

Attachment P Claiming Protocol – Other DSHPs

Introduction

The Special Terms and Conditions (STCs) of Rhode Island’s Section 1115(a) Demonstration #11-W-00242/1 approved by the Centers for Medicare and Medicaid Services (CMS) on October 20, 2016, provides expenditure authority to Rhode Island (RI) Medicaid for Designated State Health Programs. Accordingly, Rhode Island Medicaid established Designated State Health Programs (DSHPs) to permit Federal Financial Participation (match) claiming for DSHP expenditures that provide or support the provision of health services in Rhode Island.

Under this approval, the following Designated State Health Programs (also termed “Program Group(s)”, “Program” or “Agency”) were established and are listed below with their respective claiming protocol Attachment:

- Attachment P (“Other DSHPs”)
 - Tuberculosis Clinic
 - Center for Acute Infectious Disease Epidemiology
 - Rhode Island Child Audiology Center at the RI School for the Deaf
 - Consumer Assistance Programs
 - Office of the Child Advocate
 - Commission on the Deaf and Hard of Hearing
- Attachment Q
 - Wavemaker Fellowship
- Attachment S
 - Health Workforce Development (RI Public Institutions of Higher Education*)
 - *Includes Community College of Rhode Island, Rhode Island College, University of Rhode Island*

Through these DSHPs, additional CNOM (Costs Not Otherwise Matchable) activities have been identified for which Federal Financial Participation (FFP) may be claimed. Allowable DSHP claims for each Program are limited to the allowable DSHP costs (“Allowable Costs” or expenditures) incurred for the months of the time period defined by the STCs. Under the STCs, the state cannot begin to claim FFP for any of the DSHPs until the corresponding protocols are approved. Upon CMS approval of each DSHP claiming protocol, the state may claim FFP for the corresponding approved DSHP expenditures beginning with the date these STCs were approved, October 20, 2016.

This document, Attachment P to those STCs, addresses the “Other DSHPs”. Separate Protocols are established for the Wavemaker Fellowship DSHP - Attachment Q, and the Health Workforce Development DSHP - Attachment S. This document along with Attachments Q and S are attachments to those STCs and articulate the protocol for determination of DSHP expenditures

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eligible for FFP, describe the claiming and reporting methods and identify the records required to be maintained to support the STCs relating to the DSHPs.

All claimable DSHP expenditures will be made from the State's general funds and do not include any expenditures that are used to meet any federal maintenance of effort requirements nor to provide match for any other federal purpose or grant. Additionally, allowable DSHP expenditures do not include expenditures associated with the provision of non-emergency care to non-qualified aliens. To implement this limitation, a reduction of 9 percent of total expenditures of the Tuberculosis Clinic, Center for Acute Infectious Disease and Epidemiology and the Consumer Assistance Program DSHPs will be treated as expended for non-emergency care to non-qualified aliens and eliminated from amounts claimed.

Rhode Island Medicaid will enter into an Interagency Service Agreements (ISA) with each of these Other DSHPs or their parent State agency. Each Agreement will specify what can count as a DSHP expenditure, documentation requirements for the expenditure, and an assurance that the DSHP gives RI Medicaid authority to submit the claim based on their documented, eligible DSHP expenditures. In accordance with the ISA, each DSHP or administering Agency will provide verification that the DSHP eligible expenses are accurate and complete and are based on the instructions provided in this claiming protocol.

DSHP Authority

The relevant authorizing language in the STCs (STC 84) states that Rhode Island may claim FFP for expenditures for each of the Other DSHPs follows:

- 1) **“Tuberculosis Clinic- Department of Health** - the state may claim FFP for expenditures otherwise uncompensated by Medicaid or third party payers that are incurred by the Tuberculosis Clinic within the Rhode Island Department of Health but are attributable to Medicaid and other low-income patients. The Tuberculosis Clinic is responsible for TB surveillance to detect cases and assures the availability of TB Specialty Clinical Services (adult and pediatric clinical services) to improve health outcomes and increase the efficiency and quality of care to all Rhode Island citizens.
- 2) **Rhode Island Child Audiology Center- RI school for the deaf** - the state may claim FFP for expenditures otherwise uncompensated by Medicaid or third party payers that are incurred by the Rhode Island Child Audiology Center- RI School for the Deaf but are attributable to Medicaid and other low-income patients. The Audiology Center provides statewide hearing screening for children at all Rhode Island schools and will provide further diagnostic testing and referral for treatment for any child who screens at-risk for hearing loss.
- 3) **Center for Acute Infectious Disease Epidemiology- RI Department of Health** - the state may claim FFP for expenditures otherwise uncompensated by Medicaid or third party payers that are incurred by the state's Center for Acute Infectious Disease

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Epidemiology within the Rhode Island Department of Health and are attributable to Medicaid and other low income patients. This program conducts surveillance, clinical case review and disease investigation for reportable infectious diseases to case manage, investigate and track diseases to reduce and control infectious diseases.

