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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 15-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

July 18, 2016

Elizabeth Roberts, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
74 West Road, Hazard Building
Cranston, RI 02920

Dear Secretary Roberts:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No. 15-014, submitted December 28, 2015. Effective February 1, 2016, this SPA grants authority to implement changes to the adult day health benefit and reimbursement methodology as reflected in the enclosed approved State Plan pages.

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

Cc: Anya Radar Wallack, Ph.D., Medicaid Director
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

MD-S-30-RI

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

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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:
42 CFR 440.180

- 1. TRANSMITTAL NUMBER: 15-014
- 2. STATE: RI
- 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
- 4. PROPOSED EFFECTIVE DATE: February 1, 2016

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 -\$180,068
b. FFY 2017 -\$405,154

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Supplement to page 6, Page 6.34a - 6.34d
Attachment 4.19-B, Page 3.9a - 3.9b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Supplement to page 6
Attachment 4.19-B, Page 3.9

10. SUBJECT OF AMENDMENT:
Adult Medical Day Care Services

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: Elizabeth H. Roberts

14. TITLE: Secretary

15. DATE SUBMITTED: December 28, 2015

16. RETURN TO:

EOHHS Policy Office
600 New London Avenue, Bldg. 57
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 30, 2015

18. DATE APPROVED:
July 15, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 1, 2016

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:

13D. Rehabilitative Services (cont.)

Adult Day Health Services

Definition:

Adult Day Health Services -- a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination.

Service Descriptions:

Medication Administration- Medications prescribed by a physician may be administered to the Adult Day Health (ADH) Participant and will be administered by the program nurse who is licensed to practice professional or practical nursing in accordance with RI law.

On-going Monitoring of Health Status- The program nurse is responsible for monitoring the health status of all adult day health participants, as identified in the person centered care plan. Monitoring includes blood pressures, measurement of output, unstable blood glucose, administration of oral or injectable medications that require a nurse monitoring the dosage, frequency or adverse reactions.

Maintenance therapy- Supplemental or follow up physical, occupational or speech therapy to maintain optimal functioning and to prevent regression. Under orders of the physician or licensed therapist, these services may be performed by ADH program staff under the direct supervision of the licensed program nurse, a licensed therapist or both.

Skilled Services- Services ordered by a physician that falls within the professional discipline of nursing, physical, occupational and speech therapy. The Adult Day Health may provide these services or arrange for these services and will be provided by licensed professionals. Skilled services include, but are not limited to, services such as urethral catheter insertion and maintenance, nasogastric tube feeding, administering oxygen, and tracheostomy care.

Personal Care Services- Hands on assistance or supervision of activities of daily living performed at the adult day health center will be performed by a certified nursing assistant licensed by the Department of Health.

Care Coordination- The adult day health may perform care coordination activities which include coordination with the family, the physician, and other service providers to implement a specific care plan. Care coordination may be performed the interdisciplinary team members which may include the nurse, the social worker, other program staff and is overseen by the program nurse.

Qualified Providers:

Services are provided by Adult Day Centers with which the Executive Office of Health and Human Services or the Department of Behavioral Health, Developmental Disabilities, and Hospitals have provider agreements.

Provider/ Practitioners	Service	Min level of Education/degree/ experience	License/ Certification	Clinical Supervision
Nurse	Medication Administration, On-going Monitoring of Health Status, and Skilled Nursing Services	Graduate of a registered nursing program.	Licensed in accordance with 5-34 RI General Law	Program Nurse

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13D. Rehabilitative Services (cont.)

Certified Nursing Assistant	Personal Care services	Completed Certification Program and completed hours of mandatory training by the Adult Day Health Center, outlined by the Dept of Health Regs	Certified Nursing Assistant- Licensed by the Dept of Health	Program Nurse
Social Worker	Individual, group or family counseling, facilitate connections to other services or programs in the community, participates in the development of care plan and acts as member of the interdisciplinary team.	Degree in Social work, Psychology or other Human Services related field from an accredited college or university.	None	Program Director

Traumatic Brain Injury Services

Definition:

Traumatic Brain Injury services refer to rehabilitative residential treatment provided to individuals who had a severe brain injury who are unable to live in the community due to severe behavioral and/or cognitive dysfunction as the result of the brain injury, and for whom no other appropriate placement within Rhode Island is available. Room and board is not covered as part of these services. These are not IMDs.

