

Social and human service programs review: Organizational structure

State of Rhode Island, Office of the Health Insurance Commissioner

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Table of Contents

BACKGROUND	2
ORGANIZATIONAL STRUCTURE	3
STATE GOVERNMENT AND PROVIDER RELATIONSHIP	4
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES	4
DEPARTMENT OF HUMAN SERVICES	11
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS	14
DEPARTMENT OF HEALTH	17
DEPARTMENT OF CHILDREN, YOUTH, & FAMILIES	19
SUMMARY	22
LIMITATIONS	23
APPENDIX 1. ORGANIZATIONAL CHARTS	24
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS)	24

Appendix 1: Organizational Charts

Background

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 ten assessments covering various rate and programmatic elements of the social and human service programs, with the tenth assessment being a culmination of the prior nine assessments that will result in recommended rate adjustments. For purposes of this review, 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 will include 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 tenth report.

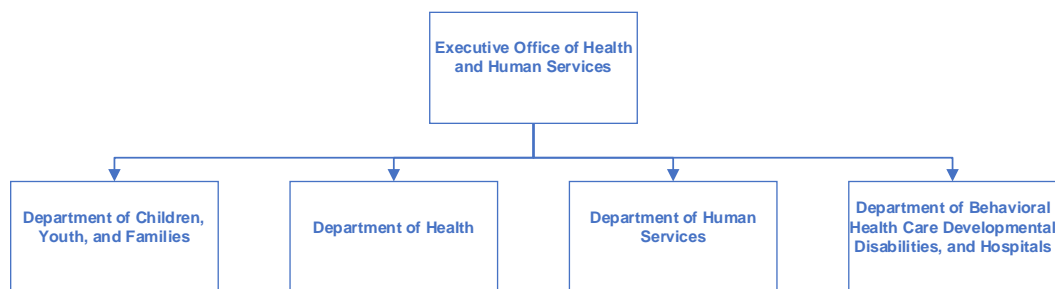
This Phase One report on task 4 is: “an assessment and detailed reporting on the structure of the state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network.”¹

Executive Summary

This report provides an overview of the structure of the state government agencies that offer services through social and human service programs to Rhode Islanders, specifically reviewing these agencies’ role to oversee participating provider eligibility, enrollment, and payment processes. The Executive Office of Health and Human Services (EOHHS) is the lead agency for health and 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. This report also provides a comprehensive overview of provider participation requirements for each in-scope program under this report.

To be responsive to (RIGL) § 42-14.5-3(t), we have utilized the following approach in our Phase One work for this report. First, we provide organizational charts to document the reporting structure and programmatic groupings for in-scope agencies and programs. Second, we summarize information for each program documenting the relationship between the state and providers who deliver services to recipients for that program. Figure 1 below provides a high-level overview of the departments that report to EOHHS.

FIGURE 1: EOHHS HIGH-LEVEL ORGANIZATIONAL STRUCTURE



Under RIGL § 42-14.5-2.1, the term “State government and the provider network” refers to “the contractual relationship between a state agency or subdivision of a state agency and private companies the state contracts with to provide the network of mandated and discretionary social and human services.”²

¹ 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>

² The Rhode Island Health Care Reform Act of 2004 — Health Insurance Oversight, R.I. Gen. Laws § 42-14.5-2.1 (2022). <http://webserver.rilin.state.ri.us/Statutes/title42/42-14.5/42-14.5-2.1.htm>

This report details the contractual relationships for providers participating in each social and human services agency in-scope for RIGL § 42-14.5-3. This includes the Executive Office of Health and Human Services (EOHHS), 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).

A large portion of social and human services are funded through the Medicaid program; therefore, many contractual relationships between the state and providers are defined by Medicaid provider requirements. This report provides an overview of Medicaid provider eligibility and a detailed description of the process of becoming a Medicaid provider. Provider eligibility for participation in the Medicaid program is heavily regulated by the Centers for Medicare and Medicaid Services (CMS). Additionally, we describe the state's oversight and monitoring activities for Medicaid enrolled providers. This report also provides an overview of the contracting process between the state and managed care organizations (MCOs). The relationship between managed care organizations and individual providers in their network is outside of the scope of this report; however, Medicaid does oversee these contracts in that the MCO must submit its boilerplate provider contracts for approval by the state to verify that all state and federally required terms are included in the document.

DCYF is different in that many of the programs it oversees are not under the umbrella of Medicaid provider regulations. As noted later in this report, DCYF contracts with a range of providers throughout the state to deliver services to children and youth. This contracting process is detailed under the DCYF program section.

In addition to service provider contracts and funding relationships, this report also includes provider licensure activities for which the EOHHS departments are responsible. While most departments within the agency are responsible for licensing activities for some number of social services providers in the state, DOH provides licensure for a large array of providers. The Center for Professional Boards and Licensing within DOH issues licenses for a broad array of professionals and facilities in the state, including most types of providers who require licensure in order to enroll in the Medicaid program. Some of the providers and facilities licensed by the Department of Health include Physicians, Psychologists, Nurses, Nursing Assistants, Hospitals, Nursing Homes, Home Care Providers, Chemical Dependency Professionals, and Mental Health Therapists.³ Each provider type must complete the applicable license application and be approved prior to being eligible to contract with the Medicaid program or provide services in the state of Rhode Island.

Organizational Structure

The EOHHS and departments that are under EOHHS purview serve the full range of social and human services. The list of service types that are included in the (RIGL) § 42-14.5-3 for inclusion in this review are 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. While there are distinct programs operated by different divisions to provide these services, there are also many points of collaboration. This can include programs that utilize Medicaid for provider enrollment, or programs that utilize Department of Health licensure to qualify providers of services. Additionally, individuals who receive services from one program area or department are likely to receive services from multiple programs.

Each department is led by a secretary or department head that is an appointed position. At the time of this writing, four of the five departments have acting or interim leadership.

Organizational charts for EOHHS and each department can be found in Appendix 1. Preliminary assessment of the department organizational charts found that it is difficult to tie program oversight to particular individuals, which may make it challenging to understand accountability for different programs. A clearly defined organization chart can assist in providing transparency in state government and assist the public in navigating complex department structures.

In Phase Two of this report, Milliman will provide assessment and evaluation of the structure of EOHHS and the departments in scope. Evaluation may include comparisons on the number of state staff, the overall grouping of

³*Hospital Coverage Guidelines Provider Participation.* (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/Hospital/HospitalCoveragePolicy.aspx#15.1>

programs within departments, the utilization of contracted staff, and comparisons of staffing sizes among regional states, and staff size compared to program enrollment levels.

The structures of each department contribute to the oversight of a wide array of programs that serve individuals across Rhode Island. The following sections detail the relationship that the state program has with service providers. These formal relationships can come in the form of contracts with the providers, provider eligibility and enrollment functions, or licensure of service providers.

State Government and Provider Relationship

This report describes the key relationship components between the state program and the providers of services. Each department has some role in either enrolling, licensing, contracting with, or making payments to providers. The department's role can vary depending on the specific program. However, the vast majority of provider contracts for social and human services start with the Medicaid provider enrollment process. Medicaid provider enrollment is managed by EOHHS as described below. After Medicaid eligibility and managed care contracting occur, the report outlines the role of each department in additional provider contracting, licensing, and payment functions.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

The Executive Office of Health and Human Services (EOHHS) is the lead agency for social and human 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. Additionally, EOHHS is the single state agency that administers the Medicaid program in 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."⁴ The provider eligibility, enrollment, and oversight functions detailed below apply to all Medicaid programs and the Children's Health Insurance Program (CHIP).

