

# Social and human service programs review: Accountability standards

Rhode Island, Office of the Health Insurance Commissioner

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## Table of Contents

|  |           |
|--|-----------|
| <b>BACKGROUND</b> .....  | <b>2</b>  |
| <b>EXECUTIVE SUMMARY</b> .....   | <b>2</b>  |
| <b>OVERVIEW OF ACCOUNTABILITY MECHANISMS</b> .....                                   | <b>4</b>  |
| <b>ACCOUNTABILITY BY DEPARTMENT</b> .....  | <b>4</b>  |
| EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES .....                                  | 5         |
| DEPARTMENT OF HUMAN SERVICES .....   | 8         |
| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES .....                                    | 9         |
| DEPARTMENT OF HEALTH .....   | 10        |
| DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS ..... | 11        |
| <b>SUMMARY AND APPROACH FOR PHASE TWO</b> .....                                      | <b>13</b> |
| <b>LIMITATIONS</b> .....   | <b>14</b> |
| Appendix 1: Program Accountability Inventory   |           |

## Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review 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. This comprehensive review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires 10 assessments covering various rate and programmatic elements of the social and human service programs, with the 10th assessment being a culmination of the prior nine assessments that may be used to inform the recommended rate adjustments. Social and human service programs include services 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/adolescent day services, vocational, employment and training, and aging.

The assessments will be completed in two phases with Phase One published in May 2023, and Phase Two published by September 1, 2023. The first phase includes the first nine assessments with a limited scope of services. The second phase will include updates of the first nine assessments with additional services as well as the 10th report. Milliman is currently working with OHIC to determine the breadth of services that may be included in each assessment in Phase Two of the social and human service programs review.

This Phase One report on task 5 is: "an assessment and detailed reporting on accountability standards for services for all social and human service programs."<sup>1</sup>

## Executive Summary

This report details the current accountability standards for programs that provide social and human services to the state of Rhode Island. The Executive Office of Health and Human Services (EOHHS) is the lead agency for social services in Rhode Island, overseeing the Department of Human Services (DHS), Department of Children, Youth and Families (DCYF), the Department of Health (DOH), and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). For each in-scope program, this Phase One report documents the state and federal levels of oversight, providing a description of high-level reporting requirements, formal advisory groups, and state code citations.

Programs that are considered in-scope for this report are those that offer a social or human service falling under the directive of (RIGL) § 42-14.5-3(t) which include social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging programs. Programs include those that are operated by the state directly or under contract, using policy and procedures established by the state and provide a direct service to an individual. Some programs that are limited to medical services only and are not targeting one of the social or human service areas listed in RIL § 42-14.5-3(t) are not in scope for this report. Programs inventoried for Phase One of this report are listed in Figure 1 with the agency who provides program oversight.

As defined by the Rhode Island legislature in RIGL § 42-14.5-2.1

*"Accountability standards means measures including service processes, client and population outcomes, practice standard compliance and fiscal integrity of social and human service providers on the individual contractual level and service type for all state contacts of the state or any subdivision or agency to include, but not limited to, the department of children, youth and families (DCYF), the department of behavioral healthcare, developmental disabilities and hospitals (BHDDH), the department of human services (DHS), the department of health (DOH), and Medicaid. This may include mandatory reporting, consolidated, standardized reporting, audits regardless of*

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<sup>1</sup> The Rhode Island Health Care Reform Act of 2004 — Health Insurance Oversight, R.I. Gen. Laws § 42-14.5-3 (2022). <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-14.5/42-14.5-3.HTM>

organizational tax status and accountability dashboards of aforementioned state departments or subdivisions that are regularly shared with public.”<sup>2</sup>

Phase Two of this task will provide further evaluation of select program areas to include assessment of available data and reporting that describes how program outcomes and activities are evaluated and provide comparisons to regional standards and national trends. Programs marked with this following symbol (🌀) are targeted for possible further evaluation in Phase Two of this project.

Below is a list of the programs to be reviewed as part of task 5.

FIGURE 1: PROGRAM INVENTORY FOR ACCOUNTABILITY ANALYSIS

|  |   |
|--|---|
| Executive Office of Health and Human Services (EOHHS)                                  |   |
| • 🌀 Medicaid 1115 Demonstration Waiver   | • 🌀 Medicaid State Plan Services                                      |
| • CEDAR Family Services Center   | • Rhode Island Early Intervention                                     |
| Department of Human Services (DHS)   |   |
| • The Sherlock Plan  | • Katie Beckett Program   |
| • Children’s Health Insurance Plan   | • Head Start  |
| • Ombudsman Program  | • Adult Protective Services   |
| • Rhode Island Pharmaceutical Assistance to Elders Program                             | • Vocational Rehabilitation & Vocational Rehabilitation for the Blind |
| • Independent Living and Social Services   | • Disability Determination Services                                   |
| • Business Enterprise Program  | • Adaptive Telephone Equipment Loan Program                           |
| • Rhode Island Works   | • SSI Enhanced Assisted Living Program                                |
| Department of Children, Youth, & Families (DCYF)                                       |   |
| • 🌀 Family First Prevention Services   | • 🌀 Family Care Community Partnership                                 |
| • Youth Diversion Programming  | • Wayward Disobedient Programs  |
| • Child Protective Services  | • Foster Care Licensing   |
| • Rhode Island Training School (RITS)  | • 🌀 Community Services and Behavioral Health                          |
| Department of Health (DOH)   |   |
| • Nurse Family Partnership   | • First Connections   |
| • Lead Poisoning Prevention  | • State Tobacco Quitline/RI Nicotine Helpline                         |
| • Plans of Safe Care   |   |
| Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) |   |
| • Eleanor Slater Hospital and RI State Psychiatric Hospital                            | • Projects for Assistance in Transition from Homelessness (PATH)      |
| • Access to Independence   |   |

<sup>2</sup> House Bill 7123, Substitute A as amended. Making appropriations for the support of the state for the fiscal year ending June 30, 2023, (2022). <https://webserver.rilegislature.gov/BillText22/HouseText22/H7123Aaa.pdf>

## Overview of Accountability Mechanisms

As a basic function of government, all state government programs must be accountable for the services they provide. This accountability assures that the programs achieve their stated intent (per the applicable statutes and regulations) and typically involves oversight by departments within the state (either within the same agency, or sometimes also involving review by other parts of state government or the legislature). In the case of EOHHS, many of its social and human services programs receive funding from a federal government agency (rather than, or alongside state funding) and as such, the federal agency sets additional standards the program must follow as a condition of funding (and in some cases, as a condition of operation). This federal oversight defines many features for the regulatory environment under which the programs must operate. Federal regulations can direct some or all aspects of a program, frequently including criteria such as eligibility standards, required services, and allowable expenditures. Federal regulations sometimes also dictate standards for service provider enrollment, oversight, and payment activities. To assure that state programs are in compliance with federal regulations, federal agencies frequently require state programs to provide regular reports on program activities and can conduct audits of the state programs that they fund or regulate. This report provides a summary of the methods of federal oversight for each program area selected for review under this report, organized by department within EOHHS.

In addition to federal oversight, state programs also must comply with the state statutes and regulations that enable the program at the state level. State requirements under the Rhode Island Code of Regulations (RICR) may, depending on the program, direct eligibility standards, provider standards, reporting requirements, and state funding sources. RICR sometimes also requires oversight or advisory committees to conduct oversight functions regarding agency or program work. Many state programs have specific reports that must be provided to the state General Assembly on a regular basis. This report provides a summary of the state administrative regulations that apply to in-scope programs.

A variety of state staff handle day-to-day management for each program and, to the extent the program utilizes providers or contractors to deliver services under the program, a part of the state staff's role is to assure accountability of these providers and contractors. In this role, state staff provide direct monitoring of contracted activities and may assess damages or other formal consequences when contract standards are not met. There are also state staff who receive reporting (from state systems or from providers/contractors, or both) and are tasked with analyzing the reports and other data to inform assessment of program administration, service delivery, and outcomes. Because legislative, federal, or other external reports may be required for these programs, staff will then package this data into external reports for public sharing or other levels of review outside the department. Phase One of this report focuses on the external points of accountability that oversee the state administration of programs.

It is worth noting that many social services are delivered by health professionals with licensure requirements that are set by the Rhode Island Center for Professional Boards and Licensing. While out of scope for this report, these licensing agencies also conduct oversight of individual providers by establishing and monitoring compliance with licensure requirements, safety and other operational standards, and scope of practice parameters that a professional or provider entity in the state must follow. If these standards are not met, the licensing agency conducts disciplinary actions when needed (up to and including removal of licensure/authority to operate) and may communicate with other state programs regarding these actions, as needed.

## Accountability by Department

Each department in scope for this review has specific points of accountability. Some departments report exclusively to one federal oversight agency, while others have diverse programs and must report to several federal agencies. Some programs are subject to multiple levels of oversight and accountability, while others have little formal oversight outside of the state agency responsible for the program. The differing levels of accountability can be driven by statute or other authority which enables the program, the level of risk should services not be appropriately provided, the size of the program or budget, and the number of individuals served. In the following sections, this report provides insight into each department's purpose, programs, and accountability structure.

## EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

The EOHHS is the lead agency for social services in Rhode Island, overseeing the Department of Human Services, Department of Children, Youth and Families, the Department of Health, and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. Federal requirements stipulate that a single state agency must be designed to administer the Medicaid program for each state;<sup>3</sup> EOHHS serves that role for Rhode Island. The mission of EOHHS is “to ensure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders.”<sup>4</sup>

In administering the state’s Medicaid program, EOHHS is overseen by the Centers for Medicare and Medicaid Services (CMS), which is part of the United States Department of Health and Human Services (HHS). A primary source of accountability to CMS is the Medicaid State Plan. Each state Medicaid program must be governed by a formally documented state plan, which is “an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs...[that] gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities.”<sup>5</sup> The Rhode Island Medicaid State Plan documents who is eligible for services, what services are covered, how services are delivered, how providers are enrolled, and the administrative processes. When a state wants to make a change to any program or administrative element covered by the state plan document, it must go through a public notice and comment process before submitting to CMS for consideration. After submission of a State Plan Amendment, CMS can determine whether the plan continues to meet federal requirements and authorize federal expenditures. Once an amendment is submitted, CMS has 90 days to make a decision, otherwise the proposed change automatically goes into effect. Once approved, changes can take effect retroactively to the first day of the quarter in which the state submitted the amendment. Once approved, an amendment does not expire, but a state can change it through a subsequent amendment.

### **Global 1115 Demonstration Waiver**

Rhode Island has further chosen to deliver the majority of services under its Medicaid program using a type of federal program authority called a 1115 demonstration waiver. A waiver refers to the ability of a state to request to waive certain provisions of Medicaid law to give states additional flexibility to design programs.<sup>6</sup> Section 1115 demonstration waiver is a Medicaid waiver authorized under Section 1115 of the Social Security Act that gives the Secretary of HHS the authority to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program.<sup>7</sup> 1115 demonstration waivers must include oversight procedures that include public comment periods on any proposed amendments or renewals, independent quality reviews, independent evaluation reports, and regular reporting to CMS on both financial expenditures and program activities.

Programs covered by Rhode Island’s global 1115 waiver include Rlte Care, Rhody Health Partners, Rlte Share, and the Children’s Health Insurance Program (CHIP).<sup>8</sup> The format for waiver oversight activities for these programs is outlined below:

- **Public notice and comment:** When a state would like to start, amend, or extend a waiver demonstration, it must provide public notice and allow at least 30 days for the public to provide comments on the proposal. In addition, two public meetings must be held for people to submit comments orally or in writing.<sup>9</sup>

<sup>3</sup> 42 CFR Part 431 Subpart B -- Section 1115 Demonstrations. (n.d.). [ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-430/subpart-B?toc=1](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-430/subpart-B?toc=1)

<sup>4</sup> About EOHHS. (n.d.). Executive Office of Health and Human Services. <https://eohhs.ri.gov/about-eohhs>

<sup>5</sup> Medicaid State Plan Amendments. (n.d.). Medicaid.gov. <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>

<sup>6</sup> About Section 1115 Demonstrations. (n.d.). Medicaid. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>

<sup>7</sup> Ibid.

<sup>8</sup> Rhode Island Comprehensive Demonstration. (2020, June 28). Medicaid. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ri/ri-global-consumer-choice-compact-ca.pdf>

<sup>9</sup> 42 CFR Part 431 Subpart G -- Section 1115 Demonstrations. (n.d.). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-431/subpart-G>

- **Independent evaluation:** States with an 1115 demonstration waiver must contract with an independent evaluator to conduct rigorous evaluation activities.<sup>10</sup> CMS provides guidance on evaluation design development and must approve the final evaluation design. All evaluation reports are posted publicly.
- **Financial reporting:** In addition to the standard financial reporting required in the Medicaid program, 1115 demonstration waiver programs must submit regular budget neutrality reports.<sup>11</sup> Budget neutrality requires that the activities and services covered by the waiver cost no more than the federal government would have spent without the waiver program.
- **Program reporting:** Quarterly and annual programmatic reports document implementation and operational activities. This can include data trends, outcomes, program enrollment, monitoring, and communications. These are reviewed by the federal government and posted publicly on the CMS website.

In Rhode Island, the Medicaid program has been designed such that the vast majority of services are delivered through contracts with managed care organizations (MCOs). The next section of this report highlights the oversight CMS requires for states that opt to utilize managed care as a delivery system for Medicaid.

### Medicaid Managed Care Contracting

States that contract with MCOs as the delivery system for some or all Medicaid services must go through several layers of oversight from the federal government including approval from CMS. States must apply for permission from the federal government to operate a Medicaid program under managed care by using one of the following federal authorities: Section 1932(s); 1915 (a) and (b) or section 1115.<sup>12</sup> Rhode Island operates its managed care programs through a Section 1115 waiver.

Regardless of what federal authority is utilized, CMS must review and approve of draft contracts and capitation rates before a state can move forward with a contract. CMS reviews contracts to assure that members have adequate protections and appeal rights, that the state has proper oversight documented, and to assure that capitation rates are adequate to assure both provider participation in the program and prudent use of tax dollars. However, within these parameters, states still have a great deal of flexibility in how their Medicaid programs, and managed care programs, are operationalized.

In addition to ongoing federal reporting and program monitoring requirements, states are also required to ensure their Medicaid MCO contracts include a variety of mandatory topics or specific terms. For instance, states are required to document how MCOs must work with members and providers. Federal regulations mandate certain contractual requirements cover the following topics:

- **Member information:** What information must be in a member handbook and on the website, how MCOs must provide translation services, how quickly the call center answers calls, and what methods of communication with members can be utilized. This also includes what marketing materials and activities can be undertaken by the MCO.
- **Enrollment and disenrollment:** How members are eligible to be enrolled and what can cause a member to be disenrolled. These requirements must also detail timeliness for these processes and when they are applicable for each eligibility group.
- **Network adequacy:** How many providers of each type the MCO must have enrolled to serve members. This can include the maximum time a member must travel to obtain care or maximum length of wait time for an appointment. These requirements typically vary based upon type of provider.
- **Provider payment:** How quickly provider claims must be paid, how disputes must be adjudicated, and some services have directed payments that tell the MCO how much they must pay providers for specific services. Prompt payment requirements are also part of federal regulations.

<sup>10</sup> 42 CFR Part 431 Subpart G -- Section 1115 Demonstrations. (n.d.). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-431/subpart-G>

<sup>11</sup> *Ibid.*

<sup>12</sup> *Managed Care Authorities.* (n.d.). <https://www.medicaid.gov/medicaid/managed-care/managed-care-authorities/index.html>

- **Member rights and protections:** Responsibilities afforded to members including rights to appeal adverse actions, access to information regarding claims and coverages, and prevention from discrimination.
- **Delivery of services:** Guidelines and enforcement mechanisms for required services to be covered by the managed care organization and for reimbursement to members who receive out-of-network care in qualifying situations.
- **Program integrity:** Specific safeguards and procedures to prevent fraud, waste, or abuse of Medicaid services and funding. Program integrity standards apply in relation to both providers and members.
- **Quality standards:** Alignment with state quality strategy and annual assessments of quality and access to services for plan members.

States are not required to have special health programs or value-based purchasing arrangements. However, if they do choose to operate these programs, they must be documented in contracts.

- **Special programs:** Programs that target special population groups with the goal of incentivizing preventive care or treatment of chronic conditions.
- **Value based purchasing:** Specific performance metrics that must be achieved in order to receive full payment from the state.

MCO contract terms may vary by state or program and often vary in the level of specificity, but all contracts include a basic set of activities and specific requirements mandated by federal law. CMS provides states with a contract checklist to ensure that all federal requirements are included since the contracts are subject to CMS review and approval.<sup>13</sup> Some of these additional requirements include the ability to audit financial records, who may be an owner or subcontractor of a managed care organization, and several provisions regarding financing such as actuarial soundness and minimum medical loss ratios. In addition to written contract oversight, CMS also requires states to submit annual reports on managed care compliance. CMS requires multiple reports related to managed care financing and access to care. These mandated reports include:

- **Rate certifications:** Rate certification is the process by which CMS reviews Medicaid capitation payments to risk-based managed care plans to verify that the payments are actuarially sound, developed in accordance with generally accepted actuarial principles and practices, appropriate for the population and services, and certified by qualified actuaries.<sup>14</sup> The rate certification report is subject to CMS review and approval before the capitation rates can be implemented for the managed care organizations.
- **Medical loss ratio:** The medical loss ratio (MLR) is a component of the managed care capitation rate calculation meant to protect Medicaid from paying for excessive health plan administrative expenses or profits by ensuring that a sufficient percentage of the total capitation is spent on medical services or other specified plan benefits.<sup>15</sup> The MLR report shows CMS the percentage of revenue used for patient care at the contract level. CMS requires states to set a standard of at least 85%. Failure to meet a minimum MLR of 85% may result in sanctions and repayment of capitation funds to the state.<sup>16</sup>
- **Network adequacy/access to care:** The network adequacy and access to care reports are designed to provide CMS with an analysis and assurance that members can adequately receive necessary services. However, there is no national standard for network adequacy. Instead, states are allowed to establish their own quantitative network adequacy standard. These standards are often based on the time or distance to it would take an individual to reach a particular type of provider or a minimum provider-to-enrollee ratio.<sup>17</sup> Federal law requires Medicaid managed care plans to assure that they have capacity to serve expected

<sup>13</sup> *State Guide to CMS Criteria for Medicaid Managed Care Contract Review and Approval.* (2022).

