

**Health & Human Services  
EOHHS & BHDDH  
Article 4 – Sections 4 and 5**

Staff Presentation to the House Finance Committee  
June 2, 2021

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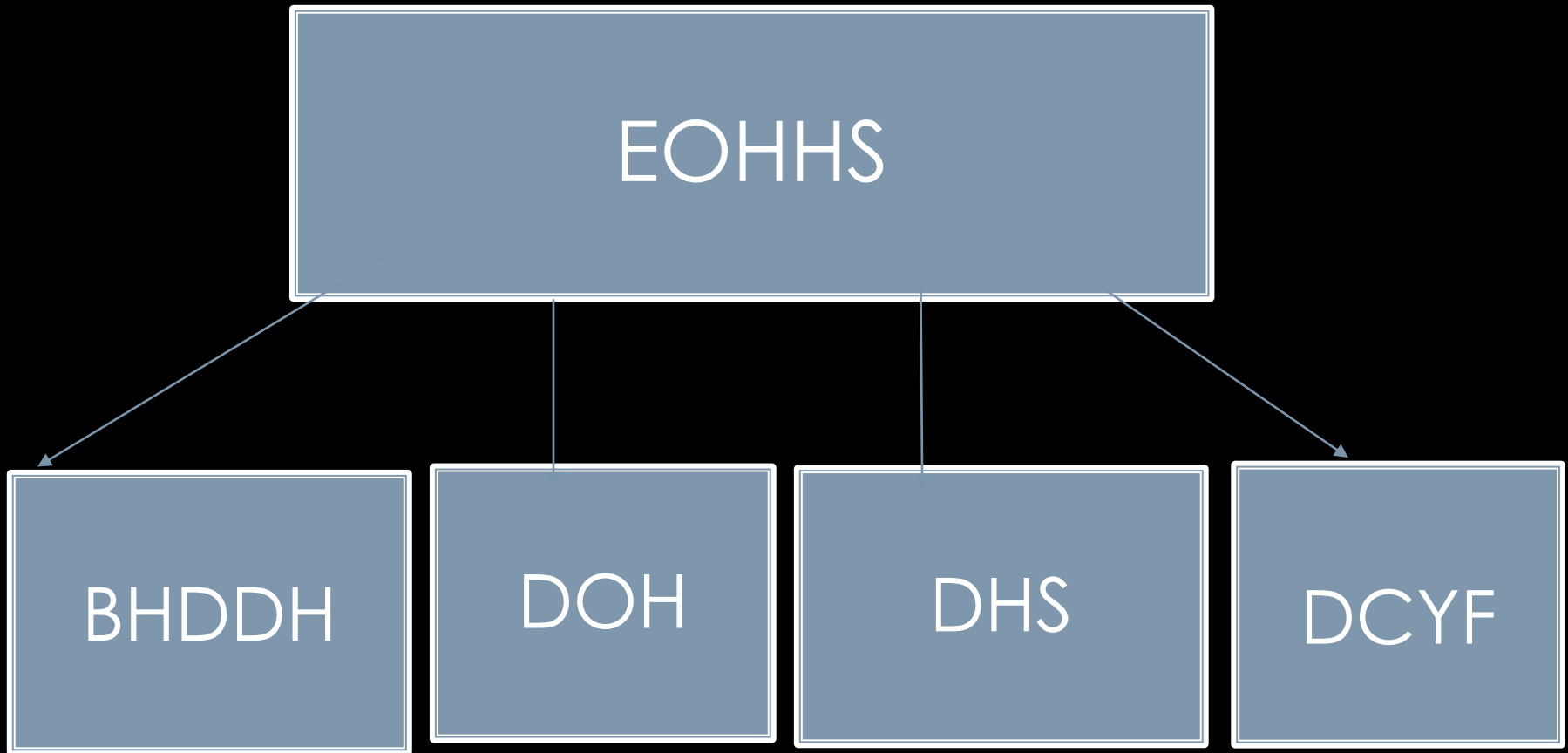
# Introduction

- Consolidated overview of EOHHS role and related Departments
  - Medicaid overview
- Contracted Services
- Governor's Medicaid budget initiatives
- Behavioral Healthcare Developmental Disabilities and Hospitals
  - Eleanor Slater Hospital
  - DOJ Consent Decree

# EOHHS – Overview

- Principal agency to manage health and human service departments
  - BHDDH, DHS, DCYF & DOH
  - Established by 2006 Assembly
- Responsible for managing and providing strategic leadership and direction to the departments
  - Governor appoints the individual department directors
    - Directors retain statutory authority

# EOHHS – Overview



# EOHHS – Overview

- Stated purposes
  - Improve the economy, efficiency, coordination, & quality of health & human services policy & planning, budgeting, & financing
  - Design strategies & implement best practices that foster service access, consumer safety, and positive outcomes
  - Maximize & leverage funds from all available public and private sources, including federal financial participation, grants, and awards

# EOHHS – Overview

- Stated purposes
  - Increase public confidence by conducting independent reviews of health & human services issues in order to promote accountability & coordination across depts.
  - Ensure that state health & human services policies & programs are responsive to changing consumer needs and to the network of community providers that deliver assistive services and supports on their behalf

# EOHHS – Overview

- Stated purposes
  - Administer RI Medicaid... and exercise such single state agency authority for such other federal and state programs as may be designated by the governor...
  - To act in conjunction with BHDDH as the state's co-designated agency...for administering federal aid for the purposes ..substance-abuse block grant and federal funding maintenance of effort

# EOHHS – Overview

- 2007 law required the transfer of functions from other departments over a 5-year period

<b>Function</b>	<b>Current Status</b>
Fiscal & Legal	Partially
Communications	No
Policy Analysis & Planning	No
Info. Systems & Data Mgt.	No
Assessment & Coordination Program Integrity, Quality Control & Recovery	No
Protective Services	No
HIV/AIDS treatment programs	Partially



# EOHHS – Overview

- Functions to be consolidated under EOHHS
  - Fiscal: budget preparation & review, fiscal mgt., purchasing & accounting
  - Legal: applying & interpreting the law, oversight of rule-making process & administrative adjudication duties
  - Communications: government related, public education & outreach, media relations
  - Policy analysis and planning: policy development, planning & evaluation

# EOHHS – Overview

- Functions to be consolidated under EOHHS
  - Information & data management: financing, development and maintenance of all databases and information systems and platforms
  - Assessment & coordination for long term care: determining level of care or need for services, development of individual service/care plans and planning, identification of service options, the pricing of service options and choice counseling

# EOHHS – Overview

- Functions to be consolidated under EOHHS
  - Program integrity, quality control and collection & recovery: detect fraud and abuse or assure that beneficiaries, providers & third-parties pay their fair share of the cost of services, and promote alternatives to publicly financed services, such as the long-term care health insurance partnership
  - HIV/AIDS care & programs
  - Protective Services: children, elders & adults with developmental and other disabilities

# EOHHS – Overview

- FY 2018 budget completed transfer of remaining finance positions to EOHHS
  - 39.0 from DHS
  - 33.0 from BHDDH
  - 12.0 from DCYF
  - 7.0 from Health
- Responsibilities include: finance administration, billing and data entry
- Funding remained with sending agency

