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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 14-007**

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**

May 1, 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. 14-007. 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 increase the standards for the optional State supplementary payment program.

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

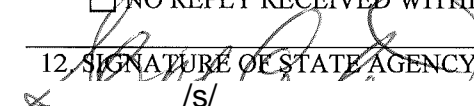
Sincerely,

/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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-007	2. STATE RI
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(ii)(XI) of the Social Security Act 42 CFR 435.232		7. FEDERAL BUDGET IMPACT: a. FFY 2014      \$236,053 b. FFY 2015      \$314,737	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement 6 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      See Attached Letter <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO: EOHHS Policy Office 600 New London Avenue, Bldg. 57 Cranston, RI 02920	
13. TYPED NAME:      Steven M. Costantino			
14. TITLE:      Secretary			
15. DATE SUBMITTED:      March 28, 2014			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      3/31/14		18. DATE APPROVED:      5/1/14	
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: RHODE ISLAND  
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

PAYMENT CATEGORY	ADMINISTERED BY		INCOME LEVEL		INCOME DISREGARDS EMPLOYED	
	Federal	State	One Person	Couple	One Person	Couple
(Reasonable Classification)	(1)	(2)	(3)	(4)	(5)	(5)
Institutionalized Individual (ABD)						
A) * Would receive payment if in community	X		\$1,608.61	NA	\$ 760.92	NA
B) Would not receive payment in community	X		\$2,161.95	NA	* \$ 50.00	NA
C) Receives payment	X		Under \$ 50.00	NA	* \$ 50.00	NA
Community ABD						
A) Living independently (includes domiciliary facilities)	X		\$1,608.61	\$2,411.40	\$ 760.92	\$1,161.38
B) Living in home of another	X		\$1,152.55	\$1,726.45	\$ 532.36	\$ 818.63
C) Residential Care and Assisted Living	X		\$2,161.95		\$1,053.00	

\* Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50.