STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

11/19/2021 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND MEDICAID STATE PLAN

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Assertive Community Treatment (ACT) Temporary Rate Increases

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to provide temporary rate increases as authorized by Section 9817 the American Rescue Plan Act of 2021. The amendment would temporarily increase rates for Assertive Community Treatment (ACT) Services by 255% between December 1, 2021 and March 31, 2022.

These changes are proposed to take effect on December 1, 2021. The fiscal impact is $5,099,000 All Funds for FFY 2022.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-2598 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by December 20, 2021 to Katy Thomas, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Kathryn.Thomas@ohhs.ri.gov or via phone at (401) 462-2598.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

Signature: _____

Original Signed by Womazetta Jones, Secretary, Executive Office of Health and Human Services, Signed this 19th day of November, 2021.

Proposed Revisions to State Plan Pages

Payment Methodology

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

- ☐ Fee for Service
- ☐ Individual Rates Per Service
- ☐ Per Member, Per Month Rates
- ☐ Comprehensive Methodology Included in the Plan
- ☐ 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
- ☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

Per Diem Rate to CMHO for Integrated Health Home (IHH) and Assertive Community Treatment (ACT)

1. 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).

2. 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.

3. Providers must agree to contract and accept the rates paid by the Managed Care Organization as established with the Executive Office of Health and Human Service (EOHHS) and BHDDH as the sole and complete payment in full for services delivered to beneficiaries, except for any potential payments made from the beneficiary's applied income, authorized co-payments, or cost sharing spend down liability.

4. Providers must be enrolled in the RI Medicaid Program, have a contract with the Managed Care Organizations and agree to meet all requirements, such as, timely access to care and matching beneficiaries service needs.

5. The State will not include the cost of room and board or for non-Medicaid services as a component of the rate for services authorized by this section of the state plan. 6. The State will pay for services under this section on the basis of the methodology described in the section titled "Basis for IHH Methodology" of this document.

7. The amount of time allocated to IHH and ACT for any individual staff member is reflective of the actual time that staff member is expected to spend providing reimbursable IHH and ACT services to Medicaid recipients.

8. Providers are required to collect and submit complete encounter data for all IHH/ACT claims on a monthly basis utilizing standard Medicaid coding and units in an electronic format determined by EOHHS, BHDDH and Managed Care Organizations. 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.

9. The State assures that IHH and ACT services under this submission will be separate and distinct and that duplicate payment will not be made for similar services available under other program authorities.

10. The base rates were set as of January 1, 2016 and are described below. Staffing Model and Rates for ACT ACT/High Acuity Team: 12.75 FTE: v_PKG_1 Team Census FTE = 35 Hour Work Week Program Staff FTE Cost/FTE Total Cost Program Director (LICSW, LMHC, LMFT, LCDP, RN) 1 $68,000 $68,000 Registered Nurse 2 $66,000 $132,000 Master's Level Clinician 1 $60,000 $60,000 Vocational Specialist, Bachelor's level 1 $44,000 $44,000 Substance Abuse Specialist, Bachelor's level 2 $44,000 $88,000 CPST Specialist, Bachelor's level 4 $41,000 $164,000 Peer Specialist 1 $41,000 $41,000 Psychiatrist 0.75 $230,000 $172,500 Fringe at 30% $230,850 Total Salaries & Fringe $1,000,350

Indirect/Administrative Costs including: Rent, Utilities, Facility Maintenance, Program Supplies, Information Technology (EHR, Hardware, Phone), Data Collection (e.x. Use of RNL, Collection of Outcomes), Quality Improvement Staff, Health Information Total Administrative and Operating Expense @52% $520,182 All Cost Total Annual $1,520,532

Base Rate (Monthly Unit) $1,267.

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.

Salaries are based on mean of RI Department of Labor Occupational Statistics The following is a list of allowable services for ACT:

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 11.

Basis for IHH Methodology for IHH: The process is based on a CMS approved methodology that utilizes reliable estimates of the actual costs to the provider agencies for staff and operating/support and then feeding those costs into a fee model. The process also included the development of a standard core IHH team composition and suggested caseload based on estimates of available staff hours and client need. Flexibility is given to the providers for the costs of the entire team. Ten positions are noted as core expectations that consists of one (1) Master's level coordinator, two (2) registered nurses, one (1) hospital liaison, five (5) CPST specialists and one (1) peer specialist. Agencies will also be able to flex staff by need to certain teams. Agencies are still accountable to the entire number of staff, cost and salaries for all positions for Health Homes of the agency. Any deviation from the model must have clinical and financial justification that is approved by BHDDH, the state Mental Health Authority. The goal is to give providers flexibility so that providers are able to manage the team to obtain the outcomes. Staffing Model (per 200 clients): Title FTE Master's Level Program Director 1 Registered Nurse 2 Hospital Liaison 1 CPST Specialist 5- 6 Peer Specialist 1 Medical Assistant 1 (optional) IHH OCCUPANCY v_PKG_1.0% CLIENTS 200 Program Staff: Qualifications: FTE Cost/FTE Total Cost Master's Level Coordinator 1.0 $78,817 $78,817 Registered Nurse 2.0 $81,500 $163,000 Hospital Liaison 1.0 $44,200 $44.200 CPST Specialist BA 6.0 $44,200 $265,200 Peer Specialist 1.0 $43,711.00 $43,711.00 Medical Assistant 1.0 $39,360 $39,360 $634,288 12.0 Fringe (Included in base cost) 0 Total base staff cost $634,288 Total all staff cost $634,288 Total administration and operating at state average 59% $374,230 Total all costs $1,008,518

PMPM $420.22

All CMHOs will be required to report to the MCOs and RI Medicaid on a quarterly basis on a set of required metrics. EOHHS and BHDDH support the importance of standardized reporting on outcome measures to ensure providers are increasing quality so clients make gains in overall health. Providers not meeting performance targets shall submit corrective action plans describing how full compliance will be accomplished. BHDDH and EOHHS will monitor progress and compliance with corrective action plans. If improvement is not detected, these measures will be added to the following year's measures.

