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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:18-013

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

January 16, 2019

Lisa Vura-Weis, Acting Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
3 West Road
Cranston, RI 02920

Dear Secretary Vura-Weis:

On November 8, 2018, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) transmittal number 18-013 proposing to increase reimbursement rates for Adult Day Health services provided under the Rehabilitation benefit.

Based on information that was provided, we are pleased to inform you that RI 18-013 is hereby approved with an effective date of October 1, 2018.

If you have any questions regarding this matter you may contact Lynn DelVecchio (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:
18-013

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
October 1, 2018

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

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 272,564
b. FFY 2020 \$ 273,705

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 3.9a – 3.9b, Attachment 4.19-B page 3A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 3.9a – 3.9b, Attachment 4.19-B page 3A

10. SUBJECT OF AMENDMENT:

Adult Day Rate Increase

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:



13. TYPED NAME: Lisa Vura-Weis

14. TITLE: Acting Secretary

15. DATE SUBMITTED: November 8, 2018
Revised Submission Date: January 15, 2019

16. RETURN TO:

EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/08/2018

18. DATE APPROVED: 01/16/2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid
& Children's Health, Boston Regional Office

23. REMARKS:

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	\$ 78.00	Enhanced Level of Services
S5102	\$ 58.00	Basic Level of Services

Code	Per Half Day (Three (3) or more hrs including transportation to and from provider)	Description
S5012-U1	\$ 39.00	Enhanced Level of Services
S5102	\$ 29.00	Basic Level of Services

--p. 3.9a--

TN No. 18-013

Supersedes

Approved: 01/16/2019

Effective: October 1, 2018

TN No. 15-014

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 October 1, 2018 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.

--p. 3.9b--

TN No. 18-013

Supersedes

Approved: 01/16/2019

Effective: October 1, 2018

TN No. 15-014

s. Federally Qualified Health Centers

- The payment methodology for FQHCs/RHCs will conform to section 702 of the BIPA 2000 legislation.
- The payment methodology for FQHCs and RHCs will conform to the BIPA 2000 requirements Prospective Payment System.
- The payment methodology for FQHCs/RHCs will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:
1. Is agreed to by the State and the center or clinic, and
 2. Results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

Until the PPS is calculated, the State shall continue to reimburse the core and ambulatory services provided in a FQHC/RHC under its current methodology: one hundred percent (100%) of reasonable cost as defined by the Medicare cost reimbursement principles as set forth in 42CR Part 413.

t. Certified Pediatric Nurse Practitioners and Certified Family Nurse Practitioners: according to negotiated fee schedule.

u. Homemaker Services: Standard fee per fifteen minutes of service.

x. Personal Emergency Response System: according to negotiated fee schedule.

y. Transportation Services: In the plan, state-developed fee schedule rates are the same for both governmental and private providers of emergency transportation. All rates are published at <http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/FeeSchedule.aspx>