<https://www.medicaid.gov/medicaid/downloads/mce-checklist-state-user-guide.pdf>

<sup>14</sup> *Managed care rate setting.* (2015, March 30). MACPAC. <https://www.macpac.gov/subtopic/managed-care-rate-setting/>

<sup>15</sup> *Medical Loss Ratio in Medicaid Managed Care.* (2022, January). MACPAC. <https://www.macpac.gov/wp-content/uploads/2022/01/Medical-loss-ratio-issue-brief-January-2022.pdf>

<sup>16</sup> *Ibid.*

<sup>17</sup> *Network Adequacy Standards and Enforcement.* (2022, February 3). KFF. <https://www.kff.org/health-reform/issue-brief/network-adequacy-standards-and-enforcement/>



enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers.<sup>18</sup> These reports help states and CMS identify geographic regions that may not have a sufficient number of providers or specialty services for the surrounding population.

- **External quality review:** External quality review (EQR) is an analysis and evaluation carried out by an external quality review organization (EQRO) that reviews Medicaid managed care plans. Federal regulations require states that contract with a managed care organization to ensure that a qualified EQRO conducts an annual review for each MCO.

MCOs must provide all covered services and follow member cost sharing rules that are determined by the state. They may not choose to cover fewer services or require member co-payments or premiums that were not established by the state. The plan may choose to cover services or offer additional benefits besides what is required by the state. Additionally, the plan is required to pay federally qualified health centers or rural health clinics no less than it pays other providers for the same services.

Finally, CMS mandates an annual managed care program report which provides an overview of each managed care program administered by the state.<sup>19</sup> The report must include information on specific topics including program enrollment and service area expansions, financial performance, encounter data reporting, grievances, appeals, and state fair hearings, availability, accessibility, and network adequacy, quality and performance measures, sanctions and corrective action plans, and beneficiary support system (BSS).

## DEPARTMENT OF HUMAN SERVICES

DHS works with community partners “to deliver critical benefits, supports and services to more than 300,000 families, adults, children, older adults, individuals with disabilities and veterans every year.”<sup>20</sup> DHS is established with the following mission: “As an agency committed to access and achievement, the vision for the Rhode Island Department of Human Services (DHS) is that all Rhode Islanders have the opportunity to thrive at home, work and in the community.”<sup>21</sup> The department website also states: “More specifically, DHS strives to guarantee:

- Families are strong, productive, healthy, and independent.
- Adults are healthy and reach their maximum potential.
- Children are safe, healthy, ready to learn and reach their full potential.
- Child Care providers deliver high quality education services.
- Older Adults and Seniors and individuals with disabilities receive all necessary services to enhance their quality of life.
- Veterans are cared for and honored.”<sup>22</sup>

DHS includes the following departments: the Office of Child Support Services, the Office of Healthy Aging, the Office of Rehabilitative Services, and the Office of Veterans Affairs.<sup>23</sup> This broad range of service areas under the purview of this department brings accountability from multiple sources.

At the federal level, components of DHS programs are overseen by regulators from the U.S. Department of Health and Human Services, including CMS, the Administration for Children and Families, and the Administration for Community Living. Other programs are overseen by the Department of Education, the Social Security Administration, and the Department of Justice. Programs reviewed under the Office of Rehabilitative Services determine medical

<sup>18</sup> 42 CFR 438.207 -- *Assurances of adequate capacity and services.* (n.d.). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-D/section-438.207>

<sup>19</sup> 42 CFR 438.66 -- *State monitoring requirements.* (n.d.). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.66>

<sup>20</sup> *About Us.* (n.d.). *RI Department of Human Services.* <https://dhs.ri.gov/about-us>

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> *Programs and Services.* (n.d.). *RI Department of Human Services.* <https://dhs.ri.gov/programs-and-services>

eligibility for social security and Medicaid, assist individuals with disabilities in choosing, preparing for, obtaining, and retaining employment, and assist individuals with disabilities with living in the community. Vocational Rehabilitation services have federal oversight from the Department of Education. Disability determination services are distinct from other state operations in that their work is completely regulated by the Social Security Administration.

The Sherlock Plan and Katie Beckett program are overseen by DHS however, their main function is to provide a specific population with an eligibility pathway for Medicaid services. Much of the oversight and accountability for these programs comes through the 1115 waiver demonstration and CMS.

The Children's Health Insurance Program is also covered under the 1115 waiver program, but there are specific assurances and reporting to CMS that are distinct from Medicaid, which are done within the Department.

Programs under the Office of Healthy Aging provide advocacy and work to assure physical safety of older adults in Rhode Island. Their federal regulations come mainly from the Older American's Act.

At the state level, several DHS programs have additional oversight bodies. For example, Vocational Rehabilitation is overseen by the Governor's Advisory Council for the Blind whereas the Office of Healthy Aging is overseen by the Advisory Commission on Aging and the Long-Term Care Coordinating Council.

## **DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

DCYF is the state child welfare, children's mental health and juvenile corrections services agency established with the following mission: "Our mission is to partner with families and communities to raise safe and healthy children and youth in a caring environment."<sup>24</sup>

DCYF includes the following program areas: Child Protective Services, Foster Care, The Division of Youth Development, Family Care Community Partnerships, The Family Service Units; and Community Service and Behavioral Health. DCYF also operates the Rhode Island Training School with federal oversight from the Department of Justice. The Rhode Island Training School (RITS) is a secure correctional program for male and female youth who are detained or sentenced to the facility by order of the Rhode Island Family Court. The RITS provides for the rehabilitation of youth through a comprehensive continuum of services provided in partnership with families, the community and DCYF. All youth incarcerated at the RITS receive educational services in accordance with their academic level or individual education plan.<sup>25</sup>

At the federal level, the work of DCYF is largely overseen by the Administration for Children and Families (ACF), part of the U.S. Department of Health and Human Services. The ACF promotes the economic and social well-being of families, children, individuals and communities through its variety of programs such as the Family and Youth Services Bureau and the Office of Head Start. The ACF also operates the Family First Prevention program and approves state service plans in order to receive Title IV-E funds for mental health services, substance use treatment, and in-home parent skill-based programs for children and youth at risk of entering foster care. ACF accomplishes its oversight in part through several required reports, including those that detail a five-year plan that is tied to ongoing receipt of federal funding through the Family First Prevention Services Act. DCYF must provide expenditure reports that outline its planned and actual expenditures to the federal government. The state must also regularly provide data to several national databases including the U.S. Children's Bureau for the National Child Welfare report and the National Youth in Transition Database. In addition, the state must work with the Administration for Children and Families on a Child and Family Services Review State Assessment approximately every five years.<sup>26</sup>

DCYF contractors join the program via a public procurement process. DCYF contracts with providers to deliver many of the services offered through their programs, including foster care, Family Care Community Partnerships (FCCP), and behavioral health services. Contracts with these providers must go through the public procurement process

<sup>24</sup> *About.* (n.d.). RI Department of Children, Youth & Families. <https://dcyf.ri.gov/our-office>

<sup>25</sup> *The Rhode Island Training School.* (n.d.). RI Department of Children, Youth & Families. <https://dcyf.ri.gov/juvenile-corrective-services>

<sup>26</sup> *45 CFR 1355.33 -- Procedures for the review.* (n.d.). <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-G/part-1355/section-1355.33>

overseen by the Rhode Island Department of Administration. However, these contracts are not reviewed by the Administration for Children and Families. This creates a lower level of federal scrutiny on providers for DCYF services when compared to Medicaid Managed Care contracts (where there is both a managed care procurement process and CMS reviews the state's contracts prior to effectuation).

