

State of Rhode Island and Providence Plantations

Budget



Fiscal Year 2017

Volume II – Health and Human Services

Gina M. Raimondo, Governor

Agency

Executive Office Of Health And Human Services

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:

- Improve the economy, efficiency, coordination, and quality of health and human services policy and planning and budgeting and financing.
- Design strategies and implement best practices that foster service access, consumer safety and positive outcomes.
- Maximize and leverage funds from all available public and private sources, including federal financial participation, grants and awards.
- Increase public confidence by conducting independent reviews of health and human services issues in order to promote accountability and coordination across departments.
- 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.

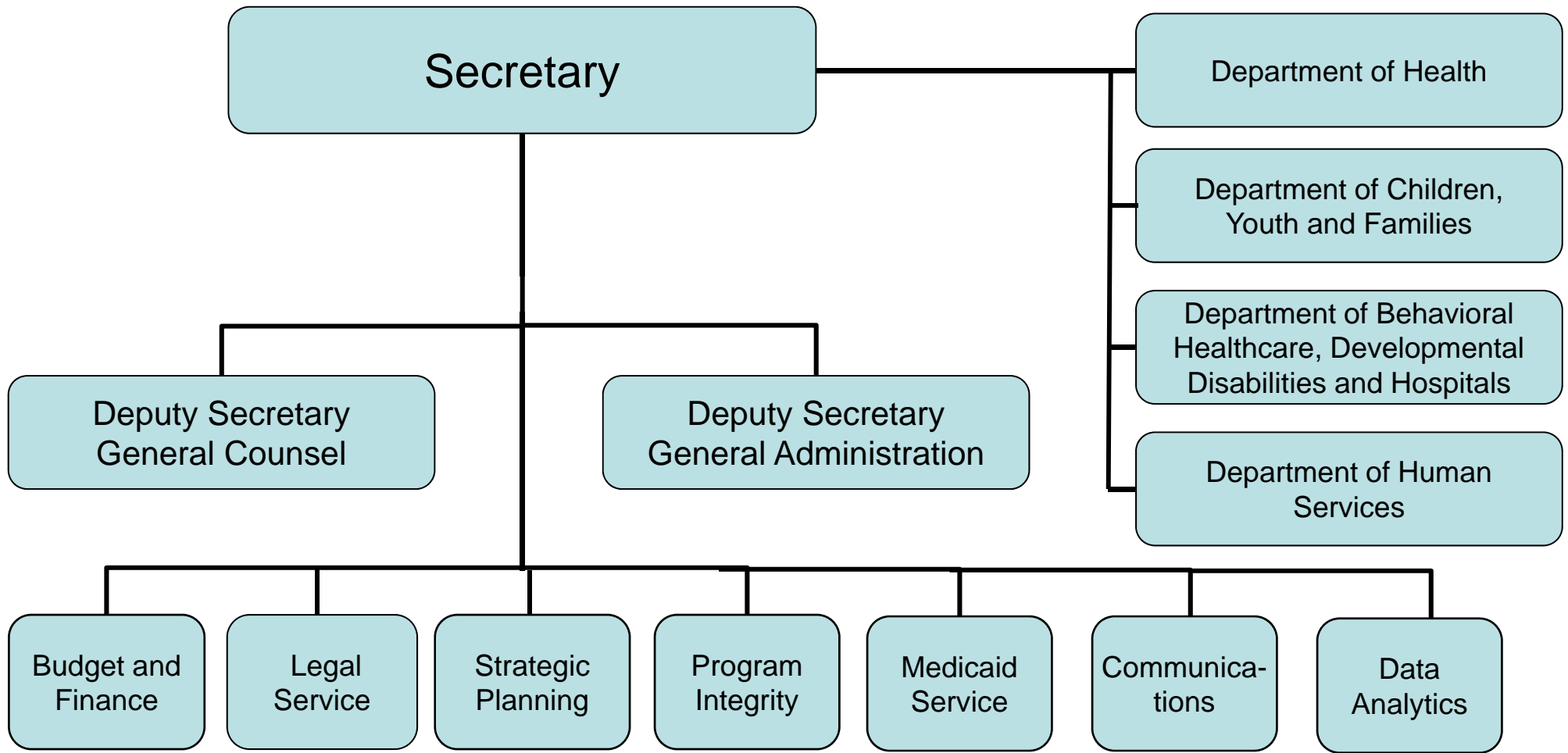
Budget

Executive Office Of Health And Human Services

	FY 2014 Audited	FY 2015 Audited	FY 2016 Enacted	FY 2016 Revised	FY 2017 Recommend
Expenditures By Program					
Central Management	126,016,218	127,894,331	124,237,973	209,223,316	149,288,662
Medical Assistance (Including Medicaid)	1,819,597,682	2,206,756,129	2,263,665,980	2,254,338,729	2,260,027,827
Total Expenditures	\$1,945,613,900	\$2,334,650,460	\$2,387,903,953	\$2,463,562,045	\$2,409,316,489
Expenditures By Object					
Personnel	92,610,247	101,585,555	98,790,523	175,718,520	120,157,665
Operating Supplies and Expenses	9,386,258	6,987,032	4,321,897	6,241,492	4,577,964
Assistance and Grants	1,840,254,449	2,225,133,066	2,284,497,916	2,278,561,303	2,284,177,319
Subtotal: Operating Expenditures	1,942,250,954	2,333,705,653	2,387,610,336	2,460,521,315	2,408,912,948
Capital Purchases and Equipment	3,362,946	944,807	293,617	3,040,730	403,541
Total Expenditures	\$1,945,613,900	\$2,334,650,460	\$2,387,903,953	\$2,463,562,045	\$2,409,316,489
Expenditures By Funds					
General Revenue	839,589,446	915,652,909	909,934,065	926,021,780	914,720,115
