RHODE ISLAND

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Rhode Island regulates behavioral healthcare organizations (BHOs), including public or private residential facilities primarily constituted, staffed, and equipped to deliver MH and/or SUD services to the public, including the following which address both MH and/or SUD treatment needs:

- Behavioral Health Stabilization Units (BHSUs) provide, among other things, 24-hour crisis services and hospital step-down services. The maximum capacity that can be located in one facility is sixteen (16) beds.

Mental Health (MH): BHOs specific to adult MH residential treatment include:

- Mental Health Psychiatric Rehabilitative Residences (MHPRRs). This is a congregate licensed residential program with no more than sixteen (16) beds which provides twenty-four (24) hour staffing.

- Specialized Mental Health Psychiatric Rehabilitative Residences (SMHPRRs). This is a congregate licensed residential program with no more than sixteen (16) beds which provides twenty-four (24) hour staffing for populations with complex co-occurring conditions in which the clients receive a wide range of care management, co-occurring treatment of MH and SUD, psychiatric rehabilitation and individual care services.

- Supportive Mental Health Psychiatric Rehabilitative Residence Apartments (MHPRR-As). This is a licensed residential program with no more than sixteen (16) beds which provides twenty-four (24) hour staffing for clients to receive a wide range of care management, treatment, psychiatric rehabilitation and individual care services in an apartment setting.

Substance Use Disorder (SUD): BHOs specific to adult residential SUD treatment include:

- Level 3.1 Clinically Managed, Low-Intensity Residential Services is included but not defined.

- Level 3.3 Short-Term, Clinically Managed, Medium-Intensity is a non- acute residential level of care that focuses on stabilization, integration, employment, education, and

recovery. A component of treatment may focus on habilitation due to discharge from institutional level of care.

- Level 3.5 Clinically Managed, High-Intensity Residential provides a structured, therapeutic community environment focused on addressing life skills, reintegration into the community, employment, education, and recovery.

- Detoxification Programs, which may be in a residential or other setting. These include:
  - Medical Detoxification Programs. Medical detoxification programs provide services related to medical management of the physiological and psychological symptoms of withdrawal from alcohol and/or another drug of misuse that is provided in a hospital or free standing, appropriately equipped setting.

Unregulated Facilities: There are no unregulated residential treatment facilities in Rhode Island. We exclude from this summary the BHOs known as On-Site Supportive Psychiatric Rehabilitative Apartments as they seem to provide limited outpatient CMHC services in an apartment setting.

Approach

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) regulates all BHOs in the state.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): Licensure by the BHDDH Office of Licensure and Standards is required for operation of all facilities and the focus is primarily on ability to comply with applicable laws and regulations.

- Accreditation is not required but accreditation by "an acceptable national accreditation body" can confer deemed status for related licensure requirements. Periodic full quality program reviews are still required.

- An on-site review is required for licensure and certification and for renewal.

- A Certificate of Need is not required.

- Licensure duration is 2 years. Authorization to provide services is dependent on meeting and continuing satisfaction of approved BHDDH certification standards.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): Licenses may be provisional or conditional or may contain stipulations and restrictions. Licenses can be denied, limited, suspended, annulled, withdrawn, amended, or revoked. Deficiencies result in a plan of correction or compliance order. Inspections may take place as the Department deems necessary. Unlicensed agencies may be fined.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): BHOs must have written policies and procedures describing the criteria to prioritize the scheduling of appointments. When a person is eligible for the organization's services, but not in need of immediate or crisis-related services, an appointment must be scheduled with reasonable promptness. If the organization lacks the resources to schedule an appointment within six weeks (6) of the screening date, the organization shall refer to another appropriate provider and document the referral.

- A BHSU must have the capacity to accept admissions twenty-four (24) hours a day, seven (7) days a week (24/7). Upon completion of a phone screening, the unit must have the capacity to finalize the disposition with the referral source within sixty minutes.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): BHOs must provide orientation and annual training programs for employees regarding specified topics. BHOs also must have basic personnel policies. Requirements are in place for those providing direct assistance to individuals, as well as for volunteers. The BHO must define areas of responsibility, qualifications, and competencies of staff commensurate with job responsibilities and applicable legal or other requirements and must provide professional development opportunities to maximize cultural competencies and to support recovery-oriented services. Staff must have appropriate training, education, experience, credentials, and licenses. Requirements for direct service staff include requirements regarding supervision.

