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# ARTICLE 18

## RELATING TO OFFICE OF HEALTH AND HUMAN SERVICES

SECTION 1. Sections 42-7.2.1, 42-7.2-2, 42-7.2-4, 42-7.2-5, 42-7.2-6, 42-7.2-6.1, 42-7.2-12 and 42-7.2-16 of the General Laws in Chapter 42-7.2 entitled "Office of Health and Human Services" are hereby amended to read as follows:

**42-7.2-1. Statement of intent.--** The purpose of this Chapter is to develop a consumer-centered system of publicly-financed state administered health and human services that supports access to high quality services, protects the safety of the state's most vulnerable citizens, and ensures the efficient use of all available resources by the ~~five (5)~~ four (4) departments responsible for the health and human services programs serving all Rhode Islanders and providing direct assistance and support services to more than 250,000 individuals and families: the department of children, youth, and families; ~~the department of elderly affairs;~~ the department of health; the department of human services; and the department of ~~mental health, retardation~~ behavioral healthcare, developmental disabilities and hospitals, collectively referred to within as "departments". It is recognized that the executive office of health and human services and the departments have undertaken a variety of initiatives to further this goal and that they share a commitment to continue to work in concert to preserve and promote each other's unique missions while striving to attain better outcomes for all the people and communities they serve. However, recent and expected changes in federal and state policies and funding priorities that affect the financing, organization, and delivery of health and human services programs pose new challenges and opportunities that have created an even greater need for structured and formal interdepartmental cooperation and collaboration. To meet this need while continuing to build on the achievements that have already been made, the interests of all Rhode Islanders will best be served by codifying in the state's general laws the purposes and responsibilities of the executive office of health and human services and the position of secretary of health and human services.

**42-7.2-2. Executive office of health and human services . --**There is hereby established within the executive branch of state government an executive office of health and human services to serve as the principal agency of the executive branch of state government for managing the departments of children, youth and families, ~~elderly affairs;~~ health, human services, and ~~mental health, retardation~~ behavioral healthcare, developmental disabilities and hospitals. In this

1 capacity, the office shall:

2 (a) Lead the state's ~~five~~ four (4) health and human services departments in order to:

3 (1) Improve the economy, efficiency, coordination, and quality of health and human  
4 services policy and planning, budgeting and financing.

5 (2) Design strategies and implement best practices that foster service access, consumer  
6 safety and positive outcomes.

7 (3) Maximize and leverage funds from all available public and private sources, including  
8 federal financial participation, grants and awards.

9 (4) Increase public confidence by conducting independent reviews of health and human  
10 services issues in order to promote accountability and coordination across departments.

11 (5) Ensure that state health and human services policies and programs are responsive to  
12 changing consumer needs and to the network of community providers that deliver assistive  
13 services and supports on their behalf.

14 (b) ~~Supervise the administrations of~~ Administer the federal and state medical assistance  
15 programs ~~by acting as~~ in the capacity of the single state agency authorized under title XIX of the  
16 U.S. Social Security act, 42 U.S.C. § 1396a et seq., ~~notwithstanding any general or public law or~~  
17 ~~regulation to the contrary;~~ and ~~exercising~~ exercise such single state agency authority for such  
18 other federal and state programs as may be designated by the governor. Except as provided for  
19 herein, nothing in this chapter shall be construed as transferring to the secretary: ~~(1) The~~ the  
20 powers, duties or functions conferred upon the departments by Rhode Island general laws for the  
21 ~~administration of the foregoing federal and state programs; or (2) The administrative~~  
22 ~~responsibility for the preparation and submission of any state plans, state plan amendments, or~~  
23 ~~federal waiver applications, as may be approved from time to time by the secretary with respect~~  
24 ~~to the foregoing federal and state programs~~ management and operations of programs or services  
25 approved for federal financial participation under the authority of the Medicaid state agency.

26 **42-7.2-4. Responsibilities of the secretary.--** (a) The secretary shall be responsible to  
27 the governor for supervising the executive office of health and human services and for managing  
28 and providing strategic leadership and direction to the ~~five~~ four (4) departments.

