

## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 14-006**

This file contains the following documents in the order listed:

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

June 26, 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. 14-006. This SPA is effective January 1, 2014 as requested.

SPA 14-006 transmitted a proposed amendment to your Department's approved Title XIX State plan to increase the Medically Needy Income Limits for 2014.

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  
Deidre S. Gifford, MD, MPH, Medicaid Director  
Darren J. McDonald, Ph.D., Interdepartmental Project Manager  
Elena Nicoletta, Policy Director

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

1. TRANSMITTAL NUMBER:  
14-006

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  
January 1, 2014

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:

Section 1931 of the Social Security Act  
42 CFR 435.811, 435.814, 435.1007

7. FEDERAL BUDGET IMPACT:

a. FFY 2014      \$125,139  
b. FFY 2015      \$186,541

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, Page 8

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 1 to Attachment 2.6-A, Page 8

10. SUBJECT OF AMENDMENT:

Medically Needy Income Limit

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

/s/

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Steven M. Costantino

14. TITLE: Secretary

15. DATE SUBMITTED: March 31, 2014

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/31/14

18. DATE APPROVED: 6/26/14

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14

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

Income Levels (Continued)

D. Medically Needy

Applicable to All Groups

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

(1)	(2)	(3)	(4)	(5)
Family Size	Net Income Level Protected for Maintenance	Amount by which Column (2) exceeds limits Specified in 42 CFR 435.1007*	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
	<input type="checkbox"/> Urban only			
	<input checked="" type="checkbox"/> Urban and rural			
1	\$ 858	\$ 0	\$	\$
2	\$ 900	\$ 0	\$	\$
3	\$1,108	\$ 0	\$	\$
4	\$1,258	\$ 0	\$	\$
5	\$1,417	\$ 0	\$	\$
6	\$1,592	\$ 0	\$	\$
7	\$1,750	\$ 0	\$	\$
8	\$1,933	\$ 0	\$	\$
9	\$2,075	\$ 0	\$	\$
10	\$2,258	\$ 0	\$	\$
11	\$2,417	\$ 0	\$	\$
12	\$2,575	\$ 0	\$	\$
13	\$2,742	\$ 0	\$	\$
14	\$2,908	\$ 0	\$	\$
15	\$3,067	\$ 0	\$	\$

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