

Executive Office of Health & Human Services FY 2026 Budget Overview

Senate Committee on Finance

Thursday, March 20, 2025

**RHODE
ISLAND**

Overview: Executive Office of Health & Human Services (EOHHS)



Vision, Mission and Priorities

Supporting Rhode Island 2030

**RHODE
ISLAND**

Table of Contents

This presentation will cover the following topics:

01 Agency Overview

04 Project Updates

02 Overall Budget Summary

05 Performance Management

03 Budget Initiatives & Article Initiatives

06 Challenges and Supports Needed

EOHHS Vision and Mission

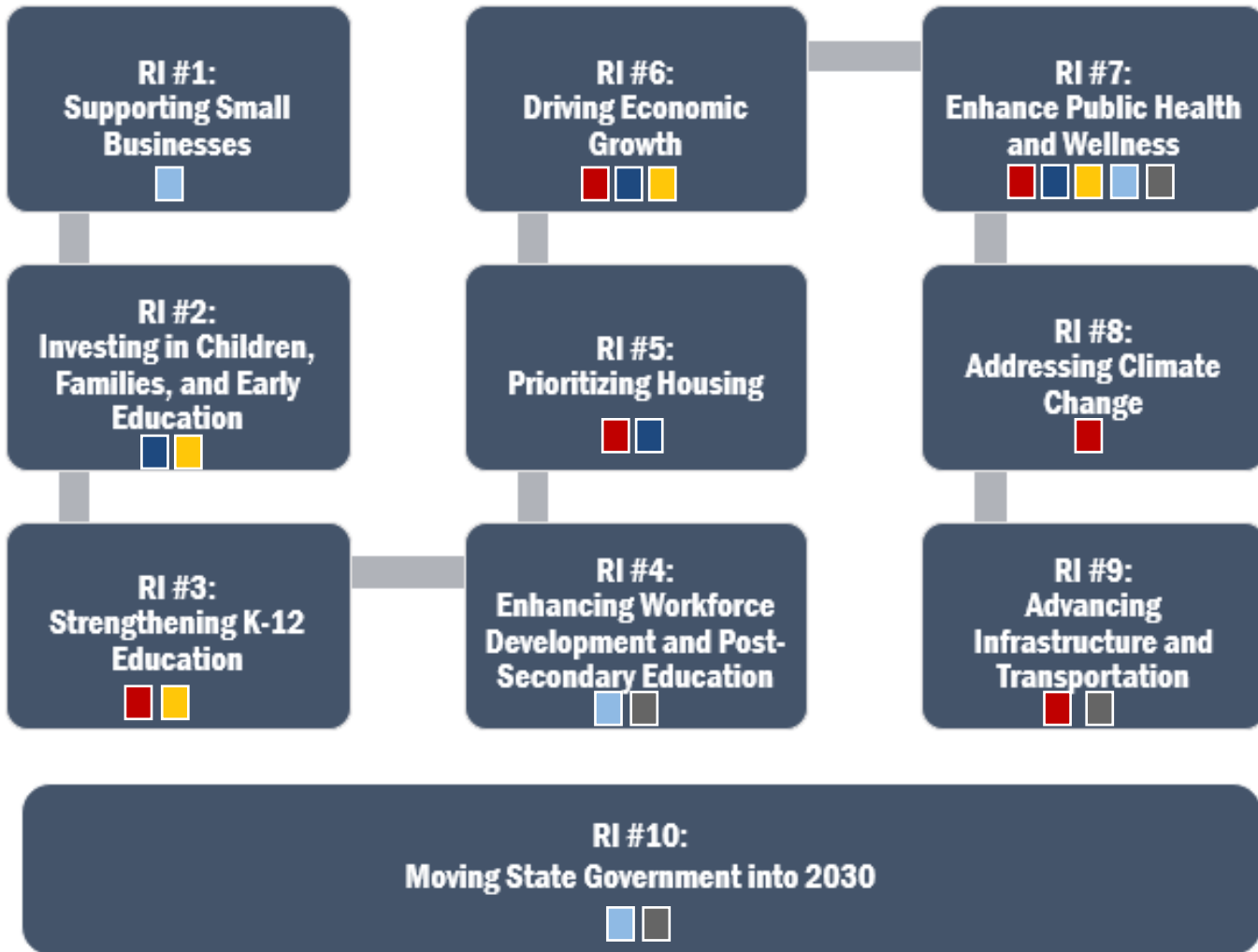
OUR VISION

- Resilient, equitable, and just communities nurturing the health, safety, wellbeing, and independence of all Rhode Islanders.

OUR MISSION

- To foster and strengthen a community-driven, equitable, comprehensive, responsive, and high-quality health and human services system in Rhode Island.

Supporting Rhode Island 2030



HHS PRIORITY 1:
Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.

HHS PRIORITY 2:
Promote continuums of care that deliver efficient, effective, and equitable services across the life course.

HHS PRIORITY 3:
Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.

HHS PRIORITY 4:
Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.

HHS PRIORITY 5:
Modernize, integrate, and transform health information technology and data systems to support operations and value-based systems of care.

EOHHS

§ 42-7.2-5. Duties of the secretary

Ensure 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:

- Develop all opportunities to maximize resources by centralizing fiscal service functions related to budget, finance, and procurement, centralizing communication, policy analysis and planning, and information systems and data management,
 - Chief Financial Officers and Public Information Officers centralized
 - Working on centralizing Healthcare System Planning, to include data collection for system transparency and for policy analysis and planning (as proposed by the State Health Care System Planning (HCSP) Cabinet).
- Improve the coordination and efficiency of health and human services legal functions by centralizing adjudicative and legal services and overseeing their timely and judicious administration: All legal functions centralized.



EOHHS Budget Summary



—

Overall Budget and Agency Overview

Global Budget Overview: All EOHHS Agencies

All Funds

	FY 2025 Enacted	FY 2025 Governor	FY 2026 Governor
EOHHS	\$4,017.8	\$3,967.1	\$4,202.1
DHS	\$814.7	\$860.5	\$829.2
BHDDH	\$672.4	\$706.9	\$704.2
RIDOH	\$356.3	\$387.8	\$292.1
DCYF	\$399.1	\$412.1	397.2
Total – All Funds	\$6,260.2	\$6,334.5	\$6,424.8
% of Statewide budget	44.8%	42.4%	45.2%

\$ In Millions

General Revenue

	FY 2025 Enacted	FY 2025 Governor	FY 2026 Governor
EOHHS	\$1,416.4	\$1,390.9	\$1,469.7
DHS	\$142.8	\$147.3	\$135.6
BHDDH	\$305.69	\$317.63	\$316.30
RIDOH	\$40.1	\$40.5	\$38.1
DCYF	\$261.35	\$261.35	\$262.98
Total – Gen.Rev	\$2,166.3	\$2,157.8	\$2,222.6
% of Statewide budget	38.7%	38.5%	38.7%

\$ In Millions

Budget Highlights: For the Rec FY26 budget, EOHHS and the health and human service agencies budgets account for 45% of the state’s budget for all funds and 39% of the general revenue. EOHHS manages the four health and human service agencies to improve the economy, efficiency, coordination, & quality of health and human services policy & planning, budgeting, & financing. Maximize & leverage funds including federal financial participation and opioid funds across the agencies.

