

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Monthly Need Std.</u>	<u>Monthly Payment Std.</u>	<u>Monthly Maximum Payment</u>
1	\$327.00	\$327.00	\$327.00
2	449.00	449.00	449.00
3	554.00	554.00	554.00
4	634.00	634.00	634.00
5	714.00	714.00	714.00
6	794.00	794.00	794.00
7	874.00	874.00	874.00
8	954.00	954.00	954.00
9	1,034.00	1,034.00	1,034.00
10	1,114.00	1,114.00	1,114.00

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Based on the following percent of the official Federal income poverty level--

/ / 133 percent

/ X / 185 percent (no more than 185 percent)
(specify)

TN No. 12-002
Supersedes
TN No. 11-002

Approval Date 6/21/12

Effective Date 01/01/2012

HCFA ID: 7985E

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

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State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

3. Children under Section 1902(a)(10)(A)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Based on 133 percent of the official Federal income poverty level.

4. Children under Section 1902(a)(10)(A)(i)(VII) who have attained six (6) years of age but have not attained nineteen (19) years of age.

Based on one hundred (100) percent of the official Federal income poverty line.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date 04/01/2011

HCFA ID: 7985E

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

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITHIN INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a) (A) (ii) (IX) and 1902 (1) (2) of the Act are as follows:

Based on * percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

* The State covers the mandatory eligibility group to 185% FPL.

TN No. 11-002

Approval Date 8/8/11

Effective Date 04/01/2011

Supersedes

TN No. 92-02

HCFA ID: 7985E

Official

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

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TN No. 02-007

Supersedes

TN No. 02-004

Approval Date 9-25-02

Effective Date 07/1/02

HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB)
February 1992

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State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS (continued)

Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on 100% of the official Federal income poverty line.

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date: 04/01/2011

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

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State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

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TN No. 11-002
Supersedes
TN No. 09-003

Approval Date 8/8/11

Effective Date 04/01/2011

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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TN No. 11-002 Approval Date 8/8/11 Effective Date 04/01/2011
Supersedes
TN No. 92-002 HCFA ID: 7985E

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2021MS00010 | RI-21-0004

Package Header

Package ID	RI2021MS00010	SPA ID	RI-21-0004
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	5/28/2021	Effective Date	1/1/2021
Superseded SPA ID	RI-20-0004		
User-Entered			

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. 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	\$1565.00
6	\$1767.00
7	\$1942.00
8	\$2142.00
9	\$2300.00
10	\$2500.00
1	\$950.00
2	\$992.00
3	\$1225.00
4	\$1400.00

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

☒ Yes
☐ No

Incremental Amount:
\$175.00

The dollar amounts increase automatically each year

☐ Yes
☒ No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | RI2021MS00010 | RI-21-0004

Package Header

Package ID	RI2021MS00010	SPA ID	RI-21-0004
Submission Type	Official	Initial Submission Date	3/30/2021
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Superseded SPA ID	RI-20-0004		
	User-Entered		

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.

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

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:
No resource level 1902(1)(3).
1902(a)(10)(A)(i)(IV)

<u>Family Size</u>	<u>Resource Level</u>
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<u>1</u>	<u>-0-</u>
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<u>2</u>	<u>-0-</u>
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b. Optional Groups

☐ Same as SSI resources levels.

☐ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
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<u>1</u>	<u> </u>
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<u>2</u>	<u> </u>
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TN No. 92-02

Supersedes

TN No. 87-10

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

2. Infants

a. Mandatory Groups of Infants

 Same as resource levels in the State's approved AFDC Plan

 X Less restrictive than the AFDC levels and are as follows:

1902(a)(10)(A)(i)(IV)

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	\$10,000
<u>2</u>	\$10,000
<u>3</u>	\$10,000
<u>4</u>	\$10,000
<u>5</u>	\$10,000
<u>6</u>	\$10,000
<u>7</u>	\$10,000
<u>8</u>	\$10,000
<u>9</u>	\$10,000
<u>10</u>	\$10,000

For each additional person 0

TN No. 06-013
Supersedes
TN No. 92-02

Approval Date: 06-25-07

Effective Date: 11/1/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

3. Children

a. Mandatory Groups of Children

 Same as resource levels in the State's approved AFDC Plan

 X Less restrictive than the AFDC levels and are as follows:

