

2026 -- S 2880

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Introduced By: Senator Louis P. DiPalma

Date Introduced: March 04, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 40-8-19 of the General Laws in Chapter 40-8 entitled "Medical
2 Assistance" is hereby amended to read as follows:

3 **40-8-19. Rates of payment to nursing facilities.**

4 (a) **Rate reform.**

5 (1) The rates to be paid by the state to nursing facilities licensed pursuant to chapter 17 of
6 title 23, and certified to participate in Title XIX of the Social Security Act for services rendered to
7 Medicaid-eligible residents, shall be reasonable and adequate to meet the costs that must be
8 incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. §
9 1396a(a)(13). The executive office of health and human services ("executive office") shall
10 promulgate or modify the principles of reimbursement for nursing facilities in effect as of July 1,
11 2011, to be consistent with the provisions of this section and Title XIX, 42 U.S.C. § 1396 et seq.,
12 of the Social Security Act.

13 (2) The executive office shall review the current methodology for providing Medicaid
14 payments to nursing facilities, including other long-term care services providers, and is authorized
15 to modify the principles of reimbursement to replace the current cost-based methodology rates with
16 rates based on a price-based methodology to be paid to all facilities with recognition of the acuity
17 of patients and the relative Medicaid occupancy, and to include the following elements to be
18 developed by the executive office:

19 (i) A direct-care rate adjusted for resident acuity;

1 (ii) An indirect-care and other direct-care rate comprised of a base per diem for all facilities;

2 (iii) Revision of rates as necessary, based on increases in direct and indirect costs beginning

3 October 2027 utilizing data from the most recent finalized year of the facility's cost report. The per

4 diem rate components referred in subsections (a)(2)(i) and (a)(2)(ii) of this section shall be adjusted

5 accordingly to reflect changes in direct and indirect care costs since the previous rate review;

6 ~~(iii)~~(iv) Revision of rates as necessary based on increases in direct and indirect costs

7 beginning October 2024 utilizing data from the most recent finalized year of facility cost report.

8 The per diem rate components deferred in subsections (a)(2)(i) and (a)(2)(ii) of this section shall

9 be adjusted accordingly to reflect changes in direct and indirect care costs since the previous rate

10 review;

11 ~~(iv)~~(v) Application of a fair-rental value system;

12 ~~(v)~~(vi) Application of a pass-through system; and

13 ~~(vi)~~(vii) Adjustment of rates by the change in a recognized national nursing home inflation

14 index to be applied on October 1 of each year, beginning October 1, 2012. This adjustment will not

15 occur on October 1, 2013, October 1, 2014, or October 1, 2015, but will occur on April 1, 2015.

16 The adjustment of rates will also not occur on October 1, 2017, October 1, 2018, October 1, 2019,

17 and October 2022. Effective July 1, 2018, rates paid to nursing facilities from the rates approved

18 by the Centers for Medicare and Medicaid Services and in effect on October 1, 2017, both fee-for-

19 service and managed care, will be increased by one and one-half percent (1.5%) and further

20 increased by one percent (1%) on October 1, 2018, and further increased by one percent (1%) on

21 October 1, 2019. Effective October 1, 2022, rates paid to nursing facilities from the rates approved

22 by the Centers for Medicare and Medicaid Services and in effect on October 1, 2021, both fee-for-

23 service and managed care, will be increased by three percent (3%). In addition to the annual nursing

24 home inflation index adjustment, there shall be a base rate staffing adjustment of one-half percent

25 (0.5%) on October 1, 2021, one percent (1.0%) on October 1, 2022, and one and one-half percent

26 (1.5%) on October 1, 2023. For the twelve-month (12) period beginning October 1, 2025, rates paid

27 to nursing facilities from the rates approved by the Centers for Medicare and Medicaid Services

28 and in effect on October 1, 2024, both fee-for-service and managed care, will be increased by two

29 and three-tenths percent (2.3%). There shall also be a base rate staffing adjustment of three percent

30 (3%) effective October 1, 2025. Not less than one hundred percent (100%) of this base-rate staffing

31 adjustment shall be expended by each nursing facility to increase compensation, wages, benefits,

32 and related employer costs, for eligible direct-care staff, including the cost of hiring additional

33 eligible direct-care positions, as defined in this subsection (a)(2)(vi). The inflation index shall be

34 applied without regard for the transition factors in subsections (b)(1) and (b)(2). For purposes of

1 October 1, 2016, adjustment only, any rate increase that results from application of the inflation
2 index to subsections (a)(2)(i) and (a)(2)(ii) shall be dedicated to increase compensation for direct-
3 care workers in the following manner: Not less than eighty-five percent (85%) of this aggregate
4 amount shall be expended to fund an increase in wages, benefits, or related employer costs of direct-
5 care staff of nursing homes. For purposes of this section, direct-care staff shall include registered
6 nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), certified
7 medical technicians, housekeeping staff, laundry staff, dietary staff, or other similar employees
8 providing direct-care services; provided, however, that this definition of direct-care staff shall not
9 include: (i) RNs and LPNs who are classified as “exempt employees” under the federal Fair Labor
10 Standards Act (29 U.S.C. § 201 et seq.); or (ii) CNAs, certified medical technicians, RNs, or LPNs
11 who are contracted, or subcontracted, through a third-party vendor or staffing agency. By July 31,
12 2017, nursing facilities shall submit to the secretary, or designee, a certification that they have
13 complied with the provisions of this subsection (a)(2)(vi) with respect to the inflation index applied
14 on October 1, 2016. Any facility that does not comply with the terms of such certification shall be
15 subjected to a clawback, paid by the nursing facility to the state, in the amount of increased
16 reimbursement subject to this provision that was not expended in compliance with that certification.

