State: Rhode Island

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled, and AFDC Related

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See Attachment 3.1-A. All services for Medically Needy groups are the same in amount, duration, and scope as those for Categorically Needy groups.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT 74-13 OFFICIAL

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Attachment 3.1C

The following is a description of the methods that will be used to assure that the medical and remedial care and services are of high quality, and a description of the standards established by the State to assure high quality care:

Medical Standards and Review Unit under the provisions of Title XIX will strive to insure that all medical services offered are in keeping with the highest possible levels of care and service.

In order to insure this high quality of medical service, the Medical Standards and Review Unit will be directed by a fully qualified Medical Director. The Medical Director will be responsible for insuring conformance with established high standards by all practitioners and vendors of medical services and supplies. In carrying out his responsibilities, he will maintain close professional contact with the Professional Advisory Committees and the participating members of the Medical and Allied professions.

The Medical Director, in the development and administration of the Medical Care aspects of the Medical Assistance Program, will utilize the assistance of qualified administrative staff, and consultants in the field of hospital administration, dentistry, optometry, pharmacy and various areas of specialized medical services including psychiatry. In this regard, the Medical Standars and Review Unit will employ, among others, part-time consultants in the fields of dentistry - including orthodontia, pharmacy, and medical consultants for nursing homes, consultants in the areas of surgery and psychiatry. These consultants will be selected with great care. In the present program, they have always represented highly competent persons enjoying high stature and acceptance by their professional colleagues in the community.

In the administration of the pharmacy phase of our MA program, Medical Standards and Review will continue to emply full-time pharmacists to review drug bills in order to insure conformance as to the types and charges for drugs for wheth payment will be allowed.

The Medical Director will encourage and fully utilize the assistance of the various State professional societies representing medicine, dentistry, podiatry, optometry, pharmacy, etc. Consultation with various advisory committees, including the R.I. State Medical Advisory Committee, as established by the agency Director as well as those appointed by the practitioner and vendor groups, will be a part of the on-going program.

In the administration of the Medical Care Program, procedural controls will be established as part of the ongoing review of services provided recipients of the program. These procedural controls will vary according to the type of medical service rendered. For example, in the area of drugs, prior authorization will be employed as a method of controlling the quantity and quality of certain drugs prescribed by attending physicians and dispensed to recipients of the medical assistance program.

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In the area of hospitalization, extension notices entailing requests for detailed medical justification will be required for additional days of care beyond a reasonable limit of hospitalization. In the area of physicians' services, a written report, in certain instances, will be a necessary prerequisite for payment for examinations by medical specialists. In the area of dental care, every effort will be made to increase utilization and availability of these services to children.

Medical Standards and Review will insure the collection and tabulation of medical care statistics on a current monthly, semi-annual, and annual basis. Such current statistics have alwyas been found essential for the intelligent day-to-day administration of our Medical Care Program. These statistics make possible the better recognition and appreciation of the qualitative and quantitative aspects of the Program. It is known, for example, that there is a high percentage of professional participation and a moderately high recipient utilization rate in the present Program of Medical Care. This assures the agency that funds expended are not for the few alone but for the majority of our eligible recipients. It is expected that, by a continued dedication to quality of care and the use of tried and tested consultative and administrative controls, this result will prevail to an ever-increasing degree in the new Medical Assistance Program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

As required by federal Medicaid regulations, the State assures access to non-emergency medical transportation (NEMT) for Medicaid members to access Medicaid covered services provided by Medicaid participating providers. Requests for NEMT outside the State of Rhode Island require additional documentation of medical necessity and/or that the service is not available in Rhode Island.

If the recipient does not have access to his/her own means of transportation, then the member can request NEMT through Medicaid. NEMT will be provided by the least-costly, medically appropriate means.

Covered NEMT services include bus passes, cabs, ambulatory vehicles, wheelchair-life equipped vehicles and stretchers. Prior authorization is required for cabs, ambulatory vehicles, wheelchair-lift equipped vehicles and stretchers. While NEMT provider payments are available for out-of-state services, the State of Rhode Island does not provide direct reimbursement to members for meals, mileage and/or out-of-state transportation expenses.