At the state level, The Office of the Child Advocate serves as the oversight agency to the DCYF. The Office of the Child Advocate monitors the operations of each DCYF unit to ensure compliance with internal policies and protocols as well as state and federal law.<sup>27</sup> The mission of the Office of the Child Advocate is “to protect the legal rights of children in State care and to promote policies and practices which ensure that children are safe, that children have permanent and stable families, and that children in out of home placements have their physical, mental medical, educational, emotional and behavioral needs met.”<sup>28</sup> Rhode Island state law requires DCYF to provide annual reports to the Governor and legislature on the topics of child protective services, foster care licensing, and children's behavioral health services.<sup>29</sup>

Finally, DCYF will soon be subject to additional accreditation standards. DCYF, at the direction of RIGL 42-72-5.3, is seeking to gain national human services accreditation by the Council on Accreditation (COA). The Council on Accreditation states that “accreditation provides a framework to manage resources, offer best practices, and strive for continuous improvement. This supports an organization's sustainability, encourages its growth, and helps it to achieve measurable results.”<sup>30</sup> The process is a multi-year effort with a current estimate of achieving accreditation in summer of 2024. This would apply to the entire department rather than a single program. After receiving initial accreditation there is a reaccreditation process every four years that includes a self-study.

## DEPARTMENT OF HEALTH

DOH is established with the following mission: “prevent disease and protect and promote the health and safety of the people of Rhode Island.”<sup>31</sup> In addition, DOH lists as its “leading priorities” that it will:

- “Address the socioeconomic and environmental determinants of health
- Eliminate health disparities and promote health equity
- Ensure access to quality health services for all Rhode Islanders, including the state's vulnerable populations”<sup>32</sup>

The Center for Professional Boards and Licensing within the DOH issues licenses for a broad array of professionals and facilities in the state.<sup>33</sup> Most medical providers and a number of those who provide social and human services are licensed by the DOH in Rhode Island. This includes home care providers, behavioral analysts, chemical dependency professionals, school-based health centers and social workers, just to name a few. The full list of licensee types can be found on the DOH website at: <https://health.ri.gov/licenses/>.

At the Federal level, programs run by the Department of Health mostly fall under the oversight of Centers for Disease Control and Prevention (CDC). Health department programs that are in-scope for this report include those that fall under the umbrella of social and human services but exclude those that are medical only. For instance, the woman's cancer screening program provides breast and cervical cancer screening services and is thus being considered an out-of-scope medical program. Lead poisoning and the State Tobacco Quitline were identified as prevention services and are in scope for this report.

At the state level, the Center for Professional Boards and Licensing is required to follow a public notice process for any non-technical revision to a regulation.<sup>34</sup> The advanced notice of proposed rulemaking process allows the DOH to

<sup>27</sup> *About OCA.* (n.d.). Rhode Island Office of Child Advocate. <http://www.child-advocate.ri.gov/about/>

<sup>28</sup> *Ibid.*

<sup>29</sup> R.I. Gen. Laws § 42-73-2.1. Child Advocate Office. <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-73/INDEX.htm>

<sup>30</sup> *Why Accreditation.* (2020, April 8). Council on Accreditation. <https://coanet.org/why-accreditation/>

<sup>31</sup> *Public Health Accreditation.* (n.d.). Rhode Island Department of Health. <https://health.ri.gov/about/accreditation/>

<sup>32</sup> *About Us.* (n.d.). Department of Health. <https://health.ri.gov/about/>

<sup>33</sup> *What we License.* (n.d.). Department of Health. <https://health.ri.gov/licenses/>

<sup>34</sup> *Regulations.* (n.d.). Department of Health. <https://health.ri.gov/regulations/>

“gather information and solicit comments and recommendations from the public.”<sup>35</sup> This process requires a minimum of 30 days for public comment. Public hearings may be schedule on the proposed regulation within the 30-day comment period.<sup>36</sup>

Furthermore, the RI Department of Health is accredited by the Public Health Accreditation Board, which notes “Accreditation demonstrates the capacity of the public health department to deliver the three Core Functions of public health—assessment, policy development, and assurance—and the 10 Essential Public Health Services, which provide a fundamental framework for describing public health activities.”<sup>37</sup> This accreditation process requires DOH to report on specific measures established within the 10 domains identified as Essential Public Health services and undergo a site visit to review and assess documentation. To maintain accreditation status, DOH must be reaccredited, by being evaluated against a set of national standards, every five years.<sup>38</sup>

## **DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS**

BHDDH is established with the following mission: “BHDDH guarantees high-quality, safe and accessible health care services for all individuals with differing intellectual/developmental abilities, mental health or substance use disorders, or who are in the care of facilities administered by BHDDH through an integrated healthcare landscape, in which all Rhode Islanders will thrive.”<sup>39</sup>

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals provides services to Rhode Island residents with mental illness, substance use disorders, or developmental disabilities. The Department also operates two acute care state hospitals that serve these individuals.

A core function of the BHDDH is to oversee the Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) awarded from the Substance Abuse and Mental Health Services Administration (SAMHSA) a part of the United States Department of Health and Human Services.<sup>40</sup> The Community Mental Health Services Block Grant is a federal program that makes funds available to states to provide comprehensive community mental health services.<sup>41</sup> State agencies that are awarded block grant funds must meet performance requirements established by SAMHSA that detail how funds are to be utilized, distributed and the monitoring of programs that are awarded funds.<sup>42</sup> The Substance Abuse Prevention and Treatment Block Grant, like the MHBG, are funds awarded to all states to “help plan, implement, and evaluate activities that prevent and treat substance abuse.”<sup>43</sup> The state must adhere to the federal requirements for distribution and oversight of these federal funds. BHDDH guides strategic planning and oversight for prevention programs across the state and distribute prevention funds to programs.

Another core function of BHDDH is to provide licensure and oversight to providers within the state of Rhode Island with the goal of assuring quality service delivery. This includes “licenses for organizations that provide Behavioral Healthcare Services, Services for Persons with Intellectual/Developmental Disabilities, and Services for Persons with Cognitive Disabilities.”<sup>44</sup> As such, they evaluate data and program outcomes for those populations with behavioral health needs or developmental disabilities. As noted in the report overview, this report will focus on external points of accountability and will not detail provider licensing activities.

<sup>35</sup> *Regulations*. (n.d.). Department of Health. <https://health.ri.gov/regulations/>

<sup>36</sup> *Ibid.*

<sup>37</sup> Public Health Accreditation Board. (February 2022). *Policy for National Public Health Department Initial Accreditation*. <https://phaboard.org/wp-content/uploads/Policy-for-Initial-Accreditation-Version-2022.pdf>

<sup>38</sup> *Ibid.*

<sup>39</sup> *Department of Behavioral Healthcare, Developmental Disabilities & Hospitals*. (n.d.). Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/about-us>

<sup>40</sup> *Grants And Prevention Programs* (n.d.). Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/prevention/grants-and-prevention-program>

<sup>41</sup> *Community Mental Health Services Block Grant*. (n.d.). <https://www.samhsa.gov/grants/block-grants/mhbg>

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *BHDDH Quality Management Unit*. (n.d.). Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals. <https://bhddh.ri.gov/quality-management-report-suspected-abuse>

BHDDH is also responsible for the operation of two state hospitals that provide residential treatment to individuals with the highest acuity behavioral health needs. These facilities have some oversight from the Governor's Council on Behavioral Health. This includes an annual report to the Governor and Legislature on the council's activities, performance, needs, plans for address healthcare needs, or other recommendations.<sup>45</sup> The Governor's Council of Behavioral Health was established by R.I. Gen. Laws § 40.1-29-5 with the directive to "advise the governor and general assembly on policies, goals, and operations of the behavioral health program, including the program areas of substance use disorder and mental health, and on other matters the director of behavioral healthcare, developmental disabilities and hospitals refer to it and to encourage public understanding and support of the behavioral health program."<sup>46</sup>

## Method of Review for Accountability Inventory

To assess the landscape of how oversight is performed for each program that is in scope for this report, we performed a detailed document review for each in-scope program operated by departments within EOHHS as listed in Figure 1. Materials reviewed include state statutory and regulatory language, EOHHS website information, and various program materials as provided by EOHHS and department staff. In preparing this review, we identified several state web pages that were out of date; where possible, we worked with EOHHS staff to confirm the correct program information. However, to the extent that other inaccurate details are noted in the website information but were not flagged through these discussions, this may impact overall findings of the information reported here.

We developed detailed program summary tables (provided in Appendix 1) for each program to document the state agency responsible for the program and the department or office within the agency that provides direct oversight of the program, as well as the oversight mechanisms in place for each program. Figure 2 below provides an overview of the types of program information that may be found in each summary table.

Beyond listing the responsible state agency, each entry in the Appendix provides information about the federal governmental body that has oversight of the program, if applicable. For programs with federal oversight, required reporting is noted. At the state level, any known external state oversight, e.g., groups outside of the department who provide direct oversight, are listed. This could include advisory committees or councils that the state agency is required to provide with program reporting or for which the state must convene and participate in regular meetings. Any known reporting that is required by a state oversight body or state regulation is also listed. Any special considerations or additional information on oversight are also noted.