Federal Funds	1,093,456,235	1,402,816,157	1,462,232,758	1,522,294,853	1,476,096,972
Restricted Receipts	12,568,219	16,181,394	15,737,130	15,245,412	18,499,402
Total Expenditures	\$1,945,613,900	\$2,334,650,460	\$2,387,903,953	\$2,463,562,045	\$2,409,316,489
FTE Authorization	184.0	184.0	187.0	187.0	187.0

The Agency

Executive Office of Health and Human Services



Personnel

Executive Office Of Health And Human Services Agency Summary

	Grade	FY 2016		FY 2017	
		FTE	Cost	FTE	Cost
Classified		184.0	15,732,875	184.0	15,959,853
Unclassified		3.0	471,979	3.0	474,356
Subtotal		187.0	\$16,204,854	187.0	\$16,434,209
Interdepartmental Transfer		-	181,388	-	181,008
Overtime		-	224	-	231
Temporary and Seasonal		-	87,605	-	87,605
Turnover		-	(\$1,037,812)	-	(\$953,124)
Subtotal		-	(\$768,595)	-	(\$684,280)
Total Salaries		187.0	\$15,436,259	187.0	\$15,749,929
Benefits					
Payroll Accrual			87,515		90,436
FICA			1,161,108		1,185,819
Retiree Health			917,484		936,263
Health Benefits			2,239,364		2,314,148
Retirement			3,768,633		4,110,965
Subtotal			\$8,174,104		\$8,637,631
Total Salaries and Benefits		187.0	\$23,610,363	187.0	\$24,387,560
Cost Per FTE Position (Excluding Temporary and Seasonal)			\$125,790		\$129,946
Statewide Benefit Assessment			\$710,717		\$748,566
Payroll Costs		187.0	\$24,321,080	187.0	\$25,136,126
Purchased Services					
Information Technology			75,667,535		18,925,702
Clerical and Temporary Services			162,500		82,500
Management & Consultant Services			75,245,684		75,794,116
Legal Services			50,000		60,000
Other Contracts			262,721		150,221
Buildings and Ground Maintenance			400		400
Training and Educational Services			1,000		1,000
Medical Services			7,600		7,600
Subtotal			\$151,397,440		\$95,021,539
Total Personnel		187.0	\$175,718,520	187.0	\$120,157,665
Distribution By Source Of Funds					
General Revenue		99.6	\$35,941,538	100.6	\$33,573,698
Federal Funds		82.4	\$138,967,318	81.4	\$85,936,542
Restricted Receipts		5.0	\$809,664	5.0	\$647,425
Total All Funds		187.0	\$175,718,520	187.0	\$120,157,665

