

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

**07/31/2024 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:

**Rate Review Updates**

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services to update Rhode Island's Medicaid State Plan to reflect changes in payment rates for children's services, behavioral healthcare, and home health services. The state recently underwent a rate review for these services and subsequently increases were included in the state's FY2025 Budget. The proposed State Plan Amendment updates the State Plan with the rates as recommended in the state's budget.

The changes have an effective date of October 1, 2024 and have an estimated fiscal impact of \$64.3 million in SFY2025 and \$88.6 million 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 August 30, 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 Richard Charest, Secretary, Rhode Island Executive Office of Health and Human Services**  
**Signed this 31<sup>st</sup> day of July, 2024**

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- 4.
- b. Early, periodic, screening, diagnosis, and treatment of individuals under 21 years of age: on the basis of a negotiated fee schedule.
    - i. Early Intervention services are reimbursed on the basis of a fee schedule and effective for services on and after October 1, 2024.
  - c. Family planning services, drugs and supplies for individuals of child-bearing age when such services are under the supervision of a physician, as determined according to the elements inherent in the family planning service or the drugs and contraceptive devices necessary: on the basis of a negotiated physician fee schedule and the pharmacy fee schedule.
5. Physicians' services: on the basis of a negotiated fee schedule
6. Medical care of any other type of remedial care recognized under State law furnished by licensed practitioners within the scope of their practice as defined by law limited to:
- a. Podiatry services: on the basis of a negotiated fee schedule.
  - b. Optometry services: on the basis of a negotiated fee schedule.
  - c. Chiropractors' services: on the basis of a fee schedule found on the EOHHS website (www.eohhs.ri.gov) for services on or after July 1, 2024.
7. Home Health Services: In order for EOHHS to calculate the applicable Home Health base rate, each provider must submit a completed General Application for Enhanced Home Health Reimbursement to EOHHS. Base rates, which are defined as the minimum reimbursement rate ~~plus any additional enhancements that the provider qualifies for~~, are available on the fee schedule, updated as of ~~July-October 1, 2022~~2024, and available at <https://eohhs.ri.gov/providers-partners/fee-schedules>. Base rates plus any additional enhancements that the provider qualifies for are available at <https://eohhs.ri.gov/providers-partners/provider-directories/home-health-personal-care-assistant>. ~~Effective November 1, 2021 through March 31, 2022, the State will provide a temporary rate increase for the services below 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.~~

Provider Type	Code	Description of Code	Allowed Amount 10/31/2021	Amount Increase above 10/31/2021 Rate	Total Allowed Amount 11/1/2021
Skilled Nursing Homecare Providers	G0156	Services of Home Health or Hospice Settings per 15 minutes increments	\$7.36	\$5.74	\$13.10
	X0043	Home Health and Nursing and Therapy Visits	\$111.83	\$87.23	\$199.06
Severely Disabled Nursing Homecare Provider	S5125 Minimum Reimbursement Rate	Attendant Care Services per 15-minute increments	\$5.62	\$6.01	\$11.63
	T1000	Private Duty Independent Nursing Services per 15 minute increments	\$14.01	\$9.11	\$23.12
Home-Care Agencies (Personal Care)	S5125 Minimum Reimbursement Rate	Attendant Care Services per 15-minute increments	\$5.81	\$8.83	\$14.64
Aide/Assistant Provider)	S5130 minimum Reimbursement Rate	Homemaker Service per 15-minute increments	\$5.44	\$6.80	\$12.24
	T1001	Nursing Assessment/Evaluation	\$101.37	\$111.51	\$212.88

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~~Effective April 1, 2022, this temporary rate increase will end and the rates will return to those listed in the fee schedule effective July 1, 2021 through June 30, 2022, available at <https://eohhs.ri.gov/providers-partners/fee-schedules>~~

Effective July 1, 2019, and each July 1 thereafter, the base rates for personal care attendant services and skilled nursing and therapeutic services, provided by home care providers and home nursing care providers, will be increased by the New England Consumer Price Index card as determined by the United States Department of Labor for medical care data that is released in March, containing the February data.

