May 2022 Caseload Estimating Conference

Questions for the Executive Office of Health and Human Services;
the Department of Human Services; and, the Department of Behavioral Healthcare,
Developmental Disabilities, and Hospitals

The members of the Caseload Estimating Conference request that the Executive Office of Health and Human Services, the Department of Human Services, and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals provide written answers to the following questions in addition to the presentation of their estimates on Monday, April 25, 2022. Please submit the answers no later than close of business Thursday, April 21, 2022 so that staff can have the opportunity to review the material prior to the meeting. We ask that you bring 20 hard copies of any responsive materials to the Conference.

In addition to the caseload and expenditure estimates, the testimony should include background information supporting each estimate, including (but not limited to) caseload and unit cost trends and key assumptions underlying the projections, as has been provided in the past. The caseload information should also include expenses related to the State's COVID-19 PUBLIC HEALTH EMERGENCY response.

Please include enrollment/utilization projections for both the Medical Assistance programs (including hospitals, nursing homes, pharmacy, in addition to the capitated programs) and the Private Community Developmental Disability programs (including Residential Habilitation, Day Program, Employment, Transportation, Case Management and Other Support Services, L9 Supplemental Funding, and Non-Medicaid Funding). Please provide a separate copy of any information that is requested as an Excel workbook.

PRIVATE COMMUNITY BASED SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

All tables requested by these questions are consolidated into one Excel workbook (emailed as an attachment along with the questions). References to each tab are included throughout this document.

General Instructions/Background

1) Please provide monthly historical expenditure data for each of the following conference and service categories from FY 2018 (July 2017) through February 2022. Please also provide the same data for caseloads, and caseloads by tier. If you could please provide the conference category and service category in separate columns to allow the conferees to easily pivot and roll up data.

    a. Residential Habilitation

        i. Community Residence Supports
        ii. Non-Congregate Residential Supports
        iii. Shared Living Arrangement
        iv. Community-Based Supports (standard)
        v. Community-Based Support Prof Standard
        vi. Natural Supports Training (standard)
        vii. Natural Supports Training Prof Staff
        viii. Respite Care
        ix. Respite Care (overnight)
        x. Access to Overnight Shared Supports
        xi. Individual Living
        xii. Family Supports

    b. Day Program

i. Day Program (center based)
ii. Day Program (community based)
iii. Day Program (Home-Based)
iv. Professional Supports while at a day program

c. Shared Living Item

d. Employment

i. Job Assessment and Development
ii. Job Coaching
iii. Job Retention
iv. Prevocational Training
v. PSCEPP Program

e. Transportation

i. Day Activity
ii. Contract Transportation

f. Case Management and All Other Support Services

i. Home Health Provider Services
ii. Attendant Care
iii. Homemaker Services
iv. PERS install and testing
v. PERS service
vi. PERS purchase only
vii. Home Modifications
viii. Assistive Technology
ix. Support Coordination (participants w/FI/day agency combo)
x. Support Coordination
xi. Support Facilitation
xii. Support Brokerage – Self Directed
xiii. Support Brokerage – First Plan Fee
xiv. Support Brokerage – Renewal Fee
xv. Self-Directed Goods & Services

g. L9

i. L9 – Community Based Supports by prof staff
ii. L9 – Natural Supports Training (Standard)
iii. L9 – Natural Supports by prof staff
iv. L9 – Respite
v. L9 – Respite (Overnight)
vi. L9 – Prevocational Training
vii. L9 – Job Coaching

2) Please provide, where possible, excel spreadsheets/tables with details/explanation for your narrative testimony related to expenditures, eligibility, growth factors, and methodology for projections. Please include notes/comments within on any related adjustments or factors that are relevant to the estimate.

3) Please fill out "Tab 1" of the attached file (or provide a similar file) showing average caseload and expenditures for the Private Community Developmental Disabilities Program to reflect the official estimate of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for FY 2022 and FY 2023.

COVID-19 and Related Federal Funds

1) Please provide an updated summary of how the COVID-19 pandemic has impacted, and is projected to impact, enrollment, utilization, rates, and expenditures across the DD program.

