STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

08/14/2024 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:

Integrated Health Homes

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 Integrated 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.

The changes have an effective date of October 1, 2024 and have an estimated fiscal impact of $160,636 in SFY2025 and $182,037 SFY 2026 (general revenues).

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-2407 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by September 13, 2024 to Brittany Church, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Brittany.Church@ohhs.ri.gov or via phone at (401) 462-2407.

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.

Original signed by Richard Charest, Secretary, Rhode Island Executive Office of Health and Human Services
Signed this 14th day of August, 2024

RI - Submission Package - RI2024MS0006O - (RI-24-0012) - Health Homes

CMS-10434 OMB 0938-1188

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | RI2024MS0006O | RI-24-0012 | Migrated_HH.CONVERTED Rhode Island-2 Health Home Services

Package Header

Package ID	RI2024MS0006O	**SPA ID**	RI-24-0012
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	RI-21-0025		
	System-Derived		

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)

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 for any individual staff member is reflective of the actual time that staff member is expected to spend providing reimbursable IHH services to Medicaid recipients.
8. Providers are required to collect and submit complete encounter data for all IHH 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 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.

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 $108,058 $108,058

Registered Nurse
2.0 $111,737 $223,473

Hospital Liaison 1.0
$60,598 $60,598

CPST Specialist BA
6.0 $60,598 $363,589

Peer Specialist 1.0
$59,928 $59,928

Medical Assistant
1.0 $53,963 $53,963

$634,288

12.0
Fringe (Included in base cost)
0

Total base staff cost
$634,288

Total all staff cost
$869,609

Total administration and operating at state average
59% $513,069

Total all costs
$1,382,678

PMPM
$576.12

The PMPM is a bundled rate. The bundled rate will only be paid once per beneficiary per month.

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)
- [x] Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

- [x] Tiered Rates based on
  - [ ] Severity of each individual's chronic conditions
  - [x] 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)
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).
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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 for any individual staff member is reflective of the actual time that staff member is expected to spend providing reimbursable IHH services to Medicaid recipients.
8. Providers are required to collect and submit complete encounter data for all IHH 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 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.

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.

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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.

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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

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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 See description of rate development above.

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Approval Date N/A

Superseded SPA ID RI-21-0025

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SPA ID RI-24-0012

Initial Submission Date N/A

Effective Date N/A

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 To avoid duplication of payment for similar services, the State has employed an on-line portal developed by Hewlett Packard Enterprises that validates the dates of enrollment in Health Home programs. Providers must enter client data into the on-line portal. If the client is already a client of another Health Home program, including Opiate Treatment Health Home, the portal will give them an error message. This provides the State with assurances that duplicate programming and billing does not occur.

☐ 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.

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