29 (b) Notwithstanding the provisions set forth in this chapter, the governor shall appoint the  
30 directors of the departments within the executive office of health and human services. Directors  
31 appointed to those departments shall continue to be subject to the advice and consent of the senate  
32 and shall continue to hold office as set forth in §§ 42-6-1 et seq. and 42-72-1(c).

33 **42-7.2-5. Duties of the secretary.--**The secretary shall be subject to the direction and  
34 supervision of the governor for the oversight, coordination and cohesive direction of state

1 administered health and human services and in ensuring the laws are faithfully executed, not  
2 withstanding any law to the contrary. In this capacity, the Secretary of Health and Human  
3 Services shall be authorized to:

4 (1) Coordinate the administration and financing of health care benefits, human services  
5 and programs including those authorized by the Global Consumer Choice Compact Waiver and,  
6 as applicable, the Medicaid State Plan under Title XIX of the US Social Security Act. However,  
7 nothing in this section shall be construed as transferring to the secretary the powers, duties or  
8 functions conferred upon the departments by Rhode Island public and general laws for the  
9 administration of federal/state programs financed in whole or in part with Medicaid funds or the  
10 administrative responsibility for the preparation and submission of any state plans, state plan  
11 amendments, or authorized federal waiver applications, once approved by the secretary.

12 (2) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid  
13 reform issues as well as the principal point of contact in the state on any such related matters.

14 (3) Review and ensure the coordination of any Global Consumer Choice Compact  
15 Waiver requests and renewals as well as any initiatives and proposals requiring amendments to  
16 the Medicaid state plan or category ~~one (I) or~~ two (II) or three (III) changes, as described in the  
17 special terms and conditions of the Global Consumer Choice Compact Waiver with the potential  
18 to affect the scope, amount or duration of publicly-funded health care services, provider payments  
19 or reimbursements, or access to or the availability of benefits and services as provided by Rhode  
20 Island general and public laws. The secretary shall consider whether any such changes are legally  
21 and fiscally sound and consistent with the state's policy and budget priorities. The secretary shall  
22 also assess whether a proposed change is capable of obtaining the necessary approvals from  
23 federal officials and achieving the expected positive consumer outcomes. Department directors  
24 shall, within the timelines specified, provide any information and resources the secretary deems  
25 necessary in order to perform the reviews authorized in this section;

26 (4) Beginning in 2006, prepare and submit to the governor, the chairpersons of the house  
27 and senate finance committees, the caseload estimating conference, and to the joint legislative  
28 committee for health care oversight, by no later than March 15 of each year, a comprehensive  
29 overview of all Medicaid expenditures outcomes, and utilization rates. The overview shall  
30 include, but not be limited to, the following information:

- 31 (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;
- 32 (ii) Expenditures, outcomes and utilization rates by population and sub-population served  
33 (e.g. families with children, children with disabilities, children in foster care, children receiving  
34 adoption assistance, adults with disabilities, and the elderly);

1 (iii) Expenditures, outcomes and utilization rates by each state department or other  
2 municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the  
3 Social Security Act, as amended; and

4 (iv) Expenditures, outcomes and utilization rates by type of service and/or service  
5 provider. The directors of the departments, as well as local governments and school departments,  
6 shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever  
7 resources, information and support shall be necessary.

8 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts  
9 among departments and their executive staffs and make necessary recommendations to the  
10 governor.

11 (6) Assure continued progress toward improving the quality, the economy, the  
12 accountability and the efficiency of state-administered health and human services. In this  
13 capacity, the secretary shall:

14 (i) Direct implementation of reforms in the human resources practices of the departments  
15 that streamline and upgrade services, achieve greater economies of scale and establish the  
16 coordinated system of the staff education, cross- training, and career development services  
17 necessary to recruit and retain a highly-skilled, responsive, and engaged health and human  
18 services workforce;

19 (ii) Encourage the departments to utilize consumer-centered approaches to service design  
20 and delivery that expand their capacity to respond efficiently and responsibly to the diverse and  
21 changing needs of the people and communities they serve;