COVID impacted utilization of day services in the past fiscal year. DD has worked to reengage providers through rate increases to stabilize the workforce and to provide more access to community supports.

There has been a significant reduction in the ability of providers to support day and employment services because of the decline in available DSPs due to the overall stress on the job market that emerged from the pandemic. The safety needs of consumers have also required that services be delivered in a different, more individualized manner, further stressing the workforce.

The Division and State are working to address the workforce issue through Medicaid rate increases to impact wages, a three-year incremental approach, and through the State Workforce Initiative, which is a longer-term approach to professionalize the workforce.

As we emerge from the pandemic, the need and demand for community-based services will increase while the needed staffing will lag that demand.

Individuals and providers are still very cognizant of the fact that we are still in a Public Health Emergency. The number of individuals still testing positive was high and around December and January it became critical once again. Many staff became infected, so there were staffing shortages and people needing to quarantine/isolate.

We continue to have authority from CMS to offer Residential providers the ability to bill 100% community-based day for services provided in the individual's home/group home. This was requested and granted through the Appendix-K waiver. As a result, claims data appears to show minimal impact of the PHE on utilization of day services. This has made it difficult to assess how much the system has reopened and how many participants are utilizing community-based vs home-based services at this time. Many providers have reopened their day programming, but not to the extent of services pre-COVID.

Please refer to 2022 May CEC Questions – BHDDH Tables, tab 11 – Day Program, for an analysis on the units and total distinct individuals receiving Day Program services over the last 5 fiscal years.

2) Please identify the general revenue savings from the enhanced FMAP rates.

There are no general revenue savings. The enhanced FMAP frees up approximately $28M in General Revenue that must be reserved to be re-invested to enhance, expand, or strengthen Medicaid HCBS as defined by CMS in Appendix C and D. Rhode Island is implementing this requirement with a Restricted Receipt Account to deposit the freed up General Revenue funds. Rhode Island can spend this GR reserve toward the state share of new investments through March 31, 2024, so long as it does not reduce any HCBS service below those in effect as of April 1, 2021.

EOHHS sought public comment on the types of activities that should be funded from this pool of freed up GR to "enhance, expand, or strengthen" Medicaid HCBS, as well as ways this funding could be used to address disparities and equity issues in the provision of HCBS. EOHHS submitted its "RI State Spending Plan for ARPA HCBS FMAP" on July 9, 2021, to CMS. An update was submitted on October 18, 2021 and will be updated quarterly.

EOHHS is committed to distributing funding in line with our core values of choice, equity, and community engagement. EOHHS will provide regular updates throughout the budget process as it gets clarification and final approvals from CMS.

Federal Consent Decree

1) **Please provide an update on BHDDH's progress toward conducting a rate review and include: 1) information on the estimated timeline of new rates, and 2) impact on the current caseload estimating conference, the November 2022 conference, and the FY 2023 budget.**

   The contract was awarded to Health Management Services and the timeline is attached. The initial recommendations will be posted for public comment by September 2022 with final recommendations completed by the end of November. We plan to bring a detailed impact analysis to the November 2022 conference. The impact on the FY23 budget cannot yet be estimated.

2) **How has the State made progress on meeting its employment goals as outlined by the consent decree? Please provide the court reports or data for each year leading up to the present on employment? Where does the State stand?**

   Please refer to 2022 May CEC Questions - BHDDH workbook, tabs 5a - CD Report 1, 5b - CD Report 2, 5c - CD Report 3, 5d - CD Report 4, which are the submitted Consent Decree reports for June 2021. Historical information can be provided upon request.

   Progress has slowed on meeting the employment goals of the Consent Decree, partly due to the impact of COVID on employment opportunities and support availability. Challenges that existed before COVID have been exasperated, including a shortage of qualified, trained workforce to support employment; higher support needs of many of the Consent Decree members who have not yet gained employment; uncertainty among some members about whether to work or what type of work they might be interested in; and an aging and shrinking population. With the PCSEPP 3 performance-based project, the State invested in training provider staff for a new model of support, customized employment, to address some of these issues. This led to 11 employment outcomes for people who had never been previously employed.

