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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 18-002**

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**

May 21, 2018

Eric Beane, Secretary  
Executive Office of Health and Human Services  
State of Rhode Island and Providence Plantations  
3 West Rd  
Virks Building  
Cranston, RI 02920

Dear Secretary Beane (via e-mail):

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 18-002. This SPA is effective January 1, 2018 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 (781) 335-3455 or at [robert.cruz@cms.hhs.gov](mailto:robert.cruz@cms.hhs.gov).

Sincerely,

/S/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: January Angeles (via e-mail)  
Melody Lawrence (via e-mail)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-002	2. STATE RI
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2018	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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: Section 1902(a)(10)(A)(ii)(XI) of the Social Security Act 42 CFR 435.232		7. FEDERAL BUDGET IMPACT: a. FFY 2018                      \$245,600 b. FFY 2019                      \$327,468	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Supplement 6 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		XX <input type="checkbox"/> OTHER, AS SPECIFIED: See Attached Letter	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		16. RETURN TO:	
13. TYPED NAME:                      Eric Beane		EOHHS 3 West Rd, Virks Building Cranston, RI 02920	
14. TITLE:                                      Secretary			
15. DATE SUBMITTED:                      March 30, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:                      March 30, 2018		18. DATE APPROVED:                      May 21, 2018	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:                      January 1, 2018		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>		<u>NET</u>		
			One Person	Couple	One Person	Couple	
(1)	(2)		(3)		(4)		(5)
<b><u>Institutionalized Individual (ABD)</u></b>							
A)* Would receive payment if in community		X	\$1,608.61	NA	\$ 789.92	NA	SSI
B) Would not receive payment in community		X	\$2,250.00	NA	* \$ 50.00	NA	SSI
C) Receives payment		X	Under \$ 50.00	NA	* \$ 50.00	NA	SSI
<b><u>Community ABD</u></b>							
A) Living independently (includes domiciliary facilities)		X	\$1,608.61	\$2,411.40	\$789.92	\$1204.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$551.92	\$847.03	SSI
C) Residential Care and Assisted Living	X		\$2,250.00		\$1,082.00		SSI
D) LTSS Living in a Community Support Living Program residence-Cat F	X		\$2,250.00		\$1,547.00		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.							