

State of Rhode Island and Providence Plantations

# Fiscal Year 2019 Budget



Volume II – Health and Human Services

Gina M. Raimondo, Governor



# **Health and Human Services**



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# Health and Human Services

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## *Summary*

The Health and Human Services function of state government engages in a broad spectrum of activities including, but not limited to, medical assistance, economic support, rehabilitation services, client subsidies, case management, residential supports, behavioral healthcare, and services for at-risk children, advocacy, and medical provider regulation.

In FY 2019, despite a continuing constrained budgetary environment, the Health and Human Services departments and agencies continue to leverage their resources so that both individuals and families achieve their maximum potential and self-sufficiency. Services to meet the social and economic needs of clients continue to be provided by the Executive Office and Health and Human Services, which oversees the Departments of Children, Youth, and Families; Health; Human Services; Behavioral Healthcare, and Developmental Disabilities, and Hospitals. The Governor is a strong advocate of building a sustainable safety net in Rhode Island, with adequate programs of medical and cash assistance for the most vulnerable populations of the State, such as low-income children, parents, pregnant women, frail elders, veterans, the medically needy, and those with physical and developmental disabilities.

Reinvent Medicaid, a large-scale reform initiative within the State's Medicaid program is currently underway. The innovations are summarized within six major categories: targeted interventions for the highest cost/highest need populations, value-based payment approaches in managed care, value-based payment in long term services and supports, value-based payment in hospitals, better coordinated care for individuals with behavioral health needs, and improved program oversight and efficiency.

The Department of Human Services is fully committed to assist low income families with child care and the back-to-work programs. The FY 2019 Budget includes new federal requirements outlined in the Child Care Development Block Grant Reauthorization Act of 2014. These new requirements include a variety of family-friendly eligibility policies, such as 12 months of uninterrupted child care benefits, 3 months of continued eligibility when families face a permanent job loss, as well as increases in the amount of funding allocated towards quality improvement activities. As included in the Governor's FY 2019 recommendation is a proposal that would implement enhanced reimbursement rates for child care providers participating in CCAP who offer higher quality care. Although Rhode Island provides strong access to child care, provider quality is very poor. 80% of children participating in CCAP are enrolled in child care centers, but reimbursement rates for care in those centers are held between the 12th and 21st percentile of current market rates for all providers (75th percentile is the federal recommended benchmark), regardless of quality of care. These low rates limit access to quality childcare for families and provide no incentive for providers to improve quality – 75% of CCAP children receive care in centers that are rated 1 or 2 stars out of 5 by the state's quality rating system.

The Department of Children, Youth, and Families is committed to ensuring that the safety, permanency and well-being of all children and youth is achieved through an integrated Networks of Care. Efforts are being made to reduce costs and improve efficiencies through new program initiatives that will ensure opportunities for children to reach their full potential. . The Department recently completed contract negotiations with its child placement providers to ensure the correct placement capacity and types of service. The Department will continue to shift its service array of child placements from higher cost out of home settings to lower cost family and home settings to create savings in FY 2019. At the close FY 2017, approximately 20% of all bed-day experienced by children in placement were in group and residential settings. DCYF intends to reduce that case mix share to its goal of 15%.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals is transforming services provided to individuals with developmental disabilities by transitioning to a system that

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## Health and Human Services

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emphasizes integrated employment opportunities and shared living arrangements. This shift in services provides individuals with more integrated and less restrictive services for both employment and residential options. In addition to programmatic changes for individuals with developmental disabilities, the Eleanor Slater Hospital system is undergoing reorganization to enhance services provided to patients and achieve greater efficiencies.

The Department of Health for FY 2019 is consistent with its strategic plan and emphasizes key areas such as customer services. The Department of Health will be responsible for licensing patients and authorized purchasers while the Department of Business Regulation is the licensing agency of compassion centers, compassion center staff, cultivators, and caregivers as well as selling plant tracking tags and maintaining a tag tracking database. The Governor is also recommending utilizing the IT investment fund to upgrade to an electronic vital records system. An electronic vital records system with rapid reporting capabilities can also decrease fraudulent claims against Medicaid/Medicare, Social Security, other benefit payers and the voter registration rolls generating savings beginning in FY 2020.

The dual role of advocacy and education continues to be provided by the Offices of the Child Advocate and Mental Health Advocate, the Governor's Commission on Disabilities, and the Commission on the Deaf and Hard of Hearing.

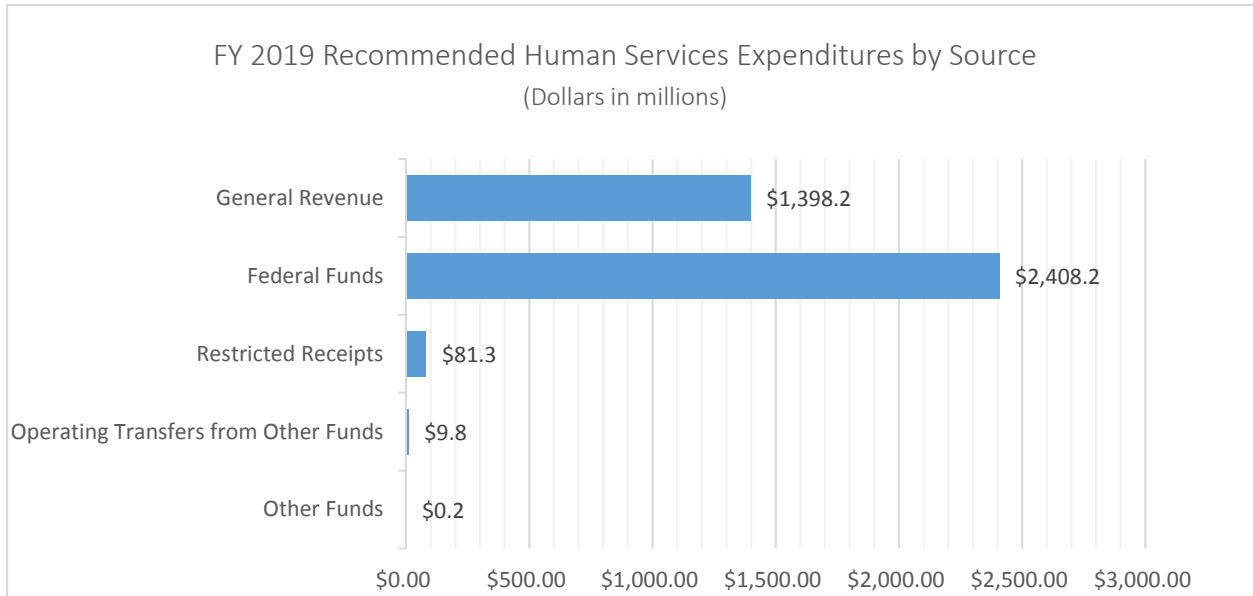
For FY 2018, the Governor recommends a revised all funds budget of \$4.039 billion for the Health and Human Services function, including \$1.452 billion from general revenue, \$2.494 billion from federal funds, \$79.5 million from restricted receipts, and \$13.1 million from other funds. Relative to the FY 2018 enacted budget, there is a net increase of \$103.6 million, including a \$47.1 million increase in general revenue financing, a \$51.2 million increase in federal funds financing, a \$5.7 million increase in restricted receipts financing, and a \$0.4 million increase in other financing funds. The Governor recommends 3,715.6 FTE positions in the FY 2018 revised budget consistent to the FY 2017 enacted budget.