3) **How many individuals have been approved for employment services? How many have made the choice to opt out of a plan?**

   Individuals are not specifically approved for employment services, as it is based on their overall choices for services and reflected in their authorization. Employment services are available to any DD participant who wants them. The number of individuals (non-self-direct) who have received employment services is 1,605 for FY 21 and projected to be 779 for FY 22.
   The opt out is also known as a variance; 107 individuals have submitted variances. People may also choose not to receive employment services because they have retired, which consists of 378 individuals.

4) **What is the process to opt out of employment services?**

   If the individual is of working age and has made an informed decision to not work, they will document this decision in a variance request form that is then submitted to BHDDH. Variances are reviewed during the annual planning process to ensure that the individual's decision is still not to work, and they understand that they have the option to receive employment services if they want.

   Participants who are age 62 or older who do not want to work can state that they want to be retired and address retirement goals in their Individual Support Plan (ISP).

More information on the variance process can be found at https://bhddh.ri.gov/developmental-disabilities/services-adults/variance-information.

5) **The FY 2022 Governor's Recommended Revised Budget includes transformation funds for immediate use. Please provide detail on how those funds were allocated across providers, when the funds were distributed, and how the Department plans to monitor progress from those funds.**

The Transformation funds are being distributed in two phases. Phase I included $4 million in ARPA funding to licensed Developmental Disability Organizations to focus efforts on recruitment and retainment of Direct Support Professionals to build staff capacity for service provision to adults with disabilities. There were 29 applicants, and all were approved. Funds were distributed on February 18, 2022.

To measure outcomes for the 1st round of Transformation Funds the Division and the Court Monitor will be requesting the providers participate in the Staff Stability Survey. They will also need to submit additional documentation on progress toward outcomes at 6 months, 12 months, and 18 months into their initiatives. Providers were also asked to sign an MOU. (The MOU will be furnished for the hearing).

Financial and Operational Questions

1) **For FY 2022, what is the value of the authorizations?**

For FY2022 the total value of authorizations is $354,386,889. Please refer to 2022 May CEC.xlsx – BHDDH tables tab 6 - Authorizations.

   a. **How many individuals receive services through the CNOM program and what is estimate for FY 2022 and FY 2023? Is that reflected in the annual authorizations?**

   4 individuals receive services through the CNOM program. The estimated value for FY22 is $122,399. The estimated value for FY23 is $43,275. Please refer to 2022 May CEC.xlsx – BHDDH tables tab 6 - Authorizations. This amount is reflected in the annual authorizations.

2) **Please explain the concept of "claims lag" and how that may impact your assumptions regarding caseload estimation. Please explain what is assumed for claims lag in the supplied estimates.**

Claims lag refers to the time between when the service is provided and when the claim is paid. For the DD population, the claims lag is around 35 days, which means the claim is received and processed for payment within 35 days of the service end date.

With the shortened claims lag, the projection can be modeled more efficiently as the most recent data is incorporated for fluency and continuity of service and payment delivery. The data supplied for this caseload contains claims through dates of service 2/28/2022. Providers have a full year from the service date to bill the claim to the MMIS. The claims lag is not utilized in a specific manner for the projections, please refer to the projection model – 2022 May CEC.xlsx – 7 - Projection Methodology.

3) **What temporary Medicaid waiver approvals has BHDDH received to address the pandemic? When the Public Health Emergency ends, will those approvals also end at the same time? If not, why not and what is the plan to phase out the benefit?**

BHDDH, specifically the DD Division through the Appendix -K received approval for telehealth and telephonic services, the ability to allow providers to bill 100% Community Based Day services in Residential settings, the ability for individuals self-directing their services to hire parents and legal guardians as their employee. The Division intends to request the continuation of some the

flexibilities asked for in the Appendix -K as well as another initiative that was put in place to assist with needed services during the pandemic. The requests include seeking continued authority from CMS for individuals who self-direct their services to be able to hire parents and legal guardians and that the telehealth and telephonic remain as allowable services. Also, during the pandemic, Shared Living Contractors who provided additional supports due to day program closures were paid an increased stipend for providing this additional support. Stakeholders have requested this remain in place, so it is under development in the rate methodology work. This will allow BHDDH to offer this Whole Life SLA as a support service option.

