



Social and Human Service Programs Review Project Report

Introduction

The FY 2023 budget vested the Office of the Health Insurance Commissioner (OHIC) with a duty to conduct a biennial process to review social and human service programs having a contract with, or licensed by, the state. The review has a specific focus on the reimbursement rates paid to providers of social and human service programs as defined in Rhode Island General Laws (RIGL) § 42-14.5-2.1. Rhode Island's social and human service providers are critically important partners with state government in its work to ensure appropriate and timely access to care for Rhode Islanders who rely on publicly funded services. OHIC is committed to performing the duties outlined in the legislation in an objective, transparent, and accountable manner.

As required by RIGL § 42-14.5-3(t), OHIC must draft and submit a report to the General Assembly on January 1, 2023 with the following five deliverables:

1. An assessment and detailed reporting on social and human service program rates, including rates currently being paid and the date of the last increase to be published by January 1, 2023.
2. An assessment and detailed reporting on utilization trends from the period of January 1, 2017 through December 31, 2021 for social and human service programs to be published by January 1, 2023.
3. An assessment and detailed reporting on eligibility standards and processes of social and human service programs to be published by January 1, 2023.
4. An assessment and detailed reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network to be published by January 1, 2023.
5. An assessment and detailed reporting on accountability standards for services for all social and human service programs to be published by January 1, 2023.

At this time, OHIC does not have the ability to provide a report containing the above deliverables due to the fact that the onboarding of a firm to perform the data collection and analysis is not complete. A tentative letter of award has been issued and OHIC is waiting on a final contract and purchase order. Once a contract is signed and a purchase order is issued, OHIC will move as quickly as possible to complete the January deliverables.

Due to the high priority OHIC places on this work, other actions have been taken, concurrent with the procurement process, to ensure its successful completion. The purpose of this report is to summarize

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OHIC's progress to date and describe efforts to engage providers and interested parties directly. This engagement is an integral piece in laying the foundation for a transparent and accountable review that achieves the intent of the General Assembly and meets the needs of the public.

Background

Under [Article 12](#) of the FY 2023 budget, OHIC was charged with conducting a comprehensive review of all "social and human service programs" having a contract with or licensed by the state. Further, OHIC has determined "state" to mean the following agencies and subdivisions of these agencies: the Executive Office of Health and Human Services (EOHHS), Medicaid, the Department of Behavioral Health Care, Developmental Disabilities, and Hospitals (BHDDH), the Department of Children, Youth, and Families (DCYF), the Department of Health (DOH), Department of Human Services (DHS), the Office of Healthy Aging (OHA), and the Office of Veterans Services (VETS).

OHIC determined the definition of "social and human service program" to mean the array of services on the Medicaid fee-for-service (FFS) fee schedules, and services financed by the state through Medicaid and other funding sources in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult or adolescent day services, vocational, employment and training, and aging. These subject areas are designated specifically in RIGL § 42-14.5-2.1(5).

OHIC was required by statute to prepare a request for proposal for a qualified and competent firm to undertake the analysis, reports, and studies outlined in the statute and documented in this report. The firm will undertake a comprehensive review of all social and human service programs having a contract with or licensed by the state for the purpose of:

1. Establishing a baseline of the eligibility factors for receiving services.
2. Establishing a baseline of the service offering through each agency for those determined eligible.
3. Establishing a baseline understanding of reimbursement rates for all social and human service programs including rates currently being paid, the date of the last increase, and a proposed model that the state may use to conduct future studies and analyses.
4. Ensuring accurate and adequate reimbursement to social and human service providers that facilitate the availability of high-quality services to individuals receiving home and community-based long-term services and supports provided by social and human service providers.
5. Ensuring the general assembly is provided accurate financial projections on social and human service program costs, demand for services, and workforce needs to ensure access to entitled beneficiaries and services.

6. Establishing a baseline and determining the relationship between state government and the provider network including functions, responsibilities, and duties.
7. Determining a set of measures and accountability standards to be used by EOHHS and the general assembly to measure the outcomes of the provision of services including budgetary reporting requirements, transparency portals, and other methods.
8. Reporting the findings of human services analyses and reports to the speaker of the house, senate president, chairs of the house and senate finance committees, chairs of the house and senate health and human services committees, and the governor.

Legislatively Required Reports. The social and human service programs review is required to encompass the completion of analyses, reports, and studies to be submitted to the governor and the general assembly by January 1, 2023, April 1, 2023, and September 1, 2023.

The January 1, 2023 report is required to include the following deliverables:

1. An assessment and detailed reporting on social and human service program rates, including rates currently being paid and the date of the last increase to be published by January 1, 2023.
2. An assessment and detailed reporting on utilization trends from the period of January 1, 2017 through December 31, 2021 for social and human service programs to be published by January 1, 2023.
3. An assessment and detailed reporting on eligibility standards and processes of social and human service programs to be published by January 1, 2023.
4. An assessment and detailed reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network to be published by January 1, 2023.
5. An assessment and detailed reporting on accountability standards for services for all social and human service programs to be published by January 1, 2023.

The April 1, 2023 report is required to include the following deliverables:

1. An assessment and detailed reporting on professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule to be published by April 1, 2023.
2. An assessment and detailed reporting on access to social and human service programs, to include any wait lists and length of time on wait lists, in each service category to be published by April 1, 2023.
3. An assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates to be published by April 1, 2023.

4. An assessment and reporting on usual and customary rates paid by private insurers and private pay for similar social and human service providers, both nationally and regionally, to be published by April 1, 2023.

The September 1, 2023 report is required to include the following:

An assessment and review process that is completed on a biennial basis and includes the following components: eligibility, scope of services, relationship of social and human service providers and the state, national and regional rate comparisons, and accountability standards that results in recommended rate adjustments to be published by September 1, 2023.

As with all of OHIC's work, the office will ensure, where applicable, that the review is conducted consistent with its statutory purpose outlined in RIGL § 42-14.5-2, which directs the health insurance commissioner to discharge powers and duties of office to:

1. Guard the solvency of health insurers.
2. Protect the interests of consumers.
3. Encourage fair treatment of health care providers.
4. Encourage policies and developments that improve the quality and efficiency of health care service delivery and outcomes.
5. View the health care system as a comprehensive entity and encourage and direct insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access.

Progress to Date

Since the passage of the FY 2023 budget, which charged OHIC with conducting a comprehensive review of all social and human service programs having a contract with or licensed by the state, OHIC has been working diligently to lay the foundation for a transparent and accountable review that achieves the intent of the General Assembly and meets the needs of the public. The following is a summary of the work that OHIC has completed thus far.

Statutory Interpretation and Scope of Review. After passage of the legislation OHIC met with several stakeholders to understand their perspectives which helped the office develop a more refined sense of the universe of services and programs subject to the review. OHIC drew on this expert feedback to ensure the review encompasses all of the disciplines and subject areas specified in the legislation. OHIC leadership determined that decisions on scope and prioritization should occur through public processes where interested parties could weigh in. Toward that end, on August 2, 2022, OHIC distributed a draft bulletin for review by state agencies, health care providers, and the public at large that set forth OHIC's interpretation of the scope and terms of the social and human service programs review required by RIGL § 42-14.5-3(t). Interested parties were given thirty days to review and provide comments. OHIC, like other administrative agencies, utilizes bulletins to disseminate interpretations of statute and communicate with interested parties in a formal manner. The office received feedback on the draft bulletin, made revisions, and issued [Bulletin 2022-3 Social and Human Service Programs Review Scope](#)

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on September 7, 2022 (Bulletin 2022-3 can be found in Appendix A). Bulletin 2022-3 interprets and further clarifies the scope of OHIC's new powers and duties, clarifies the scope of the definition of "social and human service programs", the scope of the definition of "state", and addresses out-of-scope rates.

Among the valuable comments that OHIC received on the bulletin, one specifically encouraged OHIC to develop a "community advisory framework." The logic was quite compelling. The commentor stated that the "project will encounter numerous difficult technical questions and judgment calls." Specifically, OHIC was asked to "consider appointing an advisory committee of some kind and providing regular structured opportunities for interested parties to learn about your work and provide input." In response OHIC committed to appointing a Social and Human Service Programs Advisory Council as part of the final bulletin.

Social and Human Service Programs Review Advisory Council. The commissioner created and convened the Social and Human Service Programs Review Advisory Council in September of 2022. This public body was created for the purpose of ensuring that the scope of the review is carried out to the highest standards of credibility, integrity, and transparency. The council is comprised of members representing those with the requisite expertise related to social and human service programs. The commissioner has charged the council members with providing advice that is consistent with advancing the welfare of the public regardless of organizational affiliation.

The co-chairs of the council include Cory King, Acting Health Insurance Commissioner from OHIC; Elena Nicolella, President and Chief Executive Officer of the Rhode Island Health Center Association; and Sam Salganik, Executive Director of the Rhode Island Parent Information Network.

