

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**09/27/2021 PUBLIC NOTICE OF PROPOSED AMENDMENT TO THE RHODE
ISLAND MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Category F Elimination

On September 22, 2021, EOHHS notified the public of the intent to submit to the Centers for Medicare and Medicaid Services (CMS) a State Plan Amendment (SPA) to eliminate the state-only supplemental payments to certain beneficiaries for Assisted Living costs, also known as Category F payments. The effective date of October 1, 2021 on the previous posting was incorrect. EOHHS is providing this new public notice with the correct effective date.

In accordance with the SFY 2022 State Budget, EOHHS will submit to the federal Centers for Medicare and Medicaid Services (CMS) an amendment to the Rhode Island Medicaid State Plan to eliminate the state-only supplemental payments to certain beneficiaries for Assisted Living costs, also known as Category F payments.

This change is projected to decrease state funds by \$1,144,870 for FFY 22 and have no impact on federal funds as this is a state funded program that does not receive federal matching funds. The proposed effective date of this change is November 1, 2021.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1501 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 27, 2021 to Bryan Law, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Bryan.Law@ohhs.ri.gov or via phone at (401) 462-1501.

In accordance with the Rhode Island General Laws 42-35-2.8, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

<u>PAYMENT CATEGORY</u>	<u>ADMINISTERED BY</u>		<u>INCOME LEVEL</u>		<u>INCOME DISREGARDS EMPLOYED</u>		
	Federal	State	<u>GROSS</u>		<u>NET</u>		
			One Person	Couple	One Person	Couple	
(1)	(2)	(3)		(4)		(5)	
<u>Institutionalized Individual (ABD)</u>							
A)* Would receive payment if in community		X	\$1,608.61	NA	\$ 833.92	NA	SSI
B) Would not receive payment in community		X	\$2,382	NA	* \$ 50.00	NA	SSI
C) Receives payment		X	Under \$ 50.00	NA	* \$ 50.00	NA	SSI
<u>Community ABD</u>							
A) Living independently (includes domiciliary facilities)		X	\$1,608.61	\$2,411.40	\$833.92	\$1270.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$579.92	\$891.30	SSI
C) Residential Care and Assisted Living	X		\$2,382		\$1,126.00		SSI
D) LTSS Living in a Community Support Living Program residence-Cat F	X		\$2,382		\$1,591		SSI

* Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50.