4) **How many youths with transition plans have or will receive services through the Department in FY 2022 and FY 2023?**

There are 197 youth in transition individuals that will turn 21 in FY 2022 and there are 150 youth-in-transition individuals that will turn 21 in FY 2023, and more applications are expected through the end of the FY.

a. What tier level and residential services have been identified or approved for this group?

The youth entering the Adult DD system are tracked by the Youth in Transition Coordinator at DD, the Eligibility supervisor, the SCWs, and by the Residential Coordinator for those needing residential or other housing options. Youth who are expected to enter the adult system will have their assessment done 12 -18 months prior so there is time for DD service planning. The Tier for each of these youth is determined by the outcome of their individual assessment and their residential need is determined by the individual's presenting need.

Projections by Service Category

1) **Please provide caseload and expenditure estimates for FY 2022 and FY 2023 for the following service categories by tier and setting. Please explain what caseload growth was assumed in your model and any other assumptions used in your projections for each service.**

Please refer to 2022 May CEC Questions - BHDDH workbook, tab 2c – FY2018-Feb 2022 Case Tier for the caseload and expenditure information. Please refer to General Instructions, Question 3 response for model assumptions.

a. Residential Habilitation
b. Day Program
c. Shared Living
d. Employment
e. Transportation
f. Case Management and Other Services

Day Program

1) **Is COVID still affecting this program and its utilization? How does the model assume this trend will change over time?**

There has been an increase in self-directed and day services provided at home. There have also been increases in SLA and residential providers receiving funding to provide day support services.

Services in the Division are still affected by the Public Health Emergency. Programs have opened and services are being delivered but not to the extent that they were pre-pandemic. Providers have been

careful to balance the needs of the individuals in the system while still accounting for the fact that they are trying to manage outbreaks as they happen. There also continues to be staffing shortages which hinders providers ability to get to full capacity.

During the Public Health Emergency there has been a significant increase in individuals utilizing the self-directed program model. This was due in part to parents and legal guardians being able to become paid employees for their adult children. We are working with Medicaid to continue this post- Public Health Emergency. Many stakeholders have asked for this to continue.

Individuals residing in SLAs have also continued to receive additional supports from their SLA Contractor, if needed. The Enhanced SLA initiative was a welcome support that many chose to engage in. Due to the overwhelming positive response to this new service type, we will also be seeking to continue this moving forward. Funding for the Enhanced SLA initiative is disbursed to providers through a monthly FACN and deposited into the providers accounts. The funding to cover these increased support services in the SLA comes directly from the individual's day program funding. The total expenditures for FY22 for this initiative to date is $2,874,580 for 252 individuals.

2) **The Department testified to a shared living payment in November 2021. Please provide an update on those payments and any expected changes to those payments on the FY 2022 or FY 2023 estimates.**

The Enhanced Stipend payments are still in place, and we are looking to continue these payments as we work toward creating a whole life SLA model, which would encompass this enhanced SLA. These payments will continue in FY22 as we work with Health Management Associates to include the Whole Life SLA model in our rates for FY 23.

Please refer to Question to 1 for the number of individuals and expenditures for FY 22.

Employment

1) **Please provide information on plans for the PCSEPP program services for FY 2022 and FY 2023 and detail of expenditure estimates, as well as enrollment and utilization assumptions. How does the PCSEPP contract relate to the services DD clients receive?**

Please refer to 2022 May CEC Questions - BHDDH workbook, tab 1a – BHDDH estimate, line 28 for the PCSEPP program expenditures and projections. PCSEPP is a specialized, targeted employment program. In the current iteration, it is focusing on Customized Employment. The provider agencies that wanted to offer this program submitted proposals. Proposals were scored and those selected entered contracts with the Division to provide these services. These round targeted individuals who have never gained competitive integrated employment.

The support services through PCSEPP are above what the individuals receive as part of their Tier package.

2) **Is this program eligible for Medicaid match? If not, please explain why.**

In FY 2023, the employment program will be a Medicaid matchable program. The PCSEPP program will not continue after FY22. The employment program to be developed to replace PCSEPP will continue to be a very targeted approach. Individuals wanting to secure employment will work with provider agencies who will provide these support services.

