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**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: RI 23-0010**

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# RI - Submission Package - RI2023MS00040 - (RI-23-0010) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Financial Management Group  
233 North Michigan Ave. Suite 600  
Chicago, IL 60601



## Center for Medicaid & CHIP Services

December 11, 2023

Elizabeth Roberts  
Secretary of Health and Human Services  
Executive Office of Health and Human Services  
74 West Road  
Cranston, RI 02920

Re: Approval of State Plan Amendment RI-23-0010 CEDAR Health Homes

Dear Elizabeth Roberts,

On September 20, 2023, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-23-0010 for CEDAR Health Homes. EOHHS is seeking approval from CMS to update Rhode Island's Medicaid State Plan to implement a change in the rate methodology for Cedar Family Centers.

We approve Rhode Island State Plan Amendment (SPA) RI-23-0010 with an effective date(s) of July 01, 2023.

If you have any questions regarding this amendment, please contact Lindsay Michael at [Lindsay.Michael@cms.hhs.gov](mailto:Lindsay.Michael@cms.hhs.gov)

Sincerely,  
Todd McMillion  
Director, Division of Reimbursement  
Review  
Center for Medicaid & CHIP Services

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# RI - Submission Package - RI2023MS0004O - (RI-23-0010) - Health Homes

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## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2023MS0004O | RI-23-0010 | CEDAR Health Homes

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	RI2023MS0004O	<b>SPA ID</b>	RI-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/20/2023
<b>Approval Date</b>	12/11/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Rhode Island

**Medicaid Agency Name:** Executive Office of Health and Human Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2023MS00040 | RI-23-0010 | CEDAR Health Homes

### Package Header

<b>Package ID</b> RI2023MS00040	<b>SPA ID</b> RI-23-0010
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/20/2023
<b>Approval Date</b> 12/11/2023	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** RI-23-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2023	RI-18-0009

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2023MS00040 | RI-23-0010 | CEDAR Health Homes

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### Executive Summary

#### Summary Description Including Goals and Objectives

Cedar Health Homes are designed for Medicaid recipients under the age of 21 who meet the following criteria are eligible for Cedar Services: 1) Suspected of having a severe mental illness, or severe emotional disturbance, 2) Suspected of having two or more of the following chronic conditions Mental Health Condition, Asthma, Diabetes, Developmental Disabilities, Down Syndrome, Mental Retardation or Seizure Disorders; or 3) has one chronic condition listed previously and is at risk of developing a second. Cedar Family Centers are designed to provide a structured system for facilitating the assessment of need for, and referral to, evidence based medically necessary service that may be available for children pursuant to federal EPSDT requirements, and referrals to community-based services and supports that benefit the child and family. Cedar Family Center Health Homes operate as "Designated Providers" of Health Home Services. The CHH Team will consult, coordinate and collaborate on a regular basis with the child's Primary Care Physician/Medical Home and with other providers providing treatment services to that child. Cedar Family Centers, by Standard, provide all services in a patient and family centered manner. Cedar Family Centers aim to connect children and their families with appropriate, evidence based medically necessary services, and to empower and build a family's skills to successfully navigate systems of care and advocate for their child(ren) and family.

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update Rhode Island's Medicaid State Plan to implement a change in the rate methodology for Cedar Family Centers.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$304947
Second	2024	\$914842

#### Federal Statute / Regulation Citation

Section 2703 of the Patient Protection and Affordable Care Act of 2010

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

### Submission - Summary

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island law and practice, the Governor is kept apprised of major changes in the state plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | RI2023MS00040 | RI-23-0010 | CEDAR Health Homes

CMS-10434 OMB 0938-1188

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<b>Package ID</b>	RI2023MS00040	<b>SPA ID</b>	RI-23-0010
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<b>Superseded SPA ID</b>	RI-18-0009		
	System-Derived		

### Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
    - Individual Rates Per Service
    - Fee for Service Rates based on
      - Severity of each individual's chronic conditions
      - Capabilities of the team of health care professionals, designated provider, or health team
      - Other

**Describe below**

Based on service provided:  
 T2103 - Program Intake Assessment  
 H2000 - Comprehensive Multi-disciplinary evaluation  
 H2021 - Community Based Wrap Around services (15-minute billing increments)
    - Per Member, Per Month Rates
    - Comprehensive Methodology Included in the Plan
    - Incentive Payment Reimbursement
- Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided**
- Payments are based on a negotiated fee schedule. Payments do not vary based on provider qualifications, individual care needs, or the intensity of the services provided.
- PCCM (description included in Service Delivery section)
  - Risk Based Managed Care (description included in Service Delivery section)
  - Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

# Health Homes Payment Methodologies

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## Agency Rates

### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

### Effective Date

7/1/2023

### Website where rates are displayed

<https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>



# Health Homes Payment Methodologies

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## Rate Development

### Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** Payments are based on a negotiated fee schedule. Payments do not vary based on provider qualifications, individual care needs, or the intensity of the services provided.

Cedar Family Centers will receive payment for the following deliverables:

1. \$330.00 upon completion of a family assessment which shall include the determination of the medical necessity of an individual for participation in the program. (Can be billed on an annual basis)
2. \$220.00 upon completion of a comprehensive Family Care Plan, Initial and then reviewed quarterly. (Can be billed up to 4 times per year)
3. Payment of \$20.00 per fifteen-minute unit (minimum one unit per month) for Community Based Wrap Around Services. Total payment of wrap around services shall be determined by frequency of use based on family need.

Cedar will provide EOHHS reports on performance measures at least annually to ensure that the billed services were delivered and that all deliverables are complete and of a high quality. EOHHS will review the following:

- Timeliness of assessment
- Timeliness of Family Care Plan development
- Timeliness of Family Care plan goals being met
- Family care plan coordination documentation
- Completion of family satisfaction survey
- Documentation of all completed activity related to claims submissions
- Documentation of annual BMI and Depression Screening completions
- Documentation of annual immunization/screenings review

EOHHS meets regularly with the Cedar Family Centers to review performance, utilization of services, compliance, quality assurance, and continuous quality improvement.

# Health Homes Payment Methodologies

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## Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

**Describe below how non-duplication of payment will be achieved** EOHHS will ensure non-duplication of payment for similar services through regular monitoring of the State of RI MMIS system which employs system edits that ensure non-duplication.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

Name	Date Created
No items available	

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