

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

**11/19/2021 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 Behavioral Health Services Temporary Rate Increases

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to provide temporary rate increases as authorized by Section 9817 the American Rescue Plan Act of 2021. The amendment would temporarily increase rates for Adult Crisis Intervention Services and Adult Residential Services by 255% between December 1, 2021 and March 31, 2022.

These changes are proposed to take effect on December 1, 2021. The fiscal impact is \$6,481,000 All Funds for FFY 2022.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-2598 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by December 20, 2021 to Katy Thomas, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Kathryn.Thomas@ohhs.ri.gov or via phone at (401) 462-2598.

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 ten (10) 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.

Signature: _____

Original Signed by Womazetta Jones, Secretary, Executive Office of Health and Human Services, Signed this 19th day of November, 2021.

Proposed Revisions to State Plan Pages

Rehabilitative Services (cont.)

Adult Behavioral Health Services

Community Psychiatric Supportive Treatment (CPST)

Payment Methodology

Service time billed must be for direct, face-to-face contact with a client or collateral on an individual basis.

Travel time,

telephone time, and time spent writing case notes are not billable.

The basis of payment is a 15-minute unit of service per qualified provider. Payments are made to or on behalf of the qualified provider.

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.

Psychiatric Rehabilitation Services (PRS)

Payment Methodology

A PRS visit must last a minimum of 60 minutes in order to bill. After meeting the minimum requirement, time spent face-to-face with the client during any single continuous contact over and above the initial 60 minutes may be billed in 5-minute units per qualified provider.

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.

Crisis Intervention Services

Payment Methodology

Billable crisis intervention services can include an emergency intake on a new client if that client is in crisis, but cannot include the routine intakes that occur when this service is also used as the central intake point for the provider. Crisis intervention services delivered by telephone are not reimbursable. The need for extensive telephone work has been calculated into the overall fee structure. A crisis worker can bill for only one eligible client at any given time.

The basis of payment is a 30-minute unit of service per qualified provider. Payments are made to or on behalf of the qualified provider.

Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis. The State may 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.

Rehabilitative Services (cont.)

Date of Effective Rates

The agency rates were set as of January 1, 2008 and are effective for services on or after that date. Effective December 1, 2021 through March 31, 2022 there is a temporary rate increase of 255% higher than the agency rate set as of January 1, 2008 for X0341 HH:TG “Adult Mental Health Residential Service.” Effective April 1, 2022 the rates will be the agency rates set as of January 1, 2008

Residential Services

Payment Methodology

The MHPRR 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. This would include basic social skills development and support in the development of appropriate behaviors to allow the residents to participate, to the fullest extent possible, in normalized activities in their community. 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. The State may 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 January 1, 2008 and are effective for services on or after that date. Effective December 1, 2021 through March 31, 2022 there is a temporary rate increase of 255% higher than the agency rate set as of January 1, 2008 for H0019 U1, U3, U4, and U5 “Behavioral Health Long Term Residential, Non-medical”. Effective April 1, 2022 the rates will be the agency rates set as of January 1, 2008.

Substance Abuse Assessment Services

Payment Methodology

Payment is based on a fee schedule of 15-minute units per qualified provider.

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.

Rehabilitative Services (cont.)

Outpatient Counseling Services

Payment Methodology

Payment is based on a fee schedule of 15-minute units per qualified provider.

Rate Increases:

The State does not increase rates based on a set inflation factor on a pre-determined basis.

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

Detoxification Services

Payment Methodology

Payment is based on a per diem basis.

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.