Home Health Base Rate methodology: Minimum reimbursement rates will be adjusted based on the following qualifications:

~~1. Staff Education and Training~~

~~8. Enhanced Reimbursement per 15 minutes for all Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.~~

~~9. Qualifications: The qualified agency must offer in services at a frequency at least 20% over the RI Department of Health's licensure requirement. This means that at least fourteen (14) one hour in services will be required in a year.~~

~~10. How to Receive Enhancement: A plan of scheduled in-service topics, dates, times and instructors should be submitted to EOHHS for the six month period following initial application for this enhancement. To continue receiving the enhanced base rate beyond the initial six-month period, the agency must submit for each in-service the title, training objectives, number of CNAs on the payroll on the date of the in-service, and a copy of the in-service sign-in sheet. Submissions should be for at least seven (7) in-services over a six-month period.~~

~~i)~~

~~2. National Accreditation or State Agency Accreditation~~

~~• National:~~

~~• Enhanced Reimbursement per 15 minutes of Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.~~

~~• Qualifications: An agency with current National Accreditation is entitled to this enhancement.~~

~~— Community Health Accreditation Program (CHAP) or~~

~~— Council on Accreditation (COA) or~~

~~— Joint Commission for Accreditation of Healthcare Facilities (JCAHO) or~~

~~— Accreditation Commission for Health Care (ACHC)~~

~~• How to Receive Enhancements: Submit current CHAP, COA, JCAHO, or ACHC Accreditation certificate, and copy of the most recent survey results. Submit new certificate(s) and survey results as they are completed to continue payment of the enhanced base rate.~~

~~ii) Note: Agencies can either receive State Accreditation or National Accreditation, not both.~~

~~iii) State:~~

~~iv) Enhanced Reimbursement per 15 minutes of Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency. The goal of this standard is to encourage home health agencies to development and implement initiatives that result in high value, client-oriented, effective care and services.~~

~~v) Qualifications: Available to home health agencies with State accreditation.~~

~~vi) How to Receive Enhancement: Submit application for an on-site review and successfully meet Accreditation Standards. In addition, at the request of the home health agency, EOHHS will review evidence provided that demonstrates exceeding Department of Health Regulations. Evidence may be demonstrated through policy, procedures, client records, personnel records, meeting minutes, strategic plans, etc. Emphasis will be placed on how the evidence is linked between the different sources i.e. policy/procedure compliance noted in record documentation.~~

~~vii)~~

~~viii) 3. Client Satisfaction, Continuity of Care, and Worker Satisfaction~~

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~~x)~~~~xi) Enhanced Reimbursement per 15 minutes of Personal Care and Combination Personal Care and Homemaker Services for each of these three areas (client satisfaction, continuity of care, and worker satisfaction) based on former enhanced standards.~~~~xii) Qualifications: Maintain compliance with applicable standards. If found out of compliance during random site visits, providers may lose the enhancement for the area out of compliance or be asked to submit a corrective action plan.~~~~xiii)~~~~xiv)ii) 4. Behavioral Healthcare Training~~

- Effective January 1, 2022, Enhanced Reimbursement per 15-minutes for all Personal Care, Combination Personal Care/Homemaker services, and Homemaker only services provided by a qualified agency.
- Qualifications: The qualified agency must have at least thirty percent (30%) of their direct care workers (which include Certified Nursing Assistants (CAN) and Homemakers) certified in behavioral healthcare training.
- How to Receive Enhancement: No later than December 15, 2021, each agency must submit to EOHHS the names of all Nursing Assistants and Homemakers employed by the agency as of November 30, 2021 and shall indicate those Nursing Assistants and Homemakers who have obtained a Behavioral Health certificate from Rhode Island College or other EOHHS-approved training provider. Documentation of employees' Behavioral Health certification shall be provided to EOHHS upon request. Beginning in calendar year 2022 and annually thereafter, the agency must submit to EOOHS, no later than June 1st, the names of all Nursing Assistants and Homemakers employed by the agency as of May 15th of that corresponding calendar year and shall indicate those Nursing Assistants and Homemakers who have obtained a Behavioral Health certificate from Rhode Island College or other EOHHS-approved training provider. Documentation of employees' Behavioral Health certification shall be provided to EOHHS upon request.

If providers are providing care outside of regular business hours or are providing care to individuals with higher acuity, providers may receive ~~an additional two (2)~~ add-ons; if they bill using modifiers. These add-ons are in addition to the base rates defined above.

i) Shift Differential:

Reimbursement: Effective ~~October 1, 2024, July 1, 2021~~ ~~\$0.56-95~~ per 15-minutes of Personal Care and Personal Care/Homemaker Combination services provided during qualified times.

