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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #:19-015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

February 6, 2020

Womazetta Jones, Secretary  
Executive Office of Health and Human Services  
State of Rhode Island  
3 West Road  
Cranston, Rhode Island 02920

Dear Ms. Jones:

The CMS Division of Pharmacy team has reviewed Rhode Island State Plan Amendment (SPA) 19-0015 received in the Boston Regional Operations Group on December 19, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0015 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Rhode Island's state plan will be forwarded by the Boston Regional Operations Group.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or [Lisa.Shochet@cms.hhs.gov](mailto:Lisa.Shochet@cms.hhs.gov).

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.  
Deputy Director  
Division of Pharmacy  
DEHPG/CMCS/CMS

cc: James G. Scott, Division Director, CMS Division of Program Operations  
Lynn DelVecchio, Boston Regional Operations Group  
Joyce Butterworth, Boston Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
19-0015

2. STATE  
RI

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                      XX  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(85) and Section 1004 of the Substance Use-Disorder  
Prevention that Promotes Opioid Recovery and Treatment for Patients  
and Communities Act (SUPPORT Act)

7. FEDERAL BUDGET IMPACT:

a. FFY 2020                      \$ 0  
b. FFY 2021                      \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.26 74d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

NEW

10. SUBJECT OF AMENDMENT:

Drug Utilization Review

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

XX  OTHER, AS SPECIFIED:  
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:                      Wonzazetta Jones

14. TITLE:                                      Secretary

15. DATE SUBMITTED:                      December 19, 2019

16. RETURN TO:

EOHHS  
3 West Rd, Virks Building  
Cranston, RI 02920

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:                      12/09/2019

18. DATE APPROVED:                      02/06/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:                      10/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:                                      James Scott

22. TITLE:                                      Director of Program Operations

23. REMARKS:

Revision: HCFA-PM- (MB)

State/Territory:  Rhode Island

Citation

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

**Claim Review Limitations**

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis

**Programs to monitor antipsychotic medications to children:** Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines

**Fraud and abuse identification:** The Surveillance Utilization Review (SUR) team has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

TN:19-0015  
Supersedes  
TN: NEW

Approved:  02/06/2020

Effective:  October 1, 2019