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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Pages
May 11, 2020

Womazetta Jones, Secretary  
Executive Office of Health and Human Services State of Rhode Island  
3 West Road  
Cranston, Rhode Island 02920

Dear Ms. Jones:

Enclosed is an approved copy of Rhode Island’s (RI) State Plan Amendment (SPA) No 20-0001 entitled, “Increase in Home Equity Limit for Long Term Care,” which transmitted language to the NH Title XIX to increase the allowable Home Equity amount for long term care beneficiaries.

This state plan amendment was submitted in the quarter ending March 31, 2020 for an effective date of January 1, 2020. If you have any further questions, please contact Joyce Butterworth at (857) 338-0554 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

James Scott, Director  
Division of Program Operations

cc:   Benjamin Shaffer, Deputy Secretary and Medicaid Director  
      Melody Lawrence, Director of Policy and Delivery System Reform
# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>(20-001) 20-0001</th>
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<tr>
<td>2. STATE</td>
<td>RI</td>
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<td>3. PROGRAM IDENTIFICATION:</td>
<td>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
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**TO: REGIONAL ADMINISTRATOR**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

| 4. PROPOSED EFFECTIVE DATE | January 1, 2020 |

5. **TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN
- [x] 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 1917(f) of the Social Security Act

7. **FEDERAL BUDGET IMPACT:**

a. FFY 2020 $ 0  
b. FFY 2021 $ 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 **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**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; TN 19-0001

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/ [Signature]

13. **TYPED NAME:** Womazetta Jones

14. **TITLE:** Secretary

15. **DATE SUBMITTED:** March 31, 2020

**FOR REGIONAL OFFICE USE ONLY**

17. **DATE RECEIVED:** March 31, 2020

18. **DATE APPROVED:** May 11, 2020

**PLAN APPROVED – ONE COPY ATTACHED**

19. **EFFECTIVE DATE OF APPROVED MATERIAL:** January 1, 2020

20. **SIGNATURE OF REGIONAL OFFICIAL:** /s/

21. **TYPED NAME:** James Scott

22. **TITLE:** Director  
Division of Program Operations

23. **REMARKS:**

The state requested a pen & ink change to this 179 to reflect the correct SPA number and to add the superseded page number.

EOFHS  
3 West Rd, Virks Building  
Cranston, RI 02920
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     The minimum limit on home equity permitted under section 1917(f)(1) of
the Act

___     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.