Council members include:

- Beth Bixby, Chief Executive Officer of Tide Family Services;
- Garry Bliss, Program Director at Prospect Health Services RI-Medicaid AE;
- Margaret Holland McDuff, Chief Executive Officer of Family Service of Rhode Island;
- Linda Katz, Co-founder and former Policy Director of the Economic Progress Institute;
- Tanja Kubas-Meyer, Executive Director of the Rhode Island Coalition of Children and Families;
- Maureen Maigret, Chair of the Aging in Community Subcommittee of the RI Long Term Care Coordinating Council;
- James Nyberg, Executive Director of LeadingAge RI;
- Nicholas Oliver, Executive Director of Rhode Island Partnership for Home Care;
- Laurie-Marie Pisciotto, Executive Director of the Mental Health Association of Rhode Island;
- Tina Spears, Executive Director of the Community Provider Network of Rhode Island;
- John J. Tassoni, Jr., President and Chief Executive Officer of the Substance Use Mental Health Leadership Council of RI; and
- Teresa Paiva Weed, President of the Hospital Association of Rhode Island.

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The council acts in an advisory capacity on all aspects of the Social and Human Service Programs Review, while OHIC retains all decision-making authority consistent with RIGL §§ 42-14.5-2 and 42-14.5-3(t). Council meetings are public and allow providers, recipients, and other interested parties an opportunity to ask questions and provide comment. The council has met three times thus far, on September 30, 2022; October 31, 2022; and November 30, 2022. The council will convene in January and continue to meet monthly with additional meetings as necessary.

During the September advisory council meeting, the commissioner presented on the social and human service programs review scope. Additionally, a draft council charter was shared with the council members for their feedback.

In October, the advisory council meeting focused on the January 1, 2023 deliverables. The deliverables were reviewed, and the council members contributed to a robust discussion on each one. After the meeting, OHIC sent a draft provider data collection form to council members for them to review and provide feedback. The goal of the form is to understand which codes and services are a priority for each council member and the providers and community agencies they represent. This information will help to inform rate prioritization that OHIC expects may become necessary. Any such prioritization should not be construed to mean that rates prioritized for analysis at a later time are out-of-scope.

The November advisory council meeting included a presentation by the EOHHS, which included the agency's vision, mission, and core values along with an overview of rate increases included in the FY 2023 budget and proposed increases for the FY 2024 budget. After the meeting, OHIC sent out a final version of the provider data collection form to the council members, which is due back to OHIC in January. The provider data collection form can be found in Appendix B.

In addition to three monthly meetings, OHIC offered to meet with all council members individually and has met with many separately to have more personalized and detailed conversations about each members' priorities and perspective. Council members have been encouraged to reach out to OHIC at any time to ask questions, express concerns, or provide feedback. OHIC has also met with many members of the public to explain the social and human service programs review process and answer any questions.

The Social and Human Service Programs Review Advisory Council Charter and all other advisory council meeting materials, including meeting minutes and presentations, can be found in Appendix C.

Interagency Collaboration. The legislation requires OHIC to consult with EOHHS while undertaking the social and human service programs review. OHIC recognizes and values its partners across state government who possess programmatic knowledge and data that is vital to the success of the social and human service programs review.

In October of 2022, OHIC convened an interagency work group, consisting of director-appointed representatives from EOHHS and the agencies under its purview, to assist OHIC in completing this review. The goal of the meeting was to introduce the social and human service programs review to the

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work group members and inform them of the mandated deliverables that will require interagency collaboration. OHIC anticipates that the interagency work group will meet regularly once the vendor is officially onboard.

In response to the October meeting, the Medicaid Program shared with OHIC the fee-for-service (FFS) fee schedule, which contains over 76,000 rows of data. OHIC met with Medicaid and their Medicaid Management Information System (MMIS) vendor, Gainwell, to learn more about the fee schedule, its structure, and to discuss what data will be needed to complete the social and human services programs review. After the meeting, Gainwell filtered down the fee schedule spreadsheet to current codes only. This spreadsheet, which includes more than 66,000 rows of data, can be viewed [here](#). Once the vendor is onboarded, among the first priorities will be to continue to filter down the fee schedule into the relevant codes that correspond to the disciplines and subject areas specified in RIGL § 42-14.5-2.1. Furthermore, the direct collection of priority service codes from providers will facilitate this task.

OHIC is working with the fiscal staff at EOHHS to assess whether the social and human service programs review work may be eligible for federal financial participation. The review is currently funded through state general revenue funds, and some of it may be eligible for federal matching funds, which would lessen the financial burden on the state. OHIC's work with EOHHS's fiscal staff is ongoing.

Dedicated Public-Facing Web Page. OHIC has recently modernized and updated its website so that it is easier to navigate and more accessible to stakeholders and the public at large. OHIC has created a [dedicated web page](#) for the social and human service programs review to share all relevant information and documentation. As OHIC and its vendor complete the deliverables described above, those deliverables will be posted on the OHIC website in addition to being transmitted to the General Assembly and Governor.

Procurement Process. The legislation required OHIC to “prepare a request for proposal for a qualified and competent firm or firms to undertake the [...] analyses, reports, and studies.” OHIC produced an RFP draft on July 8, 2022 and initiated the necessary steps with the Division of Purchases to finalize and post the RFP on Ocean State Procures. The Division of Purchases' *Quick-Start Guide to Procurement* recommends “beginning the process at least nine months prior to the desired contract signing date for an RFP, as an RFP typically involves conducting a needs assessment (2 mos.), drafting a solicitation (1 mo.), posting the solicitation (2 mos.), scoring proposals (2 mos.), and issuing an award (2 mos.).”¹ OHIC was able to bypass the needs assessment phase due to the clarity of the direction from the legislation passed by the General Assembly and has exceeded other expectations in terms of procurement duration. However, at this time, the process of onboarding a vendor is not complete. Current information on the procurement process can be viewed on the [Ocean State Procures website](#).

Conclusion

While this report does not provide the General Assembly with the five deliverables contained in RIGL § 42-14.5-3(t), it provides insight into the work that OHIC and its Social and Human Services Advisory

¹ See Quick-Start Guide to Procurement on <https://ridop.ri.gov/agencies/how-guides>

Council has produced thus far. OHIC is ready to immediately begin to work with the vendor to supply the General Assembly and the Governor with the January 1, 2023 deliverables as soon as possible. Once the vendor is officially procured, OHIC will share a more definitive project workplan with the General Assembly and the Governor. Finally, OHIC thanks all providers who have participated in the Advisory Council and is looking forward to their continued partnership in this process. Stakeholder engagement and interagency collaboration will continue to be a priority throughout the entire review process.

Appendix A



Bulletin 2022-3

Issued September 7, 2022

Effective September 8, 2022

Social and Human Service Programs Review Scope

Introduction

The State of Rhode Island Office of the Health Insurance Commissioner (OHIC) issues this bulletin to inform state agencies, health care providers, and the public at large of information concerning the scope of comprehensive reviews conducted by OHIC of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview, as required by [State of Rhode Island General Laws \(RIGL\) § 42-14.5-3\(t\)](#). This review is required to encompass the completion of analyses, reports, and studies to be published January 1, 2023, April 1, 2023, and September 1, 2023 as follows:

1. An assessment and detailed reporting on social and human service program rates, including rates currently being paid and the date of the last increase to be published by January 1, 2023
2. An assessment and detailed reporting on utilization trends from the period of January 1, 2017 through December 31, 2021 for social and human service programs to be published by January 1, 2023
3. An assessment and detailed reporting on eligibility standards and processes of social and human service programs to be published by January 1, 2023
4. An assessment and detailed reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network to be published by January 1, 2023
5. An assessment and detailed reporting on accountability standards for services for all social and human service programs to be published by January 1, 2023
6. An assessment and detailed reporting on professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule to be published by April 1, 2023
7. An assessment and detailed reporting on access to social and human service programs, to include any wait lists and length of time on wait lists, in each service category to be published by April 1, 2023
8. An assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates to be published by April 1, 2023
9. An assessment and reporting on usual and customary rates paid by private insurers and private pay for similar social and human service providers, both nationally and regionally, to be published by April 1, 2023

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10. An assessment and review process that is completed on a biennial basis and includes the following components: eligibility, scope of services, relationship of social and human service, providers and the state, national and regional rate comparisons, and accountability standards that results in recommended rate adjustments to be published by September 1, 2023

OHIC also ensures that the review is conducted consistent with its statutory purpose outlined in [RIGL § 42-14.5-2](#).

Social and Human Service Program Definition Scope

For purpose of specifying the scope of the review, in light of RIGL § 42-14.5-2.1(5) read within the context of RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t), OHIC understands the definition of “social and human service program” to mean the array of services on the Medicaid fee-for-service (FFS) fee schedules. In addition, OHIC understands the definition to include the array of services financed by the state both through Medicaid and through other funding sources in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult or adolescent day services, vocational, employment and training, and aging.

State Definition Scope

For purpose of specifying the scope of the review, in light of RIGL § 42-14.5-2.1(2)) read within the context of RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t), OHIC understands the definition of “state” to mean the following agencies and subdivisions of these agencies: EOHHS (inclusive of Medicaid), the State of Rhode Island Department of Behavioral Health Care, Developmental Disabilities, and Hospitals, the State of Rhode Island Department of Children, Youth, and Families, the State of Rhode Island Department of Health, and the State of Rhode Island Department of Human Services. In addition, OHIC understands the definition to include the State of Rhode Island Office of Healthy Aging and the State of Rhode Island Office of Veterans Services.

Out-of-Scope Rates

For purpose of specifying the scope of the review, in light of RIGL § 42-14.5-2.1(3) read within the context of RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t), OHIC understands rates that are determined through statutorily mandated methodologies to be out of scope. This includes, but is not necessarily limited to, Medicaid hospital rates (as outlined in [RIGL § 40-8-13.4](#)) and Medicaid nursing facility rates (as outlined in [RIGL § 40-8-19](#)).

