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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:18-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 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

October 29, 2018

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

Dear Secretary Beane:

On August 1, 2018, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) transmittal number 18-008 proposing to increase reimbursement for Meals on Wheels, home care providers, home nursing care providers, hospice and personal care attendant services. The SPA also proposed to modify the fee schedule to overtly list each available combination of base rate and enhancement.

Based on information that was provided, we are pleased to inform you that RI 18-008 was approved on October 29, 2018 with an effective date of July 1, 2018.


If you have any questions regarding this matter you may contact Lynn DeVecchio (401) 380-5604 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: 18-008	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, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
<i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2018 \$ 915,430	
		b. FFY 2019 \$ 3,741,432	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 3 Attachment 4.19B Page 2a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Page 3 Attachment 4.19B Page 2a	
10. SUBJECT OF AMENDMENT: Increase in Hospice, Home Care, and Home and Community Based Services (HCBS) Rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		XX <input 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:	
13. TYPED NAME: Eric Beane		EOHHS	
14. TITLE: Secretary		3 West Rd, Virks Building Cranston, RI 02920	
15. DATE SUBMITTED: August 1, 2018 / Revised Submission Date: October 18, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 1, 2018		18. DATE APPROVED: October 29, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		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:			

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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: In order for EOHHS to calculate the applicable Home Health base rate, each provider must submit a completed General Application for Enhanced Home Health Reimbursement to EOHHS. Base rates, which are defined as the minimum reimbursement rate plus any additional enhancements that the provider qualifies for, are available on the fee schedule, updated as of July 1, 2018, and available at <http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/FeeSchedule.aspx>. Effective July 1, 2019, and each July 1 thereafter, the base rates for personal care attendant services and skilled nursing and therapeutic services, provided by home care providers and home nursing care providers, will be increased by the New England Consumer Price Index card as determined by the United States Department of Labor for medical care

Home Health Base Rate methodology: Minimum reimbursement rates will be adjusted based on the following qualifications:

1. Staff Education and Training
 - Enhanced Reimbursement 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 base rate 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 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 payment of the enhanced base rate.

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Note: Agencies can either receive State Accreditation or National Accreditation, not both.

State:

- Enhanced Reimbursement per 15-minutes of Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency. 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.
 - 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 per 15-minutes 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 applicable standards. If found out of compliance during random site visits, providers 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. These add-ons are in addition to the base rates defined above.

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

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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.

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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/Medicaid%20Fee%20Schedule.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/Medicaid%20Fee%20Schedule.pdf>
- n. Hospice services: the minimum 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. Effective July 1, 2018, EOHHS will apply a 20% increase to the minimum Medicaid Hospice rate for hospice services. Annually thereafter, EOHHS will ensure that the Medicaid Hospice rates do not fall below the minimum rate set by CMS.

Rates and fees, set as of July 1, 2018 and effective for services provided on or after that date, can be found by accessing the agency's website at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>. Additionally, effective July 1, 2019, and each July 1 thereafter, the base rates for Hospice services will be increased by the New England Consumer Price Index card as determined by the United States Department of Labor for medical care. 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 July 1, 2018 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/HomeandCommunityBasedServices.aspx>
- 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/Medicaid%20Fee%20Schedule.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

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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/Medicaid%20Fee%20Schedule.pdf>.

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