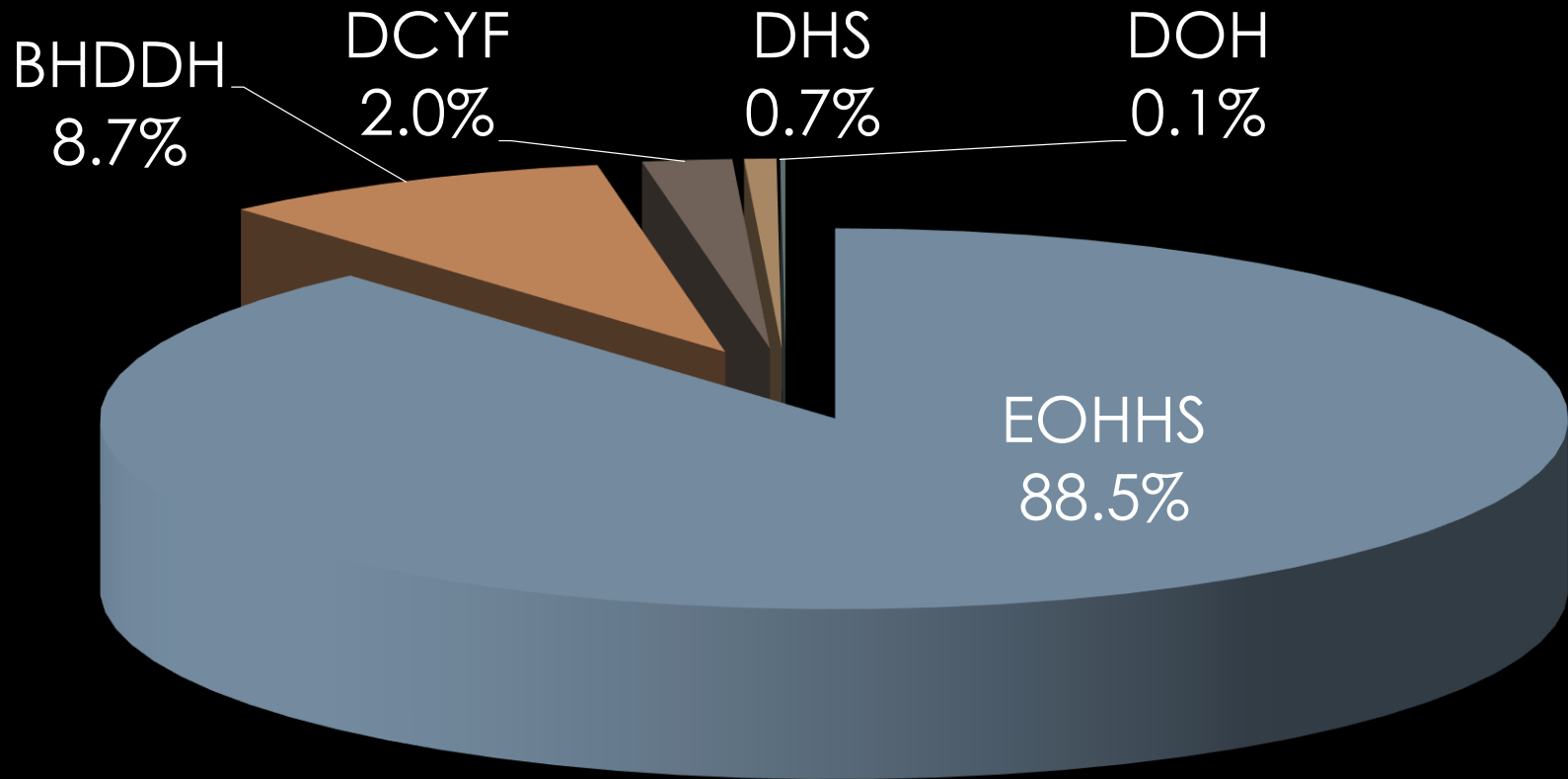
# EOHHS – Overview

- FY 2019 budget reversed the FTE transfer
  - FY 2018 revised & FY 2019 recommended budgets had not shifted funding to EOHHS to match where FTEs were
  - Legal and Chief Financial Officer FTEs and funding are consolidated in EOHHS
    - CFOs are embedded within agencies
    - Legal are at EOHHS & with agencies
  - Legal staff is also being hired in agencies
    - Recent budgets have proposed transfers to EOHHS after hiring at agency level

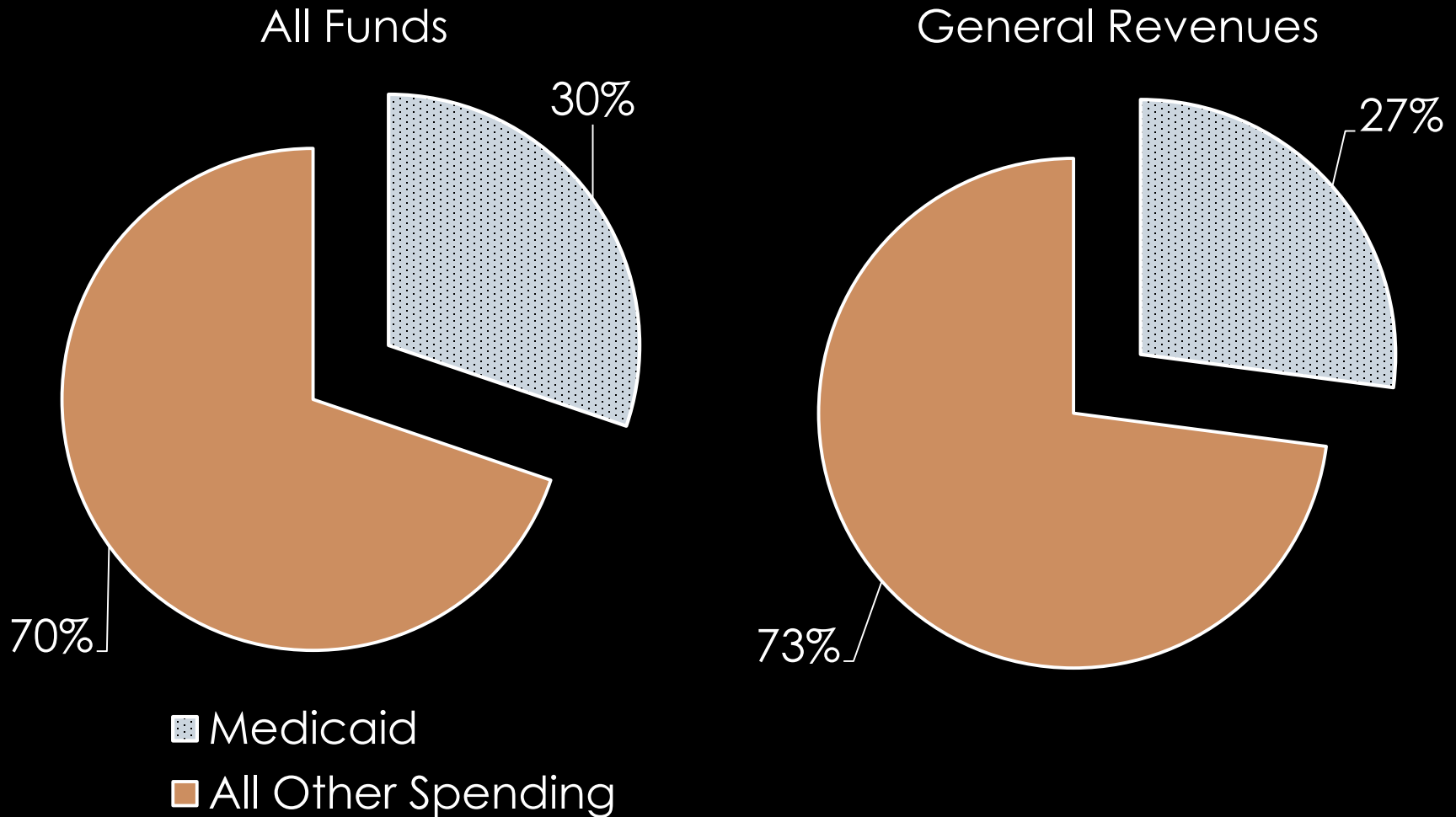
# EOHHS – Overview

- No recent proposals to execute consolidation consistent w/current law
  - Or change the law to reflect current practice
- Current law and current practice remain in conflict
- How do EOHHS staff assist other agencies?
  - Issues/proposals that cross agencies
  - Consistent or only as problems arise?

# Medicaid Spending by Department



# Medicaid - % of Total Budget





# Medicaid Beneficiaries

<b>Children &amp; Parents</b>	<b>EOHHS</b>	<b>DCYF</b>
Medical Benefits	X	-
Mental Health Treatment	X	?
Substance Abuse Treatment	X	?
Other Community Supports	-	X
Other Residential Services	X	X

# Medicaid Beneficiaries

<b>Elderly &amp; Disabled</b>	<b>EOHHS</b>	<b>BHDDH</b>	<b>DHS/OHA</b>
Acute Care	X	-	-
Mental Health Treatment	X	X	-
Substance Abuse Treatment	X	X	-
Long Term Care	X	-	X
Other Community Supports	X	X	X
Other Residential	X	X	-

# Medical Assistance

Medicaid Benefit	Eligibility Processed	Payer
Nursing Facilities	<ul style="list-style-type: none"> <li>• DHS Long Term Care Unit</li> <li>• EOHHS: Office of Medical Review</li> <li>• Office of Healthy Aging</li> </ul>	<ul style="list-style-type: none"> <li>• EOHHS</li> <li>• Office of Healthy Aging</li> </ul>
Assisted Living		
Adult Day Care		
Home Care Services		
Case Management Services		
Transportation	EOHHS	

# EOHHS – Medicaid Program

- Program coordination among departments
  - BHDDH
    - Adults with developmental disabilities
    - Individuals with behavioral health issues
    - Patients at Eleanor Slater Hospital
  - DCYF - Children & parents
  - Office of Healthy Aging
    - Home Care and Adult Day Care
    - Assisted Living Services

# EOHHS – Medicaid Program

- Interaction of EOHHS & Departments
  - BHDDH
    - Significant billing & claiming issues at ESH
    - Federal grants supporting similar programs
  - DCYF
    - Prior proposals to increase Medicaid & Title IV-E claiming to save general revenues
      - Never realized
  - Are services provided through state agencies also covered by Medicaid managed care plans?

# EOHHS Departments

Department	FY 2021 Enacted	FY 2021 Governor	FY 2022 Governor	Chg. to Enacted
EOHHS	\$2,983.6	\$3,034.2	\$3,035.9	\$52.2
BHDDH	486.1	503.8	415.9	(70.2)
DHS	686.9	711.0	645.9	(41.0)
DCYF	254.7	255.9	264.5	9.8
DOH	578.6	642.3	364.4	(214.2)
<b>Total – All Funds</b>	<b>\$4,990.0</b>	<b>\$5,147.3</b>	<b>\$4,726.5</b>	<b>\$(263.5)</b>

\$ in millions

# EOHHS Departments

Department	FY 2021 Enacted	FY 2021 Governor	FY 2022 Governor	Chg. to Enacted
EOHHS	\$974.9	\$945.8	\$1,023.8	\$49.0
BHDDH	248.9	249.5	220.3	(28.5)
DHS	105.8	105.0	124.7	19.0
DCYF	170.9	169.1	183.4	12.6
DOH	110.3	32.8	30.6	(79.7)
<b>Total – General Revenues</b>	<b>\$1,610.7</b>	<b>\$1,502.1</b>	<b>\$1,582.9</b>	<b>\$(27.8)</b>