The Governor's proposed funding level of \$3.897 billion for FY 2019 maintains services for the State's most vulnerable populations. This proposal consists of \$1.398 billion from general revenue, \$2.408 billion from federal funds, \$81.0 million from restricted receipts, and \$10.0 million from other funds. This reflects a net decrease of \$37.5 million, including a decrease of \$6.7 million from general revenue, a decrease of \$34.9 million from federal funds, an increase of \$7.5 million from restricted receipts, and a decrease of \$3.5 million from other funds relative to the FY 2018 enacted budget. The Governor recommends 3,740.6 FTE positions in the FY 2019 Budget, an increase of 25.0 FTE positions compared to the FY 2018 enacted budget. The new positions are to support many of the Medicaid savings initiatives and some additional grant funded positions in the Department of Health

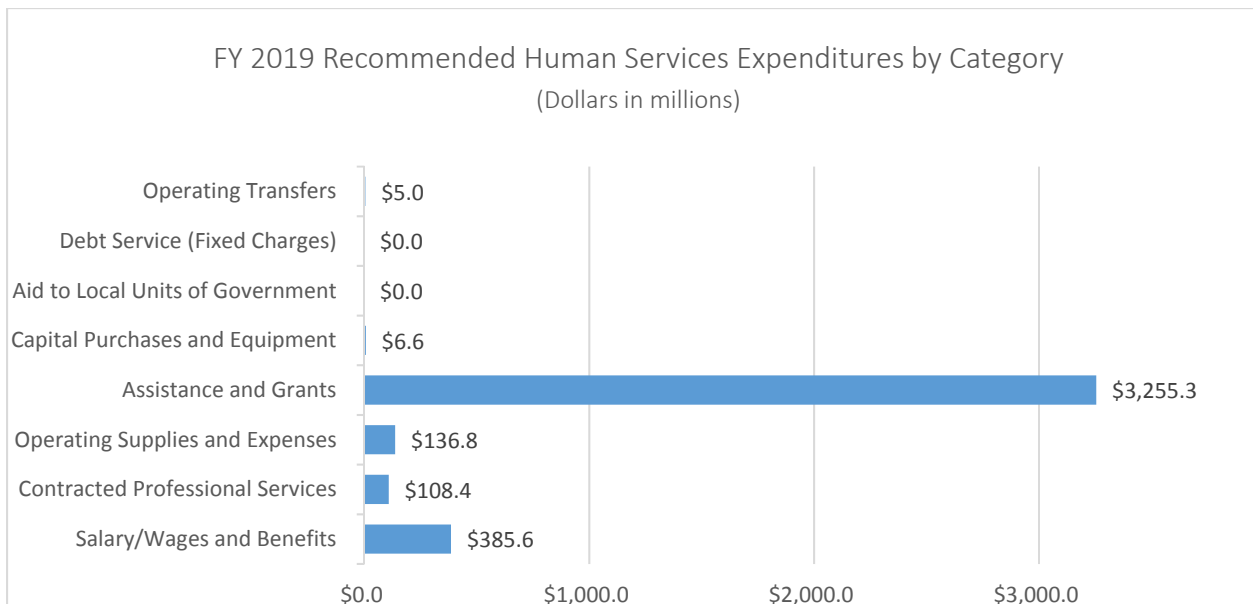
The FY 2019 recommendation constitutes 41.6 percent of the total proposed expenditures for the state. Social services block grants and federal financial participation for medical assistance programs constitute the primary sources of federal funding. The chart below displays funding by source for the Governor's FY 2018 recommendation for the Health and Human Service agencies and departments.



# Health and Human Services



The Governor’s FY 2019 recommendation includes direct and purchased services for residential care, medical care, and preventive health services, cash payments to individuals, and grant funding for non-governmental agencies. The operating costs associated with the administration of these social services programs are also included. Personnel, including purchased services, accounts for \$494.0 million, or 12.7 percent, of all expenditures programmed for Health and Human Services. Grants and benefits expenditures of \$3.255 billion account for the largest outflow of identified resources, reflecting 83.5 percent of the total Health and Human Services function. The chart below shows the outflows of all resources by category of expenditure for the Health and Human Services function.



