

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 and Children's Health Operations / Boston Regional Office

August 8, 2011

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-002 with an effective date of April 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Rhode Island's approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups to reflect the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the plan pages. State plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services.

We also took this opportunity to update corresponding State plan pages for poverty level groups that are no longer applicable. All the changes to this SPA that were agreed upon by CMS and your Department are noted in Section 23 (Remarks) on the Form 179.

Page 2 – Steven M. Costantino, Secretary

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: Sandra Powell, Director, Department of Human Services
Elena Nicolella, Medicaid Director
Kimberly Merolla-Brito, Chief Policy and Systems Specialist

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

1. TRANSMITTAL NUMBER:
11-002

2. STATE
R.I.

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
April 1, 2011

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 (f) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
FFY 2011: \$0
FFY 2012: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A pages 1, 2, 3, 5, 6 and 7;
And Attachment 2.2A page 21

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 2.6A pages 1, 2, 3, 5, 6 and 7;
And Attachment 2.2A page 21

10. SUBJECT OF AMENDMENT:

2011 Federal Poverty Level Guidelines

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

☒ OTHER, AS SPECIFIED:
see attached letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Elena Nicoletta

14. TITLE:

Director, Medicaid

15. DATE SUBMITTED:

May 17, 2011

16. RETURN TO:

Kimberly Merolla-Brito
Chief Policy and Systems Specialist
RI Department of Human Services
Office of Policy Analysis, Research and Development
Louis Pasteur Building
57 Howard Avenue, Fl #
Cranston, RI 0292
Phone 401 462-623
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 17, 2011

18. DATE APPROVED: August 8, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Richard McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS:

The State agreed to the following changes:

1. Removed FPL tables with dollar amounts in Supplement 1 to Attachment 2.6-A, pages 1 (Pregnant Women and Infants only), 2, and 5.
2. Deleted the text in Supplement 1 to Attachment 2.6-A, page 6 because these QMB figures are already specified in the State Plan in Attachment 2.2-A, page 9b.

Continued on next page

Corresponding Page Changes

3. In Supplement 1 to Attachment 2.6-A page 3, the State deleted "185" and left a blank for entry of an income standard for optional pregnant women and infants under 1902(a)(10)(A)(ii)(IX). The State already covers pregnant women and infants as a mandatory eligibility group to 185% FPL on page 1. The State added a footnote to page 3 clarifying that they cover the mandatory eligibility group up to 185% FPL.
4. Deleted the text in Supplement 1 to Attachment 2.6-A, page 7 because this QMB page is not applicable.
5. Delete the text in Attachment 2.2-A, page 21 since these optional groups are no longer applicable. These kids are covered under mandatory groups.

Form 179

6. There is no entry in block 7 for the estimated Federal budget impact. If there is none, this box should say: FFY 2011: \$0 FFY 2012: \$0
7. Change block 1 to 11-002.
8. For blocks 8 and 9, add page 3 and 7 to Supplement 1 to Att. 2.6A; and also add Attachment 2.2A, page 21

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Monthly Need Std.</u>	<u>Monthly Payment Std.</u>	<u>Monthly Maximum Payment</u>
1	\$327.00	\$327.00	\$327.00
2	449.00	449.00	449.00
3	554.00	554.00	554.00
4	634.00	634.00	634.00
5	714.00	714.00	714.00
6	794.00	794.00	794.00
7	874.00	874.00	874.00
8	954.00	954.00	954.00

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Based on the following percent of the official Federal income poverty level--

/ / 133 percent / X / 185 percent (no more than 185 percent)
(specify)

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date 04/01/2011

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

3. Children under Section 1902(a)(10)(A)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Based on 133 percent of the official Federal income poverty level.

4. Children under Section 1902(a)(10)(A)(i)(VII) who have attained six (6) years of age but have not attained nineteen (19) years of age.

Based on one hundred (100) percent of the official Federal income poverty line.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date 04/01/2011

HCFA ID: 7985E

Revision: HCFA-PM-91-4

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
AUGUST 1991 Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: RHODE ISLAND

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITHIN COMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a) (A) (ii) (IX) and 1902 (1) (2) of the Act are as follows:

Based on * percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

* The State covers the mandatory eligibility group to 185% FPL.

TN No. 11-002

Approval Date 8/8/11

Effective Date 04/01/2011

Supersedes

TN No. 92-02

HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB)
February 1992

Supplement 1 to Attachment 2.6-A
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS (continued)

Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on 100% of the official Federal income poverty line.

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date: 04/01/2011

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AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

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TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date 04/01/2011

HCFA ID: 7985E

Revision: HCFA-PM-91-4

(BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 7

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: RHODE ISLAND

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TN No. 11-002

Approval Date 8/8/11

Effective Date 04/01/2011

Supersedes

TN No. 92-002

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