May 27–29, 2003 / Rhode Island

NATIONAL HEALTH POLICY FORUM

Site Visit Report

Doing It RIte: Exploring a Decade of Health Coverage Innovation

The George Washington University
WASHINGTON DC

CONTENTS

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ACKNOWLEDGMENTS

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The Forum is grateful to the entire health policy community in Rhode Island for the warm reception, candid conversations, and commitment to the success of RIte Care and RIte Share. We would specifically like to thank Tricia Leddy and John Young of the Rhode Island Department of Human Services for their unlimited time and insights. Their cooperation, thoughtfulness, and enthusiasm were invaluable ingredients in the site visit's success. We also appreciate the additional assistance of the staff in the Center for Child and Family Health, all of whom helped draw the complete picture of health care in Rhode Island.

Several individuals and organizations were kind enough to host onsite meetings, allowing site visitors to interact with many aspects of the health care system. For their hospitality, the Forum thanks Maria Montanaro, Linda Reilly, and Stephanie McCaffrey at the Thundermist Health Center in Woonsocket; Christine Vallee and John Keimig at the St. Joseph's Hospital for Specialty Care; Jeremy Giller and June Tourangeau at the HELP Lead Safe Center; and Karen Voci at the Rhode Island Foundation.

The Forum would also like to thank Christine Ferguson, Sen. Elizabeth Roberts, Rep. Steve Costantino, and the Reverend Geralyn "Aly" Wolf for their lively and insightful mealtime remarks, which greatly enriched our site visit experience. As always, we appreciate the interest, enthusiasm and thoughtful discussions generated by our federal site visitors.

May 27–29, 2003 / Rhode Island

Doing It RIte: Exploring a Decade of Health Coverage Innovation

BACKGROUND

Rhode Island, the smallest state in both size (30 miles wide and 40 miles long) and population (one million), leads the nation in the proportion of its residents covered by health insurance (almost 94 percent). Coverage expansions, achieved through the creation of the RIte Care Medicaid managed care program in 1994; outreach and enrollment initiatives that corresponded with the creation of the State Children's Health Insurance Program (SCHIP) in 1997; and the creation of the RIte Share premium assistance program in 2001 have resulted in an uninsurance rate of only 6.2 percent overall and a remarkably low 2.4 percent for children. Policymakers, researchers, providers, and advocates agree that the goal of near-universal health coverage could not have been met without the presence of "willing co-conspirators" who gathered together to get the job done.

Several key events have punctuated nearly a decade of health coverage innovation and expansion in Rhode Island:

In 1994, Rhode Island received approval for a Medicaid Section 1115 demonstration waiver to create RIte Care—a managed care delivery system designed to improve quality and continuity of care and to contain Medicaid cost growth. The waiver program initially provided coverage to children up to age six and pregnant women with family incomes up to 250 percent of the federal poverty level (FPL) ($30,520 for a family of three in 2003). By 1999, the state had expanded RIte Care eligibility to include children up to age 19 at 250 percent of the FPL.

In the spring of 1998, the state's SCHIP plan was approved (providing SCHIP enhanced matching funds for the older children) and, in the fall of that year, RIte Care eligibility was expanded to parents of eligible children with incomes up to 185 percent of the FPL. The state also implemented a simplified mail-in application and no longer required face-to-face interviews. An aggressive outreach campaign ensued and enrollment growth expanded significantly, growing from 75,000 in 1998 to 104,000 by 2000.

In late 1999, Rhode Island's commercial insurance market began to deteriorate. Skyrocketing premium rates caused two health plans—Harvard Pilgrim and Tufts Health Plan—to exit the state market, leaving thousands of residents without health coverage. Premiums continued to rise and many small firms dropped coverage, causing a great hardship for low-wage workers as the economy began to slow. RIte Care enrollment grew dramatically and concerns about a perceived high rate of "crowding-out" of private coverage in favor of the public program began to be raised.

The governor and the state legislature moved quickly to enact "Health Reform Rhode Island 2000," which included authorization for the RIte Share premium assistance program that assists low-income working families with all or part of the cost of employer-sponsored insurance coverage. The health reform act also authorized cost sharing (in the form of monthly premium payments that amount to 4 percent of annual income) for Medicaid and SCHIP expansion populations with incomes above 150 percent of the FPL. Finally, the new legislation included efforts at small-group market reform in hopes of stabilizing premiums and to come into compliance with the Health Insurance Portability and Accountability Act.

Implementation of monthly premiums in RIte Care and enrollment in the RIte Share program began in 2001. Despite a slow start due to some design issues (see discussion below), RIte Share enrollment and employer participation has increased exponentially since program modifications were made in early 2002, with enrollment reaching 4,000 in May 2003. The implementation of the premium includes a two-month grace period before a client is disenrolled from RIte Care for nonpayment, followed by a four-month sanction before he or she is permitted to reenroll. Analysis of the impact of the premiums on RIte Care enrollment has generally found that approximately 10 percent of families who are disenrolled cannot afford the premium and do not have another source of health coverage.

Doing It RIte: Managed Care Success

The RIte Care program has been widely heralded as a success and an illustration that not all managed care is alike. Ongoing evaluations of the program have found increased enrollee access to primary health care, specialty services, and improved health outcomes. And 97 percent of enrollees indicate that they are satisfied with RIte Care. Initial concerns from the advocacy community also seem to have been ameliorated.

One of the key reasons for this satisfaction is the presence of the Neighborhood Health Plan of Rhode Island (NHPRI), an entity that was born out of the need for a health plan to accept RIte Care enrollees after the commercial market pullouts of 1999. Founded by Rhode Island's community health centers, NHPRI was later purchased and refinanced by the Rhode Island Foundation and shifted to nonprofit status. Serving 58 percent of the population, the program is now the largest health maintenance organization participating in RIte Care. (The two remaining health plans, United Health Care and Blue Chip, serve 36 percent and 6 percent of the population, respectively.)

Special Populations Served

Foster Care — In addition to sharing in many of the outreach and enrollment efforts, NHPRI has also been the primary health plan for children who are in substitute foster care and are covered by RIte Care. This group of children, which most states find difficult to serve, was transitioned into the waiver program in November of 2000; since then, enrollment has grown to nearly 2,000 children. The partnership between NHPRI, the Department of Human Services (DHS), and the Department for Children, Youth, and Families has helped strengthen the

behavioral health network. And new data exchange capabilities have enabled NHPRI to track children as they move through the system, thus keeping them better connected to their primary care providers.

Children with Special Health Care Needs — Building on the success of the foster care transition, Rhode Island recently received approval from the Centers for Medicare and Medicaid Services to transition three additional groups of children with special health care needs into RIte Care: (*a*) children with disabilities who are eligible for Supplemental Security Income; (*b*) "Katie Beckett" children, whose condition(s) qualify them for institutional care but are being cared for at home (at lower cost than in an institution); and (*c*) children who are in the state's adoption subsidy program. The state is also in process of restructuring and developing new sets of services for children with special health care needs (CSHCNs) and implementing a set of case management services for these children through the Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-Evaluation initiative, or CEDARR.

Mental Health Services — Although children with behavioral and mental health issues are often grouped under the rubric of CSHCN, Rhode Island is increasing its emphasis on removing barriers to access to mental and behavioral health services and better coordinating financing sources and care needs. Analysts continue to speculate about the most effective method of delivering care to this group of children and are not convinced about the potential benefits of moving them into RIte Care managed care.

Commitment to Children

Rhode Island has built on its commitment to children's health through a number of initiatives focused around prevention. Two of these are lead screening and abatement and dental care.

Lead Screening and Abatement — State law (as well as Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program, or EPSDT) requires that all low-income children be screened for exposure to lead-based paint, which is primarily found on the window frames and in the soil surrounding older homes. Rhode Island has one of the highest rates of lead screening in the nation and is also a leader in treatment of lead poisoning and other lead abatement activities. Four "lead-safe" centers are operating in the Providence area, where families receive medical services as well as case management and legal services to help them cope with issues surrounding lead exposure. Rhode Island is also the only state that has been granted approval to receive Medicaid matching funds for the cost of window replacements.

Dental Care — Despite somewhat tight budget times, Rhode Island has remained committed to providing preventive dental care for low-income children. Providence Smiles is a school-based program operated by St. Joseph's Hospital for Specialty Care that provides dental sealants for young children in hopes of preventing tooth decay. The hospital also operates a fast-growing pediatric dental clinic that served more than 7,700 children in 2001. In addition, a new initiative (sponsored by a variety of state and foundation partners) was recently announced

to educate parents about the problems associated with putting children to bed with bottles of juice or milk, which can quickly rot the front four teeth and cause major damage.