### FIGURE 2. PROGRAM ACCOUNTABILITY SUMMARY

|   |   |
|---|---|
| <b>Program Description</b>              | A short description of the program that includes the main service(s) offered and the target eligible population for the program.  |
| <b>State Agency Responsible</b>         | The state agency with ultimate accountability for the program.  |
| <b>Department or Office Responsible</b> | The department of state government that provides day to day operational oversight of the program.   |
| <b>Federal Oversight Body</b>           | The Federal department or agency that is responsible for oversight.   |
| <b>Required Federal Reporting</b>       | A summary of the type of reporting that is required by the federal government for the program.  |
| <b>External State Oversight</b>         | Any state entity, outside of the specific department that operates the program, that has an oversight or accountability role. This could be different agencies that perform oversight functions or advisory councils or committees. |
| <b>State Required Reporting</b>         | Reporting that is required by a state regulation.   |
| <b>Special Considerations</b>           | Any additional points of interest or relevant details about overall accountability.   |

<sup>45</sup> R.I. Gen. Laws § 40.1-29-5. Governor's Council on Behavioral Health. <http://webserver.rilin.state.ri.us/Statutes/TITLE40.1/40.1-29/40.1-29-5.htm>

<sup>46</sup> R.I. Gen. Laws § 40.1-29-2. Governor's Council on Behavioral Health. <http://webserver.rilin.state.ri.us/Statutes/TITLE40.1/40.1-29/40.1-29-2.htm>

The summaries provide a concise listing of the multiple points of accountability that exist for Rhode Island's health and social service programs. The majority of programs have federal oversight that includes required program reports and, in some instances, independent evaluation. As noted previously, states must assure that they are meeting federal requirements in order to secure and maintain federal funding. At the state level, a variety of reporting requirements provide transparency on state programs and activities for interested stakeholders.

Please note that for the detailed summaries in Appendix 1, the programs marked with a symbol (as follows:📍) are targeted for possible further evaluation in Phase Two of this project. Phase Two evaluation activities will be individualized to be appropriate for each targeted program. Generally, evaluation will include a combination of assessment of actual reporting and program findings, observations around the transparency of data, and description of how data and findings are utilized by programs. These findings may be compared to national standards or trends.

## Summary and Approach for Phase Two

As illustrated in the preceding information, there are multiple layers to state program accountability that originate from federal government requirements, state general assembly requirements, and state administrative code. Programs can be held accountable for fiscal stewardship, transparency, programmatic operations and outcomes, member protections, provider protections, and contractual compliance. This Phase One report functions as an overview of the methods of accountability in Rhode Island and provides an inventory of points of accountability. In Phase Two, evaluation will explore accountability through assessment of the use of data and reports, contract management and state staff accountability functions for a sub-set of programs listed in this inventory. This will include a description of how entities that receive reports utilize that data and what actions are taken based upon the information being reported. While each program has a unique set of considerations and program goals, we will work to describe and report on the following types of questions.

- Do reports include minimum performance metrics?
- Does the program track commonly reported or best-practice metrics?
- Have benchmarks been established for performance against these metrics?
- Does performance meet the performance benchmarks?
- How does performance compare to other similar programs?
- What actions are taken if metrics are not collected or benchmarks are not achieved?
- If program standards or contracts include a penalty provision, has that been exercised?
- Are contracts actively monitored?

The Phase Two evaluation will also note any non-standard practices in reporting or contracting. Additionally, we will assess accountability structures and identify if programs appear to lack adequate transparency and oversight when compared to other states or similar programs. As noted, the Phase Two report will be published by September 1, 2023. Research and evaluation are already underway.

## Limitations

The information contained in this report has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman's work is prepared solely for the use and benefit of the OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety.

The recommendations or analysis in this presentation do not constitute legal advice. We recommend that users of this material consult with their own legal counsel regarding interpretation of applicable laws, regulations, and requirements.

In preparing this information, we relied on information provided by EOHSS and the Departments under EOHHS oversight. We accepted this information without audit but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

The services provided for this project were performed under the contract between Milliman and OHIC dated January 26, 2023.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson is a member of the American Academy of Actuaries and meets the qualification standards for performing the analyses in this report.

## Appendix 1: Program Accountability Inventory

### Executive Office of Health and Human Services

#### MEDICAID 1115 DEMONSTRATION WAIVER

|   |  |
|---|--|
| <b>Program Description</b>              | Medicaid managed care program that provides health coverage to qualified Rhode Islanders through programs designed to address specific health needs. Programs that are operated under the waiver include RItE Care, Rhody Health Partners, RItE Share, Katie Beckett Program, The Sherlock Plan, and the Children's Health Insurance Program (CHIP)  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | EOHHS - Medicaid Program   |
| <b>Federal Oversight Body</b>           | CMS  |
| <b>Required Federal Reporting</b>       | <ul style="list-style-type: none"> <li>▪ External Quality Review Organization (EQRO) reports</li> <li>▪ Managed care organization reports</li> <li>▪ State quality assurance monitoring and reporting</li> <li>▪ General financial reporting requirements</li> <li>▪ Eligibility and member enrollment reporting</li> <li>▪ Budget neutrality reporting</li> <li>▪ CMS Quarterly operations and annual evaluation reports</li> </ul>   |
| <b>External State Oversight</b>         | <ul style="list-style-type: none"> <li>▪ EOHHS Managed Care Oversight Team</li> <li>▪ EOHHS Pharmacy Committee</li> <li>▪ Medical Care Advisory Committee</li> <li>▪ Governor direction and supervision for global waiver (R.I. Gen. Laws § 42-7.2-5)</li> <li>▪ State Budget Office, House Representative and Senate Representative Caseload estimating conferences to anticipate needed resourced Legislature- R.I. Gen. Law § 35-17-1 (Rite Share)</li> </ul>   |
| <b>State Required Reporting</b>         | <ul style="list-style-type: none"> <li>▪ Work with the Care Transformation Collaborative of Rhode Island</li> <li>▪ Annual reporting on the status of the global waiver to the legislature</li> <li>▪ Annual reporting on which employer sponsored insurance plans qualify for Rite Share</li> </ul>   |
| <b>Special Considerations</b>           | <p>Additional oversight could include court-required reporting (e.g., if currently operating under a court order pursuant to a lawsuit), OIG audit reporting, etc.</p> <p>1115 Demonstration waiver programs require regular reporting to CMS. Reporting is required on a variety of topics including quality assurance, membership and enrollment, fiscal accountability, and managed care oversight. In addition, the state of RI provides oversight through advisory committees and state required reporting. Waiver documentation and reporting can be found on the CMS web site at: <a href="https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html?f%5B0%5D=waiver_state_facet%3A736#content">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html?f%5B0%5D=waiver_state_facet%3A736#content</a></p> |



## MEDICAID STATE PLAN SERVICES

|   |  |
|---|--|
| <b>Program Description</b>              | Traditional Medicaid health coverage for those not enrolled in managed care and the basis for Medicaid operational requirements in Rhode Island.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | EOHHS - Medicaid Program   |
| <b>Federal Oversight Body</b>           | CMS  |
| <b>Required Federal Reporting</b>       | State quality assurance monitoring and reporting<br>General financial reporting requirements<br>Eligibility and member enrollment reporting  |
| <b>External State Oversight</b>         | Regular reports to the Governor and make recommendations with respect to the state's health and human services agenda (R.I. Gen. Laws § 42-7.2-5)<br>Medical Care Advisory Committee   |
| <b>State Required Reporting</b>         | Provide regular and timely reports to the governor and make recommendations with respect to the state's health and human services agenda<br><br>Annual Medicaid Expenditure Report- Medicaid expenditures outcomes, administrative costs, and utilization rates  |
| <b>Special Considerations</b>           | Routine reporting to CMS on all aspects of financing, service delivery, enrollment and program integrity. The Federal Government also operates routine reviews and audits of state data.<br><br>All services offered through traditional Medicaid must be fully documented in the Medicaid State Plan. This document is maintained by the state to assure compliance with Federal Medicaid participation requirements. Amendments to the state plan require a public notice process. The state plan documents eligibility requirements and processes, covered services, and program and financial administration. State plan documents are available on the EOHHS web stie at: <a href="https://eohhs.ri.gov/reference-center/medicaid-state-plan-scanned-pdf-version">https://eohhs.ri.gov/reference-center/medicaid-state-plan-scanned-pdf-version</a> |

## CEDAR FAMILY SERVICES CENTER

|   |  |
|---|--|
| <b>Program Description</b>              | Intensive care management and coordination for children and youth with special health care needs and their families.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | EOHHS  |
| <b>Federal Oversight Body</b>           | N/A  |
| <b>Required Federal Reporting</b>       | N/A  |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | As a provider, CEDAR is required to report performance measures to EOHHS, at least annually. EOHHS reserves the right to request performance measures more frequently. Performance measures are operational goals that can result in incentive payments. For |

example, completing a family care plan or completing annual assessments may result in incentive payments if certain measures are obtained.

