

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

**2/27/2018 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

EOHHS is making the annual update to the Medicaid State Plan to reflect the federal government's guidance on State Supplementary Payments. The Social Security Administration approved a 2% cost-of-living increase for 2018. The state's supplementary payments have been adjusted to reflect that increase. This change will yield an estimated annual increase of approximately \$327,500.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by March 29, 2018 to Melody Lawrence, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Melody.Lawrence@ohhs.ri.gov,

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 fourteen (14) 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.

State: RHODE ISLAND
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

<u>PAYMENT CATEGORY</u>	<u>ADMINISTERED BY</u>		<u>INCOME LEVEL</u>		<u>INCOME DISREGARDS EMPLOYED</u>		
	Federal	State	<u>GROSS</u> One Person	Couple	<u>NET</u> 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	\$ 789.92	NA	SSI
B) Would not receive payment in community		X	\$2,250.00	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	\$789.92	\$1204.38	SSI
B) Living in home of another		X	\$1,152.55	\$1,726.45	\$551.92	\$847.03	SSI
C) Residential Care and Assisted Living	X		\$2,250.00		\$1,082.00		SSI
D) LTSS Living in a Community Support Living Program residence-Cat F	X		\$2,250.00		\$1,547.00		

* 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.