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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 25-0001

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RI - Submission Package - RI2025MS0001O - (RI-25-0001) - Health Homes

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355 (300)
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 17, 2025

Richard Charest, R. PH, MBA
Secretary of Health and Human Services
Executive Office of Health and Human Services
3 West Road
Virks Building
Cranston, RI 02920

Re: Approval of State Plan Amendment RI-25-0001

Dear Secretary Charest,

On January 02, 2025, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-25-0001 for RI Opioid Treatment Program Health Home Services to comply with a federal State Health Official letter directing states to submit a SPA attesting to compliance with the CMS mandatory annual state reporting requirements for Health Home Core Set Measures for measuring and improving the quality of care delivered to Medicaid and CHIP beneficiaries.

We approve Rhode Island State Plan Amendment (SPA) RI-25-0001 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Joyce Butterworth at joyce.butterworth@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

RI - Submission Package - RI2025MS0001O - (RI-25-0001) - Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0001O | RI-25-0001 | RI Opioid Treatment Program Health Home Services

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2025MS0001O	SPA ID	RI-25-0001
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		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 | RI2025MS0001O | RI-25-0001 | RI Opioid Treatment Program Health Home Services

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SPA ID and Effective Date

SPA ID RI-25-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	1/1/2025	RI-16-006

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS00010 | RI-25-0001 | RI Opioid Treatment Program Health Home Services

Package Header

Package ID	RI2025MS00010	SPA ID	RI-25-0001
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This amendment proposes to comply with a federal State Health Official (SHO) letter directing states to submit a State Plan Amendment (SPA) attesting to compliance with the Centers for Medicare and Medicaid Services (CMS) mandatory annual state reporting requirements for specified Core Set Measures for measuring and improving the quality of care delivered to Medicaid and CHIP beneficiaries.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

CFR 437.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS00010 | RI-25-0001 | RI Opioid Treatment Program Health Home Services

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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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RI - Submission Package - RI2025MS0001O - (RI-25-0001) - Health Homes

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0001O | RI-25-0001 | RI Opioid Treatment Program Health Home Services

CMS-10434 OMB 0938-1188

Package Header

Package ID	RI2025MS0001O	SPA ID	RI-25-0001
Submission Type	Official	Initial Submission Date	1/2/2025
Approval Date	01/17/2025	Effective Date	1/1/2025
Superseded SPA ID	RI-16-006		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

Rhode Island will annually assess cost savings using a pre/post-period comparison. The assessment will include total Medicaid expenditures for the intervention group. The data source will be Medicaid claims and the measure will be PMPM Medicaid expenditures. RI has current Medicaid data on all clients who received OTP HH services. RI also distributed a survey to OTP patients which included questions that assess their use of primary care physicians, specialty care, and Emergency rooms. This survey will be distributed again for a pre/post evaluation.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

BHDDH will actively work with Health Home providers, and specifically with the HIT coordinator, to increase use of the State's HIE - CurrentCare. BHDDH will capitalize on the progress made by our CMHO Health Homes in connecting to the HIE with provisions for compliance with 42 CFR Part II. Participation in the HIE means that programs will have ready access to health care information from other sources such as PCPs, hospitals, pharmacies and labs. While OTPs are required to access information through the State's Prescription Monitoring Program, not all prescription information is contained there (only certain schedules). Participation also means that OTPs can share information (with client consent) so that other providers are aware of a client's participation in an OTP along with other relevant treatment information.

Information from MCOs and Medicaid will be provided to OTPs in routine reporting. MCOs will provide quarterly utilization reports along with next day notification of hospitalization. This will help OTPs effectively transition their patients and provide seamless care.

BHDDH will coordinate efforts with OTPs and the Department of Health's Chronic Disease Self Management program. Clients can be referred to these programs through email and tracked for follow through by DOH, with a report back to the referring provider.

BHDDH will use the RIBHOLD system to provide outcome/trend data to providers and prevent dual enrollment with other Health Homes.

OTPs will be supported in transforming into Health Homes through participation in statewide learning activities, monitoring and technical assistance. Physicians will have the opportunity to participate in DOH's Grand Rounds.

BHDDH will provide links to Health Home information on its website as a means of communication with providers and others.

OTPs will work with the HIT coordinator to develop systems for effective communication with patients such as texting, use of social media, twitter, and email alerts.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS00010 | RI-25-0001 | RI Opioid Treatment Program Health Home Services

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Quality Measurement and Evaluation

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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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