- BHSU staff must be trained in risk assessment and crisis intervention services. The unit must have a psychiatrist available 24/7 or a Psychiatric Clinical Nurse Specialist (PCNS) or other mid-level practitioner under the supervision of a psychiatrist. The psychiatrist must also be scheduled to be on-site at the program for psychiatric assessments and medication reviews as required by the changing client mix. The unit must have a staff member meeting specific requirements on-site 24/7 to facilitate inpatient psychiatric admission from the unit site to an inpatient facility if required and an RN on-site 24/7 for medication services and to facilitate transfers for medical admissions. Other general on-

site staffing requirements relate to psychiatric care, nurses (including RNs), counselors, care managers, clinical supervisors of residential staff, license or supervision required for direct service staff, and individual supervision of clients if necessary. During all hours of operation in all residential programs, there must be at least one individual trained in basic First Aid and in cardiopulmonary resuscitation (CPR). Other training is also required.

Mental Health (MH):

- MHPRR: Twenty-four hour staffing is required as long as there are client(s) physically present in the residence. Ratios apply to direct care staff, with additional requirements applicable based on acuity, as needed for health and safety, and for 1:1 staffing when a resident is in crisis. At least one (1) staff person trained in CPR.

- SMHPRR: Twenty-four hour staffing is required.

- MHPRR-A: Twenty-four hour staffing is required. Clients do not require constant staff supervision but do require availability of staff to respond quickly to meet needs. Direct service staff in residential programs must have the qualifications relevant to the service they are providing.

Substance Use Disorder (SUD):

- All Residential Programs for Substance Use Disorders are subject to BHO staffing requirements that include having a coordinated treatment team that includes a qualified behavioral health practitioner; all non-licensed direct-care staff working toward provisional or advanced certification as an Alcohol and Drug Counselor; and staffing ratio requirements applicable to direct care staff. The program must provide trained on-site residential direct care staff 24 hours day/ 7 days a week.

- Medical Detoxification Programs: Staffing shall provide 24 hour, awake, on-site care 7 days a week. Requirements both for adequate staffing levels and registered nursing ratios are in place, as are requirements for registered nurses and licensed counseling staff. The program must have on staff a supervising physician who is responsible for oversight of all medical and pharmaceutical procedures. Specific training requirements exist for all nurses and for clinical and support staff. Among other things, training must include: (a) Appropriate screening protocols and procedures; (b) Use of ASAM placement and treatment criteria; (c) Medical aspects of substance use, abuse, and withdrawal, especially as it pertains to the acute care setting; (d) Pharmacology in the detoxification program setting; (e) Discharge or continuum of care; (f) Early interventions for individuals at high risk during intoxication and withdrawal; (g) Non-violent crisis intervention; and (h) Management of the individual with suicidal ideation.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): BHOs must have written policies and procedures that describe the criteria for admission and denial of service. A biopsychosocial assessment of the individual's physical and psychological status and social functioning must be conducted for each person who is evaluated for admission to the organization. The person conducting the assessment must meet certain educational or licensure requirements. When a person served is not participating in a particular service or program, the director of such service or program may discharge the person from the program or the organization only when specific conditions have been met.

