

State: Rhode Island  
**STATE OF RHODE ISLAND**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**6/27/23 PUBLIC NOTICE OF PROPOSED AMENDMENT TO 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:

**Personal Needs Allowance Increase**

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update Rhode Island's Medicaid State Plan to increase the Personal Needs Allowance for individuals receiving care in institutional settings from \$50 per month to \$75 per month, in accordance with the FY2024 Enacted Budget.

This change is proposed to take effect on July 1, 2023, and is expected to result in an increase in expenditures of \$1.3 million in SFY24 and \$1.3 million in SFY25 (All Funds).

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-2407 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by July 27, 2023 to Brittany Church, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or [Brittany.Church@ohhs.ri.gov](mailto:Brittany.Church@ohhs.ri.gov) or via phone at (401) 462-2407.

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.

**Original signed by Kristin Pono Sousa, Medicaid Director, Rhode Island Executive Office of Health and Human Services Signed this 26th day of June, 2023**

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Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p data-bbox="505 342 1406 443">2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p data-bbox="553 485 1406 548">Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples For all Institutionalized Persons.</p> <p data-bbox="553 590 902 617">a. Aged, blind, disabled:</p> <p data-bbox="695 659 984 726">Individuals <del>\$5075.00</del> Couples <del>\$100150.00</del></p> <p data-bbox="695 768 1222 795">For the following persons with greater need:</p> <p data-bbox="695 840 1390 1045">Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="553 1087 812 1115">b. AFDC related:</p> <p data-bbox="695 1157 935 1224">Children <del>\$5075.00</del> Adults <del>\$5075.00</del></p> <p data-bbox="695 1266 1222 1293">For the following persons with greater need:</p> <p data-bbox="695 1337 1390 1543">Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="553 1585 1406 1652">c. Individuals under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A</p> <p data-bbox="695 1694 805 1722"><del>\$5075.00</del></p>

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#### 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, ~~\$5075~~ 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.

**Optional State Supplement Beneficiaries**

Payment Category (Reasonable Classification)	Administered By		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
			One Person	Couple	One Person	Couple	
<b>Institutionalized Individual (ABD)</b>							
A) * Would receive payment if in community		X	\$1,608.61	N/A	\$953.92	N/A	SSI
B) Would not receive payment in community		X	\$2,742.00	N/A	*\$ <del>5075</del> .00	N/A	SSI
C) Receives payment		X	Under \$ <del>5075</del> .00	N/A	*\$ <del>5075</del> .00	N/A	SSI
<b>Community ABD</b>							
A) Living independently (includes domiciliary facilities)		X	\$1,608.61	\$2,411.40	\$953.92	\$1,450.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$661.26	\$1,011.30	SSI
C) Residential Care and Assisted Living	X		\$2,742.00		\$1,246.00	N/A	SSI

\*Individual with no dependents receives \$~~5075~~ 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 \$~~2045~~ to bring his/her personal needs allowance up to \$~~5075~~.