RIte Care and RIte Share members as well as members of the new expansion population may obtain a Rhody Ten monthly bus pass by presenting their current Medicaid ID card at participating supermarkets. Eligibility is verified through a POS device. The Rhody Ten bus pass provides members with 10 trips per month and children under the age of five ride free. Additional trips may be authorized by the member's health plan, if determined medically necessary. Passes are available for members of the 25th of the month for the following month's pass.

Adults with disabilities and the elderly can access senior/disabled bus passes at the Rhode Island Public Transportation Agency Photo ID Office. If a member has a medical condition that requires a higher level of NEMT, or if the origin or destination of the medical trip is more than ½ mile from a bus route, the member can contact his/her health or the DHS Transportation line. The health plan or the DHS transportation line will verify the member's Medicaid eligibility, that the service is covered by Medicaid and that the provider participates in Medicaid. Members have freedom of choice of NEMT providers, so long as the provider is available at the requested date and time and able to provide the medically appropriate form of transportation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Effective July 1, 1970, there will be provision for assuring necessary transportation of recipients to and from providers of services, using the following methods:

Requests for transportation received from recipients will be evaluated on an individual basis to assure that each individual has access to transportation as indicated by this particular combination of medical need, geographic location, and appropriate source of care with due consideration to sources of transportation available to the individual without charge to the individual or agency.

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The Rhode Island Medical Assistance Program will consider for payment the following organ transplants, in accordance with the requirements outlined below:

1. KIDNEY TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.

2. LIVER TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.

3. CORNEA TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.

4. BONE MARROW TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.

5. LUNG TRANSPLANTS, HEART TRANSPLANTS & HEART/LUNG TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.
   - Evaluation at the Rhode Island Hospital.
   - Evaluation at the transplant facility.

6. PANCREAS TRANSPLANTS
   - Certification from appropriate medical specialist as to the need for the transplant.
   - Evaluation at the transplant facility.

7. OTHER ORGAN TRANSPLANTS

   Other organ transplant operations as may be designated by the Director of the Department of Human Services after consultation with medical advisory staff or medical consultants.

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State/Territory: RHODE ISLAND

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES
(Continued from pervious page)

Medical Necessity

Medical necessity for an organ transplant operation is determined on a case-by-case basis using the following criteria: medical indications and contra-indications, progressive nature of the disease, existence of alternative therapies, life threatening nature of the disease, general state of health of the patient apart from the particular organ disease, any other relevant facts and circumstances related to the applicant and the particular transplant procedure.

Prior Written Approval

Prior written approval of the Director or his/her designee is required for all covered organ transplant operations.

It should be noted that, other than bone marrow transplants, none of the procedures listed above are currently performed at facilities within the State of Rhode Island. Therefore, regulations and policies governing out-of-state medical services also apply to those organ transplant procedures which are covered by the Rhode Island Medical Assistance Program.

The authorization of the utilization of out-of-state facilities will be restricted to those facilities with the capacity to perform transplant services and qualify for Medicare reimbursement for transplant services covered by the Medicare Program. Additionally, preference will be given to facilities in the neighboring State of Massachusetts.

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COMMUNITY SUPPORTED LIVING ARRANGEMENTS SERVICES
PROVIDED TO THE DEVELOPMENTALLY DISABLED

1. Personal assistance.

   Provided*: x Not Provided: ___

2. Training and habilitation services (necessary to assist the individual in achieving increased integration, independence and productivity).

   Provided*: x Not Provided: ___

3. 24-hour emergency assistance (as defined by the Secretary).

   Provided*: x Not Provided: ___

4. Assistive technology.

   Provided*: x Not Provided: ___

5. Adaptive equipment.

   Provided*: x Not Provided: ___

6. Support services necessary to aid an individual to participate in community activities.

   Provided*: x Not Provided: ___

*In accordance with the requirements specified in approved Form HCFA-322.

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7. Other services (listed below)*:

a) Transportation to/from community activities

b) _____

c) _____

d) _____

e) _____

f) _____

Enclosed is a copy of p 42 from R.I.'s CSLA grant application which specifically listed out the services R.I. had requested.

*In accordance with the requirements specified in approved Form HCFA-322.