- A BHSU, as part of crisis services, must provide a face-to-face initial triage review by a Licensed Independent Clinician or Practitioner to assess acuity, risk status, and client level of need for the interim period prior to a full assessment and development of an initial person-centered plan. The unit must offer step-down services for clients who do not require inpatient hospitalization or detox but who require further stabilization before returning to the community. Eligibility requirements for admission to a BHSU include: (a) age and residency; (b) safety in an unlocked facility; (c) voluntarily agree to admission; and (d) medical stability. Criteria for exclusion may include factors related to: (a) acute substance intoxication; (b) acute psychosis; (c) acute mania; (d) gross functional impairment due to vegetative signs of depression; (e) assaultive ideation; (f) assaultive behaviors; (g) active self-injurious behaviors; (h) recent suicide attempt with a continued threat or plan to act on suicidal ideation; and (i) compromised physical condition. The unit must have the capacity to accept admissions 24/7 and there are detailed requirements regarding who conducts the screening, when screening occurs, finalization of disposition, and having a trauma-informed search of the client and any belongings. A Licensed Independent Clinician or Practitioner must conduct an initial assessment within twenty-four (24) hours of admission. Discharge criteria are identified, and length of stay is individualized based on each individual's service needs.

Mental Health (MH): Placement criteria for BHOs providing MH residential treatment include that a physician must authorize all MHPRR services, based on the Psychiatric Rehabilitative Residence Individual Care Checklist, as well as the following:

- MHPRR: This population includes individuals with refractory psychosis; dual diagnosis (individuals with developmental disabilities and mental health issues); or co-occurring addiction and mental health disorders, who cannot be treated in the community through outpatient supports. If a comprehensive medical history and physical examination have been completed within sixty (60) days before admission to the program, that report may be used in the treatment record. If not, a physical health assessment, including a medical history and physical examination, must be completed by a qualified medical, licensed, independent practitioner, within 30 days after admission.

- SMHPRR: These serve populations with complex co-occurring conditions. Specialized services are meant to address populations that are difficult to maintain in traditional group home settings including: clients with co-occurring substance use and mental health disorders, those stepping down from Eleanor Slater Hospital, clients who are self-injurious or have personality disorders, and transitional-aged youth.

Substance Use Disorder (SUD):

- All Residential Programs for Substance Use Disorders must utilize the ASAM Criteria to determine the appropriate level of residential care and be able to provide the array of services based on the appropriate placement level, including MAT options. Biopsychosocial assessments must be completed 48 hours after admission. Justification for the selection of the ASAM level of care must be validated within the diagnostic summary of the assessment.

- Medical Detoxification Programs: The program must have established written admission, continuing care, and discharge criteria. A complete medical history and physical examination must be performed and documented on each individual within 24 hours of admission. A biopsychosocial assessment shall be completed and documented within 72 hours of admission. Persons served shall remain in a medical detoxification program for the period of time determined and documented as medically necessary by the program's physician.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Unless required otherwise for specific program types, all BHOs must develop a preliminary treatment plan for the first thirty days after the biopsychosocial assessment is completed. At least once every 12 months, a review and update of the assessment information and the integrated summary must be documented. Based on the biopsychosocial assessment, a goal-oriented, recovery-focused individualized treatment plan meeting certain requirements must be developed and implemented with each person served. A new treatment plan must be developed at least once every 12 months. Goals and interventions indicated in the treatment plan shall be reassessed, updated and modified every 6 months as necessary, and at the occurrence of certain events. An aftercare plan before a planned discharge. The aftercare plan shall include: (1) Services to be accessed following transition/discharge; (2) Activities to sustain the progress made during treatment; and (3) A crisis plan for the individual to follow after transition/ discharge, when indicated.

- For BHSUs: All individuals must have a discharge plan, which is started within 24 hours after admission. Arranged follow up appointments are not to exceed 48 hours for the first appointment from discharge. A follow up medication appointment must be scheduled within 14 days. Individuals referred to homeless shelters must have scheduled follow up

appointments with providers. Transportation issues are to be resolved and documented in the individual's record describing how the individual shall attend the first appointment.

Mental Health (MH): For MHPRRs, a comprehensive person-centered treatment plan must be completed with each resident and, as appropriate, his or her family within 30 days of admission. The treatment plans and treatment plan reviews of each resident of a MHPRR program must be signed by the psychiatrist treating the resident.

Substance Use Disorder (SUD):

- All Residential Programs for Substance Use Disorders must complete a person-centered treatment plan. A review of the person-centered plan for each person served in a residential treatment program must occur at least once a month.