RIte Share: Work in Progress

In designing and implementing RIte Share, Rhode Island provides an excellent example of a small state's ability and willingness to be nimble by recognizing problems and making program improvements quickly and effectively. Rhode Island has learned from other states' attempts at getting employer participation and corresponding employee enrollment. The state streamlined some of the administrative complexities and uses broad-based strategies for qualifying health plans and measuring cost-effectiveness. DHS also decided to target marketing efforts at employers who were already offering employer-sponsored coverage. (The rate of employer coverage in Rhode Island is high—77 percent—and many of those employees who work for small or low-wage firms that do not offer coverage are eligible for RIte Care.)

Like most other states with premium assistance programs, the state initially paid an enrollee's premium directly to his/her employer, who then paid the premium over to the health plan. While this process avoided the need for employee payroll deduction, employers perceived it as burdensome and RIte Share had only 275 enrollees at the end of the first year of operation.

In late 2001, the state made two changes in an attempt to improve the program. DHS announced that RIte Share enrollment would be mandatory for all RIte Care enrollees who had access to employer coverage (resulting in significant cost savings for the state). In addition, the state began to reimburse employees directly for the family's share of cost of the coverage, taking the burden off of the employer. As a result, employer participation increased dramatically and enrollment jumped from 275 to over 2,000 between January and June 2002 and had doubled to 4,000 by May of 2003.

GOALS OF THE SITE VISIT

The goals of the site visit included the following:

- To gain an understanding of how Rhode Island has been able to achieve health coverage for more than 95 percent of children in the state and more than 90 percent of adults. To complement the high rate of employer-sponsored private coverage, Rhode Island has successfully leveraged federal and state funds to expand and sustain coverage to low-income children, pregnant women, parents, and even undocumented immigrants (with state-only funds) at one of the highest eligibility levels in the nation.
- To explore the history and context of RIte Care and the decade of strong leadership, coalition building, and overall political will that has made the program such a success.
- To learn about Rhode Island's RIte Share premium assistance program, which was created under a mixture of common and unique circumstances. In response

to the failure of the commercial insurance market, the state legislature made the strong commitment to use every means possible to maintain coverage levels.

■ To illustrate Rhode Island's role as a laboratory for addressing specific health needs. Due in part to the nimbleness enjoyed by a small state and in part to the leadership's ability to leverage several public and private funding sources, Rhode Island provides interesting case studies in the areas of lead paint abatement, oral health care, and serving children with special health care needs.

PROGRAM

During the course of this site visit to Providence and Woonsocket, Rhode Island, 19 federal policymakers participated in discussions and tours that provided in-depth views of the state's health coverage and service delivery programs. The program covered a wide range of topics, including RIte Care, the state's Medicaid (and SCHIP) managed care program; RIte Share, Rhode Island's premium assistance program; community health centers and the safety net; services to children with special health care needs; oral health care; lead screening and abatement; and children's mental health.

The site visit opened on the afternoon of Tuesday, May 27, at the headquarters hotel in downtown Providence. Speakers from Rhode Island's DHS and the Center for Child and Family Health outlined the history and context of the RIte Care and RIte Share programs, and two of the primary evaluators of the programs described their research findings and outcomes data for the past several years. Over dinner that evening, the group heard an "off-the-record" presentation from former DHS director Christine Ferguson, who provided valuable insights into the early days of the program and thoughts about its future.

The program continued on Wednesday morning with a more in-depth look at the RIte Share program and a discussion of how the state markets to employers and how the employers, in turn, view the program. A panel discussion around service delivery and performance measurement featured speakers from the DHS; the NHPRI, the state's Medicaid-only health plan; and the Rhode Island Health Center Association, with a local physician giving the provider perspective.

Wednesday afternoon was spent about 30 miles north of Providence, in the town of Woonsocket, home to one of the state's most successful community health center systems—the Thundermist Health Center. Site visitors toured one of three Thundermist-operated facilities in the state and had the opportunity to visit a school-based health center that is affiliated with Thundermist but housed in the local high school. The group heard from both the school nurse and the health center nurse and were greeted by the school's principal; all three provided insights into the importance and effectiveness of school-based clinics in ensuring primary and preventive care for children and adolescents. Over lunch, site visitors talked in small groups with Thundermist staff about a range of current activities, including disease management, obesity management, mental health services, pharmacy services, and the role of family resource counselors.

The participants then returned to Providence for two more panel discussions. Speakers from the DHS and the Department of Health, the NHPRI, and Family Voices as

well as a local provider talked about initiatives focused on serving children with special health care needs. The final panel of the day included speakers from three of Rhode Island's most respected advocacy organizations who discussed current legislative and policy issues being debated. The day concluded with brief presentations after dinner from two state legislators who provided their unique perspective on the state's commitment to ensuring health care coverage.

Thursday morning opened with an interesting and, several participants said, inspirational presentation from the Episcopal bishop of Rhode Island, the Rt. Reverend Geralyn Wolf. Wolf recently spent time during a sabbatical living as a homeless person in an attempt to reconnect and better understand some of the barriers to meeting basic needs faced by vulnerable populations. In sharing her experience, she provided a reminder of the importance of public service and a firsthand view of the many cracks that exist in the health and social services system.

Next, the program moved to south Providence, where the group toured the HELP Lead-Safe Center, a facility designed to assist low-income families with children who have been exposed to lead-based paint and need treatment and guidance on clean-up and removal and, often, legal advice in dealing with landlords. The discussion continued at the St. Joseph's Hospital for Specialty Care, which is a sponsor of the Lead-Safe Center. Participants heard from a physician and a public health nurse who supervise the case work for more than 250 children per year and learned about the long-term neurological and other physical effects of lead-paint exposure. Site visitors also heard about Providence Smiles, a major oral health care initiative, sponsored by St. Joseph's, that includes applying dental sealants to the molars of young children in order to prevent tooth decay.

The group returned to the headquarters hotel for an in-depth panel discussion of children's mental health issues. Speakers from the DHS and the state's Department for Children, Youth, and Families laid out the complexities in payment structures and delivery systems that make access to mental and behavioral health care a challenge. The presentations were followed by a panel discussion among several mental health providers and the state officials to highlight some of the successes, areas for improvement, and plans for a future integrated service delivery model designed to better serve these vulnerable children.

The site visit closed with a presentation from the director of the DHS, who provided a candid and thoughtful discussion of her priorities for the future of the RIte Care and RIte Share programs. She discussed the possibility of serving the disabled and elderly populations in RIte Care and some of the challenges that could arise. She reaffirmed the diligence, collaboration, and enthusiasm that ran throughout the visit and confirmed the governor's commitment to the future of the programs.

The group of congressional and other executive branch site visit participants brought a wide range of experience and varying depths of knowledge of Rhode Island's programs, which fostered interesting discussions and thoughtful questions for the speakers throughout the three days.

IMPRESSIONS

"It's All about Relationships."

The importance of the term "willing co-conspirators" cannot be overemphasized in Rhode Island.

The combination of charismatic, dedicated leadership throughout the DHS and a tremendous level of bipartisan political will throughout the state legislature, the administration, and the community enabled the state to nearly achieve its stated goal of universal health coverage for children. The unification of all of the stakeholders, who literally sat down at the same table, made the possibility into a reality. Good things can happen when the political will is there and everyone with a stake in the outcome participates in the process.

The commitment to children's coverage was articulated by the creation of a Children's Cabinet in 1991.

The Children's Cabinet is directly associated with the governor's office and is still operating, even after two changes of administration and party affiliation. The Children's Cabinet committed itself to working toward four broad outcomes: "(1) All children will enter school ready to learn; (2) All youth will leave school prepared to lead productive lives; (3) All children and youth will be safe in their homes, schools, and neighborhoods; and (4) All families shall be economically self-sufficient yet interdependent."

The Consumer Advisory Council (CAC) to the DHS has played an integral role in driving policymaking.

The CAC advises and works together with the DHS on policy issues related to RIte Care and RIte Share and helps ensure buy-in from all of the stakeholders in the state. Made up of representatives from the state agencies, the advocacy community, the research community, providers, health plans, and families, the CAC has been both the venue for the controversy of the early days of designing the program and a safe haven for raising and resolving issues in the process of achieving common goals.

The advantages of being a small state came through quite clearly in the study of Rhode Island's programs.

