

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

December 4, 2013

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. 13-015 Removal of the Limit on the Hospice benefit. This SPA is effective January 1, 2014.

Approved SPA 13-015 brings the Hospice benefit in the Rhode Island State Plan into compliance with Section 1902(a)(10) of the Social Security Act by ensuring that, medical assistance for hospice care is available in an amount, duration or scope that is no less than that provided under Medicare. Further this SPA revises the associated 4.19B reimbursement page to achieve a greater level of comprehensiveness and clarity.

If there are any questions, please contact Lynn DelVecchio at (617) 565-1201 or [Lynn.DelVecchio@cms.hhs.gov](mailto:Lynn.DelVecchio@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Elena Nicolella, Medicaid Director  
Darren McDonald, Medicaid State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-015	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*):

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: Section 1902(a)(10) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014      \$123,750 b. FFY 2015      \$165,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 7 Attachment 3.1-A Supplement to Page 7, Page 7a Attachment 3.1-B Page 6 Attachment 3.1-B Supplement to Page 6 Attachment 4.19-B Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 3.1-A Page 7 Attachment 3.1-A Supplement to Page 7, Page 7a Attachment 3.1-B Page 6 Attachment 3.1-B Supplement to Page 6 Attachment 4.19-B Page 3

10. SUBJECT OF AMENDMENT:  
Removal of the Limit on the Hospice Benefit

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      See Attached Letter  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: October 24, 2013	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: October 25, 2013	18. DATE APPROVED: 12/4/2013
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston Regional Office

23. REMARKS:

State/Territory: Rhode Island

Amount, Duration, and Scope of Medical  
and Remedial Care and Services Provide to the Categorically Needy

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.  
 Provided       No limitations       With Limitations\*  
 Not Provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.  
 Provided       No limitations       With Limitations\*  
 Not Provided
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
 Provided       No limitations       With Limitations\*  
 Not Provided
17. Nurse-midwife services.  
 Provided       No limitations       With Limitations\*  
 Not Provided
18. Hospice care (in accordance with section 1905(o) of the Act).  
 Provided       No limitations       With Limitations\*  
 Provided in accordance with section 2302 of the Affordable Care Act  
 Not Provided

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\*Description provided on attachment  
Including prior authorization requirements as specified in pages 9, 10, and 11 of this attachment.

TN#13-015  
Supersedes  
TN: 88-12

Approved: 12/4/2013

Effective: 1/1/2014

LIMITATIONS

17. Nurse-midwife services.

As provided for in the Rules and Regulations of the State of Rhode Island for the licensing of midwives.

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State/Territory: Rhode Island

Amount, Duration, and Scope of Services Provided  
Medically Needy Group(s): Aged, Blind, Disabled, and AFDC Related

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.  
 Provided       No limitations       With Limitations\*  
 Not Provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.  
 Provided       No limitations       With Limitations\*  
 Not Provided
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
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18. Hospice care (in accordance with section 1905(o) of the Act).  
 Provided       No limitations       With Limitations\*  
 Provided in accordance with section 2302 of the Affordable Care Act  
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\*Description provided on attachment  
Including prior authorization requirements as specified in pages 13, 14, and 15 of this attachment.

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## STATE OF RHODE ISLAND

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

(4) Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency's fee schedule rate was set as of April 1993 for frames and March 2009 for lenses and is effective for services provided on or after those dates. All rates are published at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/v\\_codes.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/v_codes.pdf)

- m. Nurse midwife services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse mid-wife services. The agency's fee schedule rate was set as of 2000 and is effective for services provided on or after that date. All rates are published at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/50000\\_series.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/50000_series.pdf)
- n. Hospice services: the Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offset attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates---ACTION."

Rates and fees can be found by accessing the agency's website at <http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/FeeSchedule.aspx>. The rates available at this website include all annual or periodic adjustments to the fee schedule made in accordance with changes made by CMS for hospice services. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

- p. Home and community-based services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of home and community-based services. The agency's fee schedule rate was set as of March 2013 and is effective for services provided on or after that date. All rates are published at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/g\\_codes.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/g_codes.pdf).
- q. Rehabilitative services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of February 2012 and is effective for services provided on or after that date. All rates are published at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/g\\_codes.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/g_codes.pdf).
- r. Case management services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of case management services. The agency's fee schedule rate was set under the specific program that case management operates in a specific instance and is effective for services provided on or after those dates. All rates are published at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/90000\\_series.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/90000_series.pdf).

TN#13-015  
Supersedes  
TN: 11-001

Approved: \_\_\_\_\_  
12/4/2013

Effective: 1/1/2014

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