



FY 2023 Budget Overview

May 3, 2022

Senate Committee of Finance

Agenda



- Evolving State of the COVID-19 Response
- COVID-19 Fund Management Process
- \$150M Public Health SFRF
 - COVID Responses - \$100M
 - Provider Support - \$50M
- RIDOH Priorities and Operating Budget
- Appendix - COVID-19 Budget Details

Evolving State of the COVID-19 Response



- The State's near-term response to the COVID-19 pandemic will reflect an anticipated endemic state of COVID -19 aligning with CDC guidance for preventable, treatable diseases.
- Overall, FY23 will see a shift from centralized, State-run response operations to the traditional healthcare system (physicians' offices, pharmacies, etc.), which will be most apparent with testing and vaccinations.
- FY23 budget is based on the best information available today for public health strategies, understanding of the current state of the pandemic's transition to an endemic state, and funding sources.

Evolving State of the COVID-19 Response



- Operational areas (e.g., Vaccine, Testing and EpiOps) will see declining baseline capacity and budget, while cross-cutting supports may require more stable funding (e.g., Data and Tech Enablement). FY23 is a year to bridge to lower-cost operations for Data and Tech. Reintegration work is underway to right-size EpiOps as a unit within the Division of Infectious Disease and Epidemiology.
- Contingency is included in the budget should a variant of concern or a variant of high consequence emerge, or if additional communications campaigns are needed, or in the case of admin, if additional capacity is needed in response to a surge in Q3 or Q4.

COVID-19 Fund Management Process

DOA has worked collaboratively with State agencies to prioritize different funding streams to create efficiency in the state's COVID-19 response and recovery. The evolving pandemic and changes in federal policies require continual reevaluation of funding sources and strategies.

Funding for Response/Recovery

Help coordinate funding for government-wide COVID response

- ✓ Coordinate spending across agencies
- ✓ Match costs to most appropriate federal resource
- ✓ Help manage FEMA reimbursement process

Improve Fiscal Outlook

Deploy COVID funds to improve state budget outlook

- ✓ Conserve general revenue
- ✓ Allocate federal resources to strategic priorities, where possible

Manage COVID Federal Funding Policy

Information and advocacy on federal priorities

- ✓ Review compliance and manage funding risks
- ✓ Advocate for optimal policies
- ✓ Inform and educate state agencies on federal activity

Variant Contingency: Delta and Omicron Surges

Over the last year, the State had to quickly respond to rapid increase in cases due to surges caused by the Delta and Omicron variants. This response was very costly and may be required again if another highly contagious variant emerges.

Delta Surge: 10/1/2021-12/17/2021

Category	Expenditures
Testing	\$21.8M
Case Investigation (CI) and Contact Tracing (CT)	\$10.0M
Vaccine Campaign	\$7.3M
Public Health Emergency Response Supports	\$4.9M
Surge	\$2.8M
Supplies	\$0.1M
Community Mitigation and HDC	\$0.1M
Total	\$47.1M

Omicron Surge: 12/17/2021-2/28/2022

Category	Expenditures
Testing	\$73.7M
Case Investigation (CI) and Contact Tracing (CT)	\$8.5M
Public Health Emergency Response Supports	\$5.9M
Vaccine Campaign	\$4.8M
Surge	\$0.5M
Supplies	\$0.1M
Community Mitigation and HDC	\$0.0M
Total	\$93.5M

COVID Response - \$100M SFRF

While we are hopeful that we are entering a new normal, there are significant unknowns regarding the nature and scope of the future COVID-19 response and \$100M of SFRF will help to protect RI from future variants.

Expense	Estimate	Total	FY23	FY24	FY25	FY26	FY27
FY24 COVID Baseline Response	\$30-\$40M	\$30.0M	-	\$30.0M	-	-	-
Omicron/Delta Like Contingency	\$40-\$70M	\$51.4M	\$51.4M	-	-	-	-
Supplies Warehousing / Logistics	\$8M	\$8.0M	\$2.0M	\$2.0M	\$2.0M	\$1.0M	\$1.0M
FEMA Risk	\$0-\$10M	\$7.5M	\$7.5M	-	-	-	-
Other Contingency	\$0-\$5M	\$3.2M	\$3.2M	-	-	-	-
	Total	\$100.1M	\$64.1M	\$32.0M	\$2.0M	\$1.0M	\$1.0M