As evidenced by the creation of a Children's Cabinet in the early 90s, the evolution and nimbleness of the CAC, and the ongoing willingness to transition vulnerable populations into RIte Care, Rhode Island's size has enabled the health policy community to work together in making "mid-course corrections" that continuously improve the programs.

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The notion of flexibility, both internally and externally, is of paramount importance in Rhode Island.

This was illustrated internally by policymakers who are comfortable with the need for mid-course corrections and externally by the state's ability to maximize the flexibility provided by the federal government in accessing and leveraging federal funds and expanding coverage to new populations.

The commitment to program evaluation has played a critical role in the success and survival of Rhode Island's health coverage expansion efforts.

Included in the very first set of state priorities, health outcomes research and performance measurement embedded within the DHS have enabled the state to use the data to show successes and, in some cases, areas for program improvement. In order to provide a baseline, the state initially chose areas that could easily be measured and therefore document improvement (for example, lead screening rates, teen pregnancy rates, and immunizations). The evaluation efforts have proved invaluable in informing the varying policy debates in the state legislature.

Managed Care = Purchasing for Performance

Managed care can work quite effectively under the right circumstances.

Rhode Island and the DHS has taken a unique approach to the traditional concept of managed care, insisting that their primary strategy was to become prudent purchasers of health care services. The state's contracts with the health plans are designed to promote a comprehensive, coordinated health care delivery system and specify quality and access standards to be monitored by the state. The contracts also specify performance measures in the areas of clinical care, access, and administration. The health plans, in turn, receive performance bonuses at the end of the contract cycles after the evaluation process is completed.

The commercial insurance market has had a significant impact on public health delivery systems in Rhode Island.

The tenuous nature of the market resulted in an unusual confluence of events that led to the creation of the Neighborhood Health Plan of Rhode Island, bringing the traditionally freestanding community health centers into an organized delivery system. This infrastructure-building role has been particularly important because Rhode Island does not have any public hospitals. As a Medicaid-only HMO, the NHPRI plays a key role in outreach, enrollment, and quality assurance for RIte Care beneficiaries. NHPRI has done a stellar job of actually *managing* care and documenting outcomes.

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The successes illustrated by serving more vulnerable populations—rather than just healthy women and children—in RIte Care has led the state to expand the model to new populations.

The impending transition of children with special health care needs into RIte Care is a prime example of the state's success at building a program that is so strong that even populations with complex needs can be served effectively and with support from the community.

RIte Share: A Work in Progress

The business community in Rhode Island has also exhibited a significant commitment to providing health benefits.

At the time of the site visit, 77 percent of employers in the state were offering health coverage to their employees, although the rising cost of premiums for that coverage has historically been problematic, particularly for low-wage workers.

The RIte Share program—one of only a handful of premium assistance programs in operation in the country—vividly illustrates the potential of the public-private partnership.

Both from a financing perspective (RIte Share has saved the state $3.4 million over two years) and from a sociological perspective (employees have the opportunity to have the same insurance arrangement as their non–RIte Care co-workers), the concept of RIte Share holds a great deal of promise.

The RIte Share program targeted the "low-hanging fruit."

In developing the program, the state elected to target employers who were already offering health coverage to their employees and has not reached out to those few employers that do not offer coverage. This was done in part to test out the program before marketing RIte Share to an audience less willing and not as well versed in dealing with the health insurance market and in part to control enrollment.

Implementation challenges remain.

Marketing to employers continues to be a challenge, and individually tracking employees to determine whether they are eligible to move into RIte Share is extremely labor-intensive for DHS staff. There have also been questions about the confusion caused by having two insurance cards (one for RIte Share benefits and the old Rite Care card to use for wrap-around services). In addition, the state's information technology capacity and the problems created by a cumbersome, outdated, and underfunded system, both in tracking enrollees and communicating with employers, have been problematic.

IMPRESSIONS

Rhode Island as a National Leader

Rhode Island has become a recognized leader in health coverage expansion.

The state has successfully negotiated Section 1115 waivers in both Medicaid and SCHIP and is one of only a handful of states to receive approval to use SCHIP funds for a the parent coverage expansion. And Rhode Island has managed to continue the commitment to these coverage expansions despite fiscal pressures resulting from the state budget crisis.

The SCHIP program has been an invaluable financing source, but dependence on these funds could prove problematic.

SCHIP enabled the state to use federal allotment funds to expand coverage to parents of children in RIte Care. As a result, Rhode Island has been able to spend its entire SCHIP allotment and therefore qualifies for a portion of the "redistributed funds" left over from other states. However, the SCHIP funding formula includes a large reduction in overall funding that started in 2002, and technical fixes to the legislative language have not yet passed the Congress. This may make the state's expansion and corresponding reliance on enhanced federal matching funds unsustainable.

Rhode Island has stressed that the importance of preventive care is amplified when serving children.

This was illustrated through the state's and the community's efforts at lead-paint abatement and improving oral health care. Rhode Island has been a national leader in efforts at screening for lead poisoning, following up with treatment, and other lead-abatement strategies. In the area of oral health care, partnerships with institutions such as the St. Joseph's Hospital for Specialty Care have encouraged efforts like the *Providence Smiles* dental sealant program and have led to the development of a pediatric dental residency program. The depth and quality of the leadership across the state, combined with the problem-solving environment in which it operates, make some of these initiatives translatable to other venues.

Future Challenges

The addition of a monthly premium to RIte Care has received mixed reviews.

Research showed that, while most families have been able to pay the premiums (for families with incomes over 150 percent of the FPL), both administrative and philosophical issues remain. Approximately 10 percent of the RIte Care population could not afford the premiums and were disenrolled from the program, incurring the four-month sanction before being eligible to re-enroll.

Rhode Island still faces some issues with program retention.

The application form is in the process of being further streamlined, and preprinted information will be included on renewal applications. However, the system is not

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perfect, and the state seems to be lagging behind several of the other states in committing a level of effort to the renewal process equal to that spent on the outreach and enrollment process.

Low-income children face a myriad health and social challenges that are interconnected.

Medicaid cannot be expected to "fix" all of these problems and continuing improvement in cross-agency collaboration is needed. This is particularly true in the area of children's mental health, where the state agencies continue to struggle over who will get to be the "payer of last resort."

The transition of children with special health care needs may act as another litmus test of the effectiveness of managed care for people who are elderly or have disabilities.

Considerations for transitioning these complex populations will need to include a new establishment of relationships with the stakeholders in that community and a significant buy-in at the state legislature. Marketing RIte Care to these populations will also require different strategies, especially in light of impending Medicare changes, and performance and outcomes will be more difficult to measure.

The flexibility provided and utilized through federal waivers has changed the face of Medicaid forever.

Flexibility has given states the opportunity to maximize federal funds in ways that enable them to tailor their programs to best meet the needs of their constituencies. However, the need to contain costs while attempting to sustain such coverage expansions will continue to be a struggle for states that, like Rhode Island, remain committed to the goal of universal health coverage even in a time of fiscal pressures.

AGENDA

Tuesday, May 27, 2003

12:30 pm Arrival and check in at Westin Hotel *[One West Exchange Street, Providence]*

1:00 pm Lunch served, Welcome and Introductions *[Blackstone Room, 3rd Floor]*

1:30 pm RITE CARE: A PRODUCT OF WILLING CO-CONSPIRATORS

John R. Young, *Associate Director,* Health Care Quality, Financing, and Purchasing, Rhode Island Department of Human Services (DHS)

Tricia Leddy, *Administrator*, Center for Child and Family Health, DHS

- What were the events that led up to the creation of RIte Care? What was the political climate like in the early 1990s and how is it different today?
- What were the key successes and challenges associated with assuring health coverage for over 93 percent of the population of Rhode Island?
- How have changes in the commercial insurance market affected RIte Care enrollment? Did Rhode Island really have a crowd-out problem in the late 1990s?
- What has been Rhode Island's experience in expanding coverage to parents of children eligible for RIte Care? What outreach efforts have been most successful?
- What role has the state legislature played in developing and modifying health coverage programs and policies over the years?
- How has RIte Care evolved over time to meet the changing needs of its population? What are some of the key challenges today?

3:00 pm Break

3:15 pm RITE SHARE: PREMIUM ASSISTANCE IN ACTION

Tricia Leddy (title above)

Kate Brewster, *Manager, Employer Contact Unit (RIte Share),* Center for Child and Family Health, DHS

- What were the factors that led to the creation of RIte Share? What was the political and policy context in which the decisions were made?
- How did DHS approach the various stakeholders with the idea of RIte Share? How did those approaches differ?
- What were some of the initial challenges in the implementation of RIte Share? What features unique to Rhode Island have contributed to making RIte Share nimble and responsive to changing needs?
- How is Rhode Island different from other states that have attempted premium assistance programs, either through Medicaid or the State Children's Health Insurance Program? What lessons can be learned from the Rhode Island model?

