Table of Contents

State/Territory Name: RI

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

December 16, 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 24-0010

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-24-0010, which was submitted to CMS on September 20, 2024. This plan amendment increases rates for Children's Services, Behavioral Healthcare and Home Health.

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.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. 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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24-0010

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
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $94,434,533 32,418,773
b. FFY 2026 $127,651,781 47,162,457

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B pages 5, 6
Attachment 4.19-B pages 8, 9
Attachment 4.19-B page 13.C.4
Attachment 4.19-B pages 13.D.1, 13.D.2, 13.D.3, 13.D.3a, 13.D.4, 13.D.5, 13.D.6, 13.D.7, 13.D.8, 13.D.8.a, 13.D.9, 13.D.10, 13.D.10.a
Attachment 4.19B page 14

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 4.19-B pages 2a (24-0008)
Attachment 2b, 2c (22-0015)
Attachment 4.19-B pages 2e, 3, 3a (22-0015)
Attachment 4.19-B page 3H (22-0017)
Attachment 4.19-B pages 3.2 (24-0002), 3.3 (21-0026), 3.4, 3.4a (22-0014), 3.5 (21-0026), 3.6 (08-006), 3.7 (00-006), 3.8 (18-0013), 3.9, 3.9a(21-0018), 3.10, 3.10a (21-0025-a)3D (21-0002)
Attachment 4.19-B page 3D (21-0002)

9. SUBJECT OF AMENDMENT

Rate Increase for Children's Services, Behavioral Healthcare and Home Health

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
September 20, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
9/20/24

17. DATE APPROVED
December 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/24

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

Pen n ink change per RI on boxes 7 & 8, add page.
Pen n ink change per RI on box 6 FY25.

Instructions on Back

4.

b. Early, periodic, screening, diagnosis, and treatment of individuals under 21 years of age: on the basis of a negotiated fee schedule.
   i. Early Intervention services are reimbursed on the basis of a fee schedule and effective for services on and after October 1, 2024.

c. 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.

5. Physicians' services: on the basis of a negotiated fee schedule

6. 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:
   a. Podiatry services: on the basis of a negotiated fee schedule.
   b. Optometry services: on the basis of a negotiated fee schedule.
   c. Chiropractors' services: on the basis of a fee schedule found on the EOHHS website (www.eohhs.ri.gov) for services on or after July 1, 2024.

7. 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 are available on the fee schedule, updated as of October 1, 2024, and available at https://eohhs.ri.gov/providers-partners/fee-schedules. Base rates plus any additional enhancements that the provider qualifies for are available at https://eohhs.ri.gov/providers-partners/provider-directories/home-health-personal-care-assistant.

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 data that is released in March, containing the February data.s

Home Health Base Rate methodology: Minimum reimbursement rates will be adjusted based on the following qualifications:

i) Behavioral Healthcare Training
- Effective January 1, 2022, Enhanced Reimbursement per 15-minutes for all Personal Care, Combination Personal Care/Homemaker services, and Homemaker only services provided by a qualified agency.
- Qualifications: The qualified agency must have at least thirty percent (30%) of their direct care workers (which include Certified Nursing Assistants (CAN) and Homemakers) certified in behavioral healthcare training.
- How to Receive Enhancement: No later than December 15, 2021, each agency must submit to EOHHS the names of all Nursing Assistants and Homemakers employed by the agency as of November 30, 2021 and shall indicate those Nursing Assistants and Homemakers who have obtained a Behavioral Health certificate from Rhode Island College or other EOHHS-approved training provider. Documentation of employees' Behavioral Health certification shall be provided to EOHHS upon request. Beginning in calendar year 2022 and annually thereafter, the agency must submit to EOOHS, no later than June 1st, the names of all Nursing Assistants and Homemakers employed by the agency as of May 15th of that corresponding calendar year and shall indicate those Nursing Assistants and Homemakers who have obtained a Behavioral Health certificate from Rhode Island College or other EOHHS-approved training provider. Documentation of employees' Behavioral Health certification shall be provided to EOHHS upon request.

