

# 2025 Access Report - Advisory Council Update

February 13, 2025



# Report Objective & Scope

## Objectives

- Develop 2025 update to Report 7 - Access to Programs Report
  - Report to OHIC by March 1
  - Report to Legislature by April 1
- Build on the initial findings, document action steps and strategies to improve RI data collection for metrics that measure access.

## Scope of Work

- Identify three (3) services categorized having unavailable or highly limited quantitative data to focus on for this scope
- For each service FCG will:
  - A. Identify and define access metrics and measurement plans
  - B. Assess measure opportunities and barriers, and document data collection steps
  - C. Document methodology, options, considerations, actionable recommendations, and data collection plans for each service for the Final Report

## Three Services

- Focus of Report
  1. Residential Mental Health for Adults
  2. Assisted Living Services
  3. I/DD Services for Adults

# Task 7 Reminder: Access Report Learnings

Qualitative research suggested substantive barriers to access across most service categories; In most cases, this assessment was constrained by the availability of consistently defined, centrally tracked access data.

			Access Barriers Qualitative Status	Quantitative Data Availability
<b>Adult Behavioral Health</b>	1	Counseling, psychotherapy	Highly Limited	Highly Limited
	2	Intensive outpatient (including MH + SUD)	Highly Limited	Unavailable
	3	Mobile crisis	Highly Limited	Undetermined
	4	Residential mental health	Highly Limited	Highly Limited
	5	Residential SUD treatment	Highly Limited	Somewhat Limited
<b>Children's Behavioral Health</b>	6	Counseling, psychotherapy	Highly Limited	Highly Limited
	7	Enhanced Intensive OP (MH & SUD including DCYF)	Highly Limited	Highly Limited
	8	Mobile crisis	Somewhat Limited	Generally Available
	9	Residential mental health	Highly Limited	Highly Limited
	10	Residential SUD treatment	Highly Limited	Undetermined
<b>Home &amp; Community Based (HCBS)</b>	11	Adult day	Somewhat Limited	Highly Limited
	12	Assisted living	Highly Limited	Highly Limited
	13	Private Duty Nursing (PDN)	Highly Limited	Highly Limited
	14	Personal Care	Highly Limited	Generally Available
<b>IDD Services</b>	15	I/DD services for children & adults	Highly Limited	Highly Limited
<b>Other*</b>	16	Early intervention services (children under 3)	Somewhat Limited	Generally Available
	17	Traumatic brain injury (TBI) day services	Unavailable	Undetermined
	18	Non-emergency medical transportation (NEMT)	Somewhat Limited	Somewhat Limited