- Medical Detoxification Programs: An initial individualized person-centered plan addressing short-term detoxification goals must be completed within seventy-two (72) hours of admission.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): A BHSU must provide: (1) 24-Hour Crisis Services; (2) Hospital Step Down Services; (3) Principal point of contact/accountability for each individual served; (4) Psychiatry Services; (5) Inpatient Psychiatric and Medical Admissions (if required); (6) Treatment for co-occurring mental health and substance related disorders; (7) Group and Individual Counseling; and (8) Family Psychoeducation and Supportive Services.

Mental Health (MH):

- MHPRR: Among other things, service elements include the following, based on each resident's individualized recovery-focused, person-centered plan: (a) Mental health therapeutic and rehabilitative services for the resident to attain recovery; (b) Medication prescription, administration, education, cueing and monitoring; (c) Counseling: Individual, group and family; and (d) Social casework: Client-based advocacy; linkage to outside service providers; monitoring the use of outside services; individualized person-centered planning and skill teaching; income maintenance; and medical care assistance.

- SMHPRR: The clients receive a wide range of care management, co-occurring treatment of substance use and mental health, psychiatric rehabilitation and individual care services.

Substance Use Disorder (SUD):

- All Residential Programs for Substance Use Disorders must provide active treatment 7 days a week based on the needs of persons served in, among others, the following areas: (a) Individual counseling/therapy; (b) Group counseling/therapy; (c) Family/support system counseling/therapy; and (d) Relapse prevention/crisis preparation work. The residential treatment program shall provide a suitable clinical service array for the following applicable ASAM levels of care, including corresponding hours of service:
    - Level 3.1 Clinically Managed, Low-Intensity Residential Services
    - Level 3.3 Short-Term, Clinically Managed, Medium-Intensity
    - Level 3.5 Clinically Managed, High-Intensity Residential

- Medical Detoxification Programs: To ensure that the appropriate rehabilitative services are provided, the person served shall be assigned a primary counselor who shall follow the person's progress during detoxification. Staff shall provide a planned regimen of 24 hour professionally directed evaluation, care, and treatment services, to include the administration of prescribed medications by medical staff. Medical specialty, psychological, psychiatric, laboratory, and toxicology services must be available within the program or through consultation or referral. The program must have a written agreement with a hospital for transferring individuals in cases of medical emergencies. There must be a written physician-approved detoxification protocol or standing detoxification orders for each substance for which the program provides a detoxification service.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): Residential BHOs have the following rights, among others: privacy, dignity, communication, voting, religious freedom, access to a Mental Health Advocate, confidentiality, and an accessible grievance procedure. Aversive techniques of behavior management are prohibited. Seclusion, chemical restraint, and mechanical restraint are prohibited in all BHOs and use of physical restraint is limited. Physical restraint use must be reported to the Department's Office of Quality Assurance and data must be collected to monitor and improve performance in that regard.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): All BHOs must have written policies and procedures for assessing individual satisfaction with services and supports received, individual choice regarding services received, and individual involvement in monitoring and directing the provision of services. The BHO must have an effective, ongoing, organization-wide quality performance/improvement program to evaluate the provision of services and supports to individuals that addresses the quality requirements of the BHO regulations.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): BHOs must have an organized board to serve as a governing body that is responsible for, among many other things, program and fiscal management and operation, quality assurance, compliance with all laws, and oversight. Policies and procedures are required. The board must include community representation and, at least 25% of the board, must include persons who reflect the population served by the organization and/or family members of individuals and at least one must be an individual served.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): BHOs must organize their services so that individuals with co-occurring disorders are identified as soon as possible and receive treatment in an integrated manner. Among other things, this includes development and implementation of policies and procedures, utilization of guidelines, screening as part of the biopsychosocial assessment, and referral and active care coordination. Specific staffing qualifications are recommended for those working with individuals with co-occurring conditions. Among other things, a psychiatrist must be available on-staff or through consultation and programs must check the PDMP and obtain a toxicology screen prior to prescribing medications for this group.

