

Table of Contents

State/Territory Name: RI

State Plan Amendment (SPA) #: 24-0009

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 29, 2024

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

RE: TN 24-0009

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Rhode Island state amendment (SPA) to Attachment 4.19-B, RI-24-0009, which was submitted to CMS on August 14, 2024. This plan amendment increases rates for the First Connections preventive benefit.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

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 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

2 4 — 0 0 0 9

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

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 122,250

b. FFY 2025 \$ 488,998

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 13.C.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B Page 3g (TN 23-0007)

9. SUBJECT OF AMENDMENT

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

[REDACTED]

12. TYPED NAME
Richard Charest

13. TITLE
Secretary, EOHHS

14. DATE SUBMITTED
July 14, 2024

15. RETURN TO

EOHHS

3 West Road, Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
8/14/24

17. DATE APPROVED
October 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/24

19. SIGNATURE OF APPROVING OFFICIAL

[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
DRR, Director

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. Payment is based on a fee schedule; The rates are accessible on the EOHHS website: <https://eohhs.ri.gov/providers-partners/fee-schedules>.
 - c. 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.
3. Date of Effective Rates

EOHHS' rates were set as of July 1, 2024 and are effective for services on or after that date.