

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**9/28/2018 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND MEDICAID
STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Adult Day Care Services

EOHHS is seeking federal authority to increase the reimbursement rates for the following services, effective October 1, 2018:

- Increase the basic Adult Day Care full day rate from \$45 to \$58 and the basic Adult Day Care half day rate from \$22.50 to \$29.
- Increase the enhanced Adult Day Care full day rate from \$65 to \$78 and the enhanced Adult Day Care half day rate from \$32.50 to \$39.

This rate increase does not apply to the DEA Adult Day Program.

The proposed rate increases will ensure network adequacy in the Fee-For-Service delivery system. This change would result in an increase in annual expenditures of approximately \$600,000 all funds. The proposed effective date of this amendment is October 1, 2018.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 28, 2018 to Melody Lawrence, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Melody.Lawrence@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

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;
 - e. 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= every day of attendance

Payment Rates

Code	Per Full Day (Five (5) or more hrs including transportation to and from provider)	Description
S5102-U1	\$ 78.00	Enhanced Level of Services
S5102	\$ 58.00	Basic Level of Services

Code	Per Half Day (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

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.

Date of Effective Rates:

The agency rates were set as of February 1, 2016 and are effective for services on or after that date.

Traumatic Brain Injury Services

Payment Methodology

The rate is structured to capture all of the staff costs associated with providing the basic, routine day-to-day rehabilitative care uniformly provided to all residents that either takes place in the program, or is provided by staff of the program.

Payment is on a per diem basis.

Payment does not include room and board.

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.

Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.