Special Legislative Commission to Study and Provide Recommendations Pertaining to Services and Coordination of State Programs Relating to Older Adult Rhode Islanders

Health Care System Planning
April 25, 2025

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Health Care System Planning Cabinet and the EOHHS Independent Advisory Council

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Health Care System Planning State Agency Participants

- Executive Office of Health and Human Services/RI Medicaid (EOHHS)
- Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- Department of Children, Youth and Families (DCYF)
- Rhode Island Department of Health (RIDOH)
- Department of Human Services (DHS)
- Office of Healthy Aging (OHA)
- Office of Veterans Services (RIVETS)
- Department of Labor and Training (DLT)
- Office of the Health Insurance Commissioner (OHIC)
- Office of the Postsecondary Commissioner (OPC)
- HealthSource RI (HSRI)

Independent Advisory Council Membership

- Broad, inclusive, Independent Advisory Council
  - Started in March 2024

- Coalition of existing workgroups and other key public/private stakeholders
  - Existing state planning tables and community coalitions
  - Health care and community-based service providers
  - Professional, trade, and union organizations
  - Business leaders
  - Philanthropic organizations
  - Institutions of higher education
  - Consumer advocacy organizations and consumer representatives

Health Care System Planning
Cabinet Goals and Expectations

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Expectations for the Health Care System Planning Process

Overarching Goal: High-quality, affordable, equitable, accessible, and culturally appropriate health care system

The HCSP was developed through a comprehensive planning process that:

- Applied quality data for actionable health care policy, oversight, and accountability,
- Engaged a broad and inclusive group of stakeholders.
- Coordinated with other health and human service systems to ensure continuity of care, supportive service delivery and basic needs
- Aligned current and future needs

Health Care System Planning Goals

- Ensure access to affordable, quality and easy to navigate comprehensive care
- Ensure solvency of the health care system
- Ensure health equity and reduce disparities in access and outcomes
- Foster an integrated delivery system that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
- Strengthen preventative, primary physical & behavioral health care services to maintain appropriate utilization & promote efficiencies
- Invest in efforts to address the social factors that impact health

Health Care Planning Sectors and Cross-Cutting Issues

Health Care Sectors/Work Groups

- Behavioral Health Services
- Health-Related Social Needs
- Hospitals
- Long-term Care and Healthy Aging
- Primary Care

Cross-Cutting Issues

- Data
- Equity
- Health Information Exchange
- Quality
- Value-Based Payments
- Workforce Transformation

Health Care System Planning Foundational Report

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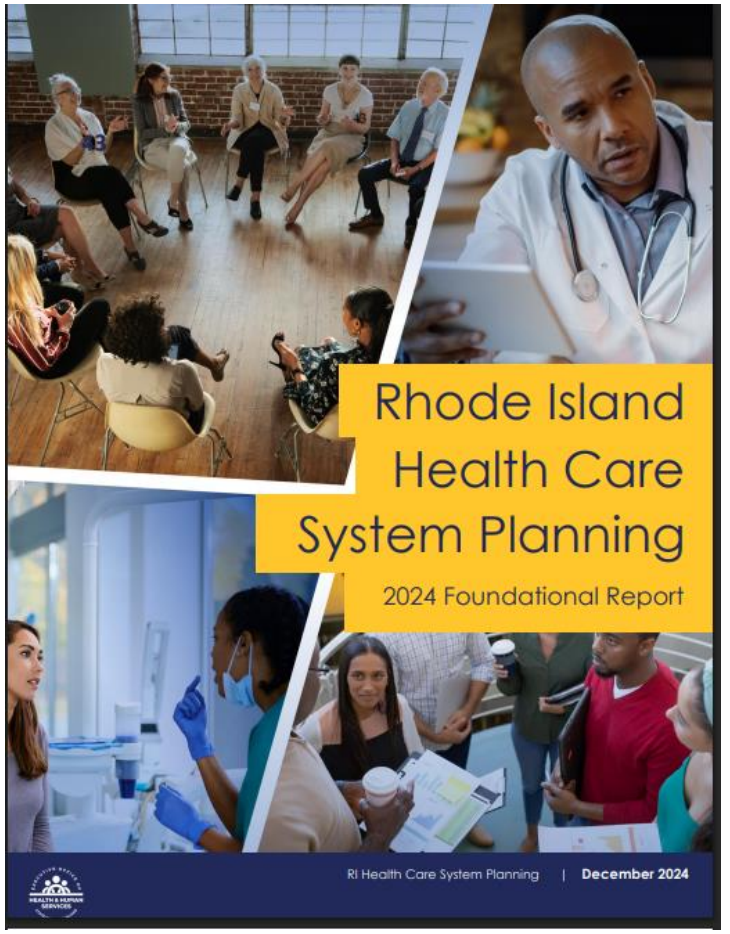
Health Care System Planning Foundational Report

The Health Care System Planning Cabinet's first deliverable was a foundational report that was submitted to Governor McKee and published in December. The report includes:

- A review of underlying community needs
- A preliminary assessment of Rhode Island's Health Care System
  - Health system capacity (what exists and where are the gaps) and performance by sector
  - Cross-cutting issues (e.g., workforce, payment models, equity, data, etc.)
- Analysis and initial recommendations on needs and strategic opportunities (including recommendations on urgent, short-term priorities and long-term needs)



Long-Term Care and Healthy Aging Sector Workgroup

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Review of High-Level Findings

- **Payment has not kept pace with costs:** Both community and facility-based providers of care and services face escalating costs without sufficient reimbursement to keep pace with those costs.
- **Healthcare workforce shortages due to a wide variety of factors reduce capacity across the continuum of care** and create critical bottlenecks in higher levels of care that prevent the transition of people to a less restrictive care environment.
- **Federal and state regulatory measures** are not serving as measures of quality, and some inhibit the ability to expand desired models of care.
- The supply of facility-based services for older adults with **behavioral health needs is not sufficient** and has not been addressed by recent measures to enhance payment for specialized services.
- **Medicaid eligibility requirements and delays in Medicaid enrollment** impede Rhode Islanders ability to access community-based services.

Review of High-Level Findings

- **Informal caregivers provide significant support** to older adults and people with disabilities, but there are relatively few supports and services for caregivers.
- **Affordable and accessible housing**, especially housing configured for people living with functional disability, is inadequate to meet the needs of a growing older adult and disabled population.
- **Some community-based programs serving older adults and those with disabilities are underutilized**
- **Many people in need of services have no idea what services are available** to them or how to access them as they age.
- **Many strong programs exist across the state** (i.e. Age-Friendly Communities and Village Model) to support the needs of the aging and disability population, and – with support – these could be scaled to serve more Rhode Islanders.
- **Many groups are working on aging and disability concerns**, but their efforts are not coordinated across the state.

Brief Review of Core Recommendations

Financial Stability, Quality, Accountability, and Regulatory Frameworks

- Assess **gaps in the supply of services across socioeconomic levels and geographic regions** to meet the needs of older adults and those with disabilities
- Address **gaps in BH services for older adults and I/DD populations in LTC settings**.
- Address Medicaid payment methodologies to ensure adequacy and accountability and align payment with performance metrics to incentivize quality care.
- **Establish staff training programs in LTC Settings on issues of aging and disability care**.
- Consider establishing a CON-type process to apply to all LTSS provider types to assure that services respond to the needs of the state and the communities they serve.
- **Review, assess, and remove barriers** to enrollment, transitions of care, and regulatory requirements that impede innovation in care delivery and workforce development.
- Explore and create a flexible licensure category and/or flexible licenses to enable a qualified workforce to move among different levels of care, people to remain in community settings.

Brief Review of Core Recommendations

Workforce Recruitment, Retention, and Development

- Work with state and community partners and existing initiatives to support and provide strategies and solutions to build and sustain a strong multidisciplinary workforce
- **Work with providers to develop short and mid-term affordable housing pilot programs** to attract new employees.
- Annually review and update provider reimbursement and align payment increases with performance metrics to enable providers to provide quality care and attract and retain staff.
- **Create employee education and training standards across the service continuum of LTSS and provide employee training tailored to meet the specialized needs of an aging population and individuals with intellectual and developmental disabilities (I/DD).** Embed education and training requirements in licensure and funding requirements.
- **Address workforce safety in both community and facility-based settings** to assure a healthy workforce that is prepared to meet the needs of both patients and providers.

Brief Review of Core Recommendations

Develop and Expand Community-Based Options

- Create a pool of funding to subsidize care for older adults and individuals I/DD who are low income but do not qualify for Medicaid, emphasizing community-based services.
- Work with community partners to **create, fund and promote accessible educational and supportive services to meet the needs of informal caregivers & natural supports**.
- **Develop, market and promote OHA's full range of services**, including the ADRC and MyOptionsRI as a primary source of information and referral for older adult & disability services
- Develop approaches to promote collaboration across associations, task forces, and workgroups for the benefit of older adults and people living with disabilities.
- Work to **develop flexible solutions to allow the deployment of resources to remote sections of the state** that may address reimbursement, incentives or regulatory barriers.
- Explore, develop and expand innovative community-based service solutions to reach more older adults and people with disabilities in the least restrictive environment.
- **Encourage OHIC to assess the adequacy of providers in Medicare Advantage programs**.

Brief Review of Core Recommendations

Healthy Living

- **Explore evidence-based programs that improve the health of older adults**, including building on Age-Friendly and Village model programs and expanding Meals on Wheels.
- Seek state, health plan, and foundation funding to support or pilot programs that improve quality and health outcomes, especially for communities facing disparities.
- **Consider developing programs to address the functional needs of special populations who have difficulty engaging in programs.** This may include persons with I/DD, home bound older adults, persons with behavioral health needs, and formerly incarcerated individuals who have not had the opportunity to engage in social supports or programs.

Brief Review of Core Recommendations

Coordinate the Work of State Offices Involved in LTSS Regulation and Service Provision

- **Undertake a comprehensive evaluation of the needs of the aging and I/DD communities in order to assess needs, align goals, inform future planning, and oversee existing services.**
- Identify an umbrella organization to review and prioritize data needs and continuum of care challenges and recommend solutions.
- Promote collaboration across state and community councils, workgroups and taskforces to ensure that resources are deployed efficiently and effectively.
- Evaluate supportive funding for programs and services that have demonstrated the capacity to support older people and those living with disabilities in community settings, including The Village Common of RI, Age-Friendly Rhode Island, Housing Works RI, and more.
- **Explore best practices in housing development for employees adjacent to/ on health and senior care campuses.**
- Work collectively to study and enact regulations that enable a supportive housing license.

Brief Review of Core Recommendations

Innovation

- **Explore ways to adapt new and emerging technologies** that improve home and community-based care, such as remote patient monitoring tools, technologies to facilitate home-based access to care, and caregiver supports.
- Explore best practices for housing for employees adjacent to and affiliated with health and senior care campuses.
- **Survey licensed providers at least annually to assess capacity, quality, and gaps in beds/services and staff and reasons for gaps.**
- **Engage and fund social service agencies with regular contact with older adults, such as Meals on Wheels, to formally do home checks and to report on findings to the central hub**

Health-Related Social Needs Workgroup

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Review of High-Level Findings

1. Lack of aligned state structures to support health care system oversight, coordination, assessment, and planning, including the need for:

- **Organizational/leadership structures** to oversee and implement strategic action
- **Data systems and structures** to support monitoring, evaluation, and decision-making
- Enhanced **community engagement** policies and structures to facilitate partnership and collaboration
- **Monitoring and evaluation** to support refinement of programs and policies

Review of High-Level Findings

2. Need for **enhanced coordination** of Health-Related Social Needs (HRSN) service delivery

- Lack of **understanding the full capacity** of the health-related social needs services system across state makes strategic planning and coordination a challenge
- **Communication, coordination, and strategic planning** inclusive of resources and services is necessary for an effective HRSN system of care
- A focus on **state and community alignment** of services between clinical providers and community providers is critical
- Avoid **duplication of services**, this leads to confusing access points for both referral and access to services

Review of High-Level Findings

3. **Navigation** of HRSN services for individuals in need is difficult

- **Assessment, referral to services, and access to patient outcomes** are inconsistent across providers and health care systems
- Providers are often **unsure where and how to refer patients** to community-based HRSN services
- HRSN workforce training needs to include **core competencies and be culturally and linguistically appropriate**.
- HRSN care delivery and coordination should be included as a **core component of ongoing healthcare planning** as a critical element of RI's healthcare system

Brief Review of Core Recommendations

Advancing Strategies to Improve the Structural Drivers of HRSN
• Develop, refine, and align state structures to oversee, coordinate, assess, promote, and implement strategic actions that will improve SDOH, with a specific focus on communities with a high prevalence of HRSNs
• **Refine and apply existing data systems** to monitor, inform, and guide decision making aimed at identifying areas where investment in improvements of SDOH can have the greatest impact on the demand for HRSNs
• **Strengthen comprehensive understanding of the downstream impacts of addressing SDOH on HRSNs and Healthcare demand by conducting data analysis, research, and literature reviews**
• Scale and align existing state initiatives that work to address the social, environmental, and economic factors that impact health and wellbeing, across all agencies

Brief Review of Core Recommendations

Integrating and Coordinating HRSN Services
• Inventory the specific programs and services being conducted across public state agencies and private organizations/coalitions that screen, assess, link and provide HRSNs services.
• **Expand structures or systems (e.g., HEZs, CHWs, CCBHCs, Regional Prevention Coalitions) that work to raise awareness, share information and promote collaboration across state and private agencies/ coalitions to promote and provide HRSNs services.**
• Develop and implement a strategic framework for aligning state resources that promotes collective action, leverages resources across all sources, and streamlines service delivery models, to meet community needs

Brief Review of Core Recommendations

Building Capacity and Coordinating HRSN Care
• Scale the adoption of service delivery models, standardized tools, and workflows in clinical and non-clinical settings for screening, assessment, and referrals between HRSNs services and the rest of the healthcare system
• **Identify and adopt a clinical community care coordination model** (e.g., a Community Care Hub) that links service providers with the community-based organizations that address HRSNs to enhance the referral processes between service providers across the continuum
• Continue to explore and pilot, targeted payment models that facilitate the adoption of a coordinated community clinical HRSN care model
• Expand and enhance HRSNs provider capacity to ensure all a robust, high quality HRSNs system of care
• **Bolster the capacity and integration of CHWs, peer-support staff, social workers, and other frontline HRSNs service providers as part of the HRSNs system of care**

Next Steps

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Next Steps

- Governor's Budget Amendment on Health Care Financial Transparency
- Crisis Subgroup – focused on Primary Care and Federal Policy/Funding Changes
- Regular meetings of the full Health Care System Planning Cabinet will continue

Questions/Discussion

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