Medicaid Provider Eligibility

The EOHHS is the single state agency that directs the Medicaid program in the state of Rhode Island. As such, a wide array of provider types may participate in the programs overseen by EOHHS. Some of the provider types that are eligible to be enrolled include hospitals, long term care facilities, clinics, physicians, dentists, federally qualified health centers, transportation providers, laboratories, pharmacies, therapists, durable medical equipment suppliers, behavioral health and addiction treatment providers, home health care providers, adult day service providers, and meals on wheels.⁵ Each provider type has enrollment requirements that must be met. For most provider types, these are educational, licensure, or certification requirements that are not set by the EOHHS but are set by the Department of Health or other state agencies. The Center for Professional Boards and Licensing (CPBL) within the Department of Health issues licenses for a broad array of professionals and facilities in the state, including most types of professional providers who require licensure and enroll in the Medicaid program. A listing of CPBL licensee types can be found in the DOH program section of this report.⁶

The federal government also establishes certain requirements for Medicaid provider eligibility, which states must incorporate into their processes. Most notably, a provider must not be on the List of Excluded Individuals/Entities (LEIE)⁷, which is a federally maintained list of individuals and business entities who have been excluded from participating in federal health care programs, including the Medicare or Medicaid programs. Examples of exclusion reasons include certain convictions, sanctions, or failures to perform certain activities. A full list of exclusion reasons is available on the United States Department of Health and Human Services, Office of Inspector General (US HHS OIG) website.⁸ Individuals or entities are generally excluded after being found guilty of committing Medicare or

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

⁵ *Medicaid Provider Manual*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual>

⁶ *Hospital Coverage Guidelines Provider Participation*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/Hospital/HospitalCoveragePolicy.aspx#15.1>

⁷ *Exclusions FAQs*. (n.d.). Office of Inspector General. <https://oig.hhs.gov/faqs/exclusions-faq/>

⁸ *Ibid.*

Medicaid fraud by the US HHS OIG, Office of Inspector General.⁹ CMS maintains a Medicare Exclusion Database, and any provider who wishes to enroll as an individual or an employee of a provider organization must be checked against the database.¹⁰

One distinct type of Medicaid provider enrollment is the Ordering, Prescribing, and Referring Providers (OPR).¹¹ The Affordable Care Act (ACA) requires this classification to assure that a provider is enrolled in the Medicaid program as an OPR before the provider may order, prescribe, or refer items or services to a Medicaid beneficiary. This enrollment type is for those who do not want to be a Medicaid provider or go through the standard enrollment process. This requirement applies even if the provider does not bill Medicaid.

Medicaid Provider Enrollment

EOHHS oversees provider enrollment into Rhode Island's Medicaid program. The requirements for a provider to participate in the program are found in the Medicaid General Guidelines Manual¹² located on the EOHHS website. The manual details the steps for the provider enrollment process as well as providing program operations information such as claims processing requirements.¹³ Additional manuals specific to certain provider types are also available on the website to provide additional information that applies to that provider type or program.^{14,15} All providers seeking to serve Medicaid beneficiaries must first complete enrollment with the State, including those who are joining a managed care organization's network. Directions for provider enrollment can be found on-line as follows:

- Instructions on how a provider can enroll may be found at: <https://eohhs.ri.gov/providers-partners/provider-enrollment>.
- Step by step instructions on how a provider can use the Healthcare Portal may be found at: https://www.riproviderportal.org/HCP/hp/ushc/docs/provider/ProviderEnrollmentUserGuide_en-us.pdf

Medicaid provider enrollment is completed at the state level but is heavily guided by Federal regulations. In addition to the Medicare Exclusion rule above, the federal government places many regulations on the screening steps that a state must take during the enrollment process. For example, state provider enrollment processes must include:^{16 17}

- Use of a National Provider Identifier (NPI) issued by CMS.
- Required disclosures on ownership and control of provider organizations and those who have had significant business transactions as sub-contractors.
- Requirements to submit Social Security Numbers of owners and managing employees.
- Timelines for how frequently provider enrollments must be revalidated.
- Guidelines on how the enrollment application fee is determined.
- Provider types that are identified as moderate or high risk and who must complete additional screening or re-screening.
- Requirement for all providers enrolled in a Managed Care network to be enrolled with or screened by the state Medicaid agency (21st Century Cures Act 114 P.L. 255).

⁹ SMDL #09-001. (2009, January 16). CMS. <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD011609.pdf>

¹⁰ Medicare Exclusion Database. (2021, December 1). CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MED/Overview-MED>

¹¹ 42 CFR Part 455 Subpart E. (2011, February 2). Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-E>

¹² RI Medicaid Provider Reference Manual. (November 2020). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-05/General%20Guidelines%201.5.pdf>

¹³ *Ibid.*

¹⁴ Medicaid Provider Manual. (n.d.) Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual>

¹⁵ RI Medicaid Health Care Portal. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://www.riproviderportal.org/hcp/provider/Home/tabid/135/Default.aspx>

¹⁶ Medicaid Provider Enrollment Requirements. (n.d.). CMS. <https://www.cms.gov/files/document/mpe-factsheet082616pdf>

¹⁷ 42 CFR Part 455 Subpart E. (February 2, 2011). Code of Federal Regulations. (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-E>)

The federal government also assigns provider types to certain risk categories, based upon their likelihood of fraudulent billing practices. The assigned risk category dictates the level of enrollment and revalidation screening processes that the provider must complete. Risk categories include:¹⁸

- **Limited risk:** Physician or non-physician practitioners, hospitals, skilled nursing facilities, rural health clinics, and end-stage renal disease facilities.
- **Moderate risk:** Ambulance suppliers, community mental health centers, comprehensive outpatient rehabilitation facilities, hospice organizations, currently enrolled home health agencies (HHA), and currently enrolled durable medical equipment (DME) suppliers.
- **High risk:** Newly enrolling home health agencies and Durable Medical Equipment suppliers, any provider that has a payment suspension based on a credible allegation of fraud within the last 10 years, any provider excluded within the past 10 years by Health and Human Services – Office of Inspector General (HHS-OIG) or a State Medicaid Agency, any provider that has a qualifying Medicaid overpayment, and providers enrolling within 6 months of the date of the lifting of a temporary moratorium that would have barred the provider’s enrollment.

For providers in the moderate risk category, additional enrollment screening by the state Medicaid agency must include an onsite visit to confirm information on the application.¹⁹ High risk providers must undergo an onsite visit as well as complete a fingerprint-based criminal background check. This requirement applies to an individual provider as well as any person who has 5% or more ownership in the provider entity.²⁰

The federal government also requires that some provider types be subject to an application fee when enrolling in the Medicaid program.²¹ Providers are only subject to one application fee, so if they have paid a Medicare application fee or have paid a Medicaid application fee in another state, the provider does not have to pay again.²² The rate of the application fee is established by the federal government and is adjusted on a regular basis. The fee, as of January 1, 2023, is \$688.²³

Figure 2 provides the listing of provider types in Rhode Island that are subject to an application fee.

FIGURE 2. PROVIDER TYPES WHO MAY BE SUBJECT TO MEDICAID APPLICATION FEE²⁴

▪ Inpatient Hospital	▪ Nursing Homes	▪ Indian Health Services
▪ Outpatient Hospital	▪ Outpatient Psychiatric Hospital	▪ Adult Day Care
▪ Free Standing Psychiatric Hospital	▪ Free Standing Ambulatory Surgical Center	▪ Shared Living Agency
▪ Home Health/Skilled Nursing	▪ Federally Qualified Health Center	▪ MRDD Day Habilitation Program
▪ Independent Lab	▪ Hospice	▪ Local Education Agency
▪ Ambulance	▪ Intermediate Care Facility for Individuals with Intellectual Disability ICF-IID Private facility	▪ Early Intervention
▪ Durable Medical Equipment (DME) Supplier	▪ Assisted Living Facility	▪ Substance Abuse Rehabilitation
▪ DME emergency response	▪ Center of Excellence	▪ Community Mental Health Center Rehab Option

¹⁸ 42 CFR Part 455 Subpart E. (February 2, 2011). Code of Federal Regulations. (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-E>)

¹⁹ *Ibid.*

²⁰ Medicaid Provider Enrollment Requirements. (n.d.). CMS. <https://www.cms.gov/files/document/mpe-factsheet082616pdf>

²¹ *Ibid.*

²² Provider Application Fees. (n.d.). Rhode Island Executive Office of Health and Human Services.

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-01/Provider%20Application%20Fees%202023.pdf>

²³ *Ibid.*

²⁴ *Ibid.*

▪ Habilitation Group Home	▪ Cedar Family Center	▪ BHDDH Behavioral Health Group
▪ Personal Care/Homemaker	▪ Personal Choice/Habilitative Case Management	▪ Personal Choice/Self-Directed Community Services
▪ Lead Center	▪ Hippotherapy	▪ Home Based Therapeutic Services
▪ Meals on Wheels	▪ Recovery Navigation Program	

Provider Payment

To receive payment for services provided under Medicaid, providers must submit a bill that is called a claim. Provider claims payment for the fee-for-service Medicaid program is primarily handled through the healthcare portal operated by the state's fiscal agent (currently, Gainwell Technologies).²⁵ The payment requirements under Medicaid managed care will differ, subject to the terms of the provider's contract with the managed care organization (see discussion about managed care below). For the fee-for-service program, EOHHS prefers that providers submit their claims electronically to promote administrative efficiency and speed of provider reimbursement. There are limited situations where a paper claim may be needed, and the paper form is available on the EOHHS website for these situations. The directions for claims submission can be found on the EOHHS website and in the Healthcare Portal.²⁶ Providers must submit claims within 365 days of the date of service to meet timely filing requirements.