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.

	2013	2014	2015	2016	2017
Target	--	--	--	30%	40%
Actual	--	--	1%	--	--

Performance for this measure is reported by state fiscal year.

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: Fiscal Year 2015 data is currently undergoing quality review.]

	2013	2014	2015	2016	2017
Target	--	--	\$1,714	\$1,640	\$1,565
Actual	--	\$1,789	--	--	--

Performance for this measure is reported by state fiscal year.

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: Fiscal Year 2015 data is currently undergoing quality review.]

	2013	2014	2015	2016	2017
Target	--	--	589	554	520
Actual	609	624	--	--	--

Performance for this measure is reported by state fiscal year.

Performance Measures

Executive Office Of Health And Human Services

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: Fiscal Year 2015 data is currently undergoing quality review.]

	2013	2014	2015	2016	2017
Target	--	--	1,356	1,329	1,303
Actual	--	1,348	--	--	--

Performance for this measure is reported by state fiscal year.

Medicaid Members with Primary Care Provider (PCP)

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: Fiscal Year 2015 data is currently undergoing quality review.]

	2013	2014	2015	2016	2017
Target	--	--	68.6%	74.9%	81.2%
Actual	--	62.3%	--	--	--

Performance for this measure is reported by state fiscal year.

Long-Term Nursing Home Spending

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.

	2013	2014	2015	2016	2017
Target	--	--	--	75%	70%
Actual	--	--	81%	--	--

Performance for this measure is reported by state fiscal year.

The Program

Executive Office Of Health And Human Services Central Management

Program Mission

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

Program Description

The EOHHS is organized into several units, each of which focuses on one of the agency's core functions: Office of the Secretary, Budget and Finance, Legal Services, Strategic Planning, Program Integrity, Communications, and Data Analytics.

The units work in collaboration with one another and with the leadership of the departments to achieve greater efficiency in the organization, finance, design and delivery of services. The centralization and/or coordination of these core functions EOHHS-wide has assisted in modernizing existing systems, leveraging available resources, and streamlining service delivery and payment.

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.

The Budget

Executive Office Of Health And Human Services Central Management

	2014 Audited	2015 Audited	2016 Enacted	2016 Revised	2017 Recommend
Expenditures By Subprogram					
Operations	126,016,218	127,894,331	124,237,973	209,223,316	149,288,662
Total Expenditures	\$126,016,218	\$127,894,331	\$124,237,973	\$209,223,316	\$149,288,662
Expenditures By Object					
Personnel	92,610,247	101,585,555	98,790,523	175,718,520	120,157,665
Operating Supplies and Expenses	9,385,871	6,984,816	4,321,897	6,241,492	4,577,964
Assistance and Grants	20,657,154	18,379,153	20,831,936	24,222,574	24,149,492
Subtotal: Operating Expenditures	122,653,272	126,949,524	123,944,356	206,182,586	148,885,121
Capital Purchases and Equipment	3,362,946	944,807	293,617	3,040,730	403,541
Total Expenditures	\$126,016,218	\$127,894,331	\$124,237,973	\$209,223,316	\$149,288,662
Expenditures By Funds					
General Revenue	26,591,464	28,046,360	25,831,585	36,598,555	33,344,387
Federal Funds	98,512,685	95,096,346	93,284,258	167,994,349	112,029,873
Restricted Receipts	912,069	4,751,625	5,122,130	4,630,412	3,914,402
Total Expenditures	\$126,016,218	\$127,894,331	\$124,237,973	\$209,223,316	\$149,288,662

