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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0019

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 10, 2022

Womazetta Jones, Secretary
Executive Office of Health and Human Services State of Rhode Island
3 West Road, Virks Building
Cranston, RI 02920

RE: State Plan Amendment (SPA) 21-0019

Dear Ms. Jones:

We have reviewed the referenced amendment to Attachment 4.19-B of your Medicaid State Plan. This amendment provides a temporary home care services rate under Rhode Island's 9817 spending plan.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective November 1, 2021. The CMS-179 and plan pages are enclosed.

If you have any questions, or require additional information, please call Lindsay Michael at (410) 786-7197.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 1 9</u>	2. STATE <u>RI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
11/01/21

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396d

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 16,091,630
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
ATTACHMENT 4.19B, Page 2a
ATTACHMENT 4.19B, Page 2b
Attachment 4.19B, Page 2c


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
ATTACHMENT 4.19B, Page 2a
ATTACHMENT 4.19B, Page 2b
Attachment 4.19B, Page 2c

9. SUBJECT OF AMENDMENT
Home Care Temporary Rate Increases

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


12. TYPED NAME
Womazetta Jones

13. TITLE
Secretary

14. DATE SUBMITTED
12/16/21

15. RETURN TO
EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
December 16, 2021

17. DATE APPROVED
March 10, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillon

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
P&I to add page 2c

STATE OF RHODE ISLAND

(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, 2021, and at available <https://eohhs.ri.gov/providers-partners/fee-schedules>

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	\$13.1
	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	S5125 Minimum Reimbursement Rate	Attendant Care Services per 15-minute increments	\$ 5.81	\$8.83	\$ 14.64

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(Personal Care 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

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.

Effective April 1, 2022, this temporary rate increase will end and the rates will return to those listed in the fee schedule effective July 1, 2021 available at <https://eohhs.ri.gov/providers-partners/fee-schedules>

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.

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

State:

TN #21-0019
Supersedes
TN# 19-013

Approved: March 10, 2022

Effective: November 1, 2021

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- 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 develop 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.