EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) TASK FORCE

MEETING NOTES

Monday, August 29, 2016
HP Metro Center, 2nd Floor Conference Center
301 Metro Center Boulevard
Warwick, RI 02886
1:00 - 3:00 pm

I. **Welcome** **Senator Izzo**

The meeting was convened at 1:10 p.m. by Senator Thomas Izzo. He welcomed the group.

II. **General Agency Updates** **Ann Martino**

Implementation of the State's new Integrated Eligibility System (IES) will go live as planned after a short dark period during the week of 9/12. Additional information about the IES launch is available on both the EOHHS and DHS websites.

The budget for the next fiscal year is still under development. A report will be made on the status of budget initiatives for SFY 2018 at the September meeting of the Task Force.

There is a moratorium on rule-making while the Office of Regulatory Review (ORR) revamps procedures to comply with changes in the Administrative Procedures Act passed last session. More on this in future meetings.

III. **Children in Transition** **Jennifer Wood**
Dacia Read, Children's Cabinet

In response to a request by the Task Force, Deputy Director Wood and Ms. Read attended the meeting to report on on-going efforts to address the needs of children with special health care needs transitioning into the adult system of services. The Deputy Director provided a general overview stating that work in this area across agencies was being conducted in conjunction with broader-based reforms focusing on: (1) improving access and the quality of services for people with developmental/intellectual disabilities; and (2) the Children's Cabinet's strategic plan objectives with respect to children's behavioral health.

The Deputy Director discussed activities related to persons with developmental disabilities. She noted that all efforts in this area were being at least partially driven by the Consent Decree between the State and the U.S. Department of Justice pertaining to persons with disabilities and employment. A state interagency group has been convened that includes the Office of Rehabilitative Services (ORS), Department of Education (RIDE), and the DD unit at the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). ORS and RIDE are focused on expanding the service array, making the transition to adult services.

BHDDH – DD application services: When appropriate, families are encouraged to apply when the child is at age 13 or 14 (early) as the application process can be lengthy. However, BHDDH is making efforts to act on applications in a timelier manner as early applications are not always appropriate or possible.

Senator Izzo: If there is there is a cohort of children we know about from birth, why don't we handle them differently? Prospective rather than retrospective? Jennifer Wood: Triage is being conducted. Children on the autism spectrum may need more analysis and evaluation. Children with intellectual disabilities may be on a more predictable path. EOHHS is also working with RIDE to get a better sense of which conditions have a more predictable course and which do not.

EOHHS and BHDDH: The caseload has been constant over a long period of time; stays around 4,000 and does not fluctuate. A significant investment has been made in the 2017 budget. The system is being transformed, with EOHHS changing what is purchased; it is integrated and community-based.

Linda Katz inquired about the State's position regarding shared apartments vs. shared living? Jennifer Wood indicated that reforms moving forward will consider the full array of options. It will take time. This is a complicated process. Senator Izzo concluded that in the final analysis, things are moving forward.

Dacia Read, Esq., of the Children's Cabinet, provided an update to the group on the Cabinet's discussions on children in transition in the context of behavioral services for kids more generally. She indicated that the Cabinet has had a robust conversation about children's behavioral health care needs. As all Cabinet members have been participating, the expectation is that the full scope of services currently available and any gaps in access will be addressed. For example, the Cabinet is developing information about a continuum of services children need, types of providers and both public and private payers. The conversation is just beginning. Members of the Task Force are invited to participate in the first phase of the conversation. Please share questions and concerns on kids.ri.gov.

The question was raised if the focus is still on DCYF. Ms. Read indicated that the focus is on children's mental health, substance abuse, and prevention activities includes *all* Rhode Island's children, including those in DCFY custody. As the goal is to consider the prevention, detection, and treatment of behavioral needs, children in transition to the adult services system without regard to provider or payer are an important part of this conversation.

A member of the Task Force expressed delight with Cabinet members' openness and a brief discussion of this openness ensued.

Senator Izzo cited a need for discipline among funding levels and resources. Sometimes, there is a breakdown between fiscal and legislative siloes.

Anne Mulready pointed out that DCYF is the children's mental health agency. She indicated that sometimes people do not know where to go for services.