22 (iii) Develop all opportunities to maximize resources by leveraging the state's purchasing  
23 power, centralizing fiscal service functions related to budget, finance, and procurement,  
24 centralizing communication, policy analysis and planning, and information systems and data  
25 management, pursuing alternative funding sources through grants, awards and partnerships and  
26 securing all available federal financial participation for programs and services provided through  
27 the departments;

28 (iv) Improve the coordination and efficiency of health and human services legal functions  
29 by centralizing adjudicative and legal services and overseeing their timely and judicious  
30 administration;

31 (v) Facilitate the rebalancing of the long term system by creating an assessment and  
32 coordination organization or unit for the expressed purpose of developing and implementing  
33 procedures across departments that ensure that the appropriate publicly-funded health services are  
34 provided at the right time and in the most appropriate and least restrictive setting; and

1 (vi) Strengthen health and human services program integrity, quality control and  
2 collections, and recovery activities by consolidating functions within the office in a single unit  
3 that ensures all affected parties pay their fair share of the cost of services and are aware of  
4 alternative financing.

5 (vii) Broaden access to publicly funded food and nutrition services by consolidating  
6 agency programs and initiatives to eliminate duplication and overlap and improve the availability  
7 and quality of services; and

8 (viii) Assure protective services are available to vulnerable elders and adults with  
9 developmental and other disabilities by reorganizing existing services, establishing new services  
10 where gaps exist and centralizing administrative responsibility for oversight of all related  
11 initiatives and programs.

12 (7) Prepare and integrate comprehensive budgets for the health and human services  
13 departments and any other functions and duties assigned to the office. The budgets shall be  
14 submitted to the state budget office by the secretary, for consideration by the governor, on behalf  
15 of the state's health and human services in accordance with the provisions set forth in § 35-3-4 of  
16 the Rhode Island general laws.

17 (8) Utilize objective data to evaluate health and human services policy goals, resource use  
18 and outcome evaluation and to perform short and long-term policy planning and development.

19 (9) Establishment of an integrated approach to interdepartmental information and data  
20 management that complements and furthers the goals of the CHOICES initiative and that will  
21 facilitate the transition to consumer-centered system of state administered health and human  
22 services.

23 (10) At the direction of the governor or the general assembly, conduct independent  
24 reviews of state-administered health and human services programs, policies and related agency  
25 actions and activities and assist the department directors in identifying strategies to address any  
26 issues or areas of concern that may emerge thereof. The department directors shall provide any  
27 information and assistance deemed necessary by the secretary when undertaking such  
28 independent reviews.

29 (11) Provide regular and timely reports to the governor and make recommendations with  
30 respect to the state's health and human services agenda.

31 (12) Employ such personnel and contract for such consulting services as may be required  
32 to perform the powers and duties lawfully conferred upon the secretary.

33 (13) Implement the provisions of any general or public law or regulation related to the  
34 disclosure, confidentiality and privacy of any information or records, in the possession or under

1 the control of the executive office or the departments assigned to the executive office, that may be  
2 developed or acquired for purposes directly connected with the secretary's duties set forth herein.

3 (14) Hold the director of each health and human services department accountable for  
4 their administrative, fiscal and program actions in the conduct of the respective powers and duties  
5 of their agencies.

6 **42-7.2-6. Departments assigned to the executive office - Powers and duties.** --(a) The  
7 departments assigned to the secretary shall:

8 (1) Exercise their respective powers and duties in accordance with their statutory  
9 authority and the general policy established by the governor or by the secretary acting on behalf  
10 of the governor or in accordance with the powers and authorities conferred upon the secretary by  
11 this chapter;

12 (2) Provide such assistance or resources as may be requested or required by the governor  
13 and/or the secretary; and

14 (3) Provide such records and information as may be requested or required by the  
15 governor and/or the secretary to the extent allowed under the provisions of any applicable general  
16 or public law, regulation, or agreement relating to the confidentiality, privacy or disclosure of  
17 such records or information.

18 (4) Forward to the secretary copies of all reports to the governor.

19 (b) Except as provided herein, no provision of this chapter or application thereof shall be  
20 construed to limit or otherwise restrict the department of children, youth and families, ~~the~~  
21 ~~department of elderly affairs~~, the department of health, the department of human services, and the  
22 department of ~~mental health, retardation~~ behavioral healthcare, developmental disabilities and  
23 hospitals from fulfilling any statutory requirement or complying with any valid rule or regulation.

24 **42-7.2-6.1. Transfer of powers and functions.**-- (a) There are hereby transferred to the  
25 executive office of health and human services the powers and functions of the departments with  
26 respect to the following:

27 (1) By July 1, 2007, fiscal services including budget preparation and review, financial  
28 management, purchasing and accounting and any related functions and duties deemed necessary  
29 by the secretary;

30 (2) By July 1, 2007, legal services including applying and interpreting the law, oversight  
31 to the rule-making process, and administrative adjudication duties and any related functions and  
32 duties deemed necessary by the secretary;

33 (3) By September 1, 2007, communications including those functions and services related  
34 to government relations, public education and outreach and media relations and any related

1 functions and duties deemed necessary by the secretary;

2 (4) By March 1, 2008, policy analysis and planning including those functions and  
3 services related to the policy development, planning and evaluation and any related functions and  
4 duties deemed necessary by the secretary;

5 (5) By June 30, 2008, information systems and data management including the financing,  
6 development and maintenance of all data-bases and information systems and platforms as well as  
7 any related operations deemed necessary by the secretary;

8 (6) By October 1, 2009, assessment and coordination for long-term care including those  
9 functions related to determining level of care or need for services, development of individual  
10 service/care plans and planning, identification of service options, the pricing of service options  
11 and choice counseling; and

12 (7) By October 1, 2009, program integrity, quality control and collection and recovery  
13 functions including any that detect fraud and abuse or assure that beneficiaries, providers, and  
14 third-parties pay their fair share of the cost of services, as well as any that promote alternatives to  
15 publicly financed services, such as the long-term care health insurance partnership.

16 (8) By January 1, 2011, client protective services including any such services provided to  
17 children, elders and adults with developmental and other disabilities;

18 (9) [Deleted by P.L. 2010, ch. 23, art. 7, § 1].

19 [\(10\) By July 1, 2012, the HIV/AIDS care and treatment programs.](#)

20 (b) The secretary shall determine in collaboration with the department directors whether  
21 the officers, employees, agencies, advisory councils, committees, commissions, and task forces of  
22 the departments who were performing such functions shall be transferred to the office.

23 (c) In the transference of such functions, the secretary shall be responsible for ensuring:

- 24 (1) Minimal disruption of services to consumers;
- 25 (2) Elimination of duplication of functions and operations;
- 26 (3) Services are coordinated and functions are consolidated where appropriate;
- 27 (4) Clear lines of authority are delineated and followed;
- 28 (5) Cost-savings are achieved whenever feasible;

29 (6) Program application and eligibility determination processes are coordinated and,  
30 where feasible, integrated; and

31 (7) State and federal funds available to the office and the entities therein are allocated and  
32 utilized for service delivery to the fullest extent possible.

33 (d) Except as provided herein, no provision of this chapter or application thereof shall be  
34 construed to limit or otherwise restrict the departments of children, youth and families, human

1 services, ~~elderly affairs~~, health, and ~~mental health, retardation~~ behavioral healthcare,  
2 developmental disabilities, and hospitals from fulfilling any statutory requirement or complying  
3 with any regulation deemed otherwise valid.

4 (e) The secretary shall prepare and submit to the leadership of the house and senate  
5 finance committees, by no later than January 1, 2010, a plan for restructuring functional  
6 responsibilities across the departments to establish a consumer centered integrated system of  
7 health and human services that provides high quality and cost-effective services at the right time  
8 and in the right setting across the life-cycle.

9 **42-7.2-12. Medicaid program study.--** (a) The secretary of the executive office of health  
10 and human services shall conduct a study of the Medicaid programs administered by the state to  
11 review and analyze the options available for reducing or stabilizing the level of uninsured Rhode  
12 Islanders and containing Medicaid spending.

13 (1) As part of this process, the study shall consider the flexibility afforded the state under  
14 the federal Deficit Reduction Act of 2006 and any other changes in federal Medicaid policy or  
15 program requirements occurring on or before December 31, 2006, as well as the various  
16 approaches proposed and/or adopted by other states through federal waivers, state plan  
17 amendments, public-private partnerships, and other initiatives.

18 (2) In exploring these options, the study shall examine fully the overall administrative  
19 efficiency of each program for children and families, elders and adults with disabilities and any  
20 such factors that may affect access and/or cost including, but not limited to, coverage groups,  
21 benefits, delivery systems, and applicable cost-sharing requirements.

22 (b) The secretary shall ensure that the study focuses broadly on the Medicaid programs  
23 administered by the executive office of health and human services and all ~~five (5)~~ of the state's  
24 ~~five (5)~~ four (4) health and human services departments, irrespective of the source or manner in  
25 which funds are budgeted or allocated. The directors of the departments shall cooperate with the  
26 secretary in preparing this study and provide any information and/or resources the secretary  
27 deems necessary to assess fully the short and long-term implications of the options under review  
28 both for the state and the people and the communities the departments serve. The secretary shall  
29 submit a report and recommendations based on the findings of the study to the general assembly  
30 and the governor no later than March 1, 2007.

31 **42-7.2-16. Medicaid System Reform 2008. --** (a) The executive office of health and  
32 human services, in conjunction with the department of human services, ~~the department of elderly~~  
33 ~~affairs~~, the department of children youth and families, the department of health and the  
34 department of ~~mental health, retardation~~ behavioral healthcare, developmental disabilities, and



1 hospitals, is authorized to design options that reform the Medicaid program so that it is a person-  
2 centered, financially sustainable, cost-effective, and opportunity driven program that: utilizes  
3 competitive and value based purchasing to maximize the available service options, promote  
4 accountability and transparency, and encourage and reward healthy outcomes, independence, and  
5 responsible choices; promotes efficiencies and the coordination of services across all health and  
6 human services agencies; and ensures the state will have a fiscally sound source of publicly-  
7 financed health care for Rhode Islanders in need.

8 (b) *Principles and Goals.* In developing and implementing this system of reform, the  
9 executive office of health and human services and the ~~five (5)~~ four (4) health and human services  
10 departments shall pursue the following principles and goals:

11 (1) Empower consumers to make reasoned and cost-effective choices about their health  
12 by providing them with the information and array of service options they need and offering  
13 rewards for healthy decisions;

14 (2) Encourage personal responsibility by assuring the information available to  
15 beneficiaries is easy to understand and accurate, provide that a fiscal intermediary is provided  
16 when necessary, and adequate access to needed services;

17 (3) When appropriate, promote community-based care solutions by transitioning  
18 beneficiaries from institutional settings back into the community and by providing the needed  
19 assistance and supports to beneficiaries requiring long-term care or residential services who wish  
20 to remain, or are better served in the community;

21 (4) Enable consumers to receive individualized health care that is outcome-oriented,  
22 focused on prevention, disease management, recovery and maintaining independence;

23 (5) Promote competition between health care providers to ensure best value purchasing,  
24 to leverage resources and to create opportunities for improving service quality and performance;

25 (6) Redesign purchasing and payment methods to assure fiscal accountability and  
26 encourage and to reward service quality and cost-effectiveness by tying reimbursements to  
27 evidence-based performance measures and standards, including those related to patient  
28 satisfaction; and

29 (7) Continually improve technology to take advantage of recent innovations and advances  
30 that help decision makers, consumers and providers to make informed and cost-effective  
31 decisions regarding health care.

32 (c) The executive office of health and human services shall annually submit a report to  
33 the governor and the general assembly commencing on a date no later than July 1, 2009  
34 describing the status of the administration and implementation of the Global Waiver Compact.

1 SECTION 2. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human  
2 Service" is hereby amended by adding thereto the following section:

3 **42-7.2-17. Statutory reference to the office of health and human services.--**  
4 Notwithstanding other statutory references to the department of human services, wherever in the  
5 general or public laws, or any rule or regulation, any reference shall appear to the "department of  
6 human services" or to "department" as it relates to any responsibilities for and/or to Medicaid,  
7 unless the context otherwise requires, it shall be deemed to mean "the office of health and human  
8 services."

9 SECTION 3. Section 42-18-5 of the General Laws in Chapter 42-18 entitled "Department  
10 of Health" is hereby amended to read as follows:

11 **42-18-5. Transfer of powers and functions from department of health. --** (a) There  
12 are hereby transferred to the department of administration:

13 (1) Those functions of the department of health which were administered through or with  
14 respect to departmental programs in the performance of strategic planning as defined in section  
15 42-11-10(c);

16 (2) All officers, employees, agencies, advisory councils, committees, commissions, and  
17 task forces of the department of health who were performing strategic planning functions as  
18 defined in section 42-11-10(c); and

19 (3) So much of other functions or parts of functions and employees and resources,  
20 physical and funded, related thereto of the director of health as are incidental to and necessary for  
21 the performance of the functions transferred by subdivisions (1) and (2).

22 (b) There is hereby transferred to the department of human services the administration  
23 and management of the special supplemental nutrition program for women, infants, and children  
24 (WIC) and all functions and resources associated therewith.

25 (c) There is hereby transferred to the ~~department of human services~~ executive office of  
26 health and human services the HIV/AIDS ~~direct services programs~~ care and treatment programs  
27 and all functions and resources associated therewith. The department of health shall retain the  
28 HIV surveillance and prevention programs and all functions and resources associated therewith.

29 SECTION 4. Section 35-17-1 of the General Laws in Chapter 35-17 entitled "Medical  
30 Assistance and Public Assistance Caseload Estimating Conferences" is hereby amended to read  
31 as follows:

32 **35-17-1. Purpose and membership. --** (a) In order to provide for a more stable and  
33 accurate method of financial planning and budgeting, it is hereby declared the intention of the  
34 legislature that there be a procedure for the determination of official estimates of anticipated

1 medical assistance expenditures and public assistance caseloads, upon which the executive budget  
2 shall be based and for which appropriations by the general assembly shall be made.

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

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

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

12 (e) The department of human services shall provide monthly data to the members of the  
13 caseload estimating conference by the fifteenth day of the following month. Monthly data shall  
14 include, but is not limited to, actual caseloads and expenditures for the following case assistance  
15 programs: ~~temporary assistance to needy families, SSI federal program~~ [Rhode Island Works](#), ~~and~~  
16 SSI state program, general public assistance, ~~and~~ [child care](#), ~~state food stamp program, and~~  
17 ~~weatherization~~. The [executive office of health and human services report](#) shall ~~include~~ report  
18 relevant caseload information and expenditures for the following medical assistance categories:  
19 hospitals, [long-term care](#), ~~nursing homes~~, managed care, [pharmacy](#), ~~special education~~, and ~~all~~  
20 other [medical services](#). In the category of managed care, caseload information and expenditures  
21 for the following populations shall be separately identified and reported: children with  
22 disabilities, children in foster care, and children receiving adoption assistance. The information  
23 shall include the number of Medicaid recipients whose estate may be subject to a recovery, the  
24 anticipated recoveries from the estate and the total recoveries collected each month.

25 SECTION 5. Chapter 40-6 of the General Laws entitled "Public Assistance Act" is  
26 hereby amended by adding thereto the following section:

27 **40-6-27.2. Supplementary cash assistance payment for certain supplemental security**  
28 **income recipients.** -- [There is hereby established a two hundred six dollars \(\\$206\) monthly](#)  
29 [payment for disabled and elderly individuals who, on or after July 1, 2012, receive the state](#)  
30 [supplementary assistance payment for an individual in state licensed assisted living residence](#)  
31 [under section 40-6-27 and further reside in an assisted living facility that is not eligible to receive](#)  
32 [funding under Title XIX of the Social Security Act, 42 U.S.C. section 1381 et seq.](#)

33 SECTION 6. This article shall take effect on July 1, 2012.