\$ in millions

# EOHHS Departments

<b>Full-Time Positions</b>	<b>FY 2020 Average</b>	<b>FY 2021 Governor</b>	<b>FY 2022 Governor</b>	<b>Filled as of 5/22</b>
<b>EOHHS</b>	<b>177.4</b>	<b>192.0</b>	<b>190.0</b>	<b>175.0</b>
<b>BHDDH</b>	<b>1,119.9</b>	<b>1,188.4</b>	<b>1,042.4</b>	<b>983.3</b>
<b>DHS</b>	<b>939.9</b>	<b>1,038.1</b>	<b>1,047.1</b>	<b>889.0</b>
<b>DCYF</b>	<b>584.4</b>	<b>617.5</b>	<b>627.5</b>	<b>579.0</b>
<b>DOH</b>	<b>492.4</b>	<b>513.6</b>	<b>517.6</b>	<b>515.4</b>
<b>Total</b>	<b>3,254.0</b>	<b>3,549.6</b>	<b>3,424.6</b>	<b>3,141.7</b>



# EOHHS Governor's Initiatives

- Medicaid Related Articles - April 14 & 15
  - Article 12 – Medicaid
    - Multiple proposals
  - Article 14 – Hospital Uncompensated Care
  - Article 6 – Hospital License Fee
    - Section 5
  - Article 15 – changes to employer reporting on Rite Share Sec. 9 & 10

# EOHHS Governor's Initiatives

## Article 12

- Long Term Care Services
  - Home Care Providers
  - Assisted living Facilities
  - Shared Living
  - Nursing Homes
- Other
  - MCO Payments
  - Expanded benefits
  - Administrative and technical

# EOHHS Departments

- May Caseload revisions
  - Usual updates result in revised value of proposals included in recommended budget
  - Part of the revisions recognized certain Article 12 savings were overstated
  - Issue of nursing home savings discussed at Article 12 hearing

# EOHHS

<b>Proposals - Not Covered in Article 12</b>	<b>General Revenues</b>	<b>Total</b>
RIPIN Services	\$(279,000)	\$(558,000)
Home Stabilization	612,190	1,450,000
Clinical Evaluator	90,000	180,000
No Wrong Door (LTSS)	120,000	290,000
Third Party Liability	(536,405)	(1,270,500)
Program Integrity	(518,189)	(1,227,335)
<b>Total</b>	<b>\$(511,404)</b>	<b>\$(1,135,835)</b>

# EOHHS Departments

- RIPIN Services
  - Reduce the monthly contract assuming limiting services provided, including outreach
    - Monthly fee currently at \$187,500
- Home Stabilization – Rate Increase
  - Monthly payment from \$145.84 to \$331
    - Made to a certified provider for anticipated monthly enrollment of 625 individuals
- Clinical Evaluator – contractor
  - \$180,000 clinician experience w/ disabled children

# EOHHS Departments

- No Wrong Door
  - \$290,000 to implement new standardized assessment for community based services
- Third Party Liability
  - \$1.3 million in savings from charging other payers
- Program Integrity
  - \$1.2 million in savings by increasing program monitoring for community based services

# EOHHS Departments – Contracted Services

<b>W/O UHIP</b>	<b>FY 2021 Enacted</b>	<b>FY 2021 Governor</b>	<b>FY 2022 Governor</b>	<b>Change to Enacted</b>
<b>EOHHS</b>	<b>\$60.3</b>	<b>\$87.9</b>	<b>\$63.5</b>	<b>\$3.2</b>
DCYF	6.1	7.7	6.4	0.3
<b>BHDDH</b>	<b>9.4</b>	<b>11.0</b>	<b>10.5</b>	<b>1.1</b>
DHS	21.2	24.3	22.3	1.1
DOH	96.7	391.3	156.0	59.3
<b>Total – All Funds</b>	<b>\$193.6</b>	<b>\$522.2</b>	<b>\$258.8</b>	<b>\$65.1</b>

\$ in millions

# EOHHS Departments – Contracted Services

<b>W/O UHIP</b>	<b>FY 2021 Enacted</b>	<b>FY 2021 Revised</b>	<b>FY 2022 Governor</b>	<b>Change to Final</b>
<b>EOHHS</b>	<b>\$11.6</b>	<b>\$11.8</b>	<b>\$11.8</b>	<b>\$0.2</b>
DCYF	3.3	3.7	3.3	(0.1)
<b>BHDDH</b>	<b>6.2</b>	<b>6.2</b>	<b>6.6</b>	<b>0.4</b>
DHS	6.5	6.5	5.8	(0.7)
DOH	15.5	10.0	1.5	(14.0)
<b>Total – General Revenues</b>	<b>\$43.2</b>	<b>\$38.2</b>	<b>\$29.0</b>	<b>\$(14.2)</b>

