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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: 21-0022**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 20, 2022

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

Re: Rhode Island State Plan Amendment (SPA) 21-0022

Dear Secretary Jones:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0022. This amendment was submitted to include an attestation to compliance with the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209. This letter is to inform you that Rhode Island Medicaid SPA 21-0022 was approved on January 20, 2022 with an effective date of December 1, 2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc: Kristin Sousa, Acting State Medicaid Director  
Kathryn Thomas, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 2

2. STATE

RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

12/1/2021

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(4) Consolidated Appropriations Act, 2021, Division CC,  
Title II, Section 209; 42 CFR 440.270

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1D Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supersedes TN: NEW

9. SUBJECT OF AMENDMENT

NEMT compliance with 1902(a)(4)

10. 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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

Womazetta Jones

13. TITLE  
Secretary

14. DATE SUBMITTED  
12/23/21

15. RETURN TO  
EOHHS  
3 West Rd. Virks Building  
Cranston, RI 02920

**FOR CMS USE ONLY**

16. DATE RECEIVED 12/23/2021

17. DATE APPROVED 01/20/22

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
12/01/2021

[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS  
Pen & ink change to include "Consolidated Appropriations Act, 2021, Division CC,  
Title II, Section 209; 42 CFR 440.270" in Block 7, and Supersedes TN: NEW in Block 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF RHODE ISLAND

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The state assures that all minimum requirements outlined in section 1902(a)(87) of the Act are met. Those requirements include the following:

(A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

(B) Each such individual driver has a valid driver's license;

(C) Each such provider has in place a process to address any violation of a state drug law; and

(D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.