If providers are providing care outside of regular business hours or are providing care to individuals with higher acuity, providers may receive additional add-ons if they bill using modifiers. These add-ons are in addition to the base rates defined above.

i) Shift Differential:
Reimbursement: Effective October 1, 2024, $0.95 per 15-minutes of Personal Care and Personal Care/Homemaker Combination services provided during qualified times.
Qualifications: Only services provided between 3:00PM and 7:00AM on weekdays, or services on weekends or State holidays qualify for this enhanced reimbursement.
How to Receive Reimbursement: Submit claims in the correct amount (Base Amount plus any other enhancements plus shift differential enhancement) to the MMIS fiscal agent with modifiers.

ii) High acuity patients:
Reimbursement: $0.42 per 15-minutes of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.
Qualifications: A client is considered high acuity if they receive a following minimum score by an agency Registered Nurse in one area:
"5" on Section B, Items 1, 2, and 3, OR
"16" on Section E, Item 1, OR
"8" on Section E, Items 2 and 3, OR
"36" on Section H, Items 1, 2, and 3

Or, if they receive the following minimum scores in two or more areas:

E. First Data Bank Consolidated Price 2 (SWD)— 19%; or
F. Submitted price; or
G. The providers' usual and customa1'Y (U & C) charge to the public, as identified by the claim charge

iii) 340B Covered Entities
340B covered entities that fill Medicaid beneficiaries'' prescriptions with drugs purchased at the prices authorized under Section 340B of the Public Health Services Act will be reimbursed at the actual acquisition cost for the drug plus a $8.96 professional dispensing fee. Drugs acquired by a covered entity under the 340B program and dispensed by the covered entity's contract pharmacy are not reimbursed.

Facilities purchasing drugs through the Federal Supply Schedule (FSS) or drug pricing program under 38 U.S.C. 1826, 42 U.S.C. 256b, or 42 U.S.C. 1396-8, other than the 340B drug pricing program will be reimbursed no more than the actual acquisition cost for the drug plus $8.96 professional dispensing fee.

iv) Facilities purchasing drugs at Nominal price (outside of 340B or FSS) will be reimbursed no more than the actual acquisition cost (as defined in defined in "47.502) for the drug plus a $8.96 professional dispensing fee. Nominal Price as defined in {447.502 of the Code of Federal Regulations, Part 42 means a price that is less than 10 percent of the average manufacturer price (AMP) in the same quarter for which the AMP is computed.

v) Physician administered drugs (PADs) submitted under the medical benefit will be reimbursed at 106 percent of the Average Sales Price (ASP). PADs without an ASP on the CMS reference file will be reimbursed at the provider's acquisition cost. Covered entities using drugs purchased at the prices authorized under Section 340B of the Public Health Services Act for Medicaid members must bill Medicaid their actual acquisition cost (as defined in defined in "47.502).

vi) All Indian Health Service, tribal, and urban Indian pharmacies are paid at the encounter rate (also known as the "OMB Rate" or "IHS All-inclusive Rate").

vii) Investigational drugs are not a covered service.

*The output for First Data Bank's Consolidated Price 2 (SWD) is based on the application of the following criteria:
1. If Suggested Wholesale Price (SWP) is available, SWP will be output.
2. If SWP is not available, WAC will be output.
3. If neither SWP nor WAC are available, Direct Price will be output.

a. Dentures: on the basis of a negotiated fee schedule.

b. Surgical and prosthetic devices: all payments are made for covered

c. Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency's fee schedule rate was set as of April 1993 for frames and March 2009 for lenses and is effective for services provided on or after those dates. All rates are published at https://eohhs.ri.gov/providers-partners/fee-schedules

13.

d. Rehabilitative services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of October 1, 2024 and is effective for services provided on or after that date. All rates are published at http://www.eohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx.

17. Nurse midwife services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse mid-wife services. The agency's fee schedule rate was set as of 2000 and is effective for services provided on or after that date. All rates are published at http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf

18. Hospice Services: Reimbursement for Hospice care will be made at predetermined rates for each day in which a beneficiary is under the care of the Hospice. The daily rate is applicable to the type and intensity of services furnished to the beneficiary for that day.

