

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

**01/09/2024 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:

Standards for Optional State Supplementary Payments and Medically Needy Income Limit

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.

This proposed amendment is accessible on the EOHHS website (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 February 8, 2024 to Brittany Church, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Brittany.Church@ohhs.ri.gov or via phone at (401) 462-2407.

In accordance with the Rhode Island General Laws 42-35-3, 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 Richard Charest, Secretary, Rhode Island Executive Office of Health and Human Services

Signed this 9th day of January, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Income Levels (Continued)

<input type="checkbox"/> D. Medically Needy	
<input checked="" type="checkbox"/> Applicable to All Groups	<input type="checkbox"/> Applicable to all groups except those listed below. Excepted group income levels are also listed on an attached page

(1) Family Size	(2) Net Income Level Protected for Maintenance <input type="checkbox"/> Urban only <input checked="" type="checkbox"/> Urban and Rural	(3) Amount by which Column (2) exceeds limits Specified in 42 CFR 435.1007*	(4) Net income level for persons living in rural areas for <input type="checkbox"/> months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
1	<u>\$1,0921,133</u>	\$0	\$	\$
2	<u>\$1,1331,175</u>	\$0	\$	\$
3	<u>\$1,4001,450</u>	\$0	\$	\$
4	<u>\$1,6001,658</u>	\$0	\$	\$
5	<u>\$1,8001,867</u>	\$0	\$	\$
6	<u>\$2,0252,083</u>	\$0	\$	\$
7	<u>\$2,2252,292</u>	\$0	\$	\$
8	<u>\$2,4582,500</u>	\$0	\$	\$
9	<u>\$2,6332,708</u>	\$0	\$	\$
10	<u>\$2,8672,917</u>	\$0	\$	\$

For larger household sizes the state uses an additional incremental amount of \$175208 for each additional household member.

*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Payment Category (1)	Administered By (2)		Income Level (3) (4)				Income Disregards Employed (5)
	Federal	State	Gross		Net		
			One Person	Couple	One Person	Couple	
Institutionalized Individual (ABD)							
A) * Would receive payment if in community		X	\$2,054,441,608.6 <u>±</u>	N/A	\$953.92982.92	N/A	SSI
B) Would not receive payment in community		X	\$2,742.002,829.0 <u>0</u>	N/A	*\$75.00	N/A	SSI
C) Receives payment		X	Under \$75.00	N/A	*\$75.00	N/A	SSI
Community ABD							
A) Living independently (includes domiciliary facilities)		X	\$2,054.441,608.6 <u>±</u>	\$3,078.532,411.4 <u>0</u>	\$953.92982.92	\$1,450.381,494.3 <u>8</u>	SSI
B) Living in home of another		X	\$1,422.521,152.5 <u>5</u>	\$2,143.781,726.4 <u>5</u>	\$661.26680.59	\$1,011.301,040.6 <u>4</u>	SSI
C) Residential Care and Assisted Living	X		\$2,742.002,829.0 <u>0</u>	N/A	\$1,246.001,275.0 <u>0</u>	N/A	SSI

*Individual with no dependents receives \$75 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 \$45 to bring his/her/their personal needs allowance up to \$75.

TN# 22-00XX

Supersedes TN# 22-0003

Approval Date: _____

Effective Date: 01/01/2023