3) **How many individuals have found employment when receiving services through PCSEPP?**

To date, 12 individuals have secured employment in PCSEPP 3.

4) **Is COVID affecting this program and its utilization? How does the model assume this trend will change over time?**

Over the next few months, PCSEPP will continue to serve the approximately 70 participants enrolled. COVID has affected the roll out of this program.

The traditional employment programs have also been impacted. During the Public Health Emergency, many providers have needed to try to balance the needs of the individuals they serve. To do this, they often had to determine which support services they were able to provide because there were not enough staff to conduct business as usual. Alternatives to the traditional supports were approved through the Appendix-K such as paying parents and legal guardians to provide support services, allowing day supports in residential settings, and telehealth and telephonic services. As providers transition back to full capacity, the Division continues to encourage and support a more community-based system.

Although there are still many individuals who are apprehensive about engaging in the community, both participants and agency staff. There is also a staffing shortage which is impacting individuals who need supports to maintain employment and learn their job roles. Employment staff continue to be reassigned to residential services when needed, which further impacts employment services for individuals.

While anecdotes continue to support the lack of staff this quarter, 22 individuals from 12 provider agencies secure employment in the last quarter. Only one provider is currently accepting employment referrals. This includes individuals the 12 individuals who secured employment through the PCSEPP program.

5) **Has the Department discussed instituting any employment training programs to help address the shortage of workers in the restaurant/hospitality industry?**

BHDDH does not run training programs for adults with disabilities. BHDDH looks for training programs that exist throughout the State for participants to utilize, in integrated settings with the general public just like any other job seekers. The provider agencies work with individuals to assist them in securing employment. The provider agencies, ORS vendors, and DLT would assist individuals in getting enrolled in a training program.

Transportation

1) **Please provide caseload and expenditure estimates for FY 2022 and FY 2023 for transportation, distinguishing between private provider and contracted transportation.**

Please refer to 2022 May CEC Questions - BHDDH Tables workbook, tab 1a – BHDDH Estimate, line 30 and for the RIPTA projection information, line 31.

It has been determined that the contracted transportation services provided by RIPTA are matchable with federal funds as an administrative expense.

Funding for the RIPTA contract comes out of the individuals' authorizations when they choose to utilize RIPTA for transportation. It is not an additional expense above authorizations. The estimated contract with RIPTA for FY23 is $1,560,000 all funds, with a 50% federal Medicaid match as an administrative expense.

a. Please included the funding sources. Is it all Medicaid eligible? If not, please explain why?

For the non-RIPTA-Transportation expenditures, the funding sources which are Medicaid eligible are B1, B2, B3 and B6. These expenditures are included in the forecast line 30.

2) **Is COVID affecting this program and its utilization? How does the model assume this trend will change over time?**

RIPTA transportation has been affected, resulting in utilization that is currently at 38% of the pre-Covid utilization. Please refer to 2022 May CEC Questions - BHDDH Tables workbook, tab 3 - RIPTA projection, section RIPTA Ride Information.

3) **Is RIPTA a Medicaid provider?**

RIPTA is not a Medicaid provider and, in collaboration with EOHHS, it has been determined that it does not have to be a Medicaid provider.

Case Management and Other Support Services

1) **Please identify any assumptions of Medicaid rate adjustment to home care services in the DD budget.**

The rate adjustment for the DD Home Health services was calculated based on FY 2019 expenditures and applying the pertinent increase, 3.2% for FY 2020, and 3.5% for FY 21 and 0% FY 22. The projected rate increase for FY 23 is 2.43%.

2) **Please explain what caseload growth was assumed in your model and any other assumptions used in your projections for this service.**

Please refer to 2022 May CEC Questions – BHDDH Tables, tab 7 – Projection Methodology for explanation of caseload growth and model assumptions used in our projections.

The caseload growth and expenditure assumptions were determined by applying a "caseload growth factor" to our estimates, which is a percentage built from determining the average caseload growth from FY18 through FY21 and utilizing the average actual expenditures of July 2021- February 2022, to which the growth factor was applied to determine future projections for FY22 and FY23.

