

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

**10/29/2021 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:

Adult Day Health Services Temporary Rate Increases

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to provide temporary rate increases to Home and Community-Based Services (HCBS) providers as authorized by Section 9817 the American Rescue Plan Act of 2021. The amendment would temporarily increase Adult Day Health Service rates as listed in the State Plan by 120% between November 1, 2021 and March 31, 2022. The amendment also updates the payment rate methodology table as listed in the State Plan to include current payment codes and rates paid for Adult Day Health Services.

These changes are proposed to take temporary effect on November 1, 2021 and end March 31, 2022. The fiscal impact is approximately \$2,129,000 all funds for Federal Fiscal Year (FFY) 2022.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1501 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by Monday, November 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 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.

Signature: _____

Original Signed by Womazetta Jones, Secretary, Executive Office of Health and Human Services, Signed this 29th day of October 2021.

Proposed Revisions to State Plan Pages

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. ~~*Daily assistance= every day of attendance~~

Payment Rates

Code	Per Full Day <u>Rate</u> (Five (5) or more hrs. including transportation to and from provider)	Description
S5102-U1	\$ 78.00	Enhanced Level of Services
S5102	\$ 58.00	Basic I-Level of Services
<u>S5105</u>	<u>\$65.00</u>	<u>Services not included in the program fee</u>

Code	Per Half Day <u>Rate</u> (Three (3) or more hrs including transportation to and from provider)	Description
S5012-U1	\$ 39.00	Enhanced Level of Services
S5102	\$ 29.00	Basic Level of Services
<u>Code</u>	<u>15-minutes increments</u>	<u>Description</u>
<u>T1016</u>	<u>\$15</u>	<u>Case Management,</u>

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 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 October 1, 2018 and are effective for services on or after that date. Effective November 1, 2021 through March 31, 2022, there is a temporary rate 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.