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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. 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]	1/1/2019
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	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. 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.
SUD demonstration year and quarter	*SUD DY3Q4*
Reporting period	*10/01/2021 - 12/31/2021*

[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 12/15/2020, with an effective date of 1/1/2021 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 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 between the current quarter and previous quarter are as follows:

Metric 3: Medicaid Beneficiaries with SUD Diagnosis (monthly), Metric 6: Any SUD Treatment (quarterly), Metric 7: Early Intervention, 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.

Annual Metrics that saw a +/-2% change in counts or rates between the current year and previous year are as follows: Metric 4: Medicaid Beneficiaries with SD Diagnosis, Metric 26: Overdose Deaths, Metric 22: Continuity of Pharmacotherapy for Opioid Use Disorder, Metric 36: Average Length of Stay in IMDs, Metric 18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD, Metric 25: Readmissions Among Beneficiaries with SUD. No changes greater than 2% were found in metric 5, metric 27 and metric 32.

Decreases in Metrics 6, 7, 8, 9, 10, 11, 12, 22, 23, 24, and 25 are believed to be directly related to reduced capacity due to COVID-19 quarantine measures and workforce issues. Similarly, changes in Metrics 3 and 4 are believed to be due to concerns about COVID-19

and workforce shortages, and for Metric 36, while RI is not aware of what drove this change, the fact that people had to be quarantined before joining any group work may have delayed treatment plan completion.

RI believes that increases in Metrics 13 and 14 were likely driven by new telehealth options. In addition, entry of a new Detox provider in 2021 may have contributed to the increase in Metric 13, while for Metric 14, change in ownership of five MAT clinics in 2020 might have depressed 2020 utilization followed by stabilization (increase relative to 2020) in 2021.

Metric 26 likely increased because RI, like many of the East Coast states, saw an influx of highly toxic fentanyl which was directly related to the increased number of overdoses.

Metric 21 may have decreased due to stricter prescribing rules set forth by the RI Dept. of Health for benzodiazepines.

RI is not aware of the reasons for the change in Metric 18, but notes that all information points to lower prescription drug use and higher fentanyl doses.

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 3: Medicaid Beneficiaries with SUD Diagnosis decreased by 2.8% quarterly between DY3Q4 and DY4Q1. The fact that relatively few new RI Medicaid beneficiaries were admitted to treatment is believed to be primarily due to COVID-19 concerns and workforce shortages.
		Metric 4: Medicaid Beneficiaries with SUD Diagnosis (annually)	Metric 4: Medicaid Beneficiaries with SUD Diagnosis decreased by 4.5% annually between DY3Q1 and DY4Q1. The fact that relatively few new RI Medicaid beneficiaries were admitted to treatment is believed to be primarily due to COVID-19 concerns and workforce shortages.
		Metric 5: Medicaid Beneficiaries Treated in an IMD for SUD (annually)	Metric 5: Medicaid Beneficiaries Treated in an IMD for SUD did not change greater than 2%.
		Metric 26: Overdose Deaths (annual count)	Metric 26: Overdose death increased 4.1% annually between DY3Q1 and DY4Q1. RI, like many of the East Coast states, saw an influx of highly toxic fentanyl which was directly related to the increased number of overdoses.
		Metric 32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (annual)	Metric 32: Access to Preventive/ Ambulatory Health Services rate increased 1.6% annually between DY3Q1 and DY4Q1
1.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration			**EXAMPLE: The state is expanding the clinical criteria to include X diagnoses*
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			**EXAMPLE: The state projects an x% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on X date.*
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			

2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		Metric 6: Any SUD Treatment (monthly)	Metric 6: Any SUD Treatment decreased by 7.6 % between DY3Q4 and DY4Q1. The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
		Metric 7: Early Intervention	Metric 7: Early Intervention decreased by 42% between DY3Q4 and DY4Q1 The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
		Metric 8: Outpatient Services	Metric 8: Outpatient Services decreased by 21.6% between DY3Q4 and DY4Q1 The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
		Metric 9: Intensive Outpatient and Partial Hospitalization Services	Metric 9: Intensive Outpatient and Partial Hospitalization Services decreased by 4.6% between DY3Q4 and DY4Q1 The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
		Metric 10: Residential and Inpatient Services	Metric 10: Residential and Inpatient Services decreased by 20.6 % between DY3Q4 and DY4Q1 Bed capacity changed due to reduced capacity due to COVID 19 quarantine measures.
		Metric 11: Withdrawal Management	Metric 11: Withdrawal Management increased by 11.7% between DY3Q4 and DY4Q1 The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Metric 12: Medication Assisted Treatment (MAT)	Metric 12: Medication Assisted Treatment (MAT) decreased by 12.7% between DY3Q4 and DY4Q1 The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues
		Metric 22: Continuity of Pharmacotherapy for Opioid Use Disorder (annual)	Metric 22: Continuity of Pharmacotherapy rate for OUD decreased 75.8% between DY3Q1 and DY4Q1. RI believes the decrease was due to reduced capacity due to COVID 19 quarantine measures and workforce issues.
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.i. 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.ii. 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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 36: Average Length of Stay in IMDs (annual)	Metric 36: Average Length of Stay in IMDs increased 9.8% between DY3Q1 and DY4Q1. RI is not aware of what drove this change, except that people had to be quarantined before joining any group work, which may have delayed treatment plan completion.
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.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.ii. 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.*		Not available	
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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			
4.2.1.iii. 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)	Metric 13: Available SUD provider increased 3.7% between DY3Q1 and DY4Q1. A new Detox provider was added in 2021. Also, telehealth options may have driven this metric. Metric 14: Available SUD provider (MAT) increased 5.1% between DY3Q1 and DY4Q1. RI saw a change in the ownership of 5 MAT clinics. The change in staff may have affected the loss in 2020 and led to stabilization in 2021. Also, Telehealth and take-home medications (MAT) options may have driven this metric.
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 in 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			
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 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 18: Use of Opioids at High Dosage rate in Persons decreased 46.8% between DY3Q1 and DY4Q1. The state is unaware of what drove this metric. All information points to lower prescription pills but higher fentanyl doses.
		Metric 21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) (annual)	Metric 21: Concurrent Use of Opioids and Benzodiazepines rate decreased 25.5% between DY3Q1 and DY4Q1. Stricter prescribing rules set forth by the RI Dept. of Health for benzodiazepines may have driven this metric change.
		Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries decreased by 13.4% between DY3Q4 and DY4Q1. The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
		Metric 27: Overdose Deaths (rate) (annual)	Metric 27: No change +/- 2 percent occurred for overdose deaths
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			
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)	Metric 25: Readmissions Among Beneficiaries with SUD decreased 3.7% between DY3Q1 and DY4Q1. The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
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			
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		Not available	
8.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD			
8.2.1.iii. 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.iv. Other aspects of the state's health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. 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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries decreased by 25.2% between DY3Q4 and DY4Q1. The decrease was directly related to reduced capacity due to COVID 19 quarantine measures and workforce issues.
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		
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 report template 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.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		

Prompts	State has no update to report (Place an X)	State response
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.iii. Partners involved in service delivery		
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)		
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 report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template 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
13. Other 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		
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: 13.1.3.i. The schedule for completing and submitting monitoring reports		
13.1.3.ii. The content or completeness of submitted reports and/or future reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		
13.2 Post-award public forum		
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 report.		

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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