Rehabilitative residential treatment is provided in a 24-hour therapeutic residential program that offers group and individual treatment. This treatment is limited to services that are restorative in nature.

Service Descriptions:

Assessment, Diagnosis and Evaluation- Assessment, Diagnosis and on-going evaluation of the program participant is completed by the team neurologist and/ or neuropsychologist who works with the team to develop a comprehensive person-centered treatment plan based on assessment and diagnosis.

Medication Management- Medication management may be done by the team psychiatrist for specific psychotherapeutic medications to treat mental, emotional or behavioral disorders and/or under the order of the psychiatrist or primary care practitioner, the program nurse or nurse practitioner may provide medication management to program participants.

Provision of Health Care- Health care provided by the team primary care practitioner and under the supervision of the primary care practitioner, the physician assistant may provide health care to program participants.

Health Care Coordination- Care Coordination of medical services, oversight and monitoring of health status, identification of health care needs, determination of health care goals, performed by the program nurse and/or the nurse practitioner, under direct supervision of the primary care practitioner.

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13D. Rehabilitative Services (cont.)

Counseling- Provided by the Behavior Specialist to provide behavior therapy and other therapeutic services to address issues identified in the person-centered care plan. Counseling may also be performed by the Psychologist, Neuropsychologist or Psychiatrist as appropriate.

Physical Therapy (PT)- Provided by the licensed physical therapist, PT is therapy for the participant to improve, develop, correct, rehabilitate or prevent the worsening of the physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenial anomalies or injuries. Services may also include the training and oversight necessary for the participant, family member or other persons to carry out a maintenance program.

Occupational Therapy (OT) - Provided by the licensed occupational therapist, OT is therapy for the participant to improve ability to perform tasks required for independent functioning so that the participant can engage in activities to improve daily living. Services may also include the training and oversight necessary to the participant, family member or other person to carry out a maintenance program.

Speech Therapy (ST)- Provided by the licensed speech therapist, ST is therapy to improve, develop, correct, rehabilitate or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenial anomalies or injuries or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary to the participant, family member or other person to carry out a maintenance program.

Care Plan Development, Team Coordination and Advocacy- The case manager is responsible for coordination of the development of the care plan with all team members and coordination of services between direct care teams and clinical teams. The case manager may act as an advocate for program participants and may also be a liaison between the family and program teams.

Direct Care- The functional skills coordinator (FSC) provides assistance with daily activities such as meal preparation, personal hygiene and instrumental activities of daily living.

Provider Qualifications:

Residential treatment facilities must be licensed as a Residential Treatment Facility; have accreditation by the Joint Commission on Accreditation of Healthcare Organizations; and current accreditation by the Commission on Accreditation of Rehabilitation Facilities.

Provider/ Practitioners	Service	Min Level of Education/degree/ Experience	License/ Certification	Clinical Supervision
Neurologist	Assessment, diagnosis and evaluation	Medical Doctorate (MD) degree	In Accordance with Rhode Island General Law (RIGL) or other state where program operates	None
Psychiatrist	Medication management and counseling as appropriate.	Graduation from Accredited school of Medicine with focus on Psychiatry /MD degree	In Accordance with RIGL or other state where program operates	None

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13D. Rehabilitative Services (cont.)