1902(A)(10)(A) (i)(VI) and (VII)	Family Size	Resource Level
	<u>1</u>	\$10,000
	<u>2</u>	\$10,000
	<u>3</u>	\$10,000
	<u>4</u>	\$10,000
	<u>5</u>	\$10,000
	<u>6</u>	\$10,000
	<u>7</u>	\$10,000
	<u>8</u>	\$10,000
	<u>9</u>	\$10,000
	<u>10</u>	\$10,000

For each additional perso 0

TN No. 06-013
Supersedes
TN No. 92-02

Approval Date: 06-25-07

Effective Date: 11/1/06

OFFICIAL

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

3. Children

a. Mandatory Group of Children

- ☐ Same as resource levels in the State's approved AFDC plan.
☒ Less restrictive than the AFDC levels and are as follows:
No resource level.

Family Size	Resource Level
1	-0-
2	-0-
3	-0-
4	-0-
5	-0-
6	-0-
7	-0-
8	-0-
9	-0-
10	-0-

1902(a)(10)(A)(i)(VI)
and
1902 (a)(10)(A)(i)(VII)

TN No. 92-02
Supersedes Approval Date DEC 9 1992 Effective Date 7/1/92
TN No. NEW HCFA ID: 7985E

OFFICIAL

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

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State: RHODE ISLAND

b. Optional Group of Children

☐ Same as resource levels in the State's approved AFDC plan.

☐ Less restrictive than the AFDC levels and are as follows:
No resource level.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>
<u>5</u>	<u> </u>
<u>6</u>	<u> </u>
<u>7</u>	<u> </u>
<u>8</u>	<u> </u>
<u>9</u>	<u> </u>
<u>10</u>	<u> </u>

TN No. 92-02

Supersedes

TN No. NEW

Approval Date

DEC 9

1992

Effective Date 7/1/92

HCFA ID: 7985E

Official

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: RHODE ISLAND

4. Aged and Disabled Individuals

- ☐ Same as SSI resource levels.
- ☐ More restrictive than SSI levels and are as follows:

<u>Family size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>

☒ Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 00-007 Effective Date 07/01/00
Supersedes
TN No. 92-02 Approval Date 6-6-00 HCFA ID: 7985E

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

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

☒ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>4000</u>
<u>2</u>	<u>6000</u>
<u>3</u>	<u>6100</u>
<u>4</u>	<u>6200</u>
<u>5</u>	<u>6300</u>
<u>6</u>	<u>6400</u>
<u>7</u>	<u>6500</u>
<u>8</u>	<u>6600</u>
<u>9</u>	<u>6700</u>
<u>10</u>	<u>6800</u>
For each additional person	<u>100</u>

LIFE INSURANCE

4000 each individual over 18 (Aged, Blind, and Disabled).
4000 each parent in a family case.
1500 each dependent child in a family case.

TN No. 92-02

Supersedes

TN No. NEW

Approval Date

DEC 9 1992

Effective Date

7/1/92

HCFA ID: 7985E

OFFICIAL

Revision: **HCFA-PM-85-3**
May 1995

SUPPLEMENT 3 to ATTACHMENT 2.6-A
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OMB No. :0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Allowable Medical Expenses – Expenses incurred for medically necessary services may be deducted from available income in certain circumstances. For such expenses to reduce available income in the post-eligibility treatment of income (PETI) process when calculating beneficiary liability, they must meet the following criteria

1. An allowable expense must meet the following conditions:

- a. Medically necessary. The expense must be medically necessary.
- b. Services not paid for by Medicaid. The expense must not be covered by Medicaid, except that any cost-sharing that is permitted to be applied against the beneficiary must be allowed as a deduction. Other expenses incurred in a period in which eligibility is active, including the ninety (90) day retroactive period may be covered in the following instances:
 01. An expense for a Medicaid covered, medically necessary service incurred during a period of active Medicaid eligibility is considered in the PETI process when the applicant or beneficiary paid the expense and provides documentation thereof.
 02. A health care expense incurred for a medically necessary service provided prior to the ninety (90) day period may be considered in the PETI process if all or a portion of the expense is outstanding and constitutes a documented and legally binding debt obligation, attachment, or lien established by a court or other authority of appropriate jurisdiction.
 03. Any expenses incurred for medically necessary services during the ninety (90) day period must be unpaid to be considered in the PETI process if the applicant was ineligible for Medicaid at the time the service was provided.
- c. Bundled rates. When an applicant for LTSS is receiving a service or set of services Medicaid pays for in a daily or bundled rate, the items and services included in that rate are not separate allowable expenses whether provided in an institution, such as a NF or hospital, or home and community-based setting, such as a DD group home, assisted living residence, etc.
- d. No Thirty Party Payment. An allowable expense must not be eligible for payment by a third party. For these purposes, a third party could be - any persons, entities, or payers that are liable to pay

TN No. 18-016
Supersedes
TN No. 87-15

Approval Date: 3/13/19

Effective Date: 10/1/18
HCFA ID: 4093E/0002P

OFFICIAL

Revision: **HCFA-PM-85-3**
May 1995

SUPPLEMENT 3 to ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

the expense including, but not limited to: other health care coverage, such as coverage through Medicare, private or group health insurance, long-term care insurance or through the Veterans Administration (VA) health system; or other forms of third-party compensation such as may result from automobile insurance; court judgments or settlements; Workers' Compensation.

2. Limits -- If all of the above conditions apply, the expense may still not be allowed in certain circumstances:
 - a. Expense in a penalty period. An expense cannot be deducted for an LTSS service that was incurred during a penalty period due to a disqualifying, uncompensated transfer. However, non-LTSS expenses, such as primary, acute or subacute care services incurred during a period of ineligibility may be an allowable expense if all other conditions are met.
3. Excess Carryover --The excess amount of an allowable expense can be carried forward as a deduction in future months when the amount of the expenses exceeds monthly beneficiary liability.

TN No. 18-016
Supersedes
TN No. NEW

Approval Date: 3/13/19

Effective Date: 10/1/18
HCFA ID: 4093E/0002P

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

SUPPLEMENT 4 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

TN No. 92-02

Supersedes

NEW

Approval Date

DEC 9 1992

Effective Date 7/1/92

TN No.

HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(B2D)

SUPPLEMENT 5 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

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

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

There is no resource limit for individuals pursuant to 1902(1)(3).

TN No. 92-02

Supersedes

TN No. 87-15

Approval Date DEC 9 1992 Effective Date 7/1/92

HCFA ID: 7985E

Optional State Supplement Beneficiaries

MEDICAID | Medical State Plan | Eligibility | RI2021MS00030 | RI-21-0014

Package Header

Package ID	RI2021MS00030	SPA ID	RI-21-0014
Submission Type	Official	Initial Submission Date	11/23/2021
Approval Date	2/10/2022	Effective Date	11/1/2021
Superseded SPA ID	RI-21-0004		
	User-Entered		

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

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☐ v. Living in household of another.

Income Standard

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- ☐ 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.

Name of Classification	Description:
Residential Care and Assisted Living	Individuals residing in residential care or Assisted Living Facilities
Individual	Couple
\$1126.00	\$1126.00

OFFICIAL

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

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

TN No. 92-02
Supersedes NEW
Approval Date DEC 9 1992
Effective Date 7/1/92
HCFA ID: 7985E

OFFICIAL

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

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No. 92-02
Supersedes
TN No. NEW

Approval Date

DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

2. Disregard all income for the 2101(f)-like reasonable classification of children described at Supplement 1 to Attachment 2.2-A page 1.

OFFICIAL

TN#13-031
Supersedes
TN: NEW

Approved: 1/6/14

Effective: 31 December 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

A. Groups To Which the More-Liberal Methodologies Apply

The resource evaluation methodologies described in B., and C., below apply to all AFDC-related and SSI-related Medically Needy Groups, Qualified Medicare Beneficiaries and all AFDC-related and SSI-related Categorically Needy Groups except cash assistance recipients and deemed cash assistance recipients.

B. Resource Evaluation Methodology

If a client's countable resources exceed the appropriate limit as of the first moment of the first day of any month, the client is not eligible for that month, except as provided in the resource reduction methodology in C., below.

C. Resource Reduction Methodology

If an applicant or recipient is found to be ineligible due to countable resources in excess of the limit as of the first moment of the month, eligibility may be established no earlier than the first day of the month of application based on the following criteria.

