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State/Territory Name: RI

State Plan Amendment (SPA) #: 25-0012

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

August 31, 2026

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

RE: TN 25-0012

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-25-0012, which was submitted to CMS on August 29, 2025. This plan amendment updates Rhode Island's Medicaid State Plan to freeze SFY 2025 reimbursement rates for hospice and home health and to remove a future inflation adjustment.

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 July 1, 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,

[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: 25-0012

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ (9,902,660)
b. FFY 2026 $ (10,656,252)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B page 6
Attachment 4.19-B page 9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B page 6 (TN # 24-0010)
Attachment 4.19-B page 9 (TN # 24-0010)

9. SUBJECT OF AMENDMENT
Hospice and Home Health Rates

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 Carest

13. TITLE
Secretary, EOHHS

14. DATE SUBMITTED
8/29/25

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

FOR CMS USE ONLY

16. DATE RECEIVED
8/29/25

17. DATE APPROVED
August 31, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/25

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

Instructions on Back

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:

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, 2025, payment for hospice rates will be the greater of either the hospice rates listed below or the current Medicaid minimum hospice rate published by CMS, with the wage indices applied by level of hospice care.

With the exception of payment for physician services, base rates for levels of hospice care are as follows:

- Routine Home Care Days 1-60: $259.28 per day
- Routine Home Care Days 60+: $203.64 per day
- Continuous Home Care: $67.25 per hour
- Inpatient Respite Care: $544.61 per day
- General Inpatient Care: $1,166.77 per day
- Service Intensity Add-On (SIA)-Clinical Social Worker: $67.24 per hour
- Service Intensity Add-On (SIA)-Registered Nurse: $67.24 per hour

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 for 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 case management services. The agency's fee schedule rate was set under the specific program that case management operates in a specific instance. The agency's fee schedule rate was set on October 16, 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