Additionally, OHIC understands the rates negotiated for services between Medicaid managed care organizations (MCOs) and providers to be out of scope. However, while OHIC understands these negotiated rates for services in of themselves to be out of scope, OHIC also understands it to be necessary to take into account the relationship between the rates for services on the Medicaid FFS fee schedules and the rates negotiated by Medicaid MCOs and overall context of the role that Medicaid MCOs play in financing Medicaid services in order to successfully carry out RIGL § 42-14.5-3(t).

Finally, it is important to note that OHIC makes a distinction between out-of-scope rates and any prioritization decisions that will need to be made regarding which rates are analyzed during particular timeframes. OHIC expects that it will need to make prioritization decisions regarding which rates are analyzed during particular timeframes, informed by a range of factors, including but not limited to those

factors suggested through public input, but any such prioritization should not be construed to mean that rates prioritized for analysis at a later time are out-of-scope.

Social and Human Service Program Review Advisory Council

For the purpose of ensuring that the scope of the review is carried out to the highest standards of credibility, integrity, and transparency, in light of RIGL § 42-14.5-3(t)(2)(x) read within the context of RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t), OHIC will convene a public body to act in an advisory capacity for the office on all aspects of the review. This body shall be known as the Social and Human Service Program Review Advisory Council with members appointed by the health insurance commissioner representing those with the requisite expertise related to social and human service programs. The health insurance commissioner shall charge council members with providing advice that is consistent with advancing the welfare of the public regardless of organizational affiliation and OHIC shall retain all decision-making authority to be exercised consistent with RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t). Meetings of the council shall be conducted to allow providers, recipients, and other interested parties an opportunity to ask questions and provide comment.

Conclusion

This bulletin shall take effect on September 8, 2022.

Dated at Cranston, Rhode Island this 7th day of September 2022.

A handwritten signature in black ink, appearing to read "Patrick M. Tighe", with a stylized flourish at the end.

Patrick M. Tighe
Health Insurance Commissioner

Appendix B

OHIC Social and Human Service Programs Review Provider Data Collection Form

Provider

Agency Name:
Contact
Information

The Office of the Health Insurance Commissioner (OHIC) has been charged with conducting a comprehensive review of all "social and human service programs" having a contract with or licensed by the state. The goal of this form is to help OHIC understand codes and services that are a community priority. Please identify any specific codes that your agency believes needs to be examined. For the column titled "social and human service program category", choose one of the following categories for each code: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, rehabilitative, substance use disorder treatment, residential care, adult or adolescent day services, vocational, employment and training, or aging. The category "social" can be used as a catch-all if another category does not apply. If two categories apply, then use the secondary column. These categories come directly from the definition of "social and human service program" in Rhode Island General Law 42-14.5-2.1. Contact Molly McCloskey if you have any questions - molly.mccloskey@ohic.ri.gov.

Instructions:

Link to Bulletin

2022-3

For more information on the scope of OHIC's Social and Human Service Program Review, please review Bulletin 2022-3.

Fee-for-

Service

(FFS)

Code

Program(s)/Service Code is Associated with

Program/Service Description

Date of Last Code Rate Increase

Social and Human Service Program Category (primary)

Social and Human Service Program Category (secondary)

Population Served

Regulating State Agency Contracting the Service

Additional Information

OHIC Social and Human Service Programs Review Provider Data Collection Form

Provider
Agency Name:
Contact
Information

The Office of the Health Insurance Commissioner (OHIC) has been charged with conducting a comprehensive review of all "social and human service programs" having a contract with or licensed by the state. The goal of this form is to help OHIC understand codes and services that are a community priority. In this tab, please identify any service rates that are not on the fee-for-service fee schedule that your agency believes need to be examined. For the column titled "social and human service program category", choose one of the following categories for each service: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, rehabilitative, substance use disorder treatment, residential care, adult or adolescent day services, vocational, employment and training, or aging. The category "social" can be used as a catch-all if another category does not apply. If two categories apply, then use the secondary column. These categories come directly from the definition of "social and human service program" in Rhode Island General Law 42-14.5-2.1. Contact Molly McCloskey if you have any questions - molly.mccloskey@ohic.ri.gov.

Instructions:
Link to Bulletin
2022-3

For more information on the scope of OHIC's Social and Human Service Program Review, please review Bulletin 2022-3.

Service Name	Service Description	Date of Last Service Rate Increase	Social and Human Service Program Category (primary)	Social and Human Service Program Category (secondary)	Population Served	Regulating State Agency Contracting the Service	Additional Information
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Appendix C



**Social and Human Service Programs Review Advisory Council
Meeting Agenda
September 30, 2022
9:00 A.M. to 10:00 A.M.
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920**

- 1. Call to Order**
- 2. Social and Human Service Programs Review Scope**
- 3. Social and Human Service Programs Review Advisory Council Charter**
- 4. Public Comment**
- 5. Adjournment**

If accommodations are needed to ensure equal participation, please contact the State of Rhode Island Office of the Health Insurance Commissioner at (401) 462-9517 within 48 hours prior to the meeting.

SOCIAL AND HUMAN SERVICE PROGRAMS REVIEW SCOPE

SEPTEMBER 30, 2022



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INTRODUCTION

- The State of Rhode Island Office of the Health Insurance Commissioner (OHIC) issued OHIC Bulletin 2022-3 on September 7, 2022 (effective September 8, 2022) to inform state agencies, health care providers, and the public at large of information concerning the scope of comprehensive reviews conducted by OHIC of all social and human service programs having a contract with or licensed by the state, as required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t).
- The state is inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview.
- This review is required to encompass the completion of analyses, reports, and studies to be published January 1, 2023, April 1, 2023, and September 1, 2023.

A vertical decorative image of the Golden Gate Bridge in San Francisco, showing the suspension tower and cables against a hazy sky.

INTRODUCTION: JANUARY 1, 2023 DELIVERABLES

1. An assessment and detailed reporting on social and human service program rates, including rates currently being paid and the date of the last increase to be published by January 1, 2023
2. An assessment and detailed reporting on utilization trends from the period of January 1, 2017 through December 31, 2021 for social and human service programs to be published by January 1, 2023
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5. An assessment and detailed reporting on accountability standards for services for all social and human service programs to be published by January 1, 2023

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge in San Francisco, with the bridge's towers and suspension cables visible against a hazy background.

INTRODUCTION: APRIL 1, 2023 DELIVERABLE

1. An assessment and detailed reporting on professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule to be published by April 1, 2023
2. An assessment and detailed reporting on access to social and human service programs, to include any wait lists and length of time on wait lists, in each service category to be published by April 1, 2023
3. An assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates to be published by April 1, 2023
4. An assessment and reporting on usual and customary rates paid by private insurers and private pay for similar social and human service providers, both nationally and regionally, to be published by April 1, 2023



INTRODUCTION: SEPTEMBER 1, 2023 DELIVERABLE

- An assessment and review process that is completed on a biennial basis and includes the following components: eligibility, scope of services, relationship of social and human service, providers and the state, national and regional rate comparisons, and accountability standards that results in recommended rate adjustments to be published by September 1, 2023
- OHIC also ensures that the review is conducted consistent with its statutory purpose outlined in RIGL § 42-14.5-2.

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge at sunset, with the bridge's towers and suspension cables visible against a warm orange and yellow sky.

SOCIAL AND HUMAN SERVICES PROGRAM DEFINITION SCOPE

- OHIC understands the definition of “social and human service program” to mean the array of services on the Medicaid fee-for-service (FFS) fee schedules.
- In addition, OHIC understands the definition to include the array of services financed by the state both through Medicaid and through other funding sources in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult or adolescent day services, vocational, employment and training, and aging.



STATE DEFINITION SCOPE

- OHIC understands the definition of “state” to mean the following agencies and subdivisions of these agencies: EOHHS (inclusive of Medicaid), the State of Rhode Island Department of Behavioral Health Care, Developmental Disabilities, and Hospitals, the State of Rhode Island Department of Children, Youth, and Families, the State of Rhode Island Department of Health, and the State of Rhode Island Department of Human Services.
- In addition, OHIC understands the definition to include the State of Rhode Island Office of Healthy Aging and the State of Rhode Island Office of Veterans Services.

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge in San Francisco, with the bridge's towers and suspension cables visible against a hazy background.

OUT-OF-SCOPE RATES

- OHIC understands rates that are determined through statutorily mandated methodologies to be out of scope.
- This includes, but is not necessarily limited to, Medicaid hospital rates (as outlined in RIGL § 40-8-13.4) and Medicaid nursing facility rates (as outlined in RIGL § 40-8-19).
- Additionally, OHIC understands the rates negotiated for services between Medicaid managed care organizations (MCOs) and providers to be out of scope.
- However, while OHIC understands these negotiated rates for services in of themselves to be out of scope, OHIC also understands it to be necessary to take into account the relationship between the rates for services on the Medicaid FFS fee schedules and the rates negotiated by Medicaid MCOs and overall context of the role that Medicaid MCOs play in financing Medicaid services in order to successfully carry out RIGL § 42-14.5-3(t).

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge in San Francisco, with its iconic towers and suspension cables visible against a hazy sky.