Qualifications: Only services provided between 3:00PM and 7:00AM on weekdays, or services on weekends or State holidays qualify for this enhanced reimbursement.

How to Receive Reimbursement: Submit claims in the correct amount (Base Amount plus any other enhancements plus shift differential enhancement) to ~~DXC Gainwell~~ the MMIS fiscal agent with modifiers.

ii) High acuity patients:

Reimbursement: ~~\$0.25-42~~ per 15-minutes of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.

Qualifications: A client is considered high acuity if they receive a following minimum score by an agency Registered Nurse in one area:

“5” on Section B, Items 1, 2, and 3, OR

“16” on Section E, Item 1, OR

“8” on Section E, Items 2 and 3, OR

“36” on Section H, Items 1, 2, and 3

Or, if they receive the following minimum scores in two or more areas:

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- A. Excellence will include the drug ingredient cost plus \$8.96 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee included. The drug ingredient cost reimbursement shall be the lowest of:
- (a) The National Average Drug Acquisition Cost (NADAC); or
  - (b) Wholesale Acquisition Cost (WAC) + 0%; or
  - (c) The Federal Upper Limit (FUL); or
  - (d) The State Maximum Allowed Cost (SMAC); or
  - (e) First Data Bank Consolidated Price 2 (SWD)— 19%; or
  - (f) Submitted price; or
  - (g) The providers' usual and customary (U & C) charge to the public, as identified by the claim charge.
- ii) (3) 340B Covered Entities
- 340B covered entities that fill Medicaid beneficiaries' prescriptions with drugs purchased at the prices authorized under Section 340B of the Public Health Services Act will be reimbursed at the actual acquisition cost for the drug plus a \$8.96 professional dispensing fee. Drugs acquired by a covered entity under the 340B program and dispensed by the covered entity's contract pharmacy are not reimbursed.

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Facilities purchasing drugs through the Federal Supply Schedule (FSS) or drug pricing program under 38 U.S.C. 1826, 42 U.S.C. 256b, or 42 U.S.C. 1396-8, other than the 340B drug pricing program will be reimbursed no more than the actual acquisition cost for the drug plus \$8.96 professional dispensing fee.

- iii) Facilities purchasing drugs at Nominal price (outside of 340B or FSS) will be reimbursed no more than the actual acquisition cost (as defined in defined in “47.502) for the drug plus a \$8.96 professional dispensing fee. Nominal Price as defined in {447.502 of the Code of Federal Regulations, Part 42 means a price that is less than 10 percent of the average manufacturer price (AMP) in the same quarter for which the AMP is computed.
- iv) Physician administered drugs (PADs) submitted under the medical benefit will be reimbursed at 106 percent of the Average Sales Price (ASP). PADs without an ASP on the CMS reference file will be reimbursed at the provider’s acquisition cost. Covered entities using drugs purchased at the prices authorized under Section 340B of the Public Health Services Act for Medicaid members must bill Medicaid their actual acquisition cost (as defined in defined in “47.502).
- v) All Indian Health Service, tribal, and urban Indian pharmacies are paid at the encounter rate (also known as the “OMB Rate” or “IHS All-inclusive Rate”).
- vi) Investigational drugs are not a covered service.

\*The output for First Data Bank’s Consolidated Price 2 (SWD) is based on the application of the following criteria:

1. If Suggested Wholesale Price (SWP) is available, SWP will be output.
  2. If SWP is not available, WAC will be output.
  3. If neither SWP nor WAC are available, Direct Price will be output.
- a. Dentures: on the basis of a negotiated fee schedule.
  - b. Surgical and prosthetic devices: all payments are made for covered
  - c. Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency’s fee schedule rate was set as of April 1993 for frames and March 2009 for lenses and is effective for services provided on or after those dates. All rates are published at <https://cohhs.ri.gov/providers-partners/fee-schedules>
10. Rehabilitative services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency’s fee schedule rate was set as of ~~October 1, 2024~~ ~~February 2012~~ and is effective for services provided on or after that date. All rates are published at <http://www.cohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx>.
  11. Nurse midwife services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse mid-wife services. The agency’s fee schedule rate was set as of 2000 and is effective for services provided on or after that date. All rates are published at <http://www.cohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>

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15. Hospice Services: Reimbursement for Hospice care will be made at predetermined rates for each day in which a beneficiary is under the care of the Hospice. The daily rate is applicable to the type and intensity of services furnished to the beneficiary for that day.

