

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 24-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 21, 2025

Richard Charest, R.Ph, MBA, Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 24-0011

Dear Mr. Charest:

Enclosed please find a corrected approval package for your Rhode Island State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This SPA, was to reflect changes in payment rates for home visiting services and codify the Nurse-Family Partnership and Health Families America into the State Plan, was originally approved on November 15, 2024. The approval package sent to Rhode Island included the following errors:

- The incorrect version of Attachment 4.19-B, Page 13.C.5 was included in the original approval package.

The enclosed corrected package contains the original signed letter, the original signed CMS-179, and the corrected SPA pages.

If you have any questions, please contact Joyce Butterworth at 857-357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 18, 2024

Richard Charest, R.Ph, MBA, Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 24-0011

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This amendment proposes to reflect changes in payment rates for home visiting services and codify the Nurse-Family Partnership and Health Families America into the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130(c). This letter informs you that Rhode Island's Medicaid SPA TN 24-0011 was approved on November 15, 2024, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at 857-357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 1

2. STATE

RI3. 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

Section 1932 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 55,614b. FFY 2026 \$ 134,797

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Supplement to page 6, page 6.19 (new)

~~Attachment 4.19-B, Page 13.C.4 (new)~~

Attachment 4.19-B, Page 13.C.5 (new)

Attachment 3.1-A, Supplement to page 6, page 6.19a (new)

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

9. SUBJECT OF AMENDMENT

Family Home Visiting

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Richard Charest

13. TITLE

Secretary, EOHHS

14. DATE SUBMITTED

September 20, 2024

15. RETURN TO
EOHHS3 West Road, Virks Building
Cranston, RI 02920**FOR CMS USE ONLY**

16. DATE RECEIVED

September 20, 2024

17. DATE APPROVED

November 15, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/3/24: The State authorized the following pen & ink changes:

Box 7: Correct Attachment 4.19-B page number from 13.C.4 to 13.C.5 and add Attachment 3.1-A, Supplement to page 6, page 6.19a (new)

STATE OF RHODE ISLAND

13.c. Preventive Services

Home Visiting Services

Home visiting services will be used to provide support for pregnant individuals as medically necessary, which may improve birth-related outcomes, as well as infant and child health outcomes. Pursuant to 42 CFR 440.130(c), home visiting services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law to prevent perinatal complications and/or promote physical and mental health.

Services provided to the beneficiary's family or caregivers are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs, and for the purpose of assisting in the beneficiary's health and wellness.

1. The covered service must be provided by specially trained professionals to facilitate screening and provide informational support and care coordination as medically necessary to support healthy outcomes.
2. Services may include:
 - a. Prenatal home visits:
 - i. Blood pressure and other pregnancy complications monitoring
 - ii. Diet and nutritional education
 - iii. Stress management
 - iv. Sexually Transmitted Diseases (STD) prevention education
 - v. Tobacco use screening and cessation education
 - vi. Substance use screening and counseling
 - vii. Depression screening
 - viii. Domestic and intimate partner violence screening and education
 - ix. Pregnancy education
 - x. Facilitation of access to benefits and community resources that can improve birth related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources.
 - b. Postpartum home visits
 - i. Diet and nutritional education
 - ii. Stress management
 - iii. Sexually Transmitted Infections (STI) prevention education
 - iv. Tobacco use screening and cessation education
 - v. Substance use screening and counseling
 - vi. Depression screening
 - vii. Postpartum mental health disorders screening and education
 - viii. Domestic and intimate partner violence screening and education
 - ix. Chestfeeding support and education;
 - x. Guidance and education with regard to well woman visits to obtain recommended preventive services; Medical assessment of the postpartum mother and infant, as determined by medical necessity
 - xi. Child development education

STATE OF RHODE ISLAND

- xii. Maternal-infant safety assessment and education (for example, safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention)
 - xiii. Counseling regarding postpartum recovery, family planning, and needs of a newborn
 - xiv. Assistance for the family in establishing a primary source of care and a primary care provider
 - xv. Parenting skills, parent-child relationship building, and confidence building
 - xvi. Facilitation of access to benefits and community resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources.
- c. Infant and early childhood home visits
- i. Developmental screening for infants and children
 - ii. Parenting skill building support
 - iii. Chest feeding support and education
 - iv. Connecting families to resources and social services, as necessary

Qualified Providers

Providers must be certified as Healthy Families America and/or Nurse-Family Partnership providers by the Rhode Island Department of Health.

Home visitors employed by these programs must meet national program education and experience standards, and receive comprehensive program specific training, to become qualified practitioners able to provide all necessary prenatal, postpartum or infant home visiting services as indicated by medical necessity.

Providers of Nurse-Family Partnership services must hold a minimum of a Bachelor of Science in Nursing.

Services provided under the Healthy Families America program must be provided by individuals with the following qualifications:

1. Complete Healthy Families America training and all Family Home Visiting training as required by the Rhode Island Department of Health.
2. Hold associate or bachelor's degree in relevant field; or have relevant employment experience; or who are certified as a Community Health Worker by the Rhode Island Certification Board.

STATE OF RHODE ISLAND

Reimbursement for Preventive Services – Home Visiting ProgramsPayment Methodology

Home visiting programs are reimbursed on a per visit basis.

Rates and Rate Increases

EOHHS does not increase rates based on a set inflation factor on a pre-determined basis. The current rates will be published at: <https://eohhs.ri.gov/providers-partners/fee-schedules> and are effective as of October 1, 2024.

Limitations or prior authorization requirements

There are no limitations or prior authorization requirements.