    Effective July 1, 2019, with the exception of payment for physician services, base rates for levels of hospice care are as follows:

    - Routine Home Care Days 1-60: $239.05 per day
    - Routine Home Care Days 60+: $187.75 per day
    - Continuous Home Care: $50.40 per hour
    - Inpatient Respite Care: $225.22 per day
    - General Inpatient Care: $920.81 per day
    - Service Intensity Add-On (SIA)-Clinical Social Worker: $50.44 per hour
    - Service Intensity Add-On (SIA)-Registered Nurse: $53.68 per hour

    Effective October 1, 2019, the hospice rates will be for each individual level of hospice care to pay the greater of either:

    1. The hospice rate listed above; or
    2. The current Medicaid minimum hospice rate published by CMS (effective 10/1/19)

    The following methodology will be used to calculate the subsequent hospice rates for the individual levels of care:

    - Each July 1, the rates effective October 1st of the previous calendar year will be increased by the March release of the New England Consumer Price Index card, containing February data, as determined by the United States Department of Labor for medical care.

    - Each October 1, the fee schedule rates will be updated for each individual level of hospice care to pay the greater of either:

        1. The state's current calendar year's July 1st hospice rate; or
        2. The current Medicaid minimum hospice rate published by CMS

    Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers. The current rates will be published at http://www.eohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx.

    Effective July 1, 2019, the rate for Hospice providers room and board expenses in a skilled nursing facility shall be ninety-five percent (95%) of the state plan skilled nursing facility rate. The hospice provider is responsible for passing the room and board payment through to the nursing facility.

    For each hospice, the total number of inpatient days (both for general inpatient care and inpatient respite care) must not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid members enrolled in the hospice during the same period, beginning with services rendered October 1 or each year and ending September 30 of the next year.

19. Case management services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set under the specific program that case management operates in a specific instance and is effective for services provided on or after those dates. All rates are published at http://www.eohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx

1905(a)13 Preventive Services

Parents as Teachers

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.

3. Date of Effective Rates

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

Rehabilitative Services

All payments of Rehabilitative Services are made directly to the qualified Medicaid professional or to the agencies employing the providers. Payments to agencies will be for discrete units of service. All providers rendering the service will meet qualifications as detailed below.

All willing and qualified providers are permitted to participate in accordance with 42 CFR §431.51.
The State varies the fee schedule based on the education level or other qualifications of the provider.
Governmental and Private Providers
There are no governmental providers of this service.
Publication:
All rates are published and can be found at https://eohhs.ri.gov/providers-partners/fee-schedules.

Clinician's Services
Payments are made to or on behalf of the qualified provider. Individual payments are made in recognition, either directly or to an employer, of an individual qualified practitioner's service.
The basis of payment is a 15-minute unit of service per qualified provider.

Enhanced Rate for Services Provided to Individuals with Intellectual and/or Developmental Disabilities: Services provided to beneficiaries who are identified by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals as developmentally disabled will be reimbursed at distinct rates, which will differ based on whether the service is delivered in a community setting or in an office or via telehealth.

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 October 1, 2024 and are effective for services on or after that date.

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 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 October 1, 2024 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.

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 October 1, 2024 and are effective for services on or after that date. All rates are published on the EOHHS website, https://eohhs.ri.gov/providers-partners/fee-schedules.

Rehabilitative Services (cont.)

Residential Services

Payment Methodology

The Mental Health Psychiatric Rehabilitation Residences (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 whether on or off-site. This would include therapeutic services to enhance basic skills and appropriate behaviors to allow the residents to participate, to the fullest extent possible, in normalized activities in their community.

Rates are paid according to the intensity of services that are needed and provided. Rates range from $107.04 to $569.99 per day.

