### **Table of Contents**

# **State/Territory Name: Rhode Island**

## State Plan Amendment (SPA) 21-0008

This file contains the following documents in the order listed:

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

#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



#### **Financial Management Group**

May 24, 2022

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

RE: Rhode Island 21-0008

Dear Secretary Jones:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0008. Effective July 1, 2021, this amendment proposes to eliminate reimbursement to eligible providers for Graduate Medical Education (GME) expenditures.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 21-0008 is approved effective July 1, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or <u>Novena.JamesHailey@cms.hhs.gov</u>.

Sincerely,

Director

Rory Howe

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION			FORM APPROVED OMB NO_0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0008	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 July 1, 2021	
5. TYPE OF PLAN MATE	RIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT			
	BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUIE/REGULATION CITATION: 42 CFR 447.271, 447.272		7. FEDERAL BUDGET IMPACT:     a. FFY   2022   2021   \$ (1,500,000)     b. FFY   2023   2022   \$ (1,500,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Supplement 2 to Attachment 4.19 A Page 1		Supplement 2 to Attachment 4.19 A Page 1-2	
COMMENTS OF G	-	XX 🗌 OTHER, AS SPECIFIED: See Attached Letter	
12. SIGNATURE OF STAT	F AGENCY OFFICIAL	16. RETURN TO:	
13. TYPED NAME:	Womazetta Jones	EOHHS 3 West Rd, Virks Building Cranston, RI 02920	
14. TIILE:	Secretary		
	-	-	
15. DATE SUBMITTED:	August 13, 2021		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	August 13, 2021	18. DATE APPROVED: May 24, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF	APPROVED MATERIAL: July 1, 2021	20 SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	Rory Howe	22. TITLE: Director, Financial Mana	gement Group
23. REMARKS: State requested pen and ink changes in box #7			

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### GRADUATE MEDICAL EDUCATION SUPPLEMENTAL PAYMENTS

Effective July 1, 2021, Graduate Medical Education Supplemental Payments are eliminated.