

13D. Rehabilitative Services

The State assures that all rehabilitative services are provided to or directed exclusively toward the treatment of Medicaid eligible individuals.

The State assures that a recipient may obtain rehabilitative services from any agency, person, or organization that is qualified to furnish the services and that is willing to furnish them to that particular recipient.

The State assures that Rehabilitative Services described in this State Plan include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Rehabilitative Services

All payments for Rehabilitative Services are made directly to the qualified Medicaid professional or to the agencies employing the providers. Payments to agencies will be for discrete units of service. All providers rendering the service will meet qualifications as detailed below.

All willing and qualified providers are permitted to participate in accordance with 42 CFR §431.51.

The State varies the fee schedule based on the education level or other qualifications of the provider.

Governmental and Private Providers

There are no governmental providers of this service.

Publication:

All rates are published and can be found at www.dhs.ri.gov.

Clinician's Services

Payments are made to or on behalf of the qualified provider. Individual payments are made in recognition, either directly or to an employer, of an individual qualified practitioner's service.

The basis of payment is a 15-minute unit of service per qualified provider.

Rate Increases:

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Community Psychiatric Supportive Treatment (CPST)

Definition:

Community Psychiatric Supportive Treatment (CPST) is a service provided in accordance with an approved treatment plan for the purpose of ensuring the client's stability and continued community tenure by monitoring and providing medically necessary interventions to assist them to manage the symptoms of their illness. Services to be provided may include, but are not limited to, counseling, support, and treatment services identified in the person's individualized treatment plan; and assistance in further developing the competencies the person needs to increase his or her social support network and to minimize social isolation and withdrawal brought on by behavioral health issues.

Reimbursable CPST services must be provided to clients who are 18 years of age or older; must be medically necessary and appropriate; must be specified and justified in the client's individual treatment plan; and must be properly documented.

Provider Qualifications:

CPST services are provided through Behavioral Health Organizations licensed by the Department of Mental Health, Retardation, and Hospitals.

Each staff member providing billable CPST interventions shall, at a minimum, be a Registered Nurse or have an Associate's Degree in a human service field.

Clinical supervisors of CPST services shall have, at a minimum, the following qualifications with education, license, and experience relevant to the service they are supervising:

Licensed Independent Practitioner;

Licensed Chemical Dependency Clinical Supervisor;

Licensed Chemical Dependency Professional who has completed a Department approved course in clinical supervision;

Clinician with relevant Master's Degree and license and, at least, two (2) years full time experience providing relevant behavioral health services;

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or, at least, two (2) years full time experience providing relevant behavioral health services; or a Bachelor's Degree in a relevant human service field and have a minimum of three (3) years full time experience providing behavioral health services to the population served.

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Psychiatric Rehabilitation Services

Definition:

Psychiatric Rehabilitation is a program that may include any or all of the following, as determined to be medically necessary by inclusion in the client's individual treatment plan as approved by a physician or other licensed practitioner of the healing arts: occupational therapy; development and maintenance of necessary community and daily living skills including grooming, personal hygiene, cooking, nutrition, health and mental health education, money management, maintenance of the living environment, development of appropriate personal support networks, structured socialization activities to diminish isolation and withdrawal, development of the basic language skills necessary to enable the client to function independently, training in the appropriate use of community services.

These services must be determined to be medically necessary by specifying the need for the treatment in the client's individual treatment plan approved by a physician or other Licensed Practitioner of The Healing Arts.

Provider Qualifications:

Psychiatric Rehabilitation services are provided through Behavioral Health Organizations licensed by the Department of Mental Health, Retardation, and Hospitals.

The program supervisor or manager shall have a relevant Master's Degree with, at least, two (2) years experience or a relevant Bachelor's Degree with, at least, three (3) years experience in a program and/or environment that provides community integration services or services.

Within the organization no less than fifty percent (50%) of staff whose primary function is to provide direct services to adults receiving Community Support Services, who are not otherwise certified or licensed practitioners, shall be certified as a Rhode Island Community Support Professional. The remaining fifty percent (50%) shall be actively engaged or enrolled, within twelve (12) months of hire, in training leading to a relevant license or certification.

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Crisis Intervention Services

Definition:

Behavioral health emergency, crisis intervention, and crisis stabilization services are immediate and short-term behavioral healthcare interventions provided to individuals experiencing an emergency or crisis situation. These services continue until the crisis is stabilized or the individual is safely transferred or referred for appropriate stabilization and/or ongoing treatment.

Provider Qualifications:

Crisis Intervention services are provided through Behavioral Health Organizations licensed by the Department of Mental Health, Retardation, and Hospitals.

Each person providing Crisis Intervention Services shall, at a minimum, have the following qualifications with education and experience relevant to the service they are providing:

Licensed Independent Practitioner

--- or ---

Master's Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services

--- or ---

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services

--- or ---

Licensed Chemical Dependence Clinical Supervisor

--- or ---

Licensed Chemical Dependency Professional

--- or ---

Counselor-in-Training with, at a minimum, two hours of individual clinical supervision each month

--- or ---

Master's Degree staff working toward licensure, Master's Degree interns, and staff working toward Counselor-in-Training certification with no less than one (1) hour of individual clinical supervision per week and additional supervision as required by their respective training or licensing programs.

13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Residential Services

Definition:

Residential services are services provided in facilities of no more than sixteen (16) beds that provide 24-hour staffing in which the clients receive a wide range of care management, treatment, psychiatric rehabilitation and individual care services. The service elements offered by a residential program shall include but not be limited to the provision of or linkage to the following based on each resident's individualized treatment plan: Behavioral health therapeutic and rehabilitative services necessary for the resident to attain recovery; Individual, group, and family counseling; Medication prescription, administration, education, cueing and monitoring; Behavioral Management; Menu planning, meal preparation and nutrition education; Skill training regarding health and hygiene; Budgeting skills training and/or assistance; Crisis intervention; Community and daily living skills training; Community resource information and access; Social skills training and assistance in developing natural social support networks; Coordination with the resident's medical care providers. Payment for room and board is excluded.

Provider Qualifications:

Residential Services are provided through Behavioral Health Organizations licensed by the Department of Mental Health, Retardation, and Hospitals.

Direct service staff in residential programs shall have, at a minimum, the following qualifications relevant to the service they are providing:

a license as a Registered Nurse or an Associate's Degree in a human service field; or a combination of education and prior work or life experience that the organization determines is comparable.

Residential programs promoting their services as a specialty program for individuals with co-occurring disorders must have an appropriate ratio of qualified mental health and substance abuse personnel.

Clinical supervisors of residential staff shall have, at a minimum, the following qualifications with education, license, and experience relevant to the service they are supervising:

Licensed Independent Practitioner; or

Licensed Chemical Dependency Clinical Supervisor; or

Licensed Chemical Dependency Professional who has completed a Department approved course in clinical supervision; or

Clinician with relevant Master's Degree and license and, at least, two (2) years full time experience providing relevant behavioral health services; or

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or, at least, two (2) years full time experience providing relevant behavioral health services

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Substance Abuse Assessment Services

Definition:

An evaluation of at least 60-90 minutes duration which includes a comprehensive biopsychosocial assessment designed to determine the client's substance abuse history, diagnosis according to the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), treatment needs, readiness for treatment, and recommended level of care according to the American Society of Addiction Medicine Patient Placement Criteria.

Provider Qualifications:

Services are provided through entities licensed by the Department of Mental Health, Retardation, and Hospitals to provide substance abuse treatment services or narcotic treatment services.

Assessments may be carried out by individuals with, at a minimum, the following qualifications found in the Rules and Regulations for Licensing of Behavioral Health Organizations, Section 24.13 http://www.mhrh.ri.gov/license/pdf/MHRH_4661.pdf as well as education and experience relevant to the service that they are providing:

Licensed Independent Practitioner --- or ---

Master's Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services --- or

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services --- or ---

Licensed Chemical Dependence Clinical Supervisor --- or ---

Licensed Chemical Dependency Professional --- or ---

Counselor-in-Training with, at a minimum, two hours of individual clinical supervision each month --- or ---

Master's Degree staff working toward licensure, Master's Degree interns, and staff working toward Counselor-in-Training certification with no less than one (1) hour of individual clinical supervision per week and additional supervision as required by their respective training or licensing programs

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Outpatient Counseling Services

Definition:

Services provided with a primary purpose of evaluation, treatment and rehabilitation of problems directly related to substance abuse. Services are available to those individuals meeting ASAM PPC-2 criteria for this level of care or, alternatively, to those individuals for whom this level of care can be clinically justified and documented. Services are provided in accordance with a treatment plan approved by the program's clinical director. Covered services include: individual counseling; group counseling; family counseling; and significant other counseling.

Provider Qualifications:

Services are provided through entities licensed by the Department of Mental Health, Retardation, and Hospitals to provide substance abuse treatment services.