- 4) **Consumer Assistance Programs- Executive Office of Health and Human Services** - the state may claim FFP for expenditures related to the two specific programs within the Consumer Assistance Programs - Executive Office of Health and Human Services:
- i) The Office of the Child Advocates (OCA) is an independent state agency responsible for protecting the legal rights and interests of all children in state care. These rights include, but are not limited to, a child’s right to healthcare and education.
 - ii) The Commission on the Deaf and Hard of Hearing (CDHH) coordinates, and provides services committed to promoting an environment in which the Deaf and Hard of Hearing in Rhode Island are afforded equal opportunity in all aspects of their lives”.

The following section discusses the expenditure preparation, validation and submission procedures.

Expenditures Claimable for FFP

The Allowable Costs for each DSHP under this protocol is determined by each Agency identifying the allowable total costs (expenditures) recorded by the Agency in the State’s Accounting System (RIFANS) during the respective fiscal quarter being reported.

Each Agency uses Rhode Island’s accounting system for all its accounting transactions which classifies expenditures using State designated transaction coding, procedures and internal controls and approval processes. The chart of accounts structure in RIFANS includes these primary coding structure elements which are relevant for Allowable Cost reporting: agency, fund, transaction date, expense account category, expense amount and description. Transactions in the system require these coding structures to store, process, and report out expenditures for all programs, including the programs to be claimed under these DSHPs.

All expenditures to be claimed under this Protocol are recorded in the State’s financial statements which are audited annually by the Rhode Island Auditor General and included each year in the State’s Comprehensive Annual Financial Report (CAFR). The allowable costs will be guided by the standards defined in the Office of Management and Budget (OMB) circular, effective December 26, 2013, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”, defined at 2CFR 200.402, as amended from time to time (also called “Super-circular”). Additionally as a State Agency, all transactions are recorded

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in the accordance with generally accepted accounting principles (GAAP) as promulgated by the Governmental Accounting Standards Board.

Using the State’s accounting system, the Agency will identify the allowable expenditures, as described above, incurred in a quarter commencing with the date of CMS approval of the STCs (October 20, 2016) and will complete and submit the “DSHP Allowable Cost Report” (**Exhibit B**) to EOHHS no later than 40 calendar days after the end of the quarter in which the expenditures occur.

All expenses claimed under this DSHP protocol must be auditable and comply with all State approval and processing procedures and be properly authorized, documented, and recorded in the State accounting system. All data included in **Exhibit B** will be subject to audit and the DSHP will retain sufficient documentation for each expenditure to withstand audit.

Expenditure Verification

Along with the completed “DSHP Allowable Cost Report”, the Agency will provide an “Expenditure Verification” (EV) (**Exhibit A**) to this Claiming Protocol attesting that the reported expenditures are accurate and in accordance with this Claiming Protocol, include only allowable costs and are not used as match or MOE (Maintenance of Effort) for any federal grants nor for any federal program or grant.

Expenditure Substantiation

The Agency will provide reports of expenditures made as required by this claiming protocol and provide reports, procedure narratives and such other documentation as requested by EOHHS as needed for audit or such other compliance or documentation purposes as arise from time to time.

If EOHHS requests it, the Agency shall provide detailed records supporting the expenditure statement including records that document verified expenditures, and to the extent any personally identifiable records are relevant, provision of such records is subject to and shall be in conformity with applicable provisions of the Family Educational Rights and Privacy Act (FERPA) and/or the Health Insurance Portability and Accountability Act (HIPAA).

Claiming for DSHP Funds

Upon receipt of **Exhibit A** with **Exhibit B** from the Agency, EOHHS shall approve or reject any such expenditure statement, or request additional information within 10 business days after receipt by EOHHS. EOHHS shall provide the Agency with a written explanation if any statement is rejected and, if the Agency requests it, agrees to meet with Agency personnel to provide the Agency a reasonable opportunity to understand the basis of the rejection and an opportunity to amend the statement of expenditures to resolve any questions EOHHS has and, if possible, remove any obstacles to inclusion of the expenditures in the State’s expenditure report to CMS.

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Provided that EOHHS determines that the Agency expenditures described herein and verified by the Agency would qualify for FFP and satisfy the federal time limits for claiming, EOHHS shall include the amount of such expenditures in its Quarterly Medicaid Assistance Expenditures (“CMS 64”) report for purposes of claiming FFP for those expenditures. In order to provide CMS with timely assurance and support for the DSHP payments, the State will document through the respective quarterly report to CMS the expenditure detail supporting the request for DSHP payments.