1. An applicant/recipient whose resources exceed the resource limitation may establish eligibility on the basis of resources if:

- a. he or she incurs (or has incurred and outstanding) allowable medical bills or fees that equal or exceed his excess resources (See 3., below); and
- b. he or she reduces his or her excess resources to the appropriate resource limit by payment of the allowable expenses or fees, and
- c. he or she submits verification thereof within thirty days of the date of the rejection or closing notice.

2. An individual who meets these requirements will be eligible on the basis of resources as of the date his or her incurred allowable expenses equalled or exceeded the amount of his or her excess assets, subject to verification that the excess resource was actually expended on the allowable expense. In no event shall the first day of eligibility be earlier than the first day of the month of application. (e.g., A client cannot establish eligibility by resource reduction in the retroactive period.)

3. Only certain expenses may be used to establish eligibility by reduction of excess resources. These expenses are as follows.

- a. Medical Expenses that would be allowed under the policy on the Flexible-test of income. See Section 301.3.

TN No. 92-02

Supersedes NEW

TN No.

Approval Date

DEC 9 1992

Effective Date

7/1/92

HCFA ID: 7985E

Official

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

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

 Section 1902(f) State X Non-Section 1902(f) State

b. Certain fees required for an individual to make income or resources available. Certain Guardianship/Conservatorship fees required for an individual who needs a court-appointed guardian to consent to or access necessary medical treatment. They are:

- i. Guardianship/Conservatorship Costs. Individuals who have court-appointed guardians or conservators are required to pay for court-approved guardian/conservator's fees or court-ordered fees relating to the 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, subject to the Rhode Island Supreme Court approved fee schedule.

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 recognized.

The total amount allowed shall be based on the hours approved by the particular Probate Court for items as proved 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.

- ii. Legal Fees. Individuals who incur legal fees resulting from legal action to obtain income or resources for their support may expend excess resources to pay such fees.
- iii. Tax Assessments. Individuals ordered by the Internal Revenue Service, the Rhode Island Division of Taxation, or other State or municipal taxing authority to pay income taxes may expend excess resources to pay the taxes.

TN No. 01-009

Supersedes

TN No. 92-02

Approval Date: 9-4-0

Effective Date: 04/01/01

HCFA ID 7985E

Official

Revision:

HCFA-PM-91-4(BPD)
August 1991

SUPPLEMENT 8B TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

4. Medical Assistance is not responsible for payment of that portion of the medical bills equal to the amount of the excess assets. The bills used to establish eligibility cannot be incurred earlier than the first day of the third month prior to the date of an application that is eventually approved and may not be the same portions of the bills that are used to meet an income spenddown.

TN No. 01-009

Supersedes

TN.No. New

Approval Date: 9-4-01

Effective Date: 04/01/01

HCFA ID 7985E

ATTACHMENT 2.6-A
SUPPLEMENT 8b
Page 4

State: RHODE ISLAND

MORE LIBERAL TREATMENT OF RESOURCES

For the mandatory poverty level groups of infants and children described at Sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(i)(VII) of the Social Security Act the agency disregards all otherwise countable resources with the exception of the following liquid resources: any interest in property in the form of cash or other financial instruments or accounts which are readily convertible to cash or cash equivalents, including, but not limited to, cash, bank, credit union or other financial institution savings, checking and money market accounts, certificates of deposit or other time deposits, stocks, bonds, mutual funds, and other similar financial instruments or accounts.

TN No. 06-013
Supercedes
TN No. NEW

Approval Date: 06-25-07

Effective Date: 11/01/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are eligible
1917(b)(1)(C) for medical assistance under one of the following eligibility groups:

Aged, Blind, and Disabled Medically Needy:
1902(a)(10)(C)(i)(III) { 1905(a)(iii) and 1905(a) (vii)

Poverty Level Aged, or Disabled individuals:
1902(a)(10)(A)(ii)(X) { 1902(m)(1) and (3)

Individuals in Institutions who are Eligible Under a Special Income Level:
1902(a)(10)(A)(ii)(V), Individuals Receiving Home and Community Based
Waiver Services Who would Only be eligible for Medicaid Under the State Plan if
They were in a Medical Institution: 1902(a)(10)(A)(ii)(VI)

Working Disabled Individuals Who Buy in to Medicaid
1902(a)(10)(A)(ii)(XIII)

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National

TN No. 07-012

Supersedes

TN No. NEW

Approval Date 06/02/08 Effective Date 07/01/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No. 07-012
Supersedes
TN No. NEW