Primary Care Practitioner (PCP)	Provision of Health Care	Medical Doctorate (MD) degree	In Accordance with RIGL or other state where program operates	None
Physician Assistant (PA)	Provision of Health Care under supervision of PCP	Physician Assistant (PA) Degree	In accordance with RIGL or other state where program operates	Primary Care Practitioner
Nurse	Health care coordination; medication management	Registered Nurse (RN) degree		Primary Care Practitioner
Neuropsychologist	Assessment, Diagnosis, evaluation	Graduation from College with a Ph. Dd.	In accordance with RIGL or other state where program operates	None
Behavior Specialist	Counseling, behavior therapy	Masters in Counseling		Program director
Physical Therapist	Physical Therapy	Doctor of Physical Therapy (DPT)	In accordance with RIGL or other state where program operates	None
Occupational Therapist	Occupational Therapy	MS/OTR/L	In accordance with RIGL or other state where program operates	None
Speech Therapist	Speech Therapy Communication and cognitive services	MS, SLP-CCC	In accordance with RIGL or other state where program operates	None
Case manager	Care plan development; team coordination and advocacy	Degree in social work, psychology or other human services related field from an accredited college or university.	None	Program director
Nurse Practitioner	Health care coordination, Medication management	Registered Nurse Practitioner (RNP)	In accordance with RIGL or other state where program operates	Primary Care practitioner
Functional Skills Coordinator	Direct Care	Degree in Bachelor of Arts or SW from accredited school or university	None	Program Director

Rehabilitative Services (cont.)**Adult Day Health Services**Payment Methodology:

Services are reimbursed based upon acuity. The RI Medicaid Agency pays Adult Day Health (ADH) providers for Adult Day Health only if 1) the ADH services are medically necessary as outlined in the Provider Certification Standards, 2) the participant meets the clinical criteria for RI Medicaid Payment and 3) the ADH provider has obtained clinical authorization for RI Medicaid payment in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency pays one of two different payment rates for ADH services depending on the level of care and services provided to a participant by an ADH provider, as defined herein. Payment rates do not include room and board.

Basic Level of Services

- The RI Medicaid Agency pays the Basic Rate if the clinical determination is Preventive and the ADH furnishes Basic level of services. Basic level of services include the provision of the coordination of health and social services, including the availability of nursing services, health oversight and monitoring, skilled services, personal care, and care coordination as identified in the person centered care plan, aimed at stabilizing or improving self-care as well as preventing or postponing or reducing the need for institutional placement.

Enhanced Level of Services

- The RI Medicaid Agency pays the Enhanced Rate if the clinical determination is Preventive and the ADH furnishes Enhanced level of services. Enhanced level of services include the provision of:
 - a. Daily assistance*, on site in the center, with at least two (2) Activities of Daily Living (ADL) described herein, or;
 - b. Daily assistance*, on site in the center, with at least one skilled service, by a Registered Professional Nurse (RN) or a Licensed Practical Nurse (LPN), or;
 - c. Daily assistance*, on site in the center, with at least one (1) ADL described herein which requires a two-person assist to complete the ADL, or;
 - d. Daily assistance*, on site in the center, with at least 3 ADLs as described herein when supervision and cueing are needed to complete the ADLs identified, or;
 - e. An individual who has been diagnosed with Alzheimer's disease or other related dementia, or a mental health diagnosis, as determined by a physician, and requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others. Such behaviors and interventions must be documented in the participant's care plan and in the required progress notes.

*Daily assistance= every day of attendance

Payment Rates

Code	Per Full Day (Five (5) or more hrs including transportation to and from provider)	Description
S5102-U1	\$65.00	Enhanced Level of Services
S5102	\$45.00	Basic Level of Services

Code	Per Half Day (Three (3) or more hrs including transportation to and from provider)	Description
S5012-U1	\$ 32.50	Enhanced Level of Services
S5102	\$ 22.50	Basic Level of Services

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TN No. 15-014

Supersedes

TN No. 08-011

Approved: July 15, 2016

Effective: February 1, 2016

Rehabilitative Services (cont.)

The State Medicaid agency will have a contract with each entity receiving payment under this service that will require that the entity furnish to the Medicaid agency on an annual basis the following:

- a. Data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;
- b. Cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency rates were set as of February 1, 2016 and are effective for services on or after that date.

Traumatic Brain Injury ServicesPayment Methodology

The rate is structured to capture all of the staff costs associated with providing the basic, routine day-to-day rehabilitative care uniformly provided to all residents that either takes place in the program, or is provided by staff of the program.

Payment is on a per diem basis.

Payment does not include room and board.

The State Medicaid agency will have a contract with each entity receiving payment under this service that will require that the entity furnish to the Medicaid agency on an annual basis the following:

- a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;
- b. cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.

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