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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 15-0003

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 8, 2015

Elizabeth Roberts, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Roberts:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 15-0003. This SPA is effective January 1, 2015 as requested.

SPA 15-0003 transmitted a proposed amendment to your Department's approved Title XIX State plan to increase the Medically Needy Income Limits for 2015.

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

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

1. TRANSMITTAL NUMBER:
15-003

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 (*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 435.811, 435.814, 435.1007

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$126,390
b. FFY 2016 \$188,406

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Elizabeth Roberts

14. TITLE: Secretary

15. DATE SUBMITTED: February 18, 2015

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/24/15

18. DATE APPROVED: 5/8/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/15

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:

OFFICIAL

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	\$ 867	\$ 0	\$	\$
2	\$ 908	\$ 0	\$	\$
3	\$1,125	\$ 0	\$	\$
4	\$1,283	\$ 0	\$	\$
5	\$1,442	\$ 0	\$	\$
6	\$1,625	\$ 0	\$	\$
7	\$1,783	\$ 0	\$	\$
8	\$1,967	\$ 0	\$	\$
9	\$2,096	\$ 0	\$	\$
10	\$2,280	\$ 0	\$	\$
11	\$2,441	\$ 0	\$	\$
12	\$2,601	\$ 0	\$	\$
13	\$2,769	\$ 0	\$	\$
14	\$2,937	\$ 0	\$	\$
15	\$3,097	\$ 0	\$	\$

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

TN # 15-003
Supersedes
TN# 14-006

Approval Date 5/8/15

Effective Date January 1, 2015