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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 17-002

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

June 26, 2017

Eric Beane, Secretary
Executive Office of Health & Human Services
74 West Road, Hazard Building
Cranston, RI 02920

Dear Secretary Beane:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 17-002. This SPA is effective January 1, 2017 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: Patrick Tigue, Medicaid Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-002

2. STATE
RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2017

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 2017 \$240,785
b. FFY 2018 \$321,047

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED See Attached Letter
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

16. RETURN TO:

13. TYPED NAME: Anya Rader Wallack

EOHHS
74 West Rd, Bldg. 74
Cranston, RI 02920

14. TITLE: Acting Secretary

15. DATE SUBMITTED: March 30, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2017

18. DATE APPROVED: June 26, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017

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

<u>PAYMENT CATEGORY</u>	<u>ADMINISTERED BY</u>		<u>INCOME LEVEL</u>		<u>INCOME DISREGARDS EMPLOYED</u>		
	Federal	State	<u>GROSS</u> One Person	Couple	<u>NET</u> One Person	Couple	(5)
(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	\$2,205.00	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	\$774.92	\$1,182.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$542.06	\$832.84	SSI
C) Residential Care and Assisted Living	X		\$2,205.00		\$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.17-002 Supercedes TN No. 15-005	Approval Date:6/26/17			Effective Date:01/01/2017			