Provider Support - \$50M SFRF

Using CRF funds, the State has provided the following support to health care system

Program	Target Recipients	Amount	FY
HAPP I	Hospitals	\$ 95.4M	FY20
HAPP II	Hospitals	\$ 125.0M	FY21
Workforce Stabilization Phase I-III	Nursing Homes	\$ 13.9M	FY20
Workforce Stabilization Phase IV	Nursing Homes	\$ 5.6M	FY21
LTSS Resiliency Fund	Nursing Homes	\$ 4.7M	FY21
LTSS NF Transformation	Nursing Homes	\$ 9.0M	FY21
		Total \$ 253.6M	

Federal Funding to Date

HHS Provider Relief Funds have been a key element of the Federal Government's support for the health care system throughout the pandemic and HHS actively distributing Phase IV funds authorized through ARPA to RI providers

- **General Distribution** - Any provider who billed Medicare fee-for-service in 2019 and provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 after 1/31/2020 (HHS views every patient as a possible case of COVID-19)
- **Targeted Distribution** – Relief payments targeted at rural providers, hospitals which experienced a significant amount of positive COVID-19 cases, and safety net payments for hospitals serving the most vulnerable populations
- **Uninsured Claims Reimbursements** - Reimbursements for COVID-19 testing, treatment and vaccinations of uninsured individuals

Range of Payment Amount	Number of Providers	Total Accepted Payments (\$)
Less Than \$500K	1474	\$55.9M
\$500K - \$1M	57	\$42.2M
\$1M - \$5M	34	\$56.8M
\$5M – \$10M	5	\$35.4M
\$10M+	7	\$253.0M
Total	1577	\$443.3M

Source: <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>. Data as of 3/8/22.

HHS Provider Relief – Significant Recipients

The following table displays providers who received over \$5M in provider relief funds

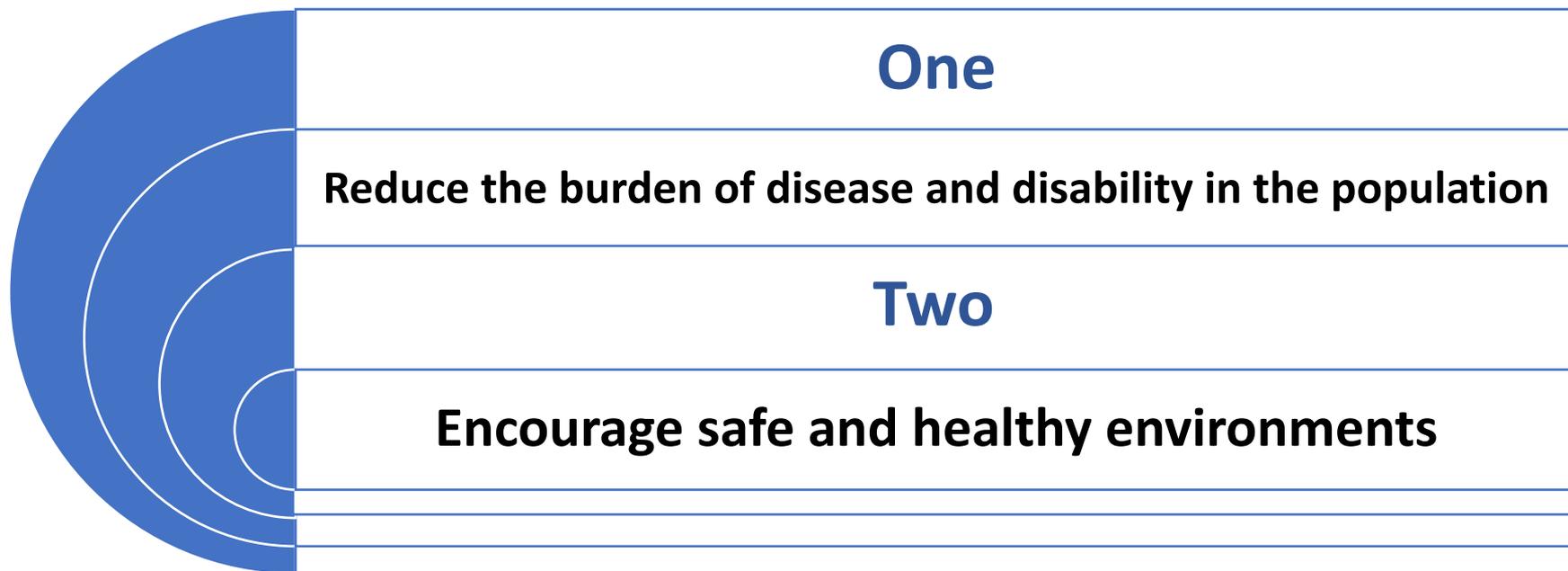
Provider Name	Total Payment (\$)
RHODE ISLAND HOSPITAL	\$111.6M
THE MIRIAM HOSPITAL	\$42.3M
KENT COUNTY MEMORIAL HOSPITAL	\$41.8M
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	\$21.2M
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM	\$13.0M
PROSPECT CHARTERCARE RWMC, LLC	\$11.8M
PROSPECT CHARTERCARE SJHSRI, LLC	\$11.4M
LIFESPAN PHYSICIANS GROUP, INC.	\$9.2M
DOMINION DIAGNOSTICS, LLC	\$7.3M
NEWPORT HOSPITAL	\$7.1M
LMW HEALTHCARE, INC.	\$6.7M
EMMA PENDLETON BRADLEY HOSPITAL	\$5.0M
Total	\$288.4M