- $107.04: On-Site Supportive Psychiatric Rehabilitative Apartments
- $157.42: Supportive Mental Health Psychiatric Rehabilitative Residence Apartments
- $157.42: Basic Mental Health Psychiatric Rehabilitative Residences
- $220.38: Specialized Mental Health Psychiatric Rehabilitative Residence
- $569.99: Enhanced Mental Health Psychiatric Rehabilitative Residences

The Enhanced Mental Health Psychiatric Rehabilitative Residences is available to providers that provide services for patients with complex mental health needs that are being discharged from hospital settings and require enhanced services in a community setting. Individuals who will require these enhanced services include those with a dual diagnosis of behavioral health and developmental disabilities, co-occurring disorders (mental health disorder and substance use disorder), comorbidities (behavioral health disorder and significant medical conditions), those who have suffered a traumatic brain injury (TBI) with a dual mental health related diagnosis, persons who have exhibited serious self-injurious behaviors or violence against others; those who have been convicted of sexual offenses or who exhibit sex offender behaviors, and fire starters. The three (3) categories of Enhanced MHPRR are:

1. Medically Intensive MHPRR: Individuals diagnosed with mental illness and complex medical conditions, requiring increased medical monitoring, personal care assistance, and specialized environmental modifications.

2. Intensive Behavioral MHPRR: Provides increased therapeutic interventions and supervision. including one-to-one support on a consistent basis that focuses on identifying triggers and precipitant behaviors, coping skills, improving communication skills, addressing issues around substance use, and identifying and resolving barriers to the traditional MHPRR setting. Other individuals appropriate for this service are those with non-acute suicidality with a high risk of self-harm who have been determined to no longer be appropriate for an inpatient setting. This category includes two subspecialty groups:
    a. Intensive Fire Safety MHPRR: Provides enhanced supervision and monitoring for fire setting behavior, therapeutic interventions to address individually identified risk behaviors, and a physical setting to minimize the risk of fire.
    b. Sex Offender MHPRR: Provides a safe and therapeutic environment for individuals who have been convicted of a sexual offense and/or who are at risk for offending .

3. Intensive Forensic Supportive MHPRR: Individuals who are no longer clinically severely symptomatic but must be provided with a highly structured and secure environment for prolonged periods of time awaiting the resolution of criminal proceedings. This category includes two subspecialty groups:

    a. Intensive Fire Safety MHPRR: Provides enhanced supervision and monitoring for fire setting behavior, therapeutic interventions to address individually identified risk behaviors, and a physical setting to minimize the risk of fire.

    b. Sex Offender MHPRR: Provides a safe and therapeutic environment for individuals who have been convicted of a sexual offense and/or are at risk for offending.

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.

Date of Effective Rates:

The agency rates were set as of October 1, 2024 and are effective for services on or after that date.

Rehabilitative Services (cont.)

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 October 1, 2024 and are effective for services on or after that date.

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.

Date of Effective Dates

The agency rates were set as of October 1, 2024 and are effective for services on or after that date.

Detoxification Services

Payment Methodology

Payment is based on a per diem basis.

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.)

Substance Abuse Residential Services

Payment Methodology

The rate is structure to capture all of the staff cost associated with providing the basis, 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.

Payment is on a per diem basis.

Rate Increases:

Effective July 1, 2025, rates will be increased annually based on the percentage change in the CPI-U for medical care in New England March release, containing the February data.

Date of Effective Rates:

The agency rates were set as of October 1, 2024 and are effective for services on or after that date.

Day/Evening Treatment

Payment Methodology

Payment is on a per diem basis.

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.)

Children's Behavioral Health Services

Child and Adolescent Intensive Treatment Services (CAITS)

Payment Methodology

Reimbursement is based on the units of service approved as part of an authorized Treatment Plan. CAITS requires prior authorization (PA) from DHS. The maximum number of units is fixed for each procedure code and should be delivered within 16 weeks or less. Although the authorization process approves a set number of units per procedure, how services are delivered is directly determined by the treatment needs of each child. This authorization process allows providers the flexibility to utilize units in accordance with need.

The maximum hours and unit of payment for each reimbursable service are described below. The maximum hour limits do not apply to EPSDT.

Individual/Family Therapy

Payment is in 15-minute units per qualified provider

The maximum number of units is limited to 40 hours

Family Training and Support Worker Services

Payment is in 15-minute units per qualified provider

The maximum number of units is limited to 18 hours

Treatment Plan Development

Payment is on the basis of a fee schedule. Payment is limited to the development of one treatment plan.

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 August 1, 2008 and are effective for services on or after that date.

Rehabilitative Services (cont.)

