

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0025-A

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

July 29, 2022

Ana P. Novais, MA, Acting Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 21-0025-A


Dear Acting Secretary Novais:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0025-A. This amendment and was submitted to temporarily increase rates of payment for Assertive Community Treatment (ACT) services as a component of Rhode Island's 9817 plan implementation.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130. This letter is to inform you that Rhode Island Medicaid SPA Transmittal Number 21-0025-A is approved effective 12/01/2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

 Digitally signed by James
. Scott -S
Date: 2022.07.29 12:29:35
05'00'

James G. Scott, Director
Division of Program Operations

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1</u> — <u>0 0</u> <u>2 5</u> -A	2. STATE <u>RI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
12/1/2021

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396d 42 CFR 440.130.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 5,099,000
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
MacPro
Attachment 3.1-A, Supplement to Page 6, p. 6.35 to 6.37
Attachment 4.19-B, Page 3.11 to 3.12

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
New
New

9. SUBJECT OF AMENDMENT

Assertive Community Treatment (ACT) Temporary Rate Increases

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Womazetta Jones

13. TITLE
Secretary

14. DATE SUBMITTED
12/30/21

15. RETURN TO
EOHHS
3 West Rd. Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
21-0025-A submitted 06/22/2022

17. DATE APPROVED
July 29, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
12/01/2021

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2022.07.29 12:30:10 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS Pen and ink change permitted by the state to reflect this is a split SPA from RI 21-0025.
On 12/30/2021, RI submitted a proposed Health Homes State Plan amendment (SPA) submitted under transmittal number (TN) 21- 0025. This plan amendment has a proposed effective date of December 1, 2021 and was submitted to temporarily increase rates of payment for Assertive Community Treatment (ACT) services as a component of Rhode Island's 9817 plan implementation. RI 21-0025 was reviewed against the state's most recently approved health home SPA (18- 006). CMS determined that ACT services are not a Health Home benefit and should be removed from the reviewable units of RI 21-0025 Health Home SPA as noted in an RAI sent to the state on March 24, 2021. CMS recommended that the state submit new 3.1-A coverage and 4.1-B reimbursement pages under Rhode Island's rehabilitative services benefit at 42 CFR 440.130, which the state did on 06/22/2022. The addition of Attachment 3.1-A and 4.19-B provisions for ACT are numbered as RI TN 21-0025A.

13D. Rehabilitative Services (cont.)

§1905(a)(13) Rehabilitative Services

Assertive Community Treatment (ACT) Services

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for individuals with severe mental illness who are at high risk of homelessness, psychiatric crisis and hospitalizations and involved in the criminal justice system. This mental health program is comprised of a multidisciplinary staff, including peer specialists, who work as a team to provide the individualized psychiatric treatment, rehabilitation, and support services clients need for the maximum reduction of physical or mental disability and restoration to their best possible functional level.

Component services include:

- Service Coordination/Care Coordination
 - o Includes treatment plan development and monitoring, supportive counseling, crisis response, and community resource coordination.
- Crisis Assessment and Intervention
 - o Crisis assessment and intervention shall be available 24 hours per day, seven (7) days per week. These services include telephone and face-to-face contact and are provided in coordination with the local mental health system's emergency services program as appropriate.
- Symptoms Assessment and Management
 - o This shall include but is not limited to:
 - Ongoing comprehensive assessment of the client's mental illness symptoms, accurate diagnosis, and response to treatment;
 - Individual and family psycho-education regarding mental illness and the effects and side effects of prescribed medications;
 - Symptom-management efforts directed to help clients identify/target the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen the negative effects of the illness and restore the individual to maximal function;
 - Counseling; and
 - Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals, cope with the stressors of day-to-day living, and recover.
- Medication Prescription, Administration, Monitoring and Documentation
 - o Includes education regarding medication, benefits, and risks and documentation of the client's mental illness symptoms and behavior in response to medication by the ACT team psychiatrist. ACT team members will monitor and document medication side effects and provide supportive services. The CMHO will conduct medication reconciliation for all medications after all in-client stays.

13D. Rehabilitative Services (cont.)

- Co-Occurring Substance Use Disorder Services
 - o Provision of a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance use, and has client-determined goals. These services, provided by an addiction treatment professional, shall include but are not limited to individual and group interventions in:
 - Engagement (e.g. empathy, reflective listening, avoiding argumentation)
 - Assessment (e.g. stage of readiness to change, client-determined problem identification)
 - Motivational enhancement (e.g. developing discrepancies, psychoeducation)
 - Active treatment (e.g. cognitive skills training, community reinforcement)
 - Continuous relapse prevention (e.g. trigger identification, building relapse prevention action plans)
- Vocational Support Services:
 - o Psychosocial rehabilitation services to assist individuals to manage the disabling symptoms of mental illness in workplace settings, develop strategies to resolve issues in such settings, and restore and maintain functional skills necessary to maintain employment goals. Services do not include vocational placement or job training services.
- Psychosocial Rehabilitation Services
 - o Psychosocial rehabilitation services to support rebuilding of social/interpersonal skills, includes supportive individual therapy; social skill teaching and assertiveness training; planning, structuring, and prompting of social activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure clients' time, increase social experiences, and provide opportunities to practice social skills and receive feedback and support to restore clients to full functionality
- Peer Support Services
 - o Peer counseling and support; and
 - o Introduction and referral to client self-help programs and advocacy organizations that promote recovery
- Support services
 - o Assistance to clients to access support services or direct assistance to aid clients in restoring and maximizing their functioning in activities of daily living

13D. Rehabilitative Services (cont.)