### RHODE ISLAND EARLY INTERVENTION

|   |  |
|---|--|
| <b>Program Description</b>              | Program to provide early diagnosis and treatment for a child who shows a delay in speech, physical ability, or social skills.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | EOHHS  |
| <b>Federal Oversight Body</b>           | U.S. Department of Education, Office of Special Education Programs   |
| <b>Required Federal Reporting</b>       | Annual Individuals with Disabilities Act (IDEA) performance report detailing annual compliance and performance outcomes such as measures on enrollment and outcomes for children served.   |
| <b>External State Oversight</b>         | All federal IDEA reports shall be submitted to the speaker of the house, president of the senate and the chairpersons of the appropriate house of representatives and senate oversight committees and the governor and the interagency coordinating council. (R.I. Gen. Laws § 23-13-22) |
| <b>State Required Reporting</b>         | Annual Performance Report for IDEA detailing annual compliance and performance outcomes such as measures on enrollment and outcomes for children served.   |
| <b>Special Considerations</b>           | N/A  |

## Department of Human Services

### THE SHERLOCK PLAN

|   |   |
|---|---|
| <b>Program Description</b>              | A Medicaid eligibility category for adults with disabilities who are actively employed.   |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS   |
| <b>Federal Oversight Body</b>           | CMS   |
| <b>Required Federal Reporting</b>       | Individuals enrolled are included in comprehensive Medicaid reporting.  |
| <b>External State Oversight</b>         | DHS shall report annually to the governor and chairpersons of the house and senate finance committees (R.I. Gen. Laws § 40-8.7-9).                        |
| <b>State Required Reporting</b>         | Annual reporting on eight categories such as the number of beneficiaries, Medicaid claims, and demographics.  |
| <b>Special Considerations</b>           | This program provides eligibility for Medicaid services. Oversight of those services is generally provided through Medicaid program oversight activities. |

### KATIE BECKETT PROGRAM

|                                 |   |
|---------------------------------|---|
| <b>Program Description</b>      | A Medicaid eligibility program for children under age 19 who have long term disabilities or complex medical needs, with the goal of providing care at home. |
| <b>State Agency Responsible</b> | EOHHS   |

|   |   |
|---|---|
| <b>Department or Office Responsible</b> | DHS   |
| <b>Federal Oversight Body</b>           | CMS   |
| <b>Required Federal Reporting</b>       | Individuals enrolled are included in comprehensive Medicaid reporting.  |
| <b>External State Oversight</b>         | N/A   |
| <b>State Required Reporting</b>         | N/A   |
| <b>Special Considerations</b>           | This program provides eligibility for Medicaid services. Oversight of those services is generally provided through Medicaid program oversight activities. |

### CHILDREN'S HEALTH INSURANCE PLAN (CHIP)

|   |   |
|---|---|
| <b>Program Description</b>              | Health coverage for children up to age 19 and pregnant women with incomes above traditional Medicaid limits but within CHIP income guidelines.            |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS   |
| <b>Federal Oversight Body</b>           | CMS   |
| <b>Required Federal Reporting</b>       | Annual CHIP Reporting and 1115 reporting<br>Quarterly CHIP reports  |
| <b>External State Oversight</b>         | N/A   |
| <b>State Required Reporting</b>         | N/A   |
| <b>Special Considerations</b>           | Individuals enrolled in the CHIP program are served through the 1115 waiver program. See 1115 Demonstration Waiver for additional oversight requirements. |

### HEAD START

|   |  |
|---|--|
| <b>Program Description</b>              | Head Start programs offer services to children from birth to age 5 to support early learning and development, health, and family well-being.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DHS  |
| <b>Federal Oversight Body</b>           | HHS- Administration for Children and Families  |
| <b>Required Federal Reporting</b>       | Semi-annual reporting of ongoing oversight data to the governing body and policy council.<br>Annual publication of community assessment<br>Ongoing incident reporting within 7 days of any incidents affecting the health and safety of participants |
| <b>External State Oversight</b>         | Head Start Collaboration Office- collaboration between state and local programs. Facilitate stakeholder input and discuss regional programming   |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | DHS Office of Child Care is the Head Start Collaboration Office while the majority of funding and oversight of providers comes from the Health and Human Services Administration.  |

## OMBUDSMAN PROGRAM

|   |   |
|---|---|
| <b>Program Description</b>              | Rhode Island's Long-Term Care Ombudsman advocates on behalf of residents in care facilities, listening to their concerns and taking action to protect their rights.   |
| <b>State Agency Responsible</b>         | Department of Human Services  |
| <b>Department or Office Responsible</b> | Office of Healthy Aging   |
| <b>Federal Oversight Body</b>           | Department of Health and Human Services - Administration for Community Living- Assistant Secretary for Aging  |
| <b>Required Federal Reporting</b>       | Annual report on Office activities based on the Older American's Act  |
| <b>External State Oversight</b>         | Annual Report submitted to the governor, legislature, director of Department of Health, and Long-term Care Coordinating Council   |
| <b>State Required Reporting</b>         | Annual report on Office activities required by 218-RICR-40-00-1. The report shall include the information required by the Older Americans Act and contain analysis and recommendations for improving the program. |
| <b>Special Considerations</b>           | N/A   |

## ADULT PROTECTIVE SERVICES

|   |  |
|---|--|
| <b>Program Description</b>              | Reporting entity for elder abuse and neglect cases in Rhode Island   |
| <b>State Agency Responsible</b>         | Department of Human Services   |
| <b>Department or Office Responsible</b> | Office of Healthy Aging  |
| <b>Federal Oversight Body</b>           | N/A  |
| <b>Required Federal Reporting</b>       | N/A  |
| <b>External State Oversight</b>         | R.I. Gen. Laws § 42-66-7<br>Advisory Commission on Aging- The commission shall meet at the call of the governor or the chairperson and shall make suggestions to and advise the governor or the director concerning the policies and problems confronting the aged and aging of the state. |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | In 2019, the Attorney General created the Special Victims Unit to handle cases involving domestic violence, sexual assault, child abuse, child molestation and elder abuse.  |

### RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO ELDERS PROGRAM

|   |   |
|---|---|
| <b>Program Description</b>              | Provides financial support to qualifying individuals to cover part of the cost of approved medications purchased under the deductible of a Part D plan.   |
| <b>State Agency Responsible</b>         | Department of Human Services  |
| <b>Department or Office Responsible</b> | Office of Healthy Aging   |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | Annual Report submitted to the governor, Budget Officer, Legislature, Board of Pharmacy (R.I. Gen. Laws § 42-66.2-9)  |
| <b>State Required Reporting</b>         | Annual Reports on the number of consumers eligible for the program, the number of consumers utilizing the program, the number of appeals, an outline of problems encountered in the administration of the program and suggested solutions to the problems, and any recommendations to enhance the program.<br><br>Annual Report on the financial and utilization statistics as to drug use by therapeutic category, actuarial projections |
| <b>Special Considerations</b>           | N/A   |

### VOCATIONAL REHABILITATION & VOCATIONAL REHABILITATION FOR THE BLIND

|   |   |
|---|---|
| <b>Program Description</b>              | Program to assist individuals with disabilities, including individuals who are legally blind, in choosing, preparing for, obtaining, and maintaining employment.  |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services   |
| <b>Federal Oversight Body</b>           | Department of Education   |
| <b>Required Federal Reporting</b>       | Annual Vocational Rehabilitation Financial Report<br><br>Annual Vocational Rehabilitation Program/Cost Report   |
| <b>External State Oversight</b>         | Governor's Advisory Council for The Blind (R.I. Gen. Laws § 40-9-3)<br>Authority to create reports and to report medical outcomes (R.I. Gen. Laws § 40-9-15 and 40-9-17)  |
| <b>State Required Reporting</b>         | Medical professionals and agencies that administer benefits to the blind shall report cases of blindness to the Department of Human Services and the Division of Motor Vehicles.<br><br>The director of the Department of Human Services shall have the authority to publish data and issue statistical material that may be deemed in the public interest. |
| <b>Special Considerations</b>           | N/A   |

## INDEPENDENT LIVING AND SOCIAL SERVICES

|   |  |
|---|--|
| <b>Program Description</b>              | Services that enable RI with visual impairments to maintain independent and self-sufficiency in the community.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services  |
| <b>Federal Oversight Body</b>           | Department of Education- Rehabilitation Services Administration  |
| <b>Required Federal Reporting</b>       | Annual reporting RSA 7-OB  |
| <b>External State Oversight</b>         | Governor's Advisory Council for The Blind (R.I. Gen. Laws § 40-9-3)<br><br>Authority to create reports and to report medical outcomes (R.I. Gen. Laws § 40-9-15 and 40-9-17) |
| <b>State Required Reporting</b>         | The director of the Department of Human Services shall have the authority to publish data and issue statistical material that may be deemed in the public interest.          |
| <b>Special Considerations</b>           | N/A  |

## DISABILITY DETERMINATION SERVICES

|   |  |
|---|--|
| <b>Program Description</b>              | Unit that determines medical eligibility of Rhode Island residents who are applying to Social Security Disability Insurance (SSDI) or Supplementary Security Income (SSI).   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services  |
| <b>Federal Oversight Body</b>           | Social Security Administration (SSA)   |
| <b>Required Federal Reporting</b>       | Unavailable  |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | The disability determination unit is part of state government, however, they work very closely under the oversight of the SSA. The standards for disability and methods for making a determination are set by the SSA for the federal programs. The state of Rhode Island uses the determinations made by this unit for Medicaid purposes and does not impose additional assessment. |