L9 Supplemental Funding

1) **Please provide caseload and expenditure estimates for FY 2022 and FY 2023 for L9 Supplemental Funding. Please explain what processes are in place for approving L9s and under what circumstances are they being approved and for what length of time? What providers have requested L9s in FY 2022 and for what services? Please provide any data available on the reasons for L9s across the current utilizers.**

Please refer to the 2022 May CEC Questions - BHDDH workbook, tab 1a – BHDDH estimate, line 40

The S-106 is for a Major Life Change such as a medical/behavior change, change in living situation, or something happens to a primary caregiver.

The S-109 is for funding above an individual's Tier. If someone needed additional support services to help support them in the community so they do not end up in the hospital, for someone who needs 2:1 staffing, for someone who needs additional nursing supports, and/or any number of circumstances were the additional supports help the individual remain in their current living situation. Individuals can also ask for additional funding for employment supports to help them get or maintain an employment.

The requests can be for any or all services in the adult DD service system (residential, respite, community-based supports, day supports, employment supports, respite, professional services, transportation).

An S-106/109 is submitted to the S-109 email address. The funding request is brought before the Review Committee, who decides based on the information submitted with the request form. There are times additional information is needed by the Review Committee to decide, so the Committee reaches out to the person/agency that submitted the request to gather additional information to make the determination.

The length of time for the additional funding is dependent on the individual's needs. For some it is a specified duration, e.g. someone had surgery or a health issue and needs support for a few weeks/months or a person needs additional job supports for a finite period. In other circumstances it is longer-term.

2) **Please explain what caseload growth was assumed in your model and any other assumptions used in your projections for this service.**

Please refer to 2022 May CEC Questions – BHDDH Tables, tab 7 – Projection Methodology for explanation of caseload growth and model assumptions used in our projections.

The caseload growth and expenditure assumptions were determined by applying a "caseload growth factor" to our estimates, which is a percentage built from determining the average caseload growth from FY18 through FY21 and utilizing the average actual expenditures of July 2021- February 2022, to which the growth factor was applied to determine future projections for FY22 and FY23.

Non-Medicaid Funded

1) **Please provide a list of any state-only payments made in FY 2022 and the reason why the payments are being made. Also provide backup documentation that is available that shows the services provided and payment(s) requested.**

State subsidies, PCSEPP 3.0 and RIPTA contract are the only state-only payments. RIPTA & PCSEPP documentation can be provided upon request as the detailed information is large. The State subsidy information contains PHI and can be provided as needed.

One undocumented individual is state-funded, non-Medicaid eligible for group home/DD services and is projected for FY 22 to cost $255,197.

One out-of-state group home placement is state-funded only due to the provider's inability to provide pertinent information to become a Medicaid provider.

2) **DD State Subsidies: Please provide number of existing subsidies and the current cost and projections for these costs for FY 2022 and FY 2023.**

There are currently 3 individuals for the DDP resulting in projected costs of $15,252 for both FY 22 and FY 23. There are currently 7 individuals for PSP resulting in projected costs of $23,454.90 for FY 22 and $24,419.70 for FY 23.

3) **Out-of-State Placements: Please provide estimates for out-of-state placements for FY 2022 and FY 2023 and please specify what are state-only payments. How many clients are out-of-state and what services these clients receive. For FY 2021, out of state clients were placed on single use agreements for Medicaid match. Please provide any information of any out of state cases that are not being Medicaid matched and why for FY 2022 and FY 2023**

There are currently 12 individuals who are in out-of-state-placements, with one being state-only funded, for a total of $3,738,317 projected for FY 22 and FY 23.

4) **Please provide a list of any other state-only payments made in FY 2022 and projected for FY 23 as well as the reason why the payments are being made. Also provide backup documentation that is available that shows the services provided and payment(s) requested.**

There will be a Self-Directed Fund will be general revenue funds, totaling two million dollars for FY 23. 2022 May CEC Questions – BHDDH Tables, tab 1 – BHDDH Estimate. This fund will be used to support individuals in a self-directed service model for service advisement and a substitute staffing pool.

5) **Please provide the projected expenditures for state-only funded employment (not on community waiver) for FY 2022 and FY 2023.**

For FY 22, please refer to question #1 in the Employment section. There will be no state only funded employment in FY 2023.