Federal law requires that Medicaid is always the payer of last resort.²⁷ This means that providers must seek payment from any known third-party insurance before billing Medicaid. Then, Medicaid will only pay the balance of the Medicaid payment amount, less the payments obtained from the third-party source. If the third-party source payment exceeds the Medicaid payment amount, then Medicaid will not make further payment to the provider.

Additionally, when a provider enrolls with Medicaid, the provider agrees to accept the Medicaid payment for a service as payment in full and cannot charge a member (beyond any applicable co-payment permitted under Medicaid i.e. no balance billing). This means that if a provider's customary charge is greater than the Medicaid payment amount, the provider agrees to accept the lower fee as payment in full.

In some cases, providers will need to obtain prior authorization before delivering services to a Medicaid beneficiary.²⁸ If the provider fails to get such authorization before service delivery, the provider will not be paid for the service. Appeal processes exist for providers to use when they believe they should have been paid but were not.²⁹

Provider manuals on the EOHHS site detail covered service coverage and billing guidelines for Rhode Island's Medicaid programs.³⁰

Additional Provider Oversight

EOHHS is also responsible for assuring the appropriateness of services delivered by providers to Medicaid beneficiaries.

- **Program integrity** – EOHHS Office of Program Integrity is charged with ensuring “compliance, efficiency and accountability within the health and human services programs administered by the State of Rhode

²⁵ *Claims Processing*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/billing-and-claims/claims-processing>

²⁶ *Ibid.*

²⁷ *42 CFR Part 433 Subpart D*. (2020). Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-433/subpart-D?toc=1>

²⁸ *42 CFR Part 456 Subpart A*. (2020). Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-456>

²⁹ *42 CFR Part 438 Subpart F*. (2020). Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-F>

³⁰ *Medicaid Provider Manual*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual>

Island by detecting and preventing fraud, waste, and program abuse and ensuring that state and federal dollars are spent appropriately...³¹ This is accomplished by conducting investigations into provider billing practices and review of performance metrics and reporting. Investigations can be prompted by many factors including complaints from members or other providers, or federal and state referral.

In addition to investigations, the Office of Program Integrity uses a variety of other administrative tools like payment suspension, prepayment review, audits, sanctions, and individual and entity exclusions when improper billing practices are suspected.

- **Electronic visit verification (EVV)** is a federally required system for state oversight of home-based Medicaid services. EOHHS has a contract with Sandata Technologies, LLC to operate an EVV system in Rhode Island.³² This process allows for electronic tracking of in-home visits to assure that visits occur and are appropriately billed.

Managed Care Organization Contracts

States that contract with managed care organizations (MCOs) as the delivery system for some or all Medicaid services must undergo several layers of oversight from the federal government including approval from CMS to operate these programs. States may apply for permission from the federal government to operate a Medicaid program through managed care by using one of the following federal authorities: Section 1932(s); 1915 (a) and (b), or Section 1115.³³ Rhode Island operates its managed care programs through a Section 1115 waiver.

Once federal program authority is obtained, states must then submit their draft MCO contracts and capitation payment rates to CMS for review and approval before the state can move forward with a contract. (Capitation payments are a fixed periodic fee, typically monthly, paid by the state to the MCO to cover all services and benefits the MCO is being contracted to manage.)³⁴ CMS reviews MCO contracts against a wide variety of standards to assure that members have adequate protections and appeal rights, that the state has employed proper oversight mechanisms, 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.

Required MCO Contract Terms Related to Members and Providers

A variety of the mandatory MCO contract terms relate to how MCOs must, as a contractor of the state, perform administrative services for the MCO's assigned members and the providers who deliver covered benefits to them. For instance, federal regulations mandate MCO contract terms for topics including:

- **Member information:** This includes what information must be in a member handbook and on the website, how the MCO 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:** This includes 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 access and adequacy:** This covers 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

³¹ *The Office of Program Integrity*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/program-integrity>

³² *Electronic Visit Verification (EVV)*. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/providers-partners/electronic-visit-verification-ppv>

³³ *Managed Care Authorities*. (n.d.). CMS. <https://www.medicare.gov/medicaid/managed-care/managed-care-authorities/index.html>

³⁴ *Capitation and Pre-payment*. (n.d.) CMS. <https://innovation.cms.gov/key-concept/capitation-and-pre-payment#:~:text=Capitation%3A%20A%20way%20of%20paying,a%20certain%20period%20of%20time.>

maximum length of wait time for an appointment. These requirements typically vary based upon the type of provider.

- **Provider payment:** This includes how quickly provider claims must be paid and how disputes must be adjudicated. Additionally, 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.
- **Member rights and protections:** Information includes responsibilities afforded to members, including rights to appeal adverse actions, access to information regarding claims and coverages, and prevention from discrimination.
- **Delivery of services:** This topic includes 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:** This covers the 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:** This includes 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 within their MCO contracts. However, if they do choose to operate these programs, contract terms must include the following:

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

CMS Review of New or Amended MCO Contracts

Within the federal requirements, there is still significant opportunity for MCO contract terms to vary by state or program. States may include more or less specificity in these terms, but all must include a basic set of topics, in some cases with specific requirements as mandated by federal law. CMS provides states with an extensive contract checklist to ensure that all federal requirements are included. The CMS review and approval process will check to assure the listed items have been addressed.³⁴ Some of these requirements include the ability to audit financial records, identification of 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 MCO contract oversight, CMS also requires states to submit annual reports on managed care compliance. CMS also requires a variety of other 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.³⁵ 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.³⁶ 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% MLR. Failure to meet a minimum MLR of 85% may result in sanctions and repayment of capitation funds to the state.³⁷

³⁵ *Managed care rate setting*. (2015, March 30). MACPAC. <https://www.macpac.gov/subtopic/managed-care-rate-setting/>

- **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 are able to adequately receive necessary services. However, there is no national standard for network adequacy. Instead, states are allowed to establish their own quantitative network adequacy standards. 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.³⁸ Federal law requires Medicaid managed care plans to assure that they have capacity to serve expected enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers.³⁹ 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 of the Medicaid managed care plans that is carried out by an external quality review organization. Federal regulations require states that contract with a managed care organization ensure that a qualified external quality review organization (EQRO) conducts an annual review for each MCO.

The reports listed above highlight key reporting and oversight that CMS requires from states who operate under managed care arrangements. The report Task 5, Social and human service programs review: Accountability standards, provides greater detail on CMS requirements for managed care.

Provider Contracts under Managed Care

Rhode Island Medicaid MCOs hold their own contracts with individual service providers; Each provider must first be enrolled with the state Medicaid program. Then, the MCO may enter into a separate agreement with the provider to include that provider in the MCO's network. MCOs are required to meet certain network adequacy standards as they establish and maintain their provider network. However, they are not obligated to contract with every enrolled Medicaid provider.

Under federal requirements, network adequacy requires that there be a sufficient number of providers and specialists to meet the needs of the membership.³⁶ However, there is not a federal definition or calculation method for determining if a network is adequate. States have flexibility to set their own requirements, using "sufficient number" as a general guide, and often look at metrics such as the time it takes to travel to a type of provider, the availability of appointments, the total number of providers, or another measure they deem appropriate. States are required to ensure the appropriate access to care and network adequacy is one such way states monitor this requirement. When establishing their networks, MCOs require the following steps to be complete before a provider can be treated as "in network" to see the MCO's members:

- **Contracting:** This is the process of determining the participation terms between the MCO and the provider. The contract may outline parameters such as geographic coverage areas, reimbursement rates, scope of reimbursable services, cooperation with MCO program requirements, and more.
- **Credentialing:** This is the process of verifying that the provider is enrolled as a Rhode Island Medicaid provider and then reviewing the additional qualifications of the provider to join the MCO's network. As part of this step, the provider will complete an application to enroll with the MCO which provides detailed information to the MCO.
- **Enrollment:** Once all steps are finalized, the MCO staff will effectuate the provider in its provider enrollment system, which will authorize the provider to be seen as a network provider by the MCO's members and to submit claims to the MCO for payment, as well as receive any other program benefits of provider participation (such as practice supports and provider incentives).

