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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

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

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,

 $/_{\rm S}/$

James Scott, Director Division of Program Operations

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE	
STATE PLAN MATERIAL	(20-001) 20-0001 RI	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN XX AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2020 \$ 0	
Section 1917(f) of the Social Security Act	b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
G 1	OR ATTACHMENT (If Applicable):	
Supplement 17 to Attachment 2.6-A, Page 1	G1	
	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	$XX \square OTHER$, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	See Attached Letter	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
14 CICNATURE OF CTATE A CENCIA OFFICIAL	16 DETUDNITO	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
(s)		
	EOHHS	
13. TYPED NAME: Womazetta Jones	3 West Rd, Virks Building	
13. TTED NAME. Wolldzetta Jolies	Cranston, RI 02920	
14. TITLE: Secretary	Cranston, Rt 02520	
11. IIIEE. Sectionly		
15. DATE SUBMITTED: March 31, 2020		
,		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: March 31, 2020	18. DATE APPROVED: May 11, 2020	
	Iviay 11, 2020	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: /s/ 22. TITLE: Director	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020 21. TYPED NAME: James Scott	20. SIGNATURE OF REGIONAL OFFICIAL:	
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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:
	\underline{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.

Approval Date: May 11, 2020 Effective Date: January 1, 2020