Global Budget Overview: Interagency Alignment

EOHHS and Interagency Budget Items

Programs	EOHHS	BHDDH	DCYF	DHS	RIDOH	HSRI	DOT	RIDE	DLT	Housing	DOC
OHIC Rate Review	X	X		X							
Behavioral Health System of Care including CCBHC, 988 hotline	X	X	X		X						
Home Community Based Services - ARPA Funding	X	X	X		X				X		
UHIP/Return to Normal Operations/Public Health Unwinding *	X			X		X					
Housing	X									X	
Conflict Free Case Management	X	X		X							
Health Equity Zones	X				X						
Opioid Funding	X	X			X						X
Health Care System Planning	X	X	X	X	X	X			X		
Olmstead Planning	X	X	X	X	X		X	X	X	X	X

EOHHS Budget Summary:

Program Breakdown

Program	FY 2025 Enacted	FY 2025 Governor	FY 2026 Governor
Central Management	\$316.4	\$328.2	\$288.7
Medical Assistance	\$3,701.3	\$3,638.9	\$3,913.4
Total Funding	\$4,017.7	\$3,967.1	\$4,202.1
FTE	233	233	243

Source Breakdown

Source	FY 2025 Enacted	FY 2025 Governor	FY 2026 Governor	25 Chg. to Enacted
General Revenue	\$1,416.4	\$1,390.9	\$1,469.7	\$53.3
Federal Funds	\$2,543.9	\$2,515.7	\$2,708.5	\$164.7
Restricted Receipts	\$57.5	\$60.5	\$23.9	(\$33.6)
Total Funding	\$4,017.7	\$3,967.1	\$4,202.1	\$184.4

- Medical benefits reflects November 2024 caseload estimates
- Proposes consolidating the contract operating costs of the RIBridges system within EOHHS, transferring \$8.8 M in GR, \$17.0 M from all funds.
- HCBS FMAP ends in FY25

EOHHS Budget Summary:

Category Breakdown

Category	FY 2025 Enacted	FY 2025 Governor	FY 2026 Governor
Salary & Benefits	\$38,558,041	\$41,347,303	\$44,562,245
Contracted Services	\$219,989,536	\$215,190,462	\$196,505,478
Operating	\$21,669,274	\$12,721,180	\$15,181,217
Assistance & Grants	\$3,737,417,001	\$3,697,817,043	\$3,945,813,390
Capital	\$118,021	\$35,760	\$39,360
Total	\$4,017,751,873	\$3,967,111,748	\$4,202,101,690

- Salary and benefits reflects payroll for 243 FTE in FY26.
- Contracted services includes professional services to support development and implementation of programs and services including Medicaid, opioid prevention, etc.
- Assistance and grants reflects medical benefits reflects November 2024 caseload estimates and central management subawards.

FY26 Budget & Article 8 Initiatives

FY 26 Budget Initiative: Medicaid Enterprise System (MES) Project

A series of procurements over the next seven years are required to modernize and modularize our existing Medicaid Management Information System (MMIS). As of March 2025, the MES Roadmap is developed and two procurements are underway.

- The Governor recommends \$6.2M in GR, \$62.2M from AF, to continue the planning and implementation of moving the current legacy MMIS (Medicaid Management Information System) to a modern, modular system.
- This is required by the Centers for Medicare and Medicaid Services (CMS) and will move Rhode Island away from single-contract solutions. **The project would be financed 90% by federal Medicaid dollars.**
- This system processes all Medicaid payments to Managed Care Organizations and providers, as well as processes client enrollments and authorizations for services like nursing homes, home care, and self-directed services.

Budget Initiative	Central Management		
	All Funds	GR	FF
Medicaid Enterprise System (MES) Project	\$62,203,182	\$6,220,318	\$55,982,864

FY 26 Budget Initiative: Medicaid 1115 Demonstration Waiver Renewal

The Governor recommends \$0.2M in GR, \$0.4M AF, to procure vendor services to evaluate and conduct monitoring/reporting for the 1115 Demonstration Waiver.

- Waiver is expected to be effective July 1, 2025
- Evaluation and monitoring activities are required to received federal financial participation (FFP) under the waiver

Budget Initiative	Central Management		
	All Funds	GR	FF
1115 Medicaid Waiver	\$442,692	\$221,346	\$221,346

FY 26 Budget Initiative: Organ Transplant Fund Transfer to DHS

The Governor recommends the transfer of the Organ Transplant fund to DHS, Office of Rehabilitative Services, to align with the statute language R.I. General Law (RIGL) § 42-11-13. The budget includes a \$15K transfer of restricted receipt funds.

- The fund supports expenses incurred for organ transplants.
- The transfer provides better alignment and coordination with other support programs.

Budget Initiative	Medical Assistance		
	All Funds	GR	RR
Organ Transplant Fund Transfer	\$(15,000)	\$0	\$(15,000)

FY 26 Budget Initiative: Parent / Caretaker

- The Governor recommends savings of \$1.9 M GR / \$4.5M AF, from correcting the income limit for the Parent/Caretaker eligibility group to 138% of FPL

Budget Initiative	Medicaid Program		
	All Funds	GR	FF
Parent / Caretaker	\$(4.5 M)	\$(1.9 M)	\$(2.6 M)

FY 26 Budget Initiative: Program Integrity (5.0 FTE) & Enhanced Recoveries

- The Governor’s recommended budget assumes savings of net savings of \$6.0M AF from increasing recoveries from fraud, waste and abuse.
 - Includes funding and authorization for 5.0 FTEs
 - 4.0 new FTEs and repurposing 1.0 existing FTE by 10/1/25
 - Update for an existing investigative auditor to create parity with new positions.
 - Investments in training and software to improve efficiency
 - Increasing investigative capacity will increasing recoveries

Initiative Components	Central Management			Medicaid Program		
	AF	GR	FF	AF	GR	FF
Program Integrity (5.0 FTE)	\$0.8 M	\$0.4 M	\$0.4 M	\$0.0 M	\$0.0 M	\$0.0M
Enhanced Recoveries	\$0.0 M	\$0.0 M	\$0.0 M	\$(6.9 M)	\$(2.9 M)	\$(3.8 M)
Total Gov Rec	\$0.8 M	\$0.4 M	\$0.4 M	\$(6.9 M)	\$(2.9 M)	\$(3.8 M)

FY 26 Budget Initiative: Pharmacy Cost Containment (1.0 FTE)

- The Governor recommends \$0.3 M in GR, \$0.6 M AF, to support efforts to restructure pharmacy benefits delivery
 - \$0.3M AF to support contracted analysis of pharmacy delivery mechanisms
 - \$0.2M AF for 1.0 new FTE position for the Medicaid pharmacy team
 - \$50,000 for operating support
- The Gov. Rec. five-year forecast assumed \$4.1M in GR savings in SFY 2027, increasing to \$8.3M in each SFY from SFY 28 through SFY 30.

