

**Medicaid Section 1115 Substance Use Disorder Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

*The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.*

<b>State</b>	Rhode Island
<b>Demonstration name</b>	Rhode Island Comprehensive Demonstration: Opioid Use Disorder/Substance Use Disorder Program
<b>Approval period for section 1115 demonstration</b>	1/1/2019 – 12/31/2023
<b>SUD demonstration start date<sup>a</sup></b>	1/12019
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	7/1/2019
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p>Effective upon CMS’ approval of the OUD/SUD Implementation Plan Protocol, the demonstration benefit package for Rhode Island Medicaid recipients will include OUD/SUD treatment services, including short term residential services provided in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD), which are not otherwise matchable expenditures under section 1903 of the Act. The state will be eligible to receive FFP for Rhode Island Medicaid recipients who are short-term residents in IMDs under the terms of this demonstration for coverage of medical assistance, including OUD/SUD benefits that would otherwise be matchable if the beneficiary were not residing in an IMD.</p> <p>Rhode Island must aim for a statewide average length of stay of 30 days in residential treatment settings, to be monitored pursuant to the SUD Monitoring Plan as outlined below, to ensure short-term residential treatment stays. Under this demonstration, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions.</p> <p>The coverage of OUD/SUD treatment services and withdrawal management during short term residential and inpatient stays in IMDs will expand Rhode Island’s current SUD benefit package available to all Rhode Island Medicaid recipients, including peer support services authorized under 1115 demonstration authority as described in STC 99. Room and board costs are not considered allowable costs for residential treatment service providers unless they qualify as inpatient facilities under section 1905(a) of the Act.</p>
<b>SUD demonstration year and quarter</b>	<i>SUD DY5Q1</i>

**Reporting period**

01/01/2023-03/31/2023

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

*Quarterly Metrics that saw a +/-2% change in counts or rates from month to month in 2022 quarter 4 are as follows: Metric 8: Outpatient Services, Metric 9: Intensive Outpatient and Partial Hospitalization Services, Metric 10: Residential and Inpatient Services, Metric 11: Withdrawal Management, Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries, and Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries.*

*Month-to-month change is not calculated due to small cell size <11 for one of the reporting months for Metric 7: Early Intervention.*

*Changes in Metrics 10 and 24 may be due to the fact that a residential SUD provider experienced a shut-down during this time due to a problem with the building’s oil burner. The interruption of access to their residential services may have led to an increase in inpatient utilization. For all other monthly changes, the state is not aware of any specific factors that led to the changes.*

*Annual Metrics that saw a +/-2% change in counts or rates are as follows: Metric 4: Medicaid Beneficiaries with SUD Diagnosis (annual), Metric 5: Medicaid Beneficiaries Treated in an IMD for SUD (annually), Metric 13: SUD Provider Availability (annual), Metric 14: SUD Provider Availability – MAT (annual), Metric 18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (annual), Metric 22: Continuity of Pharmacotherapy for Opioid Use Disorder (annual), Metric 26: Overdose Deaths (annual count), Metric 27: Overdose Deaths (rate) (annual), Metric 36: Average Length of Stay in IMDs (annual).*

*For Metrics 26 and 27, the state believes the changes may be due to data lag in 2022. For all other annual changes, the state is not aware of any specific factors that led to the changes.*

### 3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	X	Metric 3: Medicaid Beneficiaries with SUD Diagnosis (monthly)  Metric 4: Medicaid Beneficiaries with SUD Diagnosis (annually)	Metric 4: The number of Medicaid Beneficiaries with SUD Diagnosis decreased 4.2% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.
<b>1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration			*EXAMPLE: The state is expanding the clinical criteria to include # diagnoses
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			*EXAMPLE: The state projects an #% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on MM/DD/YYYY.
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>	<p>X</p>	<p>Metric 6: Any SUD Treatment (monthly)</p>	
	<p>X</p>	<p>Metric 7: Early Intervention</p>	<p>N/A</p>
		<p>Metric 8: Outpatient Services</p>	<p>Metric 8: Outpatient Services decreased by 1.1% from October 2022 to November 2022 and decreased 3.3 % between November 2022 to December 2022. Rhode Island is not aware of any specific factors that led to this change.</p>
		<p>Metric 9: Intensive Outpatient and Partial Hospitalization Services</p>	<p>Metric 9: Intensive Outpatient and Partial Hospitalization decreased by 2.2% October 2022 to November 2022 and increased 0.7 % between November 2022 to December 2022. Rhode Island is not aware of any specific factors that led to this change.</p>
		<p>Metric 10: Residential and Inpatient Services</p>	<p>Metric 10: Residential and Inpatient Services Hospitalization increased by 1.2% October 2022 to November 2022 and increased 26.0 % between November 2022 to December 2022. One possible explanation for this change might be that a residential SUD provider experienced a shut-down during this time due to a problem with the building’s oil burner. Some people who would have used that residential provider might have used inpatient services instead.</p>

