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State/Territory Name: RI

State Plan Amendment (SPA) #:14-009

This file contains the following documents in the order listed:

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

May 5, 2015

Elizabeth Roberts, Secretary
Office of Health and Human Services
State House Room 116
Providence, Rhode Island 02903

Dear Secretary Roberts:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No. 14-009, submitted February 23, 2015 with a 179 revision received on March 3, 2015. Effective January 1, 2015, this SPA implements a technical change to the Medicaid State Plan for Rhode Island to more succinctly reflect that the Medicaid benefits offered to the Categorically and the Medically Needy populations are identical.

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Deidre Gifford, MD, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-009	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, 2015	
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: 42 CFR 435 Subparts C and D		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 179,000 b. FFY 2016 \$ 248,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-B, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-B (all)	
10. SUBJECT OF AMENDMENT: Medically Needy Benefit Alignment			
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:	
13. TYPED NAME: Elizabeth Roberts		EOHHS Policy Office	
14. TITLE: Secretary		600 New London Avenue, Bldg. 57	
15. DATE SUBMITTED: March 3, 2015		Cranston, RI 02920	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 02/23/2015		18. DATE APPROVED: 05/05/2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health, Boston Regional Office	
23. REMARKS:			

State: Rhode Island

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled, and AFDC Related

See Attachment 3.1-A. All services for Medically Needy groups are the same in amount, duration, and scope as those for Categorically Needy groups.

TN # 14-009

Supersedes

Approved: May 5, 2015

Effective: January 1, 2015

Various TN #s representing all previously approved coverage pages in Section 3.1-B