Budget Initiative	Central Management		
	All Funds	GR	FF
Pharmacy Cost Containment	\$0.6 M	\$0.3 M	\$0.3 M

Recommends changes to the organization, financing, and delivery of the state’s Medicaid program

- **Section 1: Hospital License Fee**
 - Authorizes the hospital licensing fee for SFY26, shifts base revenue year for non-government owned hospitals to 2023, and shifts payment deadline from June 30 to June 25
 - Changes the hospitals required to pay the fee from those duly licensed on or before from July 1, 2022, to those duly licensed on or before July 1, 2024
- **Section 2: Third Party Liability**
 - Prohibits third-party payers from refusing payment solely on the basis that a prior authorization was not obtained, so long as the item or service is authorized by the State Plan or waiver and was provided to an individual enrolled in Medicaid.
 - Requires health insurers and liable third parties to respond to any claim inquiry within 60 business days.
- **Section 3: Hospital Rate Increase**
 - Sets annual inpatient and outpatient hospital inflationary increase to 2.3% for SFY 2026 to align with state revenue growth

Article 8 – Relating to Medical Assistance

- **Section 4: Nursing Facility Rate Increase & Passthrough**
 - Sets annual nursing facility and institutional hospice inflationary increases to 2.3% for SFY 2026 to align with state revenue growth
 - Expands the types of workers eligible to receive an increase in compensation when Medicaid inflationary increases are provided for the pass through.
- **Section 5: Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL) Payments**
 - Authorizes DSH payments, based on 2024 financial data, to eligible hospitals in SFY 26.
 - Reduces private hospital DSH payments from \$14.7M to \$1.0M in SFY 26
 - The \$13.7M AF was shifted to the state directed payment to maximize federal match
 - Increases Eleanor Slater Hospital’s DSH payment to \$12.9M in each SFY 25 and SFY 26.
 - Eliminates inpatient and outpatient hospital UPL payments starting in SFY 2026
- **Section 6: Annual Increase for Select HCBS Rates**
 - Eliminates the annual inflationary increase for Medicaid personal care attendant services, skilled nursing and therapeutic services, and hospice care
 - These rates now receive regular rate reviews under the purview of OHIC

- **Section 7: Preventative Services (Technical Correction)**
 - Removes references to “preventive services” and “preventative” level of care for LTSS members from RIGL.
 - Technical correction to reduce administrative requirements imposed by CMS; does not impact service delivery
- **Section 8: OHIC Rate Review**
 - Adds “primary care services” definition and a review of primary care service rates to OHIC’s biennial rate review, beginning in 2027.
- **Section 9: Medicaid Resolution**
 - “Medicaid Resolution” authorizes and enables EOHHS to pursue changes to federal authority as needed
 - Includes establishing an interprofessional consultation (e-Consults) program effective October 1, 2025.
- **Section 10:** Article effective date “upon passage” except for Section 9, the Medicaid Resolution which is effective July 1, 2025.

Article 8, Section 1

Hospital License Fee

- Authorizes Hospital License Fee for SFY 26
 - Shifts base revenue year to 2023 and payment deadline from June 30 to June 25.
 - Applies to all hospitals duly licensed on or before July 1, 2024.
- The Gov. Rec assumes revenues of \$232.5M in SFY 26

Hospital License Fee Background

- New tax structure was effective 7/1/2024
- Tiered system for inpatient and outpatient hospitals.
- Each tier has different rates for inpatient and outpatient rates.

Article 8, Section 2

Medicaid Third Party Liability

- Amends General Law to comply with federal requirements under the Consolidated Appropriations Act of 2022 regarding third party liability
 - Under these requirements, Medicaid must ensure that third-party payers— e.g., commercial health insurers—do not deny claims solely due to a lack of prior authorization, if Medicaid would have covered the service under its State Plan or 1115 Waiver
 - Includes when an individual did not ask for a prior authorization, or the insurance plan denied the prior authorization
 - Applies to any claims reimbursable by Medicaid
- Example:
 - An individual with both Medicaid and commercial insurance needs an MRI, the third-party payor denies the claim on the basis that the individual did not obtain prior authorization.
 - Under the previous requirements, Medicaid would have had to pay that claim
 - Under the new rule, Medicaid would send the claim back to the provider for submission to the third-party payor since MRIs are a covered service under Medicaid
 - The third-party payor must take Medicaid’s coverage as prior authorization and pay the claim

Article 8, Section 3

Hospital Rate Increase

- Reduces the annual hospital inpatient and outpatient inflationary increases as adopted at the November CEC from 3.4% for fee-for-service and 2.9% for managed care to 2.3% for SFY 2026 to align with state revenue growth.
 - Est. value of the 2.3% increase = \$24 M All Funds
- Aggregate FFS increase SFY 2020 through 2025 = 24.6%

Budget Initiative	Medicaid Program		
	All Funds	GR	FF
Hospital Rate Increase	(\$5.3M)	(\$1.7M)	(\$3.6)

Article 8, Section 4

Nursing Facility Rates

- Reduces the annual nursing facility and institutional hospice inflationary increase as adopted at the November CEC from 4.2% to 2.3% in SFY 2026 to align with state revenue growth
 - Est. value of the 2.3% increase = \$9.0M All Funds
- Aggregate increase SFY 2020 through 2025 = 30.5%, including 14.5% effective 10/1/24.

Budget Initiative	Medicaid Program		
	All Funds	GR	FF
Nursing Facility Rate Increase	(\$7.6M)	(\$3.2M)	(\$4.4M)

Article 8, Section 5

Hospital DSH, State Directed, and UPL Payments

- Shifts \$13.7M from DSH program to State Directed Payment program to maximize federal match.
- Increases Eleanor Slater Hospital DSH payment to \$12.9M in each SFY 25 and SFY 26.
- Eliminates IP and OP Upper Payment Limit (UPL) payments starting in SFY 2026

Since 2023, an additional \$100+M in Medicaid spending for hospitals.

Budget Initiative	Medicaid Program		
	All Funds	GR	FF
DSH Reduction – Community Hospitals	(\$13.7M)	(\$5.9M)	(\$7.9M)
Increase SDP	\$13.7M	\$4.1M	\$9.7M
DSH Increase – ESH	\$5.9M	\$2.5M	\$3.4M
Eliminate UPL Payments – Community Hospitals	(\$18.3M)	(\$6.7M)	(\$11.7M)

DSH	UPL	State Directed Payment
Pays hospitals for uncompensated care based on a hospital-specific limit.	Supplemental payments based on fee-for-service Medicaid activity	Managed care payments based on rates and utilization
Federal phase out in process.	Compensates hospitals for the differences in Medicaid and Medicare payments	Closes gap between Medicaid and commercial insurance

Article 8, Section 6

Eliminate Annual Increase for Select HCBS Rates

- Eliminates the annual July 1st inflationary increase for select HCBS services, including personal care attendant services, skilled nursing and therapeutic services, and hospice care. These rates are now included in the OHIC rate review.
- The SFY 25 Enacted Budget included rate increases ranging from 15.8% to 74.3%.
- Aggregate increase SFY 2020 through 2024 = 8.2%.

