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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:15-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) 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

August 27, 2015

Elizabeth Roberts, 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 Roberts:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No. 15-006, submitted June 30, 2015 and revised on July 27, 2015. Effective June 1, 2015, this SPA grants authority to implement a rate reduction for incontinence supplies.

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,

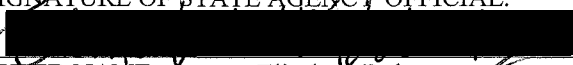
/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

MD-S-30-RI

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-006	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 June 1, 2015	
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: 42 CFR 440.70 42 CFR 441.15		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$88,833 b. FFY 2016 \$266,500	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 2	
10. SUBJECT OF AMENDMENT: Rate Reduction for Incontinence Supplies			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED See Attached Letter <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: EOHHS Policy Office 600 New London Avenue, Bldg. 57 Cranston, RI 02920	
13. TYPED NAME: Elizabeth Roberts			
14. TITLE: Secretary			
15. DATE SUBMITTED: July 22, 2015 ^{June 30, 2015} (state approved correction)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 30, 2015		18. DATE APPROVED: August 26, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations Boston Regional Office	
23. REMARKS:			

STATE OF RHODE ISLAND

(2) Early, periodic, screening, diagnosis, and treatment of individuals under 21 years of age: on the basis of a negotiated fee schedule.

(3) Family planning services, drugs and supplies for individuals of child-bearing age when such services are under the supervision of a physician, as determined according to the elements inherent in the family planning service or the drugs and contraceptive devices necessary: on the basis of a negotiated physician fee schedule and the pharmacy fee schedule.

e. Physicians' services: on the basis of a negotiated fee schedule

f. Medical care of any other type of remedial care recognized under State law furnished by licensed practitioners within the scope of their practice as defined by law limited to:

(1) Podiatry services: on the basis of a negotiated fee schedule.

(2) Optometry services: on the basis of a negotiated fee schedule.

g. Home Health Services: all rates are based on a fixed fee schedule and are available at http://www.cohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/t_codes.pdf

h. Dental services: on the basis of a negotiated fee schedule.

i. Prescribed drugs, dentures, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by the optometrist, whichever the individual may select.

(1) The cost of drugs as determined by the drug product allowance established by the CMS Upper Payment Limits plus a reasonable professional Dispensing Fee; the drug product allowance established by the State Upper Payment Limits plus a reasonable Dispensing Fee; the estimated acquisition cost (which shall be the manufacturer's reported Wholesale Acquisition Cost) for all other drugs plus a reasonable Dispensing Fee; or the usual and customary charge to the general public (to include all discounts such as senior citizens discounts, or if lower, the amount reimbursed by other third party payors), whichever is lower. In those instances in which the drug product allowance is less than the established CMS Upper Payment Limits and for those drug products which the State agency has established the Upper Payment Limits the drug allowance represents the lowest cost at which the product is generally available at a local level to the community pharmacies.

A professional Dispensing Fee of \$3.40 per prescription for medication dispensed to recipients residing at home will be allowed for legend prescription drugs in addition to the allowable cost of the drug.

A professional Dispensing Fee of \$2.85 per prescription for medication dispensed to recipients residing in licensed Nursing Facilities and Intermediate Care Facilities for the Mentally Retarded will be allowed for legend prescription drugs in addition to the allowable cost of the drug.

Reimbursement for over-the-counter items is based upon the lowest of the drug product allowance plus the Professional Dispensing Fee, the allowable cost of the drug plus a 50% markup of the usual and customary charge to the general public, but not less than a \$2.00 minimum charge per prescription.

(2) Dentures: on the basis of a negotiated fee schedule.

(3) Surgical and prosthetic devices: all payments are made for covered

Procedure Code	Procedure Description	Current Rate	Orig. Proposed Rate Eff. 4/1/15	Revised Rate Eff. 6/1/15
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.95	\$0.46	\$0.50
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.95	\$0.53	\$0.57
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.95	\$0.71	\$0.75
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.95	\$0.74	\$0.78
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL, EACH	\$0.95	\$0.66	\$0.66
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM, EACH	\$0.95	\$0.79	\$0.79
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE, EACH	\$0.95	\$0.79	\$0.79
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE, EACH	\$0.95	\$0.79	\$0.79
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM	\$0.95	\$0.66	\$0.66
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.95	\$0.83	\$0.83
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM	\$0.95	\$0.70	\$0.70
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.95	\$0.58	\$0.65
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.95	\$0.46	\$0.50
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.95	\$0.72	\$0.72
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.77	\$0.40	\$0.44
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	\$0.29	\$0.29	\$0.29
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	\$0.29	\$0.29	\$0.29
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	\$2.85	\$2.00	\$2.25
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	\$0.95	\$0.79	\$0.79