Location of Regulatory and Licensing Requirements

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, Licensure Regulations subchapter 00[1] and 10[2]. Regulatory data collected August 16, 2019.

Other Information Sources

L. Mahoney (BHDDH); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[1] See https://risos-apa-production-public.s3.amazonaws.com/BHDDH/REG_10309_20181218125932.pdf.

[2] See https://risos-apa-production-public.s3.amazonaws.com/BHDDH/REG_10211_20181218130650.pdf.

RHODE ISLAND MEDICAID

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Approach

The Rhode Island Executive Office of Health and Human Services oversees the state Medicaid program. Rhode Island also has a section 1115 waiver permitting Medicaid coverage of residential treatment for substance use disorders (SUD) in an institution for mental diseases (IMD) for individuals between the ages of twenty-one (21) to sixty-four (64) for no longer than fifteen (15) days. The state historically also has relied on the in lieu of provision for Medicaid coverage of some IMD services but not on Disproportionate Share Hospital (DSH) payments.

Types of Facilities

Mental Health (MH): Medicaid coverage is available for residential treatment facilities and/or services for individuals aged 18-64 years who are in a residential setting that is not an IMD, including the following:

- Mental Health Psychiatric Rehabilitative Residence (MHPRR) providing psychiatric care in a supervised setting.
- Crisis Intervention services administered in residential settings for individuals with severe and persistent mental illness enrolled in Community Support Programs.
- Residential services associated with CMHCs.

Substance Use Disorder (SUD): ASAM levels of care included in the Section 1115 waiver are 3.1, 3.3., and 3.5, as well as medically supervised withdrawal management. Apart from the section 1115 SUD waiver coverage, Medicaid coverage is available for residential treatment facilities and/or services for individuals aged 18-64 years who are in a residential setting that is not an IMD, including the following:

- Hospital-based detoxification services which relate to medical management of the physiological and psychological symptoms of withdrawal from alcohol and/or another drug of misuse including but not limited to community-based narcotic treatment and community detox provided in residential settings.

- SSTARbirth services, which provide a long-term (6 month minimum) residential substance abuse treatment program specifically designed for pregnant, postpartum and parenting women.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To participate in the Medicaid program, health care providers must be certified and agree to abide by the requirements established in Title XIX and Title XXI of the Social Security Act, Rhode Island General Laws, and State and federal rules and regulations.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must have performance measures that track that providers meet licensure/certification standards, that non-certified providers are monitored to assure adherence to waiver requirements, and that the state verifies that training is given to non-certified providers in accordance with the waiver.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Residential services, screenings, and assessments for appropriate level of care must be available 24 hours per day, 7 days per week.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the credentials of staff for residential treatment settings.

Placement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must provide for delivery of new benefits, including residential treatment. The state also must undertake an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under the demonstration. Patient treatment needs must be assessed based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Residential treatment services include therapeutic services. There is a 14-day requirement for prior authorization for receipt of residential treatment services.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. The waiver permits the following to be provided in an IMD: residential treatment, medically supervised withdrawal management, MAT, and peer recovery support services. Residential treatment providers must offer MAT on-site or facilitate access to MAT off-site through an MOU with the off-site provider. The state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Care coordination services are to be offered to eligible beneficiaries through contracted managed care organizations. Care management entities provide care coordination and assistance to beneficiaries in Medicaid fee-for-service who are not eligible for enrollment in managed care.

Substance Use Disorder (SUD): Under the Section 1115 waiver, residential facilities must link beneficiaries with community-based services and supports following stays in facilities.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Facilities must have an approved Quality Assurance system and evaluate quality of care provided to patients in facilities.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

Substance Use Disorder (SUD): No Medicaid requirements were located other than the requirement in the Section 1115 waiver that care for comorbid physical and mental health conditions be improved by the demonstration.

Location of Medicaid Requirements

Rhode Island Comprehensive Demonstration 1115 Waiver 2019-2023[3]; Rhode Island EEOHS Medicaid Rules and Regulations Title 210[4]. Regulatory data collected November 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[3] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf.

[4] See https://rules.sos.ri.gov/organizations.