Mental Health Emergency Service Interventions;
Comprehensive Emergency Services
Enhanced Early Start
Day Treatment Program
Payment Methodology
Services are reimbursed based on a fee schedule.
Fees are determined 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.

Residential Treatment Programs
Payment Methodology
The rate is structured to capture all of the staff cost associated with providing the basis, 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.
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.
Date of Effective Rates:
The agency rates (accessible at https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx) were set as of October 1, 2024 and are effective for services on or after that date.

Rehabilitative Services (cont.)

Adult Day Health Services

Payment Methodology:
Services are reimbursed based upon acuity. The RI Medicaid Agency pays Adult Day Health (ADH) providers for Adult Day Health only if 1) the ADH services are medically necessary as outlined in the Provider Certification Standards, 2) the participant meets the clinical criteria for RI Medicaid Payment and 3) the ADH provider has obtained clinical authorization for RI Medicaid payment in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency pays one of two different payment rates for ADH services depending on the level of care and services provided to a participant by an ADH provider, as defined herein. Payment rates do not include room and board.

Basic Level of Services

- The RI Medicaid Agency pays the Basic Rate if the clinical determination is Preventive and the ADH furnishes Basic level of services. Basic level of services include the provision of the coordination of health and social services, including the availability of nursing services, health oversight and monitoring, skilled services, personal care, and care coordination as identified in the person centered care plan, aimed at stabilizing or improving self -care as well as preventing or postponing or reducing the need for institutional placement.

Enhanced Level of Services

- The RI Medicaid Agency pays the Enhanced Rate if the clinical determination is Preventive and the ADH furnishes Enhanced level of services. Enhanced level of services include the provision of:

a. Daily assistance* , on site in the center, with at least two (2) Activities of Daily Living (ADL) described herein, or;
b. Daily assistance*, on site in the center, with at least one skilled service, by a Registered Professional Nurse (RN) or a Licensed Practical Nurse (LPN), or;
c. Daily assistance* , on site in the center, with at least one (1) ADL described herein which requires a two-person assist to complete the ADL, or;
d. Daily assistance* , on site in the center, with at least 3 ADLs as described herein when supervision and cueing are needed to complete the ADLs identified, or;

An individual who has been diagnosed with Alzheimer' s disease or other related dementia, or a mental health diagnosis, as determined by a physician, and requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others. Such behaviors and interventions must be documented in the participant's care plan and in the required progress notes.
*Daily assistance means every day of attendance.

Payment Rates

Code	Per Full Day Rate (Five (5) or more hrs. including transportation to and from provider)	**Description**
S5102-U1 U2	$93.41	Enhanced Level of Services
S5102 U2	$69.46	Basic I-Level of Services

Code	Per Half Day Rate (Three (3) or more hrs including transportation to and from provider)	**Description**
S5102-U1	$46.71	Enhanced Level of Services
S5102	$34.73	Basic Level of Services

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 October 1, 2024 and are effective for services on or after that date.

Rehabilitative Services (cont.)

Centers of Excellence for Opioid Treatment

Payment Methodology:
Effective November 1, 2016, the RI Medicaid Agency pays Centers of Excellence for Opioid Treatment (COE) providers for services only if 1) the participant has been diagnosed with opioid use disorder and is appropriate for MAT and 2) the COE provider has obtained certification as a COE from RI BHDDH in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency will pay COE providers a one-time payment per enrollee for induction activities at the time of initial enrollment/assessment and thereafter, a per diem payment until date of discharge to community, but no longer than six (6) months, unless the provider was granted approval from BHDDH for extension of enhanced COE services. The RI Medicaid Agency pays one of two different induction payment rates for COE services depending on the capacity of providers, as defined herein. Providers are not able to bill the induction fee and a per diem rate on the same day.

COE Induction Fee
COEs will be certified at two levels to ensure timely access to MAT services. Level 1 providers are those that have the ability to meet the requirement of admitting all individuals within twenty-four (24) hours of referral. Level 2 providers are those that have the ability to meet the requirements to admit all patients within forty-eight (48) hours Saturday through Thursday and within seventy-two (72) hours for referrals made on Friday. Level 1 providers will receive an enhanced rate for induction to support the requirement of having physician availability seven (7) days per week. The Induction payment is structured to capture the costs for the initial assessment process (complete biopsychosocial assessments, physical examination, observed medication induction, and initial individualized treatment planning).