Individual clinicians must have, at a minimum, the following qualifications found in the Rules and Regulations for Licensing of Behavioral Health Organizations, Section 24.13 http://www.mhrh.ri.gov/license/pdf/MHRH_4661.pdf as well as education and experience relevant to the service that they are providing:

Licensed Independent Practitioner --- or ---

Master's Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services--- or

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services --- or ---

Licensed Chemical Dependence Clinical Supervisor--- or ---

Licensed Chemical Dependency Professional --- or ---

Counselor-in-Training with, at a minimum, two hours of individual clinical supervision each month --- or ---

Master's Degree staff working toward licensure, Master's Degree interns, and staff working toward Counselor-in-Training certification with no less than one (1) hour of individual clinical supervision per week and additional supervision as required by their respective training or licensing programs

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Detoxification Services

Definition:

Services include 24 hour residential detoxification services in a non-hospital setting; outpatient ambulatory detoxification services; and outpatient ambulatory narcotic detoxification services.

Provider Qualifications:

Services must be provided by facilities and programs licensed by the Department of Mental Health, Retardation, and Hospitals to provide detoxification services or narcotic treatment services.

All clinical staff must conform to the requirements of the Rules and Regulations for Licensing of Behavioral Health Organizations Section 9: Human Resources and Section 10: Staff Competency and Training.

http://www.mhrh.ri.gov/license/pdf/MHRH_4661.pdf

For outpatient detoxification services, all medical, nursing, and counseling staff shall have training in, and have the ability to recognize, medical conditions associated with trauma, illness, and detoxification.

Each program shall have a designated medical director who has the responsibility for supervising all medical services and who shall be licensed to practice medicine in Rhode Island.

A registered nurse shall be on site to provide services to individuals who are receiving outpatient detoxification services.

For medical detoxification services, medical specialty, psychological, psychiatric, laboratory, and toxicology services shall be available within the program or through consultation or referral.

The program shall have on staff a supervising physician who has responsibility for oversight of all medical and pharmaceutical procedures.

The program shall have a designated registered nurse, with at least two (2) years full-time experience in substance abuse treatment, who shall be responsible for the general supervision of the nursing staff.

There shall be no less than one (1) licensed nurse per twenty-five (25) individuals being treated in a detoxification program. One (1) registered nurse shall be onsite in the program at all times.

All counseling staff in the program shall be licensed chemical dependency professionals or shall be working toward licensure.

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13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Substance Abuse Residential Services

Definition:

Services provided in non-institutional community-based substance abuse treatment facilities of 16 or less beds. Services provided include individual and group counseling, psychological support, social guidance, family counseling and peer support as determined to be medically necessary by a treatment plan approved by a physician or the program's clinical director.

Payment for room and board is excluded.

Provider Qualifications:

Services must be provided by facilities and programs licensed by the Department of Mental Health, Retardation, and Hospitals to provide residential substance abuse treatment services.

Providers in these settings include psychiatrists, nurses, licensed and masters level clinicians, clinical case managers and treatment aides.

All clinical staff must conform to the requirements of the Rules and Regulations for Licensing of Behavioral Health Organizations Section 9: Human Resources and Section 10: Staff Competency and Training.

http://www.mhrh.ri.gov/license/pdf/MHRH_4661.pdf

13D. Rehabilitative Services (cont.)

Adult Behavioral Health Services

Day/Evening Treatment

Definition:

Definition: Those services provided with a primary purpose of evaluation, treatment and rehabilitation for individuals with substance abuse provided in an ambulatory setting at a high level of intensity, minimum of 4 hours per day, 4 or more days per week. Services are available to those individuals meeting ASAM PPC-2 criteria for this level of care or, alternatively, to those individuals for whom this level of care can be clinically justified and documented. Services are provided in accordance with a treatment plan approved by the program's clinical director.

Provider Qualifications:

Services are provided through entities licensed by the Department of Mental Health, Retardation, and Hospitals to provide substance abuse treatment services.

Individual clinicians must have, at a minimum, the following qualifications found in the Rules and Regulations for Licensing of Behavioral Health Organizations, Section 24.13 (http://www.mhrh.ri.gov/license/pdf/MHRH_4661.pdf)

as well as education and experience relevant to the service that they are providing:

Licensed Independent Practitioner --- or ---

Master's Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services --- or Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services--- or ---

Licensed Chemical Dependence Clinical Supervisor--- or ---

Licensed Chemical Dependency Professional--- or ---

Counselor-in-Training with, at a minimum, two hours of individual clinical supervision each month--- or ---

Master's Degree staff working toward licensure, Master's Degree interns, and staff working toward Counselor-in-Training certification with no less than one (1) hour of individual clinical supervision per week and additional supervision as required by their respective training or licensing programs

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Child and Adolescent Intensive Treatment Services (CAITS)

Definition:

CAITS is a short-term acute behavioral health service designed to provide intensive treatment to children and youth with moderate to severe emotional and/or behavioral disturbance. CAITS is comprised of the following services:

Behavioral Counseling & Therapy --This service consists of individual and family therapy provided by master's level therapists and licensed clinicians. Services focus on the stabilization of emotional disturbance, reduction of problematic behaviors and increasing coping skills of child/family.

Skills Training & Development -- This service consists of reducing the problematic behaviors of the child/family through reinforcement of the treatment plan objectives in the CAITS treatment plan. This service is provided by the Family Training and Support Worker, under the supervision and direction of the treating clinician. The Family Training and Support Worker reinforces clinical goals and strategies and assists in the active and ongoing communication and collaboration with all parties involved in the care of the child and family as they relate to the goals and objectives in the child's CAITS treatment plan.

Treatment Plan Development -- The Treatment plan must be developed by an independently licensed clinician. All treatment planning must involve the child/family/caregiver. The treatment plan must outline all treatment interventions, identify frequency and duration, define roles and responsibilities of the treatment team, define family's role in participation in the treatment plan and document how CAITS treatment outcomes will be communicated and coordinated with the child's Primary Care Physician and other involved health care providers as appropriate.

Services are delivered both in the child and adolescent's home and/or community settings. Essential to improved outcomes is the consistent and active participation of families throughout a child or youth's course of care. Treatment is focused on improving parent-child relations as well as developing parent knowledge and skills to improve the child's functioning. Throughout the course of care, CAITS supports the transition of children, adolescents, and their families to traditional outpatient behavioral health care services or to other appropriate services as needed.

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13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Child and Adolescent Intensive Treatment Services (CAITS) (cont.)

CAITS will be available to children who are Medicaid eligible until their twenty-first (age 21) birthday if they meet the criteria for serious emotional and/or behavioral health disorder (SED) as defined in Rhode Island General Law 42-72-5 (b)(24)(v), DMS-IV criteria, and the CAITS Admission Criteria.

(http://www.dhs.ri.gov/dhs/famchild/caits_standards.pdf)

CAITS requires prior authorization (PA) from the RI Department of Human Services. The maximum number of units is fixed for each procedure code and should be delivered within 16 weeks or less. Although the authorization process approves a set number of units per procedure, how services are delivered is directly determined by the treatment needs of each child. CAITS is available for up to 16 weeks per 12-month period. The 12-month period begins on the first day of the approved CAITS authorization.

The maximum hours for each reimbursable service are:

Individual/Family Therapy 40 hours

Family Training and Support Worker Services 18 hours

The above limits do not apply to EPSDT services.

Provider Qualifications:

Treatment Plan and Development

A Licensed Independent Clinical Social Worker, a Licensed Marriage and Family Therapist, a Licensed Mental Health Counselor or a Licensed Psychologist must provide this service.

Behavioral Counseling and Therapy

This service must be provided by a Master's Level Marriage and Family Therapist, Mental Health Counselor, or a Social Worker (MSW or LCSW), under the supervision of an independently licensed clinician.

Skills Training and Development

This must be provided by an individual with a bachelor's degree or higher. Independently licensed CAITS clinicians must be licensed by the Rhode Island Department of Health. Ongoing professional development must be evidenced by satisfactorily meeting Department of Health requirements for continuing education. Competency must be evidenced by receiving 2 years of post degree clinical supervision.

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13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Child and Adolescent Intensive Treatment Services (CAITS) (cont.)

Masters level clinicians must possess a master's degree in a behavioral health field. All Masters: Level clinicians must receive regular one-to-one clinical supervision from an independently licensed Clinician,. All such supervision must be documented in the client's medical record.

Family Training and Support Workers provide Skills Training and Development. These providers must have a bachelor's degree or higher and at least one year of experience with the target population. They receive regular supervision and direction from the Master's Level clinician.

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13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Mental Health Emergency Service Interventions

Definition:

This service is defined as a mental health crisis intervention that takes place in a community setting. The setting may include a school, police station, residential program, shelter, day care center, community mental health center, community health center, hospital emergency room or other community setting that the family and the child-family competent clinician agree is safe and clinically appropriate to resolve the mental health crisis.

Provider qualifications:

Emergency Service Interventions must be provided by an organization meeting the Certification Standards for Mental Health Emergency Service Interventions promulgated by the Rhode Island Department of Children, Youth, and Families

The service is provided by a Child-Family Competent Clinician:

A Registered Nurse, Masters Level Clinician, licensed Master's Level Mental Health Clinician, M.D., Ph.D., Ed.D. or Psy.D., Psychologist, Master's Level Nurse, or Clinical Nurse Specialist. The clinician must have at least two years of clinical experience with children and adolescents who have behavioral health problems. This clinical experience must have been supervised by an independently licensed mental health clinician.