SOCIAL AND HUMAN SERVICE PROGRAMS REVIEW ADVISORY COUNCIL

- OHIC will convene a public body to act in an advisory capacity for the office on all aspects of the review.
- This body shall be known as the Social and Human Service Programs Review Advisory Council with members appointed by the health insurance commissioner representing those with the requisite expertise related to social and human service programs.
- The health insurance commissioner shall charge council members with providing advice that is consistent with advancing the welfare of the public regardless of organizational affiliation and OHIC shall retain all decision-making authority to be exercised consistent with RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t).
- Meetings of the council shall be conducted to allow providers, recipients, and other interested parties an opportunity to ask questions and provide comment.

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge at sunset. The bridge's towers and suspension cables are visible against a warm, orange and yellow sky. The water in the foreground is dark and reflects the light.

QUESTIONS

- Comments?
- Questions?



Social and Human Service Programs Review Advisory Council Charter

Introduction

The State of Rhode Island Office of the Health Insurance Commissioner (OHIC) conducts comprehensive reviews of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview, as required by [State of Rhode Island General Laws \(RIGL\) § 42-14.5-3\(t\)](#). As noted in OHIC Bulletin 2022-3, for the purpose of ensuring that the scope of the review is carried out to the highest standards of credibility, integrity, and transparency, in light of RIGL § 42-14.5-3(t)(2)(x) read within the context of [RIGL § 42-14.5-2](#) and RIGL § 42-14.5-3(t), OHIC is convening a public body to act in an advisory capacity for the office on all aspects of the review.

This body shall be known as the Social and Human Service Programs Review Advisory Council with members appointed by the health insurance commissioner representing those with the requisite expertise related to social and human service programs. The health insurance commissioner shall charge council members with providing advice that is consistent with advancing the welfare of the public regardless of organizational affiliation and OHIC shall retain all decision-making authority to be exercised consistent with RIGL § 42-14.5-2 and RIGL § 42-14.5-3(t). Meetings of the council shall be conducted to allow providers, recipients, and other interested parties an opportunity to ask questions and provide comment.

Purpose

In carrying out its duties to review social and human service programs under RIGL 42-14.5-3(t), OHIC, taking into consideration the advice and input of the advisory council, shall always endeavor to provide accurate and reliable information and recommendations that seek to:

1. ensure that Rhode Islanders have timely access to critical social and human services programs, and
2. promote the efficient delivery of services and protect the interests of those who pay for services.

Social and Human Service Programs Review Advisory Council Conduct

The council shall conduct its activities consistent with the following:

1. All meetings will be open to the public and conducted by council co-chairs.
2. Agendas will be published in advance and distributed to an interested parties list.
3. Meetings will be conducted in compliance with the Open Meetings Act found at [RIGL § 42-46](#).

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4. As the role of the council is largely advisory, meetings will be conducted in open, participatory style, inclusive of all members.
5. Due to the advisory nature of the council's work, the council will not vote or reach final decisions about particular issues or questions. Rather, the council will be a forum for discussion from which OHIC will gather input.
6. Council co-chairs will determine under what circumstances non-members may participate in particular meetings. Preference for participation among non-members will be given to invited guests, those who request agenda items, and regular attendees.
7. Council members will lend their expertise and knowledge of the structure of social and human service programs to facilitate the review process.
8. Council members will not exercise oversight of state contractors and OHIC shall retain all decision-making authority over program parameters and recommendations.

From time to time, the council may revisit this charter.

Conclusion

The council serves a critical role within the framework for social and human service programs review set forth in RIGL § 42-14.5-3(t).

State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
September 30, 2022 9:00 A.M. to 10:00 A.M.

Attendance

Members

Co-Chair Commissioner Patrick Tigie, Co-Chair Elena Nicolella, Beth Bixby, Gary Bliss, Margaret Holland McDuff, Linda Katz, Tanja Kubas-Meyer, Maureen Maigret, James Nyberg, Nicholas Oliver, Laurie-Marie Pisciotta, Tina Spears, John Tassoni

Rhode Island Office of the Health Insurance Commissioner Staff

Cory King, Molly McCloskey

Unable to attend:

Co-Chair Sam Salganik, Teresa Paiva Weed

Minutes

1. Call to Order

Commissioner Tigie called the meeting to order and welcomed members to the first meeting of the Social and Human Service Programs Review Advisory Council. Commissioner Tigie then introduced his fellow co-chairs, Elena Nicolella and Sam Salganik. Elena Nicolella stated that this important work is so needed and noted that the need for this work is not a negative reflection of the hard-working employees at EOHHS and the agencies under its purview. Sam Salganik was unable to attend the meeting due to an irreconcilable conflict. The remaining council members introduced themselves.

Commissioner Tigie explained that this group will meet at least monthly but may meet more frequently as needed. This is a level-setting meeting. The Commissioner called attention to the Advisory Council [draft charter](#), which is a starting point that can be built upon by the council. Commissioner Tigie also referenced [OHIC's bulletin](#), which describes how OHIC interprets the scope of the new duties required by statute.

2. Social and Human Service Programs Review Scope

The Commissioner led an overview of the Social and Human Service Programs Review Scope and prompted members to ask questions throughout [the presentation](#). The commissioner reviewed slides 1-4.

During Commissioner Tigie's summary of slide 4, which outlines January 1, 2023 deliverables, Nicholas Oliver asked about the status of the Social and Human Service Programs Review RFP process. Cory King emphasized that OHIC takes the Division of Purchasing rules very seriously and recommended that anyone interested in the status of the RFP check Purchasing's website.

Maureen Maigret asked if the turnaround time for applications will be included in the January 1 deliverables or would that come later. Commissioner Tigie responded, saying that OHIC will need to prioritize information to meet the deadlines articulated in the statute and will likely produce additional

in-depth supplemental reports. What Maureen is referring to is an example of something that might fall under a supplemental report.

Linda Katz asked about which programs/services will be captured in the scope of this work. Commissioner Tigie stated that that answer is outlined in upcoming slides (see slides 7-9). OHIC staff will clarify the scope details and council members will help us with this.

Tanja Kubas-Meyer asked who decides what is in and out of scope – gave the example of foster parents. Commissioner Tigie explained that for the purpose of analysis, OHIC will decide this but there will be a need for more granularity and OHIC will look to this Advisory Council for input and guidance. Cory King further explained that OHIC convened this Advisory Council for the members' expert knowledge and input. OHIC will also be working with EOHHS and its constituent agencies to determine what is included in the scope of this work. OHIC did not see the statute that created this review process until after it came out of House Finance, and OHIC did not have a say in how the statute was written. Commissioner Tigie agreed with Cory and further explained that in addition to the staff-level interagency working group that Cory referenced, Commissioner Tigie is also meeting regularly with leadership across the relevant state agencies, Senate/House staff, and elected officials. OHIC will broadly collect input from stakeholders throughout this process.

Commissioner Tigie reviewed slide 5, which outlined April 1, 2023 deliverables. One such deliverable is, “[a]n assessment and detailed reporting on access to social and human service programs, to include any wait lists and length of time on wait lists, in each service category.” Nicholas Oliver asked if third party waitlists will also be included in OHIC’s analysis – e.g. MCO waitlists. Commissioner Tigie answered that when it comes to access, if waitlist data exists then it is likely relevant to the scope of this review.

Nicholas Oliver then referenced another deliverable on slide 5 - “[a]n assessment and detailed reporting on professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule” – and suggested that OHIC use DOH language around licensed/unlicensed personnel – e.g. paraprofessionals. He recommended that DOH regulatory language be mirrored. Commissioner Tigie agreed with Nicholas and said that this is also how OHIC interprets the statute. Commissioner Tigie reiterated that the language used in the slide deck to describe deliverables comes directly from the statute, which OHIC did not have a hand in drafting.

Linda Katz asked Commissioner Tigie if OHIC had met with the EOHHS Health Care Workforce Data Collection and Analytics Workgroup at DLT. Commissioner Tigie told Linda that OHIC presented to that group the week prior and that group will be a touchpoint for this work.

John Tassoni asked if this project will examine the standardization of rates. Managed Care Organization (MCO) rates are negotiated – the size and bandwidth of an agency plays a part in what the negotiated rate is – the agencies with more bandwidth may get a higher rate than smaller agencies. Commissioner Tigie responded that the Medicaid fee-for-service (FFS) rates are within the scope of this project. We will explore the legal/statutory relationship between MCO and FFS rates and what the mechanism is to change that. This project can be used to educate people about this. More information on this can be seen on slides 7 and 9.

Commissioner Tigie reviewed the September 1, 2023 deliverables on slide 6, “[a]n assessment and review process that is completed on a biennial basis and includes the following components: eligibility, scope of

services, relationship of social and human service, providers and the state, national and regional rate comparisons, and accountability standards that results in recommended rate adjustments...”

While Commissioner Tigie was reviewing the “Social and Human Services Program Definition Scope” on slide 7, Elena Nicolella clarified that the scope of this project does not only include Medicaid-funded services but also state services with other funding sources. Commissioner Tigie agreed with Elena’s clarification and explained that Medicaid-funded services are only the floor of this project’s scope. The scope will include state services with other funding sources too.

Commissioner Tigie explained that OHIC understands the definition of “state” to include: the Executive Office of Health and Human Services (including Medicaid); the Department of Behavioral Health Care, Developmental Disabilities, and Hospitals; the Department of Children, Youth, and Families; the Department of Health; the Department of Human Services; the Office of Healthy Aging; and the Office of Veterans Services.

