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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

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

Boston Regional Operations Group

April 11, 2019

Lisa Vura-Weis, Acting Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
3 West Road
Cranston, RI 02920

Dear Secretary Vura-Weis:

We are pleased to enclose via email a copy of approved State plan amendment (SPA) No. 19-0001 submitted to my office on March 29, 2019 and approved on April 9, 2019. This SPA is effective January 1, 2019 as requested by the State.

This SPA transmitted a proposed amendment to Rhode Island's approved Title XIX State plan to increase the amount of allowable home equity interest for individuals seeking Medicaid eligibility for nursing facility services or other long-term care services.

If there are questions, please contact Robert Cruz. He can be reached at (781) 335-3455 or at robert.cruz@cms.hhs.gov.

Sincerely,

Francis T.

Mccullough -S

Francis T. McCullough

Director

Division of Medicaid Field Operations East

Digitally signed by Francis
T. Mccullough -S
Date: 2019.04.11 08:03:06
-04'00'

Cc: Patrick Tighe, Medicaid Director
Melody Lawrence, Interdepartmental Project Manager
Maria Petrillo, Senior Economic and Policy Analyst

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

1. TRANSMITTAL NUMBER:
19-001

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, 2019

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:

Section 1917(f) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 0
b. FFY 2020 \$ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

XX OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

13. TYPED NAME: Lisa Vura-Weis

14. TITLE: Acting Secretary

15. DATE SUBMITTED: March 29, 2019

16. RETURN TO:

EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29, 2019

18. DATE APPROVED: April 9, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Francis T. McCullough

22. TITLE: Director, Division of Medicaid Field Operations East

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

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

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 \$585,000 (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.