

## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 15-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

1. TRANSMITTAL NUMBER:  
15-004

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       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1917(f) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015      \$ 0  
b. FFY 2016      \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 17 to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Supplement 17 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:  
Increase in Home Equity Limit for Long-Term Care

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

OTHER, AS SPECIFIED:  
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
*/s/*

16. RETURN TO:

13. TYPED NAME: Elizabeth Roberts

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

14. TITLE: Secretary

15. DATE SUBMITTED: February 18, 2015

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 2/24/15

18. DATE APPROVED: 3/13/15

**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:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**OFFICIAL**

State: Rhode Island

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH  
SUBSTANTIAL HOME EQUITY

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1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State Plan for an individual who does not have a spouse, child under 21, or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

XX \$552,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

\_\_\_\_\_ An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is \_\_\_\_\_.

\_\_\_\_\_ This higher standard applies statewide.

\_\_\_\_\_ This higher standard does not apply statewide. It only applies in the following areas of the State:

\_\_\_\_\_ This higher standard applies to all eligibility groups.

\_\_\_\_\_ This higher standard only applies to the following eligibility groups.

The state has a process under which this limitation will be waived in cases of undue hardship.