Approval Date 06/02/08 Effective Date 07/01/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

TRANSFER OF RESOURCES

1992 (1) and the Agency provides for a final report for nursing facility services and services equivalent to nursing facility services as set forth in section 317(d) of the Act.
Exceptions to Period of Ineligibility

An individual will not be ineligible for nursing facility payments if:

- A. The transferred resource was his/her home and title to the home was transferred to:
 1. the individual's spouse;
 2. a child of the individual under the age of 21, or blind, or permanently and totally disabled (as evidenced by receipt of SSI or RSDI benefits, or as defined in Sec. 301.1 of the policy manual);
 3. a sibling of the individual who has an equity interest in the home and who resided in the home for at least one year immediately prior to the institutionalization of the individual;
 4. a son or daughter of the individual who:
 - a. was residing in the home for at least two years prior to the parent's institutionalization, and
 - b. can demonstrate that she/he provided care to the parent which prevented the parent from entering an institution for the two year period.
- B. The transferred resource (other than a home, see above) was any resource transferred to:
 1. the community spouse, or to another for the sole benefit of the community spouse;
 2. a child of the individual under the age of 21, or blind, or permanently and totally disabled, or to another for the sole benefit of such child;
 3. the spouse, or to another for the sole benefit of the spouse, provided the resource(s) is/are not subsequently transferred to anyone other than the spouse.
- C. The individual can prove his/her intention was to receive fair market value or other valuable compensation/consideration;
- D. The individual can prove the transfer was exclusively for some other purpose than to qualify for Medical Assistance;
- E. Denial of nursing facility payment would work an undue hardship;
- F. The resource is returned to the individual.

TN No. 92-02
Supersedes 86-15
TN No.

Approval Date DEC 9 1992

Effective Date 7/1/93

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

1917(c) **FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.**

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

than those set forth in section 1905(a) of the
Social Security Act:

The agency withholds payment to non-institutionalized
individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally
disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals
who are not inpatients in certain medical
institutions, as recognized under agency law and
specified in section 1905(a)(24).

— The following other long-term care services for
which payment for medical assistance is
otherwise made under the agency plan:

3. Penalty Date--The beginning date of each penalty period
imposed for an uncompensated transfer of assets is the
later of:

- the first day of a month during or after
which assets have been transferred for
less than fair market value;

— The State uses the first day of the

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

month in which the assets were
transferred

xx The State uses the first day of the
month after the month in which the
assets were transferred

or

- the date on which the individual is
eligible for medical assistance under the
State plan and is receiving institutional
level care services described in
paragraphs 1 and 2 that, were it not for
the imposition of the penalty period,
would be covered by Medicaid;

AND

which does not occur during any other
period of ineligibility for services by
reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized
individual, the agency uses:

xx the average monthly cost to a private patient of
nursing facility services in the State at the
time of application;

— the average monthly cost to a private patient of
nursing facility services in the community in
which the individual is institutionalized at the
time of application.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

5. Penalty Period - Non-institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

— imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty period for amounts of transfer less than cost of nursing facility care--

xx Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

xx The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

The existing penalty period is divided in half and apportioned evenly between the spouses.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

TN No. 06-012

Supersedes

TN No. New

Approval Date 12-04-06 Effective Date 07/01/2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

xx For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

xx For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

TN No. 06-012

Supersedes

TN No. New

Approval Date 12-04-06

Effective Date 07/01/2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

— Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed _____ days (may not be greater than 30).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

TRANSFER OF ASSETS

TN No. 06-012
Supersedes
TN No. New

Approval Date 12-04-06 Effective Date 07/01/2006

OFFICIAL

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

SUPPLEMENT 10 to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

CONSIDERATION OF MEDICAID QUALIFYING TRUSTS--UNDUE HARDSHIP

1902(k)(4) of the
Act, P.L. 99-272
(Section 9506)

The following criteria will be used to determine whether the agency will not count the funds in a trust as specified in ATTACHMENT 2.6-A, section C.2., because it would work an undue hardship for categorically and medically needy individuals:

TN No. 92-02

Supersedes 86-17

Approval Date DEC 9 1992

Effective Date 7/1/92

TN No. 86-17

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

SUPPLEMENT 11 TO ATTACHMENT 2.6-A
Page 1
OMB No.:

State/Territory: Rhode Island

OFFICIAL

Citation

Condition or Requirement

**COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES**

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- ___ The methodology as described in SMM section 3598.
- ___ Another cost-effective methodology as described below.

