

**MEMORANDUM OF UNDERSTANDING
BETWEEN
RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
AND
RHODE ISLAND DEPARTMENT OF HEALTH**

This Memorandum of Understanding (MOU) is between:

Grantor:

Executive Office of Health and Human Services
3 West Road
Virks Building, 4th Floor
Cranston, RI 02920

Grantee:

Rhode Island Department of Health
3 Capitol Hill, Room 402
Providence, RI 02908

Amount: \$	209,414	SFY 21 (October 1, 2020-September 30, 2021)
	\$ 215,498	SFY 22 (October 1, 2021-September 30, 2022)
	<u>\$ 424,912</u>	TOTAL

Term: October 1, 2020 – September 30, 2022

I. Purpose and Expected Outcomes:

This MOU is entered into between the Executive Office of Health and Human Services (EOHHS) and the Rhode Island Department of Health (RIDOH) to implement programs that support the aims of the Health System Transformation Project (HSTP), particularly activities that are attributable to the establishment of Medicaid Accountable Entities. The Accountable Entities (AEs) are responsible for improving quality of care and population health and entering into value-based contracts with managed care organizations to address rising healthcare costs.

EOHHS and RIDOH enter this MOU to allow for the exchange of funds required for successful implementation of critical tasks associated with HSTP under authority granted by Special Term and Condition 43 of Rhode Island’s HSTP Amendment to the State’s 1115 Medicaid Demonstration Waiver. Specifically, this MOU will support staffing at RIDOH to implement HSTP activities designed to address the social determinants of health (SDOH) needs of the Medicaid population.

The overarching goals of this agreement are to:

1. Formalize a working partnership between EOHHS and RIDOH to coordinate efforts in addressing the SDOH in Rhode Island with a focus on the Medicaid population.
2. Leverage Health Equity Zones (HEZ) and other RIDOH initiatives to ensure strong, place-based, community-clinical linkages are operationalized within the Medicaid program to improve health and reduce healthcare utilization and spending.

Deliverables to EOHHS may include:

1. Providing consultation and written feedback to EOHHS regarding AE program requirements, AE guidance documents, and managed care organization (MCO) contracts related to addressing SDOH;

2. Developing a community-based resource for community-based organizations (CBOs), AEs, and MCOs to facilitate partnerships between parties to address SDOHs by building sustainable capacities at the community level; or
3. Developing, and partnering in the oversight of, contracts for centralized investments to address social needs of Medicaid beneficiaries.

Specific activities RIDOH staff may engage in to effectuate this MOU include, but are not limited to:

- Convening regular meetings between RIDOH, EOHHS staff, and other consultants, e.g. the Center for Health Care Strategies, to coordinate efforts on SDOH-related work
- Leading implementation of components of EOHHS' HSTP SDOH investment strategy, such as the Rhode to Equity
- Participating in AE meetings to bring a community health lens to discussions on program planning and implementation
- Fostering relationships and ongoing engagement between AEs, MCOs, CBOs, Community Health Teams, and the HEZ network, including through close engagement with the following key stakeholders to better understand processes, best practices and pain points:
 - HEZ staff and collaborative members
 - CBOs currently engaged in work within the areas of the 5 domains being screened for by AEs (housing, food access, transportation, interpersonal violence and need for utilities assistance)
 - Experienced social workers and case managers currently engaged in linking Medicaid patients to SDOH services
 - Community health workers whose jobs include identifying SDOH needs and linking clients to services
 - High performing health systems outside RI that have developed strong relationships with CBOs and/or community collaboratives
- Collaborating with EOHHS on potential new programs or investment opportunities to address SDOH
- Evaluating HEZ/CBO and AE partnerships to address SDOH
- Other tasks as assigned

II. Financial Responsibility:

For the duration of this MOU, and within ten (10) days following the close of each quarter of the state fiscal year, RIDOH shall submit a quarterly expenditure report (see Addendum 3) with backup documentation detailing HSTP allowed expenses. Backup documentation submitted to EOHHS may include contracts, payroll detail, invoices, semi-annual staff certification form (see Addendum 2) and RIFANS data. All financial records shall be maintained in an accessible form and shall be subject to monitoring, inspection, and audit by EOHHS. All program records and financial documents must be maintained for a minimum of three (3) years from the date of final financial report for the fiscal year.

All funds as agreed to in Addendum 1 shall be budgeted 50% to EOHHS HSTP account 10.028.2018149.02 and 50% to EOHHS HSTP account 10.028.2019111.03. Total expenditures under the Project shall not exceed the Budget as agreed to in Addendum 1.

Commencing in SFY 2021, RIDOH shall be granted the ability within the Department of Administration State Time and Attendance Reporting System (STARS) access to direct allocate approved Project salary and benefit costs for their budgeted 1.5 FTE positions, one allocating 50% of their time and one allocating 100% of their time. These costs shall be allocated 50% to the EOHHS Health System Transformation Project account 10.028.2018149.02 and 50% to the EOHHS Health System Transformation Project account 10.028.2019111.03.

If RIDOH determines that modifications to the Budget, modifications to the approved scope of work, and/or an extension to the term under the Project are appropriate but require the approval of the Centers for Medicare & Medicaid Services (CMS), RIDOH shall bring such modification(s) to the attention of EOHHS and the parties shall cooperate to seek the necessary CMS approval.

If federal funding changes during the term of this MOU, EOHHS and RIDOH agree to make the appropriate modifications to this MOU, including but not limited to, the corresponding budget and modification/reduction to requirements to provide services under this MOU. RIDOH shall not be required to incur any expenses with respect to the Project that are not both:

1. Included in the federally and restricted funded agreed to budget allocable to the Project; and
2. Paid for with federal and restricted funds made available to RIDOH.

III. Signatures:

 Benjamin Shaffer, Medicaid Program Director
 Executive Office of Health and Human Services

 Date

Lori Zelano for

 Nicole Alexander-Scott, MD, MPH, Director
 Rhode Island Department of Health

11/9/2020

 Date