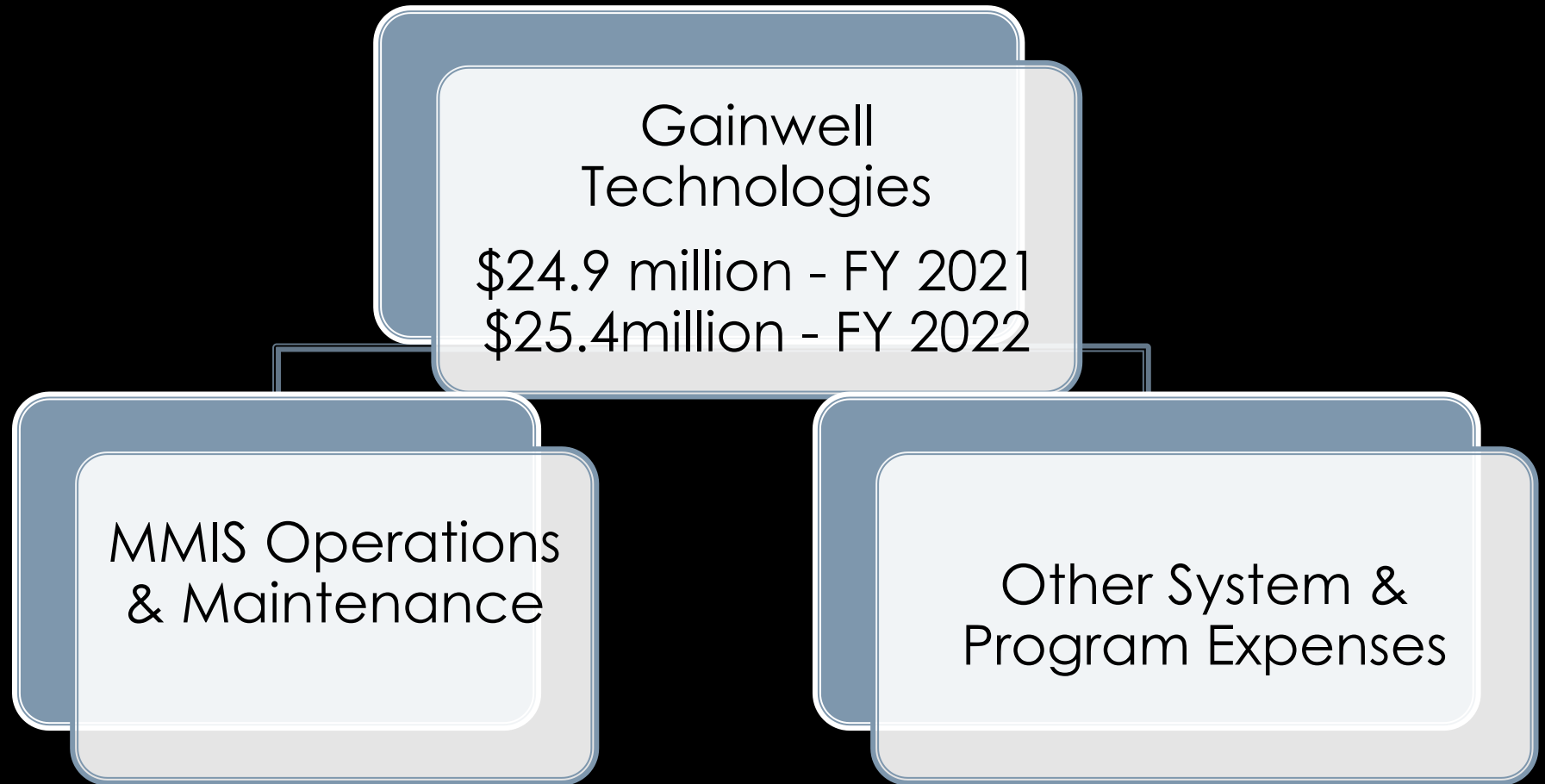
\$ in millions



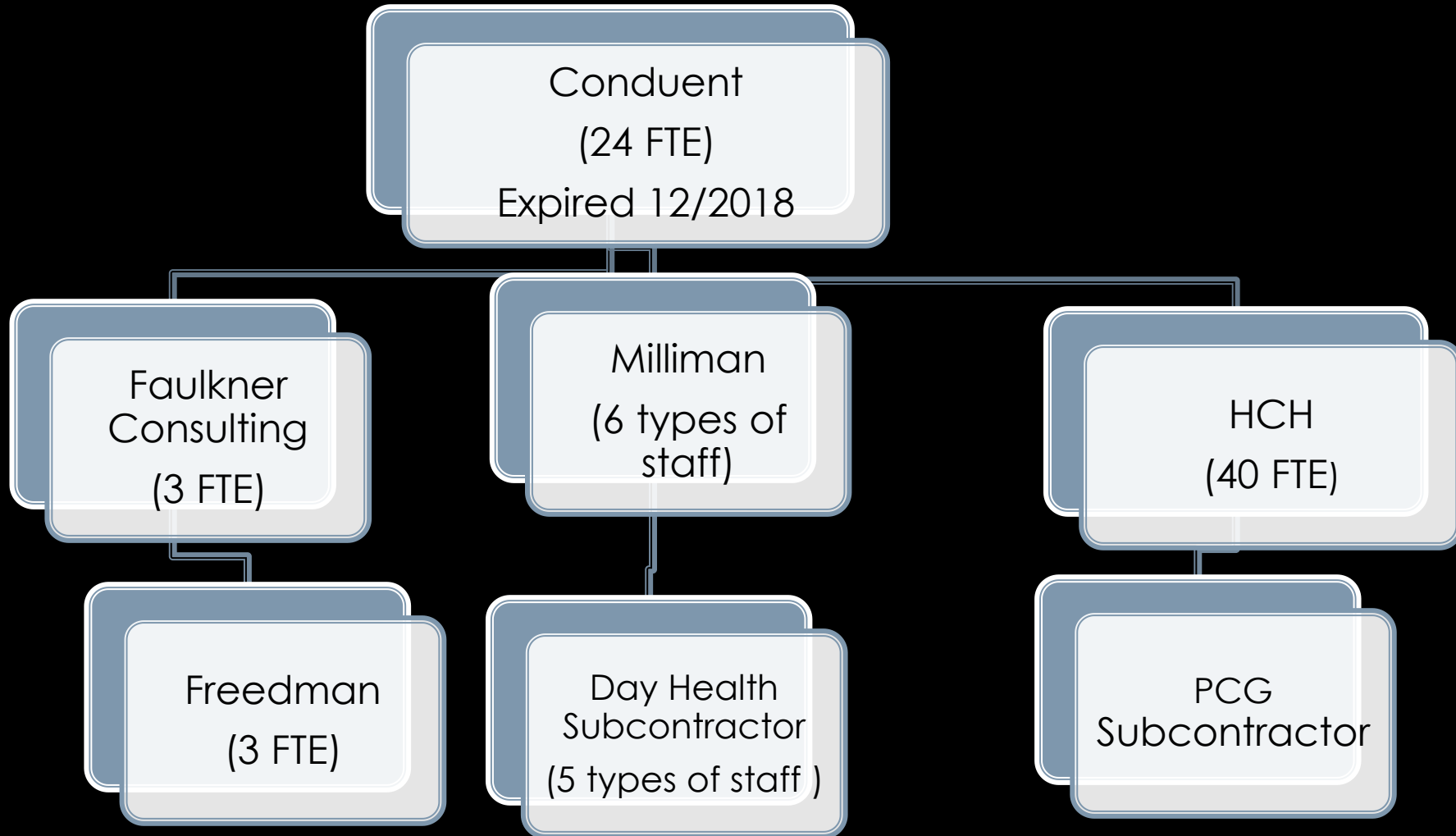
# Contracted Services

- Types of contracted services
  - Financial/Administrative
    - Data Analytics/Direct program support
  - Medical/Other Professional Services
- Some contractors have multiple agreements with different agencies
  - Subcontracts to the awarded contract
- Contract extensions not always supported by enacted funding

# Financial & Management Contracted Services



# Financial & Management Contracted Services



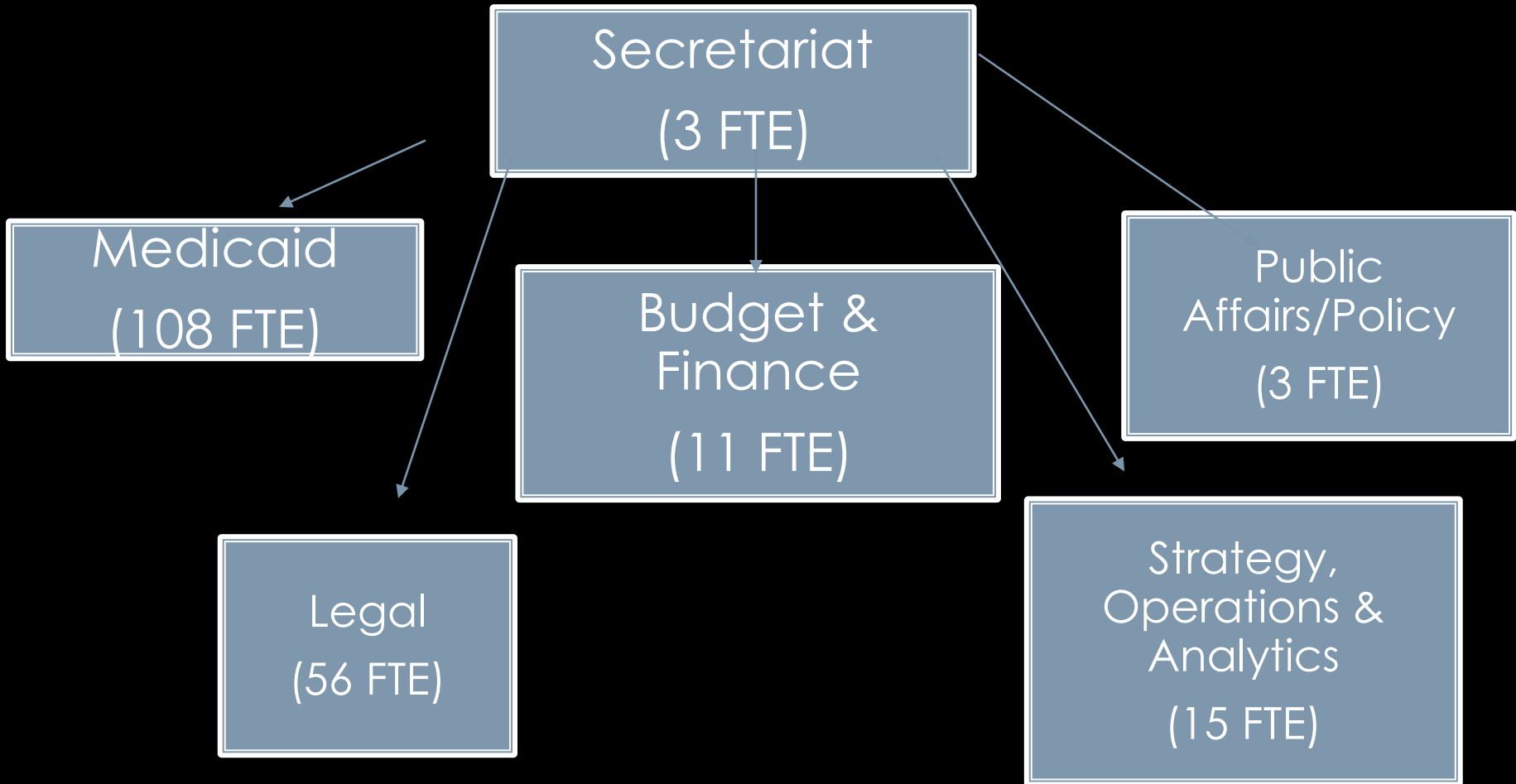
# Financial & Management Contracted Services

Data analytics: Medicaid data strategic priorities

Budget & Finance: Caseload analysis/rate setting/long term care reconciliation

Program Support: Early Intervention/RIte Share/Health System Transformation Project

# EOHHS Organization - 2019



# Contracted Services

## Eleanor Slater Hospital

**EOHHS:** *Manatt Phelps & Phillips*

Regulations related to IMD definition, ESH billing methodology, subcontracted for diagnostic review

*Butler Hospital Utilization Team*

**BHDDH:** Alvarez and Marsal – ESH redesign

RSM – Comprehensive review

# Contracted Services

- BHDDH
  - Alvarez and Marsal
    - FY 2020 - a 10-day contract for a review of Eleanor Slater Hospital - \$95,000 - paid from DOA
    - FY 2021 - Signed a new \$1.3 million contract
      - Not included in the FY 2021 recommended budget
    - July through September – 3 Phases
    - 13 consultants working on the project
      - 5 full-time/5 part-time/3 consultation only
      - 3 continuously on-site/8 remotely and 1 as needed

# Contracted Services

- RSM
  - \$0.4 million for BHDDH comprehensive review
    - Effective November 2020 to February 2021
      - Has been extended until March 2021
    - Medicare cost reports review
    - Compliance with CMS billing through chart review
    - Performance audit for revenue cycle processes
    - Department audit for grants
  - Final report submitted?
  - Governor's FY 2021 revised budget does not expressly add funding for the contract



# Eleanor Slater Hospital

Building	Patient Type	Admission Criteria
Regan	Medical & Psychiatric	Hospital level of care
Adolph Meyer	Psychiatric	Court ordered & Voluntary
Benton	Psychiatric - Forensic	Court ordered
Pinel ( <i>closed</i> )		
Zambarano (Burrillville)	Medical	Hospital level of care

# Eleanor Slater Hospital – Census/Cost

Census Average	Meyer	Regan	Benton/ Pinel	Zamb.	Total	Staff*
FY 2018	69	40	19	95	223	760.8
FY 2019	44	48	31	93	221	761.8
FY 2020	49	35	46	92	222	752.8

	FY 2018	FY 2019	FY 2020
Total Cost	\$120,418,583	\$120,896,168	\$123,838,294
Patients	223	221	222
Per patient	\$539,994	\$547,041	\$557,830

\*total staff includes those on leave

# Eleanor Slater Hospital – Census/Cost

Census Average	Meyer	Regan	Benton/ Pinel	Zamb.	Total	Staff*
FY 2019	44	48	31	93	221	761.8
FY 2020	49	35	46	92	222	752.8
FY 2021	34	40	50	72	196	649.1

	FY 2019	FY 2020	FY 2021
Total Cost	\$120,896,168	\$123,838,294	\$135,900,716
Patients	221	222	196
Per patient	\$547,041	\$557,830	\$693,371