Tuesday, May 27, 2003 (cont.)

AGENDA

4:15 pm EVALUATING HEALTH CARE INNOVATION IN RHODE ISLAND

Jane Griffin, M.P.H., *Project Director,* Rhode Island Medicaid Research and Evaluation Project

Patrick Vivier, M.D., Ph.D., *Assistant Professor,* Brown University

- What is the history of RIte Care and RIte Share evaluation efforts?
- How were research priorities established? How are various stakeholder groups involved in the research and policymaking process?
- Has the state made policy and/or program changes in response to research and evaluation findings? If so, how?

5:15 pm Adjournment

5:30 pm Reception — The Rhode Island Foundation *[One Union Station, Providence]*

7:00 pm Bus departure for dinner at Pane e Vino *[365 Atwells Avenue, Federal Hill]*

Wednesday, May 28, 2003

7:45 am Breakfast available *[Blackstone room, 3rd Floor]*

8:30 am RITE SHARE IMPLEMENTATION: SUCCESSES AND CHALLENGES

Kate Brewster (title above)

Donna Disanto, *Administrative Assistant,* Lee's Manufacturing

Sidney I. Goldman, *President,* RGFJ Coastal Refrigeration

- What problems do Rhode Island employers face in providing health insurance to low-income workers? How have the changes in the commercial market affected employers' ability to offer health insurance coverage in the past 10 years?
- How does the state recruit employers to participate in RIte Share? How have these strategies changed over time?
- How does RIte Share work from the standpoint of employers? Has it been a worthwhile change? What were the pros and cons of becoming a RIte Share participating employer?
- What has been the response from employees who have shifted from RIte Care into RIte Share?
- What have been the biggest successes of the new program? What are the key areas for improvement?

AGENDA

Wednesday, May 28, 2003 (cont.)

9:30 am PURCHASING FOR PERFORMANCE:
HEALTH CARE DELIVERY IN RHODE ISLAND

Tricia Leddy (title above)

Brenda Whittle, *Director of Marketing and Community Relations,* Neighborhood Health Plan of Rhode Island

Deborah Silvia, *Outreach and Enrollment Project Director*, Rhode Island Health Center Association

Sue Oberbeck, *Project Manager, Community Access Project,* Rhode Island Health Center Association

Victor Lerish, M.D., *Physician,* Barrington Pediatrics Associates

- What are the strengths and weaknesses of managed care in Rhode Island? How is it different from managed care in other states?
- How does the state contracting system work?
- How is risk contained or managed by the state and by the health plans?
- How does the provider community view managed care in Rhode Island?
- How does the community health center community interact with the managed care delivery system?
- What has been the impact of the Community Access Project grant in Rhode Island?

10:30 am Break

10:45 am Bus departure for Thundermist Health Center, Woonsocket

11:15 am Tour of Thundermist Health Center clinics

noon THUNDERMIST HEALTH CENTER: WEAVING THE SAFETY NET
[Christianson Conference Center, Landmark Hospital]

Maria Montanaro, *Executive Director,* Thundermist Health Centers

- What is the history of the Thundermist Health Center? How many people are served each year? At what cost? What financing streams has Thundermist been able to leverage most successfully?
- What types of services and providers are available to Thundermist patients?
- What have been the successes and challenges over time? How has the organization evolved to address the changing needs of vulnerable populations?

12:15 pm Lunch and informal discussions with Thundermist staff

Wednesday, May 28, 2003 (cont.)

AGENDA

12:45 pm Special Topics and Discussion with Thundermist staff

Family Resource Counselors (Deborah Silvia and Joanne Stabile-Benjamin)

School-Based Clinics (Lauren Nocera and Linda Reilly)

Disease Management (Joan Mayewski and David Bourassa)

Obesity Management (Cindy Buckley and Maria Montanaro)

Mental Health (Stephanie McCaffrey and Paul Block)

Pharmacy Services (Marty Killian and LoriAnn Collins)

2:00 pm Bus departure for Westin Hotel

2:30 pm SERVING CHILDREN WITH SPECIAL HEALTH CARE NEEDS
[Blackstone Room, 3rd Floor]

Deb Florio, *Chief, Family Health Systems,* DHS

Ken Pariseau, *Director of New State Programs,* Neighborhood Health Plan of Rhode Island

Dawn Wardyga, *Program Manager,* Family Voices, Rhode Island Parent Information Network

Pam Watson, Family Solutions CEDARR Center

William Hollinshead, M.D., *Medical Director,* Division of Family Health, Rhode Island Department of Health (DOH)

- Who are children with special health care needs and how do they become eligible for RIte Care? What are the range of conditions and issues facing this population?
- How have services to children with special health care needs changed in the last decade? What changes are being contemplated or need to be considered in the near future?
- What role does DOH play in identifying health issues and providing early intervention services for children? How does DOH interact with DHS?
- What are the pros and cons of the impending transition of children with special health care needs into the RIte Care managed care program?
- What will be the implications of the restructuring of the Children's Intensive Services program?

3:45 pm. Break

4:00 pm. RITE CARE AND RITE SHARE:
CURRENT POLICY AND LEGISLATIVE ISSUES

Elizabeth Burke Bryant, J.D.,, *Executive Director*, Rhode Island Kids Count

Marti Rosenberg, *Executive Director,* Ocean State Action

AGENDA

Wednesday, May 28, 2003 (cont.)

Linda Katz, J.D., *Policy Director,* Poverty Institute at Rhode Island College

- What is the history and context of the successful collaboration around health coverage issues in Rhode Island? What was the genesis for the Community Action Council? How has the group changed over time?
- What are the key policy concerns surrounding the RIte Care program?
- What have been the pros and cons of the movement to a managed care delivery system in Rhode Island? Can managed care work for even the most vulnerable populations (for example, children with special health care needs)?
- What has been the impact of the premium requirement for RIte Care families? What is the likelihood of a legislative change to lower the premium amounts?
- How has RIte Share affected enrollment in employer-sponsored insurance coverage in Rhode Island?
- Is true (100 percent) universal coverage possible, or has Rhode Island effectively achieved its goal? What is the makeup of the remaining uninsured population?

5:00 pm Adjournment

5:45 pm Bus departure for Newport

6:45 pm Free time in Newport

7:30 pm Dinner *[The Mooring Restaurant]*

VIEWS FROM THE STATE LEGISLATURE

Sen. Elizabeth Roberts, *Chair,* Senate Health and Human Services Committee, Rhode Island State Senate

Rep. Steve Costantino, *Deputy Chair,* House Finance Committee, Rhode Island House of Representatives

Thursday, May 29, 2003

8:00 am Breakfast available *[Blackstone Room, 3rd Floor]*

8:30 am FROM PULPIT TO PAVEMENT

Rt. Rev. Geralyn Wolf, Episcopal Bishop of Rhode Island

9:30 am Bus departure for tour of the HELP Lead Safe Center *[841Broad Street]*

Thursday, May 29, 2003 (cont.)

AGENDA

10:00 am ST. JOSEPH'S INTRODUCTION AND WELCOME *[St. Joseph's Hospital Auditorium, 21 Peace Street]*

John Keimig, *President,* St. Joseph Health Services of Rhode Island

Christine Vallee, *Administrative Director,* St. Joseph's Hospital for Specialty Care

- What is the history of St. Joseph's Health Services of Rhode Island and how has the organization changed over time to adapt to the needs of the community it serves?
- What is the range of services offered by St. Joseph's Hospital for Specialty Care?
- What is the role of the Family resource counselor (FRC)? Why is the FRC important in fulfilling the St. Joseph's mission?

10:15 am LET'S GET THE LEAD OUT: LEAD SCREENING AND ABATEMENT

Heather Chapman, M.D., *Medical Director,* HELP Lead Safe Center

Jeremy Giller, *Executive Director*, HELP Lead Safe Center

June Tourangeau, *Lead Care Coordinator,* HELP Lead Safe Center

Hillary Salmons, *Vice President,* Health and Education Leadership for Providence

- How do children primarily get lead poisoning? Why is it often considered an "inner-city" issue?
- What are the health consequences of lead-paint poisoning? What are the treatment options? Can the damage be reversed?
- How has Rhode Island approached the issue of lead screening and abatement?
- What is the role of Rhode Island's "lead-safe centers"? What was the genesis for the HELP Lead Safe Center?
- What is the range of services provided by the Lead Safe Center?