Effective July 1, 2019, with the exception of payment for physician services, base rates for levels of hospice care are as follows:

- Routine Home Care Days 1-60: \$239.05 per day
- Routine Home Care Days 60+: \$187.75 per day
- Continuous Home Care: \$50.40 per hour
- Inpatient Respite Care: \$225.22 per day
- General Inpatient Care: \$920.81 per day
- Service Intensity Add-On (SIA)-Clinical Social Worker: \$50.44 per hour
- Service Intensity Add-On (SIA)-Registered Nurse: \$53.68 per hour

Effective October 1, 2019, the hospice rates will be for each individual level of hospice care to pay the greater of either:

1. The hospice rate listed above; or
2. The current Medicaid minimum hospice rate published by CMS (effective 10/1/19)

The following methodology will be used to calculate the subsequent hospice rates for the individual levels of care:

- Each July 1, the rates effective October 1st of the previous calendar year will be increased by the March release of the New England Consumer Price Index card, containing February data, as determined by the United States Department of Labor for medical care.
- Each October 1, the fee schedule rates will be updated for each individual level of hospice care to pay the greater of either:
  1. The state's current calendar year's July 1<sup>st</sup> hospice rate; or
  2. The current Medicaid minimum hospice rate published by CMS

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers. The current rates will be published at <http://www.eohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx>.

Effective July 1, 2019, the rate for Hospice providers room and board expenses in a skilled nursing facility shall be ninety-five percent (95%) of the state plan skilled nursing facility rate. The hospice provider is responsible for passing the room and board payment through to the nursing facility.

For each hospice, the total number of inpatient days (both for general inpatient care and inpatient respite care) must not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid members enrolled in the hospice during the same period, beginning with services rendered October 1 or each year and ending September 30 of the next year.

16. Case management services: except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set under the specific program that case management operates in a specific instance and is effective for services provided on or after those dates. All rates are published at <http://www.eohhs.ri.gov/ProvidersPartners/FeeSchedule.aspx>

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**1905(a)13 Preventive Services**

## Parents as Teachers

1. Payment methodology
  - a. Agencies bill the state Medicaid agency or RIDOH directly on a per-visit basis
  - b. The rates are structured to capture the cost of direct services, including intake visits and care coordination, and indirect services, such as billing activities in accordance with 2CFR 200 and the RI approved cost allocation plan.

## 2. Rate Increases:

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

## 3. Date of Effective Rates

EOHHS' rates were set as of October 1, 202~~4~~ and are effective for services on or after that date.



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**Rehabilitative Services**

All payments of Rehabilitative Services are made directly to the qualified Medicaid professional or to the agencies employing the providers. Payments to agencies will be for discrete units of service. All providers rendering the service will meet qualifications as detailed below.

All willing and qualified providers are permitted to participate in accordance with 42 CFR §431.51. The State varies the fee schedule based on the education level or other qualifications of the provider.

**Governmental and Private Providers**

There are no governmental providers of this service.

**Publication:**

All rates are published and can be found at ~~www.cohhs.ri.gov~~, <https://cohhs.ri.gov/providers-partners/fee-schedules>.

**Clinician's Services**

Payments are made to or on behalf of the qualified provider. Individual payments are made in recognition, either directly or to an employer, of an individual qualified practitioner's service.

The basis of payment is a 15-minute unit of service per qualified provider.

Enhanced Rate for Services Provided to Individuals with Intellectual and/or Developmental Disabilities: Services provided to beneficiaries who are identified by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals as developmentally disabled will be reimbursed at distinct rates, which will differ based on whether the service is delivered in a community setting or in an office or via telehealth.

**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-October~~ 1, 2024 and are effective for services on or after that date.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**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 ~~ok 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-October 1, 2024~~ 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.~~

Date of Effective Rates

The agency rates were set as of ~~January 1, 2008~~ October 1, 2024 and are effective for services on or after that date.