Source: <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>. Data as of 3/8/22.

RIDOH Priorities and 2030 Vision



Our Mission: prevent disease and protect and promote the health and safety of the people of Rhode Island. We accomplish our mission by:



RIDOH Priorities and 2030 Vision



Three

Ensure access for all to high quality health services

Four

Promote healthy behaviors and practices

RIDOH Budget Summary



Agency-Wide Budget

RIDOH Budget – Source of Funds	FY21 Actuals	FY22 Enacted	Revised FY22 Gov Recommended	Revised FY22 Gov Recommended with 22-DOH1	FY23 Gov Recommended	FY23 Gov Recommended with 23-DOH1
General Revenue	\$207,495,584	\$31,030,190	\$33,225,823	\$32,774,734	\$32,752,820	\$32,872,378
Federal Funds	\$217,978,570	\$368,284,737	\$475,829,565	\$452,329,453	\$282,519,401	\$314,742,222
Restricted Receipts	\$45,833,537	\$70,930,376	\$81,581,368	\$70,381,368	\$57,316,468	\$74,115,197
Other Funds	0	0	0	0	0	0
RI Capital Plan Fund	\$195,649	\$600,000	\$600,000	\$600,000	\$400,000	\$400,000
Total Funding	\$471,503,340	\$470,845,303	\$591,236,756	\$556,085,555	\$372,988,689	\$422,129,797
FTE Authorization	513.6	530.6	530.4	530.4	535.4	535.4

RIDOH Budget Summary



Highlights: The Governor recommends 535.4 FTE positions in the FY 2023 Budget and 530.4 FTE positions in the revised FY 2022 budget.

The FY 2023 recommendation reflects 5 FTE positions more than the FY 2022 enacted budget.

- 2 FTE positions to comply with statutory requirements and focus on hospital conversion monitoring
- 2 FTE positions to oversee and support the expansion of the cottage food manufacture program for home-based non-farmers
- 2 FTE positions and operations support to access and mitigate the public health impacts of adult use marijuana legalization
- 1 FTE reduction as a part of the transfer of the Opioid Stewardship Fund

Governor's Budget Amendments



GBA 5 – Aquatic Venues

- Requests funding to hire an Environmental Scientist to serve as an additional engineer in reviewing and licensing aquatic venues and addressing backlogs.

GBA 8 & 9 - Overdose Prevention and Response

- Adjusts McKinsey Opioid Settlement funds and Opioid Stewardship Act funds to support naloxone supply purchasing, the harm reduction center pilot and forensic sciences.

GBA 13 & 14 – Covid Response

Recent Highlights and Achievements



- RIDOH continues to invest in its 15 community-led Health Equity Zones that bring together residents and community partners to address the root causes of health issues and build healthier, more resilient communities.
- RIDOH received a \$19 million federal health disparities grant award that will enhance the State's ability to address health disparities related to COVID-19 and advance health equity by expanding capacity and services.
- Received an \$82 million grant from the CDC for the construction of a RI Center for Excellence for Laboratory Sciences. The new building would make Rhode Island better prepared for any future epidemic or pandemic.

