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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0018

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 8, 2022

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

RE: State Plan Amendment (SPA) 21-0018

Dear Ms. Jones:

We have reviewed the referenced amendment to Attachment 4.19-B of your Medicaid State Plan. This amendment increases adult day health services temporary rate for Rhode Island's 9817 spending plan.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective November 1, 2021. The CMS-179 and plan pages are enclosed.

If you have any questions, or require additional information, please call Lindsay Michael at (410) 786-7197.

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 1 — 0 0 1 8

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

11/01/21

5. FEDERAL STATUTE/REGULATION CITATION

42 USC 1396d

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 1,434,094

b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Page 3.9a

Attachment 4.19B Page 3.9b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19B Page 3.9a

Attachment 4.19B Page 3.9b

9. SUBJECT OF AMENDMENT

Adult Day Health Services Temporary Rate Increases

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

12. TYPED NAME
Womazetta Jones

13. TITLE
Secretary

14. DATE SUBMITTED
12/16/21

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

FOR CMS USE ONLY

16. DATE RECEIVED
12/10/21

17. DATE APPROVED
3/8/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
11/01/21

19. SIGNATURE OF APPROVING OFFICIAL

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

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	\$ 78.00	Enhanced Level of Services
S5102 U2	\$ 58.00	Basic I-Level of Services
S5105	\$65.00	Retainer payments

--p.3.9a--

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

Rehabilitative Services (cont.)

Code	Per Half Day Rate (Three (3) or more hrs including transportation to and from provider)	Description
S5012-U1	\$ 39.00	Enhanced Level of Services
S5102	\$ 29.00	Basic Level of Services
Code	15-minutes increments	Description
T1016	\$15	Case Management

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. The State will provide a temporary rate increase to improve access to care through direct care workforce recruitment and retention initiatives. Additional funding provided through rate increases shall be used to increase compensation (direct pay and benefits) to direct care workforce through March 31, 2023. Providers will attend a training, sign attestation forms agreeing to this use of funds, and submit quarterly reports on their use of these funds to the State Medicaid office for the duration of the funding period.

Date of Effective Rates:

The agency rates were set as of October 1, 2018 and are effective for services on or after that date. Effective November 1, 2021 through March 31, 2022, there is a temporary increase of 120% higher than the current rates listed in the payment rates table. Effective April 1, 2022, this temporary rate increase will end and the rate will be the rates listed in the payment rates table above.

--p. 3.9b--

TN No 21-0018
Supersedes
TN No. 18-013

Approved: March 8, 2022

Effective: Nov. 1, 2021