Commissioner Tigie reviewed slide 9, which summarizes out-of-scope rates. OHIC understands rates that are determined through statutorily mandated methodologies to be outside the scope of the Social and Human Services Programs Review, including Medicaid hospital rates and Medicaid nursing facility rates. Additionally, OHIC understands the rates negotiated for services between Medicaid managed care organizations and providers to be out of scope. James Nyberg suggested that the out-of-scope rates identified (i.e. Medicaid hospital rates and Medicaid nursing facility rates) should be included in this project – the established legislative process in statute does not always happen. Cory King responded that that OHIC did not think it made sense to invest limited resources in rates like these when the General Assembly had already made a policy decision to determine them through detailed and specified methodologies required by law.

Nicholas Oliver suggested that federal authority on rates needs to be taken into consideration, which Commissioner Tigie agreed with. Tanja Kubas-Meyer commented that Rhode Island’s small size should be taken into consideration when analyzing rates. Commissioner Tigie concurred with Tanja. Cory King stated that we need to manage our expectations and assess the availability of data.

Commissioner Tigie reviewed the purpose of the Social and Human Service Programs Review Advisory Council. Council members are charged with providing advice that is consistent with advancing the welfare of the public regardless of organizational affiliation, and OHIC shall retain all decision-making authority to be exercised consistent with state law. Council meetings will allow providers, recipients, and other interested parties an opportunity to ask questions and provide comment

3. Social and Human Service Programs Review Advisory Council Charter

Commissioner Tigie asked the Advisory Council members to review the [draft charter](#) and to share any feedback they may have with OHIC staff.

4. Public comment

No one from the public commented, but a few council members made final comments.

Elena Nicolella suggested that in the next meeting, the council should discuss the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals’ (BHDDH’s) existing intellectual and developmental disabilities rate review process, which is on a parallel track to this process.

Margaret Holland McDuff asked if eligibility that is mandated by the federal government is within the scope of this project. Commissioner Tighe said that it was.

Lisa Tomasso, representing council member Teresa Paiva Weed, reminded the Advisory Council that hospitals are more than just four walls – the Hospital Association of RI (HARI) represents other services– HARI supports a targeted focus on Health and Human Services rates.

5. Adjournment



**Social and Human Service Programs Review Advisory Council
Meeting Agenda
October 31, 2022
9:30 A.M. to 10:30 A.M.
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920**

- 1. Call to Order**
- 2. Review of September Meeting Minutes**
- 3. Social and Human Service Programs Review Advisory Council Charter**
- 4. OHIC Social and Human Service Programs Review Updates**
- 5. January 1, 2023 Deliverables**
- 6. Public Comment**
- 7. Adjournment**

If accommodations are needed to ensure equal participation, please contact the State of Rhode Island Office of the Health Insurance Commissioner at (401) 462-9517 within 48 hours prior to the meeting.

SOCIAL AND HUMAN SERVICE PROGRAMS REVIEW: January I Deliverables

OCTOBER 31, 2022



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JANUARY 1, 2023: DELIVERABLE 1 & 2

“An assessment and detailed reporting on all social and human service program rates to be completed by January 1, 2023, including rates currently being paid and the date of the last increase”

“An assessment and detailed reporting on eligibility standards and processes of all mandatory and discretionary social and human service programs...”

A vertical decorative image on the left side of the slide showing the Golden Gate Bridge at sunset, with the bridge's towers and suspension cables visible against a warm orange and yellow sky.

JANUARY 1, 2023: DELIVERABLE 3

“An assessment and detailed reporting on utilization trends from the period of January 1, 2017 through December 31, 2021 for social and human service programs...”

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JANUARY 1, 2023: DELIVERABLE 4

“An assessment and detailed reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network...”



JANUARY 1, 2023: DELIVERABLE 5

“An assessment and detailed reporting on accountability standards for services for social and human service programs...”

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QUESTIONS

- Questions?
- Comments?

State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
October 31, 2022
9:30 A.M. to 10:30 A.M.

Attendance

Members

Co-Chair Commissioner Patrick Tighe, Co-Chair Elena Nicolella, Co-Chair Sam Salganik, Beth Bixby, Margaret Holland McDuff, Linda Katz, Tanja Kubas-Meyer, Maureen Maigret, James Nyberg, Nicholas Oliver, Laurie-Marie Pisciotta, Tina Spears, Lisa Tomasso (on behalf of Teresa Paiva Weed), John Tassoni

Rhode Island Office of the Health Insurance Commissioner Staff

Cory King, Molly McCloskey

Unable to attend:

Garry Bliss

Minutes

1. Call to Order

Commissioner Tighe called the meeting to order and introduced his fellow co-chair Sam Salganik, Executive Director of the Rhode Island Parent Information Network (RIPIN). The commissioner asked if Sam wanted to say a few words since he was unable to attend the last meeting. Sam thanked the other members for their advocacy and stated that RIPIN supports a number of different populations who rely on the services advocated for by the people in the room. He stated that people are waiting too long for important services, and the work of this group is very necessary.

2. Review of September Meeting Minutes

The commissioner stated that per the advisory council charter, in general, the council will not be taking votes due to the informal and deliberative nature of the body. However, the council will vote on meeting minutes. The council approved the September meeting minutes.

3. Social and Human Service Programs Review Advisory Council Charter

Molly McCloskey asked if the members had any feedback on the draft charter that was introduced during the September meeting of the advisory council. Elena Nicolella suggested that a short purpose statement be added to the charter. She stated that based on the legislation, she believes that the purpose is to ensure that what and how the state is paying is enabling us to meet the goals of affordability, access, and quality. She asked if the council was open to including a few sentences about that. There was no objection. The commissioner said that OHIC would work on a purpose statement.

4. OHIC Social and Human Service Programs Review Updates

Molly McCloskey stated that the council will likely meet 2-3 times before mid-December on an ad hoc basis. Beginning in January, the council will meet at least monthly with more meetings as necessary.

Molly provided a brief RFP update. The status of the RFP on the state's purchasing website is "under evaluation", and as soon as OHIC is publicly able to share more information they will.

Molly told the council that OHIC has had a number of meetings with its colleagues across state government. OHIC convened an interagency work group with representatives from the Executive Office of Health and Human Services (EOHHS) and the departments under EOHHS. OHIC met with this group to give them an overview of social and human service programs review process and scope. OHIC asked the group members to compile a list of services, how the services are funded, and when/how that funding is determined. Molly shared an example response that OHIC received from the Department of Human Services (DHS). The Vocational Rehabilitative Program, within the Office of Rehabilitative Services, within DHS has 833 services, which is only one unit of one program of one division within DHS. This was shared as an illustrative example of the breadth of information that OHIC will be collecting.

Linda Katz asked if the agencies will be reporting for social services too – for example, DHS’s Rhode Island Works Program? The commissioner answered that this does include social services too. This is meant to be a first pass at collecting information from the agencies. This is the process of getting our arms around the full scope, and that is why the advisory council will be so important in helping OHIC work through prioritization. Tina Spears stated that most members have priority codes. She asked if the agencies will be reporting utilization data to OHIC? Molly said that we have not asked for that yet though OHIC did brief the agencies on all of the deliverables, and they are welcome to give us any information at any time, but we realize our first ask was a big one. Cory King stated that we are also learning from some agencies that the services they fund are obtained through competitive procurement process where the vendor proposes their rates, which is useful information to determine what is in and out of scope. He further stated that OHIC will continue to have iterative discussions with agency staff, and the vendor will help us to go deeper into these discussions and narrow things down.

Tanja Kubas-Meyer stated that within the Department of Children Youth and Families (DCYF) some programs are “direct-bill Medicaid” and it is clear, but others are paid through procurements and then there is “back-billing” to Medicaid. A lot of that back-billing isn’t transparent to her in terms of what the codes are. She stated that getting that information would be really helpful.

5. January 1, 2023 Deliverables

Molly started a discussion about January 1, 2023 deliverables and stated that because the statute is very broad OHIC wanted to have a conversation with the council to fine-tune the deliverables to make them more actionable. Additionally, the goal of the conversation is to learn what type of reporting would be useful to the council members. Molly stated that as a follow-up to this meeting, she will reach out to all of the council members to offer to meet individually to learn more about the members’ perspectives and priorities.

Molly began to review the [presentation slide deck](#), and prompted the commission members to discuss the first two deliverables – reporting on program rates, including the date of the last rate increase, and reporting on eligibility standards. Additionally, Molly shared that OHIC created a draft provider data collection form that she will send out to the members after the meeting. The form will collect information on the first two deliverables. The goal of the form is to understand which codes and services are a priority for this group, and to learn about eligibility criteria. OHIC will be looking for feedback on the form the advisory council members.

The council began to discuss the first two deliverables. Elena Nicolella asked about the definition of “assessment”? The commissioner responded that the office is called to make recommendations about

rates in the September 1, 2023 deliverables, which will be a part of the biennial process that feeds into the state budget process. The January deliverables are foundational information that will create a framework of shared understanding about what the status quo is. The commissioner stated that he sees the first deliverable as a catalog of what currently exists. For the January deliverable, we are envisioning that we will look at as many rates as we can and when they were last increased, to the extent that data is available. For the January 1 report, we are not envisioning that we would make a valuative judgement because that would be duplicative to what we will produce in September. The commissioner said that his understanding of the intent, which he is open to discussing with the council, is that this all the rates and when they were last increased is not widely known by the community. This is to create a shared basis of understanding of how long it has been since certain rates have been increased.

