

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid & Children's Health Operations / Boston Regional Office

October 30, 2009

Gary D. Alexander, Secretary
Executive Office
of Health and Human Services
Hazard Bldg., 2nd Floor
74 West Road
Cranston, Rhode Island 02920

Dear Mr. Alexander:

Enclosed is a copy of approved State plan amendment (SPA) No. 09-006. This SPA is effective July 1, 2009, as requested.

SPA No. 09-006 transmitted a proposed amendment to your approved Title XIX State plan to elect the option in §214 of the Children's Health Insurance Program Reauthorization Act of 2009, Public Law No. 111-3. This option allows State to provide full Medicaid coverage to otherwise eligible alien children or pregnant women lawfully residing in the United States.

You elected to only cover otherwise eligible alien children lawfully residing in the United States.

Should you have any questions or concerns, please contact Allen Bryan or Lynn DelVecchio. They can be reached at (617) 565-1246 or (617) 565-1201, respectively.

Sincerely,

Richard R. McGreal *for*
Associate Regional Administrator

Enclosure

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

1. TRANSMITTAL NUMBER:
09-006

2. STATE
Rhode Island

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2009

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 1903(v)(a)(4) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$ 0.00

b. FFY 2010 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.6-A, Page 2

ATTACHMENT 2.6-A, Page 2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

ATTACHMENT 2.6-A, Page 2

10. SUBJECT OF AMENDMENT: CHIPRA option to provide full Medicaid coverage to otherwise eligible aliens lawfully residing in the United States

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

X OTHER, AS SPECIFIED: (see attached letter)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Gary D. Alexander

14. TITLE: Secretary

15. DATE SUBMITTED: August 3, 2009

16. RETURN TO:

Deborah J. Florio
Administrator
Center for Child and Family Health
R.I. Department of Human Services
Hazard Bldg #74 1st Floor
74 West Road
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 3, 2009

18. DATE APPROVED:

October 30, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard R. McGreal

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Hlth. Ops.

23. REMARKS:

Revision: HCFA-PM-91-4
August 1991

(BPD)

ATTACHMENT 2.6-A
Page 2
OMB No.: 0938-

State: RHODE ISLAND

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905 (p) of the Act.
1905 (s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, meets the non-financial criteria of section 1905 (s).
42 CFR 435.406	3. Is residing in the United States and-- a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

TN No. 09-006
Supersedes
TN No. 92-02

Approval Date 10/30/09 Effective Date 7/1/09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
42 CFR 435.406	<p>d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>e. Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <u> X </u> State covers all authorized QAs. <u> </u> State does not cover authorized QAs.</p> <p>f. State elects Children's Health Insurance Program Reauthorization Act (CHIPRA) option in section 214 to provide full Medicaid coverage to otherwise eligible alien children or pregnant women lawfully residing in the United States. Eligible aliens consist of qualified aliens subject to the 5-year bar, aliens described in 8 CFR 103.12(a)(4), legal non-immigrants from the Compact of Free Association States who are considered permanent non-immigrants, and also includes non-immigrants under section 101(a)(15) of the Immigration and Nationality Act subsections (K), (N), (R), (S), (T), (U), and (V): <u> </u> Elected for pregnant women. <u> X </u> Elected for children.</p>

TN No. 09-006

Supersedes

TN No. NEWApproval Date 10/30/09 Effective Date 7/1/09