\*total staff includes those on leave; FY 2021 Census & staff through May

# Eleanor Slater Hospital

	FY 2021 Enacted	FY 2021 Governor	FY 2022 Governor	Change to Enacted
General Revenues	\$114.7	\$119.4	\$77.7	\$(37.0)
<b>Medicaid</b>	<b>14.9</b>	<b>16.5</b>	-	<b>(14.9)</b>
Other Third Party Payers	-	-	-	-
RICAP	0.3	0.3	0.3	-
<b>Total</b>	<b>\$129.9</b>	<b>\$136.2</b>	<b>\$78.0</b>	<b>\$(51.9)</b>
FTE	748.2	748.2	648.4	(100.0)

\$ in millions

# EOHHS Agencies

- Governor's FY 2022 recommendation
  - Assumes savings from hospital reorganization
    - Reduces staffing by 100 positions
    - Did not initially include any Medicaid funds
    - Corrected in April GBA
  - Includes about \$15 million to support transfer of patients to other community based placements
    - Cost of proposals not fully reflect in original budget
    - Corrected in April GBA
      - Modified as part of caseload data updates

# Eleanor Slater Hospital

## Admissions

- Applications for admission reviewed by Admission Assessment Team
  - Physician, nurse, social worker, physical therapist and psychologist
  - Must qualify for hospital level of care
  - Psychiatric and medical patients
- Application asks which location
  - ESH medical unit
  - Fatima Long-Term Behavioral Health Unit
    - Admission approved by BHDDH

# Eleanor Slater Hospital

- Over time three issues emerged with federal bill and compliance
  - Medical/psychological patient mix
    - Over 50% makes ESH an IMD - ineligible
    - Proper rules not in place for mix determination & reporting
  - Forensic patients
    - Cannot bill
  - Hospital level of care needed for billing

# Federal Compliance and Billing Issues

- Timeline – from committee testimony
  - Summer 2019 - new BHDDH financial management oversight structure
    - Identified billing issues at ESH
  - Fall 2019 - BHDDH notified EOHHS that there was a potential issue with IMD mix
    - Stopped billing feds in September
  - Other potential big issues also identified
    - Is billing Medicaid ok for forensic unit patients?
    - Are other billing practices in federal compliance?
  - November 2019 – hired outside counsel



# Federal Compliance and Billing Issues

- IMD Mix testimony
  - March 11, 2020
    - State was out of compliance from Aug to Feb 11<sup>th</sup>
    - There is continuous review of these classifications
    - Hospital staff evaluating patient needs
      - Determine which patients are medical & psychiatric
      - Who can be discharged
  - May 20, 2020
    - Hospital staff continuing to do internal review
    - 3<sup>rd</sup> quarter report maintains \$20 million loss estimate but billing had not resumed

# Federal Compliance and Billing Issues

- Forensic Population Testimony
  - March 2020
    - No clarity on billing Medicaid for forensic patients
    - CMS prefers states reach out for such clarity
    - No initial conclusion
  - May 2020
    - CMS guidance was that RI could not bill for forensic patients
    - 3<sup>rd</sup> quarter report assumes \$15.0 million in additional cost above IMD mix issue

# Federal Compliance and Billing Issues

- Billing Practices
  - March 2020 testimony
    - ESH verifying that billing practices in compliance
    - Manatt hired in November 2019
      - Administration noted it was “not comfortable” with documentation & Medicaid billings
      - State did not have the expertise to figure this out
  - May 2020 testimony
    - ESH staff doing review of all 200 patients
      - Thorough medical assessment of each patient
      - Chief medical officer, social workers & nursing staff
    - Will examine the processes for billing & coding

# Eleanor Slater Hospital Issues Timeline

IMD Mix	
July – Oct 2019	BHDDH notifies EOHHS that it has issue with IMD mix - Stops billing Medicaid
March 2020	Out of compliance from Aug - Feb
April 2020	EOHHS adds definition of an IMD to its rules & regulations to address one of the IMD mix compliance issues & process
May 2020	Director Power reports compliance 49.2%
Dec. 2020	ESH report confirms compliance 50%
May 2021	ESH reports out of compliance with IMD mix – 79% psychiatric

# Eleanor Slater Hospital Issues Timeline

Medicaid Billing	
March 2020	EOHHS issues a public hearing notice for a State Plan Amendment (SPA) for CMS to formalize how the state can bill for patients at ESH
March 2021	State plan amendment approved – can bill Medicaid back to April 1, 2020
April 2021	Governor Budget Amendment submitted to recognize impact of billing 3 months of FY 2020 and FY 2022 – no change to FY 2021
May 2021	BHDDH still not billing Medicaid

# Eleanor Slater Hospital Issues Timeline

## Hospital Level of Care - Records Review

March  
2020

BHDDH testified that hospital staff was evaluating patient needs - may not meet hospital level of care

May 2020

Hospital staff continuing internal review of 200 patients – done by chief medical officer, social workers & nursing staff

May 2021

EOHHS contracts with Butler Hospital for a review of medical records

# Eleanor Slater Hospital – FY 2022 Governor's Budget

**Article 4 Sections 4 & 5:** Authorization to build a new 85-bed nursing facility on the Zambarano Campus. Revised plan for renovations to Regan building.

**Article 12 +:** Proposals to support the transfer of hospital patients to other community based and residential settings & also support long term care programs in EOHHS

# Article 4 - Debt Management Act Joint Resolution

Debt Type/Project	Current Authority	Article 4	Change
<b>Revenue Bonds</b>			
URI Memorial Union	\$51.5	\$57.6	\$6.1
URI Health & Counseling Ctr.	26.9	29.0	2.1
<b>Subtotal</b>	<b>\$78.4</b>	<b>\$86.6</b>	<b>\$8.2</b>
<b>Certificates of Participation</b>			
<i>Eleanor Slater - Regan Revised</i>	\$22.0	\$10.7	\$(11.3)
<i>Eleanor Slater - Zambarano</i>	-	64.9	64.9
Child Welfare IT System	-	17.0	17.0
<b>Subtotal</b>	<b>\$22.0</b>	<b>\$92.6</b>	<b>\$70.6</b>
<b>Total</b>	<b>\$100.4</b>	<b>\$179.2</b>	<b>\$78.8</b>

\$ in millions



# Article 4 – Sections 4 and 5

- Governor recommends \$64.9 million to construct a new 85-patient long term care facility on Zambarano Campus
  - \$53.6 million through new Certificates of Participation
  - \$11.3 million from previously approved Certificates of Participation
- Annual debt service on new issuance would be \$4.4 million for a 15-yr. term

# Reorganization Plans

- Multiple versions of this project over past decade
- Different combinations of new and reused space

5-Year Plan	Total Cost
FY 2021 – FY 2025	\$61.9
FY 2020 – FY 2024	\$49.9
FY 2019 – FY 2023	\$23.8
FY 2018 – FY 2022	\$5.7
FY 2017 – FY 2021	\$1.0
FY 2016 – FY 2020	\$3.2
FY 2015 – FY 2019	\$22.9
FY 2014 – FY 2018	\$38.4
FY 2013 – FY 2017	\$36.1
FY 2012 - FY 2016	\$28.2

\$ in millions

# Eleanor Slater Hospital

- Current census as of May 28, 2021 totals 196
  - Governor's proposals fund the transfer of 139 patients to other settings

<b>Campus</b>	<b>Building</b>	<b>Census</b>	<b>Capacity</b>
Cranston	Benton	50	52
	Regan	40	72-78
	Meyer	34	83
Zambarano	Beasley	72	189
<b>Total</b>		<b>196</b>	<b>up to 402</b>

# Eleanor Slater Hospital

- FY 2022 assumes about \$15 million for alternate placements
  - Support EOHHS long term care programs
    - Several initiatives impact both agencies
      - Increasing rate for ventilated patient and mental health residential facility
    - Changes in Article 12 - Heard on April 14
  - ESH – move patients to nursing homes, community mental health residences, group homes and other non-clinical settings

# Eleanor Slater Hospital

- Governor's initiatives appear to assume 139 ESH patients transition to other community based living arrangements

<b>Enhanced Rates (Article 12)</b>	<b>Patients</b>	<b>Total</b>	<b>Start Date</b>
NH –ventilated patients	7	\$1.2	11/1/2021
NH- patients w/behavioral issues	12	1.5	8/1/2021
MH Residences –Daily rate	13	2.3	8/1/2021
<b>Total*</b>	<b>32</b>	<b>\$5.0</b>	
<i>General Revenues</i>		\$2.2	

*\*ESH patients only/proposals total \$12.0 million in EOHHS budget  
\$ in millions*

# Eleanor Slater Hospital

- Other repurposed funding - 139 patients total

Funding for transfer of patients	Patients	Total	Start Date
Nursing Home (EOHHS)	49	\$0.9	4/1/2022
Mental Health Res. Facility (EOHHS)	9	0.5	9/1/2021
Traumatic Brain Injury to NH (EOHHS)	13	0.5	1/1/2022
HCBS (no setting identified) (EOHHS)	2	0.1	8/1/2021
I/DD to Group Home (BHDDH)	17	1.2	10/1/2021
Others (BHDDH)	7	0.08	4/1/2022
Forensic/Civils (BHDDH)	10	0.1	4/1/2022
<b>Total</b>	<b>107</b>	<b>\$3.3</b>	
<i>General Revenues</i>		<i>\$1.4</i>	

*\$ in millions*

# BHDDH: Programs & Services

<b>Division</b>	<b>Populations</b>	<b>Services</b>	<b># Served</b>	<b>Funding</b>
Developmental Disabilities	Adults with intellectual and/or dev. disability	Residential, day & employment	4,400	Medicaid
Hospital Rehabilitation Services (ESH)	Medical, forensic & psychiatric patients	Hospital level of care	200	State/ Medicaid ?
Behavioral Healthcare Services	Adults w/ mental health and/or substance abuse issues	Residential, inpatient & outpatient services	40,000	BHDDH – fed. funds EOHHS – Medicaid