Budget Initiative	Medicaid Program		
	All Funds	GR	FF
Eliminate Annual Inflationary Increase	(\$10.1M)	(\$4.3M)	(\$5.9M)

Article 8, Section 7

Preventative Services

- Makes technical corrections to remove references to “preventative services” and “preventive” level of care for long term services and supports (LTSS).
- No change to benefits

Article 8, Section 8

OHIC Rate Review

- Adds “primary care services” to the OHIC Social and Human Service Programs Review
- Requires OHIC to review and make recommendations for primary care services no later than September 1, 2027.
- Defines primary care services as:
 - Professional services rendered by primary care providers at a primary care site of care, including care management services performed in the context of team-based care.

Article 8, Section 9

Medicaid Resolution / E-Consults

HHS 1

HHS 2

- Standard language that grants EOHHS authorization to pursue changes to federal authority, as needed.
- Authorizes reimbursement for e-consults between physicians
- Allows for access to specialists without in-person visits.
 - Beneficial for patients facing delays in care due to long waitlists for specialists.
 - Allows for asynchronous exchanges via phone, video, or a HIPAA-compliant platform between physicians.
 - Savings derived from reduction of in-person visits.

Initiative	Central Management			Medicaid Program		
	All Funds	GR	FF	All Funds	GR	FF
E-Consults	\$0.08M	\$0.02M	\$0.06M	(\$0.6M)	(\$0.2M)	(\$0.4M)



Project Updates: Health System Planning and Oversight and SFRF Spending

- EOHHS is carrying out Health Care System Planning with authority from Governor Dan McKee's [Executive Order 24-04](#) (February 2024), establishing the State Health Care System Planning (HCSP) Cabinet. The Cabinet takes a unified, interdepartmental approach to evaluating and proposing recommendations for Rhode Island's health care system.
- In FY2025, the Office of Health Care System Planning completed the 2024 Foundational Report, with approximately 120 broad-ranging recommendations from a public/private Workgroup process. The Recommendations fall into the following categories:
 - **Data Collection, Reporting, and Analysis**, including the creation of a health data hub for health care system transparency, financial and capacity planning, oversight and monitoring, and evaluation
 - **Workforce Strategic Development and Training**, to address workforce shortages by supporting pipelines and opportunities for career and wage growth
 - **Structural Changes in Rhode Island's Health Care System**, including state capacity for oversight and monitoring, support for expanding access to quality, culturally competent care, addressing gaps in care, and supporting effective care transitions.
 - **Community Engagement**, to ensure that health care system community partners continue to remain a part of the planning process and that Rhode Island's health care patients are part of the planning as well.

Here are several top priorities of the Office of Health Care System Planning through the end of FY26:

- Begin to implement the Foundational Report Recommendations, focusing on key Short-Term and Medium-Term priorities. Complete Action Plans for the Recommendation Implementation with public/private Workgroups.
 - Focus work on both urgent needs identified by the Health Care System Planning Cabinet and the EOHHS Independent Advisory Council – and on the preparation for long-term recommendations.
- Begin the process towards future Rhode Island Health Care System Plan, with input from the Cabinet and the EOHHS Independent Advisory Council
- Promote ongoing community engagement for feedback on the Foundational Report, the Implementation Plans, and on the overarching Health Care System Plan.

Budget Summary: EOHHS SFRF Funds

Expenditures and Obligations

Initiatives	Budget	Expenditures as of 12/31/24	Obligations to U.S. Treasury as of 12/31/24
Certified Community Behavioral Health Clinic Development Grants	\$27,646,568	\$26,164,109	\$27,646,568
Certified Community Behavioral Health Clinic Development Program Management	\$1,353,432	-	\$1,353,432
Early Intervention Provider Relief and Recovery	\$11,000,000	\$11,000,000	\$11,000,000
Butler Hospital Short Term Stay Unit	\$8,000,000	\$8,000,000	\$8,000,000
Pediatric Provider Relief and Recovery	\$7,500,000	\$7,500,000	\$7,500,000
Pediatric Provider Relief and Recovery Phase II	\$7,500,000	\$7,499,871	\$7,499,871
EOHHS SFRF Projects Total Cumulative Projects	\$63,000,000	\$60,163,980	\$62,999,871



Performance Management:

FY25R/26 Budget Measures Update

Performance Management: Summary of FY 25R/26 Budget Measures

2/25/25

Program	Measure Name	Aligned Strategic Priority	2024 Status
Medical Assistance	NEMT Measure: Percent of MTM complaints out of total trips	HHS 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.	ON TRACK
Central Management	Percent Long Term Services and Supports (LTSS) Spend: HCBS vs Institutional *Includes DD	HHS 2: Promote continuums of care that deliver efficient, effective, and equitable services across the life course.	ON TRACK
Medical Assistance	Early Intervention: Percent of children with an initial evaluation and assessment within 45 days	HHS 3: Promote continuums of care that deliver efficient, effective, and equitable services across the life course.	MIXED
Medical Assistance	Early Intervention: Percent of children who successfully completed their IFSP or turned three years old.	HHS 4: Ensure that children with developmental delays receive timely services and resources during a period of critical development and to help reach key milestones and develop to their fullest potential.	ON TRACK
Central Management	Overdose: Number of overdoses (all) - This includes members beyond Medicaid	HHS 5: Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.	ON TRACK
Central Management	Workforce: Percent change in employment by agency type	HHS 6: Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.	ON TRACK
Medical Assistance	Passive Medicaid Renewals: Percent of renewals that are automatically renewed.	HHS 7: Reduce beneficiary burdens, state processing, and ensure that Medicaid enrollment is as timely as possible without gaps in coverage..	ON TRACK