- Education, Support, and Consultation to Clients' Families and Other Major Supports
 - o Services provided regularly under this category to clients' families and other major supports with client agreement or consent are for the direct benefit of the beneficiary and include:
 - Individualized psychoeducation about the client's illness and the role of the family and other significant people in the therapeutic process;
 - Intervention to restore contact, resolve conflict, and maintain relationships with family and or other significant people;
 - Ongoing communication and collaboration, face-to-face and by telephone, between the ACT team and the family;
 - Introduction and referral to family self-help programs and advocacy organizations that promote recovery
 - Family Psychoeducation;
 - o Psychosocial rehabilitation services for clients with children to restore and maintain the functional skills necessary to fulfill parenting responsibilities and restore relationships with children who are not in the client's custody

Clients eligible for ACT services will meet diagnostic and functional criteria established by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

Provider Qualifications

ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. Team members include:

1. Program Director (LICSW, LMHC, LMFT, LCDP, RN)
2. Registered Nurse
3. Clinician with relevant Master's Degree and license and at least two years full time experience providing relevant behavioral health services
4. Vocational Specialist (BA level)
5. Substance Use Disorder Specialist who shall have a minimum of a Bachelor's degree as well as receive appropriate training on case management specific to substance use. A Licensed Chemical Dependency Specialist is permitted in lieu of a Bachelor's degree
6. Community Psychiatric Supports and Treatment Specialist who shall have a minimum of an Associate's Degree and receive case management training
7. Certified Peer Recovery Specialist, certified by the Rhode Island Certification Board
8. Psychiatrist

All direct service staff who do not have a professional license, shall receive supervision for a minimum of four hours per month and shall relate to the service the staff person is providing and shall be documented

- p. 6.37 -

Rehabilitative Services (cont.)

Assertive Community Treatment Service Bundle

Services Included In the Bundle:

- A. Service Coordination/Case Management
- B. Crisis Assessment and Intervention
- C. Symptom Assessment and Management
- D. Medication Prescription, Administration, Monitoring and Documentation
- E. Dual Diagnosis Substance Use Disorder Services
- F. Work-Related Services
- G. Services to support activities of daily living in community-based settings
- H. Social/Interpersonal Relationship and Leisure-Time Skill Training
- I. Peer Support Services
- J. Other Support Services--Support services or direct assistance to ensure that clients obtain the basic necessities of daily life, including but not limited to:
 - 1. Medical and dental services
 - 2. Safe, clean, affordable housing
 - 3. Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Home Energy Assistance)
 - 4. Social service
 - 5. Transportation
 - 6. Legal advocacy and representation
- K. Education, Support, and Consultation to Clients' Families and Other Major Supports

Bundle Payment Unit:

The bundle payment unit is one month.

Providers Eligible to be Paid Through the Bundled Payment Rate:

Providers must be Community Mental Health Centers or other private, not-for-profit providers of mental health services who are licensed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). The bundled rate will only be paid once per beneficiary per month.

Billing Requirements:

Rehabilitative Services (cont.)

1. All providers must conform to the requirements of the current Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, and all other applicable state and local fire and safety codes and ordinances.
2. Providers must be enrolled in the RI Medicaid Program and agree to meet all requirements, such as, timely access to care and matching beneficiaries service needs.
3. Providers are required to collect and submit complete encounter data for all ACT claims on a monthly basis utilizing standard Medicaid coding and units in an electronic format determined by EOHHS and BHDDH. The state will conduct an analysis of the data to develop recipient profiles, study service patterns, and analyze program costs vs. services received by recipients, for potential adjustments to the case rate as well as for consideration of alternative payment methodologies. Analysis will be conducted at least annually.
4. At least one of the services listed above must be provided within the payment unit (one month) in order for providers to bill the bundled rate.
5. Providers delivering services through the bundle will be paid through that bundled payment rate and cannot bill separately.

Bundled Payment Rate (Monthly Unit): \$1,267. This is the rate set as of January 1, 2016.

The State may provide a temporary rate increase for ACT to improve access to care through direct care workforce recruitment and retention initiatives. Additional funding provided through rate increases shall be used to increase compensation (direct pay and benefits) to direct care workforce through March 31, 2023. Providers will attend a training, sign attestation forms agreeing to this use of funds, and submit quarterly reports on their use of these funds to the State Medicaid office for the duration of the funding period.

Date of Temporary Effective Rates:

Effective December 1, 2021 through March 31, 2022, there is a temporary rate increase of 255% higher than the rates set as of January 1, 2016. Effective April 1, 2022, this temporary rate increase will end, and the rate will be the rates set as of January 1, 2016.

Assurances:

The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle