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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 15-0005**

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 13, 2015

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

Dear Secretary Roberts:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 15-0005. This SPA is effective January 1, 2015 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: 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:  
15-005

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 1902(a)(10)(A)(ii)(XI) of the Social Security Act  
42 CFR 435.232

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015      \$240,065  
b. FFY 2016      \$320,087

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 (*If Applicable*):

Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary Payments

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: 5/13/15

**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: RHODE ISLAND  
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

**OFFICIAL**

<u>PAYMENT CATEGORY</u>	<u>ADMINISTERED BY</u>		<u>INCOME</u>		<u>LEVEL</u>		<u>INCOME DISREGARDS</u>
	Federal	State	<u>GROSS</u>		<u>NET</u>		<u>EMPLOYED</u>
			One Person	Couple	One Person	Couple	
(1)	(2)	(3)		(4)		(5)	
<u>Institutionalized Individual (ABD)</u>							
A)* Would receive payment if in community		X	\$1,608.61	NA	\$ 772.92	NA	SSI
B) Would not receive payment in community		X	\$2,199.00	NA	* \$ 50.00	NA	SSI
C) Receives payment		X	Under \$ 50.00	NA	* \$ 50.00	NA	SSI
<u>Community ABD</u>							
A) Living independently (includes domiciliary facilities)		X	\$1,608.61	\$2,411.40	\$ 772.92	\$1179.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$ 540.59	\$ 915.93	SSI
C) Residential Care and Assisted Living	X		\$2,199.00		\$1,065.00		SSI
* 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.							
TN No. 15-0005 Supercedes TN No. 14-007		Approval Date: 5/13/15		Effective Date: 01/01/2015			