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## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #:18-015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

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

1. TRANSMITTAL NUMBER:  
18-015

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

XX  AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 57,438  
b. FFY 2020 \$ 59,022

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Page 4, Attachment 3.1-A Page 10, Attachment 3.1-A Supplement to page 3-3a, Attachment 3.1-A Supplement to Page 4, Attachment 4.19B Page 3C, Attachment 3.1-A Page 10a (new)  
Supplements to page 3-3a (aka 3b) and 4 are deleted in this SPA

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A Page 4, Attachment 3.1-A Page 10, Attachment 3.1-A Supplement to page 3-3a, Attachment 3.1-A Supplement to Page 4, Attachment 4.19B Page 3C

10. SUBJECT OF AMENDMENT:

Physical Therapy, Occupational Therapy, and Speech Pathology

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:

[Redacted Signature]

13. TYPED NAME: Lisa Vura-Weis

14. TITLE: Acting Secretary

15. DATE SUBMITTED: November 8, 2018  
Revised Submission Date: January 7, 2019

16. RETURN TO:

EOHHS  
3 West Rd, Virks Building  
Cranston, RI 02920

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11/8/18

18. DATE APPROVED: 1/10/2019

**PLAN APPROVED – ONE COPY ATTACHED**

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

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:

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 11, 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 18-015 proposing to add private practice settings to the fee for service (FFS) delivery system to ensure that individuals who had been receiving services in those settings under the Rhody Health Options (RHO) program, will be able to continue with their providers now that they have been transitioned to FFS.

Based on information that was provided, we are pleased to inform you that RI 18-015 was approved on January 10, 2019 with an effective date of October 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](mailto:Lynn.DelVecchio@cms.hhs.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

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



**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.-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 220.70(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).

9. Clinic Services - Ambulatory Surgical Centers must meet all the requirements of 42 CFR Part 416, Subpart C; and must be licensed as Freestanding Ambulatory Surgical Centers by the Rhode Island Department of Health.

10. Dental Services – Prior authorization is required for individuals to receive selected diagnostic, endodontic, periodontic, restorative, orthodontic, and surgical services performed in community-based and hospital settings as follows:

- Diagnostic- Extraoral radiography
- Restorative- Resin-based composite crown, Crown repair, Unspecified restorative procedure
- Endodontic: Unspecified endodontic procedure
- Periodontic: Scaling and Root Planing , Localized delivery of chemotherapeutic agents
- Surgical: Vestibuloplasty, Advanced maxillofacial surgery, TMJ Diagnosis and Surgery, Salivary gland surgery

TN No. 18-015

Approval Date 01/10/2019

Effective Date October 1, 2018

Supersedes

TN No. 17-005

- Orthodontic- all orthodontic procedures with D8000 codes require prior authorization.
- Adjunctive services: Drug delivery, Desensitization, Surgical complication management, Occlusal guard

11.a.-b.-c. Physical Therapy and Related Services – Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110. Prior authorization is required for all Physical Therapy, Occupational Therapy and Services for Individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

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 rebase, reline, interim dentures, and precision attachments for individuals under 21 years of age.

STATE OF RHODE ISLAND

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- z. Physical Therapy, Occupational Therapy, and Speech Therapy
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physical Therapy. The agency's fee schedule rate was set as of October 1, 2018 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>
  - Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Occupational Therapy. The agency's fee schedule rate was set as of October 1, 2018 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>
  - Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Speech Therapy. The agency's fee schedule rate was set as of October 1, 2018 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>