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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 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 19, 2022

Ana P. Novais, MA, Acting Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 22-0007

Dear Acting Secretary Novais:

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 Rhode Island's Medicaid state plan, as submitted under transmittal number (TN) 22-0007. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions 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, Medicaid SPA Transmittal Number 22-0007, is approved effective April 1, 2022.

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

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

Sincerely,
Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.08.19
07:53:47 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 7</u>	2. STATE <u>RI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 457.170(b) , Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Disaster Relief SPA #6 Page 43

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Disaster Relief SPA #6 Page 43

Disaster Relief SPA #1
RI 20-0003, Section D., Item 7., Page 9

9. SUBJECT OF AMENDMENT

Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency: Medication Prior Authorization Expansio

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Ana Novais

13. TITLE
Acting Secretary EOHHS

14. DATE SUBMITTED
June 27, 2022

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED 06/27/2022

17. DATE APPROVED 08/19/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
04/01/2022

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2022.08.19 07:54:10 -0400'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS
Pen & ink change to Box 5 addition federal citation, Box 8 to correct superseded page.

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

Effective April 1, 2022, the agency rescinds the election at Section D, Item 7, Page 9 (approved on 04/08/2020 in SPA Number RI-20-0003) of the state plan to expand medication prior authorizations to allow renewal automatically without clinical review or time/quantity extensions.