

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

In addition to Federally qualified HMOs, the Rhode Island Department of Human Services also enters into risk contracts with health maintenance organizations that are licensed by the Rhode Island Department of Business Regulation under Section 27-41 of the Rhode Island General Laws, as amended, which defines a health maintenance organization as a single public or private organization, which:

- (a) provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X-ray, emergency, and preventive services, and out-of-area coverage;
- (b) is compensated (except for co-payments) for the provision of the basic health care services listed in (a) above to enrolled participants on a predetermined periodic rate basis; and
- (c) provides physicians' services primarily:
 - (i) directly through physicians who are either employees or partners of the organization; or
 - (ii) through arrangements with individual physicians or one or more groups of physicians (organized on a group or individual practice basis).

In accordance with 42 CFR 434.20, such HMOs meeting the requirements for State licensure under Section 27-41 of the Rhode Island General Laws, as amended, meet the following requirements:

- (a) be organized primarily for the purpose of providing health care services;
- (b) make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to nonenrolled Medicaid recipients within the area served by the HMO;
- (c) make provision, satisfactory to the Medicaid agency, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the HMO's debts if it does become insolvent.

TN No. 94-029

Approval Date: 5/6/95

Effective Date: 10/01/94

Supersedes

TN No. new

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
DEPARTMENT OF HUMAN SERVICES		

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

Families with an unemployed parent, no time limit.
See A. 3.

Pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>88-03</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I)
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A)
of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and
1902(a)(10)(A)
(i)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of
the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 92-02
Supersedes 90-10
TN No. 90-10

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage

TN No.	92-02	Approval Date	DEC 9 1992	Effective Date	7/1/92
Supersedes	87-15	HCFA ID: 7983E			

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

a. Families denied AFDC solely because of income and resources deemed to be available from--

- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
- (2) Grandparents;
- (3) Legal guardians; and
- (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);

b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.

c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes
TN No. 86-17 HCFA ID: 7983E

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.114 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

 Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/7/92
Supersedes
TN No. NEW HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

7. a. (2) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)
(i)(III)
and 1905(n)
of the Act

b. The following children who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan:

P.L. 101-508
§4601, OBRA '90

Children who are born after September 30, 1983, and who are--

Under 7 years of age.

Under 19 years of age

Children who are born after _____ who are--
(specify optional earlier date)

Under 7 years of age.

Under _____ years of age (at least 7 years but no more than 8 years).

*Agency that determines eligibility for coverage.

TN No. 88-02 Approval Date DEC 9, 1992 Effective Date 7, 1/92
Supersedes _____
TN No. 88-15 HCFA ID: 7983E

State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)		
	1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> .
		<u>X/</u> The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
	1902(a)(10)(A)(i)(VI) and 1902(1)(1)(C) of the Act	9. Children who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels, who are described in Sections 1902(a)(10)(A)(i)(VI) and 1902(1)(1)(C) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> .
	1902(a)(10)(A)(i)(VII) and 1902(1) of the Act. P.L. 101-508 §4601	10. Children who have attained age six who have not attained age nineteen born after September 30, 1983 whose family income does not exceed 100% of the federal poverty level who are described in 1902(a)(10)(A)(i)(VII) and 1902(1)(1)(D) of the Act.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>2/1/92</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(5)
of the Act

11. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(4)
of the Act

P.L. 101-508
54603

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains (or would remain if pregnant) eligible and the child remains in the same household as the mother.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>87-04</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged

Blind

Disabled

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes
TN No. 87-04 HCFA ID: 7983E

State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121

13.

b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)
(10)(A)
(1)(II)
and 1905
(q) of
the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who--

a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or

b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--

(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;

(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date SEP 3 1992 Effective Date 7/1/92
Supersedes
TN No. 87-04 HCFA ID: 7983E

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State/Territory: RHODE ISLAND

Citation 7.4 State Governor's Review

42 CFR 430.12 (b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State Plan amendments, long-range program planning projections, and other Periodic reports therein, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services (CMS) with such documents.

Not applicable. The Governor --

Does not wish to review any plan material. The Governor's office is apprised of major changes, but does not review details of plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
(Designated Single State Agency)

Date: 7/1/11


Steven Constantino
Secretary

TN No. 11-008
Supercedes
TN No. 95-001

Approval Date : 8/2/12

Effective Date : 07-01-11

HCFA ID : 7982^E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
- Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 7/1/92 Effective Date 7/1/92
Supersedes
TN No. 87-04 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
1619(b)(3) of the Act	<input checked="" type="checkbox"/>	<p data-bbox="560 441 1429 504">A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u></p> <p data-bbox="649 514 1469 882">The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.</p>

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 8 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		HCFA ID: 7983E
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Revision: HCFA-PM-91-4 (BPD)
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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(c) of the Act

- 15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
 - a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

- 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

- 17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

TN No. 92-02	Approval Date DEC 9 1992	Effective Date 7/1/92
Supersedes		
TN No. NEW		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131	<p>18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.</p>
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In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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Supersedes		
TN No. <u>NEW</u>	HCFA ID: 7983E	

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Revision: HCFA-PM-91-4 (BPD)
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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--
 - a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
 - b. Remain institutionalized; and
 - c. Continue to need institutional care.

