

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 24-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 16, 2024

Richard Charest, R.Ph, MBA, Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 24-0008

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0008. This amendment proposes to update Rhode Island's Medicaid State Plan to include chiropractic services and establish a payment methodology within fee-for-service Medicaid.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.60. This letter informs you that Rhode Island's Medicaid SPA TN 24-0008 was approved on September 16, 2024, effective July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 8

2. STATE

RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

~~Section 1932 of the Act~~ Title XIX of the Social Security Act
42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 87,076
b. FFY 2025 \$ 351,440

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 3
Attachment 3.1-A Supplement to page 3
Attachment 4.19-B page 2a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A page 3 (TN 92-02)
Attachment 3.1-A Supplement to page 3 (TN 92-02)
Attachment 4.19-B page 2a (TN 22-0015)

9. SUBJECT OF AMENDMENT

Chiropractors' Services

10. 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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO
EOHHS

3 West Road, Virks Building
Cranston, RI 02920

12. TYPED NAME
Richard Charest

13. TITLE
Secretary, EOHHS

14. DATE SUBMITTED
August 15, 2024

FOR CMS USE ONLY

16. DATE RECEIVED
August 14, 2024

17. DATE APPROVED
September 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

09/09/2024 : The State authorized the following pen & ink changes:

Box 5: Correct federal regulation – Title XIX of the Social Security Act and 42 CFR 440.60

State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.
 Not provided

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

*Description provided on attachment, and including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

State/Territory: RHODE ISLAND

LIMITATIONS

6c. Chiropractors' Services

Coverage is available for medically necessary treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform. The service is limited to twelve (12) visits that include treatment, annually. Medically necessary chiropractic services beyond the annual limit of twelve (12) visits, are subject to prior authorization requirements. X-Ray services are not reimbursable under this benefit.

7c. Medical Supplies, Equipment and Appliances

Limited to those items provided for in the manual entitled "Provisions for the Payment of Durable Medical Equipment, Surgical Appliances, and Prosthetic Devices through the Rhode Island Medical Assistance Program."

7d. Physical Therapy, Occupational Therapy and Speech Pathology Services

Limited to physical therapy, occupational therapy or speech pathology services when provided by a home health agency.

- d. Early, periodic, screening, diagnosis, and treatment of individuals under 21 years of age: on the basis of a negotiated fee schedule.
- e. 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.
- f. Physicians' services: on the basis of a negotiated fee schedule
- g. 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.
 - 3. Chiropractors' services: on the basis of a fee schedule which can be accessed here: <https://eohhs.ri.gov/providers-partners/fee-schedules> for services on or after July 1, 2024.
- h. 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, 2022, and available at <https://eohhs.ri.gov/providers-partners/fee-schedules>.

Effective November 1, 2021 through March 31, 2022, the State will provide a temporary rate increase for the services below to improve access to care through direct care workforce recruitment and retention initiatives. Additional funding provided through rate increases shall be used to increase compensation (direct pay and benefits) to direct care workforce through March 31, 2023. Providers will attend a training, sign attestation forms agreeing to this use of funds, and submit quarterly reports on their use of these funds to the State Medicaid office for the duration of the funding period.

Provider Type	Code	Description of Code	Allowed Amount 10/31/2021	Amount Increase above 10/31/2021 Rate	Total Allowed Amount 11/1/2021
Skilled Nursing Homecare Providers	G0156	Services of Home Health or Hospice Settings per 15 minutes increments	\$7.36	\$5.74	\$13.10
	X0043	Home Health and Nursing and Therapy Visits	\$111.83	\$87.23	\$199.06
Severely Disabled Nursing Homecare Provider	S5125 Minimum Reimbursement Rate	Attendant Care Services per 15-minute increments	\$5.62	\$6.01	\$11.63
	T1000	Private Duty Independent Nursing Services per 15 minute increments	\$14.01	\$9.11	\$23.12
Home Care Agencies (Personal Care)	S5125 Minimum Reimbursement Rate	Attendant Care Services per 15-minute increments	\$5.81	\$8.83	\$14.64
Aide/Assistant Provider)	S5130 minimum Reimbursement Rate	Homemaker Service per 15-minute increments	\$5.44	\$6.80	\$12.24
	T1001	Nursing Assessment/Evaluation	\$101.37	\$111.51	\$212.88