Personnel

Executive Office Of Health And Human Services Central Management

	Grade	FY 2016		FY 2017	
		FTE	Cost	FTE	Cost
Classified					
DEPUTY DIRECTOR DEPARTMENT OF HUMAN	00148A	1.0	149,857	1.0	162,060
ASSOCIATE DIRECTOR (DHS) DIV OF	00146A	2.0	291,739	2.0	297,804
ADMINISTRATIVE AND LEGAL SUPPORT SERVICES	00145A	3.0	410,864	3.0	415,033
ASSOCIATE DIRECTOR II (MHRH)	00144A	2.0	261,751	2.0	263,539
EXECUTIVE/ASSOCIATE DIRECTOR (MHRH)	00146A	1.0	126,028	1.0	126,648
ASSOCIATE DIRECTOR (FINANCIAL MANAGEMENT)	00144A	6.0	752,716	6.0	769,393
ASSOCIATE DIRECTOR I (MHRH)	00142A	1.0	117,797	1.0	118,377
ASSISTANT DIRECTOR (DHS) FOR LEGAL SERVICES	00141A	1.0	117,709	1.0	118,289
ASSOCIATE DIRECTOR DEPARTMENT OF ELDERLY	00141A	1.0	117,709	1.0	118,289
CHIEF OF STRATEGIC PLANNING, MONITORING	00143A	3.0	351,503	3.0	358,035
CONSULTANT PUBLIC HEALTH NURSE	00926A	10.0	1,169,365	10.0	1,174,974
ASSISTANT DIRECTOR FINANCIAL AND CONTRACT	00141A	4.0	436,946	4.0	444,384
IMPLEMENTATION DIRECTOR POLICY AND	00140A	2.0	217,217	2.0	218,285
ADMINISTRATOR FOR MEDICAL SERVICES	00141A	8.0	854,394	8.0	879,263
CHIEF OF LEGAL SERVICES	00139A	3.0	313,503	3.0	315,048
CHIEF MEDICAL CARE SPECIALIST	00A34A	2.0	203,870	2.0	204,852
ASSISTANT ADMINISTRATOR FAMILY AND	00A35A	2.0	203,394	2.0	204,360
COMMUNITY HEALTH NURSE COORDINATOR	00923A	5.0	507,453	5.0	509,899
ASSISTANT ADMINISTRATOR (ASSISTANCE	00A35A	1.0	99,583	1.0	101,968
DEPUTY CHIEF OF LEGAL SERVICES	00137A	5.0	492,192	5.0	494,600
CHIEF HUMAN SERVICES BUSINESS OFFICER	00A33A	1.0	98,253	1.0	98,713
CHIEF RATE SETTING ANALYST	00A35A	2.0	193,970	2.0	194,914
CHIEF FAMILY HEALTH SYSTEMS	00137A	7.0	659,996	7.0	675,392
INTERDEPARTMENTAL PROJECT MANAGER	00139A	5.0	469,448	5.0	482,498
ADMINISTRATOR I (MHRH)	00136A	1.0	90,740	1.0	92,652
PUBLIC ASSISTANCE BUSINESS MANAGER	00A33A	1.0	89,104	1.0	89,542
CHIEF HEALTH PROGRAM EVALUATOR	00137A	1.0	86,811	1.0	87,240
SENIOR LEGAL COUNSEL	00134A	20.0	1,729,884	20.0	1,742,310
PRINCIPAL HUMAN SERVICES POLICY AND	00A30A	2.0	171,600	2.0	172,437
CHIEF HEALTH SYSTEMS DEVELOPMENT	00137A	1.0	83,846	1.0	87,240
LEGAL COUNSEL (MHRH)	00136A	2.0	167,632	2.0	168,457
APPEALS OFFICER	00A30A	6.0	495,175	6.0	501,013
SENIOR MEDICAL CARE SPECIALIST	00A30A	5.0	410,024	5.0	415,984
SUPERVISOR FINANCIAL MANAGEMENT AND	00135A	2.0	161,616	2.0	162,412
SENIOR HUMAN SERVICES POLICY AND SYSTEMS	00A28A	1.0	79,414	1.0	79,776
LEGAL COUNSEL	00132A	1.0	79,330	1.0	79,720
PROGRAMMING SERVICES OFFICER	00131A	3.0	230,781	3.0	231,921
HEALTH PROGRAM ADMINISTRATOR	00135A	3.0	227,962	3.0	234,549
SENIOR SYSTEMS ANALYST	00A26A	1.0	75,567	1.0	75,933
PRINCIPAL HUMAN SERVICES BUSINESS OFFICER	00A28A	3.0	223,546	3.0	226,007
CHIEF PROGRAM DEVELOPMENT	00134A	1.0	73,234	1.0	76,310
MEDICAL CARE SPECIALIST	00A25A	4.0	283,970	4.0	288,998
PRINCIPAL RATE ANALYST (COMMUNITY BASED	00A28A	1.0	70,213	1.0	70,559
SENIOR RATE ANALYST (COMMUNITY BASED	00A25A	2.0	128,864	2.0	131,934
CHIEF IMPLEMENTATION AIDE	00128A	3.0	183,017	3.0	190,317

