |

Enter the income standard used for these classifications (which may be no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

[Click here once S11 form above is complete to view the income standards form.](#)

2101(f)-like children

Income standard used

Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

Maximum income standard



Medicaid Eligibility

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

- This classification does not use an income test (all income is disregarded).
 Another income standard higher than the minimum income standard.

New reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

Yes No

There is no resource test for this eligibility group.

PRA Disclosure Statement

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.