Hospital Conversion Monitoring



Current law:

- Requires Department of Health and Attorney General to review proposed hospital conversion
- RIDOH to monitor, evaluate, and assess compliance with condition(s) of approval for 5 years
 - Acquirer to pay costs for monitoring
 - Funds are deposited into escrow account

Article 2, Section 1 Hospital Conversion Monitoring



Department anticipates additional expenses

- Requested additional staff
- Received \$0.3 million from a conversion

Governor proposes new restricted receipt account

- Mechanism to spend money for monitoring activities
- Recommends \$0.3 million in FY 2023 to support 2 new positions

Article 8, Section 3-5



- Article 8 - Cottage Food Manufacturer
 - Allows individuals to use home kitchens to make and sell baked goods
 - Complete food safety training course
- Only retail sales would be allowed
- Capped at \$25,000
 - If higher, registrant must obtain a food processor license or cease operations

Article 8, Sections 3-5



- Article 8 - Cottage Food Manufacturer
 - Establishes a \$65 registration fee
 - On or after November 1, 2022
 - Budget includes new revenues of \$12,610 assuming 194 registrants
- Governor adds \$0.1 million for 2 FTEs
 - Conduct inspection to ensure compliance with safety and sanitary standards

Adult Use Marijuana



- Article 11 to establish an Adult Use Marijuana program – HFC 3/23
 - Office of Cannabis Regulation within DBR
 - Oversee and coordinate activities
 - Assistance and cooperation of public health and safety agencies
- Recommends \$381,839 in RIDOH Budget
 - Assess and mitigate public health impacts of adult use marijuana legalization
 - \$240,166 to fund 2 new FTEs
 - \$141,673 for operating expenses

2019 Opioid Stewardship Act



- Assessment from gross in-state opioid sales
 - Manufacturers
 - Wholesalers
 - Distributors
- \$5 million annually
 - Deposited as restricted receipts
- Support programs that provide treatment, recovery, prevention, and education services
- Article 3, Section 7 and 8
 - Governor proposes administration authority be transferred from RIDOH to EOHHS
 - Transfers 1 FTE position and funding
 - Position was recently filled

Appendix

FY23: Summary of Changes to COVID Response



Workstream	Baseline	Contingency
Testing	Testing shifts to doctors, clinics, pharmacies; with the exception of up to five fixed sites and mobile pop-up capacity for outbreaks	Expanded capacity at up to five fixed sites and for mobile/pop up sites, for laboratory capacity, and rapid antigen test kits
Vaccine	By FY23, vaccine programming has shifted from centralized, state-run services to the traditional healthcare system	Increased State-run booster and/or vaccine administration would require additional program contract support, expanded vaccination administration, and potentially site infrastructure
EpiOps	Staffing is budgeted for <200 case/day through February 2023	Contingency budget supports up to 3,000 cases per day for up to 5 months (4-6 week ramp up for staffing)
Communications	Paid media, web, social media and staffing are included for both baseline and contingency	Response for surge activity or public awareness campaigns needed due to policy changes

FY 23 Summary of Changes to COVID Response



Workstream	Baseline	Contingency
Surge	Equipment maintenance costs	Hospital overflow capacity at nursing homes, lagging alternative hospital payments
Treatment	Monoclonal Antibody (MAB) Treatment is eliminated from the budget, shifting to the traditional healthcare system	No contingency budget
Q&I	Two case managers and emergency food supports are included to support Q&I orders where access to food is a challenge in the first 48 hours. Cash assistance is eliminated	Shelter overflow housing support is included for up to 20 beds for up to 6 months
Data and Reporting	Core reporting for CDC, leadership, operations, web publications, HEZ support. Analysis and reporting in support of data-based decision making for State policy in the response. Shift daily reporting to weekly, reduced capacity for analysis. Streamlining data systems to shift to lower cost operating model.	Standard reports required more than weekly; analysis and reporting in excess of baseline capacity; reporting team unable to shift attention to cost reduction efforts