## Health and Human Services Function Summary

<b>Expenditures by Agency</b>	<b>2016 Actuals</b>	<b>2017 Actuals</b>	<b>2018 Enacted Budget</b>	<b>2018 Revised Budget</b>	<b>2019 Recommended</b>
Commission On The Deaf & Hard Of Hearing	455,950	493,573	627,910	565,882	591,467
Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals	378,574,897	398,887,449	397,090,236	427,179,214	400,743,927
Department Of Children, Youth, And Families	214,952,935	222,662,113	209,049,728	214,081,089	209,152,279
Department Of Health	128,882,069	154,376,396	169,645,421	170,044,686	173,291,532
Department Of Human Services	615,305,121	626,727,849	614,682,222	629,570,505	633,824,402
Executive Office Of Health And Human Services	2,360,301,137	2,433,340,843	2,541,841,896	2,594,918,120	2,477,269,162
Governor's Commission On Disabilities	429,998	669,120	842,190	867,672	877,295
Office Of The Child Advocate	654,839	612,107	926,120	1,045,722	1,071,346
Office Of The Mental Health Advocate	545,220	540,899	549,563	628,771	639,764
<b>Total Expenditures</b>	<b>3,700,102,166</b>	<b>3,838,310,347</b>	<b>3,935,255,286</b>	<b>4,038,901,661</b>	<b>3,897,461,174</b>
<b>Expenditures by Object</b>					
Salary and benefits	358,890,936	360,571,390	359,104,033	372,149,832	385,609,609
Contract Professional Services	159,697,325	94,624,822	110,848,755	138,251,327	108,387,913
Operating supplies and Expenses	96,720,717	96,233,590	100,946,686	134,975,420	136,811,032
Assistance And Grants	3,075,843,366	3,224,173,496	3,335,880,979	3,367,650,248	3,255,051,450
Aid To Local Units Of Government	2,906	0	0	0	0
<b>Subtotal: Operating</b>	<b>3,691,155,250</b>	<b>3,775,603,298</b>	<b>3,906,780,453</b>	<b>4,013,026,827</b>	<b>3,885,860,004</b>
Capital Purchases And Equipment	6,106,418	56,797,220	21,269,145	21,113,847	6,595,032
Operating Transfers	2,840,498	5,909,830	7,205,688	4,760,987	5,006,138
<b>Subtotal: Other</b>	<b>8,946,916</b>	<b>62,707,050</b>	<b>28,474,833</b>	<b>25,874,834</b>	<b>11,601,170</b>
<b>Total Expenditures</b>	<b>3,700,102,166</b>	<b>3,838,310,347</b>	<b>3,935,255,286</b>	<b>4,038,901,661</b>	<b>3,897,461,174</b>
<b>Expenditures by Source of Funds</b>					
General Revenue	1,366,084,941	1,404,921,420	1,404,895,891	1,452,036,568	1,398,224,759
Federal Funds	2,261,159,094	2,360,615,664	2,443,053,693	2,494,234,883	2,407,931,496
Restricted Receipts	62,137,930	61,601,672	73,797,224	79,483,279	81,341,441
Operating Transfers From Other Funds	10,720,202	10,938,588	13,508,478	12,976,931	9,793,478
Other Funds	(1)	233,004	0	170,000	170,000
<b>Total Expenditures</b>	<b>3,700,102,166</b>	<b>3,838,310,347</b>	<b>3,935,255,286</b>	<b>4,038,901,661</b>	<b>3,897,461,174</b>
<b>FTE Authorization</b>	<b>3,745.6</b>	<b>3,618.6</b>	<b>3,715.6</b>	<b>3,728.6</b>	<b>3,740.2</b>

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## Agency Summary

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### EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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#### Agency Mission

Assure access to high quality and cost effective services that foster the health, safety, and independence of all Rhode Islanders.

#### Agency Description

The Executive Office of Health and Human Services (EOHHS) serves as “the principal agency of the executive branch of state government” (R.I.G.L. §42-7.2-2) responsible for overseeing the organization, finance and delivery of publicly funded health and human services. In this capacity, the EOHHS administers the state’s Medicaid program and provides strategic direction to Rhode Island’s four health and human services agencies: Department of Health (DOH); Human Services (DHS); Children, Youth, and Families (DCYF); and Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). The EOHHS and the agencies under its umbrella provide direct services to over 300,000 Rhode Islanders. Additionally, the agencies deliver an array of regulatory, protective and health promotion services to our communities. EOHHS’ objectives are to manage the organization, design and delivery of health and human services and to develop and implement an efficient and accountable system of high quality, integrated health and human services. To achieve this end, EOHHS seeks to: 1) Improve the economy, efficiency, coordination, and quality of health and human services policy and planning and budgeting and financing. 2) Design strategies and implement best practices that foster service access, consumer safety and positive outcomes. 3) Maximize and leverage funds from all available public and private sources, including federal financial participation, grants and awards. 4) Increase public confidence by conducting independent reviews of health and human services issues in order to promote accountability and coordination across departments. 5) Ensure that state health and human services policies and programs are responsive to changing consumer needs and to the network of community providers that deliver services and supports.

#### Statutory History

Title 42 Chapter 7.2 of the Rhode Island General Laws, as amended, established the Executive Office of Health and Human Services within the Executive Branch of state government. Title 40 Chapter 8 of the Rhode Island General Laws provides the state with the statutory foundation for the Medical Assistance Program. Title 42, Chapter 12.4 entitled “Medicaid Reform Act of 2008” is the statutory authority for the adoption of rules and regulations to implement the provisions of the state’s Section 1115 demonstration waiver.

