

## **Table of Contents**

**State/Territory Name: RI**

**State Plan Amendment (SPA) #: 24-0012**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn Street  
Chicago, IL 60604



## Center for Medicaid & CHIP Services

November 05, 2024

Kristin Sousa  
Medicaid Director  
Executive Office of Health and Human Services  
3 West Road  
Cranston, RI 02920

Re: Approval of State Plan Amendment RI-24-0012 CEDAR Health Homes

Dear Kristin Sousa,

On September 20, 2024, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-24-0012 for CEDAR Health Homes to increase payment rates.

We approve Rhode Island State Plan Amendment (SPA) RI-24-0012 with an effective date(s) of October 01, 2024.

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, DRR  
Center for Medicaid & CHIP Services

# RI - Submission Package - RI2024MS0007O - (RI-24-0012) - Health Homes

[Summary](#)   [Reviewable Units](#)   [Versions](#)   [Compare Doc Change Report](#)   [Analyst Notes](#)   [Review Assessment Report](#)   [Approval Letter](#)

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CMS-10434 OMB 0938-1188

## Package Information

|                            |   |                        |                       |
|----------------------------|---|------------------------|-----------------------|
| <b>Package ID</b>          | RI2024MS0007O   | <b>Submission Type</b> | Official              |
| <b>Program Name</b>        | CEDAR Health Homes  | <b>State</b>           | RI                    |
| <b>SPA ID</b>              | RI-24-0012  | <b>Region</b>          | Boston, MA            |
| <b>Version Number</b>      | 1   | <b>Package Status</b>  | Approved              |
| <b>Submitted By</b>        | Brittany Church   | <b>Submission Date</b> | 9/20/2024             |
| <b>Package Disposition</b> |  | <b>Approval Date</b>   | 11/5/2024 5:25 PM EST |
| <b>Priority Code</b>       | P2  |                        |                       |

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS0007O | RI-24-0012 | CEDAR Health Homes

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | RI2024MS0007O | <b>SPA ID</b>                  | RI-24-0012 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/20/2024  |
| <b>Approval Date</b>     | 11/05/2024    | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

## State Information

|                              |              |                              |   |
|------------------------------|--------------|------------------------------|---|
| <b>State/Territory Name:</b> | Rhode Island | <b>Medicaid Agency Name:</b> | Executive Office of Health and Human Services |
|------------------------------|--------------|------------------------------|---|

## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | RI2024MS00070 | SPA ID                  | RI-24-0012 |
| Submission Type   | Official      | Initial Submission Date | 9/20/2024  |
| Approval Date     | 11/05/2024    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

SPA ID and Effective Date

SPA ID RI-24-0012

| Reviewable Unit                    | Proposed Effective Date | Superseded SPA ID |
|------------------------------------|-------------------------|-------------------|
| Health Homes Payment Methodologies | 10/1/2024               | RI-23-0010        |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

Package Header

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| Superseded SPA ID | N/A           |                         |            |

Executive Summary

**Summary Description Including Goals and Objectives** EOHHS is seeking approval from the Centers for Medicare and Medicaid Services to update Rhode Island’s Medicaid State Plan to reflect changes in payment rates for CEDAR Health Homes. The state recently underwent a rate review for these services and subsequently increases were included in the state’s FY2025 Budget. The proposed State Plan Amendment updates the State Plan with the rates as recommended in the state’s budget.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

|        | Federal Fiscal Year | Amount   |
|--------|---------------------|----------|
| First  | 2025                | \$589551 |
| Second | 2026                | \$675031 |

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.

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

## Package Header


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| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Name of Health Homes Program

CEDAR Health Homes

☐ Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

### Upload copies of public notices and other documents used

| Name   | Date Created          |   |
|--|-----------------------|---|
| <a href="#">24-00XX Public Notice OHIC - CEDAR - for signature</a> | 9/20/2024 3:01 PM EDT |  |



Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

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| Superseded SPA ID | N/A           |                         |            |

Name of Health Homes Program:

CEDAR Health Homes

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes
- ☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- ☐ All Indian Health Programs
- ☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☐ All Indian Tribes

|                       |                         |
|-----------------------|-------------------------|
| Date of consultation: | Method of consultation: |
| 7/31/2024             | Email                   |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name                               | Date Created          |   |
|------------------------------------|-----------------------|---|
| 24-000X Tribal notice OHIC - CEDAR | 9/20/2024 3:05 PM EDT |  |

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

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| <b>Superseded SPA ID</b> | N/A           |                                |            |

## SAMHSA Consultation

### Name of Health Homes Program

CEDAR Health Homes

☐ The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

| Date of consultation |
|----------------------|
| 12/28/2021           |

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

## Package Header

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| Superseded SPA ID | RI-23-0010     |                         |            |
|                   | 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 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

10/1/2024

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. \$339.90 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. \$226.60 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 \$20.60 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

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS00070 | RI-24-0012 | CEDAR Health Homes

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|                   | System-Derived |                         |            |

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 |              |  |

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.

*This view was generated on 11/7/2024 12:08 PM EST*