FY 23 Summary of Changes to COVID Response



Workstream	Baseline	Contingency
HDC	No Covid Budget. HDC activity is shifted out of the COVID Response to normal RIDOH operations	None
Community Mitigation	Policy support can be provided under normal RIDOH staffing	None
Tech Enablement	Baseline includes changes to Salesforce, including the transition of Prep Mod scheduling system into Salesforce; planning and executing on a more cost effective IT platform to support future state between legacy CDC reporting system and salesforce	Software license costs in the event of staffing increases
Admin	Funding for Q1 and Q2 with reduced funds in Q3 and Q4, ending by FY24	Increased funding for Q3 and Q4 in the event of surge activity

FY 23 COVID Budget- March Estimates Vs. Amendment



Summary of Major Changes

- K-12 Grant extended through 07/31/2023 - Budget increased \$6M (subawards to schools \$5M and test kits for schools \$1M)
- Indirect charges added (\$26K for audit fees and \$13.6M for indirect charges to federal grants)

FY23 COVID-19 Baseline Budget: \$79.5 Million



- FY23 Q4 budget is approximately 44% less than Q1
- \$68.4M is grant funded
- \$11.1M is Indirect

Workstream	Q1	Q2	Q3	Q4	Total
Admin	2,137,223.78	2,033,047.00	300,143.00	257,186.22	4,727,600.00
Communications	575,000.00	575,000.00	575,000.00	575,000.00	2,300,000.00
EpiOps	5,076,327.27	4,955,811.07	4,236,803.45	3,475,582.21	17,744,524.00
Q&I_Indiv Supports	50,000.00	50,000.00	50,000.00	50,000.00	200,000.00
Quant	3,824,565.52	3,216,460.05	3,216,460.05	3,197,313.38	13,454,799.00
Surge	150,000.00	150,000.00	150,000.00	150,000.00	600,000.00
Tech Enablement	2,462,313.00	2,252,313.00	2,344,313.00	1,790,313.00	8,849,252.00
Testing	7,074,577.50	8,254,950.75	8,074,577.75	1,792,131.00	25,196,237.00
Vaccine	1,635,538.00	1,615,538.00	1,615,538.00	1,615,538.00	6,482,152.00
Subtotal Direct Costs	22,985,545.07	23,103,119.87	20,562,835.25	12,903,063.81	79,554,564.00
Audit Fees on Federal Funds	4,533.01	8,535.43	8,252.27	2,969.29	24,290.00
Indirect Charges to Federal Grants	2,372,680.44	4,503,821.53	4,319,355.16	1,554,162.87	12,750,020.00
TOTAL	25,362,758.52	27,615,476.83	24,890,442.68	14,460,195.97	92,328,874.00

* Does not includes all stimulus funds available to RIDOH in FY23 (i.e. health lab construction grant and health disparities grant or grant funds allocated to indirectly related activities).

FY23 COVID Contingency Budget: \$60.6 Million



- \$51.4M is SFRF budgeted within DOA as a public health contingency
- \$4.8M is grant funded
- \$4.4M is Indirect

Workstream	Q1	Q2	Q3	Q4	Total
Admin	-	70,732.00	536,932.00	1,009,424.00	1,617,088.00
Communications	100,000.00	140,000.00	140,000.00	100,000.00	480,000.00
EpiOps	1,080,000.00	8,781,153.00	7,684,215.00	1,685,292.00	19,230,660.00
Q&I_Indiv Supports	-	850,000.00	850,000.00	-	1,700,000.00
Quant	740,486.33	1,272,437.20	1,804,388.14	740,486.33	4,557,798.00
Surge	250,000.00	300,000.00	300,000.00	-	850,000.00
Tech Enablement	70,000.00	70,000.00	70,000.00	70,000.00	280,000.00
Testing	-	13,637,340.00	13,637,340.00	-	27,274,680.00
Vaccine	892,500.00	1,134,684.33	1,961,868.67	600,000.00	4,589,053.00
Subtotal Direct Costs	3,132,986.33	26,256,346.53	26,984,743.81	4,205,202.33	60,579,279.00
Audit Fees on Federal Funds	314.08	591.40	571.78	205.74	1,683.00
Indirect Charges to Federal Grants	156,996.95	295,612.60	285,805.67	102,836.78	841,252.00
TOTAL	3,290,297.36	26,552,550.53	27,271,121.26	4,308,244.85	61,422,214.00

FY23 COVID-19 Sources of Funds



All funding sources are identified in the baseline budget for FY23. \$51.4M in SFRF for contingency.