# Budget

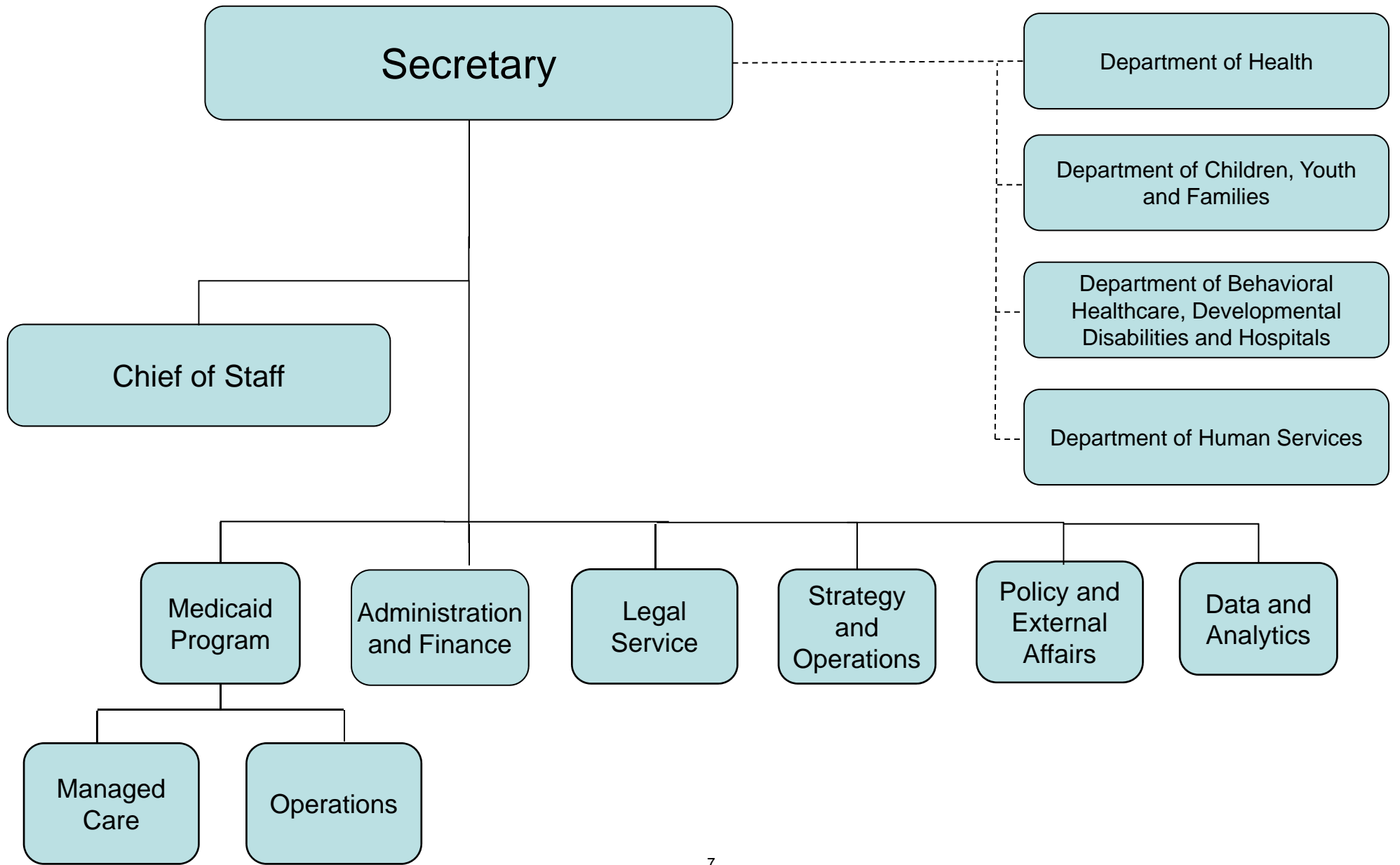
## EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

	2016 Actuals	2017 Actuals	2018 Enacted Budget	2018 Revised Budget	2019 Recommended
<b>Expenditures by Program</b>					
Central Management	175,148,947	114,478,983	132,875,297	172,556,083	140,260,397
Medical Assistance (Including Medicaid)	2,185,152,190	2,318,861,860	2,408,966,599	2,422,362,037	2,337,008,765
<b>Total Expenditures</b>	<b>2,360,301,137</b>	<b>2,433,340,843</b>	<b>2,541,841,896</b>	<b>2,594,918,120</b>	<b>2,477,269,162</b>
<b>Expenditures by Object</b>					
Salary And Benefits	22,868,915	24,367,656	23,662,548	27,577,063	31,810,727
Contract Professional Services	128,305,091	63,758,676	77,443,647	105,719,057	75,069,720
Operating Supplies And Expenses	5,084,584	7,700,858	7,976,205	10,193,832	9,469,725
Assistance And Grants	2,203,891,007	2,337,264,938	2,429,632,538	2,450,862,540	2,360,829,105
<b>Subtotal: Operating</b>	<b>2,360,149,597</b>	<b>2,433,092,128</b>	<b>2,538,714,938</b>	<b>2,594,352,492</b>	<b>2,477,179,277</b>
Capital Purchases And Equipment	151,540	98,715	926,958	565,628	89,885
Operating Transfers	0	150,000	2,200,000	0	0
<b>Subtotal: Other</b>	<b>151,540</b>	<b>248,715</b>	<b>3,126,958</b>	<b>565,628</b>	<b>89,885</b>
<b>Total Expenditures</b>	<b>2,360,301,137</b>	<b>2,433,340,843</b>	<b>2,541,841,896</b>	<b>2,594,918,120</b>	<b>2,477,269,162</b>
<b>Expenditures by Source of Funds</b>					
General Revenue	911,535,815	944,892,151	964,299,956	978,479,417	935,907,193
Federal Funds	1,433,337,164	1,473,416,724	1,558,325,403	1,590,628,323	1,520,865,981
Restricted Receipts	15,428,158	15,031,968	19,216,537	25,810,380	20,495,988
<b>Total Expenditures</b>	<b>2,360,301,137</b>	<b>2,433,340,843</b>	<b>2,541,841,896</b>	<b>2,594,918,120</b>	<b>2,477,269,162</b>
<b>FTE Authorization</b>	<b>187.0</b>	<b>178.0</b>	<b>285.0</b>	<b>194.0</b>	<b>295.0</b>

The FY 2018 FTE position counts for the agencies that fall under the Office of Health and Human Services umbrella do not match the FTE position cap authorization requested in the FY 2018 Supplemental Appropriations act because certain finance positions that were transferred from the agencies to OHHS are still reflected in the originating agency in this document. The positions are reflected as transferred in the FY 2019 column.

# The Agency

## Executive Office of Health and Human Services



# Personnel Agency Summary

## EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
Classified	191.0	17,312,507	294.0	23,641,435
Unclassified	3.0	414,902	1.0	130,878
<b>Subtotal</b>	<b>194.0</b>	<b>17,727,409</b>	<b>295.0</b>	<b>23,772,313</b>
Transfer Out		0		(5,863,019)
Transfer In		67,813		2,364,948
Salaries Adjustment		0		22,161
Overtime (1.5)		50,000		0
Seasonal/Special Salaries/Wages		0		61,074
Turnover		(729,827)		(690,375)
<b>Total Salaries</b>		<b>17,115,395</b>		<b>19,667,109</b>
<b>Benefits</b>				
Contract Stipends		0		1,200
FICA		1,293,505		1,487,740
Health Benefits		2,688,447		3,284,763
Payroll Accrual		97,690		105,823
Retiree Health		1,020,666		1,166,348
Retirement		4,621,720		5,207,190
<b>Subtotal</b>		<b>9,722,028</b>		<b>11,253,064</b>
<b>Total Salaries and Benefits</b>	<b>194.0</b>	<b>26,837,423</b>	<b>295.0</b>	<b>30,920,173</b>
<b>Cost Per FTE Position (Excluding Temporary and Seasonal)</b>		<b>138,337</b>		<b>104,814</b>
Statewide Benefit Assessment		739,640		890,554
<b>Payroll Costs</b>	<b>194.0</b>	<b>27,577,063</b>	<b>295.0</b>	<b>31,810,727</b>
<b>Purchased Services</b>				
Buildings and Ground Maintenance		400		400
Clerical and Temporary Services		337,000		334,000
Information Technology		45,476,184		17,935,705
Legal Services		468,500		468,500
Management & Consultant Services		57,971,373		55,174,986
Medical Services		21,826		21,826
Other Contracts		520,121		210,650
Training and Educational Services		88,500		88,500
University and College Services		835,153		835,153
<b>Subtotal</b>		<b>105,719,057</b>		<b>75,069,720</b>
<b>Total Personnel</b>	<b>194.0</b>	<b>133,296,120</b>	<b>295.0</b>	<b>106,880,447</b>