Once the MCO enrolls a provider, the state typically has minimal involvement on issues that may occur between that provider and the MCO. As this is an independently contracted relationship, disputes are typically governed by the provider contract, and are outside of the purview of the state. Similarly, the MCOs are required to perform program integrity and utilization review procedures, similar to EOHHS. The MCOs must also have processes to recover third-

³⁶ 42 CFR Part 438 Subpart B. (2020). Code of Federal Regulations. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.68>

party liability, review provider claims for fraud, waste, and abuse (including reporting potential issues to EOHHS), analyze service utilization, and assure the quality of provider services.³⁷

EOHHS receives monthly reports from each of the MCOs with details regarding the provider network so that the state can determine network adequacy and monitor changes.³⁸ Further analysis of the specific Rhode Island MCO provider contracts and MCO activities related to provider oversight is out of scope of this report.

DEPARTMENT OF HUMAN SERVICES

The Rhode Island 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.”³⁹ 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.”⁴⁰ 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.”⁴¹

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.⁴²

Interaction with Medicaid Provider Enrollment

Some DHS programs leverage the provider enrollment and provider oversight functions under the Medicaid program as documented above. These programs include:

- The Katie Becket Program
- The Sherlock Plan
- The Children’s Health Insurance Program

To see beneficiaries that are enrolled in each of the above programs, a provider must first become enrolled with EOHHS as a Medicaid provider. To see beneficiaries that are part of an MCO, the provider must also complete the respective MCO’s contracting processes. This is also true of the Assisted Technology Access Partnership for any beneficiary’s services that are covered by Medicaid.

Beyond the programs that leverage Medicaid provider enrollment and payment, some DHS programs are funded by DHS directly, either through a contract or grant award. For these programs, different provider eligibility, enrollment and licensing processes may apply. We provide a summary of these DHS programs below, including relevant information on provider eligibility, enrollment, and payment as applicable to the program. Additionally, we have noted any licensure activities undertaken by DHS.

³⁷ *Contract Between State of Rhode Island Executive Office of Health And Human Services and Tufts Health Public Plans for Medicaid Managed Care Services.* (2022, July 1). https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-11/THPP%20Full%20Contract%20Managed%20Care_Amendment%209-CLEAN_fully%20executed%2020220928.pdf [page 198]

³⁸ *Ibid.* [page 94]

³⁹ *About Us.* (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/about-us>

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² *Programs and Services.* (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/programs-and-services>

Child Care Assistance Program (CCAP)

DHS provides subsidies to low income, working families to offset the cost of childcare through the CCAP.⁴³ Child Care Centers and/or School Age Programs must attain the CCAP Provider Certification and comply with the terms and conditions set forth in the CCAP Provider Agreement to be able to participate in the program and receive payments from DHS.⁴⁴ Subsidies are available for care up to a child's 13th birthday or up to the age of 18 for children with special needs. Subsidies are on a sliding scale depending on family size and income.

Provider Eligibility

Center-Based, Family Child Care, and Group Family Child Care providers must have a valid childcare license and comply with all childcare licensing regulations.⁴⁵ Relative Care Only providers, or those who are a relative of a family eligible for CCAP and providing childcare in the home of the child or provider, may be exempt from obtaining a license once they are successfully screened by DHS and determined eligible to participate in CCAP. License-exempt childcare providers must also complete a comprehensive background check and the required online Health and Safety modules in order to become a CCAP approved provider.⁴⁶

The licensing unit of DHS is responsible for promulgating licensing regulations and granting licenses to childcare providers who meet all licensing requirements in order to legally care for four or more unrelated children. Current Child Care Licensing Regulations require license renewals every two (2) years for Family Child Care Providers and require annual renewals for Center-Based Providers. Under licensure, each program will receive a minimum of two unannounced monitoring visits annually to assess compliance against these regulations.⁴⁷ Monitoring reports can be found on the DHS website at: <https://earlylearningprograms.dhs.ri.gov>.

Provider Enrollment Process

To enroll as a CCAP provider, providers must complete a universal childcare provider application. DHS has three unique provider applications for different provider types: childcare centers and school age programs, group family and family childcare, and license exempt childcare providers. The application includes a CCAP portion, which includes a CCAP provider agreement, which must be completed in order to participate. Providers must submit the application along with all required documentation and receive approval from the DHS Office of Child Care.⁴⁸

Provider Payment

CCAP provider rates are tiered based on provider quality rating scales (Steps and BrightStars). Providers must use the CCAP Provider Portal through RIBridges to process enrollments for CCAP approved children and submit attendance reports. Providers then receive payments based on the attendance of enrolled children on a biweekly payment schedule.⁴⁹

Licensing Procedures

Not Applicable. This program does not license providers.

Head Start

DHS provides a portion of the funding for Head Start (the remainder is federally funded) and operates the Head Start collaboration office in Rhode Island. Head Start offers services to children from birth to age 5 to support early learning

⁴³ Child Care Assistance Program (CCAP) & Head Start. (n.d.). Rhode Island Department of Human Services.

<https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap-head-start>

⁴⁴ *DHS CCAP Provider Handbook*. (February 2020). Rhode Island Department of Human Services.

<https://dhs.ri.gov/media/601/download?language=en>

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Email from Ronald Racine to Molly McClosky (2023, March 29)

⁴⁸ *CCAP Provider Applications*. (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/provider-applications>

⁴⁹ *CCAP Provider Rates, Financial Information and Portal Help*. (n.d.). Rhode Island Department of Human Services

<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/ccap-provider-rates-financial-information>

and development, health, and family well-being.⁵⁰ Head Start includes Early Head Start services to families with children from birth to age 3, while Head Start preschool serves families with children aged 3 to 5. Many Head Start providers offer both Early Head Start and Head Start preschool.

Provider Eligibility

Providers must first be awarded funds through the federal Head Start program operated by the Administration for Children and Families. Then they are also eligible to apply for state funding. Head Start and Early Head Start programs must have a valid childcare license with DHS and comply with all childcare licensing regulations and federal childcare requirements.⁵¹

The licensing unit of DHS is responsible for promulgating licensing regulations and granting licenses to childcare providers who meet all licensing requirements in order to legally care for four or more unrelated children. Current Child Care Licensing Regulations require license renewals every two (2) years for Family Child Care Providers and require annual renewals for Center-Based Providers. Under licensure, each program will receive a minimum of two unannounced monitoring visits annually to assess compliance against these regulations.⁵² Monitoring reports can be found on the DHS website at: <https://earlylearningprograms.dhs.ri.gov>.

Provider Enrollment Process

To enroll as a Head Start provider, providers must complete a universal childcare provider application. Providers must submit the application along with all required documentation and receive approval from the DHS Office of Child Care.⁵³

Provider Payment

State Head Start funds are paid to contracted providers through a monthly invoicing process.⁵⁴

Licensing Procedures

Not Applicable. This program does not license providers.

Vocational Rehabilitation

The Vocational Rehabilitation (VR) program assists individuals with disabilities, including individuals who are legally blind, in choosing, preparing for, obtaining, and maintaining employment.⁵⁵ VR counselors are employees of Office of Rehabilitation Services (ORS) and are assigned to schools and training programs within a given region.⁵⁶ Each person enrolled receives an individualized plan for employment that will inform the services received. Services may include: vocational counseling and guidance, diagnostic services, training, vocational evaluation, restoration services, placement assistance, assistive technology, and support services.⁵⁷

Provider Eligibility

While VR counselors are state employees, the VR program does contract with providers to offer some of the services in their array, dependent on the services that are in the individual plan. Providers must be in good standing with the Rhode Island Department of Administration.

⁵⁰ *Head Start Eligibility & How to Apply*. (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/programs-and-services/child-care/head-start/head-start-eligibility-how-apply>

⁵¹ *DHS CCAP Provider Handbook*. (February 2020). Rhode Island Department of Human Services. <https://dhs.ri.gov/media/601/download?language=en>

⁵² Email from Ronald Racine to Molly McClosky (2023, March 29)

⁵³ *CCAP Provider Applications*. (n.d.). Rhode Island Department of Human Services. <https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/provider-applications>

⁵⁴ Email from Catherine Green to Molly McClosky (2023, May 19)

⁵⁵ *Vocational Rehabilitation Program*. (n.d.). Rhode Island Office of Rehabilitation Services. <https://ors.ri.gov/programs/vocational-rehabilitation-program>

⁵⁶ *Counselors*. (n.d.). Rhode Island Office of Rehabilitation Services. <https://ors.ri.gov/programs/vocational-rehabilitation-program/counselors>

⁵⁷ *Vocational Rehabilitation Program*. (n.d.). Rhode Island Office of Rehabilitation Services. <https://ors.ri.gov/programs/vocational-rehabilitation-program>

Provider Enrollment Process

To enroll as a VR vendor, providers must complete a paper application with the ORS and register with the Rhode Island Department of Administration.

