

# **EOHHS Accountable Entity (AE) Advisory Committee**



---

Tuesday, October 31, 2023

**RHODE  
ISLAND**

# Accountable Entities Advisory Committee Agenda

---

1. Welcome and Introductions
2. Program Updates
3. Participatory Budgeting (PB) Update
4. Program Year 7 (PY7) Program Documents Updates
5. Future of the Accountable Entity Incentive Program
6. 1115 Demonstration Waiver Updates
7. Public Comments

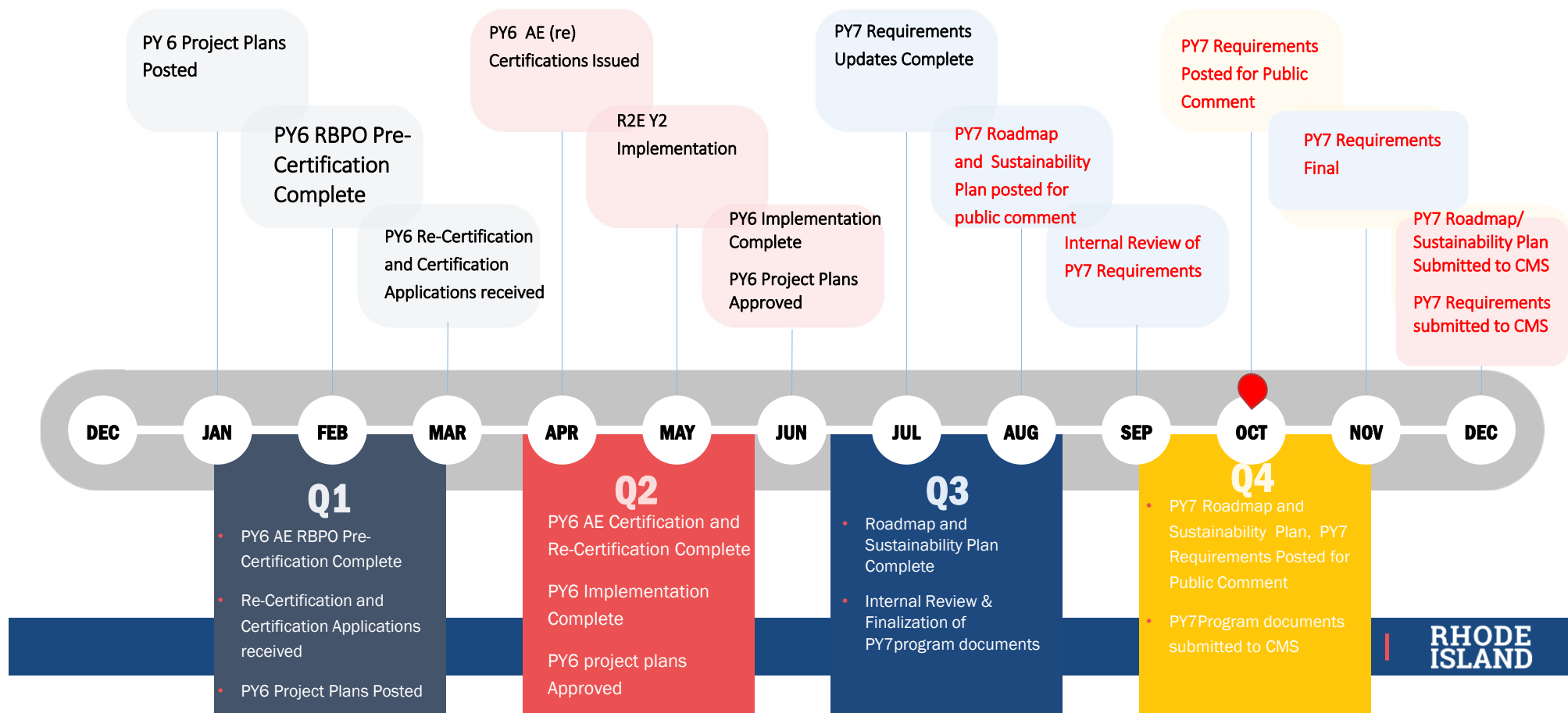
# Program Updates



**RHODE  
ISLAND**

# HSTP Project Milestone Roadmap

2023



# Program Updates

---

**We are currently in Quarter 2 of Program Year 6.**

- All seven AEs have been fully re-certified for PY6, with six taking on downside risk
- PY5 Q2 TCOC reports have been finalized and distributed
- PY5 Q3 TCOC reports are currently in process
- PY6 Q1 Milestone Performance Reports are **due today**
- Risk Bearing Provider Organization (RBPO) application are **due today**

**Community Resource Platform:** EOHHS' contract with UniteUs ends in April 2024 and will not be renewed. AEs and MCOs may continue to contract with UniteUs for the services that they provide but license fees will no longer be covered by EOHHS.

