

2014 -- S 2972 SUBSTITUTE A

=====
LC005527/SUB A
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2014

—————
A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT - OFFICE OF HEALTH AND
HUMAN SERVICES

Introduced By: Senators DiPalma, Miller, DaPonte, Goldin, and Ottiano

Date Introduced: May 01, 2014

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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

3 **42-7.2-2. Executive office of health and human services.** -- There is hereby established
4 within the executive branch of state government an executive office of health and human services
5 to serve as the principal agency of the executive branch of state government for managing the
6 departments of children, youth and families, health, human services, and behavioral healthcare,
7 developmental disabilities and hospitals ("the departments"). In this capacity, the office shall:

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

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

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

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

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

17 (5) Ensure that state health and human services policies and programs are responsive to
18 changing consumer needs and to the network of community providers that deliver assistive

1 services and supports on their behalf.

2 (b) Administer the federal and state medical assistance programs in the capacity of the
3 single state agency authorized under title XIX of the U.S. Social Security act, 42 U.S.C. section
4 1396a et seq., and exercise such single state agency authority for such other federal and state
5 programs as may be designated by the governor. Except as provided for herein, nothing in this
6 chapter shall be construed as transferring to the secretary the powers, duties or functions
7 conferred upon the departments by Rhode Island general laws for the management and operations
8 of programs or services approved for federal financial participation under the authority of the
9 Medicaid state agency.

10 [\(c\) In cooperation with the health and human service system performance improvement](#)
11 [task force established pursuant to § 42-7.2-5.1, establish performance and outcome measures for](#)
12 [the departments and hold specific directors accountable for meeting said performance and](#)
13 [outcome measures and expectations.](#)

14 **42-7.2-4. Responsibilities of the secretary.** -- (a) The secretary shall be responsible to
15 the governor for supervising the executive office of health and human services and for managing
16 and providing strategic leadership and direction to the four (4) departments.

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

21 [\(c\) The secretary shall establish performance and outcome measures for the departments](#)
22 [and hold the directors accountable for meeting said performance and outcome measures and](#)
23 [expectations.](#)

24 **42-7.2-5. Duties of the secretary.** -- The secretary shall be subject to the direction and
25 supervision of the governor for the oversight, coordination and cohesive direction of state
26 administered health and human services and in ensuring the laws are faithfully executed, not
27 withstanding any law to the contrary. In this capacity, the Secretary of Health and Human
28 Services shall be authorized to:

29 (1) Coordinate the administration and financing of health care benefits, human services
30 and programs including those authorized by the Global Consumer Choice Compact Waiver and,
31 as applicable, the Medicaid State Plan under Title XIX of the US Social Security Act. However,
32 nothing in this section shall be construed as transferring to the secretary the powers, duties or
33 functions conferred upon the departments by Rhode Island public and general laws for the
34 administration of federal/state programs financed in whole or in part with Medicaid funds or the

1 administrative responsibility for the preparation and submission of any state plans, state plan
2 amendments, or authorized federal waiver applications, once approved by the secretary.

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

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

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

22 (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;

23 (ii) Expenditures, outcomes and utilization rates by population and sub-population
24 served (e.g. families with children, children with disabilities, children in foster care, children
25 receiving adoption assistance, adults with disabilities, and the elderly);

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

29 (iv) Expenditures, outcomes and utilization rates by type of service and/or service
30 provider.

31 The directors of the departments, as well as local governments and school departments,
32 shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever
33 resources, information and support shall be necessary.

34 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts

1 among departments and their executive staffs and make necessary recommendations to the
2 governor.

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

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

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

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

20 (iv) Improve the coordination and efficiency of health and human services legal
21 functions by centralizing adjudicative and legal services and overseeing their timely and judicious
22 administration;

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

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

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

34 (viii) Assure protective services are available to vulnerable elders and adults with

1 developmental and other disabilities by reorganizing existing services, establishing new services
2 where gaps exist and centralizing administrative responsibility for oversight of all related
3 initiatives and programs.

4 (7) Prepare and integrate comprehensive budgets for the health and human services
5 departments and any other functions and duties assigned to the office. The budgets shall be
6 submitted to the state budget office by the secretary, for consideration by the governor, on behalf
7 of the state's health and human services in accordance with the provisions set forth in section 35-
8 3-4 of the Rhode Island general laws.

9 (8) ~~Utilize objective data to evaluate health and human services policy goals, resource~~
10 ~~use and outcome evaluation~~ In cooperation with the health and human service system
11 performance improvement task force established pursuant to § 42-7.2-5.1, establish a
12 comprehensive data collection and performance evaluation system and to ~~perform~~ assist in short
13 and long-term policy planning and development, and increase department accountability. Said
14 performance evaluation system shall:

15 (i) Engage department directors in the development of mutually-agreed upon goals,
16 measures, and desired outcomes;

17 (ii) Provide guidance on what outcomes the department can reasonably be expected to
18 influence, how departments will use measures to manage programs and achieve desired
19 outcomes, and how directors will be held accountable in achieving desired outcomes;

20 (iii) Develop and use timely and accurate performance data to set targets and inform
21 programmatic and budgetary decisions;

22 (iv) Encourage and support candor in identifying and diagnosing barriers to achieving
23 desired outcomes, with a focus on removing and/or overcoming said barriers; and

24 (v) Provide continuous follow-up and accountability for results.

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

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

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

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

5 (13) Implement the provisions of any general or public law or regulation related to the
6 disclosure, confidentiality and privacy of any information or records, in the possession or under
7 the control of the executive office or the departments assigned to the executive office, that may be
8 developed or acquired for purposes directly connected with the secretary's duties set forth herein.

9 (14) Utilizing the performance evaluation system established pursuant to § 42-7.2-5(8),
10 ~~Hold~~ hold the director of each ~~health and human services of the department~~ departments
11 accountable for their administrative, fiscal and program actions in the conduct of the respective
12 powers and duties of their agencies.

13 SECTION 2. Section 42-7.2-12.1 of the General Laws in Chapter 42-7.2 entitled "Office
14 of Health and Human Services" is hereby repealed.

15 ~~**42-7.2-12.1. Human services call center study (211).** -- (a) The secretary of the~~
16 ~~executive office of health and human services shall conduct a feasibility and impact study of the~~
17 ~~potential to implement a statewide 211 human services call center and hotline. As part of the~~
18 ~~process, the study shall catalog existing human service information hotlines in Rhode Island,~~
19 ~~including, but not limited to, state operated call centers and private and not for profit information~~
20 ~~hotlines within the state.~~

21 ~~(1) The study shall include analysis of whether consolidation of some or all call centers~~
22 ~~into a centralized 211 human services information hotline would be economically and practically~~
23 ~~advantageous for both the public users and agencies that currently operate separate systems.~~

24 ~~(2) The study shall include projected cost estimates for any recommended actions,~~
25 ~~including estimates of cost additions or savings to private service providers.~~

26 ~~(b) The directors of all state departments and agencies shall cooperate with the secretary~~
27 ~~in preparing this study and provide any information and/or resources the secretary deems~~
28 ~~necessary to assess fully the short and long term implications of the operations under review both~~
29 ~~for the state and the people and the communities the departments serve.~~

30 ~~(c) The secretary shall submit a report and recommendations based on the findings of the~~
31 ~~study to the general assembly, the governor, and the house and senate fiscal advisors no later than~~
32 ~~February 1, 2007.~~

33 SECTION 3. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human
34 Services" is hereby amended by adding thereto the following section:

1 **42-7.2-5.1. Office of Health & Human Service's System Performance Improvement**

2 **Task Force.** -- (a) There is hereby established a health and human service system performance
3 improvement task force which shall establish performance measures, expectations, and outcomes
4 for the department. The task force shall consist of the director of the department of
5 administration, the director of the office of management and budget, the secretary of health and
6 human services, and two (2) individuals who shall represent the staff of the general assembly, one
7 each appointed by the speaker of the house and the president of the senate.

8 (b) The purpose of the task force shall be to establish performance measures,
9 expectations, and outcomes for the departments.

10 (c) The task force shall submit a report on the measures and outcomes developed, and
11 recommendations concerning their use, to the governor, the speaker of the house of
12 representatives, and the president of the senate, no later than November 1, 2015.

13 SECTION 4. This act shall take effect on January 1, 2015.

=====
LC005527/SUB A
=====

EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT - OFFICE OF HEALTH AND
HUMAN SERVICES

1 This act would create a health and human service system performance improvement task
2 force which would establish performance measures, expectations and outcomes for all the
3 departments within the office of health and human services and improve coordination between
4 them.

5 This act would take effect on January 1, 2015.

=====
LC005527/SUB A
=====