TN No. 92-07

Supersedes

TN No. NEW

Approval Date

DEC 24 1992

Effective Date 7/1/92

HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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, \$50 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.

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The deduction from income is allowed during the month in which the client pays the expense, usually at the time of the annual accounting of the estate. Monthly deductions may be allowed if the client pays the expenses on a monthly basis. If the annual expense cannot be paid from one month's income, the balance of the expense may be deducted from each month's income as it is paid.

(2) Legal Fees

Individuals who incur legal fees resulting from legal action to obtain income or resources for their support may retain income in the form of an increased Persona Needs Deduction to pay such fees. The maximum which may be deducted from income is the lesser of the actual fee, or one third of the settlement amount.

(3) Tax Assessments

Individuals ordered by the Internal Revenue Service, Rhode Island Division of Taxation, or other State or municipal taxing authority to pay income taxes may retain income to pay the taxes. If the annual expense cannot be paid from one month's income, the balance of the expense may be deducted from each month's income as it is paid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

X Pregnant women with no other children

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

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16 1996, with the following modifications.

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988 , as follows

X The agency applies higher income standards than those in effect as of July 16,1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

<u>FAMILY SIZE</u>	<u>NEW STANDARD</u>	<u>7/16/96</u>
1	\$ 482.00	\$ 327
2	\$ 662.00	\$ 449
3	\$ 817.00	\$ 554
4	\$ 935.00	\$ 634
5	\$ 1,053.00	\$ 714
6	\$ 1,171.00	\$ 794
7	\$ 1,289.00	\$ 874
8	\$ 1,407.00	\$ 954
9	\$ 1,525.00	\$1,034
10	\$ 1,642.00	\$1,114

(Cumulative increase in the CPI-U for the period 7/96-09/12 was 47.39 %)

TN# 13-001
Supersedes
TN# 12-002

Approval Date 4/29/13

Effective Date: 01/01/13

ATTACHMENT 2.6-A
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Page 4

— The agency applies higher resource standard than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Income Methodologies:

1. 185% Gross Income Test: For purposes of the one hundred eighty five percent (185%) gross income test only, all income in excess of one hundred eighty five percent (185%) of the AFDC standard will be disregarded.
2. Dependent Child Disregard: Disregard all earned income of a dependent child.
3. Family Income Disregard: Disregard from the family's total remaining income (earned and unearned) an amount equal to the difference between one hundred ten percent (110%) of the federal poverty level and the Section 1931 income standard for the appropriate family size.

Resource Methodology:

1. The agency disregards the first \$9,000 in countable liquid resources (defined as any interest in property in the form of cash or other financial instruments or accounts which are readily convertible to cash or cash equivalents, including but not limited to, cash, bank, credit union, or other financial institution savings, checking and money market accounts, certificates of deposit or other time deposits, stocks, bonds, mutual funds, and other similar financial instruments or accounts) and all otherwise countable resources.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Income Methodologies:

1. All income was considered for purposes of the one hundred eighty five percent (185%) gross income test.
2. Earned income of a dependent child who is a full-time student was excluded as was the earned income of a dependent child who is a part-time student as long as the child is not a full-time employee.

TN #06-013
Supersedes
TN#00-015

Approval Date: 06-25-07

Effective Date: 11/1/06

CONFIDENTIAL

Resource Methodologies:

Countable resources included all but the following:

1. Real property that is the home.
2. Real property other than the home for up to 6 months pending sale.
3. Income producing property other than real estate.
4. Equity value of a car up to \$1500.
5. Funeral agreement with equity value of up to \$1000 for each family member.
6. Resources excluded by law.
7. Household furnishings, appliances, clothing, personal effects and keepsakes of limited value.

_____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

X

The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Waiver of Section 402 (a)(41) and various provisions at 45CFR233.100(a)(1) and c(1)(iii) as in effect prior to the implementation of the Transitional Assistance for Needy Families (TANF) Program: AFDC Unemployed Parent Requirements - To allow the State to eliminate the 100 hour rule requirement.

