STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

6/29/2021 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:

Home Care Rate Increases and Enhancements

In order to ensure network adequacy for the Medicaid population, EOHHS is seeking federal authority to change the payment methodology for home care services as follows:

- Effective July 1, 2021 increase the existing shift differential for Personal Care and Combined Personal Care/Homemaker from $0.375 to $0.56
- Effective July 1, 2021, clarify that the March release, containing the February data, of the New England Consumer Price Index card for medical care is the basis for rate increases for home care services.
- Effective January 1, 2022 implement a new base rate enhancement/adjustment of $0.39 per fifteen (15) minutes for Personal Care, Combined Personal Care/Homemaker, and Homemaker Only services for providers who have at least thirty percent (30%) of their direct care workers (which includes CNAs and Homemakers) certified in behavioral healthcare training

These changes will result in an increase in annual expenditures of approximately $1.8 million all funds.

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 July 29, 2021 to Bryan Law, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Bryan.Law@ohhs.ri.gov or via phone at (401) 462-1501.

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.

Proposed Revisions to State Plan Pages

(2) Early, periodic, screening, diagnosis, and treatment of individuals under 21 years of age: on the basis of a negotiated fee schedule.

(3) 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.

e. Physicians' services: on the basis of a negotiated fee schedule

f. 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:

(1) Podiatry services: on the basis of a negotiated fee schedule.

(2) Optometry services: on the basis of a negotiated fee schedule.

g. 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 ~~October 1, 2018~~July 1, 2021, and available at https://eohhs.ri.gov/providers-partners/fee-schedules~~http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/FeeSchedule.aspx~~. 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
   - Enhanced Reimbursement per 15-minutes for all Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.
   - 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.
   - 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.
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)

- How to Receive Enhancements: Submit current CHAP, COA or JCAHO 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.

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

State:

- 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 valve, client-oriented, effective care and services.
- Qualifications: Available to home health agencies with National Accreditation (CHAP, COA or JCAHO).
- 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, DHS 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.

3. Client Satisfaction, Continuity of Care, and Worker Satisfaction
   - 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.
   - 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.

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 Assistant 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 EOHHS, 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 Assistant 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.

1. Shift Differential:
   - Reimbursement: Effective July 1, 2021 $0.56~~$0.375~~ 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 with modifiers.

2. High acuity patients:
   - Reimbursement: $0.25 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:
     - "3" on Section B, Items 1, 2, and 3
     - "8" on Section E, Item 1
     - "4" on Section E, Item 2 and 3
     - "18" on Section H, Items 1, 2, and 3

     How to Receive Reimbursement: Submit the adapted MDS on all Medical Assistance clients directly to DXC. All MDS forms must be signed by an R.N., dated, and totaled for each section. Claims submitted for clients meeting the acuity standard should be billed at the correct amount with a modifier. Note: Some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.

h. Dental services: on the basis of a negotiated fee schedule.

i. Prescribed drugs, dentures, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by the optometrist, whichever the individual may select.

(1) Outpatient and Specialty Drugs Dispensing Fee and Ingredient Cost
   a. Payment for covered outpatient and specialty drugs dispensed to beneficiaries residing in the community includes the drug's ingredient cost plus an $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 added.
   b. Payment for outpatient and specialty drugs dispensed to beneficiaries residing in an institutional long-term care facility will include the drug ingredient cost plus a $7.90 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee added.

   c. The drug ingredient cost reimbursement shall be the lowest of:
      i. The National Average Drug Acquisition Cost (NADAC); or
      ii. Wholesale Acquisition Cost (WAC) + 0%; or
      iii. The Federal Upper Limit (FUL); or
      iv. The State Maximum Allowed Cost (SMAC); or
      v. First Data Bank Consolidated Price 2 (SWD) – 19%; or
      vi. Submitted price; or
      vii. The providers' usual and customary (U & C) charge to the public, as identified by the claim charge.

(2) Clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and Centers of Excellence.
   a. Payment for clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and Centers of 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.
   b. The drug ingredient cost reimbursement shall be the lowest of:
      i. The National Average Drug Acquisition Cost (NADAC); or

ii. Wholesale Acquisition Cost (WAC) + 0%; or
iii. The State Maximum Allowed Cost (SMAC); or
iv. First Data Bank Consolidated Price 2 (SWD) – 19%; or
v. Submitted price; or
vi. The providers' usual and customary (U & C) charge to the public, as identified by the claim charge.

(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.

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.

(4) 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 §447.502) 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.

(5) 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 §447.502).

(6) 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").

(7) Investigational drugs are not a covered service.

(8) Dentures: on the basis of a negotiated fee schedule.

(9) Surgical and prosthetic devices: all payments are made for covered

*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.