Provider Payment

Providers submit claims or purchase orders to the ORS for payment. Once it is confirmed that the services were authorized for the individual and that services were delivered, payment will be approved on the claim or purchase order.

Licensing Procedures

Not Applicable. This program does not license providers.

Independent Living and Social Services

Independent Living and Social Services are meant to enable Rhode Islanders with visual impairments to maintain independence and self-sufficiency in the community.⁵⁸ Services are coordinated by state employed social workers and services vary based on age (children and youth, adults, and older adults).

Provider Eligibility

Similar to the VR program, Independent Living Services are mainly provided by state employees. However, the program does contract with providers to offer some of the services in their array, dependent on the services that are in the individual plan.

Provider Enrollment Process

To enroll as a vendor, providers must complete a paper application with the ORS and register with the Rhode Island Department of Administration.

Provider Payment

Providers submit claims or purchase orders to the ORS for payment. Once it is confirmed that the services were authorized for the individual and that services were delivered, payment will be approved on the claim or purchase order.

Licensing Procedures

Not Applicable. This program does not license providers.

DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS

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. The 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."⁵⁹

BHDDH has some programs that leverage the provider enrollment and oversight of the Medicaid program (as documented above) as well as other programs where it is BHDDH's responsibility to separately enroll or contract,

⁵⁸ *Independent Living and Social Services*. (n.d.). Rhode Island Office of Rehabilitation Services, <https://ors.ri.gov/programs/services-blind-and-visually-impaired/independent-living-and-social-services>

⁵⁹ *Department of Behavioral Healthcare, Developmental Disabilities & Hospitals*. (n.d.). Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals. <https://bhddh.ri.gov/about-us>

license, and pay providers for services provided. However, most behavioral healthcare and developmental disabilities services offered by BHDDH utilize the EOHHS Medicaid provider enrollment and MCO contracting processes.

One process that falls outside the Medicaid provider enrollment process is 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.⁶⁰ The Community Mental Health Services Block Grant is a federal program that makes funds available to states to provide comprehensive community mental health services.⁶¹ 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.⁶² 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.”⁶³ 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 distributes prevention funds to programs. Funds are distributed through contracts with various entities within the state.

Both the Eleanor Slater Hospital and Rhode Island State Psychiatric Hospital are operated by the state with staff who are state employees. Therefore, they generally do not contract with independent providers for this operational work.

BHDDH provides “licenses for organizations that provide Behavioral Healthcare Services, Services for Persons with Intellectual/Developmental Disabilities, and Services for Persons with Cognitive Disabilities” for the state of Rhode Island.⁶⁴ As such, they evaluate data and program outcomes for those populations with behavioral health needs or developmental disabilities.

Beyond the programs that leverage Medicaid provider enrollment and payment, some BHDDH programs are funded by BHDDH directly, either through a contract or grant award. We provide a summary of these programs below, including relevant information on provider eligibility, enrollment, and payment as applicable to the program. Additionally, any licensure activities undertaken by the Department are included.

Rhode Island Student Assistance Services (RISAS)

BHDDH provides funding to RISAS, a not-for-profit corporation established to provide substance use prevention and mental health promotion services in schools and communities.⁶⁵ RISAS provides a range of evidence-based programs, including the student assistance program Project SUCCESS, which is designed to prevent substance use and promote mental health in youth regardless of income level, cultural context, or immigration status.⁶⁶

Provider Eligibility

Not Applicable. This program does not enroll providers.

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Not Applicable. This program does not pay providers.

Licensing Procedures

Not Applicable. This program does not license providers.

⁶⁰ *Grants And Prevention Programs* (n.d.). Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals. <https://bhddh.ri.gov/prevention/grants-and-prevention-program>

⁶¹ *Community Mental Health Services Block Grant*. (n.d.). SAMHSA. <https://www.samhsa.gov/grants/block-grants/mhbg>

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *BHDDH Quality Management Unit*. (n.d.). Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals. bhddh.ri.gov/quality-management-report-suspected-abuse

⁶⁵ *Our Founders*. (n.d.). Rhode Island Prevention Resource Center. <https://www.riprc.org/about-us/our-funders/>

⁶⁶ *Our Programs*. (n.d.). RISAS. <https://risas.org/our-programs/>

Rhode Island Prevention Resource Center

BHDDH provides funding to the Rhode Island Prevention Resource Center (RIPRC), an online clearinghouse dedicated to providing training, technical assistance, and capacity-building resources to Rhode Island substance abuse prevention providers, parents, community members, and interested health professionals.⁶⁷ Partners and resource providers can collaborate with the RIPRC by sharing new resources, training information, community events, and/or requesting assistance for their organization. Further information can be found at <https://www.riprc.org/>

Provider Eligibility

BHDDH uses a procurement process to determine the entity that will receive RIPRC funding and serve as the provider in the state.

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Not Applicable. This program does not pay providers.

Licensing Procedures

Not Applicable. This program does not license providers.

Rhode Island Community Living and Supports (RICLAS)

RICLAS is licensed by the BHDDH as a provider of residential and day program services.⁶⁸ As one of Rhode Island's first community service providers for people with developmental disabilities, Rhode Island Community Living and Supports has over 25 years of experience in providing a network of support tailored to individual needs.⁶⁹

Provider Eligibility

Not Applicable. This program does not enroll providers.

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Not Applicable. This program does not pay providers.

Licensing Procedures

Not Applicable. This program does not license providers.

Projects for Assistance in Transition from Homelessness Grant

Projects for Assistance in Transition from Homelessness (PATH) is a formula grant which is awarded to states and funds programs for people with serious mental illness who are experiencing homelessness.⁷⁰ BHDDH distributes these funds to providers who apply for PATH funds and are found eligible to receive funding. Providers can learn more on the BHDDH website at: [RI-2020-PATH-Application.pdf](#)

The state monitors the activities of awardees. The State PATH Contact (SPC) will meet with PATH implementation team, outreach coordinator, and clinical director as needed to identify performance/compliance issues for program

⁶⁷ *Our Founders*. (n.d.). Rhode Island Prevention Resource Center. <https://www.riprc.org/about-us/our-founders/>

⁶⁸ *Rhode Island Community Living and Supports (RICLAS)* (n.d.). Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals. <https://bhddh.ri.gov/developmental-disabilities/services-adults/riclas>

⁶⁹ *Ibid.*

⁷⁰ *BHDDH Grant Information*. (n.d.). Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals. <https://bhddh.ri.gov/mental-health/bhddh-grant-information>

improvement. In addition, the PATH direct service provider must submit semi-annual and annual reports, with the BHDDH contract monitoring unit to provide oversight on provider compliance with contract deliverables, etc.

Provider Eligibility

BHDDH uses a procurement process to determine what entities will receive funding. To be eligible, recipients must be a political subdivision of the state or a non-profit entity that provides services to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder and
- Are homeless or at imminent risk of becoming homeless⁷¹

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Grant funds are distributed by the state to the entity awarded the funds.

Licensing Procedures

Not Applicable. This program does not license providers.