11:15 am PROVIDENCE SMILES: ORAL HEALTH INITIATIVES IN RHODE ISLAND

Christine Vallee (title above)

James Hosmer, D.M.D., *Clinical Director,* Providence Smiles

- What are the key components of St. Joseph's work in the areas of dental prevention and treatment? How many children are served each year?
- What is Providence Smiles?
- What initiatives are planned for the future? Who are they key partners in addressing dental health needs in Rhode Island?

AGENDA

Thursday, May 29, 2003 (cont.)

noon Bus departure for Westin Hotel

12:30 pm Check-out and Lunch *[Blackstone Room, 3rd Floor]*

1:15 pm CHILDREN'S MENTAL HEALTH:
SERVICE INTEGRATION AND FINANCING

John R. Young (title above)

Janet Anderson, Ph.D., *Assistant Director, Children's Behavioral Health*, Rhode Island Department of Children, Youth and Families

Facilitated discussion:

Catherine Walsh, *Deputy Director,* Rhode Island Kids Count

Katherine Powell, J.D., *Chief Operating Officer,* Children's Services, Gateway Healthcare, Inc.

Laura Jones, *Peer Mentor,* Parent Support Network

Margaret Holland McDuff, *Chief Executive Officer,* Family Services of Rhode Island

- What are the current responsibilities for funding and service delivery of the various agencies and how have they changed over the past few years?
- What are the critical concerns for parents, providers and state government in addressing mental and behavioral health needs?
- How responsive are the state and provider groups to the needs of parents and families? Are appropriate services readily available and accessible to families?
- What mechanisms are used to assure that the needs of children are given top priority in addressing bureaucratic and policy issues?

2:30 pm PRIORITIES FOR THE FUTURE OF HEALTH COVERAGE
IN RHODE ISLAND

Jane Hayward, *Director,* DHS

- What are the state's current challenges and priorities for the future of RIte Care and RIte Share?
- How has the state fiscal crisis impacted Rhode Island's health coverage expansion efforts? Will budget shortfalls require program modifications?
- Will Rhode Island be able to hold on to its standing as the nation's leader in rates of health insurance coverage?

3:30 pm Adjournment

Federal & Foundation Participants

Susan T. Anthony
Assistant Director
Medicaid and Private Health Insurance
General Accounting Office

David Auerbach
Analyst
Health and Human Resources Division
Congressional Budget Office

Evelyne Baumrucker
Analyst in Social Legislation
Domestic Social Policy Division
Congressional Research Service
Library of Congress

Jill Colon
Constituent Caseworker
Office of Rep. Patrick Kennedy (D-R.I.)
U.S. House of Representatives

Bernadette Fernandez
Analyst in Social Legislation
Domestic Social Policy Division
Congressional Research Service
Library of Congress

Lisa German Foster
Legislative Assistant
Office of Sen. Jack Reed (D-R.I.)
U.S. Senate

Bruce Greenstein
Associate Regional Administrator for Medicaid
Boston Regional Office
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Sam Harshner
Program Analyst
Health Benefits and Income Support
Office of the Assistant Secretary for Budget, Technology, and Finance
Department of Health and Human Services

Suzanne Hassett
Policy Coordinator
Office of the Secretary
Department of Health and Human Services

Dianne Heffron
Health Insurance Specialist
Division of Integrated Health Systems
Family and Children's Health Programs Group
Center for Medicaid and State Operations
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Jennifer Jenson
Program Examiner
Health Division
Office of Management and Budget

Amy Judge
Legislative Assistant
Office of Rep. Jim Langevin (D-R.I.)
U.S. House of Representatives

Kate Kirchgraber
Medicaid Professional Staff Member (D)
Committee on Finance
U.S. Senate

Margaret Leoni
Chief
Medicaid Program Branch
Boston Regional Office
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Regina McPhillips
Director
Beneficiary Education and Analysis Group
Center for Beneficiary Choices
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Elena Nicolella
Health Insurance Specialist
Division of Medicaid and Child Health
Boston Regional Office
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Federal & Foundation Participants (cont.)

Barbara Richards
Health Policy Analyst
Office of Health Policy
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Lillian Spuria
Policy Analyst
Health Division
Office of Management and Budget

Carolyn L. Yocom
Assistant Director
Health Care Issues
General Accounting Office

NHPF Staff

Judith D. Moore
Co-Director

Sally Coberly
Deputy Director

Ginger Parra
Senior Research Associate

Jennifer Ryan
Senior Research Associate

Marcia Howard
Executive Associate

Biographical Sketches — Speakers

Janet L. Anderson, Ph.D., is the assistant director for children's behavioral health at of the Rhode Island Department of Children, Youth, and Families. A trained psychologist with a strong background in both community behavioral health and organizational development, Anderson has specialized in child and family practice, substance abuse and trauma. Her doctoral work at Harvard University focused on organizational consulting.

Kate Brewster is the manager of the Employer Contact Unit (ECU) at the Rhode Island Department of Human Services (DHS). The ECU is responsible for managing the RIte Share premium assistance program. Brewster is also a part-time instructor at the Case Management Institute at the Rhode Island College School of Social Work. Previously, she served as a project manager for the RIte Care Statewide Outreach Project, where she trained and coordinated the efforts of community-based outreach workers responsible for enrolling uninsured children and families into RIte Care, Rhode Island's Medicaid managed care program. Brewster has a B.A in sociology from the University of Rhode Island and a master's degree in social work from Rhode Island College.

Elizabeth Burke Bryant, J.D., is the executive director of Rhode Island Kids Count and a native of Providence. Previously, she served as a consultant to the Rhode Island Housing and Mortgage Finance Corporation, the Rhode Island Foundation, and the Women's Prison Mentoring Project. From 1980 until 1985, Bryant worked for the Democratic National Committee, then returned to Rhode Island to work for the City of Providence as prosecutor and then policy director in the Housing Court. Bryant is a member of the Rhode Island Bar Association, the Board of Directors of the United Way of Southeastern New England, the Rhode Island Latino Political Action Committee, the Schott Foundation's President's Advisory Council, and the National Advisory Committee of the LISA Community Investment Collaborative for Kids and is a commissioner for the Rhode Island Service Alliance. She received her law degree from the George Washington University Law School.

Heather Chapman, M.D., assumed the position of staff pediatrician at St. Joseph Hospital Primary Care Clinic in 1998. While in this position, she was selected to be a member of the Rhode Island Reach Out and Read Board. Chapman became the medical director of the St. Joseph Hospital Lead Center in 2001, after completing a national lead training program sponsored by the Kentucky Department of Health. In this role, she appeared on an educational television program with the attorney general of Rhode Island, focusing on the issue of lead poisoning. In 2002, Chapman took on the additional role of pediatrician in Hasbro Children's Hospital Partial Hospital Program, a day-treatment program for children with dual medical and psychiatric issues. She also serves as a part-time physician in the Infant Sleep and Cry Clinic. Chapman maintains active memberships in the American Academy of Pediatrics' local and national chapters, as well as the Ambulatory Pediatric Association. She is licensed to practice in Rhode Island, Massachusetts, and New York. Chapman is a 1993 graduate of the University of Massachusetts Medical School.

Rep. Steve Costantino is the deputy chairman of the House Finance Committee in the Rhode Island General Assembly.

Biographical Sketches — Speakers

Deb Florio is the chief of the Family Health Systems division within the Rhode Island Department of Human Services.

Jeremy Giller is the executive director of the Health and Education Leadership for Providence (HELP) Lead Safe Center, in south Providence. He previously served as deputy director of the Lead Center. Giller sits on several lead-related committees, including the Strategic Plan Committee for Rhode Island's groundbreaking Lead Hazard Mitigation Act of 2002. Prior to his work in the lead field, Giller was a policy analyst for the Providence Plan, where he was the lead author of a task force report on early childhood services in Providence that served as the basis for an $850,000 grant from the U.S. Department of Health and Human Services. Giller holds a B.A. in public policy from Brown University.

Sidney I. Goldman is the president and owner of Greylawn Foods and Coastal Refrigeration, a 128 year-old family food business. During the development of the RIte Share program, Goldman served on the employer advisory committee that helped shape the policies surrounding the new program. Previously, Goldman was vice president of one of the largest self-insured workmen's compensation groups in Rhode Island and was president of one of the largest groups purchasing Blue Cross commercial insurance. He continues to be involved in the health care debate. Goldman is a Viet Nam War veteran and has a B.A. in business administration from Bryant College.