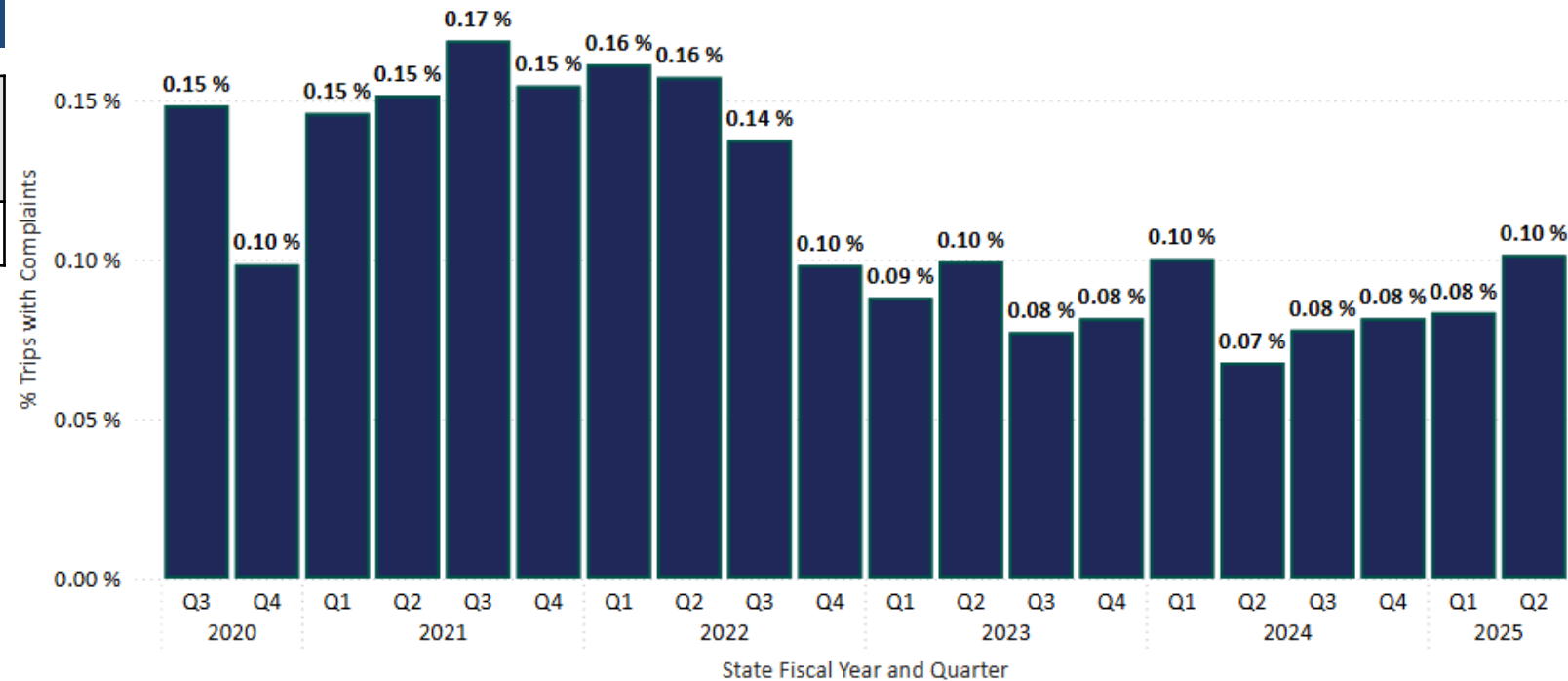
Performance Management: NEMT Complaints Measure

1. Percent of Non-Emergency Medical Transportation (NEMT) Complaint Types by Quarter from 01/2020 to 12/2024

5-Year Target: towards 0

2020 Baseline	2021 Baseline	2022 Baseline	2023 Baseline	2024 Baseline	2025 YTD
0.09%	0.13%	0.11%	0.10%	0.09%	0.09%

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
0.09%	Towards 0	Towards 0



The NEMT graphic was revised from providing the total count of complaints by trip category to directly reflect the measure of % of NEMT trips resulting in a complaint.

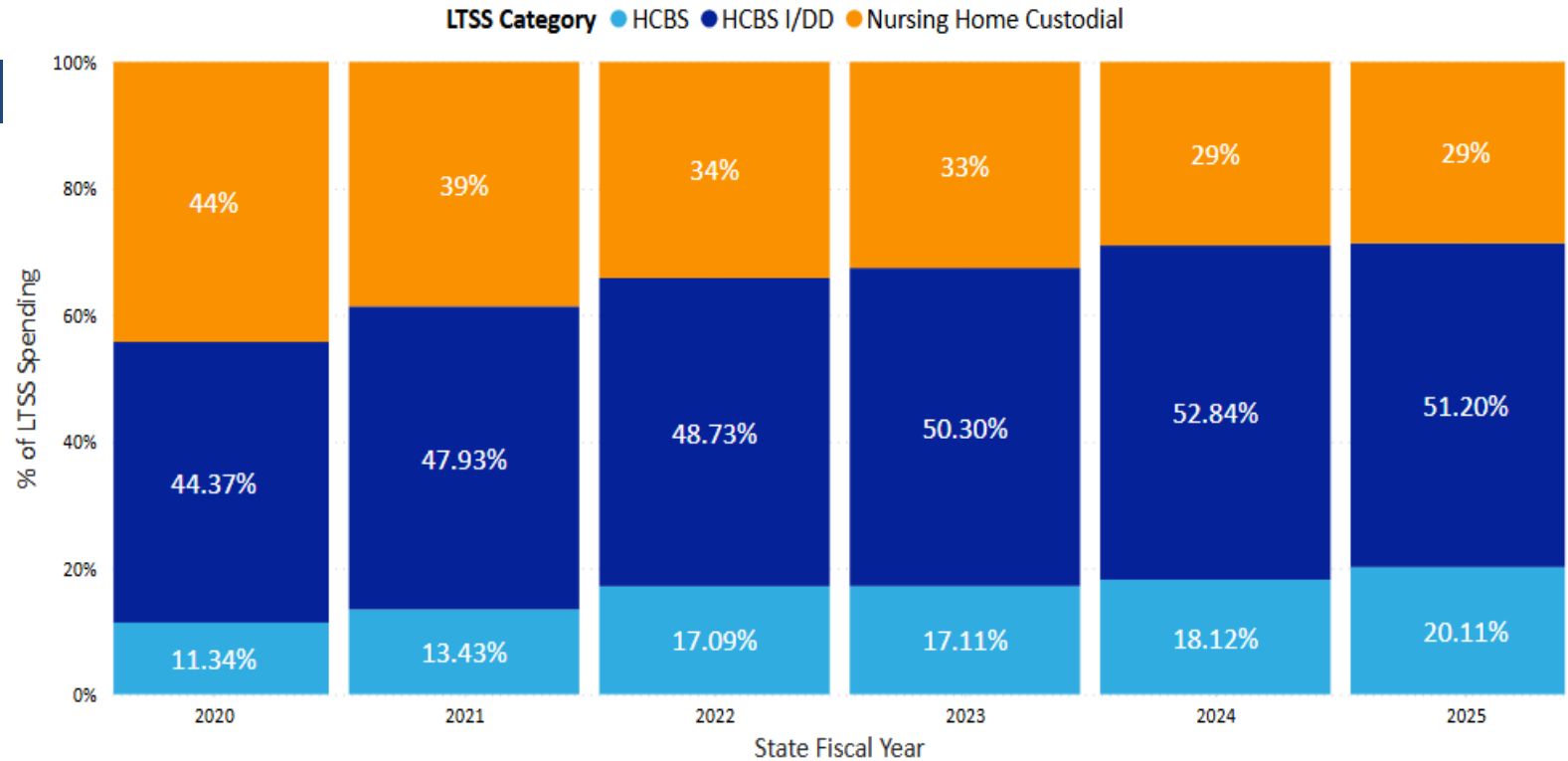
Performance Management: LTSS Spend on HCBS Versus Institutional Care in the COVID Era