# served through April 2021

# Governor's Recommendation

Source	Enacted	FY 2021	FY 2022	Change to Enacted
General Revenues	\$248.9	\$249.5	\$220.3	\$(28.5)
Federal Funds	233.1	250.4	192.9	(40.2)
Restricted	3.7	3.5	2.2	(1.4)
Other	0.4	0.4	0.4	-
<b>Total</b>	<b>\$486.1</b>	<b>\$503.8</b>	<b>\$415.9</b>	<b>\$(70.2)</b>
FTE	1,188.4	1,188.4	1,042.4	(146.0)

\$ in millions



# Governor's Recommendation

Category	Enacted	FY 2021	FY 2022	Change to Enacted
Salaries/ Benefits	\$133.6	\$139.1	\$87.4	\$(46.2)
Cont. Serv.	9.4	11.0	10.5	1.1
Operating	27.5	32.7	12.7	(14.8)
Grants	314.9	320.2	304.5	(10.4)
Capital	0.8	0.8	0.8	-
<b>Total</b>	<b>\$486.1</b>	<b>\$503.8</b>	<b>\$415.9</b>	<b>\$(70.2)</b>

\$ in millions

# By Program

<b>Program</b>	<b>FY 2021 Governor</b>	<b>FY 2022 Governor</b>	<b>Change to Enacted</b>
Developmental Disabilities	\$304.5	\$294.4	\$(9.6)
Hospital & Community Rehab.	136.2	78.0	(51.9)
Behavioral Health	54.3	33.1	(10.0)
Hosp. & Comm. Support	3.1	3.2	0.3
Central Mgmt.	5.6	7.1	1.6
<b>Total</b>	<b>\$503.8</b>	<b>\$415.9</b>	<b>\$(70.2)</b>

\$ in millions

# Services for the Developmentally Disabled

- RI provides services under its Medicaid Waiver:
  - Residential/Community Supports
  - Day Programs/Supported Employment
  - Community Supports
- RI uses the broadest federal definition
- Waiver did not change services or eligibility
  - State lost revenue from group home tax

# Services for the Developmentally Disabled

Benefit	Options	Eligibility/Services Determination
Residential	24-hour group home	BHDDH
	Shared living arrangement	
	Independent Living	
	Home with Family	
Community	Day Program	
	Supported Employment	
	Respite	
Medical	Rhody Health Partners or Rhody Health Options	EOHHS

# Services for the Developmentally Disabled

- Eligibility & Services
  - An individual is assessed by the BHDDH eligibility committee once it receives a completed application
    - Evaluations, medical information, school records and other relevant information
  - An assessment is completed & the individual is assigned a tier level
    - Tier A/B/C/D or E

# Services for the Developmentally Disabled

- Services authorized on a quarterly basis
  - Consistent with state law
- BHDDH shifted to annual authorizations starting in October 2020
  - The Governor's recommended budget does not include a law change for this action
- Issue – the Governor's budget does not fully fund the authorizations
  - Unclear what utilization will be with new method

# Services for the Developmentally Disabled

- BHDDH bills for the services as they are provided
  - Providers do not bill EOHHS/Medicaid directly
  - BHDDH is billed & then sends a file to MMIS contractor
  - Amounts billed differ from the authorization
- Providers also request additional services & funding through the L-9 process
  - Supplemental authorizations

# Program Recipients

<b>February</b>	<b>Authorized &amp; Receiving Services</b>	<b>Case Mgmt. Only</b>	<b>Total</b>
FY 2021	3,928	477	4,405
FY 2020	3,813	738	4,551
FY 2019	3,826	638	4,464
FY 2018	3,721	643	4,364
FY 2017	3,654	609	4,263
FY 2016	3,638	451	4,089
FY 2015	3,654	362	4,016
FY 2014	3,648	297	3,945
FY 2013	3,635	596	4,231



# Resource Levels – February Report

Tier	Description	2017	2018	2019	2020	2021
A	Low Support	596	551	581	568	611
B	Low to Moderate Support	876	798	845	824	883
C	Moderate Support	1,381	1,281	1,274	1,277	1,257
D	High Support with Medical	462	520	513	504	465
E	High Support with Behavioral	335	563	609	638	635
No SIS		5	4	3	1	14
<b>Total - # receiving services</b>		<b>3,655</b>	<b>3,717</b>	<b>3,825</b>	<b>3,812</b>	<b>3,865</b>

# Community Based Services

Tier	# of Persons by Setting				
	24 –hour	Shared Living	Ind. Living	With Family	Total
A	7	24	244	336	611
B	73	91	160	559	883
C	421	163	104	569	1,257
D	220	33	29	183	465
E	396	81	31	127	635
<b>Total</b>	<b>1,117</b>	<b>392</b>	<b>568</b>	<b>1,774</b>	<b>3,851</b>

# Department of Justice Settlement Consent Decree

- Finding against the City of Providence and the State of Rhode Island in 2013
  - Operating a “sheltered workshop”- Training Thru Placement
  - 90 individuals receiving services through TTP
  - State hired an outside consultant to assist with transition to employment activities
- State signed agreement with DOJ
  - Convert services in the sheltered workshops to employment supported activities

# DOJ Consent Decree - Populations

Sheltered Workshop Target Population: received services in sheltered workshop setting

Day Target Population: Receive or have received day services in a facility based setting in the previous year

Day Target Population: transition-age according to RIGL & attend high school

Youth Exit Target Population: Transition youth who have exited or will exit high school during: the 2014/2015 and 2016 school year (SY)

# DOJ Consent Decree

- Allow individuals w/ disabilities to interact with those who do not in an employment setting to the fullest extent possible
  - Offers the same opportunities for both groups
- Decree indicates that the state will reallocate resources – funding “follow the person”

# Supported Employment Placements

- April 2021 report – Consent Decree Population

Census	Youth in Transition	Youth Exit	Sheltered Workshop	Day Program	Total
<b>Total</b>	<b>1,231</b>	<b>582</b>	<b>844</b>	<b>1,901</b>	<b>4,540</b>
Deceased since 1/2013	-	(11)	(130)	(367)	(508)
Voluntarily Left	-	(75)	(70)	(90)	(235)
Other Reasons*	-	(76)	(13)	(55)	(144)
<b>Active for Quarter</b>	<b>1,231</b>	<b>420</b>	<b>631</b>	<b>1,389</b>	<b>3,653</b>

\* Either have not applied/not attending or have limited services

# Supported Employment Placements

- April 2021 report – January through March data
  - Start of the CY 2022 reporting cycle
    - Partially meeting the work requirements
    - All meeting career development plan requirements (CDP)
  - Other reports filed in July/Oct & January

<b>Group</b>	<b># of persons</b>	<b>CDP</b>	<b>Reported Employment</b>	<b>Year-End Benchmark</b>
Sheltered Workshop	631	631	260	500
Day Programs	1,389	1,389	417	525

# DOJ Consent Decree: State Obligations

Actions	Timeline by:	Progress
Create Employment 1 <sup>st</sup> Task Force	May 1, 2014	CPNRI, RI Disability Law, RIPIN, parent and family reps on the task force
Charles Moseley as the court monitor		Hired as court monitor
Contract with a technical assistance provider	July 1, 2014	Centers for Excellence & Advocacy
Establish and implement pre-qualification requirements for all supported & int. day service providers	Sept 1, 2014	Certification standards went into effect January 7, 2019
Establish Sheltered Workshop Conversion Institute	Oct 1, 2014	Paul V. Sherlock Center selected
Establish an MOU w/ BHDDH, RIDE & ORS		Signed January 2016



# DOJ Consent Decree: State Obligations

Actions	Timeline by:	Progress
Develop & implement statewide quality improvement initiative	Nov 1, 2014	In 1 <sup>st</sup> year on consultative reviews & Certification standards went into effect 1/7/2017
Establish detailed program standards for planning & services		<b>Not done</b>
Enter into performance based contracts linking funding to provider achievements	Jan 1. 2015	Person Centered Supported Employment Performance Program began 1/2017
Develop procedures to require provider staff to assist in the transition to supported services	July 1, 2015	Paul V. Sherlock Center selected

# Supportive Employment Services

- Vocational & Related Services
  - Job development, job coaching, job shadowing, benefits counseling & transportation
  - Environmental modifications, behavioral skills training and supports, self exploration, career exploration, career planning, job customization, soft skill development and time management training & personal care services

# Consent Decree

- BHDDH - Consent decree
  - For community based day & employment program for developmentally disabled adults
  - Current court order calls for a 3-year budget plan is being developed
    - consistent data collection & reporting requirements to forecast program costs

# Consent Decree

- Article 3 adds community based programs for adults with developmental disabilities to expenses to be estimated as part of the caseload est. conference
  - Beginning July 1, 2022
  - Replaces other statute with current monthly reporting requirement for same services
  - Inadvertently leaves 1- yr. reporting gap
    - Corrected in subsequent GBA

# DOJ Consent Decree – Transition Fund

- Governor recommends \$15.0 million
  - \$10.0 million from general revenues & \$5.0 million from Medicaid
  - Assist with complying with consent decree
    - Improve the quality and access to integrated community day & employment support programs
    - Payments linked to quality benchmarks & performance standards
    - Technology investments
    - 2.0 new positions to help manage the proposals & assist with the caseload reporting requirements

# Services

<b>Current</b>	<b>Future</b>
Residential	How many 24 group homes?
Community Based Day Programs	How many facilities will the state need to accommodate day services?
Job Development	What services will need to be provided?
Employment	