Jane Griffin is the project director for the Medicaid Research and Evaluation Project in Rhode Island and president of MCH Evaluation, Inc., a health services research firm that conducts health program evaluations, health surveys, and focus groups. Griffin oversees several evaluation studies and surveys, has created a Medicaid Data Archive with existing public health data bases and surveys to track the health status of Medicaid enrollees, and has set up a research and evaluation infrastructure within the Medicaid program, in collaboration with researchers from Brown University. Griffin has worked as the maternal and child health director at the Providence Health Centers; an evaluator for the Office of Adolescent Pregnancy Programs, U.S. Department of Health and Human Services; and chief of data and evaluation for the Rhode Island DHS. She is also on the faculty of the Department of Community Health at Brown University. Griffin holds a master's degree in public health and chronic disease epidemiology from Yale University.

Laura Jones serves as a peer mentor and advocate with the Parent Support Network of Rhode Island. As a mother of a child with emotional, behavioral, and mental health issues, she supports other parents and functions as a resource to professionals in many capacities. Jones is involved in the Rhode Island Special Education Advisory Committee and the Coalition for Family Involvement, serves as the co-chair of the Washington County Child and Adolescent Services System Program (CASSP), and is a Core Team member of the Children's Planning Team for Newport CASSP and the South Kingstown Schools Special Education Advisory Committee. She also serves on the Rhode Island Department of Children, Youth, and Families' Management Team and its Planning and Design Committee. Jones has a B.A. from the University of Rhode Island with a degree in human development and family studies.

Biographical Sketches — Speakers

Jane A. Hayward was named director of the Rhode Island DHS in November 2001. In her current cabinet-level position, Hayward has direct oversight of all departmental functions, including field operations, staff development, property management, quality control, contract management, Title XX administration, cash assistance programs, medical assistance programs, nutritional assistance programs (food stamps), veteran services, child care subsidies, long-term care assistance, and rehabilitative services for more than 100,000 Rhode Islanders assisted by the DHS every year. Hayward began her career with the DHS in 1973 as a social caseworker and played integral roles in revitalizing Rhode Island's welfare systems and the implementation of sweeping reform through the Family Independence Act in May 1997. She remains a key contact between the DHS and legislative, community, and constituency groups. Hayward earned both B.A. and M.S.W. degrees from Rhode Island College and is currently a member of the Rhode Island Commission on Women. She has also served on the Board of Directors of the Health Center of South County and the Women's Development Corporation.

William Hollinshead, M.D., is a pediatrician, epidemiologist, and long-time chief of family health policy and programs in the Rhode Island Department of Health (DOH). Hollinshead's work at the DOH focuses on uses of public health information for policy leadership, uses of electronic communications for families' health and medical decisions, and the continuum of community family health systems in a post-managed care environment. He has also been active in leadership of the Association of Maternal and Child Health Programs, the National Commission to Prevent Infant Mortality, and the National Academy for State Health Policy. Hollinshead teaches in the Brown Medical School and the University of Rhode Island. Hollinshead trained at Princeton University; the University of Minnesota, Rochester; and Harvard University.

James Hosmer, D.M.D., is the clinical director for Providence Smiles, an elementary school–based dental program in Providence. Hosmer joined the hospital staff in 1996 to implement community-based dental projects and was part of a team that wrote the grant application to the Robert Wood Johnson Foundation that resulted in the creation of Providence Smiles. In addition to his work with Providence Smiles, Hosmer has a private practice and has worked in various clinical and administrative capacities, addressing the oral health concerns of Rhode Islanders. He received his undergraduate degree from Bowdoin College and his dental degree from Tufts University.

Linda Katz, J.D., is the co-founder and policy director of the Rhode Island Poverty Institute, which is affiliated with the Rhode Island College School of Social Work. An attorney for more than 20 years, Katz uses her expertise to develop legislative and administrative proposals to improve the lives of low-income Rhode Islanders, in addition to providing technical assistance and analyses to the community and policymakers. She serves as health policy coordinator at the Rhode Island Health Center Association and is currently the chair of the Welfare Implementation Task Force of Federal Legislation of the Children's Cabinet and a board member of the Coalition for Immigrants and Refugees. Formerly, Katz was the executive director of the Rhode Island Protection and Advocacy System, a legal service program for people with disabilities. As a community legal education specialist and attorney at Rhode Island Legal Services, she represented

low-income Rhode Islanders at hearings and educated the community about the laws affecting low-income people. In 2002, Katz was honored by the Ocean State Action Fund with the "Carrying the Torch" Award for her dedication and excellence in health care advocacy. She is also a recipient of the Rhode Island Bar Association's Dorothy Lohrnann Community Service Award and the Channel 6 "League of Her Own" Award. Katz holds a B.A. from the University of Rochester and received her law degree from Boston College Law School, where she was the recipient of the Clements Award for Excellence in Clinical Work.

H. John Keimig has served as president and chief executive officer of St. Joseph Health Services of Rhode Island since 1991. This multicampus health care organization serves more than 250,000 patients annually through a 200-bed full-service acute care community medical center, a 100-bed regional specialty hospital, an ambulatory surgery center, a senior sheltered care facility, an urban primary care clinic system, and an outpatient diagnostic/therapeutic network. This Catholic diocesan-sponsored organization has annual revenues in excess of $140 million, more than 1,900 employees, and an active medical staff of 300. Previously, Keimig served as executive vice president and vice president of corporate services and planning after joining the St. Joseph organization in 1981. A graduate of the University of Scranton, Pennsylvania, Keimig received his master's degree in hospital and health administration from Xavier University.

Victor Lerish, M.D., is a physician with Barrington Pediatric Associates, a full-time practice specializing in pediatrics and adolescent medicine. He serves as assistant pediatrician at the Women and Infants Hospital of Rhode Island and the Hasbro Children's Hospital and is a consulting pediatrician at Butler Hospital. Lerish is a clinical assistant professor of pediatrics at the Brown University Medical School. He is a member of the Rhode Island Medical Society and both the Rhode Island and the national chapters of the American Academy of Pediatrics. Lerish received his B.S. from Union College in Schenectady, New York, and his medical degree from the University of Maryland School of Medicine.

Tricia Leddy is the administrator of the Center for Child and Family Health in the Rhode Island DHS. The center administers all services for Medicaid-enrolled families and children. This includes RIte Care, services for Medicaid and SSI-enrolled children with special health care needs, and development and implementation of RIte Share. Leddy's previous positions with the DHS include chief of maternal and child health, administrator of RIte Start (a prenatal health program for low-income women that became RIte Care), and public health nutrition director. Before joining the DHS, she was a program administrator at a community health center. Leddy completed both her bachelor's and master's degrees at the University of Rhode Island. She also studied at Providence College and at the University of Fribourg in Switzerland, where she achieved a diploma in Russian studies.

Margaret Holland McDuff was named chief executive officer of Family Service of Rhode Island in 2002. Her previous positions with the agency include senior vice president, director of operations, coordinator of residential programs, residential program manager, and clinical social worker. Founded in 1892, Family Service is one of the state's largest nonprofit human service agencies. Services include counseling,

home-based treatment, early intervention, residential programs for abused children, HIV/AIDS services, and "Mount Pleasant Academy," a school for children with emotional, behavioral and learning difficulties. McDuff is a member of the Rhode Island Governor's Health Care Advisory Committee and recently served as a member of the transition team for the new mayor of Providence. She is a member of the executive committee of the Rhode Island Children's Policy Coalition; has served as chairperson of the Rhode Island Council of Residential Programs; and has served as co-manager of the Quality Care Company, a limited liability corporation composed of eight human service agencies. She has a master's in developmental psychology and is a candidate for a master's in business administration.

Maria Montanaro has served as the chief executive officer of Thundermist Health Center since 1997. She came to Thundermist with eight years of community health center experience from a small federally qualified community health center in Cranston, Rhode Island, and a large federally funded site in New London, Connecticut. Montanaro is responsible for all aspects of executive administration, including mission and vision development and execution, strategic planning, program and budget development, financial oversight, grant writing, operational management oversight, organizational leadership development, staff supervision, capital development, marketing and quality management. She reports directly to the Board of Directors of the corporation. Her accomplishments over the past five years include a turnaround of financial performance in 1997–1998 from poor to outstanding; a doubling of the organization's size; creation of a hallmark of excellence in organizational capacity, quality of care, and patient service; a successful merger with the Health Center of South County in 2002; national leadership in chronic disease management; establishment of Thundermist as the first Rhode Island community health center to offer mental health services and establish a pharmacy; development of a systemwide information technology infrastructure; and implementation of innovations in school-based health care. Montanaro holds a master's in social work degree.

