

**July 5<sup>th</sup>, 2018**

*\*Note: This template is being finalized for review and approval by OMB. It is structured for easy and consistent use by states and will facilitate cross state assessment and the identification of trends, challenges and best practices to support learning collaboration and policy / operations enhancements as may be needed. Until such time, its use is optional, although it conveys the nature and extent of monitoring information that CMS is seeking on SUD demonstrations, and the state's comments on its structure and ease of use are helpful in finalizing it. The SUD STCs require the state's compliance with Federal Systems Updates. As federal systems continue to evolve and incorporate additional 1115 waiver reporting and analytics functions, the state is required to work with CMS to:*

- a. Revise the reporting templates and submission processes to accommodate timely compliance with the requirements of the new systems;*
- b. Ensure all 1115, T-MSIS, and other data elements that have been agreed to for reporting and analytics are provided by the state; and*
- c. Submit deliverables to the appropriate system as directed by CMS.*

*When this template is OMB approved, then the state will be required to use it.*

**1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration**

*The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.*

<b>State</b>	Rhode Island
<b>Demonstration Name</b>	Rhode Island Comprehensive Demonstration: Opioid Use Disorder/Substance Use Disorder Program
<b>Approval Date</b>	December 21, 2018
<b>Approval Period</b>	January 1, 2019 through December 31, 2023
<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. 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>

## 2. Executive Summary

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

Rhode Island anticipates a normal reporting schedule, with Demonstration Year 11, the present year and initial period of the SUD demonstration, to serve as the baseline for all reported measures. To account for delay in receiving claims data, initial quantitative reporting will take place in Demonstration Year 12, Quarter 2. Some revisions in measure reporting are requested, but no significant limitations are expected.

Significant work is underway in Rhode Island that may impact the SUD demonstration, most prominently the expansive work being done under the State Opioid Response award reported in the implementation plan. Average length of stay, the measure that serves as our primary monitoring goal, is expected to have a high baseline value due to Medicaid Fee-For-Service policies surrounding reimbursement, as well as Rhode Island's commitment to funding SUD treatment services for the uninsured, undocumented, and underinsured. Maximum length of stay in an IMD for these populations is 90 days.

**3. Narrative Information on Implementation, by Reporting Topic**

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for			

SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: 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)?	DY11 Q1		Two additional Centers of Excellence locations have opened, increasing the number from 14 to 16 available locations provided by 5 entities. We also anticipate a new Opioid Treatment Location opening in the future.  Previously we stated that there would be a Train the Trainer program on Medication Assisted Recovery Support services (MARS) for Peer Recovery Specialists offered free of charge to all certified peers in the state. We issue a correction that it will be offered to 10 peers free of charge as a pilot.

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 individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan,	DY11 Q1		Requirements for use of ASAM placement criteria have changed since the implementation plan was submitted. BHDDH is currently seeking approval to continue use of the ASAM placement criteria at all levels of care.

<p>have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:                             <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>			
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.</p>	<p>DY11 Q1</p>		<p>Rhode Island is pursuing several funding avenues with which to pilot Telehealth initiatives across the state. A primary objective would be to supply psychiatry and clinical assessment support for SUD in underserved settings, including Federally Qualified Health Centers and Opioid Treatment Locations. Telehealth staff will provide assistance in making referrals to appropriate levels of care.</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b></p>			
<p><b>4.2.1 Metric Trends</b></p>			

<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.</p>			
<p><input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.</p>			
<p><input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.</p>			
<p><b>4.2.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</li> <li>b. State review process for residential treatment providers' compliance with qualifications standards?</li> <li>c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?</li> </ul>	<p>DY11 Q1</p>		<p>Previously we reported that State Opioid Response grant funds will be used to release Requests for Proposals to support the startup of new SUD residential treatment facilities. We pursue that work to open a residential facility for women and dependent children, and wish to clarify that the additional two facilities will both be gender-specific male residential treatment without further eligibility requirements (such as co-occurring disorders or transitional youth). This is in response to the continued wait times for male patients seeking treatment.</p>



<p>Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.</p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b></p>			
<p><b>5.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>5.2.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in</p>	<p>DY11 Q1</p>		<p>Rhode Island’s Governor’s Opioid Overdose Task Force has targeted as a strategic priority increasing appropriate prescriptions for buprenorphine by currently accredited prescribers. Although Rhode Island’s capacity for buprenorphine prescriptions is high, many prescribers have low utilization of their DATA-waived capability, and BHDDH is seeking methods to increase appropriate prescribing in a multitude of settings.</p>

across the continuum of SUD care?			
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?	DY11 Q1		BHDDH intends to utilize expanded State Opioid Response grant funding to launch a public awareness campaign reducing stigma around OUD and encouraging engagement in prevention, rescue, treatment, and recovery resources.

b. Expansion of coverage for and access to naloxone?			
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?	DY11 Q1		Rhode Island Medicaid now provides reimbursement for certified Peer Recovery Specialists in the state. We anticipate peers assisting in care transitions by providing warm hand-offs from residential treatment to the next level of care.

<p>Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.</p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>8.2 SUD Health Information Technology (Health IT)</b></p>			
<p><b>8.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.</p>			
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>11.2.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> </ul>	<p>DY11 Q1</p>		<p>Given the demonstrated success under Rhode Island’s State Innovation Model Test Grant of the Care Management Dashboards and Alerts systems, the state will seek to expand the system into additional practices, including Accountable Entities. The Care Management Dashboards and Alerts provide real-time notification of ED admission, inpatient admission, transfer, and discharge for patients attributed to providers. Incidents related to potential SUD overdose are flagged.</p>

<p>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</p> <p>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?</p> <p>e. Other aspects of the state’s health IT implementation milestones?</p> <p>f. The timeline for achieving health IT implementation milestones?</p> <p>g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.</p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>9.2 Other SUD-Related Metrics</b></p>			
<p><b>9.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to</p>			

assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
<p>Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact 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 report template instructions for more detail.</p>	DY11 Q1		<p>Medicaid FFS does not require prior authorization or ongoing authorization for services; this results in a high average length of stay as a baseline. In addition, the uninsured, underinsured, and those experiencing gaps in coverage (such as when a patient switches health plans or moves from FFS to managed care) have IMD services paid for through Rhode Island's block grant funds. This is covered for a maximum of 90 days, which will also increase average length of stay.</p>
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. How the delivery system operates under the</p>			

demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?	DY11 Q1		Rhode Island’s awarded State Opioid Response (SOR) grant will proceed as described in the implementation plan. Additional initiatives funded through SOR will be articulated in the monitoring reports if they impact the SUD demonstration.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
Provide updates on SUD evaluation work and timeline. The appropriate content will			Please see associated Evaluation Plan.



depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.			
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.			Please see associated Evaluation Plan.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Please see associated Evaluation Plan.
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			

<p>Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to:</p> <ul style="list-style-type: none"> <li>a. The schedule for completing and submitting monitoring reports?</li> <li>b. The content or completeness of submitted reports? Future reports?</li> </ul>			
<p>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</p>			
<p><input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.</p>			
<p><b>13.1.2 Post Award Public Forum</b></p>			
<p>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 report.</p>			
<p><input checked="" type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.</p>			

<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
<p>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.</p>			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			