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

	X	<p>Metric 11: Withdrawal Management</p> <p>Metric 12: Medication Assisted Treatment (MAT)</p> <p>Metric 22: Continuity of Pharmacotherapy for Opioid Use Disorder (annual)</p>	<p>Metric 11: Withdrawal Management decreased by 2.2 % from October 2022 to November 2022 and increased 35.0% between November 2022 to December 2022. Rhode Island is not aware of any specific factors that led to this change.</p> <p>Metric 22: Continuity of Pharmacotherapy for Opioid Use Disorder decreased 6.1% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.</p>
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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			
2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		Metric 5: Medicaid Beneficiaries Treated in an IMD for SUD (annually)  Metric 36: Average Length of Stay in IMDs (annual)	Metric 5: Medicaid Beneficiaries Treated in an IMD for SUD decreased 19.2% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.  Metric 36: The Average Length of Stay in IMDs metric increased 17.1% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  3.2.1.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria			
3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.  Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.			
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.b Review process for residential treatment providers' compliance with qualifications			
4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		Metric 13: SUD Provider Availability (annual)  Metric 14: SUD Provider Availability – MAT (annual)	Metric 13: The SUD Provider Availability metric decreased 2.6% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.  Metric 14: The SUD Provider Availability – MAT metric increased 18.2 % from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.
<b>5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metric 18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (annual)  Metric 21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) (annual)  Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries  Metric 27: Overdose Deaths (rate) (annual)	Metric 18: The Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) metric decreased 3.4% from 2021 to 2022. Rhode Island is not aware of any specific factors that led to this change.  Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries decreased by 5.7 % from October 2022 to November 2022 and decreased 4.6% between November 2022 to December 2022. Rhode Island is not aware of any specific factors that led to this change.  Metric 27: The rate of Overdose Deaths metric decreased 44.4 % from 2021 to 2022. Rhode Island thinks this change might be a product of data lag in 2022.
<b>6.2 Implementation update</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b Expansion of coverage for and access to naloxone			
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		Metric 25: Readmissions Among Beneficiaries with SUD (annual)	
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.			



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			
8.2.1.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels			
8.2.1.e Other aspects of the state’s health IT implementation milestones			
8.2.1.f The timeline for achieving health IT implementation milestones			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT.			
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		<p>Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>Metric 26: Overdose Deaths (annual count)</p> <p>Metric 32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (annual)</p>	<p>Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries increased by 6.1 % October 2022 to November 2022 and increased 6.4 % between November 2022 to December 2022. Rhode Island thinks this might be due to the temporary shut-down of a residential SUD provider, as noted above.</p> <p>Metric 26: The Overdose Deaths count metric decreased 41.8% 2021 to 2022. Rhode Island thinks this change might be a product of data lag in 2022.</p>
<b>9.2 Implementation update</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.			

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.		

Prompts	State has no update to report (place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.c Partners involved in service delivery		

Prompts	State has no update to report (place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		
11.2.3 The state is working on other initiatives related to SUD or OUD.		
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).		

Prompts	State has no update to report (place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

Prompts	State has no update to report (place an X)	State response
<b>13. Other SUD demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.		
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports		
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.		



Prompts	State has no update to report (place an X)	State response
<b>13.2 Post-award public forum</b>		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		

Prompts	State has no update to report (place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:  
*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*  
*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*