- 42 CFR 435.133 20. Blind and disabled individuals who--
 - a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
 - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7963E

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 42 CFR 435.134 21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
- Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
 - Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
 - Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date DEC 6 1992 Effective Date 7/1/92
Supersedes
TN No. 87-04 HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(1) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>87-04</u>		HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1991</u>	Effective Date <u>7/1/92</u>
Supersedes TN No. <u>86-17</u>	HCFA ID: 7983E	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(d) of the Act

24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.

The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7983E

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(i)
and 1905(p) of
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(s) and
1905(p)(3)(A)(i)
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No. 93-005
Superseded by 92-02
TN No.

Approval Date

MAY 10 1993

Effective Date

1/1/93

State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

*Agency that determines eligibility for coverage.

TN No.	93-005	Approval Date	MAY 10 1993	Effective Date	1/1/93
Supersedes	NEW				
TN No.					

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR 1. Individuals described below who meet the
435.210 income and resource requirements of AFDC, SSI, or an
1902(a) optional State supplement as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
1905(a) of assistance.
the Act

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR 2. Individuals who would be eligible for AFDC, SSI
435.211 or an optional State supplement as specified in 42
CFR 435.230, if they were not in a medical
institution.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: RHODE ISLAND

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & 3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>1/1/92</u>
Supersedes		
TN No. <u>86-17</u>		HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.217

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date _____
Supersedes _____
TN No. 86-17 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(c) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

TN No. <u>92-02</u>	Approval Date <u>DEC 6 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>NEW</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A) The State covers only the following group or groups of individuals:
(ii) and 1905(a) of the Act

- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

42 CFR 435.222 7. a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

- 20
- 19
- 18

TN No. 92-02
Supersedes 86-17
TN No. 86-17

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

State: RHODE ISLAND

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|----------------|----------|-----|---|
| 42 CFR 435.222 | <u>x</u> | b. | Reasonable classifications of individuals described in (a) above, as follows: |
| | <u>x</u> | (1) | Individuals for whom public agencies are assuming full or partial financial responsibility and who are: |
| | <u>x</u> | (a) | In foster homes (and are under the age of <u>21</u>). |
| | <u>x</u> | (b) | In private institutions (and are under the age of <u>21</u>). |
| | <u>x</u> | (c) | In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u>21</u>). |
| | — | (2) | Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>). |
| | <u>x</u> | (3) | Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan. |
| | <u>x</u> | (4) | In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>). |

TN No. 93-004

Supersedes

Approval Date JUN 8 1993

Effective Date 1-1-93

TN No. 92-02

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Agency	Citation(s)	Group Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

 (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

 X (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.

OFFICIAL

TN#13-031
Supersedes
TN: 92-02

Approved: 1/6/14

Effective: 31 December 2013

State: RHODE ISLAND

OFFICIAL

Agency * Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

8.

A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
—	20
—	19
—	18

TN No. 93-004
Supersedes
TN No. 92-02

Approval Date JUN 8 1993

Effective Date 1/1/93
HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OFFICIAL

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State: RHODE ISLAND

Agency* Citation (s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10) _____ Individuals under the age of--
(A)(11) and _____ 21
1905(a) of _____ 20
the Act _____ 19
_____ 18
_____ Caretaker relatives
_____ Pregnant women

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes _____
TN No. NEW HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 /X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- 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 the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. <u>92-02</u>	Approval Date <u>DEC 9 1992</u>	Effective Date <u>7/1/92</u>
Supersedes		
TN No. <u>86-17</u>		HCFA ID: 7983E

ORIGINAL

State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|----------------|---|-----|---|
| 42 CFR 435.230 | — | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | X | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — | (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 92-02
Supersedes
TN No. 86-17

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 92-02

Supersedes

Approval Date

DEC 9 1991

Effective Date 7/1/92

TN No. NEW

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- 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 the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 92-02

Supersedes

TN No. 87-04

Approval Date

DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 92-02
Supersedes
TN No. 86-17

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
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State: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 92-02

Supersedes

TN No. NEW

Approval Date

DEC 9

Effective Date 1/1/92

HCFA ID: 7983E

State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 1902(a)(10)(A)(ii)(V) of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)(ii) and 1905(a) of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. 92-02
Supersedes
TN No. 87-04

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(11)(IX)
and 1902(1)
of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No. 82-02

DEC 9 1992

Supersedes

Approval Date

Effective Date 7/1/92

TN No. 87-04

HCFA ID: 7983E

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

RHODE ISLAND

15. Reserved for future use.

15a. Reserved for future use.

TN No. 11-002

Approval Date 8/8/11

Effective Date 04/01/2011

Supersedes

TN No. 02-007

HCFA ID: 7985E

Official

Revision: HCFA-PM-91-4 (PD)
August 1991

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STATE: RHODE ISLAND

Agency* Citation(s) Groups Covered

B. Optional Groups Other than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

X

16. Individuals --

- a. Who are 65 years of age or older or are disabled, as determined under Section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to Attachment 2.6-Δ for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in Attachment 2.6-A.