## BUSINESS ENTERPRISES PROGRAM

|   |   |
|---|---|
| <b>Program Description</b>              | Program offering training and employment for qualified individuals who are legally blind. |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services   |
| <b>Federal Oversight Body</b>           | Department of Education- Rehabilitation Services Administration                           |
| <b>Required Federal Reporting</b>       | Annual reporting of Vending Facility Program (RSA-15)                                     |

|                                 |   |
|---------------------------------|---|
| <b>External State Oversight</b> | Governor's Advisory Council for The Blind (R.I. Gen. Laws § 40-9-3) |
| <b>State Required Reporting</b> | N/A   |
| <b>Special Considerations</b>   | N/A   |

#### ADAPTIVE TELEPHONE EQUIPMENT LOAN PROGRAM

|   |   |
|---|---|
| <b>Program Description</b>              | Program provides landline telephones and wireless devices on loan to Rhode Islanders who are deaf, hard of hearing, have a speech disability or neuromuscular condition that hinders their ability to use a standard telephone. |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services   |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | Adaptive Telephone Equipment Loan Program Committee (R.I. Gen. Laws § 39-23-1)  |
| <b>State Required Reporting</b>         | Committee shall submit annual reports to the Legislature and advise the Department of Human Services on the program.  |
| <b>Special Considerations</b>           | N/A   |

#### RI WORKS

|   |  |
|---|--|
| <b>Program Description</b>              | A financial and employment assistance program for low-income families with dependent children. The program provides services tailored to the needs of the family in an effort to improve their employment situation. |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DHS – Office of Rehabilitation Services  |
| <b>Federal Oversight Body</b>           | Health and Human Services (HHS)  |
| <b>Required Federal Reporting</b>       | Annual reporting on TANF recipients  |
| <b>External State Oversight</b>         | The director of the Department of Human Services shall report to the legislature (R.I. Gen. Laws § 40-5.2-27)  |
| <b>State Required Reporting</b>         | Annual report to the legislature on the impacts of families and how the program is expected to operate with current resources  |
| <b>Special Considerations</b>           | N/A  |

**SSI ENHANCED ASSISTED LIVING PROGRAM**

|   |   |
|---|---|
| <b>Program Description</b>              | The program provides financial assistance to eligible individuals who are assessed and found to be in need of services provided in an Assisted Living Facility. The SSI Enhanced benefit allows for an increased Supplemental Security Income (SSI) payment to help cover the cost of room and board. To qualify, an individual must participate in an assessment and be considered an appropriate candidate for admission. |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DHS   |
| <b>Federal Oversight Body</b>           | SSA- Must meet SSI standards for eligibility  |
| <b>Required Federal Reporting</b>       | Unavailable   |
| <b>External State Oversight</b>         | Unavailable   |
| <b>State Required Reporting</b>         | N/A   |
| <b>Special Considerations</b>           | N/A   |

**Department of Children, Youth and Families (DCYF)****FAMILY FIRST PREVENTION SERVICES**

|   |  |
|---|--|
| <b>Program Description</b>              | Program to support families and children to prevent need for entry into the foster care system.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DCYF   |
| <b>Federal Oversight Body</b>           | Health and Human Services - Administration for Children and Families   |
| <b>Required Federal Reporting</b>       | Semi-annual reporting requirement on foster care and pregnant and parenting youth.<br><br>Title IV-E Prevention Services Plan<br><br>See Child Protective Services section below |
| <b>External State Oversight</b>         | Family First Advisory Team   |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | Title IV-E Prevention Services Plan  |

DCYF office of data analytics, evaluation, and continuous quality improvement creates reporting on programs operated by DCYF. Many reports can be found on DCYF website at: <https://dcyf.ri.gov/data-analytics>



## FAMILY CARE COMMUNITY PARTNERSHIP

|   |   |
|---|---|
| <b>Program Description</b>              | Prevention resource to help families and communities raising children in a safe, healthy environment.   |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DCYF  |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | N/A   |
| <b>State Required Reporting</b>         | The FCCP uniformly collects and reports child/family individual-level data elements on a quarterly and annual basis   |
| <b>Special Considerations</b>           | FCCPs are providers located throughout the state who provide services under contract for the DCYF.<br><br>DCYF office of data analytics, evaluation, and continuous quality improvement creates reporting on programs operated by DCYF. Many reports can be found on DCYF website at: <a href="https://dcyf.ri.gov/data-analytics">https://dcyf.ri.gov/data-analytics</a> |

## YOUTH DIVERSION PROGRAMMING

|   |  |
|---|--|
| <b>Program Description</b>              | Youth Diversion Programs are community-based programs for youth ages 9 to 17 years old who are not otherwise currently involved with DCYF. |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DCYF   |
| <b>Federal Oversight Body</b>           | N/A  |
| <b>Required Federal Reporting</b>       | N/A  |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | The FCCP uniformly collects and reports child/family individual-level data elements on a quarterly and annual basis                        |
| <b>Special Considerations</b>           | FCCPs are providers located throughout the state who provide services under contract for the DCYF.   |

## WAYWARD DISOBEDIENT PROGRAMS

|   |   |
|---|---|
| <b>Program Description</b>              | Wayward/Disobedient Programs (WDPs) are available to parents and guardians experiencing problems at home with their child(ren) 12 to 17 years of age. |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DCYF  |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | N/A   |
| <b>State Required Reporting</b>         | The FCCP uniformly collects and reports child/family individual-level data elements on a quarterly and annual basis                                   |
| <b>Special Considerations</b>           | FCCPs are providers located throughout the state who provide services under contract for the DCYF.  |

## CHILD PROTECTIVE SERVICES

|   |   |
|---|---|
| <b>Program Description</b>              | Child Protective Services (CPS) is the investigative division of DCYF and includes the Department's abuse and neglect hotline. This division ensures each child and youth is protected from harm through the timely investigation of reports of child abuse and neglect.  |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | DCYF  |
| <b>Federal Oversight Body</b>           | Health and Human Services (HHS), Administration for Children and Families (ACF)   |
| <b>Required Federal Reporting</b>       | <p>The federal government requires each state's child welfare agency to create a five-year Child and Family Services Plan. The CFSP is directly tied to federal government funding. The State is required to report a variety of child welfare data to the federal government:</p> <p>Annual State Child Welfare Expenditure report: This report includes planned and actual expenditures for the state's child welfare programs, including prevention programs, child protective services, foster care, licensing, adoption assistance, and guardianship assistance and kinship navigator programs.</p> <p>Adoption and Foster Care Analysis and Reporting System (AFCARS): An AFCARS report is submitted annually by the State and contains case-level data about entries into and exits from foster care and children who were adopted from foster care.</p> <p>National Child Abuse and Neglect Data System (NCANDS): The State provides data annually on child abuse and neglect collected from reports to Children's Protective Services. Participation in NCANDS is voluntarily, however, all 50 states, the District of Columbia, and Puerto Rico participate.</p> <p>National Youth in Transition Database (NYTD): The State provides data semiannually about the services and expenditures related to independent living services provided to youth in foster care. This data is used to track state's use of independent living services and youth-level outcomes.</p> |

|                                 |  |
|---------------------------------|--|
|                                 | Child and Family Services Review (CFSR): Approximately every 5 years the State is required to participate in a CFSR. Prior to the review the State is required to complete an assessment on specific safety and permanency measures. After the review the State is required to develop a Performance Improvement Plan (PIP) and periodically report progress to the Children's Bureau at the Administration for Children and Families. |
| <b>External State Oversight</b> | Annual reporting to the governor and legislature (R.I. Gen. Laws § 42-73-6)<br><br>Advisory committee to the office of the child advocate (R.I. Gen. Laws § 42-73-2.1)   |
| <b>State Required Reporting</b> | Annual report by the Child Advocate Office to the governor and general assembly analyzing current work and making recommendations.<br><br>Annual report by DCYF director on the continuum of care for children in DCYF care and custody.   |
| <b>Special Considerations</b>   | N/A  |

**FOSTER CARE LICENSING**

|   |  |
|---|--|
| <b>Program Description</b>              | Program responsible for the licensing, monitoring and enforcing regulations in all foster homes, residential facilities, and agencies who place children.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DCYF   |
| <b>Federal Oversight Body</b>           | Health and Human Services (HHS), Administration for Children and Families (ACF)  |
| <b>Required Federal Reporting</b>       | See Child Protective Services section above.   |
| <b>External State Oversight</b>         | Annual report to the legislature (R.I. Gen. Laws § 42-72-36.3)   |
| <b>State Required Reporting</b>         | Annual report on foster care placement<br><br>Annual report to the legislature showing progress in residential-care system reform and rebalancing to the finance committees of both the senate and the house of representatives.<br><br>Additional state reports are not mandatory but can be created if in the public interest. |
| <b>Special Considerations</b>           | ACF provides minimum guidelines that all states must meet, however they do not provide active oversight.   |