17 (3) Commencing on October 1, 2021, eighty percent (80%) of any rate increase that results
18 from application of the inflation index to subsections (a)(2)(i) and (a)(2)(ii) of this section shall be
19 dedicated to increase compensation for all eligible direct-care workers in the following manner on
20 October 1, of each year.

21 (i) For purposes of this subsection, compensation increases shall include base salary or
22 hourly wage increases, benefits, other compensation, and associated payroll tax increases for
23 eligible direct-care workers. This application of the inflation index shall apply for Medicaid
24 reimbursement in nursing facilities for both managed care and fee-for-service. For purposes of this
25 subsection, direct-care staff shall include registered nurses (RNs), licensed practical nurses (LPNs),
26 certified nursing assistants (CNAs), certified medication technicians, licensed physical therapists,
27 licensed occupational therapists, licensed speech-language pathologists, mental health workers
28 who are also certified nurse assistants, physical therapist assistants, social workers, or any nurse
29 aides with a valid license, even if it is probationary, housekeeping staff, laundry staff, dietary staff,
30 or other similar employees providing direct-care services; provided, however that this definition of
31 direct-care staff shall not include:

32 (A) RNs and LPNs who are classified as “exempt employees” under the federal Fair Labor
33 Standards Act (29 U.S.C. § 201 et seq.); or

34 (B) CNAs, certified medication technicians, RNs, or LPNs who are contracted or

1 subcontracted through a third-party vendor or staffing agency.

2 (4)(i) By July 31, 2021, and July 31 of each year thereafter, nursing facilities shall submit
3 to the secretary or designee a certification that they have complied with the provisions of subsection
4 (a)(3) of this section with respect to the inflation index applied on October 1. The executive office
5 of health and human services (EOHHS) shall create the certification form nursing facilities must
6 complete with information on how each individual eligible employee's compensation increased,
7 including information regarding hourly wages prior to the increase and after the compensation
8 increase, hours paid after the compensation increase, and associated increased payroll taxes. A
9 collective bargaining agreement can be used in lieu of the certification form for represented
10 employees. All data reported on the compliance form is subject to review and audit by EOHHS.
11 The audits may include field or desk audits, and facilities may be required to provide additional
12 supporting documents including, but not limited to, payroll records.

13 (ii) Any facility that does not comply with the terms of certification shall be subjected to a
14 clawback and twenty-five percent (25%) penalty of the unspent or impermissibly spent funds, paid
15 by the nursing facility to the state, in the amount of increased reimbursement subject to this
16 provision that was not expended in compliance with that certification.

17 (iii) In any calendar year where no inflationary index is applied, eighty percent (80%) of
18 the base rate staffing adjustment in that calendar year pursuant to subsection (a)(2)(vi) of this
19 section shall be dedicated to increase compensation for all eligible direct-care workers in the
20 manner referenced in subsections (a)(3)(i), (a)(3)(i)(A), and (a)(3)(i)(B) of this section.

21 (b) **Transition to full implementation of rate reform.** For no less than four (4) years after
22 the initial application of the price-based methodology described in subsection (a)(2) to payment
23 rates, the executive office of health and human services shall implement a transition plan to
24 moderate the impact of the rate reform on individual nursing facilities. The transition shall include
25 the following components:

26 (1) No nursing facility shall receive reimbursement for direct-care costs that is less than
27 the rate of reimbursement for direct-care costs received under the methodology in effect at the time
28 of passage of this act; for the year beginning October 1, 2017, the reimbursement for direct-care
29 costs under this provision will be phased out in twenty-five-percent (25%) increments each year
30 until October 1, 2021, when the reimbursement will no longer be in effect; and

31 (2) No facility shall lose or gain more than five dollars (\$5.00) in its total, per diem rate the
32 first year of the transition. An adjustment to the per diem loss or gain may be phased out by twenty-
33 five percent (25%) each year; except, however, for the years beginning October 1, 2015, there shall
34 be no adjustment to the per diem gain or loss, but the phase out shall resume thereafter; and

1 (3) The transition plan and/or period may be modified upon full implementation of facility
2 per diem rate increases for quality of care-related measures. Said modifications shall be submitted
3 in a report to the general assembly at least six (6) months prior to implementation.

4 (4) Notwithstanding any law to the contrary, for the twelve-month (12) period beginning
5 July 1, 2015, Medicaid payment rates for nursing facilities established pursuant to this section shall
6 not exceed ninety-eight percent (98%) of the rates in effect on April 1, 2015. Consistent with the
7 other provisions of this chapter, nothing in this provision shall require the executive office to restore
8 the rates to those in effect on April 1, 2015, at the end of this twelve-month (12) period.

9 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

1 This act would require the executive office of health and human services to consider a new
2 element when reviewing the appropriate Medicaid payments to be paid to nursing facilities. The
3 act would require the executive office to specifically review the increases in direct and indirect
4 costs beginning October of 2027 to reflect changes using data from the most recent finalized year
5 of a facility's costs.

6 This act would take effect upon passage.

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