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Comprehensive Emergency Services

Definition:

Comprehensive Emergency Services (CES) is a system of coordinated community-based services designed to meet emergency needs of children and their families who are experiencing a crisis. The provision of this service is designed to prevent out of home placement of the child; or the admission of the child to residential or hospital care. Service duration is expected to last up to sixteen (16) weeks. EPSDT is not affected by this timeframe.

CES includes the following components:

- Emergency intake screening. Crisis response workers are available to assess the situation and initiate emergency services.
- Emergency homemakers or family aides to provide skills training and development to enhance parenting skills and provide a variety of supportive services.
- Psychiatric evaluation and consultation.
- Development of a treatment plan.
- Crisis intervention and counseling to individuals and families.

Provider qualifications:

Services are provided by programs contracted by the Department of Children, Youth and Families.

Services are provided by bachelor's level care coordinators, bachelors or masters level clinicians supervised by an appropriately licensed practitioner of the healing arts.

Family training and support staff provides Skills Training and Development. These providers must have at least one year of experience with the target population and either an associate's degree or a bachelor's degree or higher in a human service field; or a combination of education and prior work or life experience that the provider determines is comparable. They receive regular supervision and direction from a master's level clinician.

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Early Start/Enhanced Early Start

Definition:

Early Start is a program of coordinated community-based services to address the needs of children birth to three (3) primarily, but extends to children up to five (5) years, who are at risk for developmental delays, social and/or emotional disturbances. Children participating in this Program are not eligible for Early Intervention services. Services are designed to provide the necessary psychological and developmental support services required by the parent(s) to address the special needs of the child. The focus is on remedial mental health services to the child and the family in order to minimize the need for more intensive services. Service duration is expected to last between sixteen (16) and twenty four (24) weeks. This limit can be extended if required under EPSDT.

Early Start includes the following components:

- Parenting skill training and development for both mothers and fathers.
- Development of a treatment plan.
- Developmentally appropriate infant and toddler curriculum.
- Crisis intervention and emergency assistance to provide a variety of supportive services.
- Home management and skill-building opportunities.

Provider Qualifications:

Services are provided by programs under contract with the State children's mental health authority, the Department of Children, Youth and Families. All services provided in accordance with a treatment plan approved by a physician or other licensed practitioner of the healing arts.

Services are provided by any combination of the following, according to child and family needs in the treatment plan:

- bachelors level care coordinators,
- registered nurses,
- bachelors or masters level clinicians supervised by an appropriately licensed practitioner of the healing arts

Family training and support staff provides Skills Training and Development. These providers must have at least one year of experience with the target population and either an associate's degree or a bachelor's degree or higher in a human service field; or a combination of education and prior work or life experience that the provider determines is comparable. They receive regular supervision and direction from a master's level clinician.

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13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Day Treatment Program

Definition:

Services are provided to children between the ages of three (3) and twenty (20) with a diagnosis for a developmental disorder consistent with diagnostic formulation under the current edition of the Diagnostic Statistical Manual. Program services are provided for six (6) hours per day/six (6) days per week. Services include:

- i. Medication program – providing for the prescription and administration of medication for the purpose of mitigating or eliminating symptoms of emotional disturbance.
- ii. Structured Therapeutic Program – includes any or all of the following as determined to be medically necessary by inclusion in the child's individual treatment plan as approved by a physician or other licensed practitioner of the healing arts: occupational therapy; development and maintenance of the necessary community and daily living skills including grooming, personal hygiene, cooking, nutrition, health and mental education, money management and maintenance of the living environment; development of the appropriate personal support networks; structured mobilization activities to diminish tendencies toward isolation and withdrawal; development of the basic language skills necessary to enable the child to function independently; training in appropriate use of community services; physical therapy; expressive therapy; family support. Services are provided in conjunction with goals and services in a child's Individual Education Program (IEP).

Provider Qualifications:

Services are provided by programs licensed and contracted by the Department of Children, Youth and Families

A Psychiatric and Mental Health Nurse Clinical Specialist with Prescription Privileges shall have a Masters degree in nursing; a current R.I. license as a registered nurse; and certification as a "Psychiatric and Clinical Nurse Specialist" by the American Nurses Credentialing Center. Additionally, this individual must have current prescriptive privileges granted under the governance and supervision of the Rhode Island Department of Health, Division of Professional Regulation, Board of Nurse Registration and Nursing Education and operate in collaboration with a physician.

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13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Day Treatment Program (cont.)

Each staff member providing billable Day Treatment Services shall, at a minimum, be a Registered Nurse or have an Associate's Degree in a human service field.

Clinical supervisors of Day Treatment Services shall have at a minimum, the following qualifications with education, license, and experience relevant to the service they are supervising:

Licensed Independent Practitioner;

Licensed Chemical Dependency Clinical Supervisor;

Licensed Chemical Dependency Professional who has completed a Department of Mental Health, Retardation and Hospital approved course in clinical supervision;

Clinician with relevant Master's Degree and license and, at least, two (2) years full time experience providing relevant behavioral health services;

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or, at least, two (2) years full time experience providing relevant behavioral health services; or a Bachelor's Degree in a relevant human service field and have a minimum of three (3) years full time experience providing behavioral health services to the population served.

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Residential Treatment Programs

Definition:

These programs consist of the provision of a twenty-four hour supervised treatment program that is designed to provide the necessary support and address the special needs of a child or adolescent to either prevent or minimize the need for long-term residential or hospital psychiatric care on the part of the young person. Services include, but are not limited to, assessment and evaluation, family therapy, medical treatment, individual counseling and psychotherapy, and group therapy.

Payment for room and board is excluded.

Programs are less than 16 beds and are licensed under the Department of Children, Youth, and Families regulations for child care programs.

http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DCYF/DCYF_1911_.pdf

Provider Qualifications:

Services are provided only in residential treatment programs licensed by the Rhode Island Department of Children, Youth, and Families.

Educational Requirements and Hiring Qualifications

The chief executive must have an advanced degree from an accredited academic program of social work, health, human services or education, with supervisory and management experience in the provision of social services to individuals, families and children, or any equivalent combination of education and experience.

The director of residential services or program director must have a bachelor of arts degree in social work, health, human services or education and a minimum of four (4) years experience working in a residential program.

The clinical director or clinical supervisor must have a Master's Degree with a concentration in human services or related field, an active license with the RI Department of Health to provide clinical services as an independent practitioner in accordance with RIGL 5-39.1, a minimum of two (2) years clinical experience and the knowledge and skills necessary to provide leadership to staff.

Any program clinician, including any consultant, must possess the necessary qualifications and licenses to provide care and services to Facility residents.

Direct Care Staff must have a minimum of a bachelor's degree from an accredited academic program in social work, health, human services or education or any equivalent combination of education and experience.

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13D. Rehabilitative Services (cont.)

Adult Day Health Services

Definition:

Adult Day Health Services -- a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination.

Service Descriptions:

Medication Administration- Medications prescribed by a physician may be administered to the Adult Day Health (ADH) Participant and will be administered by the program nurse who is licensed to practice professional or practical nursing in accordance with RI law.

On-going Monitoring of Health Status- The program nurse is responsible for monitoring the health status of all adult day health participants, as identified in the person centered care plan. Monitoring includes blood pressures, measurement of output, unstable blood glucose, administration of oral or injectable medications that require a nurse monitoring the dosage, frequency or adverse reactions.

Maintenance therapy- Supplemental or follow up physical, occupational or speech therapy to maintain optimal functioning and to prevent regression. Under orders of the physician or licensed therapist, these services may be performed by ADH program staff under the direct supervision of the licensed program nurse, a licensed therapist or both.

Skilled Services- Services ordered by a physician that falls within the professional discipline of nursing, physical, occupational and speech therapy. The Adult Day Health may provide these services or arrange for these services and will be provided by licensed professionals. Skilled services include, but are not limited to, services such as urethral catheter insertion and maintenance, nasogastric tube feeding, administering oxygen, and tracheostomy care.

Personal Care Services- Hands on assistance or supervision of activities of daily living performed at the adult day health center will be performed by a certified nursing assistant licensed by the Department of Health.

Care Coordination- The adult day health may perform care coordination activities which include coordination with the family, the physician, and other service providers to implement a specific care plan. Care coordination may be performed the interdisciplinary team members which may include the nurse, the social worker, other program staff and is overseen by the program nurse.

Qualified Providers:

Services are provided by Adult Day Centers with which the Executive Office of Health and Human Services or the Department of Behavioral Health, Developmental Disabilities, and Hospitals have provider agreements.

Provider/ Practitioners	Service	Min level of Education/degree/ experience	License/ Certification	Clinical Supervision
Nurse	Medication Administration, On-going Monitoring of Health Status, and Skilled Nursing Services	Graduate of a registered nursing program.	Licensed in accordance with 5-34 RI General Law	Program Nurse

--p. 6.34a--

13D. Rehabilitative Services (cont.)

