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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:17-005

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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 30, 2017

Eric Beane, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
74 West Road
Cranston, RI 02920

Dear Secretary Beane:

Rhode Island SPA 17-005, Home Health Face to Face Requirements is hereby approved with an effective date of July 1, 2017. Please accept my appreciation for the efforts of your staff on this review.

If you have any questions regarding this matter you may contact Lynn DelVecchio (401) 384-0454 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

Richard R. McGreal
Associate Regional Administrator

Cc: Patrick Tigue, Medicaid Director
Melody Lawrence, Interdepartmental Project Manager

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

1. TRANSMITTAL NUMBER:
17-005

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
July 1, 2017

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR Part 440.70

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$ 79,000
b. FFY 2018 \$ 319,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Page 10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A Page 10

10. SUBJECT OF AMENDMENT:
Home Health Face-to-Face Requirements

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

XX OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

13. TYPED NAME: Eric Beane

EOHHS
74 West Rd, Bldg. 74
Cranston, RI 02920

14. TITLE: Secretary

15. DATE SUBMITTED: Aug 11, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 8/15/2017

18. DATE APPROVED: 8/30/2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2017

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Centers for Medicare &
Medicaid Services, Boston Regional Office

23. REMARKS:

PRIOR AUTHORIZATION PRACTICES UTILIZED IN THE ADMINISTRATION OF THE
RHODE ISLAND MEDICAL ASSISTANCE PROGRAM (Cont'd.)

- 4.b. Early and Periodic Screening, Diagnosis, and Treatment – The prior authorization requirements which are applicable to all other medical services and supplies provided in the Rhode Island Medical Assistance Program apply for EPSDT services.
5. Physicians' Services – Prior authorization is required for surgical procedures of a cosmetic nature which must be performed for functional purposes.
- 6.a. Podiatrists' Services – Prior authorization is required for x-rays performed for diagnostic evaluation purposes and molded shoes.
- 6.b. Optometrists' Services – Prior authorization is required for perceptual visual training.

Prior authorization is required for contact lenses when indicated for medical conditions.

- 7.a.-b.-c.-d. Home Health Services – Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, therapy visits and medical supplies, equipment and appliances. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). A face-to-face encounter, in accordance with 42 CFR 440.70(f), is required. Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in any non-institutional setting in which normal life activities take place. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 70.70(c).

10. Dental Services – Prior authorization is required for all services except for emergency and palliative treatment, examination and charting, prophylaxis and x-rays required to achieve a proper diagnosis.
- 12.a. Prescribed Drugs – Prior authorization is required for all injectables (excluding insulin and adrenalin), appetite depressant drugs, central nervous system stimulants, expensive vitamins, hematinics, and lipotropic preparations (selling for over \$10 per 100 tablets, capsules, or pint of liquid), and new and/or expensive preparations.
- 12.b. Dentures – Prior authorization is required for all dentures.