

Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

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

RI - Submission Package - RI2025MS0002O - (RI-25-0002) - 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-25-0002

Dear Secretary Charest,

On January 02, 2025, the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) RI-25-0002 for CEDAR Health Homes 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-25-0002 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 - RI2025MS0002O - (RI-25-0002) - Health Homes

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

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

CMS-10434 OMB 0938-1188

Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | RI2025MS0002O | SPA ID | RI-25-0002 |
| 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| Superseded SPA ID | N/A | | |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 | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | RI2025MS0002O | SPA ID | RI-25-0002 |
| Submission Type | Official | Initial Submission Date | 1/2/2025 |
| Approval Date | 01/17/2025 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID RI-25-0002

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Health Homes Monitoring, Quality Measurement and Evaluation | 1/1/2025 | RI-18-0009 |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | RI2025MS0002O | SPA ID | RI-25-0002 |
| 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 | HealthHomes | RI2025MS00020 | RI-25-0002 | CEDAR Health Homes

Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | RI2025MS00020 | SPA ID | RI-25-0002 |
| Submission Type | Official | Initial Submission Date | 1/2/2025 |
| Approval Date | 01/17/2025 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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.

This view was generated on 1/23/2025 11:31 AM EST

RI - Submission Package - RI2025MS0002O - (RI-25-0002) - 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 | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

CMS-10434 OMB 0938-1188

Package Header

| | | | |
|-------------------|----------------|-------------------------|------------|
| Package ID | RI2025MS0002O | SPA ID | RI-25-0002 |
| Submission Type | Official | Initial Submission Date | 1/2/2025 |
| Approval Date | 01/17/2025 | Effective Date | 1/1/2025 |
| Superseded SPA ID | RI-18-0009 | | |
| | 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:

The State will annually perform an assessment of cost savings using a pre/post-period comparison of Cedar health home clients. Savings calculations will be based on data garnered from the MMIS, encounter data from Health Plans, encounter data submitted the Health Home providers, and any other applicable data available from the RI Data Warehouse.

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).

The state will phase-in the use of HIT to support health home services. Initially, providers will be supported in their delivery of health home services through data profiles supplied by Medicaid managed care plans for the 60% of the health home-eligible Cedar population enrolled in MCOs. The state is currently working with the MCOs to develop health utilization profiles minimally comprised of the components below.

1) Claims Data to identify member's pattern of utilization based on previous 12 months (#Emergency Room Visits, Last ER Visit Date, Last ER Visit Primary Diagnosis, #Urgent Care Visits).

2) Claims data to identify member's primary care home (#PCP Sites, #PCP visits to current PCP Site.

3) Prescription Drug information

4) Behavioral Health Utilization

In addition Cedar Health Homes also accesses the RI KIDSNET Child Health Information System which provides access to information vital to the provision of Comprehensive Care Management. This information includes: Blood Lead levels, Immunizations, Newborn Developmental Assessment, Hearing Assessment, WIC and Early Intervention participation.

Cedar Health Homes will also offer to enroll all clients into "CurrentCare" RI's electronic health information exchange.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | RI2025MS0002O | RI-25-0002 | CEDAR Health Homes

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | RI2025MS0002O | SPA ID | RI-25-0002 |
| Submission Type | Official | Initial Submission Date | 1/2/2025 |
| Approval Date | 01/17/2025 | Effective Date | 1/1/2025 |
| Superseded SPA ID | RI-18-0009 | | |
| | System-Derived | | |

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.

This view was generated on 1/23/2025 11:33 AM EST