Certified Nursing Assistant	Personal Care services	Completed Certification Program and completed hours of mandatory training by the Adult Day Health Center, outlined by the Dept of Health Regs	Certified Nursing Assistant- Licensed by the Dept of Health	Program Nurse
Social Worker	Individual, group or family counseling, facilitate connections to other services or programs in the community, participates in the development of care plan and acts as member of the interdisciplinary team.	Degree in Social work, Psychology or other Human Services related field from an accredited college or university.	None	Program Director

Traumatic Brain Injury Services

Definition:

Traumatic Brain Injury services refer to rehabilitative residential treatment provided to individuals who had a severe brain injury who are unable to live in the community due to severe behavioral and/or cognitive dysfunction as the result of the brain injury, and for whom no other appropriate placement within Rhode Island is available. Room and board is not covered as part of these services. These are not IMDs.

Rehabilitative residential treatment is provided in a 24-hour therapeutic residential program that offers group and individual treatment. This treatment is limited to services that are restorative in nature.

Service Descriptions:

Assessment, Diagnosis and Evaluation- Assessment, Diagnosis and on-going evaluation of the program participant is completed by the team neurologist and/ or neuropsychologist who works with the team to develop a comprehensive person-centered treatment plan based on assessment and diagnosis.

Medication Management- Medication management may be done by the team psychiatrist for specific psychotherapeutic medications to treat mental, emotional or behavioral disorders and/or under the order of the psychiatrist or primary care practitioner, the program nurse or nurse practitioner may provide medication management to program participants.

Provision of Health Care- Health care provided by the team primary care practitioner and under the supervision of the primary care practitioner, the physician assistant may provide health care to program participants.

Health Care Coordination- Care Coordination of medical services, oversight and monitoring of health status, identification of health care needs, determination of health care goals, performed by the program nurse and/or the nurse practitioner, under direct supervision of the primary care practitioner.

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TN No. 15-014

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TN No. 08-011

13D. Rehabilitative Services (cont.)

Counseling- Provided by the Behavior Specialist to provide behavior therapy and other therapeutic services to address issues identified in the person-centered care plan. Counseling may also be performed by the Psychologist, Neuropsychologist or Psychiatrist as appropriate.

Physical Therapy (PT)- Provided by the licensed physical therapist, PT is therapy for the participant to improve, develop, correct, rehabilitate or prevent the worsening of the physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenial anomalies or injuries. Services may also include the training and oversight necessary for the participant, family member or other persons to carry out a maintenance program.

Occupational Therapy (OT) - Provided by the licensed occupational therapist, OT is therapy for the participant to improve ability to perform tasks required for independent functioning so that the participant can engage in activities to improve daily living. Services may also include the training and oversight necessary to the participant, family member or other person to carry out a maintenance program.

Speech Therapy (ST)- Provided by the licensed speech therapist, ST is therapy to improve, develop, correct, rehabilitate or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenial anomalies or injuries or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary to the participant, family member or other person to carry out a maintenance program.

Care Plan Development, Team Coordination and Advocacy- The case manager is responsible for coordination of the development of the care plan with all team members and coordination of services between direct care teams and clinical teams. The case manager may act as an advocate for program participants and may also be a liaison between the family and program teams.

Direct Care- The functional skills coordinator (FSC) provides assistance with daily activities such as meal preparation, personal hygiene and instrumental activities of daily living.

Provider Qualifications:

Residential treatment facilities must be licensed as a Residential Treatment Facility; have accreditation by the Joint Commission on Accreditation of Healthcare Organizations; and current accreditation by the Commission on Accreditation of Rehabilitation Facilities.

Provider/ Practitioners	Service	Min Level of Education/degree/ Experience	License/ Certification	Clinical Supervision
Neurologist	Assessment, diagnosis and evaluation	Medical Doctorate (MD) degree	In Accordance with Rhode Island General Law (RIGL) or other state where program operates	None
Psychiatrist	Medication management and counseling as appropriate.	Graduation from Accredited school of Medicine with focus on Psychiatry /MD degree	In Accordance with RIGL or other state where program operates	None

--p. 6.34c--

TN No. 15-014

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TN No. 08-011

13D. Rehabilitative Services (cont.)

Primary Care Practitioner (PCP)	Provision of Health Care	Medical Doctorate (MD) degree	In Accordance with RIGL or other state where program operates	None
Physician Assistant (PA)	Provision of Health Care under supervision of PCP	Physician Assistant (PA) Degree	In accordance with RIGL or other state where program operates	Primary Care Practitioner
Nurse	Health care coordination; medication management	Registered Nurse (RN) degree		Primary Care Practitioner
Neuropsychologist	Assessment, Diagnosis, evaluation	Graduation from College with a Ph. Dd.	In accordance with RIGL or other state where program operates	None
Behavior Specialist	Counseling, behavior therapy	Masters in Counseling		Program director
Physical Therapist	Physical Therapy	Doctor of Physical Therapy (DPT)	In accordance with RIGL or other state where program operates	None
Occupational Therapist	Occupational Therapy	MS/OTR/L	In accordance with RIGL or other state where program operates	None
Speech Therapist	Speech Therapy Communication and cognitive services	MS, SLP-CCC	In accordance with RIGL or other state where program operates	None
Case manager	Care plan development; team coordination and advocacy	Degree in social work, psychology or other human services related field from an accredited college or university.	None	Program director
Nurse Practitioner	Health care coordination, Medication management	Registered Nurse Practitioner (RNP)	In accordance with RIGL or other state where program operates	Primary Care practitioner
Functional Skills Coordinator	Direct Care	Degree in Bachelor of Arts or SW from accredited school or university	None	Program Director

13D. Rehabilitative Services (cont.)**Opioid Treatment Centers of Excellence**Definition:

Opioid Treatment Centers of Excellence (COE) -- a comprehensive, non-residential program designed to provide assessments and treatment for opioid dependence, offer expedited access to care, and serve as a resource to community-based providers. The goal of the COE is to provide intensive services to individuals with opioid use disorder needing to stabilize on medication and begin the recovery process. Once stable, patients will be referred to community-based providers, but still have the opportunity to maintain connections to clinical or recovery support services offered by the COE. Once referred to the community, patients who need more intensive services, perhaps due to relapse or crisis, will have the opportunity for immediate readmission to the COE. For patients who are successfully discharged to community based physicians who can prescribe buprenorphine/naloxone, the COE must offer and be able to provide continued outpatient clinical, case management and peer support services. The COEs will also have the ability to provide on-site training for physicians and other professionals. Services include complete biopsychosocial assessments, physical examination, observed medication induction, individualized treatment planning, individual and group counseling, randomized toxicology, coordination of care with other treatment providers, referral for services not provided at the COE or to higher levels of care, case management to address other support service needs, wellness promotion activities, consultation and support to community buprenorphine physicians, discharge planning, and readmission/re-stabilization of individuals who have relapsed or are experiencing crisis.

Service Descriptions:

Complete Biopsychosocial Assessments and Physical Examination - A physical health assessment, including a medical history and physical examination, shall be completed within the first twenty-four (24) hours of a person's admission to the program. All persons served shall have a urine toxicology test upon admission. A specimen positive for opioids is not necessary for admission to a COE, if other criteria, such as the following, have been satisfied:

- Individual meets the DSM diagnostic requirements for opioid use disorder.
- Criteria for a methadone induction admission must be compliant with RI Rules and Regulations for the Licensing of Behavioral Healthcare Organizations , specifically regulations in section 45.4.1-45.4.5
- Individual is clearly at risk for relapse while receiving services in an abstinence-based program.

Practitioner:

Drug Addiction Treatment Act (DATA) waived physician, waived PA or waiver APRN
Licensed or Masters level Clinician or a RI Licensed Advanced Alcohol and Drug Counselor (screening and assessment only)

Observed Medication Induction - A physician shall determine, and document in writing, the initial dose and schedule to be followed for each individual admitted to the COE. The initial dose and schedule for each person shall be communicated to the licensed medical staff supervising the dispensing of any opioid replacement treatment medication. The prescribed drugs shall only be administered and dispensed by licensed professionals authorized by law to do so.

Practitioner:

DATA-waivered physician, waived PA, or waived APRN

Individualized Treatment Planning - Based on the biopsychosocial assessment, a goal-oriented, individualized treatment plan shall be developed and implemented with each person served. The process of clinical documentation shall maximize the active involvement of the person served and shall promote the individual's efforts toward recovery.

--p. 6.35a--

13D. Rehabilitative Services (cont.)

There shall be evidence that the person's strengths and preferences, his or her needs, issues, challenges, and diagnoses are identified in the biopsychosocial assessment and are considered throughout the person's treatment.

Practitioner:

Masters level clinician, Licensed Alcohol and Drug Dependency Counselor (LADDC)

Individual and Group Counseling - Counseling is a behavioral treatment to address the symptoms of addiction and related impaired functioning. Counseling is available for individuals, groups, couples or families. Counseling for substance use disorders is a time-limited approach focused on behavioral change that addresses mental health issues and teaches strategies and tools for recovery.

Practitioner:

Masters level clinician, Licensed Alcohol and Drug Dependency Counselor (LADDC)

Randomized toxicology - Illicit drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs. Requirements of COEs include a minimum of two (2) times per month for first three (3) months, decreased to a minimum of one (1) time per month for the last three (3) months. Toxicology results shall be used as a tool in the provision of treatment services and identifying required levels of care and service intensity. Toxicology results alone shall never be used as a cause for discharge.