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## Personnel Agency Summary

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### EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Distribution by Source of Funds</b>				
General Revenue		25,498,117		28,515,634
Federal Funds		105,718,622		76,757,259
Restricted Receipts		2,079,381		1,607,554
<b>Total All Funds</b>		<b>133,296,120</b>		<b>106,880,447</b>

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## Performance Measures

### EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

#### Medicaid Payments Tied to an Alternative Payment Methodology

Value-based payments reward providers for the quality of their care, as opposed to just the amount of care, which leads to better patient experience, improved outcomes and lower costs and use of health care services. The figures below represent the percentage of Medicaid payments with some aspect tied to value-based payments such as shared savings arrangements, bundled payments, or capitation. [Notes: Calendar Year 2017 data as of 12/27/17. Missing values appear as zeros in the measure.]

<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>				
	2015	2016	2017	2018	2019
<b>Target</b>	1.00%	30.00%	40.00%	60.00%	80.00%
<b>Actual</b>	1.00%	54.00%	57.50%	0.00%	

#### Severe and Persistent Mental Illness (SPMI) Per-Member Costs

Patients with SPMI represent some of the most high needs and most expensive patients in our health care delivery system who benefit most from coordinated, integrated, individually-managed care. The figures below represent the per member, per month cost of adults with SPMI. [Note: Missing values appear as zeros in the measure.]

<i>Frequency: Annual</i>	<i>Reporting Period: State Fiscal Year</i>				
	2015	2016	2017	2018	2019
<b>Target</b>	1,930.00	0.00	1,835.00	1,790.00	1,950.00
<b>Actual</b>	1,930.00	1,882.00	1,873.00	0.00	

#### Emergency Department Usage - All Medicaid Members

Care delivered in an emergency room is often more expensive, less coordinated, and higher intensity than patients need. While some visits are truly emergent for unpreventable reasons, recent national studies estimate that up to 71 percent of emergency room visits are potentially avoidable, either because they are primary-care treatable or could have been prevented with better management of chronic illness or a more coordinated care experience. (Source: Truven Analytics. "Avoidable Emergency Department Usage Analysis." April, 2013.) The figures below represent the number of emergency department visits per 1,000 full-time equivalent (FTE) members. [Note: Missing values appear as zeros in the measure.]

<i>Frequency: Annual</i>	<i>Reporting Period: State Fiscal Year</i>				
	2015	2016	2017	2018	2019
<b>Target</b>	700.00	0.00	645.00	604.00	622.00
<b>Actual</b>	700.00	689.00	626.00	0.00	

#### Emergency Department Usage - Medicaid SPMI Subpopulation

Patients with SPMI are more likely to use the Emergency Room, which often delivers less coordinated, integrated, and cost-efficient services than these high-needs patients require. The figures below represent the number of emergency department visits per 1,000 Medicaid FTE members with SPMI. [Note: Missing values appear as zeros in the measure.]

<i>Frequency: Annual</i>	<i>Reporting Period: State Fiscal Year</i>				
	2015	2016	2017	2018	2019
<b>Target</b>	2,101.00	0.00	2,130.00	1,995.00	1,999.00
<b>Actual</b>	2,101.00	2,276.00	1,932.00	0.00	



## Performance Measures

### EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

#### Medicaid Members with a Primary Care Provider (PCP) Visit in the Past Year

When patients regularly visit their primary care provider, "[they] have better management of chronic diseases, lower overall health care costs, and a higher level of satisfaction with their care." (Friedberg, Mark W. "Primary Care: A Critical Review Of The Evidence On Quality And Costs Of Health Care." Health Affairs Volume 29.Issue 5 (May 2010):pp 766-772.) The figures below represent the percentage of Medicaid - combined RIte Care and Fee-For-Service - FTE members who have seen a PCP in the last 12 months. [Note: Missing values appear as zeros in the measure.]

	<i>Reporting Period: State Fiscal Year</i>				
<i>Frequency: Annual</i>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Target</b>	68.50%	74.90%	81.20%	85.40%	70.00%
<b>Actual</b>	68.50%	69.20%	70.00%	0.00%	

#### Long Term Support Services Spending on Institutional Care

A preferred alternative to institutional long-term care, in terms of matching care intensity to the patient's need, improved cost savings and better patient experience, are "home and community based services". EOHHS aims to increase our use of home and community based services, when appropriate, for members in need of long term care. The figures below represent the percentage of long-term care spending on institutional nursing homes or hospice care. [Notes: 2015 actual has been updated to reflect more accurate data. Missing values appear as zeros in the measure.]

	<i>Reporting Period: State Fiscal Year</i>				
<i>Frequency: Monthly</i>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Target</b>	86.90%	75.00%	70.00%	75.00%	85.00%
<b>Actual</b>	86.90%	86.00%	86.30%	0.00%	

## Program Summary

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**Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

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### Central Management

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#### **Mission**

To efficiently and effectively manage the major programmatic and administrative operations of the Executive Office.

#### **Description**

The Central Management program is comprised of several distinct units that were formed through the restructuring of functional responsibilities across the health and human services subsidiary departments and include: Office of the Secretary, Budget and Finance, Innovation and Policy, Partner Engagement, Legal Services, Medical Assistance (Medicaid) Administration, and the Office of Program Integrity. The structure of EOHHS is designed to achieve greater efficiency in the organization, finance, design, and delivery of services. The centralization of certain functions modernizes existing systems, leverages available resources, and streamlines service delivery and payment systems. The transfer of the Medicaid Administration function from the Department of Human Services established EOHHS as the “Single State Agency” for Medicaid Administration in Rhode Island. Medical Assistance Administration strives to ensure access to high quality health care services, to assure the efficiency and economy of those services, to coordinate service-delivery efforts with other state departments and agencies, and to administer programs in a manner consistent with federal and state laws and regulations.