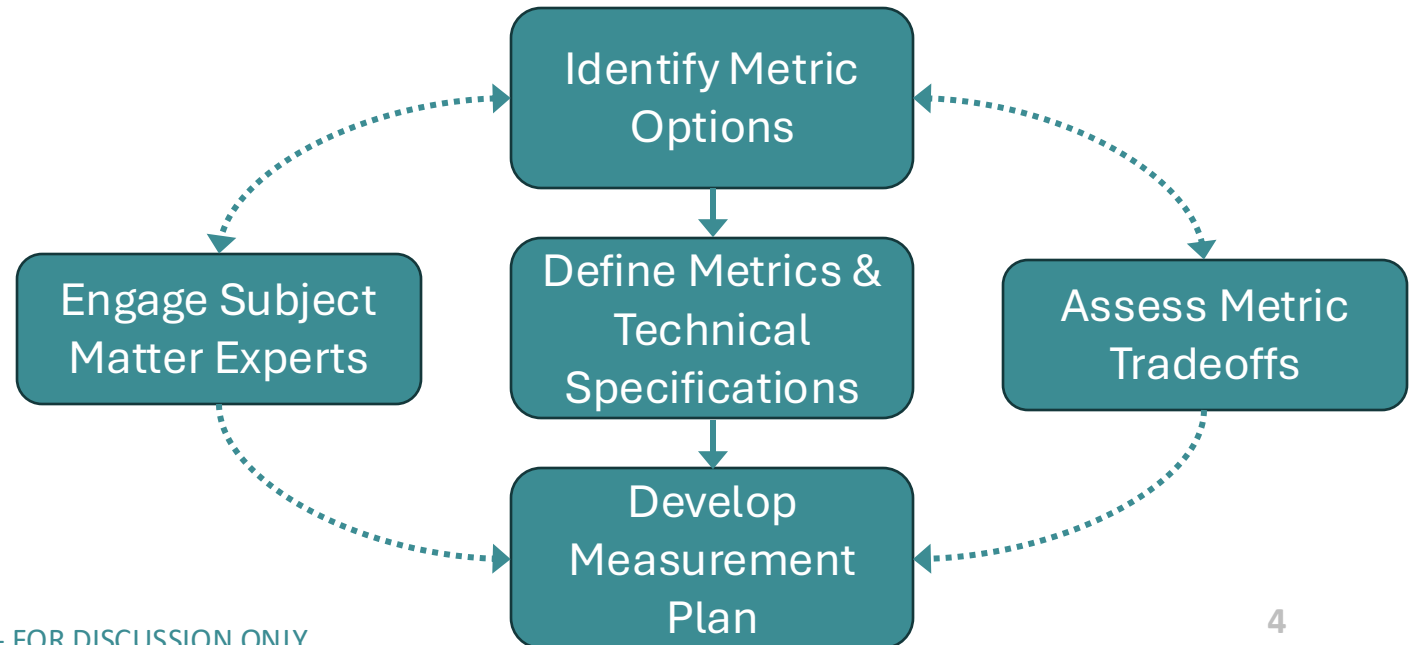
# Methodology Summary

Starting with the findings in Report 7, FCG refined the scope of services to focus on specific service types or settings identified as particularly difficult to access

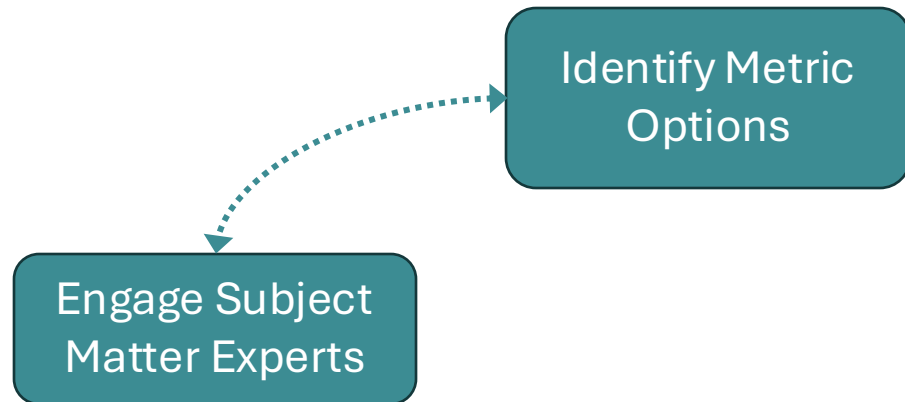
Access measures for these services focused on:

- 1. Residential Mental Health for Adults** – Placement into five Mental Health Psychiatric Rehabilitative Residences (MHPRR) settings
- 2. Assisted Living** – Placement into State-Licensed Assisted Living Residences (ALRs)
- 3. I/DD Services for Adults** – HCBS DD-specific waiver services available to BHDDH eligible I/DD adults

For each of these three service areas FCG conducted an **iterative, five step process** to document a set of metrics



