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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0003

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



Medicaid and CHIP Operations Group

May 19, 2021

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

Re: Rhode Island State Plan Amendment (SPA) 21-0003

Dear Secretary Jones:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment proposes to increase the Home Equity Limit for Long-Term Care.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing Section 1917(f) of the Social Security Act This letter is to inform you that Rhode Island Medicaid SPA Transmittal Number 21-0003 is approved effective January 1, 2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

cc: Benjamin Shaffer, Deputy Secretary and Acting Medicaid Director Melody Lawrence, Director of Policy and Delivery System Reform

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0003	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, 2021	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) XX AMENDMENT		
		amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1917(f) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ 0 b. FFY 2022 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 17 to Attachment 2.6-A, Page 1 , TN 20-0001 	
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 SPECIFIED: See Attached Letter		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	EOHHS	
13. TYPED NAME: Womazetta Jones	3 West Rd, Virks Building Cranston, RI 02920	
14. TITLE: Secretary		
15. DATE SUBMITTED: March 30, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:March 30, 2021	18. DATE APPROVED: May 10,	2021
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021	20. SIGNATURE OF REGIONAL OFF	TICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Director Divison of Program Operations	
23. REMARKS: Pen & ink change approval obtained for Box 9, adding "TN 20-0001."		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Rhode Island</u>

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 Social Security 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.