~~All rates are published on the EOHHS website, <https://eohhs.ri.gov/providers-partners/fee-schedules>. 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.~~

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**Rehabilitative Services (cont.)****Residential Services**Payment Methodology

The Mental Health Psychiatric Rehabilitation Residences (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 whether on or off-site. This would include therapeutic services to enhance basic skills and appropriate behaviors to allow the residents to participate, to the fullest extent possible, in normalized activities in their community.

Rates are paid according to the intensity of services that are needed and provided. Rates range from ~~\$85~~ 107.04 to ~~\$525-569.99~~ per day.

- ~~\$107.0485~~: On-Site Supportive Psychiatric Rehabilitative Apartments
- ~~\$157.4225~~: Supportive Mental Health Psychiatric Rehabilitative Residence Apartments
- ~~\$157.4225~~: Basic Mental Health Psychiatric Rehabilitative Residences
- ~~\$220.38475~~: Specialized Mental Health Psychiatric Rehabilitative Residence
- ~~\$569.9925~~: Enhanced Mental Health Psychiatric Rehabilitative Residences

The Enhanced Mental Health Psychiatric Rehabilitative Residences is available to providers that provide services for patients with complex mental health needs that are being discharged from hospital settings and require enhanced services in a community setting. Individuals who will require these enhanced services include those with a dual diagnosis of behavioral health and developmental disabilities, co-occurring disorders (mental health disorder and substance use disorder), comorbidities (behavioral health disorder and significant medical conditions), those who have suffered a traumatic brain injury (TBI) with a dual mental health related diagnosis, persons who have exhibited serious self-injurious behaviors or violence against others; those who have been convicted of sexual offenses or who exhibit sex offender behaviors, and fire starters. The three (3) categories of Enhanced MHPRR are:

1. Medically Intensive MHPRR: Individuals diagnosed with mental illness and complex medical conditions, requiring increased medical monitoring, personal care assistance, and specialized environmental modifications.
2. Intensive Behavioral MHPRR: Provides increased therapeutic interventions and supervision, including one-to-one support on a consistent basis that focuses on identifying triggers and precipitant behaviors, coping skills, improving communication skills, addressing issues around substance use, and identifying and resolving barriers to the traditional MHPRR setting. Other individuals appropriate for this service are those with non-acute suicidality with a high risk of self-harm who have been determined to no longer be appropriate for an inpatient setting. This category includes two subspecialty groups:
  - a. Intensive Fire Safety MHPRR: Provides enhanced supervision and monitoring for fire setting behavior, therapeutic interventions to address individually identified risk behaviors, and a physical setting to minimize the risk of fire.
  - b. Sex Offender MHPRR: Provides a safe and therapeutic environment for individuals who have been convicted of a sexual offense and/or who are at risk for offending .

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Supersedes

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Effective Date: October 1, 2024

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3. Intensive Forensic Supportive MHPRR: Individuals who are no longer clinically severely symptomatic but must be provided with a highly structured and secure environment for prolonged periods of time awaiting the resolution of criminal proceedings. This category includes two subspecialty groups:
- a. Intensive Fire Safety MHPRR: Provides enhanced supervision and monitoring for fire setting behavior, therapeutic interventions to address individually identified risk behaviors, and a physical setting to minimize the risk of fire.
  - b. Sex Offender MHPRR: Provides a safe and therapeutic environment for individuals who have been convicted of a sexual offense and/or are at risk for offending.

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~~ October 1, 2024 and are effective for services on or after that date. ~~The Enhanced Mental Health Psychiatric Rehabilitative Residences rate is effective October 1, 2024.~~ January 1, 2023

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Supersedes

TN No. 22-0014

Approval Date: \_\_\_\_\_

Effective Date: October 1, 2024

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**Rehabilitative Services (cont.)****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~~October 1, 2024 and are effective for services on or after that date.

**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.

Date of Effective Dates

The agency rates were set as of ~~January 1, 2008~~October 1, 2024 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.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**Rehabilitative Services (cont.)****Substance Abuse Residential Services**Payment Methodology

The rate is structure to capture all of the staff cost associated with providing the basis, 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:

~~Effective July 1, 2025, rates will be increased annually based on the percentage change in the CPI-U for medical care in New England March release, containing the February data. 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-October 1, 2024~~ and are effective for services on or after that date.