Practitioner:

Nurses (registered and/or licensed practical nurses) or Licensed Alcohol and Drug Counselors Counselors or Case Managers

Coordination of Care with other treatment providers - Coordination of care involves the integration of health, behavioral health and social care services. Components of care coordination include: (1) Working with an individual and his/her caregivers to ensure that a high-level, integrated and personalized care plan is implemented, (2) monitoring services to ensure they are delivered effectively on time and achieve their objectives, (3) facilitating communication between multiple agencies and professionals, and (4) maintaining contact with the individual during hospital stay and arranging for discharge.

Practitioner:

Components 1-3 only: Nurses (registered and/or licensed practical nurses) or Licensed Alcohol and Drug Counselors or Case Managers

Component 4 only: Case Managers and (Peer recovery specialist)

Referral for services not provided at the COE or to higher levels of care - COEs must continually assess patients' mental status and needs related to substance use disorders. COEs must maintain capacity to refer to services not offered on-site through formal and informal relationships with providers of these services.

Practitioners:

Nurses (registered and/or licensed practical nurses) or Master level clinician.

Case management to address other support service needs - Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective

--p. 6.35b--

13D. Rehabilitative Services (cont.)

interventions and outcomes

Practitioners:

Nurses (registered and/or licensed practical nurses) Licensed Alcohol and Drug Counselors, Master Level Clinician, Case manager and Peer Recovery specialist

Wellness promotion activities - The provision of information and/or education to individuals, and families that make positive contributions to their health status. Health Promotion is also the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.

Practitioners: Nurses (registered and/or licensed practical nurses) Master Level Counselors, Licensed Alcohol and Drug Counselors

Consultation and support to community buprenorphine physicians - To support successful transfers to community based providers, COEs must offer consultative services to physicians in the community and offer expertise in the management of buprenorphine patients.

Practitioners: Nurses (registered and/or licensed practical nurses) Master Level Counselors, Licensed Alcohol and Drug Counselors

Discharge Planning - The process of discharge planning should begin at admission. COEs must establish discharge criteria for transfer to community based care. Each patient's treatment plan should clearly outline objectives leading to successful community discharge.

Practitioners: Nurses (registered and/or licensed practical nurses) Master Level Counselors, Licensed Alcohol and Drug Counselors

Readmission and re-stabilization of individuals who have relapsed or are experiencing crisis - COEs must work in collaboration with community providers to identify criteria for referral back to COEs from community providers and processes to facilitate readmission.

Practitioners: Nurses (registered and/or licensed practical nurses) or Licensed Alcohol and Drug Counselors or Case Managers.

Qualified Providers:

Individuals can receive these services from any willing and qualified provider; these services are available to all individuals who meet medical necessity criteria, regardless of the setting in which they reside. Services are provided by an organization meeting the Certification Standards for Centers of Excellence promulgated by the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals. A provider of COE services must be fully licensed and in compliance with the rules and regulations of the licensing Department (BHDDH or Health). COEs must be accredited by one of the recognized accreditation bodies – The Joint Commission, CARF, or COA. COEs must maintain compliance with all applicable state and federal statutes. Staffing requirements for the multidisciplinary teams of COEs are as follows:

- Drug Addiction Treatment Act (DATA) waived physicians, waived PA's and/or waived APRN's
- Nurses (registered and/or licensed practical nurses)
- Master's Level Clinician (ratio no greater than 1:100)
- Licensed Alcohol and Drug Counselors with a certification as a Clinical Supervisor (ratio no greater 1:100)
- A proposed combination of Licensed Alcohol and Drug Counselors (LADCs), case managers and/or peer recovery coaches. Upon application, providers must discuss staffing in proposal and address relevancy to anticipated population as well as staff to patient ratios
- COEs which are licensed Opioid Treatment Programs must also include a Pharmacist

--p. 6.35c--

State/Territory: Rhode Island

Amount, Duration, and Scope of Medical
and Remedial Care and Services Provide to the Categorically Needy

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
 Provided No limitations With Limitations*
 Not Provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
 Provided No limitations With Limitations*
 Not Provided
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 Provided No limitations With Limitations*
 Not Provided
17. Nurse-midwife services.
 Provided No limitations With Limitations*
 Not Provided
18. Hospice care (in accordance with section 1905(o) of the Act).
 Provided No limitations With Limitations*
 Provided in accordance with section 2302 of the Affordable Care Act
 Not Provided

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*Description provided on attachment
Including prior authorization requirements as specified in pages 9, 10, and 11 of this attachment.

TN#13-015
Supersedes
TN: 88-12

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LIMITATIONS

17. Nurse-midwife services.

As provided for in the Rules and Regulations of the State of Rhode Island for the licensing of midwives.

OFFICIAL

-p. 7a-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

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

OFFICIAL

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations

Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations*

Not provided.

20. Extended services for pregnant women +++

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

+++ All services within the scope of attachment 3.1-A are provided, except NF, ICF-MR facility services, subject to the limitations described in Attachment 3.1-A, including the prior authorization requirements as specified in page 9, 10, and 11.

*Description provided on attachment, and including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

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TN No. 95-018
Supersedes 92-02 Approval Date DEC 11 1995 Effective Date 7/1/95

OFFICIAL

19. Case Management ServicesDEFINITION OF CASE MANAGEMENT:

Case Management refers to services provided by professional mental health staff for the purpose of monitoring and assisting clients in their over-all life situations including gaining access to needed medical, social, educational and other services necessary to meeting basic human needs. These services may include, but are not necessarily limited to:

- maintaining up-to-date assessments and evaluations necessary for establishing eligibility for services;
- participating in the treatment planning process and monitoring client progress in meeting the goals and objectives of the plan;
- locating, coordinating and monitoring all necessary medical, educational, vocational, social and psychiatric services;
- assisting in development and execution of a plan for assuring income maintenance;
- assisting in development of appropriate social networks;
- assistance with other activities necessary to maintain psychiatric stability in a community-based setting.

TARGET GROUP 1

The "target" group for this amendment shall be severely mentally disabled persons who:

- are receiving community based services from providers of mental health services in the State of Rhode Island which are licensed by the Department of MHRH, provide services under contract to the Department of Mental Health and in accordance with the Rules, Regulations and Standards for Licensing of Mental Health Facilities and Programs and;
- are eligible for Title XIX Medical Assistance Coverage either as categorically eligible or as medically needy only;
- with a severe and/or persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements or employment and;
- suffer a severe disability resulting from mental illness as evidenced by a) having undergone psychiatric treatment more

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 TN No. 91-23 Approval Date MAR 25 1992 Effective Date 10/01/91
 Supersedes
 TN No. 87-04

13d. Case Management Services (continued)

OFFICIAL

intensive than outpatient care more than once in a lifetime (e.g. emergency services, alternative home care, partial or inpatient hospitalization, etc.) OR b) having experienced a single episode of continuous, structured supportive residential care other than hospitalization for a duration of a least two months and;

- suffer impaired role functioning as evidence by their meeting at least one of the following 4 criteria, on a continuing or intermittent basis, for at least two years.
 1. If employed, is employed in a sheltered setting or has markedly limited skills or a poor work history.
 2. Shows inability to establish or maintain a personal social support system.
 3. Required help in basic living skills.
 4. Exhibits inappropriate social behavior which results in demand for intervention by the mental health and/or judicial system.

EDUCATIONAL/PROFESSIONAL QUALIFICATION OF PROVIDERS:

The overall case management program at each provider agency must be directed by a qualified mental health professional as defined in the Rhode Island General Laws or by a person possessing equivalent experience in working with the chronically mentally ill in community settings. Each staff member providing case management services must be a mental health professional with at least an Associate's Degree in the social sciences or equivalent experience or a combination thereof and must receive specialized training including a complete orientation to other community services/agencies in Rhode Island as well as meeting all other requirements specified in the Rules, Regulations and Standards for Licensing of Community Mental Health Facilities and Programs. This training must be documented in their personnel records.

STATEWIDENESS:

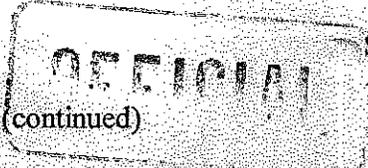
This service shall be available on a state-wide basis.

ASSURANCES:

1. The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8



19. Case Management Services (continued)

2. The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2176 Home and Community-Based Waiver authorized under Section 1915(c) of the Social Security Act.
3. The state assures that clients will have freedom of choice of providers.

TARGET GROUP 2

[Reserved]

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

OFFICIAL

19. **Case Management Services** (continued)

[Reserved]

Qualified Staff

[Reserved]

Assurances

[Reserved]

TARGET GROUP 3

The "target" group for this amendment shall be children between the ages of one day and five years of age who:

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13d. Case Management Services (continued)

-are under the care or custody of the Department of Children, Youth and Their Families and;

-have tested positive for HIV infection or have been determined to be at risk of HIV infection through having a parent testing positive for HIV infection, and;

-are receiving medical services from providers in the State of Rhode Island which are licensed by the Department of Children, Youth and Their Families, provide service under contract to the Department of Children, Youth and Their Families categorized as a "FACTS" provider and provides care in accordance with the Rules, Regulations, and Standards for child care and;

-are eligible for Title XIX Medical Assistance Coverage either as categorically eligible or medically needy only and are eligible for early and periodic screening, diagnosis and treatment (EPSDT) program.

