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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 18-003

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 19, 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. 18-003. 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 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,

/S/

Richard R. McGreal Associate Regional Administrator

Enclosure

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

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-003	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, 2018	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	XX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1917(f) of the Social Security Act	a. FFY 2018 \$ 0 b. FFY 2019 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
Supplement 17 to Attachment 2.6-A, Page 1		•
	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 SE See Attached Lett	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:	· ·
13. TYPED NAME: Eric Beane	ЕОННЅ	
14. TITLE: Secretary	3 West Rd, Virks Building Cranston, RI 02920	
15. DATE SUBMITTED: March 30, 2018		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: March 30, 2018	18. DATE APPROVED: May 19, 2018	1
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Children's Health Operations, Bost	, Division of Medicaid and ton Regional Office
23. REMARKS:		

OFFICIAL

Supplement 17 to Attachment 2.6-A

Page 1

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_ \$572,000 (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.