Lisa Tomasso asked if this deliverable will include whether the service being delivered is an evidence-based practice or best practice. She stated that some of the services being delivered have been significantly under-funded over time. Due to that, it has been more difficult to deliver evidence-based practices because the funding is not there to support what needs to be done. The commissioner responded that that information is applicable, but it is a question of where it belongs in the reporting – under what deliverable does it makes sense?

Margaret Holland McDuff asked about eligibility standards and the provider data collection form – will OHIC be asking the state departments similar questions? Molly answered that yes, OHIC will be doing that. The commissioner added that OHIC is going to work to get as much information as possible, and it is helpful if council members can identify which codes they are most concerned about so that we have a qualitative and quantitative understanding of priorities.

Tina Spears asked who is going to develop the initial list of codes/services. Will council members be informing this list? The commissioner said yes. Tina said she thinks that that might be complicated because if there are 800+ codes within The Vocational Rehabilitative Program at DHS – which ones do you want us to start with? Cory King responded that he envisioned two separate streams occurring. One is the internal interagency stream – what are the programs? What are the rates? We will catalog that. The other stream is council members – what are your priority areas, given your particular place within the delivery system? Then we can superimpose that onto the broader agency information. The purpose of this is for you to help us identify the most critical services because you are all experts in your own areas. Tina asked about how members should prioritize because each provider will have their own interest at heart. Cory responded that in addition to service codes that are priority areas for providers, it is helpful for members to share information on critical access issues – this is important contextual information for us to have. The commissioner agreed and stated that he wants to hear about peoples' rationale for what they think is a priority. For example, rationale might look like identifying critical access issues for certain codes or service areas. Then we can sort through all that and talk about what should inform OHIC's prioritization decisions.

Tanja Kubas-Meyer stated that there are many providers who are doing a lot of private fundraising to expand their capacity. She thinks that that needs to be captured to understand the full picture. John Tassoni stated that we also need to look at uncompensated care. The commissioner agreed with Tanja and John, stating that these things are important to understand. He stated that what he heard from them is that the current rate structure in certain areas isn't actually supporting the current capacity, and services are being funded through different sources, but we still need that capacity in the system to serve people.

Laurie-Marie Pisciotta pointed out that the language in the statute says, “social and human service program rates”, and asked if we are only looking at programs from the state, or from community-based organization, or is it private practice provider rates? Cory King stated that the way we have interpreted this is that programs are comprised of services, so we are looking at different types of services regardless of whether they fit into a pre-existing program classification. That is why we are starting with the Medicaid fee-for-service fee schedule and then building out from there. Laurie-Marie recommended that we look at psychotherapy, counseling, psychiatric evaluations, and psychiatric medication management.

Sam Salganik asked to clarify that the January 1 deliverable, related to reporting all social and human service program rates, will be a report that includes the thousands of codes that are identified. The commissioner said that the report will be as broad a list as we can do. Sam asked to confirm that there probably won’t be prioritization done for the first deliverable before January 1, but we have to start building that information for later. The commissioner agreed. Sam asked if there won’t be MCO rates in the January 1 deliverable because that will be a benchmarking exercise. The commissioner said that that was correct. Sam asked if eligibility standards include clinical eligibility standards or financial eligibility standards. The commissioner stated that he thinks it’s broad, it might be both, and asked the council for their thoughts on what that should look like conceptually. Sam stated that he doesn’t think the state needs a report on financial eligibility rules for Medicaid. The commissioner responded that we are not looking at Medicaid eligibility broadly speaking but at the service level there are certain programs, or sub-sets of services, where people are eligible under certain sets of criteria – clinical or financial. The commissioner stated that he thinks that we want to capture that.

Linda Katz said that because this information is going to be going to the general assembly members, it’s important to provide some basic information about Medicaid eligibility and talk about the managed care organization (MCO) issue. This process is an opportunity to educate the legislators who charged OHIC with doing this review. Sam responded that he thinks that January 1 deliverable four is a good opportunity to do that.

Tina Spears stated that regarding the eligibility deliverable, her interpretation of “mandatory and discretionary social and human service programs” is that it includes mandatory federal requirements, and discretionary programs are programs that are provided but aren’t required to be provided. Margert Holland McDuff agreed that that was also her understanding. Based on conversations she had with legislators, this deliverable was included because there is no inventory of mandatory federal programs currently. She clarified that legislators will want to know what program is in which category. Linda Katz cautioned that we need to be really careful about that – even in the Medicaid program, there are some mandatory populations and mandate services and some that are not mandated. The Commissioner agreed and said a good example of this is that prescription drugs are an optional benefit under Medicaid. Most people would not consider prescription drugs to be an optional service, but it technically is optional under federal rules. Margaret agreed that what Linda flagged could be a concern but that her understanding of the intent is that it is more about awareness. Linda stated that this relates to the point she made earlier that this is an opportunity to educate decision-makers and for all council members to work together on this.

Elena Nicoella stated that related to the comment made earlier on evidence-based practices – we need to think about a process as opposed to tinkering with the nuances of individual state agency programs. So instead of saying, “what is an evidence-based practice that is currently paid for?” Maybe we should be

thinking about recommendations around methodologies and procedures that state agencies should follow – before funding or before continuing to fund a service, agencies ask themselves “is this an evidence-based practice?” Sam Salganik responded that there is very poor evidence for a lot of interventions for very small populations with rare diseases. Evidence-based is sometimes in the eye of the beholder. It takes a large group of people with clinical expertise working together to decide whether something is evidence-based or not. There can be debate about certain services and what constitutes quality evidence and what doesn’t. It’s important but it may not be the work that this group wants to dig into too deeply.

Cory King stated that we are not going to be making claims about eligibility for Medicaid writ large. We should keep it confined to the services outlined in the law. The final deliverable is to make recommendations around rates and each of the forgoing reports must support that. Cory offered that the council is welcome to debate this thought.

The council began a discussion on deliverable three – reporting on utilization trends. Beth Bixby commented that prioritization is important otherwise it could be overwhelming, and we don’t want legislators to shut down and say that we are paying for too much – that could be an unintended consequence. Tina Spears stated that it is not clear to her why utilization trends would be a difficult to report on because MCOs and the MMIS system has a very distinct ability to report out utilization trends. The commissioner responded that conceptually Tina is right. The commissioner went on to ask, practically speaking, is listing out tens of thousands of services useful? Maybe it is. The question is, how can we produce a report on utilization that has the most utility for the legislature, for community members, and for the governor’s office. Over time we could produce a highly granular report, but I am not sure that would tell a story that would be useful for advocacy or evaluation. I am not saying we know what the alternative is, but we are trying to get advice on that – do we report at a higher level? Do we aggregate certain things? Do we prioritize things? We are posing all those questions. Sam Salganik stated that there are two challenges that make utilization complicated– one is that there are tens of thousands of data, and we want to highlight what is most important. The other is that we need to put utilization trends in context – what does it mean? If utilization is flat or down what does that mean? Does it mean there is less demand? Or is there less supply because rates are inadequate? Circumstantial context is important.

Maureen Maigret stated that part of the challenge is that we had a pandemic and tremendous workforce shortages in some areas. The commissioner agreed and stated that OHIC is very cognizant of that. In OHIC’s cost-trends work, we have had to work through the effects of the pandemic on data and contextualize that data. We found that healthcare spending went down on a per capita basis during 2020, without the pandemic as clear context, that data tells a very different story.

Elena Nicolella reiterate that the deliverable is due on January 1, 2023, and we are still waiting on a consultant. She stated that she thinks we should recognize that at this point there is not going to be any new utilization monitoring possible within a month and a half. She proposed that the council recommend an analysis of what could be reflected in future reports. For example, identify where we currently have utilization data. How is that utilization data collected? Why is it collected? What does it look like? What is missing? We could include all of the existing utilization data, but the report should probably talk about what needs to be done.

Sam Salganik stated that it’s hard for utilization data to be meaningful without MCO data. Tina Spears asked if we are going to be including utilization data from the MCOs. Cory King clarified that MCOs are out

of scope for purposes of rate recommendation, but MCOs are not necessarily out of scope for the purposes of broader data reporting. He agreed that MMIS should have utilization data.

Tina Spears asked if the committee might pick some areas within each segment of the social and human service sector that are priority areas and look at related utilization trends. She went on to say that for her providers there are probably 20-30 codes, out of about 500, that are priorities or are utilized more regularly. Tina asked if there was a way to shrink the universe of what we are reporting on, from a trends perspective, so we can hone in on what is most relevant, and then we could report on a broader scope down the road. The commissioner agreed and stated that that would be the kind of guidance and advice from this council that OHIC would find immensely valuable. The commissioner clarified that prioritization doesn't mean things are never going to happen. It means certain things might be focused on earlier, because there is a greater need, and certain things will be focused on later. The commissioner stated that we know we have set timelines in the statute, and we are going to adhere to that subject to available resources, time, council members' advice, and our own deliberations. We will produce the deliverables that meet the criteria for January 1, but it may be that we then go deeper with supplementary reports in February or March, or some other time frame. We don't want this report to just check boxes, but we want it to be useful.

