

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



CENTERS for MEDICARE & MEDICAID SERVICES

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

September 21, 2011

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-001 with an effective date of February 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Rhode Island's approved Title XIX State plan to modify the payment methodology used for the provision of certain forms of non-emergency transportation.

If there are questions, please contact Lynn DelVecchio. Ms. DelVecchio can be reached at (617) 565-1201.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Sandra Powell, Director, Department of Human Services
Elena Nicolella, Medicaid Director
Kimberly Merolla-Brito, Chief Policy and Systems Specialist

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

1. TRANSMITTAL NUMBER:
~~11-003~~ 11-001

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
February 1, 2011 FFY 2011 (\$1,585,497)
FFY 2012 (\$2,377,899)

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 431.53

7. FEDERAL BUDGET IMPACT:

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, Page 3
Attachment 4.19B, Page 3A
Attachment 3.1D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19B, Page 3
Attachment 4.19B, Page 3A
Attachment 3.1D

10. SUBJECT OF AMENDMENT:

Non-Emergency Medical Transportation Payment Methodology

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: Sandra Powell

14. TITLE: Director

15. DATE SUBMITTED: March 31, 2011

16. RETURN TO:

RI DHS Policy Office
LP Building
Department of Human Services
600 New London Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2011

18. DATE APPROVED: September 21, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard R. McGreal

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

23. REMARKS:

Amy LaPierre, RI staffer, authorized changes to the 179 via email dated 6/2/11

STATE OF RHODE ISLAND

Items on the basis of the current prevailing rate at which the item is generally available to the general public in the State of Rhode Island.

- (4) Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select: cost of lenses as listed in the Crown Optical, MacLeod Optical, Target Optical or Optech Optical Co. price lists plus allowance for frames based on negotiated fee schedule.
- j. Services for individuals age 65 or older in institutions for mental diseases:
1. Inpatient hospital services: as described in attachment 4.19A.
 2. Skilled nursing and intermediate care facility services: as described in attachment 4.19D.
- k. ICF/ICF-MR services: as described in attachment 4.19D.
- l. Inpatient psychiatric services for individuals under 22: as described in attachment 4.19A.
- m. Nurse midwife services: according to negotiated fee schedule.
- n. Hospice Services: The fee schedule is in accordance with established Medicare rates.
- o. Other medical care and any other type of remedial care recognized under State law, limited to:
1. Skilled Nursing facility services for individuals under age 21: as described in attachment 4.19D.
- p. Home and community-based services: negotiated fee schedules with the exception of the provision of Minor Modifications to the Home, Minor Assistive Devices and Devices to Adapt the Home Environment. Payments are made for these services on the basis of the current prevailing rate at which the item is generally available to the general public in the State of Rhode Island.
- q. Rehabilitative services: on the basis of negotiated fee schedule.
- r. Case Management services: on the basis of negotiated fee schedule.

TN #11-001	Approval	9/21/2011	Effective
Supersedes TN # 87-07	Date:		Date: 2/1/2011

STATE OF RHODE ISLAND

s. Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC)

X The payment methodology for FQHCs/RHCs will conform to section 702 of the BIPA 2000 legislation.

X The payment methodology for FQHCs and RHCs will conform to the BIPA 2000 requirements Prospective Payment System.

X The payment methodology for FQHCs/RHCs will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:

1. Is agreed to by the State and the center or clinic, and
2. Results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

Until the PPS is calculated, the State shall continue to reimburse the core and ambulatory services provided in a FQHC/RHC under its current methodology: one hundred percent (100%) of reasonable cost as defined by the Medicare cost reimbursement principles as set forth in 42CFR Part 413.

t. Certified Pediatric Nurse Practitioners and Certified Family Nurse Practitioners: according to negotiated fee schedule.

u. Homemaker Services: standard fee per hour of service.

w. Adult Day Care: standard fee per hour of service.

x. Personal Emergency Response System: according to negotiated fee schedule.

y. Transportation Services: In the plan, state-developed fee schedule rates are the same for both governmental and private providers of emergency and non-emergency transportation. All rates are published at

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Fee%20Schedule/a_codes.pdf and

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Fee%20Schedule/t_codes.pdf.

TN # 11-001
Supersedes TN # 01-001

Approval
Date: 9/21/2011

Effective
Date: 02/01/11

Attachment 3.1-D

As required by federal Medicaid regulations, the State assures access to non-emergency medical transportation (NEMT) for Medicaid members to access Medicaid covered services provided by Medicaid participating providers. Requests for NEMT outside the State of Rhode Island require additional documentation of medical necessity and/or that the service is not available in Rhode Island.

If the recipient does not have access to his/her own means of transportation, then the member can request NEMT through Medicaid. NEMT will be provided by the least-costly, medically appropriate means.

Covered NEMT services include bus passes, cabs, ambulatory vehicles, wheelchair-lift equipped vehicles and stretchers. Prior authorization is required for cabs, ambulatory vehicles, wheelchair-lift equipped vehicles and stretchers. While NEMT provider payments are available for out-of-state services, the State of Rhode Island does not provide direct reimbursement to members for meals, mileage and/or out-of-state transportation expenses.

Rite Care or Rite Share eligible members may obtain a Rhody Ten monthly bus pass by presenting their current Medicaid ID Card at participating supermarkets. Eligibility is verified through a POS device. The monthly bus pass provides members with five round trips per month and children under the age of five ride free. Additional trips may be authorized by the member's health plan, if determined medically necessary. The \$20 bus pass cost of ten rides does not exceed the cost of rides if purchased individually. Passes are available for members on the 25th of the month for the following month's pass.

Adults with disabilities and the elderly can access senior/disabled bus passes at the Rhode Island Public Transportation Agency Photo ID Office. If a member has a medical condition that requires a higher-level of NEMT, or if the origin or destination of the medical trip is more than ½ mile from a bus route, the member can contact his/her health plan or the DHS Transportation line. The health plan or the DHS Transportation line will verify the member's Medicaid eligibility, that the service is covered by Medicaid and that the provider participates in Medicaid. Members have freedom of choice of NEMT providers, so long as the provider is available at the requested date and time and able to provide the medically appropriate form of transportation.