# Program Updates: LTSS APM



---

**Long-Term Services and Supports Alternative Payment Model (LTSS APM) will not be extended beyond the pilot phase.**

EOHHS initially planned to start the full pay-for performance phase of the LTSS APM in July, 2024. CMS informed EOHHS that the earmarked HSTP funding for this pilot project is no longer available to the state.

- Pilot phase was extended to June 30, 2024
- AE Incentive funds were unaffected
- BH Investment Strategy was paused while EOHHS awaited a decision from CMS regarding funds.

# Participatory Budgeting (PB) Update



---

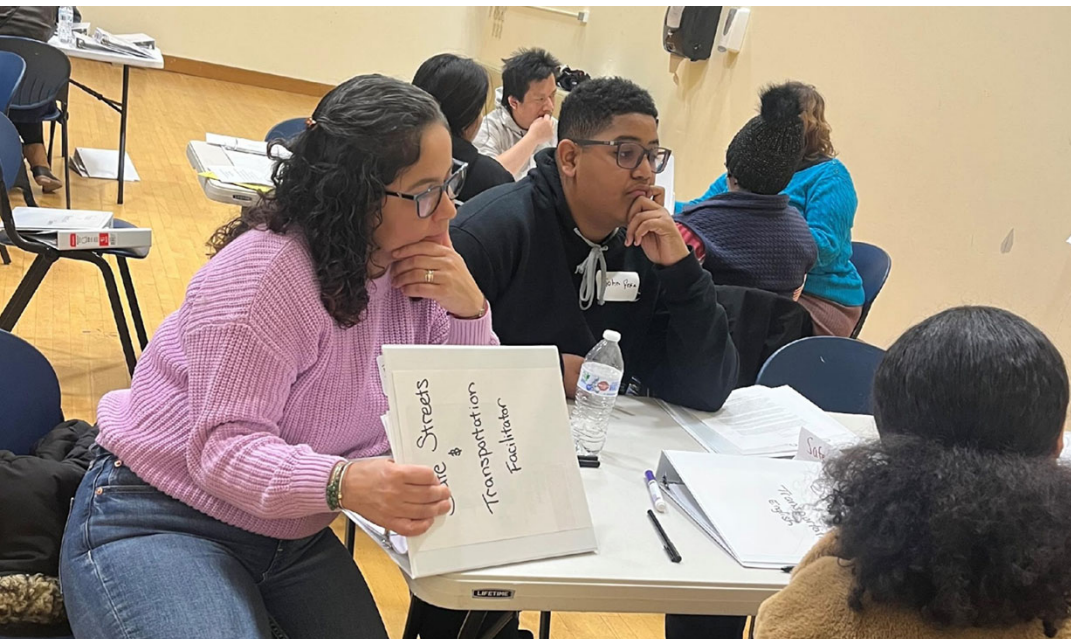
LISC RI:

Rebecca "Becki" Marcus

One Neighborhood Builders:

Dominique "Dom" Resendes and Lucy Berman

**RHODE  
ISLAND**



# Participatory Budgeting in Health Equity Zones

Local Initiative Support Corporation  
and ONE Neighborhood Builders







**Participatory Budgeting**  
is a democratic process where  
community members decide  
how to spend part of a public  
budget.

Communities have the  
power to make real  
decisions about real  
money.

# The Impacts of Participatory Budgeting:

---



Build more **inclusive political participation**– center the voices of people who are historically excluded from civic processes



