

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

**9/28/2018 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:

Physical Therapy, Occupational Therapy, Speech Pathology

EOHHS is seeking federal authority to provide Physical Therapy (PT), Occupational Therapy (OT), and Speech Pathology services in private practice settings. Individuals receiving these services will need to obtain prior authorization in order to receive PT, OT and Speech therapy services. The proposed effective date for this amendment is October 1, 2018. This amendment is expected to increase expenditures by less than \$100,000 all funds annually.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 28, 2018 to Melody Lawrence, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Melody.Lawrence@ohhs.ri.gov.

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 thirty (30) 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.

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

9. Clinic Services.

Provided No limitations With limitations*
 Not Provided

10. Dental Services.

Provided No limitations With limitations*
 Not Provided

11. Physical therapy and related services.

a. Physical Therapy.

Provided No limitations With limitations*
 Not provided

b. Occupational therapy

Provided No limitations With limitations*
 Not provided

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Provided No limitations With limitations*
 Not provided

*Description provided on attachment.

Including prior authorization requirements as specified in pages 9, 10, and 11 of this Attachment.

y. Preventive Services:

- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Smoking Cessation. The agency's fee schedule rate was set as of October 1, 2010 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Nutritional Services. The agency's fee schedule rate was set as of January 1, 2001 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>

z. Physical Therapy, Occupational Therapy, and Speech Therapy

- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physical Therapy. The agency's fee schedule rate was set as of October 1, 2018 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Occupational Therapy. The agency's fee schedule rate was set as of October 1, 2018 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Speech Therapy. The agency's fee schedule rate was set as of October 1, 2018 and is effective for services provided on or after that date. All rates are published at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>

PRIOR AUTHORIZATION PRACTICES UTILIZED IN THE ADMINISTRATION OF THE
RHODE ISLAND MEDICAL ASSISTANCE PROGRAM (cont'd.)

4.b. Early and Periodic Screening, Diagnosis and Treatment – The prior authorization requirements which are applicable to all other medical services and supplies provided in the Rhode Island Medical Assistance program apply for EPSDT services

5. Physicians' Services – Prior authorization is required for surgical procedures of a cosmetic nature which must be performed for functional purposes.

6.a. Podiatrists' Services – Prior authorization is required for x-rays performed for diagnostic evaluation purposes and molded shoes.

6.b. Optometrists' Services – Prior authorization is required for perceptual visual training.

Prior authorization is required for contact lenses when indicated for medical conditions.

7.a.-b.-d. Home Health Services – Prior authorization is required for nursing, home health aid and therapy visits in excess of 8 per month.

7.c. Home health Services – Prior authorization is required for all medical supplies, equipment and appliances.

10. Dental Services – Prior authorization is required for all services except for emergency and palliative treatment, examination and charting, prophylaxis and x-rays required to achieve a proper diagnosis.

11.a.-b.-c. Physical Therapy and Related Services – Prior authorization is required for all Physical Therapy, Occupational Therapy and Services for Individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

12.a. Prescribed Drugs – prior authorization is required for all injectables (excluding insulin and adrenalin), appetite depressant drugs, central nervous system stimulants, expensive vitamins, hematinics, and lipotropic preparations (selling for over \$10 per 100 tablets, capsules or pint of liquid), and new and/or expensive preparations.

12.b. Dentures – prior authorization is required for all dentures.