Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:16-007

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

March 14, 2017

Anya Radar Walleck Secretary
Executive Office of Health & Human Services
State of Rhode Island& Providence Plantations
74 West Road, Hazard Building
Cranston, RI 02920

Dear Secretary Wallack:

We are pleased to inform you of the approval of Rhode Island State Plan Amendment (SPA) No.16-007, submitted December 22, 2016. Effective November 1, 2016, this SPA grants authority to provide Opioid treatment Centers of Excellence services in the fee for service delivery system, aligning with similar services now available in managed care under recent health home State Plan revisions.

If you have any questions regarding this matter you may contact Lynn DelVecchio (401) 384-0454 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc Darren J. McDonald, Acting Medicaid Director
Melody Lawrence, Interdepartmental Project Manager

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 16-007

2. STATE: RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2016

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN XX☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §440.130

7. FEDERAL BUDGET IMPACT:
FFY 17: $319,200
FFY 18: $547,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Supplement to Page 6; pages 6.35a, 6.35b, and 6.35c
Attachment 4.19B Page 3.10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
NEW

10. SUBJECT OF AMENDMENT:
Opioid Treatment Centers of Excellence

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
XX ☐ OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Anya Rader Wallack

14. TITLE: Acting Secretary

15. DATE SUBMITTED: December 22, 2016

16. RETURN TO:

EOHHS
74 West Rd, Bldg. 74
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 22, 2016

18. DATE APPROVED: March 14, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health, Boston Regional Office

23. REMARKS:

FORM HCFA-179 (07-92)

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) waivered physician, waivered 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, waivered PA, or waivered 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.

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 aminimum 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

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) waivered physicians, waivered PA's and/or waivered 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

OFFICIAL

Rehabilitative Services (cont.)

Centers of Excellence for Opioid Treatment

Payment Methodology:
Effective November 1, 2016, the RI Medicaid Agency pays Centers of Excellence for Opioid Treatment (COE) providers for services only if 1) the participant has been diagnosed with opioid use disorder and is appropriate for MAT and 2) the COE provider has obtained certification as a COE from RI BHDDH in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency will pay COE providers a one-time payment per enrollee for induction activities at the time of initial enrollment/assessment and thereafter, a per diem payment until date of discharge to community, but no longer than six (6) months, unless the provider was granted approval from BHDDH for extension of enhanced COE services. The RI Medicaid Agency pays one of two different induction payment rates for COE services depending on the capacity of providers, as defined herein. Providers are not able to bill the induction fee and a per diem rate on the same day.

COE Induction Fee
COEs will be certified at two levels to ensure timely access to MAT services. Level 1 providers are those that have the ability to meet the requirement of admitting all individuals within twenty-four (24) hours of referral. Level 2 providers are those that have the ability to meet the requirement to admit all patients within forty-eight (48) hours Saturday through Thursday and within seventy-two (72) hours for referrals made on Friday. Level 1 providers will receive an enhanced rate for induction to support the requirement of having physician availability seven (7) days per week. The Induction payment is structured to capture the costs for the initial assessment process (complete biopsychosocial assessments, physical examination, observed medication induction, and initial individualized treatment planning).

Per Diem COE Rate
Post induction, the RI Medicaid Agency will pay providers a per diem bundled rate until date of discharge to community, but no longer than six (6) months. The per diem bundled rate accounts for all COE services (continued 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; readmission and re-stabilization of individuals who have relapsed or are experiencing crisis). COE rates do not include the cost of the medications, nor does it include the continued outpatient clinical, case management and peer support services that COEs will provide to patients who have successfully discharged to the community. The COE provider will need to bill FFS for these services.

Payment Rates

Payment Type	Payment Amount	Limitations
Level 1 Induction Fee	$600.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Level 2 Induction Fee	$400.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Per Diem Bundled Rate	$17.86 per member per day	Limited to six (6) months duration, unless the provider was granted approval from BHDDH for extension of enhanced COE services