#### **Statutory History**

Title 42 Chapter 7.2 of the Rhode Island General Laws established the Executive Office of Health and Human Services within the Executive Branch of state government.

# Budget

## Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### Central Management

<b>Expenditures by Sub Program</b>	<b>2016 Actuals</b>	<b>2017 Actuals</b>	<b>2018 Enacted Budget</b>	<b>2018 Revised Budget</b>	<b>2019 Recommended</b>
Operations	175,148,947	114,478,983	132,875,297	172,556,083	140,260,397
<b>Total Expenditures</b>	<b>175,148,947</b>	<b>114,478,983</b>	<b>132,875,297</b>	<b>172,556,083</b>	<b>140,260,397</b>
<b>Expenditures by Object</b>					
Salary and benefits	22,868,915	24,367,656	23,662,548	27,577,063	31,810,727
Contract Professional Services	128,305,091	63,312,051	77,443,647	105,719,057	75,069,720
Operating supplies and Expenses	5,082,801	7,700,011	7,976,205	10,193,832	9,469,725
Assistance And Grants	18,740,600	18,850,550	20,665,939	28,500,503	23,820,340
<b>Subtotal: Operating</b>	<b>174,997,407</b>	<b>114,230,268</b>	<b>129,748,339</b>	<b>171,990,455</b>	<b>140,170,512</b>
Capital Purchases And Equipment	151,540	98,715	926,958	565,628	89,885
Operating Transfers	0	150,000	2,200,000	0	0
<b>Subtotal: Other</b>	<b>151,540</b>	<b>248,715</b>	<b>3,126,958</b>	<b>565,628</b>	<b>89,885</b>
<b>Total Expenditures</b>	<b>175,148,947</b>	<b>114,478,983</b>	<b>132,875,297</b>	<b>172,556,083</b>	<b>140,260,397</b>
<b>Expenditures by Source of Funds</b>					
General Revenue	34,276,826	25,569,945	26,992,150	27,234,932	30,110,832
Federal Funds	134,719,716	84,850,577	97,940,878	130,785,039	100,927,845
Restricted Receipts	6,152,405	4,058,461	7,942,269	14,536,112	9,221,720
<b>Total Expenditures</b>	<b>175,148,947</b>	<b>114,478,983</b>	<b>132,875,297</b>	<b>172,556,083</b>	<b>140,260,397</b>

## Personnel

### Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

#### Central Management

	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Classified</b>				
ACCOUNTANT	0.0	0	2.0	95,745
ADMINISTRATIVE AND LEGAL SUPPORT SERVICES ADMINISTRATOR	4.0	541,647	4.0	541,647
ADMINISTRATOR- FINANCIAL MANAGEMENT	0.0	0	8.0	695,831
ADMINISTRATOR FOR MEDICAL SERVICES	4.0	432,012	4.0	432,012
ADMINISTRATOR III (MHRH)	0.0	0	2.0	195,205
ADMINISTRATOR I (MHRH)	1.0	92,652	2.0	166,977
APPEALS OFFICER	7.0	537,721	7.0	537,721
ASSISTANT ADMINISTRATIVE OFFICER	1.0	56,674	1.0	56,674
ASSISTANT ADMINISTRATOR (ASSISTANCE PAYMENTS)	1.0	99,745	2.0	198,994
ASSISTANT ADMINISTRATOR COMMUNITY AND PLANNING SERVICES	0.0	4,126	0.0	0
ASSISTANT ADMINISTRATOR FAMILY AND CHILDREN'S SERVICES	2.0	191,787	2.0	187,188
ASSISTANT ADMINISTRATOR- FINANCIAL MANAGEMENT	1.0	71,608	2.0	153,828
ASSISTANT BUSINESS MANAGEMENT OFFICER	0.0	0	6.0	285,387
ASSISTANT DIRECTOR FINANCIAL AND CONTRACT MANAGEMENT	4.0	460,080	4.0	460,080
ASSOCIATE ADMINISTRATOR II (MHRH)	0.0	0	2.0	164,282
ASSOCIATE DIRECTOR DEPARTMENT OF ELDERLY AFFAIRS	1.0	118,289	1.0	118,289
ASSOCIATE DIRECTOR (DHS) DIV OF COMMUNITY SERVICES	1.0	127,612	1.0	127,612
ASSOCIATE DIRECTOR (DHS) DIV OF MANAGEMENT SERVICES	5.0	659,148	5.0	659,149
ASSOCIATE DIRECTOR (FINANCIAL MANAGEMENT)	6.0	760,749	6.0	760,748
ASSOCIATE DIRECTOR II (MHRH)	2.0	263,538	2.0	263,538
BILLING SPECIALIST	0.0	0	1.0	41,674
BUSINESS MANAGEMENT OFFICER	0.0	0	3.0	193,368
CHIEF BUSINESS MANAGEMENT OFFICER	0.0	0	2.0	179,273
CHIEF CLERK	0.0	0	1.0	45,232
CHIEF DIVISION OF ORAL HEALTH	0.0	59,187	0.0	0
CHIEF ECONOMIC AND POLICY ANALYST	2.0	215,230	2.0	215,230
CHIEF FAMILY HEALTH SYSTEMS	10.0	835,058	10.0	835,058
CHIEF HEALTH PROGRAM EVALUATOR	2.0	171,772	2.0	171,772
CHIEF HEALTH SYSTEMS DEVELOPMENT	1.0	87,239	1.0	87,239
CHIEF HUMAN SERVICES BUSINESS OFFICER	1.0	101,777	6.0	488,099
CHIEF IMPLEMENTATION AIDE	2.0	131,653	2.0	131,653

