

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-009

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
January 1, 2013

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
MIPPA Sec 175

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$-206,000
b. FFY 2014 \$-213,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to page 5 Attachment 3.1-A (p.5a.2)
Supplement 2 to page 5 Attachment 3.1-A (p.5a.3)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
MIPPA Provisions Related to Medicaid Outpatient Drug Coverage

11. 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

XX OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:


16. RETURN TO:

13. TYPED NAME: Steven M. Costantino

EOHHS Policy Office
600 New London Avenue, Bldg. 57
Cranston, RI 02920

14. TITLE: Secretary

15. DATE SUBMITTED: ~~July 30, 2013~~ June 28, 2013

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7/01/2013

18. DATE APPROVED: 08/15/2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2013

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of
Medicaid & Children's Health, Boston Regional Office

23. REMARKS: