AN ACT

RELATING TO PUBLIC FINANCE -- MEDICAL ASSISTANCE AND PUBLIC ASSISTANCE CASELOAD ESTIMATING CONFERENCES

Introduced By: Senators DiPalma, Conley, McCaffrey, Miller, and Pearson

Date Introduced: February 13, 2020

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

SECTION 1. Section 35-17-1 of the General Laws in Chapter 35-17 entitled "Medical Assistance and Public Assistance Caseload Estimating Conferences" is hereby amended to read as follows:

35-17-1. Purpose and membership.

(a) In order to provide for a more stable and accurate method of financial planning and budgeting, it is hereby declared the intention of the legislature that there be a procedure for the determination of official estimates of anticipated medical assistance expenditures and caseloads for public assistance caseloads shall include, but not be limited to, the following agencies: the executive office of health and human services (EOHHS), the department of human services (DHS), the department of children, youth and families (DCYF), and the department of behavioral healthcare, developmental disabilities and hospitals (BHDDH), upon which the executive budget shall be based and for which appropriations by the general assembly shall be made.

(b) The state budget officer, the house fiscal advisor, and the senate fiscal advisor shall meet in regularly scheduled caseload estimating conferences (C.E.C.). These conferences shall be open public meetings.

(c) The chairpersonship of each regularly scheduled C.E.C. will rotate among the state budget officer, the house fiscal advisor, and the senate fiscal advisor, hereinafter referred to as principals. The schedule shall be arranged so that no chairperson shall preside over two (2)
successive regularly scheduled conferences on the same subject.

(d) Representatives of all state agencies are to participate in all conferences for which
their input is germane.

e) The department of human services, executive office of health and human services
(EOHHS), the department of human services (DHS), the department of children, youth and
families (DCYF), and the department of behavioral healthcare, developmental disabilities and
hospitals (BHDDH) shall provide monthly data to the members of the caseload estimating
conference by the fifteenth day of the following month. Monthly data shall include, but is not
limited to, actual caseloads and expenditures for the following case assistance programs:

(1) The department of human services shall report relevant caseload information and
expenditures for the following cash assistance categories: Rhode Island Works, SSI state
program, general public assistance, and child care. For individuals eligible to receive the payment
under § 40-6-27(a)(1)(vi), the report shall include the number of individuals enrolled in a
managed care plan receiving long-term care services and supports and the number receiving fee-
for-service benefits.

(2) The executive office of health and human services shall report relevant caseload
information and expenditures for the following medical assistance categories: hospitals, long-
term care, managed care, pharmacy, and other medical services. In the category of managed care,
caseload information and expenditures shall include hospitals, long-term care, managed care,
pharmacy and other medical services and for the following populations shall be separately
identified and reported: children with disabilities, children in foster care, and children receiving
adoption assistance and Rite Share enrollees under § 40-8.4-12(j).

(3) The department of children, youth and families shall report relevant caseload
information and expenditures for the following service categories: residential care services, foster
care services, behavioral health care services, adoption services/care, juvenile probation and
parole services/care, juvenile justice and education.

(4) The department of behavioral healthcare, developmental disabilities and hospitals
shall report relevant caseload information and expenditures for the following service categories:
developmental disability services, mental health services, behavioral health services, substance
abuse services, and hospital services, including forensics.

The information shall include the number of Medicaid recipients whose estate may be
subject to a recovery and the anticipated amount to be collected from those subject to recovery,
the total recoveries collected each month and number of estates attached to the collections and
each month, the number of open cases and the number of cases that have been open longer than
three (3) months.

SECTION 2. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO PUBLIC FINANCE -- MEDICAL ASSISTANCE AND PUBLIC ASSISTANCE CASELOAD ESTIMATING CONFERENCES

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1 This act would require the participation and input of the EOHHS, DHS, DCYF and BHDDH in medical assistance and public assistance caseload estimating conferences and the generation of monthly data to the members of the case load estimating conference.

2 This act would take effect upon passage.