Qualified Staff

The overall case management program at each provider agency must be directed by a registered nurse or equivalent health professional with at least two years experience in the delivery of case management services and be supervised by a licensed physician. All services shall be delivered in accordance with the requirements specified by contract with the Department of Children, Youth and Their Families.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 home and Community-Based Waiver authorized under Section 195(c) of the Social Security Act.

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

13d. Case Management Services (continued)

OFFICIAL

TARGET GROUP 4

The "target" group for this amendment shall be children between the ages of one day and three years of age who:

- meet the criteria for Developmental Delay and Established Conditions (Early Intervention services under part H) as outlined in applicable state regulations; and
- are receiving medical services from providers in the State of Rhode Island which are licensed by the Department of Health to provide Early Intervention services in accordance with established state regulations; and
- are eligible for Title XIX Medical Assistance Coverage either as categorically eligible or medically needy only and are eligible for early and periodic screening, diagnosis and treatment (EPSDT) program.

Qualified Staff

The overall case management program at each provider agency must be directed by a qualified mental health professional as defined in the Rhode Island general laws or by a person possessing equivalent experience in working with the mentally ill or emotionally disturbed in community settings. Each staff member providing case management services, must be a mental health professional with at least an Associate's Degree in the social sciences or equivalent experience or a combination thereof and must receive specialized training including a complete orientation to the community services/agencies in Rhode Island as well as meeting all other requirements specified by contract with the Department of Health.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 home and Community-Based Waiver authorized under Section 1915(c) of the Social Security Act.

LIMITATIONS

13d. Case Management Services (continued)

OFFICIAL

TARGET GROUP 5

Target Group Five consists of pregnant or parenting adolescents (defined as individuals who have not attained age twenty) or the children of pregnant or parenting adolescents who:

- meet the criteria for services provided under the Adolescent Parenting Program of the Department of Human Services, and
- are receiving case management services from providers in the State of Rhode Island which are certified and under contract with the Department of Human Services to provide adolescent parenting services pursuant to established state regulations, and
- are eligible for and receiving Title XIX Medical Assistance coverage as categorically needy, and
- are eligible for the early and periodic screening, diagnosis and treatment (EPSDT) program, and
- are not receiving adolescent parenting services funded by other sources including the JOBS program, and
- are pregnant or parenting and at risk.

Qualified Staff

The overall case management program at each provider agency must be directed by the qualified professional of the Adolescent Parenting Project or by a person possessing equivalent experience in working with adolescent parents. Each staff member providing case management services must possess at least an Associate's Degree in the social sciences or equivalent experience or a combination thereof and must receive specialized training including a complete orientation to the community services/agencies in Rhode Island as well as meeting all other requirements specified by the Department of Human Services Adolescent Parenting Project.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

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 TN No. NEW

13d. Case Management Services (continued)

OFFICIAL

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 home and Community-Based Waiver authorized under Section 1915(c) of the Social Security Act.

The state assures that participants will have the freedom of choice of providers.

TARGET GROUP 6

Target group six shall be children between the ages of three years of age and twenty one years of age who:

- meet the criteria for Special Education services (Part B services) as outlined in applicable state regulations; and
- are receiving medical services from local education agencies in the State of Rhode Island which are licensed by the Department of Education to provide Special Education services in accordance with established state regulations; and
- are eligible for Title XIX Medical Assistance coverage as categorically needy; and
- are eligible for the early and periodic screening, diagnosis and treatment (EPSDT) program.

Qualified Staff

The overall case management program at each provider agency must be directed by a qualified mental health professional as defined in the Rhode Island General laws or by a person possessing equivalent experience in working with special education students. Each staff member providing case management services, must be a mental health professional with at least an Associate's Degree in the social sciences or equivalent experience or a combination thereof and must receive specialized training including a complete orientation to the community services/agencies in Rhode island as well as meeting all other requirements specified by the Department of Education.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made

13d. Case Management Services (continued)

OFFICIAL

for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home and Community-Based Services Waiver authorized under §1915(c) of the Act.

The state assures that participants will have the freedom of choice of providers.

TARGET GROUP 7

Target group seven consists of children and adolescents who have been the victim of incest, sexual molestation and sexual assault who:

- are eligible for Title XIX Medical Assistance coverage as categorically needy; and
- are eligible for early and periodic screening, diagnosis and treatment (EPSDT) program.

Case management services for this population consist of the following.

1. Coordination of multi-agency involvement (DCYF, police, courts, medical providers, mental health and social service providers) into the family where sexual abuse has occurred.
2. Activities to assure that the intervention plan developed by the involved agencies furnishes the necessary protection for victims.
3. Activities to assure that all required services are being delivered, and assure that such services are delivered in a timely and effective manner by:
 - a. Participating in the development of the treatment plan;
 - b. Advocating for any treatment needs that have not been instituted;
 - c. Arranging for transportation to assure that services are delivered.
 - d. Helping the family to negotiate systems (welfare, courts, police, DCYF, etc.).

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

13d. Case Management Services (continued)

OFFICIAL

Qualified Staff

The overall case management program at each provider agency must be directed by a qualified mental health professional as defined in the Rhode Island general laws or by a person possessing equivalent experience in working with the mentally ill or emotionally disturbed in community settings. Each staff member providing case management services, must be a mental health professional with at least an Associate's Degree in the social sciences or equivalent experience or a combination thereof and must receive specialized training including a complete orientation to the community services/agencies in Rhode Island as well as meeting all other requirements specified by contract with the Department of Children, Youth and Their Families.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home and Community-Based Services Waiver authorized under Section 1915(c) of the Act.

The state assures that participants will have the freedom of choice of providers.

Target Group 8

Target group eight consists of eligible individuals under age 21 who:

- are eligible for the Early and Periodic Screening, Diagnosis and Treatment (ESPD) program.
- has been determined to have an elevated screening or diagnostic blood level of greater than 15vgm%.
- age 0 through 6 years or who is developmentally delayed.

Qualified Staff

The overall case management program will be directed by individuals who meet the criteria established by the R.I. Department of Health (DOH). Each

Official

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

19d. Case Management Services (continued)

Staff member providing case management services must meet the criteria as established by DOH.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that the payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved section 2178 Home & Community Based Waiver authorized under Section 1915(c) of the Social Security Act.

The state assures that participants will have the freedom of choice of providers.

Target Group 9

[Reserved]

Qualified Staff

[Reserved]

Assurances

[Reserved]

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TN No. 06-006

Supersedes Approval Date: 8/14/06 Effective Date: 07/01/06

TN No. 92-32

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

13d. Case Management Services (continued)

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The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home & Community Basic Waiver authorized under Section 1915 (c) of the Social Security Act.

The state assures that participants will have the freedom of choice of providers.

TN No. 92-32 Approval Date 10/1/93 Effective Date 10/01/92
Supersedes
TN No. NEW

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TARGET GROUP 11

The "target" group for the amendment shall be recipients who:

- are homebound and determined by the Department of Elderly Affairs to have functional needs that, if unmet, will result in an institutional placement.
- are not receiving case management services from any other source.
- are 65 years of age or older.

QUALIFIED STAFF

The overall case management program will be directed by qualified individuals who meet the criteria established by the Department of Elderly Affairs. Each staff member providing case management services must meet the criteria as established by DEA.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home and Community-Based Services Waiver authorized under section 1915(c) of the Act.

The state assures that participants will have the freedom of choice of providers.

TARGET GROUP 12

The target group shall be recipients under age 21 who:

- are determined to be at risk for developmental disabilities on the basis of specific medical conditions, including but not limited to genetic disorders, birth defects,

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and inborn diseases of metabolism or

- are evidencing delays in gross motor, fine motor language, social, or cognitive development.

QUALIFIED STAFF

The overall case management program will be directed by qualified individuals who meet the criteria established by the Department of Health (DOH). Each staff member providing case management services must meet the criteria as established by DOH.

Assurances

The state assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home and Community-Based Services Waiver authorized under Section 19154(c) of the Act.

The state assures that participants will have the freedom of choice of providers.

TARGET GROUP 13

Target group 13 consists of recipients who:

- are blind or ^{VISUALLY} ~~usually~~ impaired
- are not eligible for Vocational Rehabilitation services due to age or other criteria.

QUALIFIED STAFF

The overall case management program will be directed by qualified individuals who ^{MEET} ~~are~~ the

TN # 94-008

Supersedes

TN # NEW

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Approved: JUN 24 1994 Effective 1/1/94

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ATTACHMENT 3.1-A
Supplement to Page 8

criteria established by the Rhode Island Department of Human Services (DHS). Each staff member providing case management services must meet the criteria as established by DHS.

Assurances

The state assures that payments made for target case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The state assures that the provision of optional case management under this section will be distinguished from any case management service provided as part of its approved Section 2178 Home and Community-Based Services Waiver authorized under Section 1915(c) of the Act.

The state assures that participants will have the freedom of choice of providers.