# Personnel

## Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### Central Management

	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Classified</b>				
CHIEF MEDICAL CARE SPECIALIST	3.0	292,971	3.0	290,671
CHIEF OF LEGAL SERVICES	3.0	315,046	3.0	315,046
CHIEF OF STAFF DEVELOPMENT- TRAINING & CONT QUAL IMPROV	1.0	71,703	1.0	71,703
CHIEF OF STRATEGIC PLANNING- MONITORING AND EVALUATION	7.0	770,366	7.0	770,367
CHIEF RATE SETTING ANALYST	1.0	98,492	1.0	96,192
COMMUNITY HEALTH NURSE COORDINATOR	5.0	550,203	5.0	467,587
CONSULTANT PUBLIC HEALTH NURSE	10.0	1,078,392	10.0	1,055,042
DATA CONTROL CLERK	14.0	581,232	18.0	792,458
DATA ENTRY UNIT SUPERVISOR	0.0	12,237	0.0	0
DEPUTY CHIEF OF LEGAL SERVICES	5.0	494,245	5.0	494,244
DEPUTY DIRECTOR DEPARTMENT OF HUMAN SERVICES	1.0	136,161	1.0	136,161
DEPUTY DIRECTOR OF HEALTH	1.0	121,889	0.0	0
DEPUTY SECRETARY - GENERAL COUNSEL	0.0	0	1.0	70,000
Director, Interagency Operations (EOHSS)	1.0	150,436	1.0	150,436
DISEASE INTERVENTION SPECIALIST I	0.0	48,687	0.0	0
ELIGIBILITY TECHNICIAN	2.0	104,341	2.0	104,341
FISCAL CLERK	0.0	0	3.0	156,669
FISCAL MANAGEMENT OFFICER	0.0	0	2.0	121,838
HEALTH PROGRAM ADMINISTRATOR	2.0	181,373	2.0	159,847
HEALTH SERVICES REGULATION LICENSING AIDE I	0.0	20,777	0.0	0
HEALTH SERVICES REGULATION LICENSING AIDE II	0.0	4,468	0.0	0
HUMAN SERVICES BUSINESS OFFICER	0.0	0	8.0	419,289
HUMAN SERVICES POLICY AND SYSTEMS SPECIALIST	0.0	0	1.0	63,009
IMPLEMENTATION DIRECTOR POLICY AND PROGRAMS	1.0	115,275	1.0	115,275
INFORMATION AIDE	0.0	0	1.0	39,678
INFORMATION PROCESSING OFFICER	0.0	0	1.0	107,615
INTERDEPARTMENTAL PROJECT MANAGER	9.0	855,804	11.0	1,029,609
JUNIOR HUMAN SERVICES POLICY AND SYSTEMS SPECIALIST	0.0	0	1.0	53,360
JUNIOR RESOURCE SPECIALIST	0.0	0	1.0	51,335
LEGAL ASSISTANT	5.0	223,156	5.0	221,184
LEGAL COUNSEL (MHRH)	2.0	170,317	2.0	170,317
MEDICAID PROGRAM DIRECTOR	1.0	155,192	1.0	155,192
MEDICAL CARE SPECIALIST	4.0	271,466	6.0	417,692

# Personnel

## Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### Central Management

	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Classified</b>				
MEDICOLEGAL ADMINISTRATOR	0.0	38,048	0.0	0
OFFICE MANAGER	2.0	111,698	2.0	111,698
PARALEGAL AIDE	1.0	40,681	1.0	40,681
PRINCIPAL CLERK-TYPIST	0.0	0	1.0	36,856
PRINCIPAL COMMUNITY PROGRAM LIAISON WORKER	0.0	51,915	0.0	0
PRINCIPAL HUMAN SERVICES BUSINESS OFFICER	4.0	256,783	15.0	947,684
PRINCIPAL HUMAN SERVICES POLICY AND SYSTEMS SPECIALIST	1.0	85,154	12.0	1,184,098
PRINCIPAL MANAGEMENT AND METHODS ANALYST	1.0	57,352	1.0	57,352
PRINCIPAL PREAUDIT CLERK	0.0	0	3.0	116,116
PRINCIPAL PUBLIC HEALTH PROMOTION SPECIALIST	1.0	74,197	1.0	74,197
PRINCIPAL RATE ANALYST (COMMUNITY BASED SERVICES)	1.0	70,559	3.0	228,434
PROGRAMMING SERVICES OFFICER	6.0	486,479	7.0	496,413
PUBLIC ASSISTANCE BUSINESS MANAGER	1.0	89,543	1.0	89,543
PUBLIC HEALTH EPIDEMIOLOGIST	0.0	61,103	0.0	0
PUBLIC HEALTH PROMOTION SPECIALIST	0.0	69,456	0.0	0
RATE ANALYST (COMMUNITY BASED SERVICES)	0.0	0	2.0	102,853
SENIOR ACCOUNTANT	0.0	0	1.0	48,399
SENIOR COMMUNITY PROGRAM LIAISON WORKER	1.0	48,943	1.0	48,943
SENIOR HUMAN SERVICES BUSINESS OFFICER	0.0	0	3.0	184,936
SENIOR HUMAN SERVICES POLICY AND SYSTEMS SPECIALIST	2.0	228,091	5.0	354,636
SENIOR LEGAL COUNSEL	18.0	1,571,149	18.0	1,571,146
SENIOR MEDICAL CARE SPECIALIST	4.0	329,033	4.0	326,733
SENIOR PUBLIC HEALTH PROMOTION SPECIALIST	0.0	16,463	0.0	0
SENIOR RATE ANALYST (COMMUNITY BASED SERVICES)	2.0	124,758	3.0	179,243
SENIOR SYSTEMS ANALYST	1.0	77,529	1.0	77,529
SENIOR WORD PROCESSING TYPIST	0.0	0	1.0	44,500
SOCIAL CASE WORKER	2.0	119,257	2.0	119,257
SOCIAL CASE WORKER II	5.0	298,371	5.0	293,771
SUPERVISING ACCOUNTANT	0.0	0	1.0	85,874
SUPERVISOR FINANCIAL MANAGEMENT AND REPORTING	2.0	162,412	2.0	162,412
SUPERVISOR OF PATIENTS' RESOURCES AND BENEFITS	0.0	0	1.0	72,473
<b>Subtotal Classified</b>	<b>191.0</b>	<b>17,312,507</b>	<b>294.0</b>	<b>23,641,435</b>

