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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 23-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Page

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

February 1, 2024

Richard Charest, R.Ph, MBA, Secretary Executive Office of Health and Human Services 3 West Road, Virks Building Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 23-0014

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0014. This amendment proposes to provide coverage of all approved vaccines recommended by the Advisory Committee on Immunization Practices and vaccine administration when furnished by a qualified provider.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing Section 11405 of the Inflation Reduction Act. This letter is to inform you that Rhode Island's Medicaid SPA Transmittal Number 23-0014 was approved on February 1, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincoroly

James G. Scott, Director Division of Program Operations

Enclosures

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

CENTERS FOR MEDICARE & MEDICARD SERVICES	· · · · · · · · · · · · · · · · · · ·
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	2 3 — 0 0 1 4 KI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTER BIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION Section 11405 of the Inflation Reduction Act (IRA)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 0 b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment-3.1-A,-Page 6.18	OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Supplement to Page 6, Page 6.18-a	N/A - NEW
9. SUBJECT OF AMENDMENT Adult Vaccine Attestation	
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	15. RETURN TO
	EOHHS
	3 West Road, Virks Building Cranston, RI 02920
13. TITLE	
Secretary	
14. DATE SUBMITTED	
12/27/2023	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
12/27/2023	02/01/2024
PLAN APPROVED - OI	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF ARREST VIVO OFFICIAL
10/01/2023	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	* *
Pen & ink change to Block 7 to correct pagination.	

STATE OF RHODE ISLAND

13C. Preventive Services (cont.)

13C.4 Vaccine Administration

Approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration are covered, as described in section 1905(a)(13)(B) of the Act when furnished by a qualified provider.

The state has methods to ensure that its coverage and billing codes of approved vaccines and their administration are updated as necessary to reflect changes to ACIP recommendations.

Qualified Providers: To qualify for administering vaccines, an individual must be a physician, a nurse practitioners (NP), an advanced practice registered nurse (APRN), a physician assistant (PA), or a licensed pharmacist, a licensed pharmacy intern or a licensed pharmacy technician.

TN No: <u>23-0014</u> Effective Date: <u>10/01/2023</u> Supersedes TN No: <u>NEW</u> Approval Date: <u>02/01/2024</u>