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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:17-011

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- 1) Approval Letter
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- 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

March 23, 2018

Eric Beane, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
3 West Rd
Virks Building
Cranston, RI 02920

Dear Secretary Beane:

Rhode Island SPA 17-011, Home Care Wage Increase, is hereby approved with an effective date of November 22, 2017. This State Plan amendment provides authority for a reimbursement methodology that includes a base rate found in the State's fee schedule and multiple optional enhancements that can increase that wage where described criteria are satisfied. This change reflects a seven percent increase over the rate previously in use.

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,

/s/

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: 17-011	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 November 22, 2017	
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

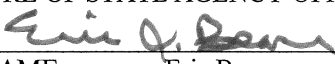
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70	7. FEDERAL BUDGET IMPACT: FFY 18: \$ 1,400,000 FFY 19: \$ 1,490,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B page 2a, 2b and 2c

10. SUBJECT OF AMENDMENT:
Home Care Rate Increase

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: Eric Beane	EOHHS 3 West Rd, Virks Building Cranston, RI 02920
14. TITLE: Secretary	
15. DATE SUBMITTED: March 14, 2018 (Original submitted December 22, 2017)	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/27/17	18. DATE APPROVED: 03/23/18

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/22/17	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health, Boston

23. REMARKS:

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(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: Providers may receive enhancements to the base rates that are available on the fee schedule, updated as of November 22, 2017, and available at <http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/FeeSchedule.aspx>. In order to receive the enhanced payments, which are described below, each provider must submit a completed General Application for Enhanced Home Health Reimbursement to EOHHS.

1. Staff Education and Training

- Enhanced Reimbursement: \$0.29 per 15-minutes for all Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.
- Qualifications: The qualified agency must offer in-services at a frequency at least 20% over the RI Department of Health's licensure requirement. This means that at least fourteen (14) one-hour in-services will be required in a year.
- How to Receive Enhancement: A plan of scheduled in-service topics, dates, times and instructors should be submitted to EOHHS for the six month period following initial application for this enhancement. To continue receiving the enhanced payment beyond the initial six-month period, the agency must submit for each in-service the title, training objectives, number of CNAs on the payroll on the date of the in-service, and a copy of the in-service sign-in sheet. Submissions should be for at least seven (7) in-services over a six-month period.

2. National Accreditation or State Agency Accreditation

National:

- Enhanced Reimbursement: \$0.29 per 15-minutes of Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.
- Qualifications: An agency with current National Accreditation is entitled to this enhancement.
 - Community Health Accreditation Program (CHAP) or
 - Council on Accreditation (COA) or
 - Joint Commission for Accreditation of Healthcare Facilities (JCAHO)
- How to Receive Enhancements: Submit current CHAP, COA or JCAHO Accreditation certificate, and copy of the most recent survey results. Submit new certificate(s) and survey results as they are completed to continue the enhancement.
- Note: Agencies can either receive State Accreditation or National Accreditation, not both.

State:

- Enhanced Reimbursement: The State Agency Accreditation contracting standard carries a \$0.145 per 15-minutes enhancement. The goal of this standard is to encourage home health agencies to development and implement initiatives that result in high value, client-oriented, effective care and services.

STATE OF RHODE ISLAND

- Qualifications: Available to home health agencies with National Accreditation (CHAP, COA or JCAHO).
 - How to Receive Enhancement: Submit application for an on-site review and successfully meet Accreditation Standards. In addition, at the request of the home health agency, DHS will review evidence provided that demonstrates exceeding Department of Health Regulations. Evidence may be demonstrated through policy, procedures, client records, personnel records, meeting minutes, strategic plans, etc. Emphasis will be placed on how the evidence is linked between the different sources i.e. policy/procedure compliance noted in record documentation.
3. Client Satisfaction, Continuity of Care, and Worker Satisfaction
- Enhanced Reimbursement: All agencies will initially receive a \$0.44 per 15-minutes enhancement of Personal Care and Combination Personal Care and Homemaker Services for each of these three areas (client satisfaction, continuity of care, and worker satisfaction) based on former enhanced standards.
 - Qualifications: Maintain compliance with standards. If found out of compliance during random site visits, may lose the enhancement for the area out of compliance or be asked to submit a corrective action plan.

If providers are providing care outside of regular business hours or are providing care to individuals with higher acuity, providers may receive an additional two (2) add-ons, if they bill using modifiers.

1. Shift Differential:
 - Reimbursement: \$0.375 per 15-minutes of Personal Care and Personal Care/Homemaker Combination services provided during qualified times.
 - Qualifications: Only services provided between 3:00PM and 7:00AM on weekdays, or services on weekends or State holidays qualify for this enhanced reimbursement.
 - How to Receive Reimbursement: Submit claims in the correct amount (Base Amount plus any other enhancements plus shift differential enhancement) to DXC with modifiers.
2. High acuity patients:
 - Reimbursement: \$0.25 per 15-minutes of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.
 - Qualifications: A client is considered high acuity if they receive a following minimum score by an agency Registered Nurse in one area:
 - "5" on Section B, Items 1, 2, and 3, OR
 - "16" on Section E, Item 1, OR
 - "8" on Section E, Items 2 and 3, OR
 - "36" on Section H, Items 1, 2, and 3
 - Or, if they receive the following minimum scores in two or more areas:
 - "3" on Section B, Items 1, 2, and 3
 - "8" on Section E, Item 1
 - "4" on Section E, Item 2 and 3
 - "18" on Section H, Items 1, 2, and 3
 - How to Receive Reimbursement: Submit the adapted MDS on all Medical Assistance clients directly to DXC. All MDS forms must be signed by an R.N., dated, and totaled for each section. Claims submitted for clients meeting the acuity standard should be billed at the correct amount with a modifier. Note: some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.

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.

TN # 17-011

Supersedes

TN# 17-004

Approved: 03/23/2018

Effective: November 22, 2017

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- (1) Outpatient and Specialty Drugs Dispensing Fee and Ingredient Cost
- a. Payment for covered outpatient and specialty drugs dispensed to beneficiaries residing in the community includes the drug's ingredient cost plus an \$8.96 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee added.
 - b. Payment for outpatient and specialty drugs dispensed to beneficiaries residing in an institutional long-term care facility will include the drug ingredient cost plus a \$7.90 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee added.
 - c. The drug ingredient cost reimbursement shall be the lowest of:
 - i. The National Average Drug Acquisition Cost (NADAC); or
 - ii. Wholesale Acquisition Cost (WAC) + 0%; or
 - iii. The Federal Upper Limit (FUL); or
 - iv. The State Maximum Allowed Cost (SMAC); or
 - v. First Data Bank Consolidated Price 2 (SWD) – 19%; or
 - vi. Submitted price; or
 - vii. The providers' usual and customary (U & C) charge to the public, as identified by the claim charge.
- (2) Clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and Centers of Excellence.
- a. Payment for clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and Centers of Excellence will include the drug ingredient cost plus \$8.96 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee included.