TN # 94-008
Supersedes
TN # NEW

Approved:

Effective 1/1/94

JUN 24 1997

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Target Group 14

The "target" group for the amendment shall be recipients who:

- are under the age of 21 years.
- are coming into contact with the juvenile justice system.

Qualified Staff

The overall case management program will be directed by qualified individuals who meet the criteria established by the Family Court. Each staff member providing case management services must meet the criteria as established by the Family Court.

Assurances

The state assures that payments for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The state further assures that payment under this provision will not be made for case management services which are an integral part of another provider services.

The state assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home & Community Basic Waiver authorized under Section 1915 (c) of the Social Security Act.

The state assures that participants will have the freedom of choice of providers.

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TN No. 94-21 Approval Date **SEP 19 1994** Effective Date 4/1/94
Supersedes
TN No. NEW

LIMITATIONS

Attachment 3.1-A
Supplement to Page 8

13d. Case Management Services (continued)

TARGET GROUP 10

The "target" group for this amendment shall be individuals who:

- have a documented HIV infection and/or a diagnosis of Aids;
- are receiving case management services from providers in the State of Rhode Island which are licensed by the Department of Health and provide service under contract to the Department of Health;
- are eligible for Title XIX Medical Assistance Coverage either as categorically eligible or medical needy only;

Qualified Staff

The overall case management program at each provider agency must be directed by a registered nurse or equivalent health professional with at least two years experience in the delivery of case management services. All services shall be delivered in accordance with the requirements specified by contract with the Department of Health.

Assurances

The State assures that payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The State further assures that payment under this provision will not be made for case management services which are an integral part of another provider service.

The State assures that the provision of optional case management under this section will be distinguished from any case management services provided as part of its approved Section 2178 Home and Community-Based Waiver authorized under Section 1915(c) of the Social Security Act.

State/Territory: RHODE ISLAND

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*
 Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*
 Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*

*Description provided on attachment, including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

TN No. 92-02 Approval Date DEC 8 1991 Effective Date 7/1/92
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TN No. NEW

HCFA ID: 7986E

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Attachment 3.1-A
Supplement to Page 8a

LIMITATIONS

23. Certified Pediatric or Family Nurse Practitioners

Limitations same as for physicians' services. See Supplement to page 2 of Attachment 3.1-A.

No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes
TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO CATEGORICALLY NEEDY

24. Any other medical and remedial care recognized under State law, specified by the Secretary.

- a. 1. Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative service.

Provided No limitation With limitations*
 Not Provided

- a. 2. Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

Provided No limitation With limitations*
 Not Provided

- b. Services of Christian Science Nurses.

Provided No limitation With limitations*
 Not Provided

- c. Care and Services provided in Christian Science sanatoria.

Provided No limitation With limitations*
 Not Provided

- d. Skilled nursing facility services provided for patients under 21 years of age.

Provided No limitation With limitations*
 Not Provided

- e. Emergency hospital services.

Provided No limitation With limitations*
 Not Provided

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided No limitation With limitations*
 Not Provided

Description provided on attachment, including prior authorization requirements specified in pages 9, 10, and 11.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Rhode Island

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24a. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

- Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.
- | | |
|---------------------|---|
| Without limitations | With limitations (Describe limitations in a Supplement to 3.1B either a Supplement or in Attachment 3.1D) |
|---------------------|---|
- Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.
- | | |
|---------------------|--|
| Without limitations | With limitations (Describe limitations in either a Supplement to 3.1B or in Attachment 3.1D) |
|---------------------|--|

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

- Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).
- The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).
- (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);
- (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)
- (10)(B) comparability

(23) freedom of choice

(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- other transportation (if checked describe below other types of transportation provided.)

Public Motor Vehicle- every motor vehicle for hire, other than a jitney or a taxicab or limited public motor vehicle, used for transporting members of the general public for compensation in unmarked vehicles at a predetermined or prearranged charge to such points as may be directed by the passenger

Limited Public Motor Vehicle- every motor vehicle for hire, other than a jitney or a taxicab or a public motor vehicle, equipped with a taximeter, used for transporting members of the general public for compensation only from a designated location on private property to such points as may be directed by the passenger

- Non-emergency basic life support
- Non-emergency advanced life support
- Mileage reimbursement is not provided

(3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Deemed AFCD-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants

- Poverty-level children 1 through 5
 - Poverty-level children 6 – 18
 - Qualified pregnant women AFDC – related
 - Qualified children AFDC – related
 - IV-E foster care and adoption assistance children
 - TMA recipients (due to employment) (section 1925)
 - TMA recipients (due to child support)
 - SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- Optional poverty-level - related pregnant women
 - Optional poverty-level - related infants
 - Optional targeted low income children
 - Non IV-E children who are under State adoption assistance agreements
 - Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
 - Individuals who meet income and resource requirements of AFDC or SSI
 - Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
 - Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
 - Children aged 15-20 who meet AFDC income and resource requirements
 - Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - Individuals infected with TB
 - Individuals screened for breast or cervical cancer by CDC program
 - Individuals receiving COBRA continuation benefits
 - Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
 - Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
 - Individuals terminally ill if in a medical institution and will receive hospice Care

- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)

(6) Payment Methodology

- (A) Please describe the methodology used by the State to pay the broker:

The state will pay the broker a capitated rate by calculating per member per month fee multiplied by the total number of eligible beneficiaries

- (B) Please describe how the transportation provider will be paid:

The transportation provider will be paid in accordance with provider's contract with broker. Payment terms include, but are not necessarily limited to:

- Make full payment for ninety-five percent (95%) of undisputed invoices for authorized trips to the contracted TPs within thirty (30) calendar days of the Broker's receipt of an undisputed invoice.
- Make full payment on a minimum of ninety-nine percent (99%) of undisputed invoices for all authorized trips within sixty (60) calendar days of the date of receipt.
- Non-clean claims must be adjudicated within twenty-four (24) calendar days of the date of correction of the condition that caused the claim to be non-clean.
- All claims must be adjudicated within twelve (12) months of receipt by the Broker, except for those exempted from this requirement by Federal timely claims processing regulations as cited in the Federal regulations at 42 C.F.R. Part 447.45.
- The State may hold back up to 2% of monthly payments if the Broker's performance falls below acceptable quality standards, described in the contract between the State and the transportation broker.

- (C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State general revenue constitutes the non-Federal share of the transportation payments. It is funded through two sources: Medicaid Funds and General Revenue.

When EOHHS pays the claim through the MMIS, the State share amount is billed to EOHHS state share account. There will be certain people who are Medicaid eligible, but whose transportation is funded from TANF. The transportation PMPM associated with those individuals will not be claimed for Federal Medicaid Match. The MMIS is not allowed to report a federal expense for funding aside from Medicaid, therefore, these funds cannot be claimed as a Federal Medicaid match.

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
 - (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation broker and that the transportation broker payments are fully retained by the transportation broker and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
 - (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- (7) The broker is a non-governmental entity:
- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
 - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
 - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

- Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

The Broker shall manage and oversee the quality of services by reviewing and modifying service, policies to establish a cost-effective service delivery system throughout the duration of the contract. Management oversight controls shall include the following:

- The Broker shall monitor beneficiary access and complaints.
- The Broker shall ensure that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous.
- The Broker will perform annual audits and oversight of the transportation providers to ensure the quality and timeliness of the transportation services.
- The Broker will submit all required reports as required by the State in the formats specified and at the required frequency. The State will review all submitted reports to assure continuous compliance with program and contract requirements. The Broker shall provide a real-time reporting tool with State access allowing extraction of complaint data in any format the user desires to aid in complaint monitoring.
- The Broker shall perform all services in compliance with local, state, and federal guidance and regulations (including, but not limited to 440.170(a)(4)(ii))
- Prior to the start date of the contract and throughout the duration of the contract, the Broker will assure that all transportation providers follow all sections of The Executive Office of Health and Human Services Regulations for Transportation.
- The Broker is liable for the full cost of services resulting from a prohibited referral or subcontract.
- Authorizing providers without appropriate credentialing (Insurance levels, ADA, state and local business permits; driver background checks and licensing; debarment checks; driver certifications in first aid, safety, HIPAA, and special populations) will trigger a review to recoup for services paid to the Broker.
- Findings resulting from the annual compliance audit may result in a possible financial adjustment to the contract.

In order to ensure compliance, the Broker will be required to provide annual reports to EOHHS. These reports will include a forecast of overall costs, as well as monitoring reports that provide an overview of transportation service delivery, ensuring that the Broker assigns trips to the lowest cost, medically necessary, mode of transportation. Additional reports to EOHHS will include the following: Complaint Summary Report, Recipient Satisfaction Survey and Report, and Performance Improvement Projects. Two Performance Improvement Projects and Recipient Satisfaction reports will be due by July 1 each year. The Broker will submit Call Statistics Reports on a monthly basis. If any deficiencies are identified, the broker will be required to submit a corrective action plan to EOHHS. EOHHS reserves the right to impose penalties if the Broker fails to submit the corrective action plans as required. EOHHS may request additional reports as necessary to ensure adequate oversight and compliance. Liquidated damages are applied if the Broker fails to meet the specified quality metrics.