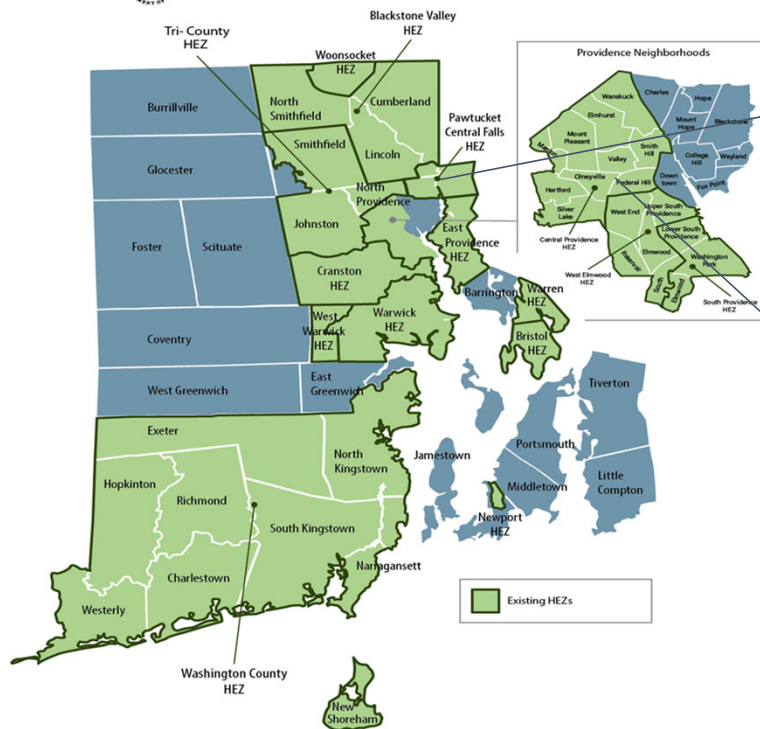
Strengthen **connections** among residents, city leaders, agencies, and community organizations



Drive more **equitable distribution** of public resources



## Rhode Island Health Equity Zone Initiative



Health Equity Zones are place-based collaboratives working to advance community-driven solutions to improve equity in health outcomes.

# Pillars of a Health Equity Zone



Equity-Centered



Place-Based



Address  
Social Determinants of Health



Community-Led

In 2022, the RI Executive Office of Health and Human Services invested \$900,000 of the Health System Transformation Project funds to implement the **Participatory Budgeting Pilot Program**.

EOHHS partnered with RIDOH to utilize and run the PB process through their Health Equity Zones, as the HEZ model has established community infrastructure and community relationships.



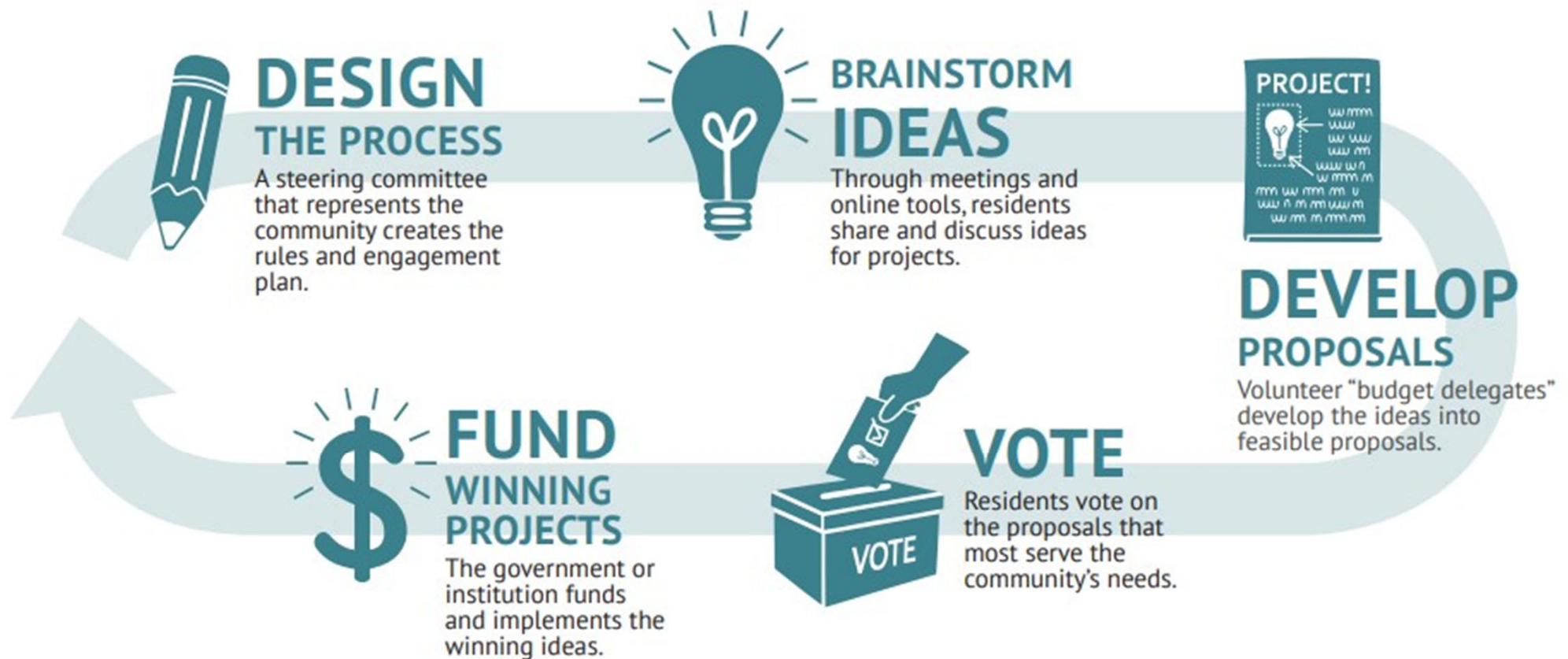
# A Snapshot of Participatory Budgeting in Rhode Island

---





# How did Participatory Budgeting Work in the HEZ?



# Steering Committee

*Creates Rulebook for process (and provides oversight throughout).*



- Who can submit ideas?
- Who can vote?
- What is the max \$ amount per project?
- How do we ensure equitable access to all projects?
- Can both infrastructure and programs be funded?





# Idea Collection

*Ask residents: how would YOU invest funds to improve health in our community?*

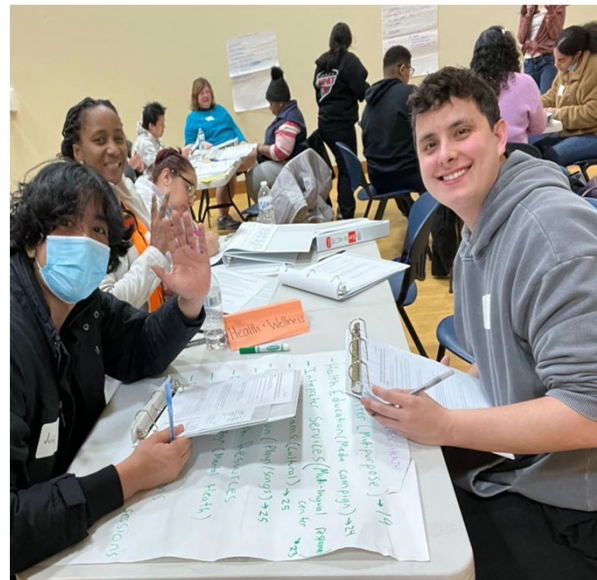
- , Pop-ups at food pantries, Shower to Empower, social service orgs, public housing, and more
- , Community Town Halls
- , Acting Workshops
- , Youth-led Town Hall & Basketball Tournament
- , Community Events
- , Dropboxes
- , Online through [decideRI.org](https://decideRI.org)



# Proposal Development

*Multilingual, multigenerational committees of residents work together to develop project proposals.*

Committees meet with “project collaborators” from organizations and city agencies to help design feasible projects, tailored to the context of the city.



# Vote

*Residents decide which projects will receive funding.*

**Pawtucket/Central Falls:**  
more than 800 people voted

**Central Providence:**  
more than 1200 people voted

## **Voting Locations:**

Vote parties  
City Hall  
Schools  
Libraries  
Food Pantry  
Grocery Stores  
Social Service Organizations  
Online  
And MORE!



**RHODE  
ISLAND**



# Projects Voted for Implementation

## Pawtucket & Central Falls



Sprinkler Water Park & Outdoor Gym Equipment



Mental Health: End the Stigma Campaign

## Central Providence



Expanding our Bathrooms



Lead-Free Water Project



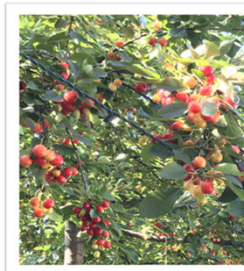
Peer Mental Health Training



Improving our Bus Stops



Life Skills for Youth



Food-Bearing Tree Planting



Central Providence soccer for youth



Bike distribution and repair

# Unfunded Shovel-Ready Projects!

## Pawtucket Central Falls

Financials for Families

Food with Friends: Live Better, Eat Better

Bike Our City

Youth Soccer & Academic Support

Outdoor Learning & Arts at River Island Park

Interpreter Services For All

Suds for Hope: Mobile Laundry Truck

Pass the Plate: Life Starts with Healthy Eating

High Schoolers Tutor 1st & 2nd Graders

## Central Providence

Catching up on Landscaping Services

Air Filter Project

Laundry for Schools

Neighborhood History Sharing

Multi-lingual Cafe

One-stop-shop for Basic Needs

Pool Access, Lessons & Lifeguards

Mi Cocina, Tu Cocina

Water Fountains and Reading Gardens for Our Parks

Clean up our Neighborhoods

Ground Murals

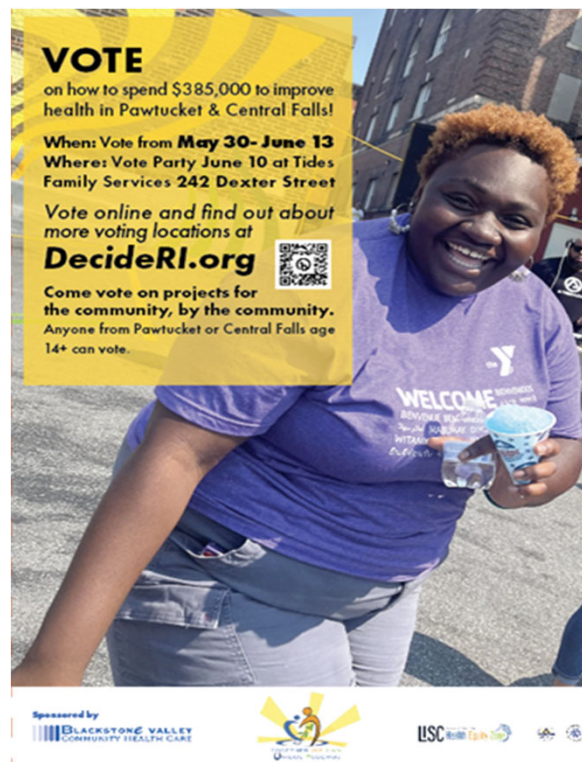
Central Providence Murals

# Medicaid Members and Accountable Entities

The voices and choices of Medicaid patients were actively part of the PB process.

## Accountable Entity and HEZ partnership:

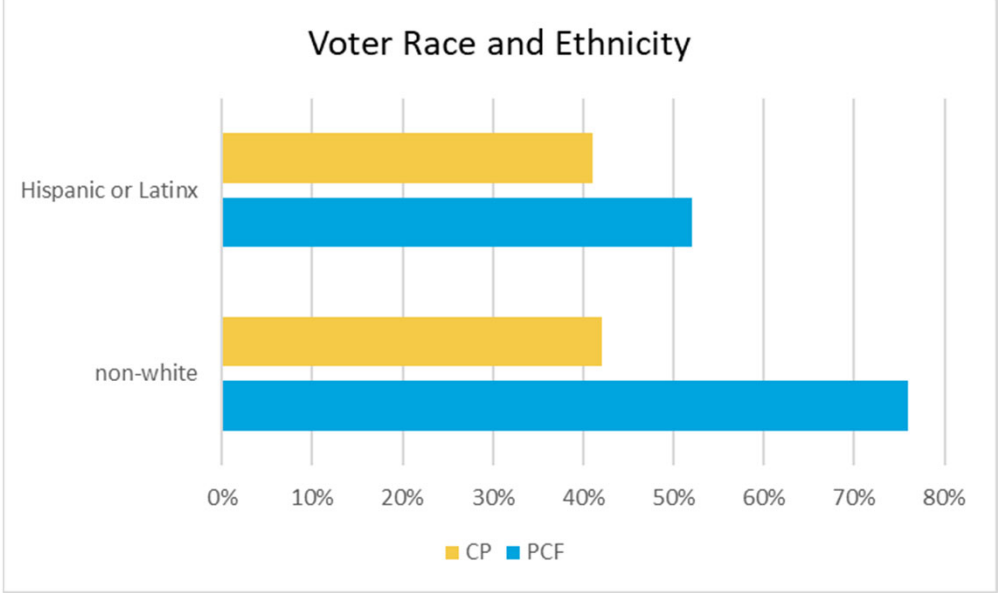
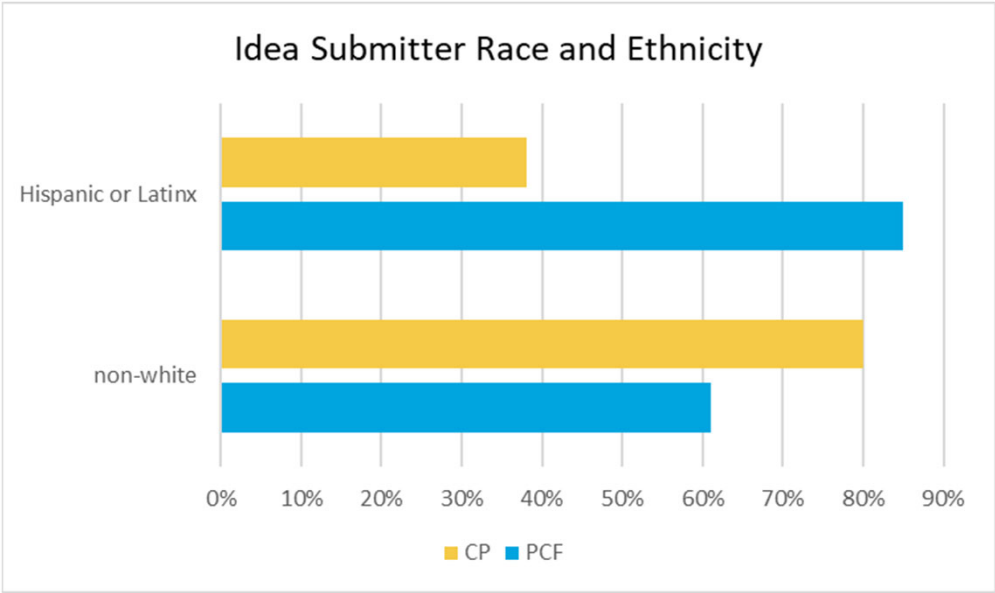
- Presenting PB process at statewide and individual AE meetings
- AE outreach and support of PB process: bus shelter advertising, newsletters write ups, social media posts and targeted emails
- AE staff participation at idea collection events, project fairs and voting parties,
- AE voter site support, hosting voter drop boxes at clinical sites
- AE staff participating as PB Steering Committee members



At least **258 Medicaid members participated** in this PB initiative, including:

- **41.9%** of Steering Committee Members
- **40.6%** of the Budget Delegates,
- **35.8%** of the Voters.

# Voter and Idea Submitter Race and Ethnicity



	PAWTUCKET	CENTRAL FALLS	CENTRAL PROVIDENCE
Percentage of residents who identify as Black, Indigenous, or People of Color	51.8%	80.2%	40.7%

## Voter Takeaways

## Participatory Budgeting...

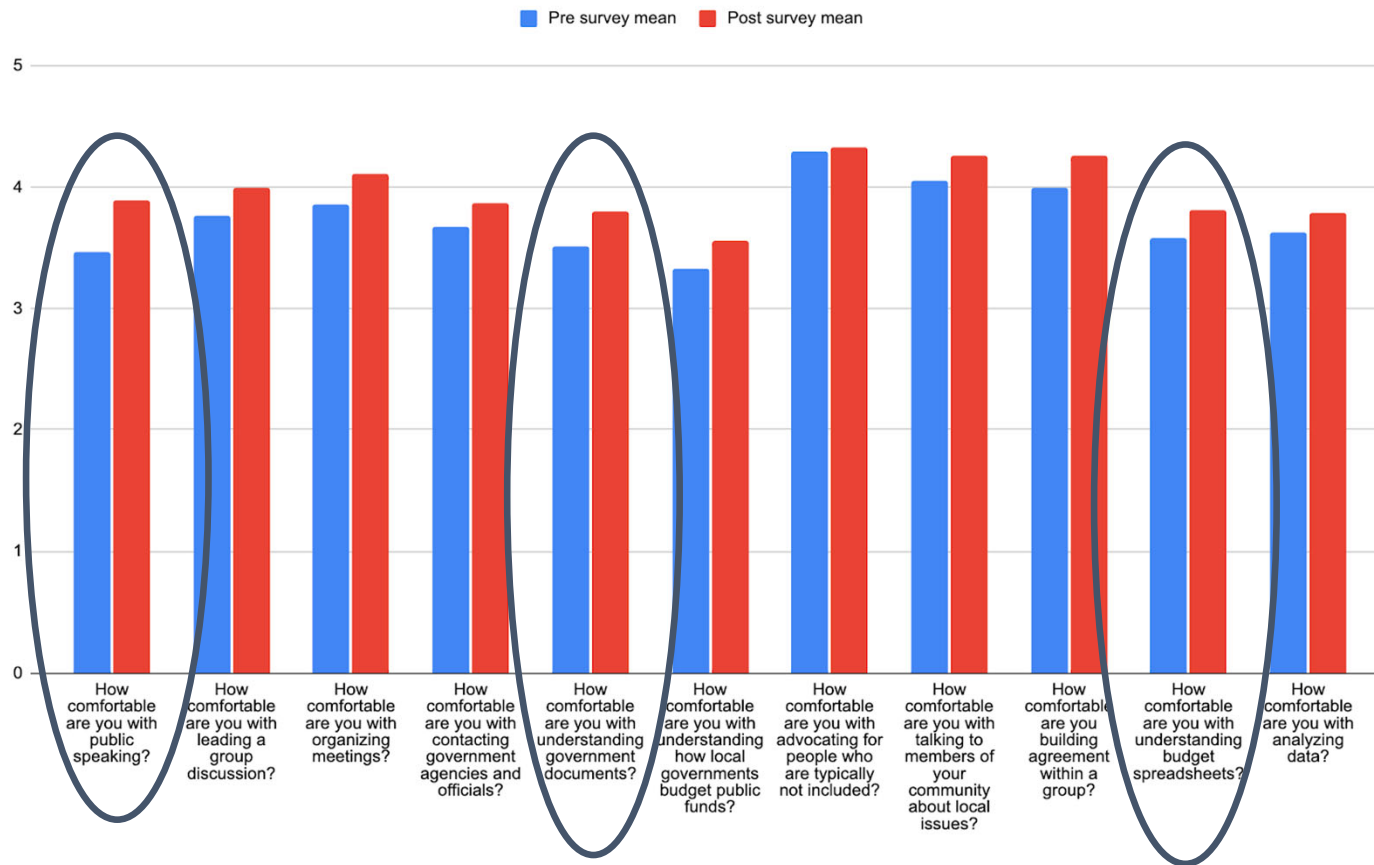
- **Reaches eligible voters who rarely or never vote**
  - 35.1% of voters who participated in the HSTP funded PB process and *who are eligible to vote* noted that they never, rarely, or sometimes vote.
- **Creates an opportunity to vote for people who are not eligible to vote in traditional elections**
  - For many voters, PB was the first time voting in the U.S.
- **May enhance youth civic behavior and encourage young people to vote once they are eligible.**
  - 86.7% of PB voters who were ineligible to vote youth
- **May show growth engagement over time:**
  - Central Providence year 1: 77.74% hadn't been involved before
  - PCF year 3" 63.38% voters haven't been involved before



**How did voting today make you feel?**



## Participating as a Budget Delegate enhanced residents' comfort with civic skills across both HEZs:

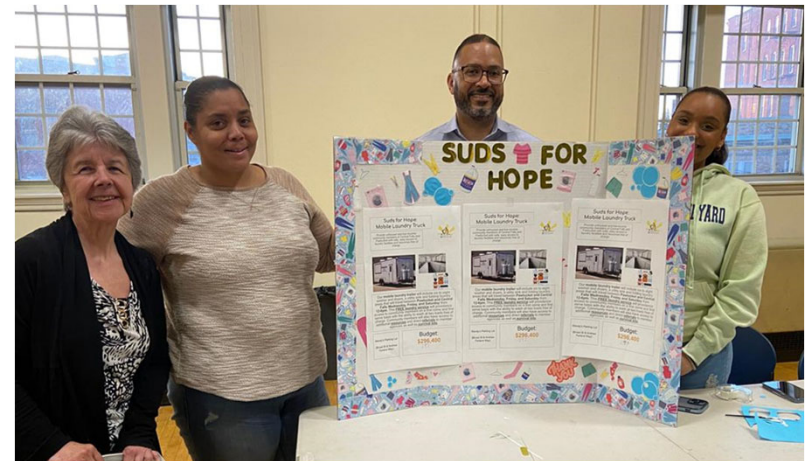


"I was a facilitator for the first time, and I was brave to do it. I felt that I did well, and I think I had the support of the committee." PCF Facilitator

## Participatory Budgeting influenced how steering committee members and budget delegates understood health and their own roles in their communities.

Analysis of responses to: *How if at all, has this process changed the way you think about your health and the health of your community?*

- Understanding the importance of community involvement in decision-making
- Empowerment to take action and make a positive impact
- Expanded perspectives on health and community well-being
- A sense of accountability and responsibility for the community
- Gratitude for the opportunity to be part of positive change
- A shift towards collaboration and away from competition



# Big Picture Takeaways

---

**Increased comfort with civic engagement skills** may encourage residents to engage in their community more in the future.

**More community engagement is health promoting.** Direct community engagement can identify core issues with health problems, minimize the severity of problems, and improve residents' feeling of connectedness. Research indicates that people who are socially connected live longer and have an increase in resistance to diseases such as cancer and heart disease in addition to lower rates of hypertension.

# Reflections

---

---

[The best part of the process was that] all of the perspectives were brilliant and valid regardless education level, economic status, income level, social aspects or gender.”*PCF Steering Committee Member*

“*[El mejor parte del proceso fue que] todas las perspectivas eran brillantes y validas sin importa de nivel de educación, nivel de ingresos, ni de aspectos sociales, ni de sexo*”-  
PCF Steering Committee Member

“Most of the projects that were able to make it on the ballot were legitimately driven by grassroot and community folks.”  
*Central Providence Steering Committee Member*

“I personally have learned a lot. And I think that that message to me is we need to do it again. We need you to do it again. Absolutely.” *Central Providence Steering Committee Member*

# Let's Stay Connected!

**Dominique Resendes:**

Central Providence Opportunities: A Health Equity Zone

resendes@onenb.org

**Becki Marcus:**

Pawtucket Central Falls Health Equity Zone LISC

rbmarcus2@lisc.org



# PY 7 Program Document Updates

---

Charles Estabrook, Managed  
Care Administrator (EOHHS)

**RHODE  
ISLAND**

## PY 7 Program Document Updates: Attachment L: Roadmap & Sustainability Plan

**The PY7 Roadmap and Sustainability Plan was updated to reflect program changes related to the ending of the LTSS APM and availability of HSTP funds.**

- Language was added to note the closure of the LTSS APM
- Language describing HSTP Project Plans was removed
  - AEs will no longer receive incentive funds for work related to HSTP Project Plans
- Care Management Alerts and Dashboard and CurrentCare language was revised to reflect expiration of RIQI contract
- Community Resource Platform (CRP) language revised to update expiration of UniteUs contract in April 2024

# PY7 Program Documents Updates: TCOC

There are no major changes in TCOC methodology for Program Year 7.

- Claims threshold for high-cost claims set at \$135,000 for SFY 2024/PY7
- Market weight adjustment was updated consistent with trend from prior year's updates
  - Below Market Weight: 40%
  - Above Market Weight: 25%



## PY 7 Program Document Updates: Attachment H: AE Certification Requirements

**Accountable Entity Certification Standards were updated for clarity and to reflect the unwinding of HSTP funding.**

- Accountable Entity Re-certification will now occur bi-annually instead of annually
- Language regarding leveraging the Community Resource Platform (CRP) to satisfy the requirement for tracking and follow-up of SDOH referrals was updated due to the upcoming expiration of the UniteUs contract
- Section on HIT was updated for clarity and to reflect expiration of RIQI contract

# PY7 Program Documents Updates: Attachment H (continued)

**Domain 5.3 *System Transformation and the Healthcare Workforce*** was updated to reflect the current status of the Health System Transformation Project

- HSTP is no longer funding projects through the Department of Labor and Training (DLT)
- Language was softened around partnerships with Institutes of Higher Education
  - AEs are still strongly encouraged to partner with education and training providers to address workforce needs

# Incentive Program Future: Program Year 7

---

Charles Estabrook, Managed  
Care Administrator (EOHHS)

**RHODE  
ISLAND**

# PY 7 Program Document Updates: Attachment K: Incentive Program

Program Year 7 Accountable Entity Incentive Program will be altered as HSTP funds have been mostly spent down.

- In past years *Attachment K – Incentive Program Requirements* has contained a per-member per-month multiplier used to determine AE and MCO incentive pools. Due to methodology being used to determine PY7 incentive pools that multiplier is unknown at this point.

Program Year 7:AE-Specific Incentive Pool (AEIP) Calculation		
PMPM Multiplier	x Attributed Lives	x 12
TBD	At the start of each Program Year in accordance with EOHHS defined requirements	Translate to Member Month

“For PY7 the PMPM Multiplier will be determined by the amount of unearned incentive funds from prior program years that can be rolled over to form a PY7 incentive pool. EOHHS will establish the PY7 incentive multiplier once the aggregate incentive pool is finalized.”

# Attachment K: Incentive Program, continued

**Program Year 7 Accountable Entity Incentive Program will be truncated as HSTP funds have been mostly spent down.**

- HSTP Project Plans will no longer be associated with Incentive Funds
- Incentive Funds will be distributed for:
  - Execution of contracts including downside risk (non-FQHC based AEs)
  - ROI Projects (FQHC-based AEs)
  - Reporting of select AE quality measures stratified by Race, Ethnicity, Language, and Disability (RELD)
  - Outcome Measures: *Plan All-Cause Readmission* and *Potentially Avoidable ED Visits*

# Public Comment

**RHODE  
ISLAND**

# 1115 Demonstration Waiver Updates



Amy Katzen, Director of Policy  
and Strategy (EOHHS)

**RHODE  
ISLAND**

# Public Comment

**RHODE  
ISLAND**