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Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: RI 12-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

June 26, 2012

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 12-004. This SPA is effective January 1, 2012, as requested. This approval reflects changes made post-submission, including changes to the 4.19B reimbursement page 3.

SPA 12-004 reflects RI's coverage of tobacco cessation counseling services to pregnant women.

If there are questions, please contact Lynn DelVecchio at (617) 565-1201.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Sandra Powell, Director, Department of Human Services
Elena Nicoella, Medicaid Director
Kimberly Merolla-Brito, Chief Policy and Systems Specialist

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

1. TRANSMITTAL NUMBER:
12-004

2. STATE
RI

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2012

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 447.304

7. FEDERAL BUDGET IMPACT:
0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 2 OMB No.: 0938
Attachment 3.1-B, Page 2 OMB No.: 0938

Page 4.19B, Page 3b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Page 2 OMB No.: 0938
Attachment 3.1-B, Page 2 OMB No.: 0938

Page 4.19B, Page 3.b

10. SUBJECT OF AMENDMENT:

Tobacco Cessation Counseling Services for Pregnant Women

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: Steven Costantino

14. TITLE: Secretary, EOHHS

15. DATE SUBMITTED: March 30, 2012

16. RETURN TO:

RI DHS Policy Office
Department of Human Services
57 Howard Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 30, 2012

18. DATE APPROVED:
June 26, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard R. McGreal

22. TITLE:
Associate Regional Administrator

23. REMARKS:

The following change to the CMS-179 was mutually agreed to by CMS and
RI DHS.

- Box 8 and 9 revised to state: Page 4.19B, page 3B

State/Territory: RHODE ISLAND

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: ☐ No limitations ☒ With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: ☐ No limitations ☒ With limitations*
4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):
(i) By or under supervision of a physician;
(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

- 2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women
Provided: ☒ No limitations ☐ With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: ☐ No limitations ☒ With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a) (5) (B) of The Act).
Provided: ☐ No limitations ☒ With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a.
- b. Podiatrists' services.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

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

TN No. 12-004
Supersedes
TN No. 92-02

Approval Date: 6/26/2012

Effective Date: 1/1/2012
HCFA ID: 7986E

State Territory RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled and AFDC-Related

1. Inpatient hospital services other than those provided in an institution for mental diseases.
[X] Provided: [] No limitations [X] With limitations*
- 2.a. Outpatient hospital services.
[X] Provided: [] No limitations [X] With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise covered under the plan).
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual, HCFA-Pub. 45-4).
[X] Provided [] No limitations [X] With limitations*
3. Other laboratory and x-ray services.
[X] Provided: [] No limitations [X] With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
[X] Provided: [] No limitations [X] With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- c. Family planning services and supplies for individuals of childbearing age.
[X] Provided: [] No limitations [X] With limitations*
- * Description provided on attachment, including the prior authorization requirements as specified on pages 9b, 10, and 11.
4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):
(i) By or under supervision of a physician;
(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)
- *describe if there are any limits on who can provide these counseling services
- 2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women
Provided: ☒ No limitations ☐ With limitations*
- *Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.
Please describe any limitations:

STATE OF RHODE ISLAND

y. Preventive Services:

- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Smoking Cessation. The agency's fee schedule rate was set as of October 1, 2010 and is effective for services provided on or after that date. All rates are published on the DHS website www.dhs.ri.gov.
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Nutritional Services. The agency's fee schedule rate was set as of January 1, 2002 and is effective for services provided on or after that date. All rates are published the DHS website www.dhs.ri.gov.