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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0026

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 16, 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) 21-0026

Dear Ms. Jones:

We have reviewed the referenced amendment to Attachment 4.19-B of your Medicaid State Plan. This amendment provides a temporary adult behavioral health increase 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 December 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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</u> — <u>0 0 2 6</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
12/1/2021

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396d

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 6,481,000
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B Page 3.3
Attachment 4.19B Page 3.4
Attachment 4.19B Page 3.5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19B Page 3.3
Attachment 4.19B Page 3.4
Attachment 4.19B Page 3.5

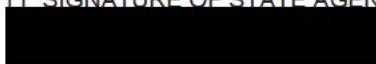
9. SUBJECT OF AMENDMENT

Adult Behavioral Health Services 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

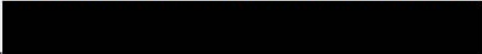
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO EOHHS 3 West Rd. Virks Building Cranston, RI 02920
12. TYPED NAME Womazetta Jones	
13. TITLE Secretary	
14. DATE SUBMITTED 12/30/21	

FOR CMS USE ONLY

16. DATE RECEIVED 12/27/21	17. DATE APPROVED March 16, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 12/1/21	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, DRR

22. REMARKS

STATEPLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF RHODE ISLAND

Rehabilitative Services (cont.)**Adult Behavioral Health Services****Community Psychiatric Supportive Treatment (CPST)****Payment Methodology**

Service time billed must be for direct, face-to-face contact with a client or collateral on an individual basis. Travel time,

telephone time, and time spent writing case notes are not billable.

The basis of payment is a 15-minute unit of service per qualified provider. Payments are made to or on behalf of the qualified provider.

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.

Psychiatric Rehabilitation Services (PRS)**Payment Methodology**

A PRS visit must last a minimum of 60 minutes in order to bill. After meeting the minimum requirement, time spent face-to-face with the client during any single continuous contact over and above the initial 60 minutes may be billed in 5-minute units per qualified provider.

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.

Crisis Intervention Services**Payment Methodology**

Billable crisis intervention services can include an emergency intake on a new client if that client is in crisis, but cannot include the routine intakes that occur when this service is also used as the central intake point for the provider. Crisis intervention services delivered by telephone are not reimbursable.

The need for extensive telephone work has been calculated into the overall fee structure. A crisis worker can bill for only one eligible client at any given time.

The basis of payment is a 30-minute unit of service per qualified provider. Payments are made to or on behalf of the qualified provider.

Rehabilitative Services (cont.)**Rate Increases**

The State does not increase rates based on a set inflation factor on a pre-determined basis. The State may provide a temporary rate increase 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

TN No 21-0026

Supersedes

TN No. 18-013

Approved: March 16, 2022 Effective: Dec. 1, 2021

STATEPLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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.

Date of Effective Rates

The agency rates were set as of January 1, 2008 and are effective for services on or after that date. Effective December 1, 2021 through March 31, 2022 there is a temporary rate increase of 255% higher than the agency rate set as of January 1, 2008 for X0341 HH:TG “Adult Mental Health Residential Service.” Effective April 1, 2022 the rates will be the agency rates set as of January 1, 2008

Residential Services

Payment Methodology

The MHPRR 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. This would include basic social skills development and support in the development of appropriate behaviors to allow the residents to participate, to the fullest extent possible, in normalized activities in their community. 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. The State may provide a temporary rate increase 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.

Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date. Effective December 1, 2021 through March 31, 2022 there is a temporary rate increase of 255% higher than the agency rate set as of January 1, 2008 for H0019 U1, U3, U4, and U5 “Behavioral Health Long Term Residential, Non-medical”. Effective April 1, 2022 the rates will be the agency rates set as of January 1, 2008.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Substance Abuse Assessment Services

Payment Methodology

Payment is based on a fee schedule of 15-minute units per qualified provider.

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.

Rehabilitative Services (cont.)

Outpatient Counseling Services

Payment Methodology

Payment is based on a fee schedule of 15-minute units per qualified provider.

Rate Increases:

The State does not increase rates based on a set inflation factor on a pre-determined basis.

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.

Detoxification Services

Payment Methodology

Payment is based on a per diem basis.

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.