**Day/Evening Treatment**Payment Methodology

Payment is 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.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## STATE OF RHODE ISLAND

**Rehabilitative Services (cont.)****Children's Behavioral Health Services****Child and Adolescent Intensive Treatment Services (CAITS)**Payment Methodology

Reimbursement is based on the units of service approved as part of an authorized Treatment Plan. CAITS requires prior authorization (PA) from DHS. The maximum number of units is fixed for each procedure code and should be delivered within 16 weeks or less. Although the authorization process approves a set number of units per procedure, how services are delivered is directly determined by the treatment needs of each child. This authorization process allows providers the flexibility to utilize units in accordance with need.

The maximum hours and unit of payment for each reimbursable service are described below. The maximum hour limits do not apply to EPSDT.

## Individual/Family Therapy

Payment is in 15-minute units per qualified provider  
The maximum number of units is limited to 40 hours

## Family Training and Support Worker Services

Payment is in 15-minute units per qualified provider  
The maximum number of units is limited to 18 hours

## Treatment Plan Development

Payment is on the basis of a fee schedule. Payment is limited to the development of one treatment plan.

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 August 1, 2008 and are effective for services on or after that date.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## STATE OF RHODE ISLAND

**Rehabilitative Services (cont.)****Mental Health Emergency Service Interventions;****Comprehensive Emergency Services****Enhanced Early Start****Day Treatment Program**Payment Methodology

Services are reimbursed based on a fee schedule.

Fees are determined 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.

**Residential Treatment Programs**Payment Methodology

The rate is structured to capture all of the staff cost associated with providing the basis, 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 (accessible at

<https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>) were set as of October 1, 2024 and are effective for services on or after that date.



## 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**

<b>Code</b>	<b>Per Full Day Rate (Five (5) or more hrs. including transportation to and from provider)</b>	<b>Description</b>
S5102-U1 U2	<del>\$93.41</del> <del>78.00</del>	Enhanced Level of Services
S5102 U2	<del>\$69.46</del> <del>58.00</del>	Basic I-Level of Services
<del>S5105</del>	<del>\$65.00</del>	<del>Retainer payments</del>

<b>Code</b>	<b>Per Half Day Rate (Three (3) or more hrs including transportation to and from provider)</b>	<b>Description</b>
<del>S5102012-</del> U1	<del>\$39.00</del> <del>\$46.71</del>	Enhanced Level of Services
S5102	<del>\$29.00</del> <del>\$34.73</del>	Basic Level of Services

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STATE OF RHODE ISLAND

<b>Code</b>	<b>15 minutes increments</b>	<b>Description</b>
T1016	<u>\$1521.98</u>	Case Management

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STATE OF RHODE ISLAND

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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, 202418 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.~~

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STATE OF RHODE ISLANDRehabilitative Services (cont.)**Centers of Excellence for Opioid Treatment**Payment Methodology:

Effective November 1, 2016, the RI Medicaid Agency pays Centers of Excellence for Opioid Treatment (COE) providers for services only if 1) the participant has been diagnosed with opioid use disorder and is appropriate for MAT and 2) the COE provider has obtained certification as a COE from RI BHDDH in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency will pay COE providers a one-time payment per enrollee for induction activities at the time of initial enrollment/assessment and thereafter, a per diem payment until date of discharge to community, but no longer than six (6) months, unless the provider was granted approval from BHDDH for extension of enhanced COE services. The RI Medicaid Agency pays one of two different induction payment rates for COE services depending on the capacity of providers, as defined herein. Providers are not able to bill the induction fee and a per diem rate on the same day.

COE Induction Fee

COEs will be certified at two levels to ensure timely access to MAT services. Level 1 providers are those that have the ability to meet the requirement of admitting all individuals within twenty-four (24) hours of referral. Level 2 providers are those that have the ability to meet the requirements to admit all patients within forty-eight (48) hours Saturday through Thursday and within seventy-two (72) hours for referrals made on Friday. Level 1 providers will receive an enhanced rate for induction to support the requirement of having physician availability seven (7) days per week. The Induction payment is structured to capture the costs for the initial assessment process (complete biopsychosocial assessments, physical examination, observed medication induction, and initial individualized treatment planning).