2. Share of LTSS Dollars Spent in Custodial, HCBS (excluding I/DD), and I/DD HCBS by State Fiscal Year.

5-Year Target: 50%

2020 Baseline	2021 Baseline	2022 Baseline	2023 Baseline	2024 Baseline
42.76%	46.86%	49.02%	50.3%	52.84%

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
50%	50%	50%



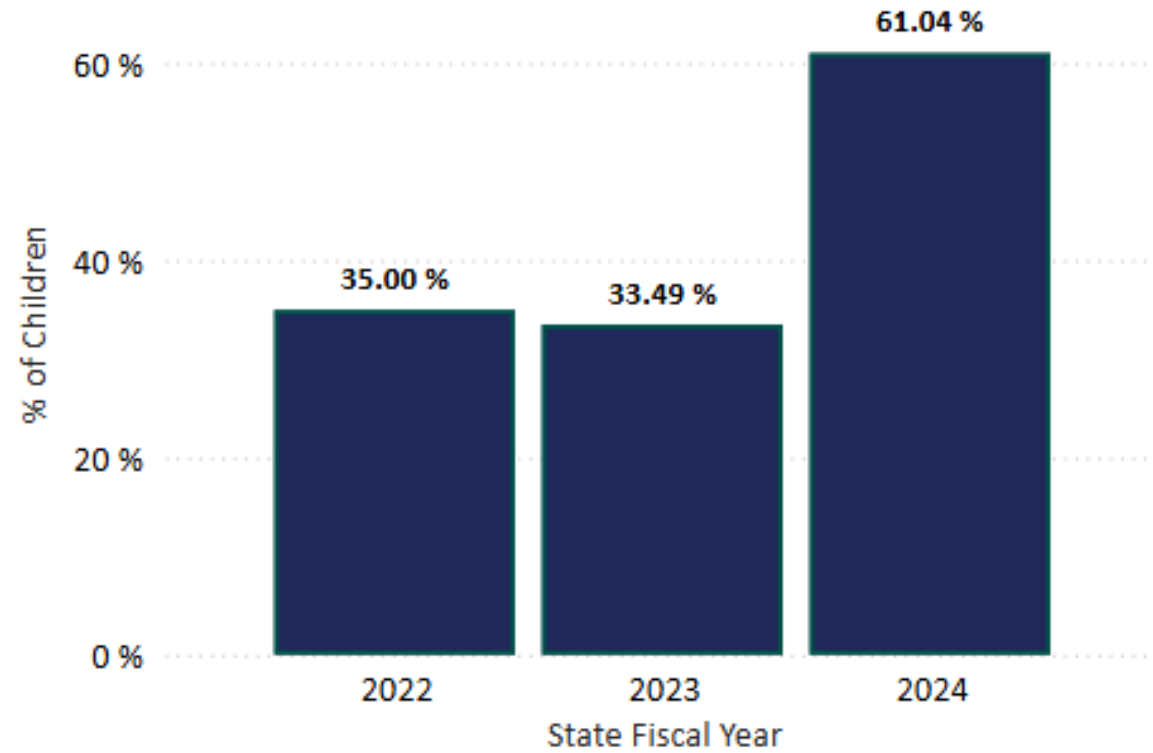
For new measures, 2023 is the first year with annual benchmarks

2023 -2025 benchmarks are based on the recommendation from the Reinvent Medicaid work group.

Performance Management: Timeliness of Early Intervention Eligibility Evaluation

3. Percentage of Children who received an Eligibility Evaluation within 45 days of referral.

5-Year Target: 100%					
2022 Baseline	2023 Baseline	2024 Baseline	2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
35.00%	33.49%	61.04%	100%	100%	100%



For new measures, 2023 is first year with Targets

SFY 2020 and 2021 were removed from this report due to differences in data collection methods, rendering 2020-2021 not comparable to subsequent years.

The 2023 benchmark is an average of 2020 & 2021 baseline.

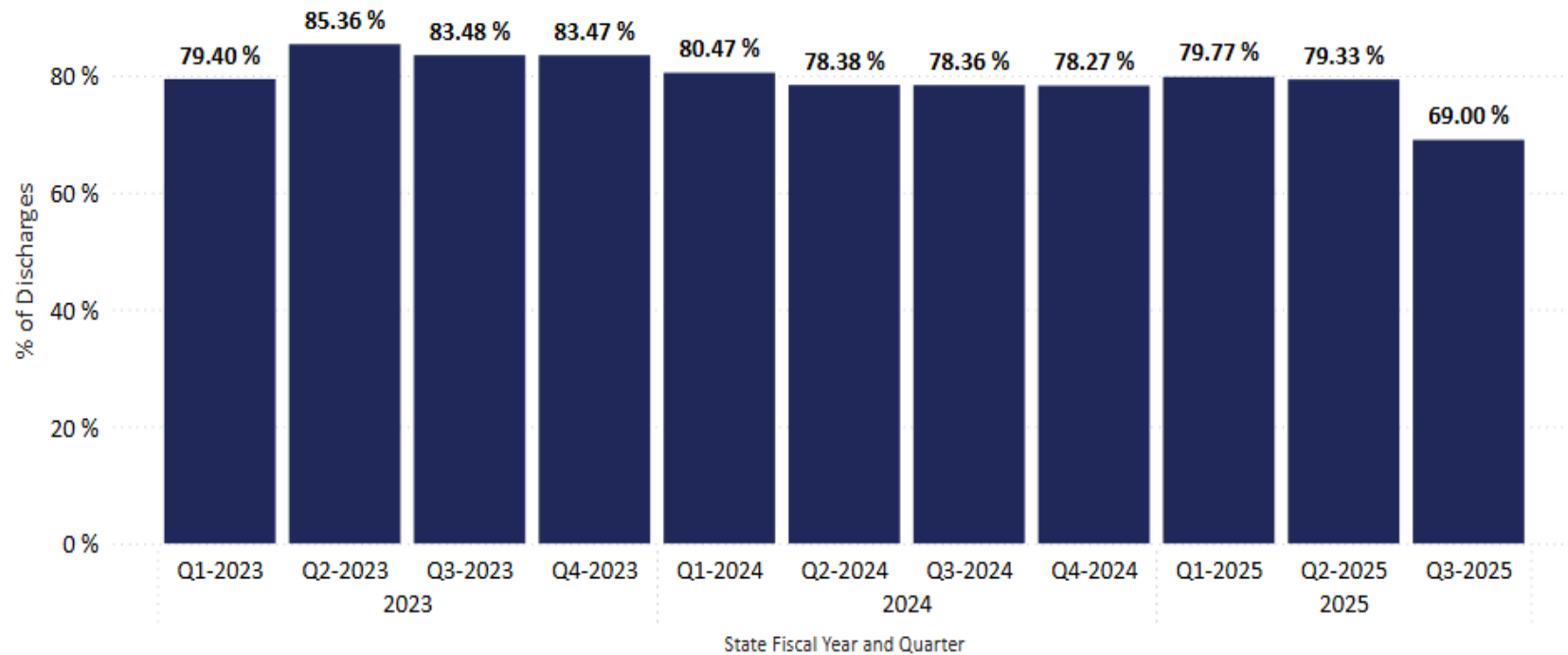
Performance Management: Early Intervention Quality of Care

4. Percent of children that complete their Individualized Family Service Plan (IFSP) or turned three years old (i.e., good discharge from EI)

5-Year Target: 80%

2023 Baseline	2024 Baseline	2025 YTD
82.96%	78.84%	78.62%

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
80%	80%	80%



SFY 2020-2022 are not included in this report due to a change in the EI data system.