DEPARTMENT OF HEALTH

The Department of Health (DOH) coordinates all public health activities and services throughout the state. The DOH is established with the following mission: “prevent disease and protect and promote the health and safety of the people of Rhode Island.”⁷² In addition, DOH lists “leading priorities:

- 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.”⁷³

The Center for Professional Boards and Licensing within the Department of Health issues licenses for a broad array of professionals and facilities in the state, including most types of providers who require licensure and enroll in the Medicaid program. Each provider type must complete the applicable license application and be approved prior to being eligible to contract with the Medicaid program or provide services in the state of Rhode Island. Figure 3 below provides a listing of the social and human services provider types that are licensed by the Department of Health.⁷⁴

FIGURE 3. SOCIAL AND HUMAN SERVICES PROVIDERS LICENSED BY THE DEPARTMENT OF HEALTH

▪ Adult Day Care Providers	▪ Assisted Living	▪ Behavioral Analysts
▪ Chemical Dependency Professionals	▪ Freestanding Emergency Care Facility	▪ Harm Reduction Centers
▪ Health Centers and Ambulatory Care	▪ Health Plans	▪ Hearing Aid Professionals

⁷¹ 2020 PATH Grant Application. (2020, May 25). Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/RI-2020-PATH-Application.pdf>

⁷² *Public Health Accreditation*. (n.d.). State of Rhode Island Department of Health. <https://health.ri.gov/about/accreditation/>

⁷³ *About Us*. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/about/>

⁷⁴ *Temporary Licensing Information*. (n.d.). Rhode Island Department of Health. <https://health.ri.gov/licenses/>

▪ Home Care Providers	▪ Home Nursing Care Providers	▪ Hospice Providers
▪ Hospitals	▪ Interpreters for the Deaf	▪ Lead Professionals
▪ Marriage, Family and Mental Health Therapists	▪ Music Therapists	▪ Naturopathic Physicians
▪ Nurses	▪ Nursing Assistants	▪ Nursing Home Administrators
▪ Nursing Homes	▪ Nursing Service Agencies	▪ Occupational Therapists
▪ Physical Therapists	▪ Physician Assistance	▪ Physicians
▪ Psychologists	▪ Rehabilitations Centers, Outpatient	▪ School-Based Health Centers
▪ Social Workers	▪ Speech Language Pathologists/Audiologists	

DOH also provides funding directly to several programs in the state, either through a contract or grant award. We provide a summary of these programs below, including relevant information on provider eligibility, enrollment, and payment as applicable to the program.

Nurse Family Partnership

DOH contracts with the Nurse Family Partnership provide resources to assist first time pregnant people in their pregnancy and early parenthood with finding prenatal care, provide education to increase knowledge about pregnancy, labor and delivery, offer support around child growth and development, and link families with social services and community resources.⁷⁵ Nurse home visitors can meet with pregnant individuals in their own homes to provide one-on-one assistance and support.

Provider Eligibility

Not Applicable. This program does not enroll providers.

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Not Applicable. This program does not pay providers.

Licensing Procedures

Not Applicable. This program does not license providers.

State Tobacco Quitline/RI Nicotine Helpline

The Rhode Island Nicotine Helpline, 1-800-QUITNOW (1-800-784-8669), is a 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.⁷⁶

⁷⁵ *Family Visiting*. (n.d.). Rhode Island Department of Health. https://health.ri.gov/programs/detail.php?pgm_id=176

⁷⁶ *Quitline*. (n.d.). Rhode Island Department of Health. <https://ri.quitlogix.org/en-US/>

Provider Eligibility

Not Applicable. This program does not enroll providers.

Provider Enrollment Process

Not Applicable. This program does not enroll providers.

Provider Payment

Not Applicable. This program does not pay providers.

Licensing Procedures

Not Applicable. This program does not license providers.

DEPARTMENT OF CHILDREN, YOUTH, & FAMILIES

The Department of Children, Youth, & 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.”⁷⁷.

DCYF includes the following areas of oversight: Child Protective Services, Foster Care, The Division of Youth Development, Family Care Community Partnerships, The Family Service Units, and Community Services 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 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.⁷⁸

DCYF directly administers several programs and services, and contracts with private child-placing agencies and community-based organizations to provide multiple additional services ranging from prevention services to residential treatment for children with mental and behavioral health needs. In addition to state funding, DCYF receives title IV-E and title IV-B funding from the federal government for eligible child welfare expenditures. Home based services include disruptive behavior programs, family stabilization programs, mental health programs, visitation programs, special population programs and parent training programs. Congregate care services include assessment and stabilization centers, group homes, group homes for special populations, residential treatment center with on campus education, residential treatment center with on campus education for special populations, semi-independent living programs and independent living programs.

DCYF contractors join the program via a public procurement process. The Rhode Island contract procurement process is managed by the Division of Purchases of the Department of Administration (DOA). Once the need for providers is identified, DCYF will coordinate with DOA on the creation of a Request for Proposal (RFP) and model contract for the providers. The RFP and contract will be developed based on the needs of the agency, available funding, and programs being addressed. Once the RFP is released, the process typically takes 10 to 12 weeks before a tentative award is issued, and specific contract negotiations begin. During this time, bidders can ask questions and draft their formal submissions to the RFP. Once the contract is signed with the awarded bidder, the purchase agreement can be released, and work can begin.

DCYF negotiates and maintains hundreds of contracts with providers for services, including foster care, Family Care Community Partnerships (FCCP), and behavioral health services. We provide a summary of a few of these programs below, including relevant information on provider eligibility, enrollment, and payment as applicable

⁷⁷ About. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/our-office>

⁷⁸ The Rhode Island Training School. (n.d.). Rhode Island Department of Children, Youth & Families. <https://dcyf.ri.gov/juvenile-corrective-services>

to the program. Phase Two research will provide additional review of DCYF procurement, organizational structure and services.

Family First Prevention Services Act (FFPSA)

FFPSA services are for children from age 0 to 17 who are at risk of entering foster care, pregnant or parenting youth in foster care, and parents or relative caregivers of those children and youth.⁷⁹ The Family First Prevention Services Act allows states to use federal funding to cover the cost of services that help support families and prevent children from entering the foster care system.⁸⁰ Under Federal legislation, FFPSA allows Title IV-E funding for mental health services, substance use treatment, and in-home parent skill-based programs for children or youth.

DCYF receives Title IV-E reimbursement from the government for the following allowable services which are all prevention evidence-based programs: Functional Family Therapy, Parent Child Interaction Therapy, Homebuilders, Multisystemic Therapy, Motivational Interviewing, Familias Unidas. Provider eligibility and training required vary by each evidence-based program.

For all services provided by FFPSA, DCYF must follow established procedures to monitor, compile, assess, and report fidelity and outcomes as part of the ongoing effort to monitor the effectiveness of the intervention. DCYF submits Continuous Quality Improvement (CQI) metrics to the government. To provide oversight, DCYF has a Division of Performance Improvement (DPI), which focuses on research, program planning, evaluation, and CQI infrastructure.

Provider Eligibility

The state goes through a procurement process and awards contracts to successful bidders to provide FFPSA services.

Provider Enrollment Process

The state goes through a procurement process and awards contracts to successful bidders to provide FFPSA services. Providers who will bill services that are eligible for Medicaid funding must also enroll with the Rhode Island Medicaid program.

Provider Payment

FFPSA providers are contracted with the state. Some services are billed through the Medicaid system and others are paid by DCYF.

Licensing Procedures

Not Applicable. This program does not license providers.

Family Care Community Partnerships

"Family Care Community Partnerships (FCCPs) are the Department of Children, Youth and Families' primary prevention resource for the state. FCCPs partner with families and communities to raise healthy children in a safe, caring environment."⁸¹ FCCPs are also providers for the Youth Diversion and Wayward Disobedient Programs.

DCYF is responsible for tracking and regulating FCCP providers. DCYF uses a regular review of program performance, results, and data to track performance and address challenges in real time. FCCPs are required to participate in evaluation activities through CQI activities including program evaluations.

Provider Eligibility

The state goes through a procurement process and awards contracts to successful bidders to become FCCP providers. FCCPs must have a range of staff available to perform a variety of services. The licensure and training

⁷⁹ *Family First Prevention Service Act (FFPSA)*. (n.d.). Rhode Island Department of Children, Youth, & Families. <https://dcyf.ri.gov/programs/initiatives/family-first-ffpsa>

⁸⁰ *Ibid.*

⁸¹ *Family Care Community Partnerships (FCCPs)*. (n.d.). Rhode Island Department of Children, Youth, & Families. <https://dcyf.ri.gov/services/family-care-community-partnerships-fccps>

staff receive depends on the evidence-based practice that is provided. Each staff member follows documentation management, which also varies based on the service rendered. The FCCP is responsible for maintaining a written plan for orientation, training, on-going development, supervision, and evaluation of staff. The FCCP will ensure that all staff participate in ongoing DCYF mandated training or certification programs to maintain current competencies in Wraparound and best practice treatment in child welfare, children's behavioral health, and juvenile corrections. All FCCPs are also required to attend formal RIFIS training.

Provider Enrollment Process

The state goes through a procurement process and awards contracts to successful bidders to become FCCP providers.

Provider Payment

To receive payment, the FCCP submits monthly invoices which include services performed, quantities delivered, and rates charged.⁸² Billing to the department is divided into two phases. Phase I is the first 30 days following face-to-face services with the family. Phase II starts the 31st day of face-to-face services with the family. A Consent to Participate Agreement must be signed before billing can begin.

Licensing Procedures

Not Applicable. This program does not license providers.