Ken Pariseau is the director of New State Products at the Neighborhood Health Plan of Rhode Island (NHPRI). At NHPRI, Pariseau is responsible for the design, planning, and implementation of managed care programs for children and adults with special health care needs. Before joining NHPRI, he worked as a clinician and manager in behavioral health services in the health centers of Harvard Pilgrim Heath Care of New England. Pariseau has a master's degree in social work from the Boston University School of Social Work and a master of science degree in Health Care Management from the Lesley College School of Management in Cambridge, Massachusetts.

Katherine Powell, J.D., is the chief operating officer of Children's Services for Gateway Healthcare. Powell has overall supervisory responsibility for the clinical and administrative functions of the Children's Services Departments at Community Counseling Center and Mental Health Services, two local community mental health organizations. She received her bachelor of art degree in psychology from Saint Mary's College, Notre Dame, Indiana, and holds a master's in social work from St. Louis University. In 2001, Powell received her law degree from Roger William University School of Law.

Biographical Sketches — Speakers

She is licensed as an independent clinical social worker in Rhode Island and is certified through the Academy of Certified Social Workers through the National Association of Social Workers. Powell is also a member of the bar in Rhode Island and Massachusetts.

Sen. Elizabeth Roberts was elected to the Rhode Island State Senate in 1996, representing the city of Cranston. With her prior professional experience in positions at Blue Cross and Blue Shield and a business consulting firm and as a policy aide to Gov. Bruce Sundlun, Roberts quickly became involved in a number of health care and budget issues. She now serves as chair of the Health and Human Services Committee and as a member of the Committee on Commerce, Housing, and Municipal Government and the Committee on Oversight. During her time in the Senate, Roberts has served on a commission to examine the role of for-profit hospitals in Rhode Island and chaired a commission to study the delivery of charity care through the hospital system. For the past two years, Roberts has also chaired a special commission to make recommendations on improving access to oral health services for low-income Rhode Islanders; she currently serves as co-chair of the Health Care Oversight Commission in the state legislature. Roberts holds a B.A. in biology from Brown University and an M.B.A. in health care management from Boston University.

Marti Rosenberg is the executive director of the Ocean State Action Fund and Ocean State Action. Rosenberg has been a community organizer since 1986, beginning as executive director of Rhode Island Working Women. Beginning in 1989, she directed 2 to 1: The Coalition to Preserve Choice. In 1993, she joined the staff of Ocean State Action, on whose board she had served at its inception in 1988. She has led a number of successful legislative and grassroots organizing campaigns, including those resulting in the passage of Rhode Island's Family and Medical Leave Act and Motor Voter laws, years before they became federal law. Rosenberg also led the organizing campaign for the passage of RIte Start. She now co-chairs the state's RIte Care Consumer Advisory Committee. Rosenberg is also on the Executive Committee of USAction, a national consumer action group with over four million members nationwide. She is the president of the Board of the Brown/Fox Point Early Childhood Center and the Edgewood Highlands Parent Teacher Organization.

Hillary Salmons is the vice president of Health and Education Leadership for Providence, which she joined in 1996. Salmons is responsible for creating, coordinating, and implementing collaborative programs that systemically address the health and education needs of Providence's children. Previously, she spent eight years in Japan, where she helped establish and run "Refugees International," a foundation and advocacy organization for South East Asian refugees. Salmons also worked as deputy director of Church Avenue Merchant Block Association, a multiservice community center in Brooklyn, New York, where she managed a staff of 100 and worked to develop family literacy, immigration, AIDS prevention, public school reform, and small business development programs and address crime prevention needs in Brooklyn's underserved neighborhoods. A graduate of Harvard University in 1978 with a history of art degree, Salmons also received a master's in public administration from the University of Oklahoma at Camp Zama Army base in Japan. She is a board member of the International Institute, Refugees International U.S., and the Boston Foundation for Sight.

Biographical Sketches — Speakers

Deborah Silvia is the outreach and enrollment project director at the Rhode Island Health Center Association (RIHCA). She has led the outreach efforts at RIHCA for four years and provides training and technical assistance to family resource counselors. She works closely with the DHS and the DOH on the RIte Care and RIte Share programs. Silvia served as health manager of the Woonsocket Head Start program for five years, maintaining state and federal regulations for children, families, and staff. She also held the position of adolescent pregnancy and prevention coordinator for the Pawtucket School Department, maintaining the first child care center for parenting teens located in a public high school in the state of Rhode Island. She is also a registered nurse.

June Tourangeau is the lead care coordinator for the St. Joseph Hospital Lead Clinic and the HELP Lead Safe Center in Providence. She was on the Design Team for the Lead Center in 1997 and 1998 and has worked with the center since it opened in October 1998. She has served on numerous lead-related coalitions and committees and currently serves on the Education Committee for Rhode Island's Lead Hazard Mitigation Act. Tourangeau is a licenced practical nurse and has been on the nursing staff at St. Joseph Hospital for almost 25 years, including seven years in the Lead Clinic and 16 years in the emergency room

Christine Vallee is the administrative director of the Center for Health and Human Services at St. Joseph Hospital for Specialty Care in Providence. She joined the hospital in 1997 to implement and operate Providence Smiles and has been instrumental in the expansion of both the Pediatric Dental Center and the school-based aspect of Providence Smiles. Vallee was appointed in 2001 to oversee the health center, which provides primary care for adults and children as well as prenatal care, urgent/walk-in care, immunization, lead clinic services, and a multitude of social services. In November 2000, she was appointed to serve on the Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for all Rhode Island Residents. She has been an advocate on the local and state levels for underserved populations and most recently has collaborated with many partners to increase access to dental services for children and families. Vallee has a degree in health services administration from Providence College and has served on numerous boards and committees for various human service agencies in northern Rhode Island. She has also served as an instructor in the Department of Community Services at a local community college to train welfare-to-work mothers.

Patrick M. Vivier, M.D., Ph.D., is the director of the M.P.H. Program and the Community Health Clerkship at Brown University/Brown Medical School. Vivier is a board-certified pediatrician with a clinical affiliation with Hasbro Children's Hospital. He is fellowship and doctorally trained in health services research from the School of Public Health at Johns Hopkins University. Vivier's research focuses on the health and health care utilization of low-income families.

Catherine B. Walsh is the deputy director of Rhode Island Kids Count and has managed all programs and special projects in this statewide children's policy and advocacy organization since 1998. Prior to her current position, Walsh was an independent consultant specializing in nonprofit, philanthropic, and community collaborative needs

assessments, feasibility studies, and grant proposals. From 1992 until 1996, she served as a program officer at the Rhode Island Foundation and held the position of regional manager, Bureau of Family and Community Health in the Massachusetts Department of Public Health from 1985 until 1992. Walsh holds a master's degree in public health from the University of North Carolina at Chapel Hill and trained at Tufts University, New England Epidemiology Institute.

Dawn Wardyga is a mother of six, three of whom have experienced varying levels of disability and developmental delays. She is the program manager for Family Voices at the Rhode Island Parent Information Network, providing information, education, advocacy, and peer support. Family Voices is a national network of families and friends of children with special health care needs and disabilities and has a presence in every state and territory. Wardyga currently serves on the national Board of Directors of Family Voices and as the chairperson of Rhode Island's Interagency Coordinating Council on Early Intervention, Part C of the Individuals with Disabilities Education Act. Her work has included initiating, expanding, and improving collaborative efforts related to systems serving and supporting individuals with chronic illness and/or disabilities and their families.

Brenda Whittle is the director of marketing and community relations at the Neighborhood Health Plan of Rhode Island. She is responsible for designing, implementing, and evaluating marketing strategies; for strategies to improve member retention; and for representing NHPRI to the community. NHPRI is a 70,000-member health maintenance organization founded in 1994 by Rhode Island's community health centers, primarily serving enrollees in RIte Care. She is currently serving as the principal investigator for the Hablamos Juntos project a grant by the Robert Wood Johnson Foundation. Whittle's prior experience includes serving as the Covering Kids coordinator at St Joseph Hospital for the Covering Kids Rhode Island project, a national health access initiative for low-income uninsured children. She also served for ten years as the director of social services at Thundermist Community Health Center, where she provided mental health services to thousand of families.

