

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

**06/27/2024 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:

**Chiropractors' Services**

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services to update Rhode Island's Medicaid State Plan to include chiropractic services and establish a payment methodology within fee-for-service Medicaid, in accordance with the FY2025 Enacted Budget.

The changes have an effective date of July 1, 2024 and have an estimated fiscal impact of \$236,477 in SFY2025 and \$231,995 in SFY 2026 (general revenues).

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-2407 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by July 27, 2024 to Brittany Church, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or [Brittany.Church@ohhs.ri.gov](mailto:Brittany.Church@ohhs.ri.gov) or via phone at (401) 462-2407.

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 Kristin Pono Sousa, Medicaid Director, Rhode Island Executive Office of  
Health and Human Services  
Signed this 27th day of June, 2024**

State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

## b. Optometrists' services.

Provided:     No limitations     With limitations\*  
 Not provided

## c. Chiropractors' services.

Provided:     No limitations     With limitations\*  
 Not provided

## d. Other practitioners' services.

Provided:    Identified on attached sheet with description of limitations, if any.  
 Not provided

## 7. Home health services.

## a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided:     No limitations     With limitations\*

## b. Home health aide services provided by a home health agency.

Provided:     No limitations     With limitations\*

## c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided:     No limitations     With limitations\*

\*Description provided on attachment, and including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

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LIMITATIONS

4b. The State complies with the provisions of P.L. 101-239, Section 6403 and Section 1905(r).

4c. Family Planning Services and Supplies

Sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

5a. and 5b. Physicians' Services and Medical and Surgical Services Furnished by a Dentist

Physician services for sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Payment for surgical procedures of a cosmetic nature can only be considered for payment when performed for a functional purpose.

Payment made for visits to patients residing in group care facilities limited to a maximum of six patients treated on the same day.

Payment made for office visits by a family limited to a maximum of three family members treated on the same day.

6a. Podiatrists' Services

Payment is limited to routine foot care, certain surgical procedures performed in the office or home setting and x-rays performed for diagnostic evaluation purposes.

6c. Chiropractors' Services

Coverage is available for medically necessary chiropractors' services within their scope of practice as defined by state law and subject to the following limitations. The service is limited to twelve (12) visits that include treatment, annually. Medically necessary chiropractic services beyond the annual limit of twelve (12) visits, are subject to prior authorization requirements. X-Ray services are not reimbursable under this benefit.