

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

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	RI2024MS00030	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	RI
<b>SPA ID</b>	RI-24-0003	<b>Region</b>	Boston, MA
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Brittany Church	<b>Submission Date</b>	3/7/2024
<b>Package Disposition</b>		<b>Approval Date</b>	4/5/2024 10:50 AM EDT

# Submission - Summary

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

## Package Header

**Package ID** RI2024MS0003O  
**Submission Type** Official  
**Approval Date** 04/05/2024  
**Superseded SPA ID** N/A

**SPA ID** RI-24-0003  
**Initial Submission Date** 3/7/2024  
**Effective Date** N/A

## State Information

**State/Territory Name:** Rhode Island

**Medicaid Agency Name:** Executive Office of Health and Human Services

## Submission Component

State Plan Amendment

Medicaid

CHIP

# Submission - Summary

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

## Package Header

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Superseded SPA ID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

## SPA ID and Effective Date

**SPA ID** RI-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

## Submission - Summary

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

### Package Header

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Superseded SPA ID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

### Executive Summary

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

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

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

#### Federal Statute / Regulation Citation

42 CFR 435.811  
42 CFR 435.814  
42 CFR 435.1007  
42 CFR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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**Effective Date** N/A

### Governor's Office Review

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

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

# Submission - Medicaid State Plan

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## The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Income Level	APPROVED

Handling of Excess Income (Spendedown)

Medically Needy Resource Level

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

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<b>Superseded SPA ID</b>	RI-23-0005		
	System-Derived		

#### 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	\$1867.00
6	\$2083.00
7	\$2292.00
8	\$2500.00
9	\$2708.00
10	\$2917.00
1	\$1133.00
2	\$1175.00
3	\$1450.00
4	\$1658.00

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

- Yes  
 No

**Incremental Amount:**  
\$208.00

**The dollar amounts increase automatically each year**

- Yes  
 No

# Medically Needy Income Level

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## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.



# Medically Needy Income Level

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## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

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

Individuals who receive an optional state supplementary payment.

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

# Optional State Supplement Beneficiaries

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes  
 No

# Optional State Supplement Beneficiaries

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## C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.

**Classifications administered by the state:**

Institutionalized Individuals (ABD) and Community ABD Living Independently or Living in the Home of Another.

- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

# Optional State Supplement Beneficiaries

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## D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

### Income Standard

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

- v. Living in household of another.

### Income Standard

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

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

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

# Optional State Supplement Beneficiaries

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## E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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