The state will also require the Broker to report to a Consumer Advisory Committee as part of the oversight and monitoring process.

The Broker shall coordinate call centers, trip assignment functions, and eligibility verification for all beneficiaries. Furthermore, the Broker shall ensure that call center staff are able to assign trips to all modes of transportation and have access to the least costly, most appropriate option.

- The Broker shall have a Rhode Island location and address, toll free phone line(s) that members and healthcare providers can call and speak to a live, courteous, trained customer service representative(s) for urgent care requests and ride assistance calls 24 hours a day, 7 days a week.
- The Broker shall have an after hour answering service available 365/24/7 and the response shall be consistent with that during regular business hours; 80% of all calls must be answered within thirty (30) seconds, monthly average number of calls abandoned may not exceed five percent 5%, monthly average time on hold may not exceed three (3) minutes.
- The Broker must fully disclose all provider names and provide evidence that all transportation needs will be met on the first day of the contract.

The Broker is responsible for the ongoing recruitment and maintenance of a diverse and flexible statewide network of transportation providers that provide NEMT services to all eligible beneficiaries. The Broker will provide, in writing, the following information to EOHHS:

- Evidence that NEMT services are available and provided 24 hours a day, seven days a week, every day of the year, without exception.
- NEMT Transportation network is comprised of fixed route bus services, para-transit vehicles, multi-passenger vans, ambulances, wheelchair vans, taxi, ride-share companies and public motor vehicles (PMVs). Mileage reimbursement will be verified and paid by the Broker.
- Innovative strategies to reduce per trip costs and enhancements to the existing NEMT transportation system in an annual report to EOHHS
- Evidence that payments to transportation providers are reasonable and ensure adequate access to transportation services.
- Negotiated rates developed through competitive bidding or other strategies that ensure the provision of the most appropriate and least costly transportation services.
- Evidence of on-going collaboration with medical providers, adult day care providers, nursing homes, dialysis centers, methadone treatment clinics, and other medical provider facilities to achieve NEMT efficiencies.

Specifically, the Broker shall be able to implement or have the following in place:

- Ability accept daily member eligibility files (Medicaid and CNOM) members;
- Establish and maintain an effective Call Center, website, and printed materials for communication with members, transportation providers, and facilities such as nursing homes, dialysis centers, methadone clinics, adult day care centers, and meal sites;
- Seamless prior authorization mechanism for all NEMT requests, including:
 - a. Verification of member eligibility for Medicaid
 - b. Verification of appointment for Medicaid-covered services or verification that the trip purpose and destination meets the programmatic rules of the NEMT transportation program;
 - c. Post trip verifications to determine the medical appointment actually took place;
 - d. Conduct a functional assessment of the member;
 - e. Assignment to the least expensive, medically-appropriate mode of transportation.
- A diverse network of transportation providers to transport eligible members to Medicaid covered services throughout Rhode Island and to out-of-state medical providers only when medically necessary;
- Efficient method for arranging services that require members to request transportation with 48-hour advance notification (except for urgent or sick visits);
- Manage and maintain rigorous quality assurance, utilization review, and auditing mechanisms to ensure that services are delivered to eligible members within performance standards;
- Ensure that only appropriate claims and costs are paid;
- Implement a mechanism to manage claims data including:
 - a) An industry-acceptable means to accept claims data from transportation providers and provide prompt payment;
 - b) A mechanism to match and verify claims data with prior authorizations and other required information;
 - c) An industry-acceptable means to authorize payments to transportation providers.
 - d) An industry-acceptable means to communicate and transmit HIPAA compliant paid claims data

to EOHHS (or its designee) on a regular schedule.

- Maintain records and supporting data (including but not limited to member data, trip authorizations, claims data and provider records) in a retrieval and storage mechanism that complies with all Federal and State requirements;
- Provide prior authorization for all NEMT services for all modes of transportation;
- Ensure that all Transportation providers will receive a prior authorization from the Broker before remitting payment for the transportation they provided to members;
- Provide and operate a claims processing system sufficient to support the provider payment and data reporting requirements as specified in the agreement with EOHHS;
- Expand claims processing or MMIS capacity when the volume of trips and/or eligible members or populations increase over time;
- Perform utilization review functions by verifying requests for medical transportation to ensure that such requests for transportation are for scheduled Medicaid covered services and to verify that an appointment is actually scheduled for the Medicaid-eligible member, and post trip verifications to determine the medical appointment actually took place;
- Coordinate out-of-state travel for those members requiring such travel;
- Verify the medical necessity for out-of-state travel appointments and determine the closest medical provider able to perform the service, including medical providers in border state communities
- Have Policies and a Procedures Manual for all of the above thirty (30) days prior to the start date.

The Broker shall not provide transportation directly and will maintain the following performance standards:

- Routine: within 15 minutes of the scheduled pick up
- Urgent: within 3 hours of the Broker receiving the request
- Will-call – when a beneficiary request not to set a return pickup time, but requests to call the broker line when he/she is ready for pick up: within 60 minutes of the Broker receiving the request
- Drop off: no more than 30 minutes early

The Broker shall ensure that all clients receive confirmation of their trip details by 6 pm the night before a scheduled trip.

The purpose of the call center is for the intake and processing of transportation needs for eligible Medicaid members that includes, but is not limited to:

- 100% of all calls will have verification of Medicaid
- 100% of all calls will determine the most appropriate and cost-effective transportation mode to meet the member's needs
- Authorization of transportation;
- Dispatching non-emergency transportation trips;
- Resolving problems that may arise during a trip;
- Responding to reports of fraud and/or abuse; &
- Responding to requests for general information about transportation services.
- The Broker is to provide documentation of trip confirmation prior to 6pm before a scheduled trip
- The Broker shall locate the Customer Service Call Center in Rhode Island to accept transportation requests, assign trips, and address trip concerns minimally during normal business hours, Monday through Friday from 9am-5pm.
- The Broker shall designate a Backup Call Center for business continuity purposes.
- The Backup call center may be located inside or outside of Rhode Island and must be equipped to handle all the same services during anytime the main Customer Call Center is closed.
- The Broker's Backup Call Center must have access to all the same resources and key management staff after hours, as those working at the call center Monday through Friday 9am - 5pm.

Key management staff shall be located during normal business hours in Rhode Island for ease of meeting with State staff, transportation, and medical providers.

During the course of the contract, the Broker shall increase the number of telephone lines, depending on demand

or by request of the EOHHS.

- The Broker shall utilize an automated method to schedule member trips once they are authorized and shall ensure that dispatching activities are performed efficiently.
- The scheduling method must be capable of accommodating recurring trips, one-time trips, advance reservations, and requests for urgent trips.
- The Broker shall ensure that all clients receive confirmation of their trip details by 6 pm the night before a schedule trip.

The Broker shall comply with all Federal and State confidentiality policies and procedures in performance of the call center activities.

The Broker shall maintain records and supporting data (including but not limited to member data, trip authorizations, claims data, and provider records) in a retrieval and storage mechanism that complies with all federal and state requirements and ensure that records comply with state and federal record retention requirements which are ten (10) years for medical records, source records, and financial records, and seven (7) years for litigation.

The Broker shall notify any recipient of their right to a State Fair Hearing appeal process anytime the recipient's NEMT service has been reduced or altered.

Medicaid NEMT services delivered by the Broker are only reimbursable when the member is being transported to or from a Medicaid-covered service. Reimbursement is only available for the beneficiary with the medical appointment (i.e., if an adult with an appointment is accompanied by a child, FFP is only available for the adult's trip). The Broker shall provide NEMT transportation to all beneficiaries who request NEMT services and are currently enrolled in Medicaid, have a medical condition that prevents him/her from using fixed route bus services, or is requesting transportation to/from an origin/destination address that is more than 1/2 mile from the bus stop. The Broker must verify member Medicaid eligibility by accessing daily the Rhode Island Medicaid Management Information System (MMIS) using the unique Medicaid identification number. The Broker must verify member eligibility regardless of who initiates the request. The Broker shall have policies and procedures submitted to EOHHS that provide NEMT services on a non-discriminatory basis to eligible members irrespective of the regions, communities, or neighborhoods they live in or their age, race, religion, creed, national origin, sexual orientation, gender, ability, health status, or based on others with whom they live.

The Broker's Policies and Procedures shall comply with all applicable state and federal laws pertaining to member rights, privacy, and accommodation. The Broker shall require its employees and network providers to respect those rights when providing services to members. The Broker shall allow and/or arrange for no more than one attendant to accompany any member who requires one during transportation. The Broker shall ensure that an attendant accompanies all children under the age of 18. The Broker shall allow adult members who need transportation to their own medical appointments to have a child accompany them during transportation. The Broker shall identify and plan for the special needs of passengers (e.g. cannot be left alone, cannot identify him/herself by name).

The Broker shall be responsible for informing and educating members and key stakeholders including, health care providers, provider associations, community-based organizations, and consumer representatives about the NEMT management services. The Broker shall emphasize the availability of NEMT services, eligibility for these services, the authorization process for single trips and standing orders, medical documentation of need, and how to access and use these services properly. The Broker shall maintain and operate a telephone device (TDD) for the deaf and hard of hearing callers who need such a device.