The advisory council began a discussion about the 4th deliverable – "...reporting on the structure of the state government as it relates to the provision of service by social and human service providers including eligibility and functions of the provider network..." Molly McCloskey stated that OHIC thought that this deliverable might look like a map or chart – a visual representation of state government, EOHHS, programs within that, services, and how that interacts with providers. It could function as a reference guide to be in service to the person reading the report. Molly asked if that is that a good idea or if members have a different idea about what deliverable four might look like. Sam Salganik suggested adding MCOs to that because they are a part of the structure of state government as it relates to these services. Tanja Kubas-Meyer asked if we could include which functions are being carried out by state workers and which functions are carried out by the community provider network because that is not clearly captured anywhere. Margaret Holland McDuff stated that she was unsure if this deliverable was the right place for this, but we might address if the system is set up in a way that streamlines the services a person receives. She asked, what does the state structure look like from a consumer's standpoint?

Cory King asked the council, given your understanding of what this report seeks to do, how do you see this deliverable influencing recommendations around rates? Sam Salganik stated that he thought it would be useful for this section of the report to talk about how rates are set – how they are set in the MCO context, how they are set in the state context, how the annual budget process influences rates, and how that all fits together. Tina Spears added that there are unionized services and they are typically paid at a higher rate than the community providers are paid. She thinks that that comparison is likely going to be requested. John Tassoni stated that he thinks we need to look how rates for the same service varies regionally and/or due to agency size and resources. When MCOs negotiate pricing, if agencies don't have the capabilities of having a good attorney, they get a smaller rate. He thinks that rates for the same services should not differ between providers.

Elena Nicoella stated that this is the most challenging deliverable for her because it is unclear what the general assembly is asking. Elena agreed with Margaret – the most important question is, what is the impact on the person who needs services and how does the governmental structure affect a person's

ability to access services easily. It is not clear that that was the question that the generally assembly wanted answered. Elena said that she thinks our goal is to make recommendations around access, affordability, quality, and then match that up to the way that state agencies make rate decisions. Maybe for now it is just important to document the process, and then at a later date we can say “what is the impact of that process?”

Nicholas Oliver stated that the rates aren’t always the rates. Nicholas said that one major issue is that there is a rate schedule, but it is compromised by the fact that a number of Medicaid beneficiaries have beneficiary liability payments. He stated that that is a barrier that should be described in this process. If rates are \$24/hour for a CNA, a provider might only get reimbursed \$17/hour because there is a \$7/hour beneficiary liability payment. This affects how provider networks function.

Elena Nicolella suggested that we move to public comment instead of deliverable five due to timing. The commissioner stated that the council would discuss recommendation five at the next meeting.

6. Public comment

Someone from the public suggested that the rate of inflation be taken into consideration and that OHIC should look at how the purchasing power of the dollar impacts services purchased.

Dub Buffi from DCYF stated that DCYF has done a lot of work on rate setting and the state of Massachusetts has recently issued a good road map to look at. Deb recognized that OHIC will be getting a consultant and that OHIC has to answer to the GA, but DCYF worked on rate setting for about 2-years and found that there were a lot of really good concepts in Massachusetts that apply to the child welfare service array.

7. Adjournment



**Social and Human Service Programs Review Advisory Council
Meeting Agenda
November 30, 2022
10:00 A.M. to 11:00 A.M.
300 Jefferson Blvd, Suite 300
Warwick, RI 02888**

- 1. Call to Order**
- 2. Review of October Meeting Minutes**
- 3. OHIC Social and Human Service Programs Review Updates**
- 4. Discussion of January 1, 2023 Deliverable #5**
- 5. Presentation by the Executive Office of Health and Human Services**
- 6. Public Comment**
- 7. Adjournment**

If accommodations are needed to ensure equal participation, please contact the State of Rhode Island Office of the Health Insurance Commissioner at (401) 462-9517 within 48 hours prior to the meeting.



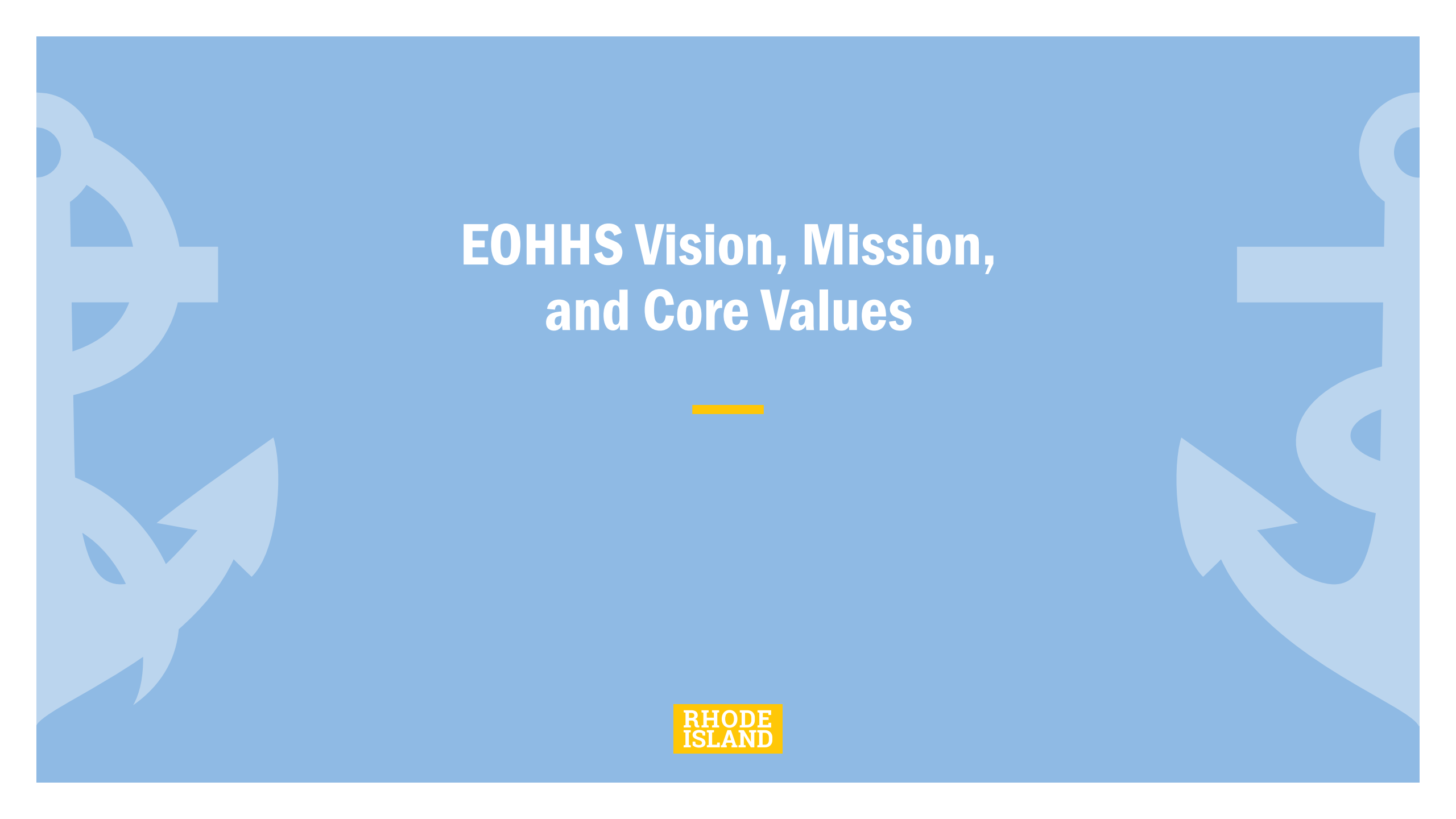
EOHHS Presentation: OHIC Social and Human Service Programs Review Advisory Council

Acting Secretary Ana P. Novais

November 30, 2022

**RHODE
ISLAND**

EOHHS Vision, Mission, and Core Values



Vision and Mission

OUR VISION

- **Resilient, equitable, and just communities nurturing the health, safety, wellbeing, and independence of all Rhode Islanders.**

OUR MISSION

- **To foster and strengthen a community-driven, equitable, comprehensive, responsive, and high-quality health and human services system in Rhode Island.**

Core Values and guiding principles

VOICE



Consumer, Provider, and Community Voice

- Ensure that the voices of our communities are heard and respected without assuming we know what is best.
- Intentionally involve community members in programs and policies from the onset and purposefully ask “what is needed?” throughout the process.
- Create a new balance of power by committing to transparency, accountability, and partnerships.

CHOICE



Responsive to the Uniqueness of Every Individual

- The needs and aspirations of individuals, families, and community are heard, valued, and respected.
- The whole person, the family unit, and the community in which they live are recognized.
- Policies and systems have options that allow people to exercise choice and make healthy decisions.

EQUITY



Achieving Equity for All

- Ensuring that all Rhode Islanders have the resources and opportunity to achieve their full potential.
- Meeting the needs of all people regardless of gender, gender identity, sexual orientation, race/ethnicity, age, and disability status.
- Asking “what role, if any, is race, racial discrimination, and social injustice playing in our decision making?”

Health and Human Service Priorities

PRIORITY 1:

Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.

PRIORITY 2:

Promote continuums of care that deliver efficient, effective, and equitable services across the life course.