- ☐ 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)
- ☐ Tiered 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 any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

Per Diem Rate to CMHO for Integrated Health Home (IHH) and Assertive Community Treatment (ACT) 1. 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). 2. 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. 3. Providers must agree to contract and accept the rates paid by the Managed Care Organization as established with the Executive Office of Health and Human Service (EOHHS) and BHDDH as the sole and complete payment in full for services delivered to beneficiaries, except for any potential payments made from the beneficiary's applied income, authorized co-payments, or cost sharing spend down liability. 4. Providers must be enrolled in the RI Medicaid Program, have a contract with the Managed Care Organizations and agree to meet all requirements, such as, timely access to care and matching beneficiaries service needs. 5. The State will not include the cost of room and board or for non-Medicaid services as a component of the rate for services authorized by this section of the state plan. 6. The State will pay for services under this section on the basis of the methodology described in the section titled "Basis for IHH Methodology" of this document. 7. The amount of time allocated to IHH and ACT for any individual staff member is reflective of the actual time that staff member is expected to spend providing reimbursable IHH and ACT services to Medicaid recipients. 8. Providers are required to collect and submit complete encounter data for all IHH/ACT claims on a monthly basis utilizing standard Medicaid coding and units in an electronic format determined by EOHHS, BHDDH and Managed Care Organizations. 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. 9. The State assures that IHH and ACT services under this submission will be separate and distinct and that duplicate payment will not be made for similar services available under other program authorities. 10. The base rates were set as of January 1, 2016 and are described below. Staffing Model and Rates for ACT ACT/High Acuity Team: 12.75 FTE: v_PKG_1 Team Census FTE = 35 Hour Work Week Program Staff FTE Cost/FTE Total Cost Program Director (LICSW, LMHC, LMFT, LCDP, RN) 1 $68,000 $68,000 Registered Nurse 2 $66,000 $132,000 Master's Level Clinician 1 $60,000 $60,000 Vocational Specialist, Bachelor's level 1 $44,000 $44,000 Substance Abuse Specialist, Bachelor's level 2 $44,000 $88,000 CPST Specialist, Bachelor's level 4 $41,000 $164,000 Peer Specialist 1 $41,000 $41,000 Psychiatrist 0.75 $230,000 $172,500 Fringe at 30% $230,850 Total Salaries & Fringe $1,000,350 Indirect/Administrative Costs including: Rent, Utilities, Facility Maintenance, Program Supplies, Information Technology (EHR, Hardware, Phone), Data Collection (e.x. Use of RNL, Collection of Outcomes), Quality Improvement Staff, Health Information Total Administrative and Operating Expense @52% $520,182 All Cost Total Annual $1,520,532

Base Rate (Monthly Unit) $1,267

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.

Salaries are based on mean of RI Department of Labor Occupational Statistics The following is a list of allowable services for ACT: 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 11. Basis for IHH Methodology for IHH: The process is based on a CMS approved methodology that utilizes reliable estimates of the actual costs to the provider agencies for staff and operating/support and then feeding those costs into a fee model. The process also included the development of a standard core IHH team composition and suggested caseload based on estimates of available staff hours and client need. Flexibility is given to the providers for the costs of the entire team. Ten positions are noted as core expectations that consists of one (1) Master's level coordinator, two (2) registered nurses, one (1) hospital liaison, five (5) CPST specialists and one (1) peer specialist. Agencies will also be able to flex staff by need to certain teams. Agencies are still accountable to the entire number of staff, cost and salaries for all positions for Health Homes of the agency. Any deviation from the model must have clinical and financial justification that is approved by BHDDH, the state Mental Health Authority. The goal is to give providers flexibility so that providers are able to manage the team to obtain the outcomes. Staffing Model (per 200 clients): Title FTE Master's Level Program Director 1 Registered Nurse 2 Hospital Liaison 1 CPST Specialist 5- 6 Peer Specialist 1 Medical Assistant 1 (optional) IHH OCCUPANCY v_PKG_1.0% CLIENTS 200 Program Staff: Qualifications: FTE Cost/FTE Total Cost Master's Level Coordinator 1.0 $78,817 $78,817 Registered Nurse 2.0 $81,500 $163,000 Hospital Liaison 1.0 $44,200 $44.200 CPST Specialist BA 6.0 $44,200 $265,200 Peer Specialist 1.0 $43,711.00 $43,711.00 Medical Assistant 1.0 $39,360 $39,360 $634,288 12.0 Fringe (Included in base cost) 0 Total base staff cost $634,288 Total all staff cost $634,288 Total administration and operating at state average 59% $374,230 Total all costs $1,008,518 PMPM $420.22 All CMHOs will be required to report to the MCOs and RI Medicaid on a quarterly basis on a set of required metrics. EOHHS and BHDDH support the importance of standardized reporting on outcome measures to ensure providers are increasing quality so clients make gains in overall health. Providers not meeting performance targets shall submit corrective action plans describing how full compliance will be accomplished. BHDDH and EOHHS will monitor progress and compliance with corrective action plans. If improvement is not detected, these measures will be added to the following year's measures.

Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

See response to above.