

**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:

CEDAR Health Homes

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 CEDAR Health Homes. 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 \$482,165 in SFY2025 and \$675,031 SFY 2026 (general revenues).

This proposed amendment is accessible on the EOHHS website (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 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 31st day of July, 2024**

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0011 | CEDAR Health Homes

Package Header

Package ID	RI2024MS00070	SPA ID	RI-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	RI-23-0010		
	System-Derived		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Payments are based on a negotiated fee schedule. Payments do not vary based on provider qualifications, individual care needs, or the intensity of the services provided.

Cedar Family Centers will receive payment for the following deliverables:

1. \$339.90 upon completion of a family assessment which shall include the determination of the medical necessity of an individual for participation in the program. (Can be billed on an annual basis)
2. \$226.60 upon completion of a comprehensive Family Care Plan, Initial and then reviewed quarterly. (Can be billed up to 4 times per year)
3. Payment of \$20.60 per fifteen-minute unit (minimum one unit per month) for Community Based Wrap Around Services. Total payment of wrap around services shall be determined by frequency of use based on family need.

Cedar will provide EOHHS reports on performance measures at least annually to ensure that the billed services were delivered and that all deliverables are complete and of a high quality. EOHHS will review the following:

- Timeliness of assessment
- Timeliness of Family Care Plan development
- Timeliness of Family Care plan goals being met
- Family care plan coordination documentation
- Completion of family satisfaction survey
- Documentation of all completed activity related to claims submissions
- Documentation of annual BMI and Depression Screening completions
- Documentation of annual immunization/screenings review

EOHHS meets regularly with the Cedar Family Centers to review performance, utilization of services, compliance, quality assurance, and continuous quality improvement.