TN# 99-006
Supersedes
TN# NEW

Approval Date 12-17-99 Effective Date 7/1/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

ASSET VERIFICATION SYSTEM

- 1940(a)
of the Act
1. The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.
 2. System Development
 - ☐ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.
 - ☒ B. The agency will hire a contractor to develop an AVS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

ASSET VERIFICATION SYSTEM

In 3 below provide any additional information the agency wants to include.

_____ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

_____ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

_____ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

OVERVIEW

The State of Rhode Island will be contracting with New England States Consortium Systems Organization (NESCO) to implement an electronic Asset Verification Service (e-AVS). NESCO has entered into contract with Public Consulting Group, INC (PCG) for the purposes of providing e-AVS services. The contract allows for multi-state buy-in as participating states, allowing for expedited implementation.

NESCO pursued this initiative with the sole purpose of facilitating State access to e-AVS and other tools. These services are ideal candidates for multi-State procurements for several reasons. The services support relatively straight-forward processes, not requiring significant customization. There are only a few vendors offering these services. Lastly, the costs are primarily volume-based, providing an opportunity for cost-savings that would not be available to States with individual contracts. Participation in this effort will enable a State to implement e-AVS within 60 – 90 days. Rhode Island plans to implement by September 1, 2018.

PCG has mapped a comprehensive project management plan for states entering into the existing contract. The contract would reflect state-specific deliverables as an attachment. Rhode Island will submit requests for asset verification through the Accuity Asset Verification Services, Inc. stand-alone web based portal. Electronic Asset Verification Services will enable the State to automate the manual process of sending requests to banks

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

ASSET VERIFICATION SYSTEM

or applicants for information regarding their assets including national and local financial institution account data such as checking, savings, CDs, Christmas clubs, IRAs, money markets, etc. Responses are displayed through the web-based portal. It is anticipated that 85% of the results will be returned in five (5) days, and 90% will be returned in ten (10) days. This implementation requires no modifications to the current eligibility system.

IMPLEMENTATION TIMELINE

EOHHS proposes a two-phase approach for implementation to ensure timely compliance.

Phase I

Requests for asset verification will be submitted through a stand-alone web based portal. Responses are displayed through the web-based portal. It is anticipated that 85% of the results will be returned in five (5) days, and 90% will be returned in ten (10) days. This implementation requires no modifications to the current eligibility system.

The project set up phase will begin immediately, with coordination with PCG to define the project requirements. During this period, reports will be defined, and a reporting schedule created. The implementation phase will include a communication plan, training of staff, as well as the development of the related business processes.

A 30-day period will focus on configuring the portal to meet Rhode Island rules and regulations, as well as testing in the UAT environment. A stakeholder meeting schedule will be established.

Following successful testing, training materials will be developed by PCG and submitted to the State for approval. A training schedule will be developed, and training of staff will be conducted. At go-live, support will be provided on-site as needed, and remotely for the duration of the project. The targeted implementation date for Phase I is September 1, 2018.

Phase II

This phase would allow field workers to flag applicants that require asset verifications, which in turn would be included in a batch request. The batch would then be sent to the web-based portal. This will require one or two data interfaces with the existing eligibility system and therefore will be implemented at a future date.

TN No. 18-004Approval Date: July 6, 2018Effective Date: September 1, 2018

Supersedes

TN No. New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode IslandDISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH
SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State Plan for an individual who does not have a spouse, child under 21, or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

XX \$ 603,000 ~~\$595,000~~ (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

_____ 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.

State Plan Under Title XIX of the Social Security Act

State: Rhode Island

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 03/18/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjust		
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstan
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	Enter "Y" (Yes), "N" (No), or "NA" in the appropriate the population adjustment will apply to each popula additional information in corresponding attachment:		
A	B	C	D	E
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No
Childless Adults	Attachment A, Column C, Line 5 of Part 2 of CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No

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Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- ☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- ☒ Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

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- ☐ Applies existing state data from periods before January 1, 2014.
- ☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. ☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- ☒ An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
☐ Yes. The combined enrollment cap adjustment is described in Attachment C
☐ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
☐ Applies a special circumstances adjustment(s).
☒ Does not apply a special circumstances adjustment.
2. The state:
☐ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
☒ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

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Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- ☐ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- ☒ The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

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The state:

- ☒ Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- ☐ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- ☐ Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- ☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☒ Attachment A – Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☐ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☐ Attachment E – Transition Methodologies

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PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, 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.