

Rhode Island
Executive Office of Health and Human Services
Reflections and Recommendations:

February 16, 2022

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Research from Other States



Overarching Findings from Research

- In our review of other states' Health and Human Services agencies, we focused on:
 - How their leadership was appointed
 - What functions were centralized
 - Who has responsibility for core functions
- Overall, we saw that organization by function, rather than population, was an effective way to carry out Secretariat activities – and that consolidation of core functions (i.e., finance, legal, budget, and public affairs) – is viewed as more efficient and a key to realizing savings.

Consolidated Functions in General Across States

Despite considerable variability across HHS consolidated structures in organization and design, most states centralize core administrative functions under their Secretaries or Commissioners. Excludes standalone agencies.

Function	Almost Always Centralized	Sometimes Centralized	Hardly Ever Centralized
Public Affairs and Outreach including legislation	X		
Legal & Regulation Services	Legal - X	Regulations - Tends to be shared when there is an umbrella model	
Policy Development and Planning	X		
Budget Development		Tends to be shared when there is an umbrella	
Budget Oversight	X		
Medicaid Finance	X		
Human Resources		X	
Quality Assurance		X	
LTSS		Tends to be shared when there is an umbrella model	
Program Administration			X
IT		X	
Performance Management		X	
Customer Services			X

Massachusetts

Massachusetts has a highly centralized administrative function within the Massachusetts' Executive Office of Health and Human Services. The Department is led by a Secretary, appointed by the Governor with Advice and Consent of the Legislature.

Centralized Administrative Services Under Secretary

- General Counsel
- Information Technology
- Civil Rights
- Fiscal Services
- Public Affairs
- Budget Analysis & Oversight

Responsibility for Core Functions

- The following agencies are under the umbrella of the Massachusetts EOHHS Secretariat: Public Health, Child Welfare, Medicaid, Temporary Assistance to Needy Families (TANF)/Nutrition, Developmental Disabilities, Behavioral Health/Substance Abuse.
- Elders/Aging needs are addressed within a separate Executive Office of Elder Affairs.
- Department Commissioner are appointed by the Governor, with the Secretary's recommendation. No legislative consent is required, except for the Secretary of Elder Affairs.
- Medicaid falls within EOHHS, with the Medicaid Director appointed by the Secretary with no advice and consent.

Connecticut

Connecticut is an example of a state with a highly centralized administrative function under the Connecticut Department of Social Services. The Department is led by a Commissioner, appointed by the Governor with Advice & Consent of the legislature.

Centralized Administrative Services Under Secretary

- Financial Management
- Constituent & Legislative Services
- Administrative Hearings
- Performance Management

Responsibility for Core Functions

- The following areas of work are divisions in the overall consolidated Connecticut Department of Social Services: Child Welfare, Elders/Aging, TANF/Nutrition, Developmental Disabilities, Behavioral Health/Substance Abuse.
- Public Health is a standalone agency, with its Commissioner appointed by the Governor.
- The Medicaid Director, along with other Agency Directors and Deputy Commissioners, are appointed by the Commissioner, with no legislative consent.

Maryland

Maryland’s administrative function is also fairly centralized under the Department of Human Services and the Department of Health. Each Department is led by a Secretary.

Centralized Administrative Services Under Each Secretary

Both the Department of Human Services and the Department of Health have these centralized services:

- Budget and Finance
- Communications
- Employment and Equity
- Inspector General
- Information Technology

Responsibility for Core Functions

- The following are divisions in the Maryland Department of Human Services: Child Welfare, Elders/Aging, TANF/Nutrition.
- The following are divisions in the Maryland Department of Health: Medicaid, Developmental Disabilities, Behavioral Health/Substance Abuse .
- Deputy Secretaries are nominated by the Secretary, with appointment by the Governor. No legislative consent except for finance deputies in all agencies.
- The Medicaid Department is under the Deputy Secretary for Health Care Financing and Medicaid and is overseen by the Medicaid Deputy Director.

New Jersey

New Jersey centralizes administrative function under its **Department of Human Services**. The Department is led by a **Commissioner**, appointed by the Governor with Advice and Consent by the legislature.

Centralized Administrative Services Under Commissioner

- Administration and Operations
- Public Affairs, Legislation and Regulation
- Public Protection

Responsibility for Core Functions

- The following are divisions in the New Jersey Department of Human Services: Child Welfare, Elders/Aging, TANF/Nutrition, Medicaid, Developmental Disabilities, Behavioral Health/Substance Abuse.
- The Public Health Department has a standalone Commissioner, appointed by the Governor.
- The Medicaid Director is the Assistant Commissioner for the Division of Medical Assistance and Health Services within the Department of Human Services. The Medicaid Director is appointed by the Commissioner, without legislative consent.

Virginia

The Virginia Secretariat of Health and Human Resources was a model for RI EOHHS. The Secretariat is led by a Secretary, appointed by the Governor, with Advice and Consent by the legislature.

Centralized Administrative Services Under Commissioner

- Budget and Fiscal
- Management Review
- Public Relations
- Legal Counsel

Responsibility for Core Functions

- The following agencies are under the umbrella of the Virginia Secretariat: Public Health, Child Welfare, Elders/Aging, TANF/Nutrition, Medicaid, Developmental Disabilities, and Behavioral Health/Substance Abuse.
- Commissioners are recommended by the Secretary and appointed by the Governor. By law, they answer to the Secretary rather than to the Governor. No legislative consent of Commissioners.
- The Medicaid Director is a civil servant selected by the Secretary.

Rhode Island EOHHS Statutory Authority

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Key Components of RI EOHHS's Statutory Role (42-7.2-5)

- **Oversight, coordination, and cohesive direction** of state-administered health and human services and in ensuring the laws are faithfully executed
- **Coordinate the administration and financing of healthcare benefits, human services, and programs** including those authorized by the state's Medicaid section 1115 demonstration waiver and, as applicable, the Medicaid State Plan under Title XIX of the U.S. Social Security Act.
- **Serve as the governor's chief advisory and liaison to federal policy makers on Medicaid reform issues** as well as the principal point of contact in the state on any such related matter.
- **Implement service organization and delivery reforms** that facilitate service integration, increase value, and improve quality and health outcomes.
- **Resolve administrative, jurisdictional, operational, program, or policy conflicts** among departments and their executive staffs and make necessary recommendations to the governor.
- **Ensure continued progress toward improving the quality, the economy, the accountability and the efficiency of state-administered health and human services**
- **Prepare and integrate comprehensive budgets** for the health and human services departments and any other functions and duties assigned to the office.
- **Utilize objective data to evaluate health and human services policy goals, resource use and outcome evaluation and to perform short and long-term policy planning and development.**

Key Components of RI EOHHS's Statutory Role (42-7.2-5)

- Establishment of an integrated approach to **interdepartmental information and data management** that complements and furthers the goals of the unified health infrastructure project initiative and that will facilitate the transition to a **consumer-centered integrated system** of state administered health and human services.
- At the direction of the governor or the general assembly, **conduct independent reviews** of state-administered health and human services programs, policies and related agency actions and activities and assist the department directors in identifying strategies to address any issues or areas of concern that may emerge thereof. The department directors shall provide any information and assistance deemed necessary by the secretary when undertaking such independent reviews.
- **Provide regular and timely reports to the governor** and make recommendations with respect to the state's health and human services agenda.
- **Employ such personnel and contract** for such consulting services as may be required to perform the powers and duties lawfully conferred upon the secretary.
- Assume responsibility for **complying with the provisions of any general or public law or regulation related to the disclosure, confidentiality and privacy of any information or records**, in the possession or under the control of the executive office or the departments assigned to the executive office, that may be developed or acquired or transferred at the direction of the governor or the secretary for purposes directly connected with the secretary's duties set forth herein.
- Hold the director of each health and human services **department accountable for their administrative, fiscal and program actions in the conduct of the respective powers and duties of their agencies.**

Value of the Rhode Island EOHHS' Role and Functional Areas of Work

What's Working (1 of 5)

Hands-on Support for EOHHS Agencies. Examples include:

- COVID Response:
 - Medicaid support for providers' adaptation to pandemic needs and for wage stabilization
 - Hospital Capacity Planning with interagency partners
 - Creating and staffing the first iteration of the Equity Council
- Leadership Support for EOHHS Agencies – Deployment of key staff when necessary: BHDDH, DHS, and RIDOH
- Centralization of financial services, with EOHHS CFO supporting other agencies' financial planning and oversight

What's Working (2 of 5)

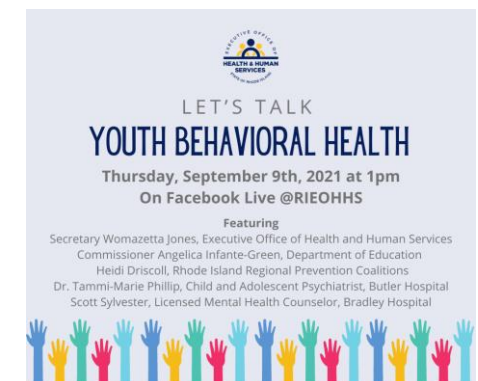
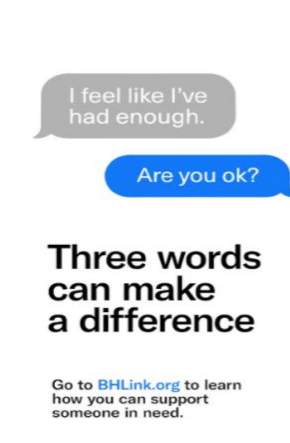
Using data to drive action and inform policy and decision making. Examples include:

- Data Ecosystem support for EOHHS and Member Agency Data and Evaluation Planning Processes
- Completing the Evidence Update for the Governor's Overdose Prevention and Intervention Task Force
- Long Term Supports & Services Policy Development
- Creating COVID-19 Data Dashboards
- PULSE Project Management with all EOHHS Agencies

What's Working (3 of 5)

Public Affairs – interagency coordination of communication efforts with those we serve, our partners and stakeholders, and the RI General Assembly

- Communications and Legislative Coordination
- COVID-19 Equity Council Support
- Media Campaigns
 - Behavioral Health
 - Birth to 5 - Pre-K, Child Care, etc.
 - Medication Lock Up
 - Overdose Prevention
 - Safe Sleep
 - Substance Exposed Newborns



What's Working (4 of 5)

Public/private interagency policy alignment

- Long Term Services & Supports Modernization – and Rebalancing Medicaid toward Home and Community-Based Services
- Behavioral Health System Transformation Planning Across the Lifespan
 - Development of Certified Community Behavioral Health Clinics within Medicaid
 - Creation of the Behavioral Health System of Care Plan for Children & Youth
- Telemedicine – Medicaid supported immediate transformation for providers to telemedicine and supported the legislative effort to codify those changes into law.
- Maximizing Race Equity – Supporting agencies to create Race Equity strategic and operational plans

What's Working (5 of 5)

Public/private interagency policy alignment , continued

- Health System Transformation (e.g., Integration of Physical and Behavioral Health, Hospital Capacity Planning, Health Information Technology, Accountable Entities)
- Support for aligned Health Information Technology, to serve Medicaid providers and members and the commercial market:
 - Creation of the Health Information Technology (HIT) Roadmap and the EOHHS HIT Steering Committee
 - Completion of the Electronic Health Record Incentive Program, increasing EHR adoption among physicians from 68% in 2009 to 93% in 2021, with \$35M in investments

Recommendations for Strengthening Rhode Island EOHHS Core Functions

Reminder: EOHHS Central Management Core Functions

These core functions help support the HHS agencies under our umbrella:

- Serving as the Single State Agency for Medicaid
- Budget and Finance
- Data Management and Analysis
- Legal Division and Appeals Office
- Performance Management
- Policy Development and Analysis
- Public/Legislative Affairs

Our aims are to promote efficiencies, interagency coordination & alignment, collaboration, and accountability through performance management.

Centralization of EOHHS Core Functions

EOHHS has centralized some core functions but can do more under our current statute. These additional changes will strengthen EOHHS and our agencies. Here are our 2022-23 plans:

- Complete the centralization of EOHHS Finance
- Fully centralize
 - Public Affairs (communication and legislative work)
 - Data
 - Policy
- Maximize the Secretariat's work on race, equity and racial justice to build more responsive and efficient, family- and community-centered services

Additional Recommendations

- Resource EOHHS for proactive support for health and human services, rather than reactive problem-solving – particularly as we recover from the pandemic
- Work with the Governor's Office and the General Assembly to assess and align the legal authority of RI EOHHS and its member agencies to inform any additional structural changes
- Give EOHHS Secretariat the structural authority to propose EOHHS Agency Directors, for the Governor to nominate Directors, and the Senate to approve Directors through Advice and Consent

Questions & Answers
