

## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 23-0008**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 6, 2023

Richard Charest, R.Ph, MBA, Secretary  
Executive Office of Health and Human Services  
3 West Road, Virks Building  
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 23-0008

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0008. This amendment proposes to increase the Personal Needs Allowance for individuals receiving care in institutional settings.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR§ 435.232 and 42 CFR § 435.234. This letter is to inform you that Rhode Island's Medicaid SPA Transmittal Number 23-0008 was approved on November 6, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kristin Sousa, Medicaid Program Director  
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 3 — 0 0 0 8

2. STATE  
RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1902 of the Act, 42 C.F.R. §§435.232 and 435.234

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 195,292  
b. FFY 2024 \$ 720,070

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 2.6-A page 4a  
Supplement 12 to Attachment 2.6-A Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 2.6-A page 4a TN 99-005  
Supplement 12 to Attachment 2.6-A Page 1 TN 01-09

9. SUBJECT OF AMENDMENT  
Personal Needs Allowance

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Kristin Pono Sousa

13. TITLE  
Medicaid Program Director

14. DATE SUBMITTED  
9/18/2023

15. RETURN TO  
EOHHS  
3 West Road, Virks Building  
Cranston, RI 02920

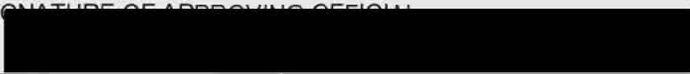
**FOR CMS USE ONLY**

16. DATE RECEIVED  
09/18/2023

17. DATE APPROVED  
11/06/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS  
Pen & ink change to add superseded SPA numbers to Block 8.

State: Rhode Island

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p data-bbox="505 317 1406 420">2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p data-bbox="550 459 1406 525">Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples For all Institutionalized Persons.</p> <p data-bbox="550 567 899 594">a. Aged, blind, disabled:</p> <p data-bbox="693 636 938 701">Individuals <u>\$75.00</u> Couples <u>\$150.00</u></p> <p data-bbox="693 743 1219 770">For the following persons with greater need:</p> <p data-bbox="693 812 1390 1020">Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="550 1062 808 1089">b. AFDC related:</p> <p data-bbox="693 1131 899 1197">Children <u>\$75.00</u> Adults <u>\$75.00</u></p> <p data-bbox="693 1239 1219 1266">For the following persons with greater need:</p> <p data-bbox="693 1308 1390 1516">Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="550 1558 1406 1623">c. Individuals under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A</p> <p data-bbox="693 1665 776 1692"><u>\$75.00</u></p>

State: Rhode Island

#### VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

For institutionalized persons who engage in employment from which earned income is derived and for whom the retention of such income is therapeutic, \$75 is protected for personal needs and an additional \$85 plus one half the remainder a month, not to exceed the optional State Supplementary Payment level, of needs resulting from the work activity may be retained.

Certain institutionalized individuals have higher than normal personal needs which result from the need to pay for the services of a guardian, an attorney, or court-ordered fees and costs. An increased Personal Needs deduction is allowed to those institutionalized individuals who must incur certain legal and guardianship/conservatorship expenses in order to make income or resources available for their support, and to those institutionalized individuals who require a court-appointed guardian in order to consent to or access necessary medical treatment.

(1) Guardianship/Conservatorship Costs

Individuals who have court-appointed guardians or conservators are allowed to retain income in the form of an additional Personal Needs deduction to pay for certain court-approved guardian/conservator's fees or court-ordered fees relating to guardianship/conservatorship. Such fees include but are not limited to court filing fees, the cost of a Probate Bond, court-approved guardianship/conservatorship fees, and court approved legal fees.

To be considered, the expense must be required for the individual to make income or resources available, or in the case of an incompetent individual who needs a court-appointed guardian, required to access or consent to necessary medical treatment (including applying for Medicaid). The Department may consider as deductions reasonable court approved expenses (not covered by other sources) for items listed above. When guardianship fees have been approved by the Probate Court, related guardian-ad-litem fees not exceeding \$250 may also be considered.

The total amount allowed as an additional personal needs deduction shall be based on the hours approved by the particular Probate Court for items as provided above at the rate of compensation paid for guardians ad litem in Family court as specified in the then-current Rhode Island Supreme Court Executive Order on fee schedules. Monthly deductions of up to \$125 may be allowed for guardianship expenses. An additional monthly deduction of up to \$125 may also be allowed for related legal fees. A deduction of up to \$250 may be recognized for allowable expenses related to a guardian-ad-litem during the month in which the individual pays the expense.