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State/Territory Name: RI

State Plan Amendment (SPA) #: 23-0007

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

October 18, 2023

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

RE: TN 23-0007

Dear Secretary Charest:

We have reviewed the proposed Rhode Island State Plan Amendment (SPA) to Attachment 4.19-B, RI-23-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 15, 2023 to extend a temporary rate increase to providers of First Connections services to increase Children's Group home rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

As described in the state's letter to CMS dated April 29, 2022 regarding its Hospital Licensing Fee (HLF) and in CMS's response letter dated May 19, 2022, please note that CMS's approval of this State Plan Amendment (SPA) whose non-federal share source may include the HLF relates only to the requested change in payment methodology, not the source of non-federal share. Approval of this SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal financial participation are consistent with all applicable requirements.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.Michael@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

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

2 3 0 0 0 7

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 122,813
b. FFY 2024 \$ 339,620

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 3G

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 3G

9. SUBJECT OF AMENDMENT

Temporary Rate Increase - First Connections

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
Richard Charest

13. TITLE
Secretary

14. DATE SUBMITTED
August 15, 2023

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
8/15/23

17. DATE APPROVED
October 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/23

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

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

22. REMARKS

STATE OF RHODE ISLAND

Reimbursement for Preventive Services: First Connections Services

1. Payment methodology
 - a. Agencies bill the state Medicaid agency or RIDOH directly on a per-visit basis
 - b. The rates are structured to capture the cost of direct services, including intake visits and care coordination, and indirect services, such as billing activities in accordance with 2CFR 200 and the RI approved cost allocation plan.

2. Rate Increases:

EOHHS does not increase rates based on a set inflation factor on a pre-determined basis. The State will provide a temporary rate increase effective July 1, 2022 through June 30, 2024 for the services below to stabilize the First Connections program following the high volume of referrals and need for care coordination during the COVID PHE.

Provider Type	Code	Description of Code	New Rate for Code per HCBS eFMAP Increase
010- Skilled Nursing 059- Early Intervention	99502TD	Home visit newborn care and assessment; Nurse	\$343.44
010- Skilled Nursing 059- Early Intervention	99502AJ	Home visit newborn care and assessment; Social Worker	\$271.40
010- Skilled Nursing 059- Early Intervention	99502	Home visit for newborn care and assessment	\$239.83
010- Skilled Nursing 059- Early Intervention	H1000	Prenatal care, at risk assessment	\$396.92

3. Date of Effective Rates

EOHHS' rates were set as of April 1, 2022 and are effective for services on or after that date. Effective June 30, 2024, the temporary rate increases reflected in the table above will end and the rates will return to the amounts effective prior to July 1, 2022.