# Personnel

## Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### Central Management

	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Classified</b>				
<b>Unclassified</b>				
CHIEF OF STAFF	0.0	106,409	0.0	0
DEPUTY SECRETARY - GENERAL COUNSEL	1.0	70,000	0.0	0
INFORMATION PROCESSING OFFICER	1.0	107,615	0.0	0
SECRETARY OF HEALTH AND HUMAN SERVICES	1.0	130,878	1.0	130,878
<b>Subtotal Unclassified</b>	<b>3.0</b>	<b>414,902</b>	<b>1.0</b>	<b>130,878</b>
<b>Subtotal</b>	<b>194.0</b>	<b>17,727,409</b>	<b>295.0</b>	<b>23,772,313</b>
Transfer Out		0		(5,863,019)
Transfer In		67,813		2,364,948
Salaries Adjustment		0		22,161
Overtime (1.5)		50,000		0
Seasonal/Special Salaries/Wages		0		61,074
Turnover		(729,827)		(690,375)
<b>Total Salaries</b>		<b>17,115,395</b>		<b>19,667,109</b>
<b>Benefits</b>				
Contract Stipends		0		1,200
FICA		1,293,505		1,487,740
Health Benefits		2,688,447		3,284,763
Payroll Accrual		97,690		105,823
Retiree Health		1,020,666		1,166,348
Retirement		4,621,720		5,207,190
<b>Subtotal</b>		<b>9,722,028</b>		<b>11,253,064</b>
<b>Total Salaries and Benefits</b>	<b>194.0</b>	<b>26,837,423</b>	<b>295.0</b>	<b>30,920,173</b>
<b>Cost Per FTE Position (Excluding Temp. and Seasonal)</b>		<b>138,337</b>		<b>104,814.15</b>
Statewide Benefit Assessment		739,640		890,554
<b>Payroll Costs</b>	<b>194.0</b>	<b>27,577,063</b>	<b>295.0</b>	<b>31,810,727</b>
<b>Purchased Services</b>				
Buildings and Ground Maintenance		400		400
Clerical and Temporary Services		337,000		334,000
Information Technology		45,476,184		17,935,705
Legal Services		468,500		468,500
Management & Consultant Services		57,971,373		55,174,986
Medical Services		21,826		21,826
Other Contracts		520,121		210,650

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## Personnel

Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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### Central Management

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	FY 2018		FY 2019	
	FTE	Cost	FTE	Cost
<b>Purchased Services</b>				
Training and Educational Services		88,500		88,500
University and College Services		835,153		835,153
<b>Subtotal</b>		<b>105,719,057</b>		<b>75,069,720</b>
<b>Total Personnel</b>	<b>194.0</b>	<b>133,296,120</b>	<b>295.0</b>	<b>106,880,447</b>
<b>Distribution by Source of Funds</b>				
General Revenue		25,498,117		28,515,634
Federal Funds		105,718,622		76,757,259
Restricted Receipts		2,079,381		1,607,554
<b>Total All Funds</b>		<b>133,296,120</b>		<b>106,880,447</b>



## Program Summary

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**Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

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### Medical Assistance (Including Medicaid)

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#### Mission

To assure the availability of high quality health care services to program recipients.

#### Description

The Medical Assistance Program assures quality and access to necessary medical services for eligible recipients, primarily financed through Medicaid. Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program administered by states to provide medical benefits to low income persons who are aged, blind, or disabled, to low income children and families, and to qualifying low income persons without dependent children. Medicaid is jointly financed by states and the federal government according to the prevailing Federal Medical Assistance Percentage (FMAP). Rhode Island's FMAP, which is based on a measure of relative per capita personal income, is 51.45 percent for federal fiscal year 2018 and 52.57 percent for federal fiscal year 2019. EOHHS, in accordance with the Global Consumer Choice Compact Waiver and a multitude of state and federal laws, specifies the scope of covered services, establishes fees for services and reimbursement rates for hospital and nursing facility services, and adjudicates and pays claims for medical services submitted by providers. The Medical Assistance Program covers a broad scope of medical services provided to eligible individuals by service providers licensed by the Department of Health or other appropriate state or federal accrediting authorities, and enrolled as service providers by the Medical Assistance Program.

#### Statutory History

Title XIX of the Social Security Act was enacted by Congress under the provision of Public Law 89-97 on July 30, 1965. The Rhode Island Medical Assistance Program was implemented under Title 40, Chapter 8 of the Rhode Island General Laws. Title 42 Chapter 12.3 and Title 40-6.2 of the Rhode Island General Laws authorized the Department of Human Services to establish and administer the RItE Care Program. EOHHS has since become the administering agency for Medical Assistance.

## Budget

### Agency: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

#### Medical Assistance (Including Medicaid)

Expenditures by Sub Program	2016 Actuals	2017 Actuals	2018 Enacted Budget	2018 Revised Budget	2019 Recommended
Hospitals	196,137,342	188,448,131	197,983,104	190,203,581	143,527,744
Long-Term Care	238,825,063	249,102,254	238,714,828	243,900,000	239,078,176
Managed Care	638,130,693	681,026,615	690,512,594	712,475,000	705,709,388
Other Services	482,768,991	544,361,348	585,585,097	562,849,067	544,359,609
Pharmacy	52,144,168	54,231,024	62,068,533	62,034,389	62,399,670
Rhody Health Partners	557,651,347	584,535,253	591,602,443	608,400,000	598,895,598
Special Education	19,494,586	17,157,235	42,500,000	42,500,000	43,038,580
<b>Total Expenditures</b>	<b>2,185,152,190</b>	<b>2,318,861,860</b>	<b>2,408,966,599</b>	<b>2,422,362,037</b>	<b>2,337,008,765</b>
<b>Expenditures by Object</b>					
Contract Professional Services	0	446,625	0	0	0
Operating supplies and Expenses	1,783	847	0	0	0
Assistance And Grants	2,185,150,407	2,318,414,388	2,408,966,599	2,422,362,037	2,337,008,765
<b>Subtotal: Operating</b>	<b>2,185,152,190</b>	<b>2,318,861,860</b>	<b>2,408,966,599</b>	<b>2,422,362,037</b>	<b>2,337,008,765</b>
<b>Total Expenditures</b>	<b>2,185,152,190</b>	<b>2,318,861,860</b>	<b>2,408,966,599</b>	<b>2,422,362,037</b>	<b>2,337,008,765</b>
<b>Expenditures by Source of Funds</b>					
General Revenue	877,258,989	919,322,206	937,307,806	951,244,485	905,796,361
Federal Funds	1,298,617,448	1,388,566,147	1,460,384,525	1,459,843,284	1,419,938,136
Restricted Receipts	9,275,753	10,973,508	11,274,268	11,274,268	11,274,268
<b>Total Expenditures</b>	<b>2,185,152,190</b>	<b>2,318,861,860</b>	<b>2,408,966,599</b>	<b>2,422,362,037</b>	<b>2,337,008,765</b>