

## **Table of Contents**

**State/Territory Name: RI**

**State Plan Amendment (SPA) #: 24-0015**

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



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**Financial Management Group**

December 17, 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 24-0015

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-24-0015, which was submitted to CMS on September 27, 2024. This plan amendment is to add payment methodology for traumatic brain injury (TBI) services.

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 August 15, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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](mailto:Lindsay.Michael@cms.hhs.gov).

Sincerely,



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 1 5

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

August 15, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 4,553  
b. FFY 2025 \$ 36,196

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Page 13.D.12 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Traumatic Brain Injury Payment Methodology

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 Signature]

15. RETURN TO

12. TYPED NAME  
Richard Charest

13. TITLE  
Secretary, EOHHS

14. DATE SUBMITTED  
September 27, 2024

**FOR CMS USE ONLY**

16. DATE RECEIVED  
9/27/24

17. DATE APPROVED  
December 17, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
8/15/24

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, DRR

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF RHODE ISLAND

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**Traumatic Brain Injury Services**

**Payment Methodology**

Payment is on a per diem basis.

Payment does not include room and board.

Rates are based on negotiations with providers and consider the following: the actual costs of the facility, the Medicare rate for the same or similar services, the prevailing Medicaid rate for the same or similar services in the state where the facility is located, and the prevailing Rhode Island Medicaid rate for the same or similar services.

**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 15, 2024 and are effective for services on or after that date.