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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:14-005

This file contains the following documents in the order listed:

- 1) RO letter transmitting signed 179 and final pages
- 2) CO Pharm Team Approval Letter
- 3) Summary Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 9, 2014

Steven M. Costantino, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
57 Howard Avenue, LP Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of the approved Rhode Island State Plan Amendment (SPA) No.14-005 pages and the signed 179 form. These accompany the approval letter issued by our Central Office sent under separate cover.

If you have any questions regarding this matter you may contact Lynn DeVecchio (617) 565-1201 or by e-mail at Lynn.DeVecchio@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

Cc: Deidre Gifford, MD, Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager
Elena Nicolella, Policy Director

MD-S-30-RI

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

June 9, 2014

Steven M. Costantino
Secretary
State of Rhode Island and Providence Plantations
57 Howard Avenue
LP Building
Cranston, Rhode Island 02920

Dear Mr. Costantino:

We have reviewed Rhode Island State Plan Amendment (SPA) 14-005, Prescribed Drugs, received in the Boston Regional Office on March 31, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-005 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Rhode Island state plan will be forwarded by the Boston Regional Office.


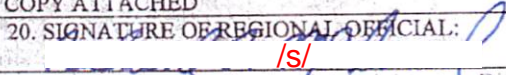
If you have any questions regarding this SPA, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Richard R. McGreal, ARA, Boston Regional Office
Lynn A. DelVecchio, Boston Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-005	2. STATE RI
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 2502 of the Affordable Care Act Section 1927(d)(2) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$9,900 b. FFY 2015 \$13,200	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Supplement 2 to Page 5, p5a.2 Attachment 3.1-A, Supplement 2 to Page 5, p5a.3 Attachment 3.1-A, Supplement 2 to Page 5, p5a2.4 Attachment 3.1-A, Supplement 2 to Page 5, p5a2.5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Supplement 2 to Page 5, p5a.2 Attachment 3.1-A, Supplement 2 to Page 5, p5a.3	
10. SUBJECT OF AMENDMENT: Coverage of Barbiturates, Benzodiazepines, and Smoking Cessation Drugs			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: See Attached Letter	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO: EOHHS Policy Office 600 New London Avenue, Bldg. 57 Cranston, RI 02920	
13. TYPED NAME: Steven M. Costantino			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 31, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2014		18. DATE APPROVED: June 9, 2014	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		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:			

State: Rhode Island

REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR CATEGORICALLY NEEDY

12a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.

The following excluded drugs are covered:

- (a) Agents when used for anorexia, weight loss, weight gain
 All None Some*
- (b) Agents when used to promote fertility
 All None Some*
- (c) Agents when used for cosmetic purposes or hair growth
 All None Some*
- (d) Agents when used for the symptomatic relief of cough and colds
 All None Some*
- (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride
 All None Some*
- (f) Non-prescription drugs
 All None Some*
- (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
 All None Some*
hHhh

*Identified on the following pages

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State: Rhode Island

REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR CATEGORICALLY NEEDY

Covered Therapeutic Drug Classes:

- (a) Agents when used for anorexia, weight loss, weight gain
 - J8A ANTI-OBESITY - ANOREXIC AGENTS
 - D5A FAT ABSORPTION DECREASING AGENTS

- (d) Agents when used for the symptomatic relief of cough and colds
 - B3J EXPECTORANTS
 - B3K COUGH AND/OR COLD PREPARATIONS
 - B3L EXPECTORANTS (CONTINUED 1)
 - B3N DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATION
 - B3O 1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB
 - B3P NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECON-ANALGES CB
 - B3Q NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST
 - B3R NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST
 - B3S NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT
 - B3T NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.
 - B3U 1ST GENERATION ANTIHISTAMINE-EXPECTORANT COMB.
 - B3V 1ST GEN ANTIHIST-DECONGESTANT-ANALGESIC-EXPECT CMB
 - B3W 2ND GEN ANTIHIST-DECONGESTANT-ANALGESIC-EXPECT CMB
 - B3X 1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB
 - B3Y 1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB
 - B3Z 1ST GEN ANTIHISTAMINE-EXPECTORANT COMBINATIONS
 - B4A NON-NARCOTIC ANTITUSSIVE-ANALGESIC COMBINATIONS
 - B4B NON-NARCOTIC ANTITUSSIVE-ANALGESIC-EXPECTORANTS
 - B4C NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.
 - B4D NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE
 - B4E NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.
 - B4F NARC ANTITUSSIVE-1ST GEN ANTIHIST-ANALGESIC COMB.
 - B4G NON-NARC ANTITUSS-1ST GEN ANTIHIST-ANALGESIC COMB.
 - B4H NARCOTIC ANTITUSS-1ST GEN ANTIHIST-EXPECT COMB.
 - B4I NON-NARC ANTITUSSIVE-1ST GEN ANTIHIST-EXPECT COMB.
 - B4J NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT
 - B4K NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS
 - B4L NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS
 - B4M NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-ANALGESIC CB
 - B4N NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-ANALGESIC
 - B4O NON-NARC ANTITUSS-1ST ANTIHIST-DECONG-ANALG-EXPECT
 - B4P NON-NARC ANTITUSS-DECONGESTANT-ANALGESIC-EXPECT CB
 - B4Q NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB

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State: Rhode Island

REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR CATEGORICALLY NEEDY

B4R NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB
B4S NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION
B4T DECONGEST-ANALGESIC, NON-SALICYLATE COMB.
B4U DECONGESTANT-ANTICHOLINERGIC COMBINATIONS
B4V ANTITUSSIVE-1ST GEN ANTST-ANALGESIC-EXPECT COMB
B4W DECONGESTANT-EXPECTORANT COMBINATIONS
B4X EXPECTORANT COMBINATIONS OTHER
B4Y EXPECTORANT MIXTURES
B4Z 1ST GEN ANTIHISTAMINE-ANALGESIC-ANTICHOLINERGIC CB
B5A 1ST GEN ANTIHIST-DECONGEST-ANALGES-ANTICHOLINERGIC
B5B 1ST GEN ANTIHISTAMINE-ANALGESIC-EXPECTORANT COMB
B5C DECONGESTANT-ANALGESIC-ANTICHOLINERGIC COMB
B5D DECONGEST-ANALGESIC, NON-SALICY-ANTICHOLIN-XANTHINE
B5E DECONGEST-ANALGESICS, MIXED-XANTHINE COMB
B5F DECONGESTANT-ANALGESIC, SALICYLATE COMB.
B5G DECONGESTANT-NSAID, COX NON-SPEC COMB.
B5H 1ST GEN ANTIHIST-DECON-NSAID, COX NONSPEC
B5I DECONGEST-ANALGESIC, NON-SALICYLATE-EXPECT-XANTHINE
B5J DECON-ANALGESIC, NON-SALICYLATE-XANTHINE
B5K DECONGEST-ANALGESIC, SALICYLATE-XANTHINE
B5L GEN1 ANTIHIST-DECON-ANALGESIC, NON-SALICYLATE-XANTH
B5M 1ST GEN ANTIHIST-DECONGEST-ANALGES, MIXED
B5N 1ST GEN ANTIHIST-DECON-ANALGESIC, SALICYLATE
B5O NON-NARCOTIC ANTITUSSIVE-ANALGESIC, SALICYLATE
B5P DECONGESTANT-ANALGESIC, SALICYLATE-EXPECTORANT COMB
B5Q N-NARC ATUS-GEN1 ANTIHIST-DECON-SALICYLT
B5R ANALGESICS, MIXED-1ST GEN ANTIHISTAMINE-XANTHINE
B5S ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE
B5T 1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.
B5U 1ST GEN ANTIHISTAMINE-EXPECT-COUNTER-IRRITANT COMB
B5V 1ST GEN. ANTIHISTAMINE-EXPECTORANT-XANTHINE COMB.
H6C ANTITUSSIVES, NON-NARCOTIC
H6D ANTITUSSIVES, NON-NARCOTIC (CONTINUED 1)
Z2N 1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS
Z2O 2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS

(e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride

C1D POTASSIUM REPLACEMENT
C1F CALCIUM REPLACEMENT
C1H MAGNESIUM SALTS REPLACEMENT
C1K CARDIOPLEGIC SOLUTIONS
C1P PHOSPHATE REPLACEMENT

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State: Rhode Island

REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR CATEGORICALLY NEEDY

C1Z ELECTROLYTE MAINTENANCE (CONTINUED 1)
C3B IRON REPLACEMENT
C3C ZINC REPLACEMENT
C3H IODINE CONTAINING AGENTS
C3M MINERAL REPLACEMENT, MISCELLANEOUS
C3N MINERAL REPLACEMENT, MISCELLANEOUS (CONTINUED 1)
C3O MINERAL REPLACEMENT, MISCELLANEOUS (CONTINUED 2)
C3P MINERAL REPLACEMENT, MISCELLANEOUS (CONTINUED 3)
C6A VITAMIN A PREPARATIONS
C6B VITAMIN B PREPARATIONS
C6C VITAMIN C PREPARATIONS
C6D VITAMIN D PREPARATIONS
C6E VITAMIN E PREPARATIONS
C6F PRENATAL VITAMIN PREPARATIONS
C6G GERIATRIC VITAMIN PREPARATIONS
C6H PEDIATRIC VITAMIN PREPARATIONS
C6I ANTIOXIDANT MULTIVITAMIN COMBINATIONS
C6J BIOFLAVONOIDS
C6K VITAMIN K PREPARATIONS
C6L VITAMIN B12 PREPARATIONS
C6M FOLIC ACID PREPARATIONS
C6N NIACIN PREPARATIONS
C6O BIOFLAVONOIDS (CONTINUED 1)
C6P PANTHENOL PREPARATIONS
C6Q VITAMIN B6 PREPARATIONS
C6T VITAMIN B1 PREPARATIONS
C6U MULTIVITAMIN PREPARATIONS (CONTINUED 1)
C6Z MULTIVITAMIN PREPARATIONS
L9B VITAMIN A DERIVATIVES

(f) Non-prescription drugs

Link to OTC List: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/motc.pdf>

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