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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 20-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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RI - Submission Package - RI2020MS0001O - (RI-20-0004) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	RI2020MS0001O	Submission Type	Official
Program Name	N/A	State	RI
SPA ID	RI-20-0004	Region	Boston, MA
Version Number	1	Package Status	Approved
Submitted By	Gretchen Bell	Submission Date	3/31/2020
Package Disposition		Approval Date	4/18/2020 12:53 AM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Division of Medicaid Field Operations – North, Kansas City
 602 E. 12th St., Room 355
 Kansas City, MO 64106



Center for Medicaid & CHIP Services

April 18, 2020

Womazetta Jones
 Secretary of Health and Human Services
 Executive Office of Health and Human Services
 74 West Road
 Cranston, RI 02920

Re: Approval of State Plan Amendment RI-20-0004

Dear Secretary Jones:

On March 31, 2020, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-20-0004 to update the Medically Needy Income Levels and to also update the standards for the Optional State Supplement Beneficiaries eligibility group.

We approve Rhode Island State Plan Amendment (SPA) RI-20-0004 on April 18, 2020 with an effective date(s) of January 01, 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.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Joyce Butterworth at joyce.butterworth@cms.hhs.gov.

Sincerely,
 James Scott, Director
 Division of Program
 Operations
 Center for Medicaid & CHIP
 Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

Package ID RI2020MS0001O	SPA ID RI-20-0004
Submission Type Official	Initial Submission Date 3/31/2020
Approval Date 4/18/2020	Effective Date N/A
Superseded SPA ID N/A	

State Information

State/Territory Name: Rhode Island

Medicaid Agency Name: Executive Office of Health and Human Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

Package ID RI2020MS0001O	SPA ID RI-20-0004
Submission Type Official	Initial Submission Date 3/31/2020
Approval Date 4/18/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID RI-20-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2020	RI-19-0002
Optional Eligibility Groups	1/1/2020	RI-19-0002
Optional State Supplement Beneficiaries	1/1/2020	RI-19-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

Package ID	RI2020MS0001O	SPA ID	RI-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	4/18/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives EOHHS is submitting the annual State Plan Amendments to update the following:

- State Supplementary Payments to reflect the 1.6% COLA increase
- Medically Needy Income Limits to reflect the 1.6% COLA increase

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$535361
Second	2021	\$544500

Federal Statute / Regulation Citation

42 CFR 435.811
 42 CFR 435.814
 42 CFR 435.1007
 42 CFR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

Package ID	RI2020MS0001O	SPA ID	RI-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	4/18/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism

Date of Email or other electronic notification: Feb 21, 2020

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: Email to interested parties list.

- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


Date of Posting: Feb 21, 2020

Website URL: <http://www.eohhs.ri.gov/ReferenceCenter/MedicaidStatePlanand1115Waiver/SPAand1115WaiverChanges.aspx>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
SSP20-002 Notice to Public posted 2.21.20 with ssp	3/30/2020 2:24 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS00010 | RI-20-0004

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs


Date of solicitation/consultation:	Method of solicitation/consultation:
2/21/2020	Email and mailed

- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notice MNIL-SSP 2020	3/26/2020 11:05 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

Package ID	RI2020MS0001O	SPA ID	RI-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	4/18/2020	Effective Date	1/1/2020
Superseded SPA ID	RI-19-0002		
	System-Derived		

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

3. The level used is:

Household size	Standard
5	\$1550.00
6	\$1742.00
7	\$1917.00
8	\$2117.00
9	\$2275.00
10	\$2467.00
1	\$933.00
2	\$975.00
3	\$1208.00
4	\$1375.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:

\$175.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

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	System-Derived		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

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	System-Derived		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS00010 | RI-20-0004

Package Header

Package ID	RI2020MS00010	SPA ID	RI-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	4/18/2020	Effective Date	1/1/2020
Superseded SPA ID	RI-19-0002		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS00010 | RI-20-0004

Package Header

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	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled




Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

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Superseded SPA ID	RI-19-0002		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Individuals who receive an optional state supplementary payment.

Package Header

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Superseded SPA ID	RI-19-0002		
	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.

Classifications administered by the state:

Institutionalized Individuals (ABD) and Community ABD Living Independently or Living in the Home of Another.

- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

Package Header

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

i. All individuals age 65 or older, regardless of living arrangement.

ii. All individuals who have blindness, regardless of living arrangement.

iii. All individuals who have a disability, regardless of living arrangement.

iv. Independent living.

Income Standard

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v. Living in household of another.

Income Standard

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- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

<p>Name of Classification Residential Care and Assisted Living</p>	<p>Description: Individuals residing in residential care or Assisted Living Facilities</p>
<p>Individual \$1580.00</p>	<p>Couple \$1580.00</p>
<p>Name of Classification LTSS Living in a Community Support Living Program</p>	<p>Description: Cat F</p>
<p>Individual \$1580.00</p>	<p>Couple \$1580.00</p>

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2020MS0001O | RI-20-0004

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E. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 4/20/2020 4:44 PM EDT