IV. Accountable Care Entities — Sharon Kernan, Robyn Hoffmann

Sharon Kernan, RN, MPH, of the EOHHS staff, did a presentation on accountable care entities (ACEs). This is a major new initiative of EOHHS. EOHHS has certified six pilot accountable care entities. They are:

- Blackstone Valley Community Health Center's HealthKey
- Coastal Medical, Inc.
- Community Health Center Accountable Care Organization that includes East Bay Community Action Program, Comprehensive Community Action, Thundermist Health Center, Tri-Town Community Action Agency, WellOne Primary Medical and Dental Care, and Wood River Health Services
- Integra Community Care Network, affiliated with Care New England
- Providence Community Health Centers, Providence Choice Care AE
- Prospect Health Services Rhode Island.

Managed care organizations (MCOs) will be overseeing ACEs which is a new task for the health plans. MCOs are the accountable care entities at this point.
Each health plan that participates in Medicaid managed care is responsible for contracting with at least three ACE pilots or have at least 20,000 of the health plan's members "attributed to" pilot ACEs. Health plan members may request to change their primary care provider (PCP) at any time. PCP changes continue to be handled by the health plans.

Guidelines and quality measures for the ACEs have been implemented. The health plans must adhere to the quality measures. Feedback is most welcome. Ms. Kernan's complete PowerPoint presentation appears below.

V. UHIP Conversion — Stephanie Terry

Department of Human Services (DHS) Administrator Stephanie Terry presented an update on EOHHS' new eligibility system that is set to go "live" during the second week in September. Testing is ending this week.

The Pawtucket office is processing applications in both InRhodes (old system) and the new IES (RI Bridges).

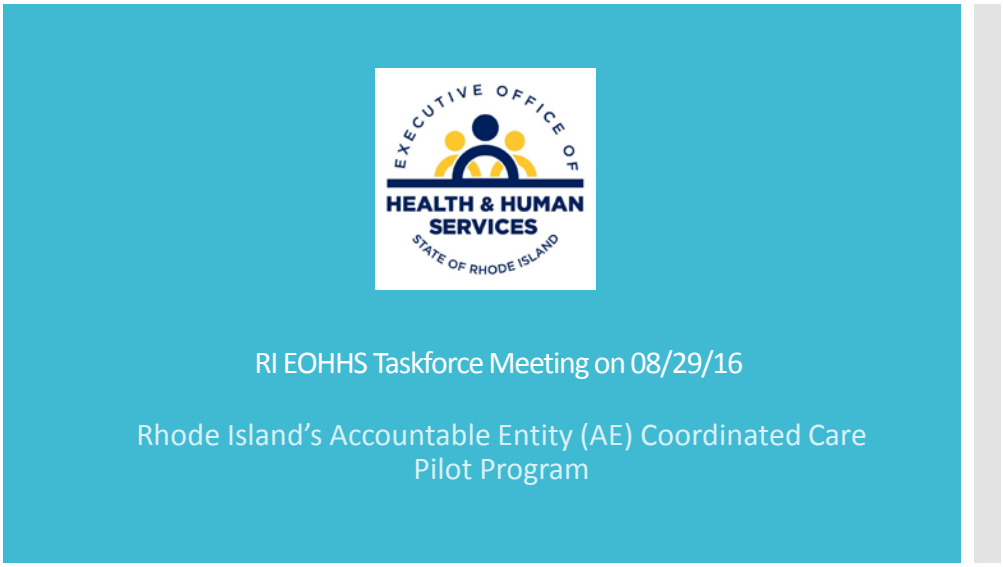
The Woonsocket office is still open with limited staff present. Consumers who walk in are still be provided with services. This office will be moved to a new location with a smaller staff in the next few weeks. Woonsocket cases have been moved to Pawtucket.

Layoff notices were distributed last week. Staff will begin "bumping" out of DHS. Clients are being encouraged to apply online. People will not be turned away from the field offices.

VI. **Rules Update** **Ann Martino**

Dr. Martino reiterated the point made earlier about the moratorium on new rules and indicated further updates would be forthcoming at the next meeting.

VII. **Public Comment:** There was none.

VIII. **Adjourn:** The meeting adjourned at approximately 2:45 pm.

Notes prepared by: Ann Martino, Director of Policy, EOHHS
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