For new measures, 2025 is first year with Targets

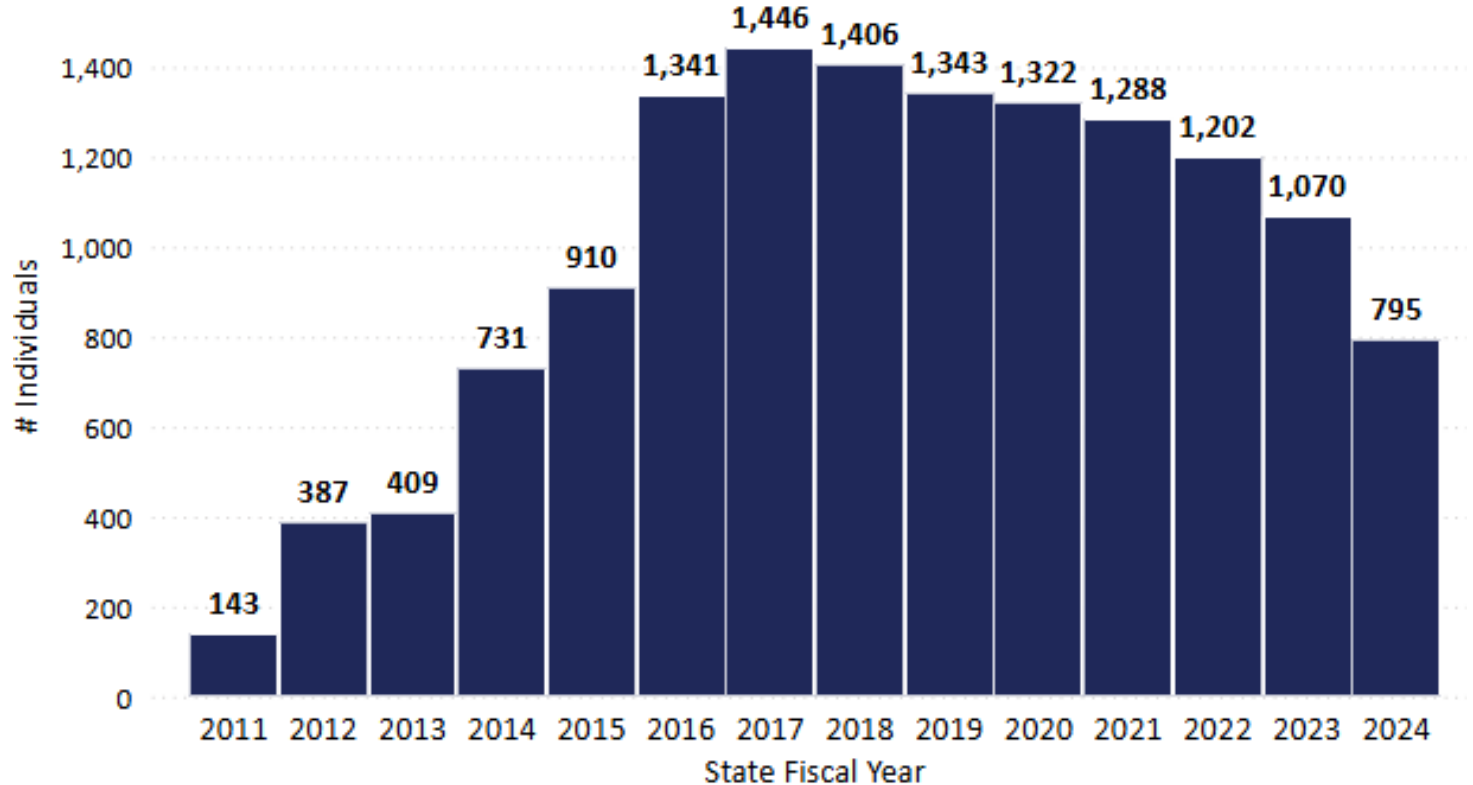
Performance Management: Overdoses (Fatalities and Non-Fatalities)

5. Number of Overdoses (Fatal and Non-Fatal) by State Fiscal Year

5-Year Target: 876

2020 Baseline	2021 Baseline	2022 Baseline	2023 Baseline	2024 YTD
1,322	1,288	1,202	1,075	795

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
876	838	800



*Data for SFY 2024 include data through June 2024 only

*The data is sourced from the Rhode Island All-Payers Claim Database, which may undercount the actual instances of overdoses. SFY 2024 is incomplete due to data lag. Anticipated: March 2025.