# DOJ Consent Decree

Administration Contracted Services	FY 2021 & FY 2022	Responsibilities
Sherlock Center	\$350,000	Statewide training on person-centered planning and technical assistance on integrated day and employment services
Consent Decree Coordinator (EOHHS budget)	\$100,000	Liaison between court monitor, DOJ and state agencies; assists and coordinates state agencies' reports and responses to the court monitor and the DOJ
Court Monitor (EOHHS budget)	\$450,000/ \$300,000	Ensure compliance with the consent decree

# DOJ Consent Decree

<b>Administration Contracted Services</b>	<b>FY 2021 &amp; FY 2022</b>	<b>Responsibilities</b>
Advocates in Action	\$224,565	Provide technical assistance to individuals, families and the provider community about policy and program initiatives
RIPIN	\$118,517	Provide advocacy, support, training, education and information to families



# Developmental Disabilities: Historical Spending

<b>Fiscal Year</b>	<b>Total (Millions)</b>	<b>Change</b>	<b>Caseload</b>	<b>Change</b>	<b>Per Person</b>
2020	\$285.5	6.1%	4,531	1.2%	\$62,894
2019	\$269.1	1.4%	4,479	2.3%	\$60,080
2018	\$265.1	2.2%	4,376	0.3%	\$60,336
2017	\$258.4	7.0%	4,364	6.7%	\$59,203
2016	\$241.9	1.0%	4,089	1.8%	\$59,168
2015	\$239.5	4.4%	4,018	(1.5%)	\$59,609
2014	\$229.4	1.7%	4,074	(0.4%)	\$54,206
2013	\$225.5	4.1%	4,232	(0.5%)	\$53,276

# Community Based Program

Fiscal Year	Total	Chg.	Persons	Per person
2022 Rec.	\$285.4	3.8%	3,853	\$74,722
2021 Rev.	\$274.7	-	3,746	\$73,341
2021 Enacted	\$274.3	7.2%	3,746	\$73,234
2020	\$255.8	6.2%	3,816	\$67,059
2019	\$240.8	2.7%	3,808	\$63,227
2018	\$234.4	3.1%	3,708	\$63,221
2017	\$227.3		3,647	\$62,319

\$ in millions

# Consent Decree

- Governor's Administration currently engaged on potential solutions to identified issues
- Multiple recent court orders and filings
  - Appear to reach beyond issues immediately covered by consent decree
  - System wide wages and other issues
- Likely major budget ask above transition fund not yet submitted

# Division of Developmental Disabilities – FY 2022

- Governor recommends privatizing RICLAS
  - Transferring 116 residents to community based system
    - Currently 44 individuals attend day program services operated by 10 private providers
- Governor includes \$7.6 million more for privately operated system
  - \$3.3 million from general revenues
- Includes \$20.2 million less for RICLAS
  - Reduces staffing by initial 50 positions

# RICLAS

Fiscal Year	Total	Persons	Per Person	Chg.
2022 Rec (3 mths)	\$9.0	118	-	-
2021 Rev	\$29.8	118	\$252,217	0.3%
2021 Enacted	\$29.7	118	\$251,564	(0.3%)
2020	\$29.8	118	\$252,310	11.4%
2019	\$28.3	125	\$226,558	1.8%
2018	\$30.7	138	\$222,528	0.1%
2017	\$32.7	147	\$222,286	

\$ in millions

# Division of Developmental Disabilities

<b>FY 2022</b>	<b>Enacted</b>	<b>Dept.</b>	<b>Gov.</b>	<b>Gov. to Enacted</b>	<b>Gov. to Req.</b>
Gen Rev	\$124.8	\$138.2	\$131.5	\$6.7	\$(6.7)
Federal Funds	177.7	153.2	162.5	(15.2)	9.3
Rest. Rec.	1.4	1.4	0.3	(1.1)	(1.1)
RICAP	0.1	0.3	0.1	-	(0.2)
<b>Total</b>	<b>\$304.0</b>	<b>\$293.1</b>	<b>\$294.4</b>	<b>\$(9.6)</b>	<b>\$1.4</b>
FTE	322.0	320.0	272.0	(50.0)	-

\$ in millions

# Division of Developmental Disabilities

	Private System		RICLAS	
	Gen Rev	All Funds	Gen Rev	All Funds
FY 2021 Enacted	\$113.5	\$274.2	\$11.3	\$29.7
FY 2022 Gov. Rec.	\$127.2	\$285.3	\$4.3	\$9.0
Governor to Enacted	\$13.8	\$11.1	\$(7.0)	\$(20.7)

\$ in millions

# Division of Developmental Disabilities

- State only services – no Medicaid
  - Person-Centered Supported Employment Performance Program (PCSEPP)
    - \$3.0 million from general revenues for FY 2021 & FY 2022
    - 4 providers participating
    - Services being provided are not eligible for Medicaid



# Division of Developmental Disabilities

- State only services – no Medicaid
  - Not able to get a Medicaid match
  - Transportation Contract
    - RIPTA is not a certified Medicaid provider
    - \$1.7 million contract
  - Governor also proposes legislation that impacts individuals getting long term care services – Article 12
    - EOHHS & BHDDH populations

# Division of Developmental Disabilities

- Article 12 - Maintenance of Need Allowance
  - Proposal changes calculation of patient share or cost of care for long term care program recipients
  - Beneficiary has to pay a portion of monthly services before eligible for Medicaid

# Division of Developmental Disabilities

- Article 12 - Maintenance of Need Allowance
  - Change allows them to keep more of their income
    - Intended to make home care better option
    - Governor's budget adds \$5.4 million for added cost in EOHHS' budget
  - GBA shifts \$2.7 million to BHDDH
    - \$1.0 million from general revenues
    - Impact to community based providers

# Division of Developmental Disabilities

- The state pays the cost of the services minus the payment that is the responsibility of the beneficiary to collect
  - Example: Provider collects from the person receiving services & bills EOHHS the difference through Medicaid (MMIS) system
- BHDDH – Providers do not bill through MMIS so the state pays 100% for services
  - Issue with Article 28 reporting

# Division of Developmental Disabilities

## April 2021 Report/Requirements

<i>Individuals</i>	<i>Submitted?</i>
Total # receiving services	Yes
In 24-hour residential & shared living	Yes
<b>Who has a “cost of care” &amp; amount owed and collected</b>	<b>Partial - not the amount collected</b>
Receiving additional services & reason (L-9)	Partial
Consent decree information	Yes
Employed/where & hours worked	No
Opt out of Rhody Health Options	Yes
Annual cost reports from providers	Yes

# Division of Developmental Disabilities

- BHDDH reports the amount to be collected but not if it is being collected
  - DHS's Long Term Care Unit determines who has to make this payment
- If the payment is collected by the community agency it does not offset the cost to BHDDH
  - Issue – it is a condition of Medicaid eligibility to pay “cost of care”

# Behavioral Healthcare Services

- Monitoring & development of mental health & substance abuse services
  - Community recovery support services
  - General outpatient & residential programs
  - Housing and vocational programs
  - Prevention activities
  - Detoxification programs

# Behavioral Healthcare Services

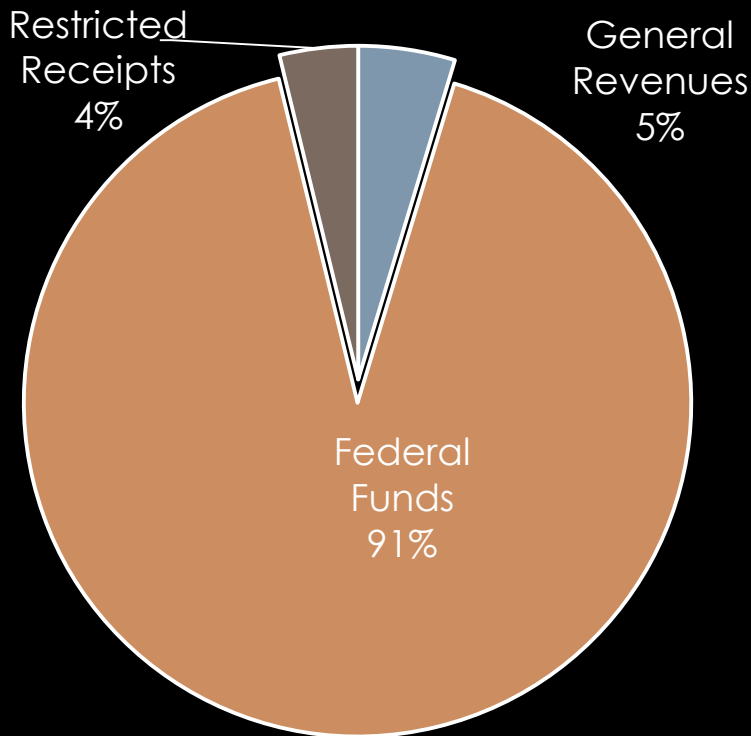
	Enacted	Gov. Rev.	Gov. Rec	Change
Salaries & Benefits	\$6.0	\$6.7	\$6.5	\$0.5
Cont. Services	2.3	3.6	2.6	0.3
Operating	1.1	1.9	1.2	0.1
Grants	33.7	42.2	22.8	(10.9)
<b>Total</b>	<b>\$43.1</b>	<b>\$54.3</b>	<b>\$33.1</b>	<b>\$(10.0)</b>
FTE	44.0	44.0	44.0	-