Per Diem COE Rate

Post induction, the RI Medicaid Agency will pay providers a per diem bundled rate until date of discharge to community, but no longer than six (6) months. The per diem bundled rate accounts for all COE services (continued individualize treatment planning; individual and group counseling; randomized toxicology; coordination of care with other treatment providers; referral for services not provided at the COE or to higher levels of care; case management to address other support service needs; wellness promotion activities; consultation and support to community buprenorphine physicians; discharge planning; readmission and re-stabilization of individuals who have relapsed or are experiencing crisis). COE rates do not include the cost of the medications, nor does it include the continued outpatient clinical, case management and peer support services that COEs will provide to patients who have successfully discharged to the community. The COE provider will need to bill FFS for these services.

Payment Rates

<b>Payment Type</b>	<b>Payment Amount</b>	<b>Limitations</b>
Level 1 Induction Fee	\$600.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Level 2 Induction Fee	\$400.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Per Diem Bundled Rate	\$17.86 per member per day	Limited to six (6) months duration, unless the provider was granted approval from BHDDH for extension of enhanced COE services

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STATE OF RHODE ISLAND**Rehabilitative Services (cont.)****Assertive Community Treatment Service Bundle****Services Included In the Bundle:**

- A. Service Coordination/Case Management
- B. Crisis Assessment and Intervention
- C. Symptom Assessment and Management
- D. Medication Prescription, Administration, Monitoring and Documentation
- E. Dual Diagnosis Substance Use Disorder Services
- F. Work-Related Services
- G. Services to support activities of daily living in community-based settings
- H. Social/Interpersonal Relationship and Leisure-Time Skill Training
- I. Peer Support Services
- J. Other Support Services--Support services or direct assistance to ensure that clients obtain the basic necessities of daily life, including but not limited to:
  - 1. Medical and dental services
  - 2. Safe, clean, affordable housing
  - 3. Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Home Energy Assistance)
  - 4. Social service
  - 5. Transportation
  - 6. Legal advocacy and representation
- K. Education, Support, and Consultation to Clients' Families and Other Major Supports

**Bundle Payment Unit:**

The bundle payment unit is one month.

**Providers Eligible to be Paid Through the Bundled Payment Rate:**

Providers must be Community Mental Health Centers or other private, not-for-profit providers of mental health services who are licensed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). The bundled rate will only be paid once per beneficiary per month.

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STATE OF RHODE ISLAND

**Rehabilitative Services (cont.)**

Billing Requirements

1. All providers must conform to the requirements of the current Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, and all other applicable state and local fire and safety codes and ordinances.
2. Providers must be enrolled in the RI Medicaid Program and agree to meet all requirements, such as, timely access to care and matching beneficiaries service needs.
3. Providers are required to collect and submit complete encounter data for all ACT claims on a monthly basis utilizing standard Medicaid coding and units in an electronic format determined by EOHHS and BHDDH. The state will conduct an analysis of the data to develop recipient profiles, study service patterns, and analyze program costs vs. services received by recipients, for potential adjustments to the case rate as well as for consideration of alternative payment methodologies. Analysis will be conducted at least annually.
4. At least one of the services listed above must be provided within the payment unit (one month) in order for providers to bill the bundled rate.
5. Providers delivering services through the bundle will be paid through that bundled payment rate and cannot bill separately.

Bundled Payment Rate (Monthly Unit): ~~\$1,563.111,267~~. This is the rate set as of ~~January-October 1, 2024~~~~16~~.

~~The State may provide a temporary rate increase for ACT 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 Temporary Effective Rates:*

~~Effective December 1, 2021 through March 31, 2022, there is a temporary rate increase of 255% higher than the rates set as of January 1, 2016. Effective April 1, 2022, this temporary rate increase will end, and the rate will be the rates set as of January 1, 2016.~~

Assurances:

The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

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STATE OF RHODE ISLAND

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

The state utilizes the following payment methodologies for MAT services:

- Methadone is paid for via a fee schedule, effective October 1, 202~~4~~<sup>0</sup>, which is accessible here <https://eohhs.ri.gov/providers-partners/fee-schedules>
  - Methadone is reimbursed as a part of a bundle that includes administration and labs.
- Buprenorphine is reimbursed in accordance with the payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page ~~72a-2b~~
- Naltrexone is reimbursed in accordance with payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page ~~72a-2b~~
- Group Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 13.D.5
- Individual Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 13.D.5
- The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for Prescribed Drugs located in Attachment 4.19-B, pages ~~7-92e and 2d~~, for drugs that are dispensed or administered.

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