

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER:
07-005

2. STATE
RI

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2007

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.120, and Sections 1927(a), 1927(d)(4), and 1927(d)(5) of
Title XIX of the Social Security Act.

7. FEDERAL BUDGET IMPACT:
a. FFY 2007 \$ (2,168,920)
b. FFY 2008 \$ (2,175,549)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Supplement to Page 5, Pages 5a and 5b
Attachment 3.1-B, Supplement to Page 4, Pages 4a and 4b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Supplement to Page 5, Pages 5a and 5b
Attachment 3.1-B, Supplement to Page 4, Pages 4a and 4b

10. SUBJECT OF AMENDMENT:
Prescribed Drugs

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

OTHER, AS SPECIFIED:
(See attached letter)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Gary D. Alexander

14. TITLE: Acting Director

15. DATE SUBMITTED: March 29, 2007

16. RETURN TO:
Linda A. Winfield
Department of Human Services
600 New London Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29, 2007

18. DATE APPROVED: November 5, 2007

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2007

20. SIGNATURE OF REGIONAL OFFICIAL:
Richard R. McGreal

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS: