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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

AN ACT

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

Introduced By: Senators Miller, Sosnowski, Metts, Archambault, and Conley

Date Introduced: March 11, 2015

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Section 42-7.2-5 of the General Laws in Chapter 42-7.2 entitled "Office of Health and Human Services" is hereby amended to read as follows:

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

- (1) Coordinate the administration and financing of health care benefits, human services and programs including those authorized by the Global Consumer Choice Compact Waiver and, as applicable, the Medicaid State Plan under Title XIX of the US Social Security Act. However, nothing in this section shall be construed as transferring to the secretary the powers, duties or functions conferred upon the departments by Rhode Island public and general laws for the administration of federal/state programs financed in whole or in part with Medicaid funds or the administrative responsibility for the preparation and submission of any state plans, state plan amendments, or authorized federal waiver applications, once approved by the secretary.
- (2) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid reform issues as well as the principal point of contact in the state on any such related matters.
- (3) Review and ensure the coordination of any Global Consumer Choice Compact

- 1 Waiver requests and renewals as well as any initiatives and proposals requiring amendments to 2 the Medicaid state plan or category two (II) or three (III) changes, as described in the special 3 terms and conditions of the Global Consumer Choice Compact Waiver with the potential to affect 4 the scope, amount or duration of publicly-funded health care services, provider payments or 5 reimbursements, or access to or the availability of benefits and services as provided by Rhode Island general and public laws. The secretary shall consider whether any such changes are legally 6 7 and fiscally sound and consistent with the state's policy and budget priorities. The secretary shall 8 also assess whether a proposed change is capable of obtaining the necessary approvals from 9 federal officials and achieving the expected positive consumer outcomes. Department directors 10 shall, within the timelines specified, provide any information and resources the secretary deems 11 necessary in order to perform the reviews authorized in this section;
 - (4) Beginning in 2006, prepare and submit to the governor, the chairpersons of the house and senate finance committees, the caseload estimating conference, and to the joint legislative committee for health care oversight, by no later than March 15 of each year, a comprehensive overview of all Medicaid expenditures outcomes, and utilization rates. The overview shall include, but not be limited to, the following information:

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- (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;
- (ii) Expenditures, outcomes and utilization rates by population and sub-population served (e.g. families with children, children with disabilities, children in foster care, children receiving adoption assistance, adults with disabilities, and the elderly);
- (iii) Expenditures, outcomes and utilization rates by each state department or other municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the Social Security Act, as amended; and
- 24 (iv) Expenditures, outcomes and utilization rates by type of service and/or service 25 provider.
 - The directors of the departments, as well as local governments and school departments, shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever resources, information and support shall be necessary.
- 29 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts 30 among departments and their executive staffs and make necessary recommendations to the 31 governor.
- 32 (6) Assure continued progress toward improving the quality, the economy, the accountability and the efficiency of state-administered health and human services. In this capacity, the secretary shall:

1	(i) Direct implementation of reforms in the human resources practices of the departments
2	that streamline and upgrade services, achieve greater economies of scale and establish the
3	coordinated system of the staff education, cross-training, and career development services
4	necessary to recruit and retain a highly-skilled, responsive, and engaged health and human
5	services workforce;
6	(ii) Encourage the departments to utilize consumer-centered approaches to service design
7	and delivery that expand their capacity to respond efficiently and responsibly to the diverse and
8	changing needs of the people and communities they serve;
9	(iii) Develop all opportunities to maximize resources by leveraging the state's purchasing
10	power, centralizing fiscal service functions related to budget, finance, and procurement,
11	centralizing communication, policy analysis and planning, and information systems and data
12	management, pursuing alternative funding sources through grants, awards and partnerships and
13	securing all available federal financial participation for programs and services provided through
14	the departments;
15	(iv) Improve the coordination and efficiency of health and human services legal
16	functions by centralizing adjudicative and legal services and overseeing their timely and judicious
17	administration;
18	(v) Facilitate the rebalancing of the long term system by creating an assessment and
19	coordination organization or unit for the expressed purpose of developing and implementing
20	procedures across departments that ensure that the appropriate publicly-funded health services are
21	provided at the right time and in the most appropriate and least restrictive setting; and
22	(vi) Strengthen health and human services program integrity, quality control and
23	collections, and recovery activities by consolidating functions within the office in a single unit
24	that ensures all affected parties pay their fair share of the cost of services and are aware of
25	alternative financing.
26	(vii) Broaden access to publicly funded food and nutrition services by consolidating
27	agency programs and initiatives to eliminate duplication and overlap and improve the availability
28	and quality of services; and
29	(viii) Assure protective services are available to vulnerable elders and adults with
30	developmental and other disabilities by reorganizing existing services, establishing new services
31	where gaps exist and centralizing administrative responsibility for oversight of all related
32	initiatives and programs.
33	(ix) Create and evaluate an evidence-based behavioral health care program for
34	incarcerated adults with co-occurring substance use and mental disorders, that includes clinically

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of their agencies.

1	SECTION 2. This act shall take effect upon passage.
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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

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

This act would require the secretary of the office of health and human services to create
an evidence-based behavioral health care program for incarcerated adults with co-occurring
substance use and mental disorders.

This act would take effect upon passage.

LC001858