\$ in millions

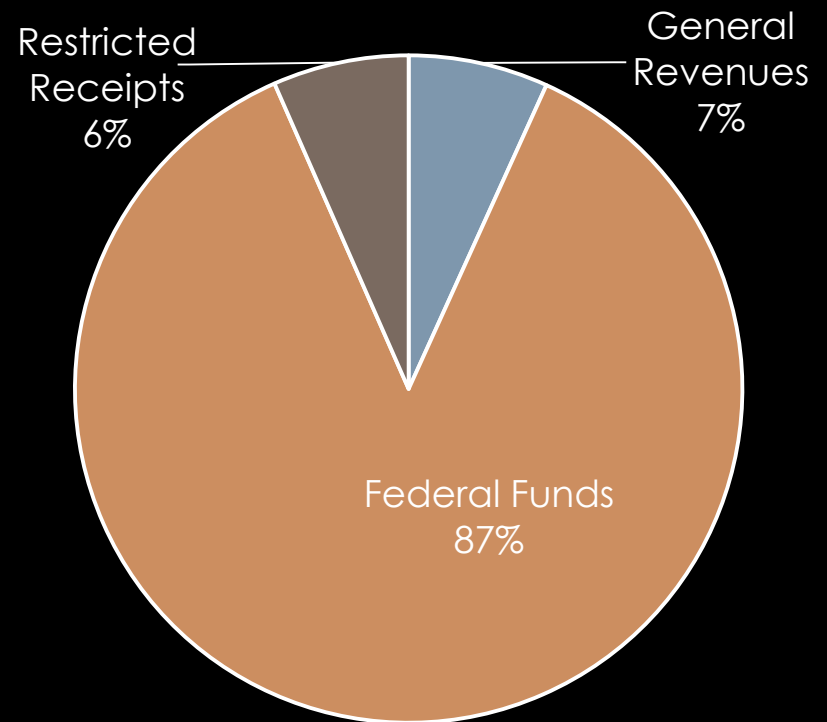


# Governor's Recommendation by Source

**FY 2021**



**FY 2022**



# Behavioral Healthcare Services

## Residential Treatment

- Substance Abuse Block Grant
- EOHHS Medicaid – Rhody Health Partners
- State Opioid Grant

## Inpatient & Outpatient Treatment

- Substance Abuse Block Grant
- Mental Health Block Grant
- EOHHS Medicaid – Rhody Health Partners

## Prevention/ Screening

- Promoting Integration of Primary & BH Care
- Substance Abuse Block Grant – Municipal Task Forces
- SBIRT grant
- State Innovation Grant – underage drinking & prescription drug misuse & abuse those age 12 -25

# Behavioral Healthcare Services

## Recovery Centers/Peer Supports

- Substance Abuse Block Grant
- Mental Health Block Grant
- EOHHS Medicaid – Rhody Health Partners
- General Revenues

## Centers of Excellence

- Medication Assistance Treatment Grant
- EOHHS Medicaid – Rhody Health Partners
- Pay for treatment

## Housing

- CABHI (Cooperative Agreement to Benefit Homeless Individuals)
- Mental Health Services for the Homeless
- PATH (Projects & Assistance in Transition from Homelessness)

# Behavioral Healthcare Services

## Planning/ Evaluation

- Evaluation of state's opioid programs
- State Innovation Model (SIM) grant – ending
- Behavioral Healthcare Clinics grants - ended
- Youth Treatment Planning Grant

## Issues

- Impact of Federal Changes
  - Services for opioid disorder treatment, mental health and other substance abuse disorders
- Impact on EOHHS from programs that started using federal grants
  - Centers of Excellence
  - SBIRT grant
  - State Opioid Response

# Behavioral Healthcare Services

- BHDDH has federal grants supporting community based programs & agencies
  - FY 2021: \$49.7 million/FY 2022: \$28.7 million
  - Services include:
    - Opioid Crisis and Intervention
    - Prevention
    - Residential treatment & housing assistance
    - Inpatient & outpatient services
    - Recovery services & peer support
- New federal stimulus funding not in

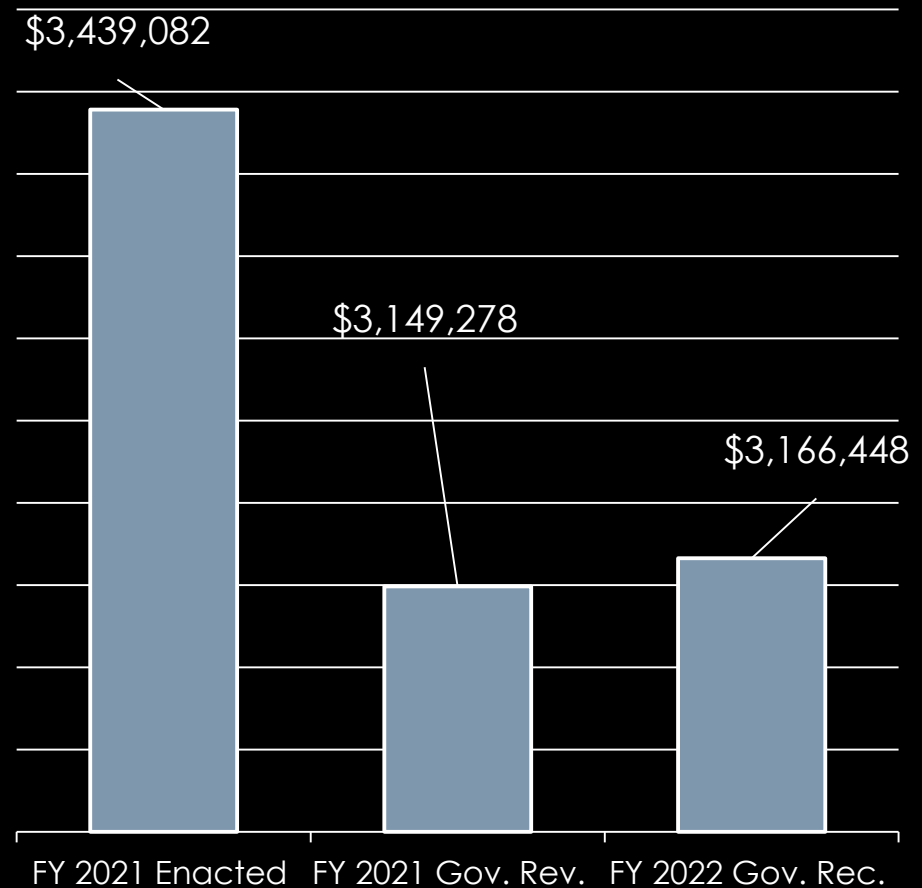
# Behavioral Healthcare Services

<b>Governor – Federal Funds</b>	<b>FY 2021</b>	<b>FY 2022</b>
Relief Funds	\$3.2	-
Additional Relief Funds	[\$35.2]	
State Opioid Response Grant	\$22.0	\$7.3
Federal Block Grants	\$11.7	\$11.6
Partnership for Success	\$2.7	\$2.6
Promoting Integration (PIPBHC)	\$2.0	\$3.0
SBIRT(Screening, Brief Intervention & Referral to Treatment)	\$1.9	\$0.6

\$ in millions

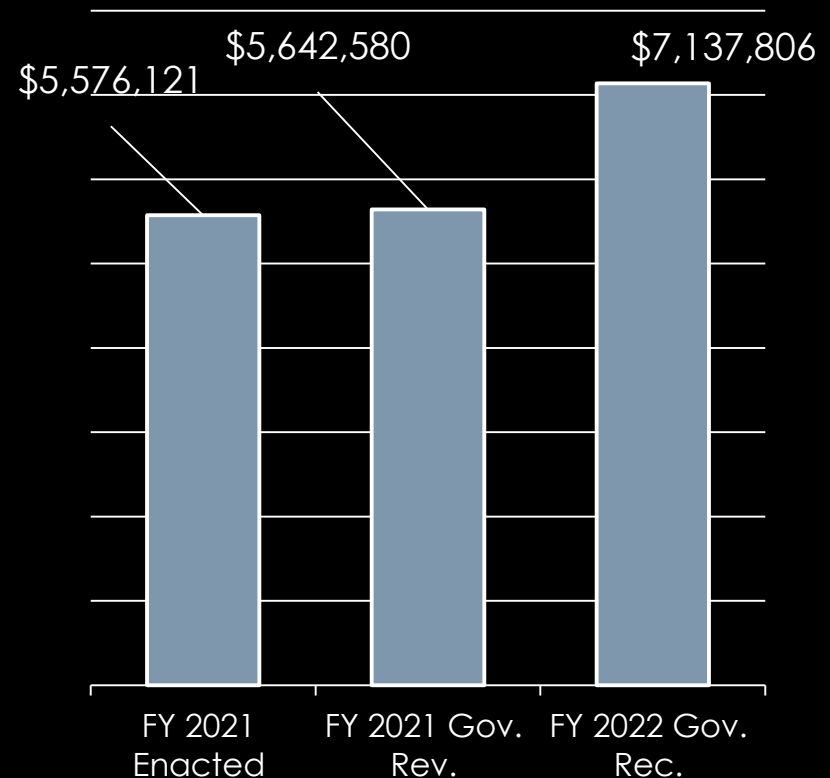
# Hospital & Community System Support

- Operational support to hospital & community patient care system
- Financial Management
- Human Resource Management



# Central Management

- Administration
  - Some Medicaid match for staffing
- Constituent affairs
- Policy
- Strategic planning





# BHDDH - Capital Plan

- 2 Projects totaling \$1.1 million from RICAP Funds in 5-year plan
  - DD Residential Support
    - \$0.1 million annually
  - Eleanor Slater Hospital
    - \$0.3 million for FY 2022 & FY 2023

<b>Project</b>	<b>Status</b>	<b>Cost</b>
DD Residential	Ongoing	\$0.5
Equipment	Ongoing	0.6
<b>Total</b>		<b>\$1.1</b>

\$ in millions

**Health & Human Services  
EOHHS & BHDDH  
Article 4 – Sections 4 and 5**

Staff Presentation to the House Finance Committee  
June 2, 2021

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