

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**10/25/2016 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:

Centers of Excellence

EOHHS, in coordination with Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), is providing public notice of our intent to seek federal authority to implement Centers of Excellence effective November 1, 2016.

A key strategy in the Governor's Overdose Strategic Plan is the development of Centers of Excellence (COEs). This is a strategic plan whose goal is to complement existing overdose prevention efforts to achieve the most immediate impact on addiction and overdose. Although methadone availability is widespread in Rhode Island, buprenorphine is not. The COE is an opportunity to dramatically increase buprenorphine prescribing, in addition to continuing to expand methadone and injectable-naltrexone availability. Providers will have the opportunity to apply to become COEs through certification through BHDDH. COEs will provide comprehensive evaluation, including mental health evaluation and treatment or referral, induction and stabilization services, as well as support to providers in the community. It is envisioned that COEs would refer stabilized patients to other providers and receive back patients if they destabilize and require more intensive services. These changes are projected to result in an increase in annual expenditure of approximately \$1.1 million all funds.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by November 24, 2016 to Melody Lawrence, Executive Office of Health and Human Services, 74 West Rd, Cranston, RI, 02920, or melody.lawrence@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-2.3, 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 thirty (30) 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.

Centers of Excellence

Definition:

Centers of Excellence (COE) -- a comprehensive, non-residential program designed to provide assessments and treatment for opioid dependence, offer expedited access to care, and serve as a resource to community-based providers. The goal of the COE is to provide intensive services to individuals with opioid use disorder needing to stabilize on medication and begin the recovery process. Once stable, patients will be referred to community-based providers, but still have the opportunity to maintain connections to clinical or recovery support services offered by the COE. Once referred to the community, patients who need more intensive services, perhaps due to relapse or crisis, will have the opportunity for immediate readmission to the COE. For patients who are successfully discharged to community based physicians who can prescribe buprenorphine/naloxone, the COE must offer and be able to provide continued outpatient clinical, case management and peer support services. The COEs will also have the ability to provide on-site training for physicians and other professionals. Services include complete biopsychosocial assessments, physical examination, observed medication induction, individualized treatment planning, individual and group counseling, randomized toxicology, coordination of care with other treatment providers, referral for services not provided at the COE or to higher levels of care, case management to address other support service needs, wellness promotion activities, consultation and support to community buprenorphine physicians, discharge planning, and readmission/re-stabilization of individuals who have relapsed or are experiencing crisis.

Service Descriptions:

Complete Biopsychosocial Assessments and Physical Examination - A physical health assessment, including a medical history and physical examination, shall be completed within the first twenty-four (24) hours of a person's admission to the program. All persons served shall have a urine toxicology test upon admission. A specimen positive for opioids is not necessary for admission to a COE, if other criteria, such as the following, have been satisfied:

- Individual meets the DSM diagnostic requirements for opioid use disorder.
- Individual is clearly at risk for relapse while receiving services in an abstinence-based program.

Observed Medication Induction - A physician shall determine, and document in writing, the initial dose and schedule to be followed for each individual admitted to the COE. The initial dose and schedule for each person shall be communicated to the licensed medical staff supervising the dispensing of any opioid replacement treatment medication. The prescribed drugs shall only be administered and dispensed by licensed professionals authorized by law to do so.

Individualized Treatment Planning - Based on the biopsychosocial assessment, a goal-oriented, individualized treatment plan shall be developed and implemented with each person served. The process of clinical documentation shall maximize the active involvement of the person served and shall promote the individual's efforts toward recovery. There shall be evidence that the person's strengths and preferences, his or her needs, issues, challenges, and diagnoses are identified in the biopsychosocial assessment and are considered throughout the person's treatment.

Individual and Group Counseling - Counseling is a behavioral treatment to address the symptoms of addiction and related impaired functioning. Counseling is available for individuals, groups, couples or families. Counseling for substance use disorders is a time-limited approach focused on behavioral change that addresses mental health issues and teaches strategies and tools for recovery.

Randomized toxicology - Illicit drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs. Requirements of COEs include

randomized toxicology – minimum of two (2) times per month for first three (3) months, decreased to a minimum of one (1) time per month for the last three (3) months. Toxicology results shall be used as a tool in the provision of treatment services and identifying required levels of care and service intensity. Toxicology results alone shall never be used as a cause for discharge.

Coordination of Care with other treatment providers - Coordination of care involves the integration of health, behavioral health and social care services. Components of care coordination include: (1) Working with an individual and his/her caregivers to ensure that a high-level, integrated and personalized care plan is implemented, (2) monitoring services to ensure they are delivered effectively on time and achieve their objectives, (3) facilitating communication between multiple agencies and professionals, and (4) maintaining contact with the individual during hospital stay and arranging for discharge.