Per Diem COE Rate
Post induction, the RI Medicaid Agency will pay providers a per diem bundled rate until date of discharge to community, but no longer than six (6) months. The per diem bundled rate accounts for all COE services (continued individualize treatment planning; individual and group counseling; randomized toxicology; coordination of care with other treatment providers; referral for services not provided at the COE or to higher levels of care; case management to address other support service needs; wellness promotion activities; consultation and support to community buprenorphine physicians; discharge planning; readmission and re-stabilization of individuals who have relapsed or are experiencing crisis). COE rates do not include the cost of the medications, nor does it include the continued outpatient clinical, case management and peer support services that COEs will provide to patients who have successfully discharged to the community. The COE provider will need to bill FFS for these services.

Payment Rates

Payment Type	Payment Amount	Limitations
Level 1 Induction Fee	$600.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Level 2 Induction Fee	$400.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Per Diem Bundled Rate	$17.86 per member per day	Limited to six (6) months duration, unless the provider was granted approval from BHDDH for extension of enhanced COE services

Rehabilitative Services (cont.)

Assertive Community Treatment Service Bundle

Services Included In the Bundle:

A. Service Coordination/Case Management

B. Crisis Assessment and Intervention

C. Symptom Assessment and Management

D. Medication Prescription, Administration, Monitoring and Documentation

E. Dual Diagnosis Substance Use Disorder Services

F. Work-Related Services

G. Services to support activities of daily living in community-based settings

H. Social/Interpersonal Relationship and Leisure-Time Skill Training

I. Peer Support Services

J. Other Support Services--Support services or direct assistance to ensure that clients obtain the basic necessities of daily life, including but not limited to:

1. Medical and dental services
2. Safe, clean, affordable housing
3. Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Home Energy Assistance)
4. Social service
5. Transportation
6. Legal advocacy and representation

K. Education, Support, and Consultation to Clients' Families and Other Major Supports

Bundle Payment Unit:

The bundle payment unit is one month.

Providers Eligible to be Paid Through the Bundled Payment Rate:

Providers must be Community Mental Health Centers or other private, not-for-profit providers of mental health services who are licensed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). The bundled rate will only be paid once per beneficiary per month.

Rehabilitative Services (cont.)

Billing Requirements

1. All providers must conform to the requirements of the current Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, and all other applicable state and local fire and safety codes and ordinances.

2. Providers must be enrolled in the RI Medicaid Program and agree to meet all requirements, such as, timely access to care and matching beneficiaries service needs.

3. Providers are required to collect and submit complete encounter data for all ACT claims on a monthly basis utilizing standard Medicaid coding and units in an electronic format determined by EOHHS and BHDDH. The state will conduct an analysis of the data to develop recipient profiles, study service patterns, and analyze program costs vs. services received by recipients, for potential adjustments to the case rate as well as for consideration of alternative payment methodologies. Analysis will be conducted at least annually.

4. At least one of the services listed above must be provided within the payment unit (one month) in order for providers to bill the bundled rate.

5. Providers delivering services through the bundle will be paid through that bundled payment rate and cannot bill separately.

Bundled Payment Rate (Monthly Unit): $1,563.11. This is the rate set as of October 1, 2024.

Assurances:

The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

1905(a)(29) Medication-Assisted Treatment (MAT)

The state utilizes the following payment methodologies for MAT services:

- Methadone is paid for via a fee schedule, effective October 1, 2024, which is accessible here https://eohhs.ri.gov/providers-partners/fee-schedules
    - Methadone is reimbursed as a part of a bundle that includes administration and labs.
- Buprenorphine is reimbursed in accordance with the payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page 7
- Naltrexone is reimbursed in accordance with payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page 7
- Group Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 13.D.5
- Individual Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 13.D.5
- The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for Prescribed Drugs located in Attachment 4.19-B, pages 7-9, for drugs that are dispensed or administered.