Personnel

Executive Office Of Health And Human Services Central Management

	Grade	FY 2016		FY 2017	
		FTE	Cost	FTE	Cost
SOCIAL CASE WORKER II	00A24A	4.0	243,576	4.0	248,155
SENIOR HUMAN SERVICES POLICY AND SYSTEMS	00328A	1.0	59,368	1.0	61,473
ASSISTANT ADMINISTRATIVE OFFICER	0AB21A	1.0	58,172	1.0	58,458
PRINCIPAL MANAGEMENT AND METHODS	00128A	1.0	55,684	1.0	57,948
SOCIAL CASE WORKER	00A22A	3.0	164,932	3.0	167,364
OFFICE MANAGER	00123A	2.0	109,839	2.0	111,499
ELIGIBILITY TECHNICIAN	00321A	2.0	107,604	2.0	108,130
SENIOR MANAGEMENT AND METHODS ANALYST	00125A	1.0	51,312	1.0	53,717
RATE ANALYST (COMMUNITY BASED SERVICES)	00A22A	1.0	49,621	1.0	51,949
SENIOR COMMUNITY PROGRAM LIAISON WORKER	00122A	1.0	46,480	1.0	48,703
LEGAL ASSISTANT	00119A	4.0	177,389	4.0	180,164
DATA CONTROL CLERK	00315A	14.0	589,943	14.0	595,733
PARALEGAL AIDE	00314A	5.0	190,256	5.0	194,040
SENIOR WORD PROCESSING TYPIST	00312A	1.0	35,236	1.0	36,060
WORD PROCESSING TYPIST	00310A	1.0	33,876	1.0	34,532
Subtotal		184.0	\$15,732,875	184.0	\$15,959,853
Unclassified					
DEPUTY SECRETARY - GENERAL COUNSEL	00851A	1.0	181,693	1.0	182,587
SECRETARY OF HEALTH AND HUMAN SERVICES	00954KF	1.0	149,773	1.0	150,510
EXECUTIVE DIRECTOR	00847A	1.0	140,513	1.0	141,259
Subtotal		3.0	\$471,979	3.0	\$474,356
Interdepartmental Transfer		-	181,388	-	181,008
Overtime		-	224	-	231
Temporary and Seasonal		-	87,605	-	87,605
Turnover		-	(1,037,812)	-	(953,124)
Subtotal		-	(\$768,595)	-	(\$684,280)
Total Salaries		187.0	\$15,436,259	187.0	\$15,749,929
Benefits					
Payroll Accrual			87,515		90,436
FICA			1,161,108		1,185,819
Retiree Health			917,484		936,263
Health Benefits			2,239,364		2,314,148
Retirement			3,768,633		4,110,965
Subtotal			\$8,174,104		\$8,637,631
Total Salaries and Benefits		187.0	\$23,610,363	187.0	\$24,387,560
Cost Per FTE Position (Excluding Temporary and Seasonal)			\$125,790		\$129,946
Statewide Benefit Assessment			\$710,717		\$748,566
Payroll Costs		187.0	\$24,321,080	187.0	\$25,136,126