Foster Care, Adoption, and Licensing

DCYF is responsible for approximately 2,000 children within its foster care system. Additionally, the Department also oversees services and payments for families receiving adoption assistance or guardianship assistance payments. Approximately half of all children in foster care are able to be placed with a relative resource, often referred to as kinship. In addition to recruiting, training, and maintaining its own foster and kinship homes, DCYF provides oversight to partner child placing agencies that train and maintain foster and adoptive homes.

Provider Eligibility

The state goes through a procurement process and awards contracts to successful bidders to become providers.

Provider Enrollment Process

The state goes through a procurement process and awards contracts to successful bidders to become providers.

Provider Payment

DCYF negotiates administrative rates with all private child placing agencies (e.g., foster care and independent living services) and residential facilities (e.g., stabilization centers, group homes, and residential treatment centers). Rates to child placing agencies vary based on actual costs and type of service provided. There are five tiers of services and a medical type of service within foster care. DCYF is the issuing agency for all foster board maintenance payments to foster families. Rates paid to residential facilities vary based on actual costs and types of services offered. There are currently only 3 in-state providers for residential treatment services. DCYF has contracted with two dozen residential treatments centers outside of the state, mostly in Massachusetts.

Licensing Procedures

DCYF is responsible for issuing all foster home licenses.⁸³ The licensing process includes an application, home study, review of health history, and initial training.⁸⁴ The license must be renewed every two years. There is also a licensing process for child placing agencies who must be licensed and approved by the state but have flexibility in

⁸² *Family Care Community Partnership Practice Guidance*. (September 1, 2021). Rhode Island Department of Children, Youth, and Families. <https://dcyf.ri.gov/media/2836/download>

⁸³ *Foster Care Licensing*. (n.d.). Rhode Island Department of Children, Youth, & Families. <https://dcyf.ri.gov/services/licensing/foster-care-licensing>

⁸⁴ *Title 214—Department of Children, Youth, & Families*. (n.d.). Rules, Regulations and Practice Standards, https://datadcyf.ri.gov/policyregs/foster_care_and_adoption_regulations_for_licensure.htm

evidence-based models used, and training and education requirements for their staff.⁸⁵ At minimum, child placing agencies employ bachelor's and master's level staff. Each staff member is required by the state to participate in eight hours of training annually.

Summary

The structure of state agencies varies widely depending on the scope, mission, and model of service delivery. The structure can be viewed in three major categories, structural (e.g., organizational charts) programmatic (e.g., eligibility, licensing, and enrollment processes, and contractual with the vast majority of contracted provider relationships in the social and human services sector are between Medicaid and providers. The Medicaid provider relationship, that includes eligibility, enrollment, contracting, and payment is heavily regulated by the federal government. The Centers for Medicare and Medicaid Services define most activities that must take place in eligibility and enrollment processes. Outside of the Medicaid provider enrollment process and the Medicaid managed care contracting process, there are provider contractual relationships in each department that reports to EOHHS. However, these are smaller in scope and targeted to specific programs. The DCYF also maintains a number of contracts with their own providers. These contracts are guided by the state procurement process with fewer points of oversight or direction from the federal government. Each of these components create uniquely tailored structures to serve providers and the recipients of care and services.

In Phase Two of this report, Milliman will provide assessment and evaluation of the structure of the organization and assessment of provider eligibility and enrollment for a sub-set of programs. Evaluation may include comparisons on the number of state staff, atypical contracting practices or requirements, or challenges in provider enrollment processes. Additional assessment may include points of abrasion identified in stakeholder discussions.

⁸⁵*Regulations for Child Placing Agencies*. (1987). Rhode Island Department of Children, Youth, & Families. https://datadcyf.ri.gov/policyregs/child_placing_regulations.htm?ms=AAAAAAAAAAAA%3D&st=MA%3D%3D&sct=ODM0OA%3D%3D&mw=MjQw

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.

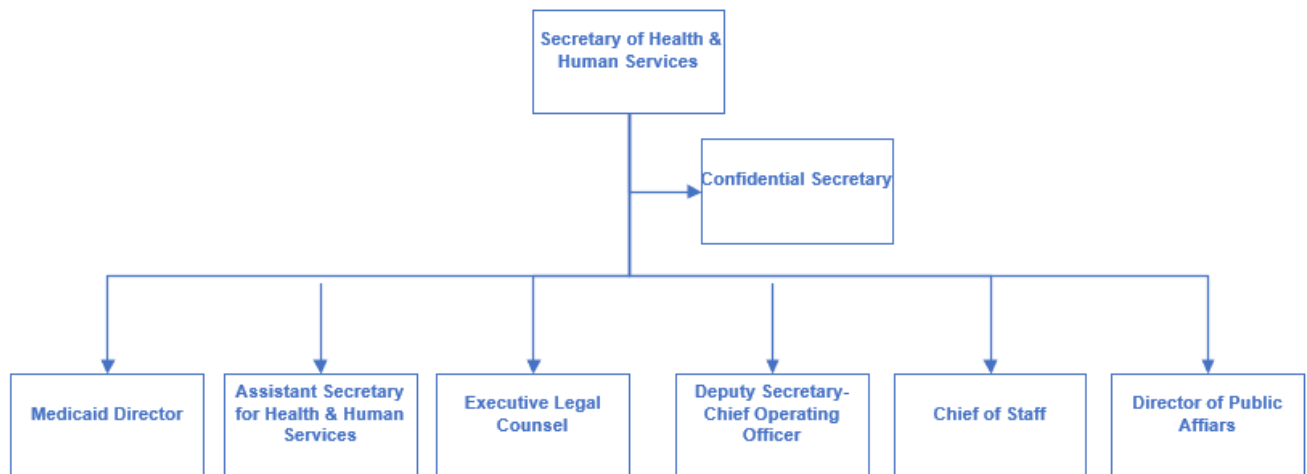
Appendix 1. Organizational Charts

Official organizational charts for EOHHS and each department in scope for this report are found on the RI Legislative web site. However, each department organizational chart has its own format and style. Three of the in-scope organizations (EOHHS, DHS, and DCYF) have extensive documentation available with between 20 – 38 pages of detail for their organizational structures. In contrast, two organizations (DCYF and DOH) provide limited (one-page) summary charts. Due to the range in style, design, and level of information, we have created a high-level chart for each department that conveys the executive level staff.

When reviewing publicly available organizational charts for each department, the Department of Health is an example of a program-based organizational description that provides transparency and clear delineation of where programs fit within the organization. However, it must be understood that multiple factors impact the way an organizational structure (and chart) is created. For instance, it may be easier to note program accountability in instances where a program is overseen by a single person or a small team, versus a very large program where the department must organize differently based upon the size and the scope of their oversight.

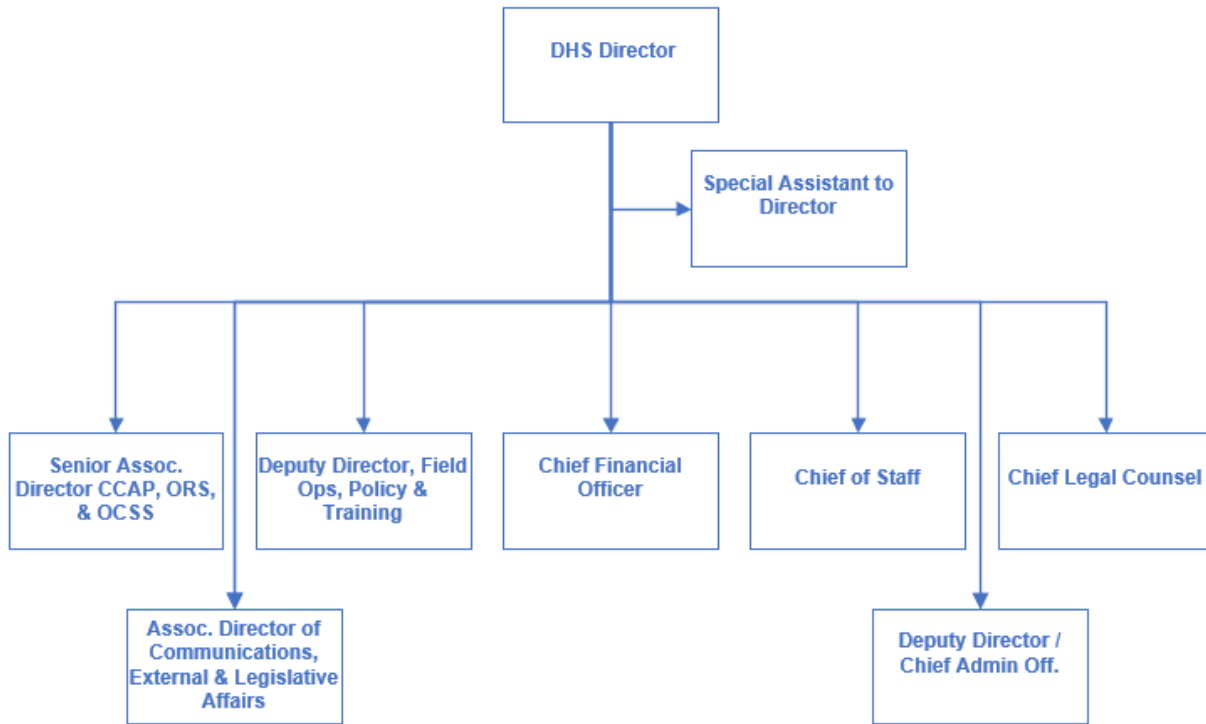
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS)

