

**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.

State	Rhode Island
Demonstration name	Rhode Island Comprehensive Demonstration: Opioid Use Disorder/Substance Use Disorder Program
Approval period for section 1115 demonstration	1/1/2019 – 12/31/2023
SUD demonstration start date^a	1/12019
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	7/1/2019
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<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>
SUD demonstration year and quarter	<i>SUD DY4Q4</i>

Reporting period	10/01/2022-12/31/2022
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^a **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.

^b **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 3 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 12: Medication Assisted Treatment (MAT), 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.

For Metric 10, a provider of residential services had stopped admissions in late March and restarted in late May; the monthly increases are likely related to individuals being able to access this provider again. For Metrics 23 and 24, the re-started availability of residential beds when the residential service provider restarted admissions in May likely led to decreased ED and inpatient utilization.

For Metric 12, the decrease between August and September may be due to ongoing workforce shortages for methadone providers due to burnout from the pandemic.

For Metrics 8, 9, and 11, the state is not aware of any factors that specifically contributed to the monthly 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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
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)	
1.2 Implementation update			
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			<i>*EXAMPLE: The state is expanding the clinical criteria to include # diagnoses</i>
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			<i>*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.</i>
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
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

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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>Metric 7: Early Intervention</p> <p>Metric 8: Outpatient Services</p> <p>Metric 9: Intensive Outpatient and Partial Hospitalization Services</p> <p>Metric 10: Residential and Inpatient Services</p>	<p>N/A</p> <p>Metric 8: Outpatient Services increased by 3.2 % from July 2022 to August 2022 and decreased 1.6 % between August 2022 and September 2022. The state is not aware of any factors that specifically contributed to the change from July to August.</p> <p>Metric 9: Intensive Outpatient and Partial Hospitalization increased by 1.1 % from July 2022 to August 2022 and decreased 7.7 % between August 2022 and September 2022. The state is not aware of any factors that specifically contributed to these changes.</p> <p>Metric 10: Residential and Inpatient Services Hospitalization increased by 5.5 % from July 2022 to August 2022 and increased 12.3 % between August 2022 and September 2022. A provider of residential services had stopped admissions in late March and restarted in late May; these increases are likely related to individuals being able to access this provider again.</p> <p>Metric 11: Withdrawal Management increased by 6.4</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
		<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>% from July 2022 to August 2022 and increased 29.0 % between August 2022 and September 2022. The state is not aware of any factors that specifically contributed to these changes.</p> <p>Metric 12: Medication Assisted Treatment (MAT) increased by 0.7 % from July 2022 to August 2022 and decreased 2.1% between August 2022 and September 2022. The decrease between August and September may be due to ongoing workforce shortages for methadone providers due to burnout from the pandemic.</p>
<p>2.2 Implementation update</p>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
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)	
3.2. Implementation update			
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			
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
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
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.			
4.2 Implementation update			
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
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
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)	
5.2 Implementation update			
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
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
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 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries increased by 1.3 % from July 2022 to August 2022 and decreased 13.3% between August 2022 and September 2022. The re-started availability of residential beds when the provider restarted admissions in May likely led to decreased ED utilization.
6.2 Implementation update			

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
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
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)	
7.2 Implementation update			
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
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			
8.2 Implementation update			
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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[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
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.			
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric 26: Overdose Deaths (annual count) Metric 32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (annual)	Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries increased by 3.9 % from July 2022 to August 2022 and decreased 8.4 % between August 2022 and September 2022. The re-started availability of residential beds when the provider restarted admissions in May likely led to decreased inpatient utilization in the later part of the summer.
9.2 Implementation update			
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
10. Budget neutrality		
10.1 Current status and analysis		
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.		
10.2 Implementation update		
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
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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.		
11.2 Implementation update		
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
12. SUD demonstration evaluation update		
12.1 Narrative information		
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.	X	
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.	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
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.	X	
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.	X	
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	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
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.	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
<p>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.</p>		<p>On October 18, 2022 at 8:30am, EOHHS hosted a Public Forum in order to afford the public an opportunity to provide comment on the progress of the Demonstration. The Forum took place at 3 West Road in Cranston, RI. EOHHS posted the Annual Demonstration Monitoring Report for CY2021 on the EOHHS website in advance of the Forum.</p> <p>Rhode Island did not receive any comments specific to the SUD Demonstration. There were two comments: One commenter requested that EOHHS ensure more transparency with the metrics on the success of the workforce funding that has been spent. The second recommended that EOHHS expand home stabilization provider qualification criteria to include those with less than a bachelor’s degree and that EOHHS expand the eligibility criteria for Medicaid members able to receive the services beyond those with mental health or chronic disease conditions.</p>

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
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:
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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.”