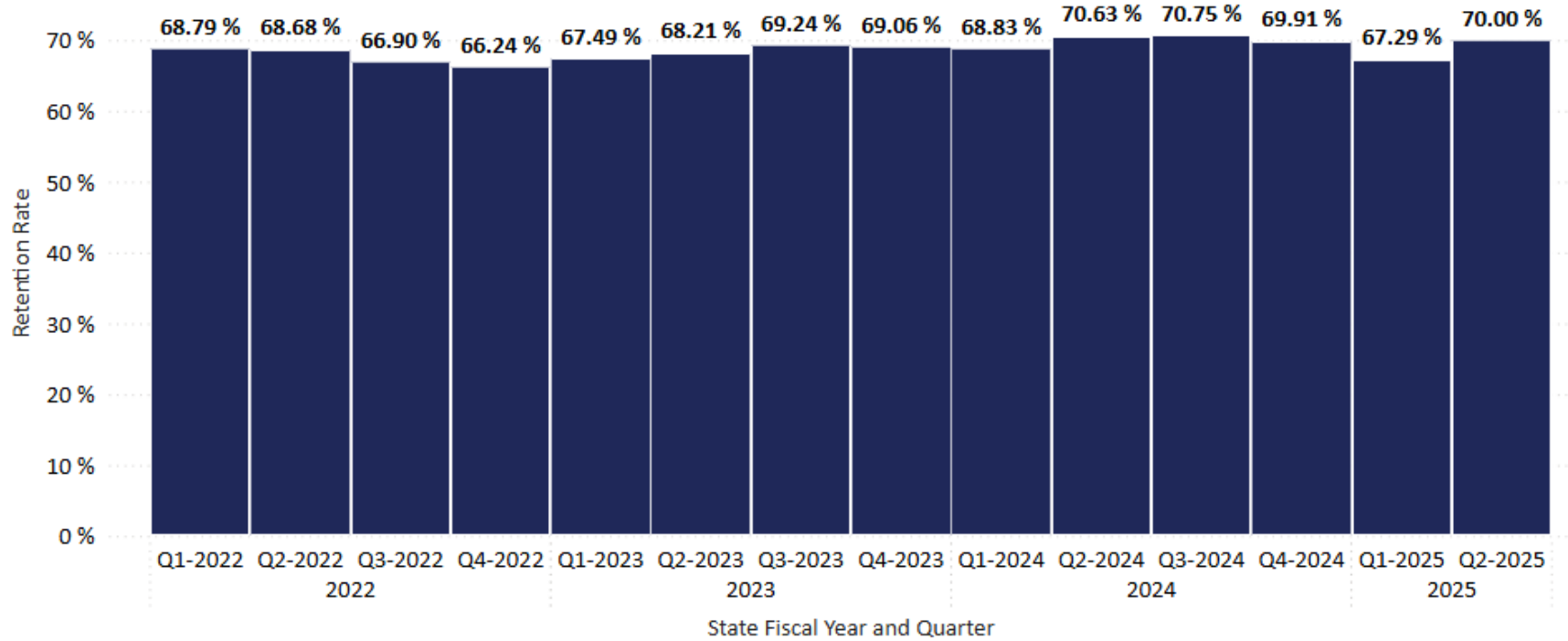
Performance Management: HCBS Workforce

6. Percent of HCBS employees that remain employed with the same organization as the previous year/quarter

5-Year Target: 72%

2022 Baseline	2023 Baseline	2024 Baseline	2025 YTD
67.25%	68.50%	70.03%	68.6%

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
70%	70.5%	71%



For new measures, 2025 is first year with Targets

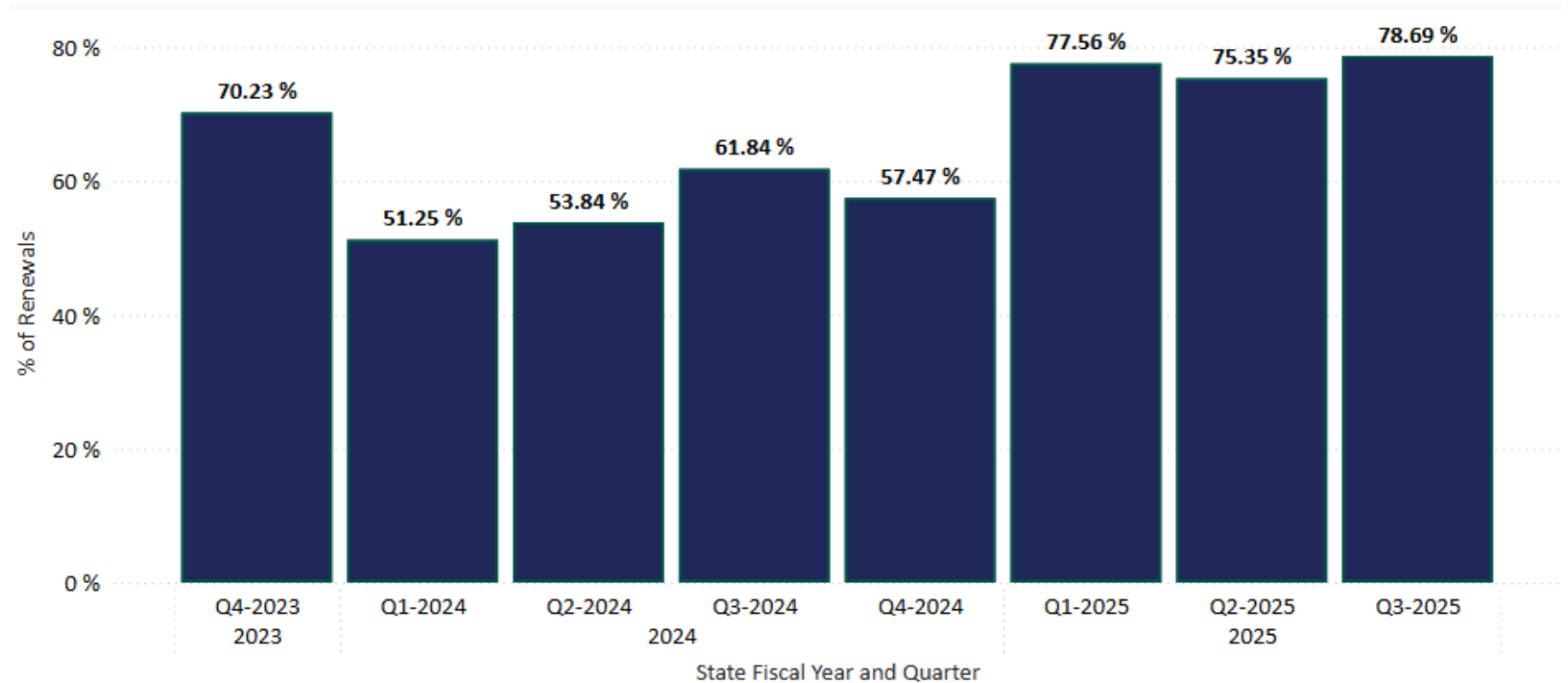
Performance Management: Medicaid Passive Renewals

7. Percent of renewals that are automatically renewed without the individual submitting additional information/forms

5-Year Target: 65%

2023 Baseline*	2024 Baseline	2025 YTD
70.2%	57.7%	76.4%

2025 Annual Benchmark	2026 Annual Benchmark	2027 Annual Benchmark
65%	65%	65%



* Passive Renewals began during Q4 of 2023, after the end of RTNO.

For new measures, 2025 is first year with Targets

Challenges

**RHODE
ISLAND**

EOHHS Challenges

Federal changes may impact HHS agencies' federal programs. EOHHS has implemented a HHS Federal Policy and Impact Monitoring and Assessment in coordination with the health and human service agencies.

- Identifies and tracks newly implemented or proposed federal policies that may impact Rhode Island's health and human services agencies.
- Assesses and documents the potential impact on agency operations and service delivery by implementing a federal policy tracker and financial impact assessment tool.
- Provides structured reporting to support informed decision-making and strategic planning across agencies.

Challenges – RI Medicaid Program

Federal changes may impact RI's Medicaid Program. EOHHS is preparing for possible scenarios.

- **Increasing staff awareness of possible changes**
 - EOHHS staff attend weekly calls to understand federal updates and actions
 - National Association of Medicaid Directors (NAMD) Medicaid Director call
 - NAMD Medicaid CFO call
 - National Academy for State Health Policy (NASHP) call
- **Policy and financial preparedness**
 - Cataloging possible federal changes detailed in Federal House and Senate documents
 - Plug and play models using SFY 26 Gov. Rec.
 - Provider tax (hospitals, nursing facilities, MCOs)
 - Expansion FMAP
 - Administrative Claiming match and impacts to state agencies (including APD and personnel)
- **Interagency communication and collaboration**
 - Biweekly meetings with EOHHS, HSRI, DOA, and Governor's Office
 - Coordination with DOR for tax modeling

Assistance Needed– RI Medicaid Program

- Collaboration and continued partnership with the General Assembly in navigating, planning and implementing any future changes required by the federal government.