Referral for services not provided at the COE or to higher levels of care - COEs must continually assess patients' mental status and needs related to substance use disorders. COEs must maintain capacity to refer to services not offered on-site through formal and informal relationships with providers of these services.

Case management to address other support service needs - Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes

Wellness promotion activities - The provision of information and/or education to individuals, and families that make positive contributions to their health status. Health Promotion is also the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.

Consultation and support to community buprenorphine physicians - To support successful transfers to community based providers, COEs must offer consultative services to physicians in the community and offer expertise in the management of buprenorphine patients.

Discharge Planning - The process of discharge planning should begin at admission. COEs must establish discharge criteria for transfer to community based care. Each patient's treatment plan should clearly outline objectives leading to successful community discharge.

Readmission and re-stabilization of individuals who have relapsed or are experiencing crisis - COEs must work in collaboration with community providers to identify criteria for referral back to COEs from community providers and processes to facilitate readmission.

Qualified Providers:

Services are provided by an organization meeting the Certification Standards for Centers of Excellence promulgated by the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals. A provider of COE services must be fully licensed and in compliance with the rules and regulations of the licensing Department (BHDDH or Health). COEs must be accredited by one of the recognized accreditation bodies – The Joint Commission, CARF, or COA. COEs must maintain compliance with all applicable state and federal statutes. Staffing requirements for the multidisciplinary teams of COEs are as follows:

- Data-waivered physicians
- Nurses (registered and/or licensed practical nurses)

- Master's Level Clinician (ratio no greater than 1:100)
- A proposed combination of licensed chemical dependency professionals (LCDPs), case managers and/or peer recovery coaches. Upon application, providers must discuss staffing in proposal and address relevancy to anticipated population as well as staff to patient ratios
- COEs which are licensed Opioid Treatment Programs must also include a Pharmacist

Centers of Excellence

Payment Methodology:

The RI Medicaid Agency pays Centers of Excellence (COE) providers for services only if 1) the participant has been diagnosed with opioid use disorder and is appropriate for MAT and 2) the COE provider has obtained certification as a COE from RI BHDDH in accordance with the requirements set forth in the Provider Certification Standards. The RI Medicaid Agency will pay COE providers a one-time payment per enrollee for induction activities at the time of initial enrollment/assessment and thereafter, a per diem payment until date of discharge to community, but no longer than six (6) months, unless the provider was granted approval from BHDDH for extension of enhanced COE services. The RI Medicaid Agency pays one of two different induction payment rates for COE services depending on the capacity of providers, as defined herein.

COE Induction Fee

COEs will be certified at two levels to ensure timely access to MAT services. Level 1 providers are those that have the ability to meet the requirement of admitting all individuals within twenty-four (24) hours of referral. Level 2 providers are those that have the ability to meet the requirement to admit all patients within forty-eight (48) hours Saturday through Thursday and within seventy-two (72) hours for referrals made on Friday. Level 1 providers will receive an enhanced rate for induction to support the requirement of having physician availability seven (7) days per week. The Induction payment is structured to capture the costs for the initial assessment process (complete biopsychosocial assessments, physical examination, observed medication induction, and initial individualized treatment planning).

Per Diem COE Rate

Post induction, the RI Medicaid Agency will pay providers a per diem bundled rate until date of discharge to community, but no longer than six (6) months. The per diem bundled rate accounts for all COE services (continued individualized treatment planning; individual and group counseling; randomized toxicology; coordination of care with other treatment providers; referral for services not provided at the COE or to higher levels of care; case management to address other support service needs; wellness promotion activities; consultation and support to community buprenorphine physicians; discharge planning; readmission and re-stabilization of individuals who have relapsed or are experiencing crisis). COE rates do not include the cost of the medications, nor does it include the continued outpatient clinical, case management and peer support services that COEs will provide to patients who have successfully discharged to the community. The COE provider will need to bill FFS for these services.

Payment Rates

Payment Type	Payment Amount	Limitations
Level 1 Induction Fee	\$600.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Level 2 Induction Fee	\$400.00 per member	Limited to one induction fee per enrollee per six (6) month enrollment. Providers must seek prior authorization if more than one induction must occur in the six (6) month period, (if patient is discharged and then relapses).
Per Diem Bundled Rate	\$17.86 per member per day	Limited to six (6) months duration, unless the provider was granted approval from BHDDH for extension of enhanced COE services

Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency rates were set as of November 1, 2016 and are effective for services on or after that date.