# Methodology: Identify Metric Options & Engage SMEs

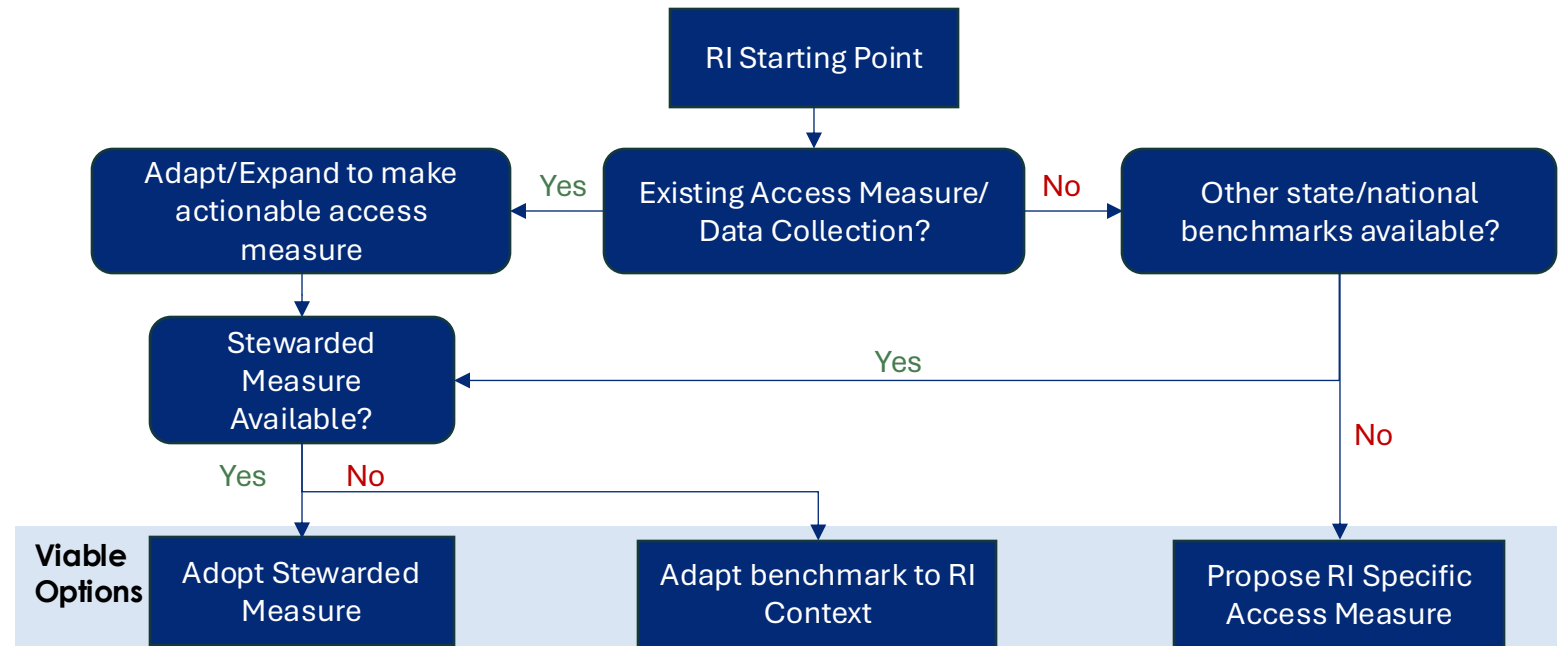


## Step 1: Identify a suite of viable metric options:

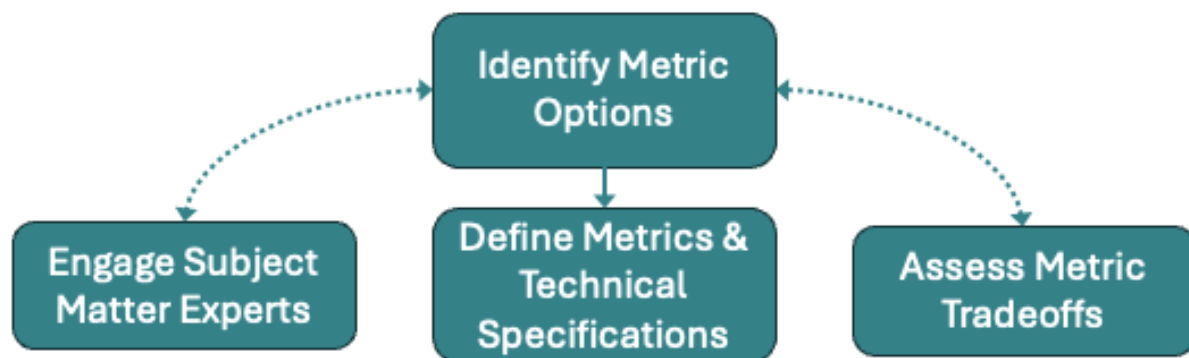
- Assess RI Starting Point based on Report 7 findings, publicly available information
- Identify viable options
  - Stewarded measure available to adopt
  - State/National benchmark available to adapt to RI context
  - Neither available, propose RI-Specific Access Measure

## Step 2: Assess short list of viable options with subject matter experts (SME)

- Identify existing data collection and reporting processes
- Identify relevant systems in use and plans for new systems to be implemented
- Rule out or refine metric options based on SME findings



# Methodology: Define Metrics & Assess Metric Tradeoffs



## Step 3: Define Metrics & Technical Specifications

Define the following components for each metric to promote streamlined implementation and reporting

- Measurement Period
- Denominator
- Numerator
- Exclusions
- Proposed metric stratifications
- Metric Limitations