Full organizational chart available at: <https://www.rilegislature.gov/commissions/HHS/commdocs/EOHHS%20-%20Org%20Chart%20-November%202021.pdf>



Department of Human Services (DHS)

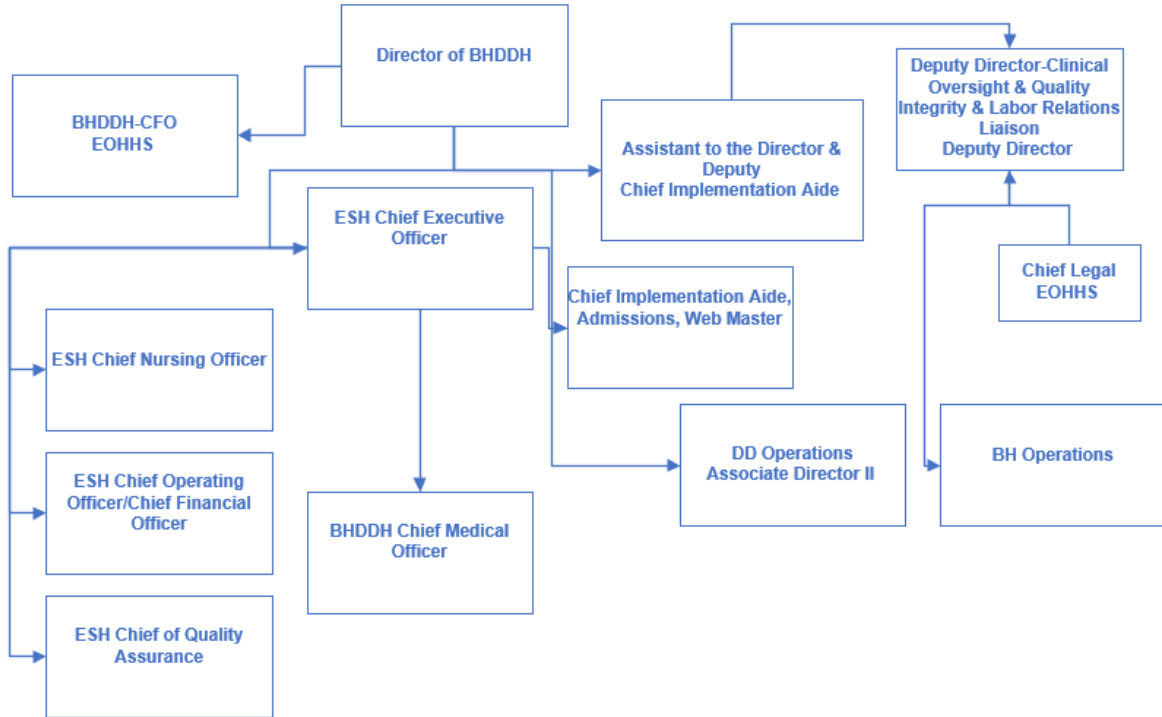
Full organizational chart available at: https://www.rilegislature.gov/Special/comdoc/House%20Oversight/02-17-2022--DHS%20Master%20Org%20Charts_02.15.22.pdf



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

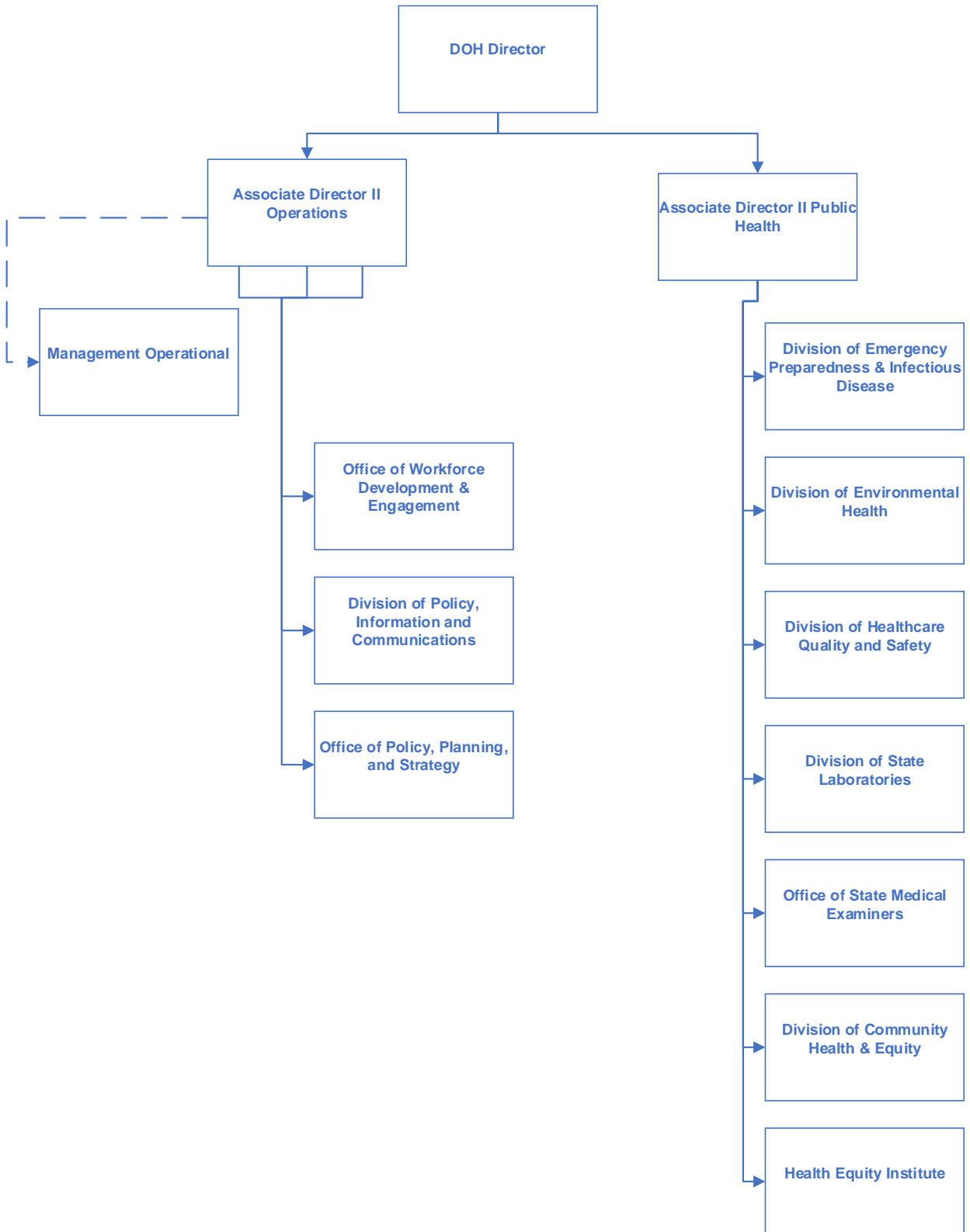
Full organizational chart available at:

<https://www.rilegislature.gov/commissions/HHS/commdocs/BHDDH%20Full%20Org%20Chart%20Final%202011.02.2021.pdf>



Department of Health (DOH)

Full organizational chart available at: <https://health.ri.gov/publications/OrganizationalChart.pdf>



Department of Children, Youth, and Families (DCYF)

Full organizational chart available at:

<https://www.rilegislature.gov/commissions/HHS/commdocs/DCYF%20Organizational%20chart%2011%2010%2021.pdf>

