Table of Contents

State/Territory Name: RI

State Plan Amendment (SPA) #: 25-0005

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

June 24, 2025

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

RE: TN 25-0005

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-25-0005, which was submitted to CMS on March 26, 2025. This plan amendment updates Rhode Island's Medicaid State Plan to reflect changes in payment rates for lead investigations and physical therapies and related services. Also, this SPA is to correct pages that were inadvertently omitted in a prior submission.

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 February 13, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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,

Todd McMillion
Director

Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 1905(a) of the SSA 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 13.A.1 Attachment 4.19-B Page 17	1. TRANSMITTAL NUMBER 2 5 — 0 0 0 5 R I 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE February 13, 2025 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 0 105,463 b. FFY 2026 \$ 0 107,692 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 3.1 (TN 08-011) Attachment 4.19-B page 3C (TN 24-0002)
9. SUBJECT OF AMENDMENT Payment Methodology for Lead Investigations, PT, OT and ST	
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:
	15. RETURN TO EOHHS 3 West Road
12 TVDED NAME	Cranston, RI 02920
13. TITLE Secretary, EOHHS 14. DATE SUBMITTED 3/26/2025	
FOR CMS U	
16. DATE RECEIVED 3/26/25	17. DATE APPROVED June 24, 2025
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 2/13/25	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, DRR
22. REMARKS	
State authorized pen n ink change for box 6 to update: FFY 2025: \$105,463, FFY 2026: \$107,692	

Diagnostic Services

Lead Investigations

Payment Methodology

The payment basis for this service is a one-time investigation amount to determine the source of lead. Payment is limited to a health professional's time and activities during an on-site investigation of a child's home (primary residence). The child must be diagnosed as having an elevated blood lead level. Medicaid reimbursement is not available for any testing of substances (water, paint, etc.) which are sent to a laboratory for analysis.

Effective February 13, 2025, the rate for lead investigations is \$1,135.87.

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 February 13, 2025, and are effective for services on or after that date.

TN No.: 25-0005 Approval Date: <u>June 24, 2025</u> Effective Date: 2/13/2025

Supersedes TN No.: 08-011

Physical Therapy, Occupational Therapy, and Speech Therapy

- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physical Therapy. The agency's fee schedule rate was set as of February 13, 2025, and is effective for services provided on or after that date. All rates are published at https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Occupational Therapy. The agency's fee schedule rate was set as of February 13, 2025, and is effective for services provided on or after that date. All rates are published at

https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx

• Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Speech Therapy. The agency's fee schedule rate was set as of February 13, 2025, and is effective for services provided on or after that date. All rates are published at https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx

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. Rates are available at

https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx and are effective February 13, 2025.

TN No.: 25-0005 Approval Date: <u>June 24, 2025</u> Effective Date: 2/13/2025

Supersedes TN No.: 08-011