Crisis CoAg (ARP)	789,176	811,581	756,130	432,162	2,789,048
ELC CARES	839,215	914,308	908,995	55,711	2,718,229
ELC Testing (PPPHCE)	5,202,253	5,621,638	5,076,462	3,616,736	19,517,088
ELC Testing Extension (CAA 21)	8,911,113	9,163,070	9,102,323	3,903,837	31,080,344
K-12	4,006,635	5,465,501	5,154,860	2,879,154	17,506,153
RIDOH Indirects	4,236,805	4,773,418	3,506,714	3,056,193	15,573,130
SFRF	1,745,584	23,925,971	23,360,983	2,350,876	51,383,414
Vaccine Grant 3	1,285,039	2,014,309	2,535,226	1,209,010	7,043,584
Vaccine Grant 4	1,637,236	1,478,230	1,759,870	1,264,763	6,140,098
Grand Total	28,653,055	54,168,027	52,161,564	18,768,442	153,751,088

FY23 Baseline and Governor's Recommended



\$79.5M direct costs proposed in the baseline is \$6.2M over the Governor's Recommended due to K-12 Grant extension.

Workstream	FY23 Baseline	FY23 Gov Rec	Baseline (O) / U
Admin	4,727,600.00	1,689,792.00	(3,037,808.00)
Communications	2,300,000.00	6,696,080.00	4,396,080.00
Community Mitigation	-	1,689,792.00	1,689,792.00
Data and Analytics (Quant)	13,454,799.00	4,416,706.00	(9,038,093.00)
EpiOps	17,744,524.00	9,796,155.00	(7,948,369.00)
HDC	-	10,575,069.00	10,575,069.00
Individual Supports	200,000.00	587,183.00	387,183.00
Q & I	-	2,143,602.00	2,143,602.00
Surge	600,000.00	-	(600,000.00)
Tech Enablement	8,849,252.00	6,151,810.00	(2,697,442.00)
Testing	25,196,237.00	15,285,189.00	(9,911,048.00)
Vaccine	6,482,152.00	14,359,691.00	7,877,539.00
Subtotal Direct Costs	79,554,564.00	73,391,069.00	(6,163,495.00)
Audit Fees on Federal Funds	24,290.00	-	(24,290.00)
Indirect Charges to Federal Grants	12,750,020.00	-	(12,750,020.00)
TOTAL	92,328,874.00	73,391,069.00	(18,937,805.00)

FY23 Versus FY22



FY23 Baseline is \$293M less than FY22. The largest reductions are in Testing and Vaccine where FY23 will shift from centralized support to the traditional healthcare system.

Workstream	FY23 Baseline	FY22	Baseline (O) / U
Admin	4,727,600.00	11,384,459.03	6,656,859.03
Communications	2,300,000.00	7,026,289.07	4,726,289.07
Community Mitigation	-	753,262.71	753,262.71
Data and Analytics (Quant)	13,454,799.00	16,733,410.69	3,278,611.69
EpiOps	17,744,524.00	60,005,980.18	42,261,456.18
HDC	-	4,818,644.46	4,818,644.46
Individual Supports	200,000.00	130,053.35	(69,946.65)
Q & I	-	4,357,469.79	4,357,469.79
Surge	600,000.00	4,908,282.64	4,308,282.64
Tech Enablement	8,849,252.00	13,183,521.40	4,334,269.40
Testing	25,196,237.00	195,837,997.89	170,641,760.89
Vaccine	6,482,152.00	53,648,906.85	47,166,754.85
Subtotal Direct Costs	79,554,564.00	372,788,278.08	293,233,714.08
Audit Fees on Federal Funds	24,290.00	-	(24,290.00)
Indirect Charges to Federal Grants	12,750,020.00	-	(12,750,020.00)
TOTAL	92,328,874.00	372,788,278.08	280,459,404.08

Administrative Support



Overview

- 6-month contract for documentation of roles responsibilities and process in light of large staff turnover, with new organizational structure and improved preparedness for future surge
- Contract support to manage higher-than-normal volume of work during transition back to normal operational (grant management, procurement, financial reporting and budgeting)
- Outside legal counsel
- State FTE and seasonal employees hired for COVID

Administrative Support



Assumptions

- Re-integration support procurement
- Monthly finance reporting can be absorbed by core staff Q3
- Audit and grant reporting activity do not exceed current levels

Contingency Triggers

- Areas of the response moving into a surge posture would require administrative support

