STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

3/12/2014 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:

Medically Needy Income Limit

EOHHS is making the annual update to the Medicaid State Plan to reflect the federal government's guidance on the Medically Needy Income Limit.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by 26 March 2014 to Darren J. McDonald, Office of Policy and Innovation, Executive Office of Health and Human Services, 57 Howard Avenue, Cranston, RI, 02920, or darren.mcdonald@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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Income Levels (Continued)

____ D. Medically Needy

__X__ Applicable to All Groups

_____ Applicable to all groups except those listed below. Excepted group income levels are also listed on an attached page.

(1)	(2)	(3)	(4)	(5)
Family Size	Net Income Level Protected for Maintenance	Amount by which Column (2) exceeds limits Specified in 42 CFR 435.1007*	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
	_____ Urban only __X__ Urban and rural			
1	$ 858	$ 0	$	$
2	$ 900	$ 0	$	$
3	$1,108	$ 0	$	$
4	$1,258	$ 0	$	$
5	$1,417	$ 0	$	$
6	$1,592	$ 0	$	$
7	$1,750	$ 0	$	$
8	$1,933	$ 0	$	$
9	$2,075	$ 0	$	$
10	$2,258	$ 0	$	$
11	$2,417	$ 0	$	$
12	$2,575	$ 0	$	$
13	$2,742	$ 0	$	$
14	$2,908	$ 0	$	$
15	$3,067	$ 0	$	$

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