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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 24-0003**

This file contains the following documents in the order listed:

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

# RI - Submission Package - RI2024MS0003O - (RI-24-0003) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   **Approval Letter**   Transaction Logs  
News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

April 05, 2024

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

Re: Approval of State Plan Amendment RI-24-0003

Dear Secretary Charest:

On March 07, 2024, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-24-0003, in which the state proposed to memorialize the new income standards for its optional state supplement program and increase its medically needy income level.

We approve Rhode Island State Plan Amendment (SPA) RI-24-0003 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Joyce Butterworth at [joyce.butterworth@cms.hhs.gov](mailto:joyce.butterworth@cms.hhs.gov)

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

# RI - Submission Package - RI2024MS0003O - (RI-24-0003) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0003O | RI-24-0003

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	RI2024MS0003O	<b>SPA ID</b>	RI-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/7/2024
<b>Approval Date</b>	04/05/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Rhode Island	<b>Medicaid Agency Name:</b>	Executive Office of Health and Human Services
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS00030 | RI-24-0003

## Package Header

<b>Package ID</b> RI2024MS00030	<b>SPA ID</b> RI-24-0003
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/7/2024
<b>Approval Date</b> 04/05/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** RI-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2024	RI-23-0005
Optional Eligibility Groups	1/1/2024	RI-23-0012
Optional State Supplement Beneficiaries	1/1/2024	RI-23-0005

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0003O | RI-24-0003

## Package Header

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## Executive Summary

**Summary Description Including Goals and Objectives** EOHHS is making the annual update to the Medicaid State Plan to reflect the federal government's guidance on State Supplementary Payments and the Medically Needy Income Limit. The Social Security Administration approved a 3.2% cost-of-living increase for 2024. The state's supplementary payments and Medically Needy Income Limit have been adjusted to reflect that increase. These changes will take effect January 1, 2024.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$232269
Second	2025	\$317011

### 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

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### Governor's Office Review

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

**Describe** This amendment has not been reviewed specifically with the Governor's Office. Under the RI Medicaid State Plan, the Governor has elected not to review the details of the state plan materials. However, in accordance with the RI law and practice, the Governor is kept apprised of major changes in the state plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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## Medicaid State Plan Eligibility

### Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0003O | RI-24-0003

CMS-10434 OMB 0938-1188

### Package Header

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<b>Superseded SPA ID</b>	RI-23-0005		
	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	\$1867.00
6	\$2083.00
7	\$2292.00
8	\$2500.00
9	\$2708.00
10	\$2917.00
1	\$1133.00
2	\$1175.00

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

- Yes
- No

**Incremental Amount:**

\$208.00

The dollar amounts increase automatically each year

- Yes
- No

Household size	Standard
3	\$1450.00
4	\$1658.00

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0003O | RI-24-0003

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## 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 | RI2024MS0003O | RI-24-0003

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## C. Additional Information (optional)

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# RI - Submission Package - RI2024MS00030 - (RI-24-0003) - Eligibility

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS00030 | RI-24-0003

CMS-10434 OMB 0938-1188

### Package Header

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<b>Superseded SPA ID</b> RI-23-0012	
User-Entered	

### 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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
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 checked="" type="radio"/>	APPROVED
Individuals in Institutions Eligible		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
under a Special Income Level					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 | RI2024MS00030 | RI-24-0003

## Package Header

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	User-Entered		

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Classifications of Individuals under Age 21				
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 checked="" type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS00030 | RI-24-0003

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	User-Entered		

## 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

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | RI2024MS0003O | RI-24-0003

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

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	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 | RI2024MS00030 | RI-24-0003

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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 | RI2024MS0003O | RI-24-0003

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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:**

Insitutionalized 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

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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

Individual	Couple
\$14	\$14
\$98	94.3
2.92	8

v. Living in household of another.

### Income Standard

Individual	Couple
\$10	\$10
\$68	40.6
0.59	4

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.

<b>Name of Classification</b>	<b>Description:</b>
Residential Care and Assisted Living	Individuals residing in residential care or Assisted Living Facilities
<b>Individual</b>	<b>Couple</b>
\$1275.00	\$1275.00

# Optional State Supplement Beneficiaries

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