Personnel

Executive Office Of Health And Human Services Central Management

	Grade	FY 2016		FY 2017	
		FTE	Cost	FTE	Cost
Purchased Services					
Information Technology			75,667,535		18,925,702
Clerical and Temporary Services			162,500		82,500
Management & Consultant Services			75,245,684		75,794,116
Legal Services			50,000		60,000
Other Contracts			262,721		150,221
Buildings and Ground Maintenance			400		400
Training and Educational Services			1,000		1,000
Medical Services			7,600		7,600
Subtotal			\$151,397,440		\$95,021,539
Total Personnel		187.0	\$175,718,520	187.0	\$120,157,665
Distribution By Source Of Funds					
General Revenue		99.6	\$35,941,538	100.6	\$33,573,698
Federal Funds		82.4	\$138,967,318	81.4	\$85,936,542
Restricted Receipts		5.0	\$809,664	5.0	\$647,425
Total All Funds		187.0	\$175,718,520	187.0	\$120,157,665

The Program

Executive Office Of Health And Human Services Medical Assistance (Including Medicaid)

Program Mission

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

Program 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 50.42 percent for federal fiscal year 2016 and 51.02 percent for federal fiscal year 2017.

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.

The Budget

Executive Office Of Health And Human Services Medical Assistance (Including Medicaid)

	2014 Audited	2015 Audited	2016 Enacted	2016 Revised	2017 Recommend
Expenditures By Subprogram					
Managed Care	593,089,203	636,066,655	612,441,671	608,164,462	622,148,350
Hospitals	208,194,145	205,173,596	219,831,380	214,218,092	194,831,458
Long-Term Care	371,377,772	250,235,567	253,867,457	253,800,000	276,674,393
Other Services	259,600,784	521,724,025	574,564,506	547,797,435	558,637,487
Pharmacy	50,287,503	48,626,335	54,651,367	53,758,740	55,180,445
Rhody Health Partners	317,891,061	526,144,448	529,309,599	557,600,000	533,555,694
Special Education	19,157,214	18,785,503	19,000,000	19,000,000	19,000,000
Total Expenditures	\$1,819,597,682	\$2,206,756,129	\$2,263,665,980	\$2,254,338,729	\$2,260,027,827
Expenditures By Object					
Operating Supplies and Expenses	387	2,216	-	-	-
Assistance and Grants	1,819,597,295	2,206,753,913	2,263,665,980	2,254,338,729	2,260,027,827
Subtotal: Operating Expenditures	1,819,597,682	2,206,756,129	2,263,665,980	2,254,338,729	2,260,027,827
Total Expenditures	\$1,819,597,682	\$2,206,756,129	\$2,263,665,980	\$2,254,338,729	\$2,260,027,827
Expenditures By Funds					
General Revenue	812,997,982	887,606,549	884,102,480	889,423,225	881,375,728
Federal Funds	994,943,550	1,307,719,811	1,368,948,500	1,354,300,504	1,364,067,099
Restricted Receipts	11,656,150	11,429,769	10,615,000	10,615,000	14,585,000
Total Expenditures	\$1,819,597,682	\$2,206,756,129	\$2,263,665,980	\$2,254,338,729	\$2,260,027,827