Changes to Previously Claimed Amounts

EOHHS shall inform the Agency of any communication and provide the Agency with a copy of any letter or other communication from state or federal officials or staff relating to questions, audits, review, request for information, deferral, recoupment or disallowance of FFP for expenditures verified by the Agency.

The Agency shall inform EOHHS of any communication and provide EOHHS with a copy of any letter or other communication from state or federal officials or staff relating to questions, audits, review, request for information, deferral, recoupment or disallowance of FFP for expenditures verified by the Agency pursuant to this Protocol.

RI EOHHS reserves the right to submit DSHP qualifying and allowable expenditures received from the Agency after 40 days for FFP claiming as long as the expenditures were incurred no more than 2 years prior to the date of FFP claim, in accordance with the federal regulation at 45 CFR Part 95, Subpart A.

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EXHIBIT A: EXPENDITURE VERIFICATION (EV) FORM

(See next page for form; MS Word version imbedded here for use)



Exhibit A - Other
DSHP EV draft_04.17



Designated State Health Program EXPENDITURE VERIFICATION (EV)

The State of Rhode Island and Providence Plantations Medicaid Agency (EOHHS) requires certain information to enable EOHHS to recognize costs incurred for services rendered for Designated State Health Program (DSHP) as allowable expenditures. The Expenditure Verification (EV) form provides EOHHS with verification of expenditures by the HSTP which will allow EOHHS to draw federal matching funds.

This mandatory form will be retained as part of the fiscal documentation for EOHHS. The completed and signed EV form must be submitted to the attention of the HSTP Program Director by FAX to (401) 462-4652; by email to paul.loberti@ohhs.ri.gov or mailed to:

Paul G. Loberti, MPH
RI EOHHS Administrator for Medical Services & HSTP Program Director
Hazard Building
74 West Road
Cranston, RI 02920

SECTION I – AGENCY INFORMATION	
Report Period <input type="text"/>	Federal Provider Identification Number <input type="text"/>
Name and Address – Agency <input type="text"/>	

SECTION II - VERIFICATION

This is to verify that:

- I am authorized to review, sign, and submit this form on behalf of this Rhode Island Agency.
- This DSHP expended \$ _____ in general funds for this eligible Rhode Island Designated State Health Program (DSHP), as approved by CMS October 20, 2016 in the 11-W-00242/1 amendment to Rhode Island’s section 1115 Demonstration Waiver. The attached Exhibit B is the Allowable Cost report showing the expenditures identified for this approved DSHP program during this report period.
- The report period for this verification is: _____ (mm-dd-yy), through _____ (mm-dd-yy).
- These expenditures do not include costs used to meet federal maintenance of effort requirements nor to provide match for any other federal purpose or grant.
- Records documenting these expenditures are available for audit by EOHHS.
- I have reviewed the foregoing and verify that the information reported is true and correct to the best of my knowledge and belief.

SECTION III – SIGNATURE	
SIGNATURE – Authorized Representative <input type="text"/>	Date Signed <input type="text"/>
Name – Authorized Representative (print) <input type="text"/>	Telephone Number – Authorized Representative <input type="text"/>
Title – Authorized Representative <input type="text"/>	Email Address – Authorized Representative <input type="text"/>

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Draft**

EXHIBIT B: DSHP ALLOWABLE COST REPORT

(See below for example of forms Exhibit B; MS Excel version imbedded here for use)



Exhibit B - Other
DSHP Allowable Cos



EXHIBIT B

DSHP Allowable Cost Reporting

DSHP Name: _____

Fiscal Quarter: _____

Agency Administering DSHP, if different from DSHP _____

Instructions

Enter Agency/ Name

Enter Fiscal Quarter to which report applies

Enter Name of Agency Administering DSHP, if not DSH

(a)	(b)	(c)	(d)	(e)
Line #	Expense Description	Total Allowable Costs this quarter	Prior Cumulative Allowable Costs	Cumulative Allowable Costs
1	Salaries	-	-	-
2	Benefits	-	-	-
3	Operating, Supplies and Expenses	-	-	-
4	Contractual Services	-	-	-
5	List, if necessary	-	-	-
6	List, if necessary	-	-	-
7	List, if necessary	-	-	-
8	List, if necessary	-	-	-
9	List, if necessary	-	-	-
10	List, if necessary	-	-	-
Total Costs		\$ -	\$ -	\$ -

In Column '(c) enter the \$ amount of the respective expense from RIFANS for the quarter.

In Column (d), enter the previously submitted cumulative costs.

Column '(e) will automatically populate.

Provide additional supporting detail as and when required by EOHHS under this Claiming Protocol.