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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 25, 2021

Womazetta Jones, Secretary

Executive Office of Health and Human Services State of Rhode Island

3 West Road

Cranston, Rhode Island 02920

Re: Rhode Island State Plan Amendment (SPA) 21-0002

Dear Secretary Jones:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-002. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. CMS notes that Rhode Island covered all required MAT services to treat Opioid Use Disorder (OUD) elsewhere in the state plan prior to the October 1, 2020 effective date of the SPA. This letter is to inform you that Rhode Island's Medicaid SPA Transmittal Number 21-002 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing Rhode Island to

modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing Rhode Island to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 26, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Joyce Butterworth at 857-338-0554.

Sincerely,

A solid black rectangular box used to redact the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Benjamin Shaffer, Deputy Secretary and Acting Medicaid Director
Melody Lawrence, Director of Policy and Delivery System Reform

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER:
21-0002

2. STATE
RI

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

4. PROPOSED EFFECTIVE DATE
October 1, 2020

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

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

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

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(29) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 3.1-A Page 9a~~
Attachment 3.1 A Supplement 1 to Page 9a Pages 9a.1 to 9a.6
Attachment 4.19-B Page 3D.

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

NEW

10. SUBJECT OF AMENDMENT:
Medication-Assisted Therapy

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

XX ☐ OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

13. TYPED NAME: Womazetta Jones

14. TITLE: Secretary

15. DATE SUBMITTED: March 30, 2021

FOR REGIONAL OFFICE USE ONLY

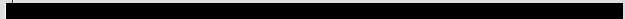
17. DATE RECEIVED: March 30, 2021

18. DATE APPROVED: June 24, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Ruth A. Hughes

22. TITLE:
Acting Director, Division of Program Operations

23. REMARKS:

Pen & ink change to add correct page numbers and to add 4.19-B Page 3D.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement 1 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. For the period of October 1, 2020 through September 30, 2025 Medication Assisted Treatment is (MAT) to treat Opioid Use Disorder is exclusively covered under section 1905(a)(29).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

1905(a)(29) Medication-Assisted Treatment (MAT)

The state covers the following counseling services and behavioral health therapies as part of MAT:

- Individual Therapy
- Group Therapy
- Medication Administration

b) Please include each practitioner and provider entity that furnishes each service and component service.

1. The Administration of Medication can be furnished by:

- Licensed physician
- Licensed PA
- Licensed APRN

2. Group and Individual Therapy:

- Practitioners of Group Therapy and Individual Therapy include:
- Licensed Independent Practitioner
- Masters Degree with license
- Registered nurse
- Licensed Chemical Dependence Clinical Supervisor Licensed Chemical Dependency Professional
- Master's Degree staff working toward licensure,

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

1. Medication Administration

- *Licensed Physicians*: must be in good standing with a current federal waiver to dispense narcotic drugs for narcotic treatment (as per 21 USC. 823(g)(2)), current registration or exemption to dispense dangerous drugs as per state law, and who is employed by or contracted with a federally certified OTP, licensed with the State Substance Authority (BHDDH).
- *Physician Assistants and APRNs* administering medications: must be in good standing, supervised, when required, by a physician described above, exempt from regulatory requirements for OTPs (42 CFR 8.11(h)), and employed by or contracted with a certified OTP contracted with the State.

2. Individual and Group Therapy Services

Provided through entities licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) to provide substance abuse treatment services. Individual clinicians must have, at a minimum, the following qualifications:

- Licensed Independent Practitioner --- or ---
- Masters Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services --- or ---
- Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services --- or ---
- Licensed Chemical Dependence Clinical Supervisor --- or --- Licensed Chemical Dependency Professional --- or ---
- Master's Degree staff working toward licensure

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the
following that apply)

 X Generic first policy

 X Preferred drug lists

 X Clinical criteria

 Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs,
biologicals, and counseling and behavioral therapies related to MAT.

There are no explicit quantitative limitations on MAT drugs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island**1905(a)(29) Medication-Assisted Treatment (MAT)**

The state utilizes the following payment methodologies for MAT services:

- Methadone is paid for via a fee schedule, effective October, 1, 2020, which is accessible here <https://eohhs.ri.gov/providers-partners/fee-schedules>
 - Methadone is reimbursed as a part of a bundle that includes administration and labs.
- Buprenorphine is reimbursed in accordance with the payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page 2a-2b
- Naltrexone is reimbursed in accordance with payment methodology for Covered Outpatient Drugs, as described on Attachment 4.19B Page 2a-2b
- Group Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 3.5
- Individual Therapy is reimbursed on a fee for service basis described on Attachment 4.19B Page 3.5
- The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for Prescribed Drugs located in Attachment 4.19-B, pages 2c and 2d, for drugs that are dispensed or administered.