### RHODE ISLAND TRAINING SCHOOL (RITS)

|   |  |
|---|--|
| <b>Program Description</b>              | A secure correctional program for male and female youth who are detained and /or sentenced to the facility by order of the Rhode Island Family Court.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DCYF – Juvenile Corrections  |
| <b>Federal Oversight Body</b>           | Department of Justice  |
| <b>Required Federal Reporting</b>       | Annual report of sexual abuse and/or sexual harassment within Rhode Island juvenile justice facilities covered under the federal prison rape elimination act (PREA).   |
| <b>External State Oversight</b>         | Office of the Child Advocate shall submit annual reports to the governor and the legislature (R.I. Gen. Laws § 42-73-6)  |
| <b>State Required Reporting</b>         | Advisory committee to the office of the child advocate (R.I. Gen. Laws § 42-73-2.1)<br>Annual report by the Child Advocate Office detailing the work of the office and any recommendations for improvement.<br>Annual report by DCYF director on the continuum of care for children in DCYF care and custody.<br>Physical Restraint Report |
| <b>Special Considerations</b>           | N/A  |

### COMMUNITY SERVICES AND BEHAVIORAL HEALTH (CSBH)

|   |  |
|---|--|
| <b>Program Description</b>              | CSBH develops the continuum of care for children's behavioral health services.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | DCYF – Community Service and Behavioral Health   |
| <b>Federal Oversight Body</b>           | N/A  |
| <b>Required Federal Reporting</b>       | N/A  |
| <b>External State Oversight</b>         | Annual reports to the legislature (R.I. Gen. Laws § 42-72-36.3)  |
| <b>State Required Reporting</b>         | Residential care reporting on reform and rebalancing required annual by April 1 to the finance committees of both the senate and the house of representatives. |
| <b>Special Considerations</b>           | N/A  |

## Department of Health

### NURSE FAMILY PARTNERSHIP

|   |   |
|---|---|
| <b>Program Description</b>              | Program that provides resources to assist first time pregnant people with finding prenatal care, provides education to increase knowledge about pregnancy, labor and delivery, offers support around child growth and development, and links families with social services and community resources. |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | Department of Health  |
| <b>Federal Oversight Body</b>           | HRSA  |
| <b>Required Federal Reporting</b>       | Maternal and Child Health Block Grant Annual Report   |
| <b>External State Oversight</b>         | N/A   |
| <b>State Required Reporting</b>         | The department of health shall issue an annual home-visiting report that outlines the components of the state's family home-visiting system that shall be made publicly available on the department's website (R.I. Gen. Laws § 23-13.7-2)<br><br>Annual Maternal Child Health Program Reporting    |
| <b>Special Considerations</b>           | N/A   |

### FIRST CONNECTIONS

|   |  |
|---|--|
| <b>Program Description</b>              | Home-visiting program that provides support and connections to assist pregnant people, families and caregivers of children up to age three.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | Department of Health   |
| <b>Federal Oversight Body</b>           | HRSA   |
| <b>Required Federal Reporting</b>       | Maternal and Child Health Block Grant Annual Report  |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | The department of health shall issue an annual home-visiting report that outlines the components of the state's family home-visiting system that shall be made publicly available on the department's website (R.I. Gen. Laws § 23-13.7-2)<br><br>Annual Maternal Child Health Program Reporting |
| <b>Special Considerations</b>           | N/A  |

### LEAD POISONING PREVENTION

|                                 |   |
|---------------------------------|---|
| <b>Program Description</b>      | Statewide program that works to identify and decrease environment lead hazards. |
| <b>State Agency Responsible</b> | EOHHS   |

|   |   |
|---|---|
| <b>Department or Office Responsible</b> | Department of Health (DOH)  |
| <b>Federal Oversight Body</b>           | Centers for Disease Control and Prevention (CDC)  |
| <b>Required Federal Reporting</b>       | States funded by CDC and the Environmental Protection Agency (EPA) for childhood lead poisoning prevention and surveillance are required to report childhood lead data on a quarterly basis.  |
| <b>External State Oversight</b>         | Annual report to legislature (R.I. Gen. Laws § 23-24.6-7)<br><br>Interagency Coordinating Council on Environmental lead (R.I. Gen. Laws § 23-24.6-6)  |
| <b>State Required Reporting</b>         | The department shall, at least annually, analyze and summarize all of the lead screening information provided by physicians, health care facilities, and laboratories and provide this information to all other local and state agencies involved with case management and lead hazard reduction. An analysis and summary of the data shall also be made available, at least annually, to the health care community, to the general assembly, and the general public.<br><br>The Council shall report on or before March 1 of each year to the governor, speaker of the house and the president of the senate on both the progress of the comprehensive environmental lead program and recommendations for any needed changes in legislation. |
| <b>Special Considerations</b>           | N/A   |

#### STATE TOBACCO QUITLINE / RI NICOTINE HELPLINE

|   |  |
|---|--|
| <b>Program Description</b>              | Free service that connects people with nicotine dependency to multi-session live telephone counseling or web coaching, self-help tools, and referrals to other addiction treatment and cessation services.   |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | Department of Health (DOH)   |
| <b>Federal Oversight Body</b>           | Centers for Disease Control and Prevention (CDC)   |
| <b>Required Federal Reporting</b>       | RI Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, and Pregnancy Risk Assessment Monitoring System are used to report data to both the state and CDC. The federal cooperative agreement mandates annual reporting of Quitline specific performance measures, evaluation outcome measures and activities relating to Quitline operations. A report analyzing seven month follow up among tobacco users who used Quitline services must be submitted to CDC at least once during each 5-year funding period. |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | RI Behavioral Risk Factor Surveillance System is used to report data to both the state and CDC RI Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, and Pregnancy Risk Assessment Monitoring System are used to report data to both the state and CDC. State Quitline Data is analyzed and findings shared with relevant department leadership, statewide coalition focused on tobacco work, and community partners for decision making purposes.  |
| <b>Special Considerations</b>           | CDC requires all states maintain a state specific Quitline. People anywhere in the United States can call their state Quitline by dialing 1-800-QUIT-NOW.  |

## PLAN OF SAFE CARE

|   |  |
|---|--|
| <b>Program Description</b>              | Process used by hospitals to identify infants born with substance exposure in order to provide support and treatment opportunities.  |
| <b>State Agency Responsible</b>         | EOHHS  |
| <b>Department or Office Responsible</b> | Department of Health (DOH)   |
| <b>Federal Oversight Body</b>           | Administration for Children and Families   |
| <b>Required Federal Reporting</b>       | Child Abuse and Prevention Treatment Act requires annual reports   |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | Federal law requires information on Plans of Safe Care (POSC) to be submitted to the DCYF for data tracking purposes and reported to the Administration for Children and Families. The Rhode Island DOH is responsible for collecting information on POSC from Rhode Island birthing hospitals and for aggregating and submitting these data to DCYF annually. |

## Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)

### ELEANOR SLATER HOSPITAL & RI STATE PSYCHIATRIC HOSPITAL

|   |   |
|---|---|
| <b>Program Description</b>              | State run facilities that provide residential inpatient treatment.  |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | BHDDH   |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | Governor's Council on Behavioral Health (R.I. Gen. Laws § 40.1-29-5)<br><br>BHDDH Quality Management Unit   |
| <b>State Required Reporting</b>         | Annual Report to the governor and Legislature on the council's activities, performance, needs, plans for address healthcare needs, or other recommendations |
| <b>Special Considerations</b>           | N/A   |

### PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

|                                 |  |
|---------------------------------|--|
| <b>Program Description</b>      | Federal formulary grant funding directed to programs for individuals experiencing homelessness and serious mental illness. |
| <b>State Agency Responsible</b> | EOHHS  |

|   |  |
|---|--|
| <b>Department or Office Responsible</b> | BHDDH  |
| <b>Federal Oversight Body</b>           | SAMHSA                                       |
| <b>Required Federal Reporting</b>       | Annual reporting of funding and expenditures |
| <b>External State Oversight</b>         | N/A  |
| <b>State Required Reporting</b>         | N/A  |
| <b>Special Considerations</b>           | N/A  |

#### ACCESS TO INDEPENDENCE

|   |   |
|---|---|
| <b>Program Description</b>              | <b>Provides home modifications for individuals with intellectual or developmental disability to those who cannot obtain this service through a Medicaid waiver program.</b> |
| <b>State Agency Responsible</b>         | EOHHS   |
| <b>Department or Office Responsible</b> | BHDDH and RI Housing  |
| <b>Federal Oversight Body</b>           | N/A   |
| <b>Required Federal Reporting</b>       | N/A   |
| <b>External State Oversight</b>         | RI Housing  |
| <b>State Required Reporting</b>         | RI Housing completes inspections to verify the home modifications were completed and completed correctly according to the loan terms  |
| <b>Special Considerations</b>           | N/A   |