Item	FY 2023	
	Baseline	Contingency
Re-integration Support	\$2.4M	\$0
Program Support	\$2.3M	\$1.6M
TOTAL:	\$4.7M	\$1.6M

Overview

- Stakeholder engagement and public relations to ensure Rhode Islanders are informed on the policy changes and opportunities for care
- State staff and contract support
- Paid Media for general communications and testing
- Interpreters

Assumptions

- Vaccine budget contains paid media and staffing

Contingency Triggers

- Communications campaigns above low transmission activity

Communications



Item	FY 2023	
	Baseline	Contingency
Staffing and contractors	\$940K	\$0
Paid Media	\$1.2M	\$400K
Translation	\$160K	\$80K
TOTAL:	\$2.3M	\$480K

Data and Analytics



Overview

- Data and Analytics focus on data collection, reporting, analysis and insight generation to monitor impact of COVID-19 for data-driven decision-making.
- FY 23 budget reflects new efficiencies to maintain and update COVID-19 data systems that incorporate new data daily: cases, hospitalizations, deaths, tests, treatment, variants, vaccinations, etc.
- FY23 plan to reduce frequency/number of reports, streamline systems and less resource-intensive reporting in FY24.
- FY 23 budget reductions in contract staff and vendors.
- New analysis in FY23 will include new surveillance areas for the future state of COVID including COVID-Like Illness, wastewater and the new CDC levels.

Data and Analytics



Assumptions

- Transition from daily to weekly reporting by summer 2022
- Discontinue resource-intensive reports and step-wise decrease in routine reports
- Step-wise decrease in number of ad hoc requests and extended turn-around time
- Allocate FTEs to bring work in-house at lower cost
- Streamline data systems to make them more efficient and less resource intensive

Contingency Triggers

Up to \$4.5M would be needed for:

- New guidance from CDC
- New federal requirement
- Surge in cases or hospitalizations
- New variant of concern

Data and Analytics



Item	FY 2023	
	Baseline	Contingency
State Staff (FTEs)	\$557K	\$0
Contracted Staff	\$4.5M	\$1M
Data Lake and Surveillance Vendor	\$7.1M	\$1.6M
PM Mini Bid	\$432K	\$1.7M
Data Modeling and Survey	\$819K	\$146K
Tech and Licenses	\$51K	\$0
TOTAL:	\$13.5M	\$4.5M

Overview

- EpiOps provides front-line interventions with the public to stop the spread through information line, scheduling, case investigation, K-12 and outbreak support
- FY23 baseline budget assumes 100-200 positive COVID cases/day
The staff is made up of case investigators, epidemiologists, and nurses as well as program managers, administrative and support staff
- EpiOps will move from leased space in Cranston to the Cannon building within RIDOH as reintegration of the COVID Response into the infectious disease division proceeds
- EpiOps relies on Salesforce and call center technology

Assumptions

- Staffing levels are set for moderate activity to mitigate:
 - challenges in timely hiring (4-5 weeks to ramp up from low to medium activity)
 - Anticipation of increased activity related to return to school
- Staffing levels reduce to low activity in March 2023 when risk is reduced
- Surge budget provides for 5 months up to <3,000 cases/day

Contingency Triggers

- Anticipation of a shift to high transmission with cases exceeding 200 cases/day
- If a surge to high transmission is likely, staffing increases need 15 business days

Epi-Ops



Item	FY 2023	
	Baseline	Contingency
State Personnel and Contract Staff	\$9.5M	\$3.3M
Call Center/Case Investigation	\$6.4M	\$15.2M
Program Management	\$1.5M	\$570K
Other	\$292K	\$160K
TOTAL:	\$17.7M	\$19.2M

Quarantine and Isolation Support



Overview

- Housing support for up to 20 individuals for up to 6 months who are COVID positive, on an order to quarantine or isolate, and are experiencing homelessness or housing insecurity
- Includes costs for program and medical staff, infrastructure, security, and support services
- Emergency food support for individuals under Quarantine or Isolation order who, as a result, lose access to food

Assumptions

- Housing support is based on FY22 costs of operation
- Emergency food supports are needed in low transmission, but can be operated at a decreased staffing level relative to FY22

Quarantine and Isolation Support



Contingency Triggers

- Capacity exceeded at shelters due to mitigation guidance
- Shift to medium case counts could require contingency funding to maintain support