PRIORITY 3:

Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.

PRIORITY 4:

Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.

PRIORITY 5:

Modernize, integrate, and transform health information technology and data systems to support value-based systems of care.

EOHHS FY23 Budget Implementation Projects

Key EOHHS FY23 Budget Implementation Projects

- Implementation of FY23 Rate Increases:
 - Inpatient and outpatient hospital rate increases of 5%
 - Labor and delivery rate increase of 20%
 - Nursing facility rate increase of 3% plus additional money to support minimum staffing requirements
 - Home health agency rate increase to support \$15/hr minimum wage
 - Independent provider model: Invested \$265,574 (all funds) to increase rates
 - Personal choice rate increase: Invested \$12.5 million (all funds) to increase the minimum wage that self-directed consumers are required to pay their direct care staff from \$11.50 to \$15 an hour, and the maximum allowable wage from \$15 to \$21 an hour

Key EOHHS FY23 Budget Implementation Projects

- Implementation of FY23 Rate Increases:
 - Home delivered meal rate increases (including a now-annual rate increase based on the CPI-U for New England)
 - Pediatric primary care rate increase to align with Medicare rates
 - Early intervention rate increase
 - Children's therapeutic and respite services rate increase: Invested \$20.2 million (all funds) to increase rates for services for children with special health care needs
 - Adult dental rate increase to match Massachusetts level

Key EOHHS FY23 Budget Implementation Projects

- Behavioral Health Projects
 - Certified Community Behavioral Health Clinics
 - Implementation of the \$30 million Infrastructure Grant Program – 10 CCBHC Sites and 20 Designated Collaborating Organization sites
 - CCBHC Rate Development and State Plan Amendment Creation
 - Psychiatric Residential Treatment Facility Billing Preparation
 - LTC Rebalancing Funds

Key EOHHS FY23 HCBS Projects

- Workforce Transformation:

- Hiring and Retention Incentives
- Tuition Waiver Equity Initiative
- Career Awareness & Outreach
- Advanced Certification for Direct Care Workers

- Children's Behavioral Health Implementation

- Mobile Response & Stabilization Services (Mobile Crisis)
- Expansion of the Children/Youth Service Array beyond DCYF
- Expansion of Children/Youth Care Coordination
- Support for First Connections Family Home Visiting

Key EOHHS FY23 HCBS Projects

- Oral Health:
 - Public Health Dental Hygienist Enhancement
 - Oral Health Home Health Pilot
- Housing-Related Projects
 - Medical Respite Pilot
 - Home Stabilization Services Expansion
- Long Term Services and Supports
 - Assisted Living Expansion Grants
 - Conflict-Free Case Management Services
 - Person-Centered Option Counseling Network Expansion
 - LTSS Information Technology Modernization

Additional EOHHS Funding Responsibilities

- Overseeing the implementation/procurement of \$20 million in FY23 Opioid Settlement dollars and \$4.5 million in Opioid Stewardship Dollars
- Overseeing the planning for the passage of approximately \$10 million in FY24 Opioid Settlement dollars and \$4.5 million in FY24 Opioid Stewardship Dollars

EOHHS FY24 Proposed Budget Rate Increases and Next Steps

EOHHS Proposed FY24 Budget Rate Increases

- CCBHC Rate Creation
- Cedar Family Centers Rate Increase (as the only Medicaid children's service not to receive a rate increase in the FY23 budget cycle)

Looking Forward

- Pending budget approval, EOHHS will be carrying out the following in FY24:
 - Implementing the newly-created CCBHC rate
 - Reviewing OHIC Rate Review Reports for SFY25 budget consideration

Q&A/Discussion



State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
November 30, 2022
10:00 A.M. to 11:00 A.M.

Attendance

Members

Co-Chair Commissioner Patrick Tigue, Co-Chair Elena Nicolella, Co-Chair Sam Salganik, Garry Bliss, Linda Katz, Craig Gordon (on behalf of Tanja Kubas-Meyer), James Nyberg, Nicholas Oliver, Laurie-Marie Pisciotta, Tina Spears, Lisa Tomasso (on behalf of Teresa Paiva Weed), John Tassoni

Rhode Island Office of the Health Insurance Commissioner Staff

Cory King, Molly McCloskey

Unable to attend:

Beth Bixby, Margaret Holland McDuff, Maureen Maigret

Minutes

1. Call to Order

Commissioner Tigue called the meeting to order. He stated that this would be his last meeting and that his last day as Commissioner will be December 2, 2022.

2. Review of October Meeting Minutes

The council approved the October meeting minutes.

3. OHIC Social and Human Service Programs Review Updates

Molly McCloskey reviewed OHIC updates. She thanked council members for meeting with her one-on-one and offered to meet with anyone she had not met with yet. Molly also stated that she would be happy to meet with council members at any time and encouraged them to reach out.

Molly let council members know that she was anticipating receiving more feedback on the provider data collection form. She stated that she would circulate an updated version of the form with next steps soon.

Cory King explained that there was no new public information he could share regarding the status of the social and human service programs review RFP. OHIC will share more information on this as soon as possible.

Molly gave an overview of what the advisory council can expect before January 1, 2023. OHIC will continue to work with the advisory council and state agencies on prioritization and data collection, and hopefully a vendor will be onboard. The January 1 report will include as much information as OHIC has – hopefully including a list of in-scope rates, and the date they were last updated – which is contingent upon having a vendor onboard and having some time to work with them before January 1. The report will include a summary of what OHIC has done so far.

Molly addressed future meeting scheduling. She explained that OHIC felt that it could have more substantive meetings once a vendor is onboard. Molly will continue to be available to the members on a one-on-one basis before the next meeting. She stated that if any of the council members think the group should meet before the New Year and has a suggested meeting topic in mind, please let her know.

Molly provided an update on the interagency work group. Since the council last met, she and Cory met with Medicaid and Gainwell. Prior to the meeting, Medicaid sent their fee-for-service fee schedule spreadsheet, which included 76,000+ lines of data. The meeting was to orient Cory and Molly to the spreadsheet. Additionally, OHIC asked that Medicaid/Gainwell start working on adding the dates of when code rates were last updated to the spreadsheet.

4. Discussion of January 1, 2023 Deliverable #5

The advisory council finished up the discussion that began during the October meeting on the January 1 deliverables by discussing deliverable #5, “an assessment and detailed reporting on accountability standards for services for social and human service programs...” Molly explained that based on a recent conversation she had had, her understanding was that the intent of this deliverable is to account for accountability standards of providers to the purchaser of services. Some provider contracts include many reporting requirements, and some contracts include almost no reporting requirements. As she understands it, the legislature is interested in learning about what accountability looks like across programs.

Elena Nicolella stated that she thought that deliverable 5 was tied to deliverable 4, “... reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network...” Elena explained that there are existing accountability standards explicit in regulation and statute about how Medicaid can access federal funds, which has to do with ensuring that there are sufficient providers to actually deliver the services. Elena expressed that she was thinking about accountability from a state government perspective and that both types of accountability are useful and informative for this work. She advised that OHIC consider a broader definition of accountability. Tina Spears agreed that both types of accountability are relevant to this review. Tina said that there are a lot of credentialing criteria for different programming and she thinks that that was part of the rationale behind this deliverable. Tina expressed that she thinks that understanding the responsibility of state government to ensure that there is a clear fiscal process that adheres to federal guidelines is paramount for this project.

Elena stated that looking at accountability of state government to the people who are accessing services is a quality-of-care measurement, which is a part of provider accountability, and then maybe there are some measures specifically from the individual and family perspective. If the January 1 deliverable is about a point-in-time snapshot, then it should be a recording of what exists already and then maybe we can begin talking about what more could be done. What accountability standards are in place today? And do we have the tools to measure if we are meeting those standards?

Sam Salganik stated that there are three different sets of stakeholders – the government, the providers, and the recipients. Government has to be accountable to providers and recipients, and the providers have to be accountable to government and recipients. Accountability can be viewed in different ways.

Linda Katz expressed that it might be helpful to take an example and work it through the deliverables because she thinks it is difficult to envision all of the pieces together. Commissioner Tigue clarified that what he heard Linda saying was that we could take the five initial deliverables and choose a topic and think through how that topic would flow through each of the deliverables. The example could be used to facilitate a dialogue and feedback. Linda agreed with Commissioner Tigue and stated that that might provide more clarity for everyone about what we are doing. Commissioner Tigue agreed that that would be something to consider.

5. Presentation by the Executive Office of Health and Human Services

Commissioner Tigue thanked the Secretary for joining the council. He stated that he and the Secretary have discussed that she would be happy to come back as much as the council would like to continue a dialogue.

Secretary Novais explained that the review legislation requires consultation with EOHHS, which she takes very seriously. She stated that she thinks it is important for EOHHS and the other agencies indicated in the legislation to listen and engage. Her intention is to be present and engaged in these meetings as much as possible.

Secretary Novais presented to the advisory council. Her presentation included the agency's vision, mission, and core values along with an overview of rate increases included in the FY 2023 budget and proposed increases for the FY 2024 budget. The presentation slides can be viewed [here](#).

Sam Salganik thanked the Secretary for her presentation, for attending the meeting, and for her collaboration. Sam stated that collaboration with EOHHS, and the agencies under it, is the only way that we will get an outcome that is useful to stakeholders.

6. Public Comment

No one from the public commented.

7. Adjournment