The Rt. Rev. Geralyn Wolf was consecrated as the 12th Bishop of Rhode Island on February 17, 1996. Before her election as bishop, Wolf was dean of Christ Church Cathedral in the Diocese of Kentucky, becoming the first female dean of a cathedral. She serves on several national committees and is the liturgist for the House of Bishops. Wolf is an associate of the Society of Saint Margaret, a companion of the Oratory of the Good Shepherd, an ecumenical oblate of Mount Saviour Monastery in Elmira, New York. She has also visited and worked with the Taizé Community in France. She is the author of several published anthems and articles.

John R. Young joined the Rhode Island DHS in October 1996 as the associate director of the Division of Health Care Quality, Financing, and Purchasing in the Rhode Island DHS, where he oversees the state's Medicaid program. Young's tenure at DHS has focused on restructuring the Medicaid program to better define and address the needs of the populations served by the department's programs and to emphasize its emerging role as a purchaser of services. Before joining DHS, he served for eight years as the

administrator of purchasing systems at the Rhode Island Department of Administration, where he was responsible for the day-to-day operation of the state's procurement function and was directly involved in designing new procurement methods for health and human service programs. Young joined state service following 16 years of experience in manufacturing, in a series of procurement and management functions. He is a graduate of Clark University, in Worcester, Massachusetts, and is a certified purchasing manager.

Biographical Sketches — Federal & Foundation Participants

Susan T. Anthony is an assistant director at the Chicago office of the General Accounting Office (GAO). She works primarily on Medicaid and private health insurance issues and has coordinated reports on a variety of topics, including comparisons of Medicaid, the State Children's Health Insurance Program (SCHIP), and private health insurance coverage for children with special needs; the declining availability of employer-sponsored retiree health benefits; and the regulation of individual and small group health insurance markets. She has a B.A. in international studies and Spanish from Bradley University and a master's degree in government and foreign affairs from the University of Virginia.

David Auerbach, Ph.D., joined the Health and Human Resources Division of the Congressional Budget Office (CBO) early in 2003. Since arriving at CBO, he has focused on Medicare reform, a Medicare prescription drug benefit, and the uninsured. He has prior experience in long-term care, post-acute care, and the nursing workforce. Auerbach received his doctoral degree in health policy in 2002.

Evelyne Baumrucker is an analyst in social legislation in the Domestic Social Policy Division of the Congressional Research Service (CRS), Library of Congress. Her area of focus is public health insurance programs for low-income families and children (that is, Medicaid and SCHIP). Before joining CRS, Baumrucker earned a master of arts degree from the George Washington University.

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Lisa German Foster serves as a legislative assistant for health policy and Social Security issues for Sen. Jack Reed (D-R.I.). She has been with Reed since 1996, serving as legislative assistant since 1999. Foster advises the senator on a range of health issues, including Medicare, Medicaid, SCHIP, public health, and managed care, among others. Her responsibilities also include staffing the senator on the Senate Health, Education, Labor and Pensions Committee. Previously, Foster served in Reed's office as legislative correspondent in both the Senate and the House of Representatives. She holds a B.A. in economics from the University of California, Santa Cruz, and a master's degree in international economic policy from American University.

Bruce Greenstein is associate regional administrator for the Division of Medicaid and Children's Health in the Boston Regional office of Centers for Medicare and Medicaid Services (CMS), DHHS. Previously, Greenstein was with the GAO's Health Care Group

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Sam Harshner is a Medicaid program analyst in the Office of the Assistant Secretary for Budget Technology and Finance within DHHS. He received a B.A. from Beloit College in 1997 and holds a master's degree in public administration from the LaFollette School of Public Affairs.

Suzanne Hassett is a policy coordinator in the Office of the Executive Secretary, DHHS, where she is responsible for coordinating policy information regarding the Medicaid and SCHIP programs. Before coming to the secretary's office two years ago, Hassett worked in the Office of the Administrator of the Health Care Financing Administration (now CMS), primarily on Medicaid and SCHIP issues. She also spent five years working in the office of Sen. Jack Reed (D-R.I.).

Dianne E. Heffron is a health insurance specialist in the Division of Integrated Health Systems, Family and Children's Health Programs Group, within the Center for Medicaid and State Operations at CMS, DHHS. Before joining CMS, Heffron spent three years as a health planning consultant with the National Association of Community Health Centers. She also served as the vice president for business development at the Managed Care Assistance Corporation and worked with federally qualified health centers and networks in the development of Medicaid managed care organizations. Heffron has also worked with Johns Hopkins Medical Center and the George Washington University Medical Center in market research and planning positions.

Jennifer Jenson is a Medicaid budget analyst at the Office of Management and Budget (OMB) in the Executive Office of the President. Previously, she was special assistant to the executive director of the Medicare Payment Advisory Commission. Jenson also has worked as a budget analyst at CBO. She holds master's degrees in public health and public policy from the University of Michigan.

Amy Judge is the legislative assistant handling health, disability, education, and other social policy areas for Rep. Jim Langevin, a second-term Democrat representing the second district of Rhode Island. Previously, she worked for three years in the Intergovernmental Relations Department of the Children's Defense Fund in Washington, D.C. Judge graduated from American University's School of Public Affairs in 1999.

Kate Kirchgraber serves on the professional staff of the Senate Finance Committee, Democratic staff. She focuses on Medicaid, SCHIP, and health insurance coverage issues. Before joining the Finance Committee, Kirchgraber coordinated the implementation of the SCHIP program and worked on various Medicaid and private health insurance issues at OMB. In addition to her federal government experience, she has worked as a health and education analyst for the New York State Assembly Ways and Means Committee and as

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Margaret Leoni has been the manager of the Medicaid Program Operations Branch in the Boston Regional Office of CMS, DHHS, since 2000. For the past seven months, she has also been serving as the acting associate regional administrator for the Division of Medicaid and Children's Health for the New England Region. Leoni has also served on a detail as the deputy regional administrator in Boston. Previously, she was manager of the Survey and Certification Branch. Leoni is a 2001 graduate of the Council for Excellence in Government.

Regina McPhillips serves as the director of the Beneficiary Education and Analysis Group in the Center for Beneficiary Choices at CMS. Her prior positions at CMS include division director of the Office of Child Health, special assistant to the administrator, and director of the Bureau of Data Management and Strategy. Her previous work experience ranged from being on the faculty at the Johns Hopkins University to directing primary care activities along the Bolivian Amazon and providing primary health care to the Spanish-speaking community in San Francisco. McPhillips holds a master's degree in public health from the University of Minnesota and received her doctorate from the Johns Hopkins University School of Public Health. She is the recipient of numerous government and academic awards, including the Senior Executive Service Presidential Meritorious and Distinguished Executive Rank Awards.

Elena Nicolella is the health insurance specialist in the Division of Medicaid and Children's Health at CMS. She works closely with the Rhode Island officials implementing and administering the Section 1115 waiver program, RIteCare, as well as the traditional Medicaid program. She is also responsible for policy issues related to Medicaid managed care. Before joining CMS, Nicolella worked for the U.S. Department of Agriculture in the Child Nutrition Programs. She holds a master's degree in public health.

Barbara Richards is a program analyst for the Office of Health Policy, Assistant Secretary for Planning and Evaluation (ASPE), DHHS. She is responsible for Medicaid and SCHIP issues, including review of Medicaid 1115 waivers. Currently, Richards is part of a team conducting a congressionally mandated evaluation of SCHIP. Prior to joining ASPE, Richards worked for the District of Columbia's Medicaid office, handling family and children's health issues. She also directed legislative and lobbying work for the Association of Maternal and Child Health Programs and worked on Capitol Hill as a legislative assistant. Richards holds a B.A. from the University of Virginia and a master's in public policy from Georgetown University.

Lillian Spuria is a senior Medicaid analyst at OMB in the Executive Office of the President. Her responsibilities include assisting in the formulation of the president's legislative and regulatory agenda and briefing OMB and White House policy officials on current Medicaid issues. She has worked on several health policy issues while at OMB, including managed care, disability and long-term care, and program integrity. Spuria holds a master's degree in public affairs from the Lyndon B. Johnson School of Public Affairs, University of Texas.

Biographical Sketches — Federal & Foundation Participants

Carolyn L. Yocum is an assistant director at the GAO, where she works primarily on Medicaid and SCHIP. She has coordinated reports on a variety of topics, including access to care, Medicaid and SCHIP comparisons, individuals with disabilities, Medicaid claims for school-based services, and Medicaid enrollment after welfare reform. Before joining GAO, Yocom worked in the Office of Health Care Financing for the District of Columbia's Medicaid program. Previously, she worked in Oregon at a facility for individuals with developmental disabilities, providing vocational and recreational training for adults. Yocom holds a B.A. degree from Whitman College and a master's degree in business administration from Willamette University.

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