

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

**9/24/2013 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND
MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Removal of the Limit on the Hospice Benefit

EOHHS will submit a change request to the Centers for Medicare and Medicaid Services with an effective date of 1 January 2014. The purpose of this amendment is to implement Section 1902(a)(10) of the Social Security Act which brings the amount, duration, and scope of the Medicaid hospice benefit into accordance with the Medicare hospice benefit. As a result, the state will remove its existing 210-day limit on the hospice benefit and now offer that benefit without a day limit.

This proposed amendment is accessible on the OHHS website (www.ohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by 24 October 2013 to Darren J. McDonald, Office of Policy and Innovation, Executive Office of Health and Human Services, 57 Howard Avenue, Cranston, RI, 02920, or dmcdonald@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, or an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

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*
 Not Provided

*Description provided on attachment

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

TN#13-015 88-12

Approved: Dec 22, 1988

Effective: 7/1/88 1/1/2014

Supersedes

TN: 88-12 87-07

LIMITATIONS

17. Nurse-midwife services.

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

~~18. Hospice care.~~

~~_____~~
~~_____ Limited to a lifetime maximum of 210 days.~~

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TN#~~13-015 88-12~~

Supersedes

TN: ~~88-12 86-17~~

Approved: ~~Dec 22, 1988~~

Effective: ~~1/1/2014 7/1/88~~

State/Territory: Rhode Island

Amount, Duration, and Scope of Services Provided
Medically Needy Group(s): Aged, Blind, Disabled, and AFDC Related

- c. Intermediate care facility services.
 Provided No limitations With Limitations*
- 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*
- 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*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 Provided No limitations With Limitations*
17. Nurse-midwife services.
 Provided No limitations With Limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
 Provided No limitations With Limitations*

*Description provided on attachment
Including prior authorization requirements as specified in pages 13, 14, and 15 of this attachment.

TN#13-015 88-12

Approved: Dec 22, 1988

Effective: 1/1/2014 7/1/88

Supersedes

TN: 88-12 87-07

LIMITATIONS

17. Nurse-midwife services.

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

~~18. Hospice care.~~

~~_____~~
~~_____ Limited to a lifetime maximum of 210 days.~~

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TN# 13-015 88-12

Supersedes

TN: 88-12 86-17

Approved: Dec 22, 1988

Effective: 1/1/2014 7/1/88

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Items on the basis of the current prevailing rate at which the item is generally available to the public in the State of Rhode Island.

(4) Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select: cost of lenses as listed in the Crown Optical, MacLeod Optical, Target Optical or Optech Optical Co. price lists plus allowance for frames based on negotiated fee schedule. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses.

~~j. Services for individuals age 65 or older in institutions for mental diseases:~~

~~1. Inpatient hospital services: as described in attachment 4.19A.~~

~~2. Skilled nursing and intermediate care facility services: as described in attachment 4.19D.~~

~~k. ICF/ICF MR services: as described in attachment 4.19D.~~

~~l. Inpatient psychiatric services for individuals under 22: as described in attachment 4.19A.~~

~~m. Nurse midwife services: according to negotiated fee schedule. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse midwife services.~~

~~n. Hospice services: the fee schedule is in accordance with established Medicare rates. The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates---ACTION." Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.~~

~~o. Other medical care and any other type of remedial care recognized under State law, limited to:~~

~~1. Skilled nursing facility services for individuals under age 21: as described in attachment 4.19D.~~

~~TN#13-01511-001
Supersedes~~

~~Approved: 9/21/2011~~

~~Effective: 1/1/2014/1/2011~~

~~TN: 11-00187-07~~

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p. Home and community-based services: negotiated fee schedules with the exception of the provision of Minor Modifications to the Home, Minor Assistive Devices and Devices to Adapt the Home Environment. Payments are made for these services on the basis of the current prevailing rate at which the item is generally available to the general public in the State of Rhode Island. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of home and community-based services.

q. Rehabilitative services: on the basis of negotiated fee schedule. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitation services.

r. Case management services: on the basis of negotiated fee schedule. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of case management services.

| TN#13-01511-001
Supersedes

Approved: 9/21/2011

Effective: 1/1/2014~~1/2011~~

| TN: 11-00187-07