Item	FY 2023	
	Baseline	Contingency
Site Costs	\$0	\$1.6M
Program	\$200K	\$100K
TOTAL:	\$200K	\$1.7M

Overview

- \$600K for Alternative Hospital Site equipment maintenance to avoid ventilators and other equipment from becoming a loss

Assumptions

- No AHS planned for FY23
- Traditional healthcare system will be sufficient with COVID as a preventable, treatable disease

Contingency Triggers

- In a surge, if hospitals lack space for COVID-positive patients, \$600K is set aside for nursing homes to provide overflow capacity
- \$250K for hospital payments from previous years

Surge



Item	FY 2023	
	Baseline	Contingency
Equipment Maintenance	\$600K	\$0
Surge Hospital Payments	\$0	\$250K
Nursing Home Capacity	\$0	\$600K
TOTAL:	\$600K	\$850K

Technology Enablement



Overview

- RIDOH's COVID System (RCS) - is a pandemic management solution built using Salesforce's rapid application platform.
- FY23 budget supports system changes to lower IT and program costs; to meet still-emerging policy and operational charges; alignment to future needs and budget

Item	FY 2023	
	Baseline	Contingency
Salesforce Changes	\$3.8M	\$0
Software Licenses	\$2.5M	\$280K
Supporting Applications	\$1.4M	\$0
Staff and Contractors	\$1.2M	\$0
TOTAL:	\$8.9M	\$280K

Technology Enablement



Assumptions

- Salesforce enhancements are necessary to transition the Prep Mod scheduling system into Salesforce (more stable) and create efficiencies that could lower costs across COVID operations (system was built rapidly with numerous changes)
- CDC grant-funded support for improving efficiency of RIDOH IT systems creates capacity for RIDOH to transition to an affordable future state
- Patient record data in Salesforce must remain accessible to the public (over 1M person records in the system).

Contingency Triggers

- A surge in staffing will trigger an increase in license fees for Salesforce and MS Office

Overview

- Shifting from central, State-run to traditional healthcare system, except up to 5 fixed sites for symptomatic testing and mobile pop-up testing for targeted outbreaks in HEZ
- Rapid antigen test kit supplies shift to only fixed sites and mobile pop-ups
- Wastewater surveillance program added

Assumptions

- Low transmission rate
- No State-run testing for asymptomatic and close contact
- Up to 5 fixed sites only
- Elimination of test kit distribution for all channels except fixed site and mobile pop-up
- Nursing homes establish internal testing capacity
- State Health Lab is first line for PCR testing with 1K tests/day capacity

Contingency Triggers and Scope

- High transmission rate
- Inability for healthcare system to take on scope
- Contingency budget built on 5-month surge

Item	FY 2023	
	Baseline	Contingency
Commercial Lab	\$5.9M	\$22.8M
Site Staffing and Infrastructure	\$4.3M	\$390K
K-12 Subawards to School Districts	\$5.0M	\$0
Supplies and Equipment	\$8.5M	\$3.6M
Program Staff	\$1.3M	\$550K
Wastewater Surveillance	\$168k	\$0
TOTAL:	\$25.2M	\$27.3M

Overview

- Shifting from central, State-run to traditional healthcare system vaccination and booster program
- Vaccine distribution in baseline only (no mass vax, fixed sites), municipal clinic support in contingency
- Paid media and vaccine communications contract staff
- RICAIR reporting, IT support and supplies
- State staff and contract support

Baseline Scope Assumptions

- Assumes no additional vaccine projects above planned capacity
- Low transmission
- Ongoing efficacy of vaccines with new variants
- No fixed site vaccination or booster facilities

Contingency Triggers and Scope

- Additional program initiatives above current capacity
- New vaccine or booster requirement
- Contingency provides for \$2M in contract program management (FY22 spend was \$17.4M Q1-Q3)
- Expansion costs for an additional vaccine administrator
- Additional paid media
- Fixed-site costs

Vaccine



Item	FY 2023	
	Baseline	Contingency
Vaccine Administration Med Pod	\$2.5M	\$1.8M
State and Contract Staff	\$2.2M	\$2M
Paid Media	\$1.2M	\$400K
IT Support and Other	\$584K	\$0
Fixed Site	\$0	\$419K
TOTAL:	\$6.5M	\$4.6M