TN No. 00-007
Supersedes
TN No. 92-02

Approval Date: 12-6-00

Effective Date: 07/01/00

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: RHODE ISLAND

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- 1902(a)(47) 7 and 1920 of the Act
17. Pregnant women who meet the applicable income levels specified in this plan under ATTACHMENT 2.6-A who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

TN No. 92-02

Supersedes

TN No. NEW

Approval Date

DISP 0 1992

Effective Date 7/1/92

HCFA ID: 7983E

(MB) OFFICIAL

State/Territory: Rhode Island

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 0 months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-07

Supercedes

Approval Date DEC 21 1992 Effective Date 7/1/92

TN No. NEW

HCFA ID: 7982E

STATE: RHODE ISLAND

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy (cont'd)

1902(a)(10)(A)

(ii)(XVIII) of the Act X Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. Are not otherwise covered under creditable coverage, as defined in section 2701© of the Public Health Service Act;
- c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act X (25). Women who are determined by a "qualified entity" (as defined in Section 1920B (b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN. No. 01-008
supersedes
TN.No. New

Approved: 05-14-01 Effective Date 01/01/01

official

Draft State Plan Amendment

TRANSMITTAL #98-11
ATTACHMENT 2.2-A
PAGE 23b
OMB NO:

State/Territory: Rhode Island

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIII) of the Act

20.

Working Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

TN No. 05-008

Supersedes

TN No. New

Approval Date 02/28/06

Effective Date: 01/01/2006

STATE: RHODE ISLAND

Citation _____ Group Covered _____

B. Optional Coverage Other Than the Medically Needy (cont'd)

1902(a)(10)(A)(ii)(XVII)
and
1905(w)(1) of the Act

X/ 21. All "Independent foster care adolescents" under 21 years of age (as defined in §1905(w)(1) of the Social Security Act)

a) Reasonable classification of individuals as follows:

 / 1) Individuals under the age of

 / 19
 / 20

 / 2) Individuals to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of Title IV before the date the individuals attained 18 years of age.

 / 3) Other (Please describe):

b) Financial Requirements

1) Income test

X/ There is no income test for this group

 / The income test for this group is

2) Resource test

X/ There is no resource test for this group

 / The resource test for this group is

Note:

If there is an income or resource test, then the standards and methodologies used cannot be more restrictive than those used for the State's low-income families with children eligible under section 1931 of the Act as specified in Supplement 12 of Attachment 2.6-A

TN No: 07-011
Supercedes
TN No: NEW

Approval Date: 10/23/07

Effective Date: 7/01/2007

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)(C)(ii)(I) of the Act.

1902(a)(10)(C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(1) of the Act.

TN No. 92-02
Supersedes
TN No. NEW

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7983E

State: RHODE ISLAND

Agency * Citation(s) Groups Covered

OFFICIAL

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act and
P.L.101-508
§4603

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains (or would remain if pregnant) eligible and the child is a member of the woman's household.

42 CFR 435.308

5. / / a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--

- 21
- 20
- 19
- 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

/X/ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

 X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

 X (a) In foster homes (and are under the age of 21).

 X (b) In private institutions (and are under the age of 21).

TN No. 93-004
Supersedes
TN No. 92-02

Approval Date JUN 8 1993

Effective Date 1/1/93
HCFA ID: 7983E

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Agency * Citation(s) Groups Covered

OFFICIAL

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b. (1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
- (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 93-004
Supersedes
TN No. 92-02

Approval Date JUN 8 1993

Effective Date 1/1/93
HCFA ID: 7983E

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 6. Caretaker relatives.
- 42 CFR 435.320 7. Aged individuals.
and 435.330
- 42 CFR 435.322 8. Blind individuals.
and 435.330
- 42 CFR 435.324 9. Disabled individuals.
and 435.330
- 42 CFR 435.326 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
- 435.340 11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
 - b. Were eligible as medically needy in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 92-02

Supersedes

Approval Date

DEC 9 1992

Effective Date 7/1/92

TN No. NEW

HCFA ID: 7983E

Revision: HCFA-PM-91-8

(BPD)

October 1991

OFFICIAL

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: Rhode Island

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 0 months.

TN No. 92-07

Approval Date DEC 24 1992

Effective Date 7/1/92

TN No. NEW

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

TN No. 05-007

Approval Date 10/31/05 Effective Date July 1, 2005

Supersedes
TN No. New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

42 CFR 435.222

**Reasonable Classifications of Individuals Under
The Age of 21, 20, 19, and 18**

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid on 31 December 2013 and would otherwise become ineligible for Medicaid at their first redetermination using Modified Adjusted Gross Income (MAGI) methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

OFFICIAL

TN#13-031
Supersedes
TN: 93-004

Approved: 1/6/14

Effective: 31 December 2013

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OFFICIAL

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

Individual determined by caseworker based on actual and
anticipated cost of care compared to the institutional
cost of care for the type of institutional care required.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes _____
TN No. NEW HCFA ID: 7983E