## Step 4: Assess Metric Tradeoffs

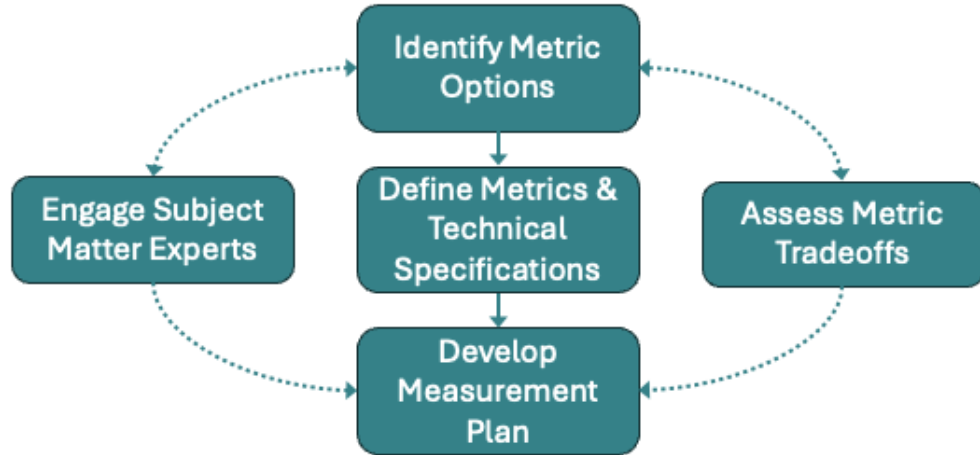
Develop criteria to identify strengths and weaknesses of final options to give policy makers a tool to understand the tradeoffs between optimizing a measure and relative feasibility

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Domain	Domain Criteria	Green	Yellow	Red
<b>1. Aligned with Service Opportunities</b>	1.1. Addresses Access Barriers	Green	Yellow	Red
	1.2. Advances Health Equity	Green	Yellow	Red
<b>2. Actionable</b>	2.1. Steward or State/ National Benchmark	Green	Yellow	Red
	2.2. Used by Other States	Green	Yellow	Red
	2.3. Minimal Measure Limitations*	Green	Yellow	Red
<b>3. Technical Feasibility</b>	3.1. Data/System Availability	Green	Yellow	Red
	3.2. Existing Reporting Processes	Green	Yellow	Red
<b>4. Ease of Implementation</b>	4.1. Provider Admin Burden	Green	Yellow	Red
	4.2. State Admin Burden	Green	Yellow	Red
	4.3. Investment Required	Green	Yellow	Red

*\*Measure limitations outside of small sample limitations inherent to RI pop*

# Methodology: Develop Measurement Plan & Action Steps



## Step 5: Develop measurement plans & action steps

Measurement plans identify the primary data reporter, data collection method, lead agency for data monitoring, public reporting method, and whether the measure is payer-specific (e.g., measuring access for Medicaid recipients only) or cross-payer.

In addition to measurement plans, the final report will document step by step processes to collect data and report on each metric

<b>MHPRR Metric #2 Measurement Plan</b>	<b>Metric #2: Average Wait Time</b> Average number of days on waiting list
<b>Primary data reporter</b>	<ul style="list-style-type: none"> <li>MHPRR Providers</li> <li>BH Division, BHDDH for Enhanced-MHPRRs</li> </ul>
<b>Data collection method</b>	<b>Data Collection Method:</b> <ul style="list-style-type: none"> <li>Providers manually report waiting list to BHDDH on a weekly basis</li> <li>BHDDH conducts analysis of waiting list data submitted by MHPRRs to identify entry and exit dates for clients on the waiting list</li> <li>BH Division at BHDDH separately analyzes waiting list for E-MHPRR clients</li> </ul>
<b>Data reporting method</b>	<b>Data Reporting Method:</b> <ul style="list-style-type: none"> <li>Existing process via monthly update to Governors Council on Behavioral Health (not publicly accessible);</li> <li>Additional public reporting recommended to BHDDH website</li> </ul>
<b>Lead agency for data monitoring &amp; public reporting method</b>	<b>Lead Agency:</b> BHDDH, Division of Behavioral Health
<b>Single or cross-payer</b>	<b>Cross Payer</b> – Medicaid, Dual, Other

# Proposed Next Steps & Additional Considerations

## Proposed Next Steps

- If metrics are approved for adoption by State Leaders, relevant Rhode Island agencies will need to be instructed and sufficiently resourced to implement recommended access reporting and monitoring measures according to the provided measurement plans
- As this report only addresses three of the 18 service categories assessed in Report 7, this assessment methodology could be expanded to analyze quantitative access metrics across the remaining 15 service categories from Report 7
- Once reporting commences and additional measures are established across a broader set of service categories, a comprehensive monitoring dashboard could be developed to track access improvements as new rate recommendations take effect under RIGL § 42-14.5-3(t)

## Additional Considerations

- Several external and evolving factors, including shifting federal and state priorities, may impact the implementation and sustainability of the proposed access metrics.
- Resource constraints may require a phased approach to data collection and reporting.
- Ongoing state initiatives, present opportunities to enhance efficiency and support the integration of access metrics across service areas (e.g., Wellsky case management system, EOHHS Data Ecosystem, Health Care System Planning initiative)