

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

**09/22/2022 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:

Nursing Facility Add-on Rate

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update Rhode Island's Medicaid State Plan to implement a behavioral health per-diem add-on for particularly complex clients that have been hospitalized for six (6) months or more and are clinically appropriate for discharge to a nursing facility.

These changes are proposed to take effect on January 1, 2023. This change is expected to result in an increase in expenditures of \$2.5 million in FFY23 and an increase of \$3.4 million in FFY24 (All Funds).

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1501 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 22, 2022 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.

Original signed by Ana Novais, Acting Secretary, Rhode Island Executive Office of Health and Human Services
Signed this 22nd day of September, 2022

Maximum gain/loss \$5.00

Gain/loss policy adjustment (\$12.71)

This policy adjustor will be phased out over the transition period as follows:

- 10/1/11 100% (\$12.71)
- 10/1/13 75% (\$9.53)
- 10/1/14 50% (\$6.36)
- 10/1/16 25% (\$3.18)
- 10/1/17 0% \$0.00

D. Rate Add-ons

Add-on for Discharges to Nursing Facilities of Complex Patients:

Nursing facilities can receive a behavioral health per-diem add-on of \$175 for particularly complex patients who have been hospitalized for six months or more. To receive this payment, nursing facilities must meet the standards outlined in the Specialized Psychiatric Nursing Facility Beds Certification Standards.

The \$175 specialized psychiatric nursing facility rate is not influenced by annual inflationary adjustments detailed in Section B “Adjustments to Base Rate”

DE. Periodic Rate Review

Be developed with the nursing homes. However, nursing homes will still be required to submit cost reports annually. A similar review will be conducted every three years.

Rates for Newly Constructed Facilities

Newly constructed facilities will be paid a rate determined in the manner described for all facilities under these Principles. The initial Fair Rental Value component shall be calculated using the methodology described on pages 15-18. The Tax component will use an occupancy rate equal to 98% of the statewide average.

Appeals Process

Any provider who is not in agreement with the reimbursement rate assigned for the applicable rate period, may within fifteen (15) days from the date of notification of rate assignment file a written request for a review convergence to be conducted by the Medicaid Director or other designee assigned by the Secretary of the Executive Office of Health and Human Services. This written request must identify the rate assignment issue(s). The Medicaid Director or designee shall schedule a review conference within fifteen (15) days of receipt of the request. As a result of the review conference, the Medicaid Director or designee may modify the rate of reimbursement. The Medicaid Director or designee shall provide the provider with a written decision within thirty (30) days from the date of the review conference.