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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 20-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



August 25, 2020

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

Re: Rhode Island State Plan Amendment (SPA) 20-0011

Dear Secretary Jones:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 20-0011. This amendment proposes to rescind the temporary election, in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, of the COVID-19 testing group described at 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (the Act).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, and because the state has not yet implemented the COVID-19 testing group and no individuals have been enrolled for coverage, TN 20-0011 is approved effective March 18, 2020 pursuant to 42 CFR 430.20(b)(3). This SPA supersedes Disaster Relief SPA #1 RI 20-0003, Section A., Item 1., Page 5, approved on April 8, 2020. This does not supersede any other items in Disaster Relief SPAs approved on April 8, 2020, April 15, 2020 and on May 13, 2020.

Please note that if Rhode Island wishes to cover the COVID-19 testing group after it is removed from the state plan, you may submit a new Medicaid Disaster Relief for the COVID-19 National Emergency SPA at any time during the public health emergency.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.


Please contact Joyce Butterworth at (857) 338-0554 or by email at Joyce.Butterworth@cms.hhs.gov if you have any questions about this approval.

Anne M.
Costello -S

Digitally signed by Anne
M. Costello -S
Date: 2020.08.25
11:13:07 -04'00'

Anne Marie Costello
Acting Center Director
Center for Medicaid & CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0011	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 April 1, 2020 March 18, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(XXIII) ; Title 19 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 0 b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4.A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 7.4 · Section A., Item 1., Page 5	
10. SUBJECT OF AMENDMENT: Rescission to the State's Disaster Relief Policies for the COVID-19 National Emergency: Optional Eligibility Group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		XX <input type="checkbox"/> OTHER, AS SPECIFIED: See Attached Letter	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: EOHHS 3 West Rd, Virks Building Cranston, RI 02920	
13. TYPED NAME: Womazetta Jones			
14. TITLE: Secretary			
15. DATE SUBMITTED: August 3, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 3, 2020		18. DATE APPROVED: August 25, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 18, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: Anne M. Costello -S <small>Digitally signed by Anne M. Costello -S Date: 2020.08.25 11:13:48 -0400</small>	
21. TYPED NAME: Anne Marie Costello		22. TITLE: Acting Center Director, Center for Medicaid & CHIP Services	
23. REMARKS: Pen & ink change to include missing reference in box 6, "Title 19 of the Social Security Act" Pen & ink change in box 4 from April 1, 2020 to March 18, 2020 Pen & ink change to add page number in box 9.			

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective March 18, 2020, the agency rescinds the election at A.1. of section 7.4 (approved on 04/08/2020 in SPA Number RI-20-0003) of the state plan to furnish medical assistance to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.

TN: RI-20-0011

Supersedes RI 20-0003, Section A., Item 1., Page 5

Approval Date: 08/25/2020

Effective Date: March 18, 2020

This SPA supersedes Disaster Relief SPA #1 RI 20-0003, Section A., Item 1., Page 5, approved on April 8, 2020. This does not supersede any other items in Disaster Relief SPAs approved on April 8, 2020, April 15, 2020 and on May 13, 2020.