

State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
January 31, 2023
12:00 P.M. to 1:00 P.M.

Attendance

Members

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

Rhode Island Office of the Health Insurance Commissioner Staff

Josh Estrella, Molly McCloskey

Unable to attend:

Garry Bliss and James Nyberg

Minutes

1. Call to Order

Commissioner King called the meeting to order.

2. Commissioner Transition

Commissioner King explained that he was asked to be Acting Commissioner after former Commissioner Tighe left state government in December. He stated that the social and human service programs review is his top priority. The commissioner announced that OHIC now has a vendor under contract to work on the social and human service programs review. In late January, a purchase order was issued to Milliman, an actuarial firm with significant Medicaid programmatic knowledge. OHIC had a kick-off meeting with Milliman on January 30th. The wisdom and expertise of Milliman, OHIC's partners in state government, and the advisory council will be incredibly important in conducting this work.

The commissioner updated the council that Tina Spears, who had been a member of the council, is now serving as a representative in the Rhode Island General Assembly, so she stepped away from the advisory council. Tina's replacement is Carrie Miranda, the executive director of Looking Upwards.

3. Review of November Meeting Minutes

The council approved the November meeting minutes.

4. OHIC Social and Human Service Programs Review Updates

Molly McCloskey reviewed OHIC updates. The commissioner sent a letter to the general assembly on December 23, 2023, to officially inform leadership about the status of the social and human service programs review. He let them know that OHIC planned to submit a project report outlining what has been done thus far to advance the review. The letter explained that OHIC did not have the necessary

technical resources to submit the January 1 deliverables on time because the vendor contract had not been finalized. OHIC submitted the project report to the general assembly on December 30th. The report can be found on OHIC's website.

Molly thanked the advisory council members for completing the provider data collection forms. Approximately 455 codes were submitted but the actual number is likely closer to 300 due to repeat codes. The commissioner shared that Milliman is drafting a data request for the agencies within EOHS.

5. Discussion of April 1, 2023 Deliverables

The council reviewed the sixth deliverable – "... reporting by April 1, 2023, on all professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule..."

Linda Katz stated that for direct care staff, there are the IP providers and there are the personal choice providers – they are not licensed but they get a rate from the state. They are Medicaid providers in the same way the DSPs are providers for the I/DD population. An IP and personal choice provider submit hours, not a bill, to the state. The rate paid to those providers is important to capture in terms of equity of the direct care workforce. Maureen Maigret said that she was glad that Linda brought up the issue of PCAs and IPs. She stated that we should think of the term "professional" in a broad sense.

Elena Nicolella explained that the source for the personnel requirements can be statutory, regulatory, policy, and sometimes historical precedent. She suggested that it might be useful for the general assembly to understand where there is flexibility in the personnel requirements.

Tanja Kubas-Meyer said that there is a lot of administrative work that is required to participate in the state billing processes. She expressed that she was unsure how to capture it, but she wants to make sure it gets captured. Elena wondered how feasible that would be to collect that information in a standardized way. Sam Salganik suggested that the group think more broadly about deliverable six – personnel requirements to deliver a service is more than just direct service staff, it also includes the supervisory structure. He agreed with Elena that it could be difficult to collect that information in a standardized way.

Elena stated that, while nursing homes are out of scope, deliverable six brings to mind nursing home staffing ratios. Sam said that what came to mind for him was programmatic staffing requirements such as requiring a bachelor's degree or two years of experience – certain HR staffing requirements such as specific licensure or certification.

Nicholas Oliver suggested that when submitting reports, OHIC use the language that is used by the regulatory bodies that sets personnel requirements.

The council reviewed and discussed the seventh deliverable – "... 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..." Molly asked – besides waitlist, how might access to programs be assessed? Beth Bixby gave an example of how it can be challenging to use waitlists. She stated that utilization might not capture access either. Molly asked if the group had any ideas about how access might be captured.

Sam said that the traditional way in commercial insurance, for outpatient services, is to use secret shoppers to see how long it takes to get an appointment. He acknowledged that it might not be the right fit for certain services within this project's scope.

John Tassoni stated that in residential treatment facilities, waitlists fluctuate daily so it will be hard to capture.

Maureen Maigret said that there is a homecare provider portal that has some information about waiting lengths by community.

Linda explained that there are significant delays in being able to get a decision on a long-term care application, which has to do with processes within DHS. There is a waitlist to get a decision and then if you are found eligible, there is a waitlist to get services.

Lisa Tomasso stated the over-utilization of inpatient beds is directly related to the lack of service, and accessibility of service, in the community. Particularly for young people. Her organization is willing to share ED boarding data.

Sam stated that RIPIN would be happy to explore if it would make sense for their team to help with a secret shopper approach to assess access. The commissioner stated that we shouldn't take anything off the table at this point. We want to have a robust analysis. Decision-makers are going to need actionable recommendations and a reason to take such action. This deliverable will help to supply that reason.

Elena asked if OHIC would be able to meet the April 1st deadline. The commissioner stated that he doesn't want to sacrifice the credibility and quality of the report by rushing it. He stated that he would speak with the Governor's Office and the general assembly about timing. OHIC values open communication. If OHIC can meet the April 1st deadline, then we will. However, if we can't issue a good report by then, it is worth discussing the need for extra time. Elena agreed.

Elena stated that it might be beneficial for the report on deliverable six to describe the lack of good metrics around access to care. She recommended this route instead of attempting to measure access without the information needed.

Margaret Holland McDuff stated that legislators wanted a third party to look at waitlists. It will be helpful to have a biennial report identify where the gaps and pressure points are and where we are not meeting state and federal requirements. Sam reiterated that this is a biennial process. Yes, there are short-term pieces to this, but we also want to set up processes that are sustainable in the long-term to measure things like access and waitlists.

The council discussed the seventh and eighth deliverable - "... reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates..." 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..." Molly pointed out that "regional" is not defined in the statute and asked the group how they would like to see it defined. The commissioner stated that we could look at New England as a collection of states for benchmarking.

Sam stated that we need to benchmark RI MCO rates – to not look at a big market player in the RI market would be a missed opportunity.

Linda said that she thinks about workforce issues when she thinks about who RI should be compared to. If someone can earn more in CT or MA as a CNA, that is the concern for RI.

Margaret suggested that NJ and NY be included.

The commissioner stated that all of this will depend on data availability. He went on to say that we need to address rate differentials in a regional and economic context. There is a relationship between what providers are paid and the income that is garnered by Rhode Islanders. There are differences in the RI economy vs MA vs CT that we are going to want to understand. We are going to have to contextualize everything.

Tanja stated that she doesn't have a strong opinion about the definition of "regional". She said that there has been a tendency to benchmark at 50% of average rates. She thinks 50% is too low. Tanja said that OHIC should look at 75% of market or more.

Nicholas expressed concern about the connection between deliverable six and eight. He stated that we need to be mindful that other states sometimes have different licensure requirements than Rhode Island has for similar positions, which can affect recruitment and retention for such positions. This needs to be taken into consideration. He shared an example – RI requires licensed nurse assistants to work as paraprofessionals employed by an agency. Whereas our neighboring states require unlicensed home health aides to provide the same scope of work.

6. Public Comment

Tina Spears suggest that it would a good exercise to determine what the MCOs contract for beyond the fee-for-service schedule. Regarding waitlists, she suggested looking at what the state is allowed to do in our state plan – which categories of eligibility are allowed to be on waitlists might be something worth exploring.

7. Adjournment