6) **PSCEPP Program: Please provide information on plans for the PSCEPP program services for FY 2022 and FY 2023 and detail of expenditure estimates, as well as enrollment and utilization assumptions. How does the PSCEPP contract relate to the services DD clients receive? What funding sources will be utilized to finance the PSCEPP program for FY 2022 and FY 2023?**

   This question is duplicated – please refer to the Employment section.

7) **Contract Transportation: Please provide an updated estimate for contract transportation in FY 2022 and FY 2023. What is the status in the goal to receive Medicaid funding for this contract?**

   This question is duplicated – please refer to the Transportation section.

8) **Are there any costs with a non-regular FMAP (State-only or otherwise) in FY 2022 and FY 2023?**

   Please see questions 1 & 4 in the non-Medicaid funded section.

Additional Questions – emailed Friday 4/22/2022

BHDDH

Page 3 - #2 - the question related to general revenue savings from enhanced FMAP rate (one quarter extension)but and the answer refers to the HCBS 10% funding.

- **The final CEC estimate will account for the appropriate funding splits but this does not answer the question from the conferees if the intent is for BHDDH to do their own splits and identify additional savings for the enhanced FMAP rate. The BHDDH estimate sheet does not include the fund sources or a total.**

Please see the updated 2022 May CEC Questions – BHDDH.xlsx, tab 1a – BHDDH estimate

Page 9 - #3 – The answer to why RIPTA is not a Medicaid provider is that it has been determined, with EOHHS, that it does not have to be.

- **We need a more complete answer that perhaps EOHHS will have to provide**
  - **Why are we not maximizing federal match by doing this?**

Per EOHHS - *The transportation services provided by RIPTA for participants in the BHDDH program for individuals with intellectual disabilities is a capped number of non-medical transportation trips currently funded and included in BHDDH I/DD participant annual budgets. For the most part DDOs generally provide non-medical transportation services to the I/DD participants. If RIPTA were to become a Medicaid Provider for non-medical transportation trips any willing Medicaid provider could request to provide non-medical trips to all community-based Medicaid beneficiaries. Opening this benefit beyond the DDOs and I/DD participants would increase costs and has not been included in the case load estimate. As RIPTA's role in providing non-medical transportation to I/DD participants is narrow in scope and capped at a dollar amount it was decided that BHDDH should continue to fund RIPTA as a capped administrative cost funded through everyone's annual authorization. BHDDH is responsible for tracking and accounting for each RIPTA non-medical trip and ensuring that there is a corresponding draw down from the individual participants' annual appropriation. By maximizing the federal match, we would potentially be opening the benefit beyond the I/DD population and the currently budgeted amount.*

Page 10 – Non-Medicaid Funded

- **#1 – the one out-of-state placement that is not Medicaid funded is because the information <u>has not been submitted for the provider to be certified.</u>**
  - **There should be an explanation as to why.**
    The provider's board of directors refused to cooperate with RI Medicaid, however DD agreed to fund the individual due it is the best option for placement that could meet their needs.

- **#4 – The State only payment answer includes only the $2.0 million for self-directeds that is in the Governor's recommended budget to meet the consent decree. We need to confirm how this is treated in BHDDH's estimate.**
  Please see the updated 2022 May CEC Questions – BHDDH.xlsx, tab 1a – BHDDH estimate – line 52 which denotes this fund.

- **#6 – PSCEPP – the answer is that the question is duplicative and conferees need to refer back to page 7/question #1. But BHDDH did not fill out tab 4 that asks for specific information on the contracts. The answer on page 10 in #1 notes that the detailed information is large but tab 4 would require BHDDH staff condensing information into a useable format.**
  The table on tab 4 has been updated to reflect the information that BHDDH has currently for the PCSEPP program.

For the excel file – Tab 1b

- **BHDDH estimate does not include the $4.3 million shared living item that was adopted in both years, so not sure if it is missing or it is included in another line. The answer on page 7 -#2 seems to indicate that the stipend payment is included in the estimate.**
  This item is part of the individual's budgets and is already included in the estimat4es.

- **Non-Medicaid line in both FY 2022 and FY 2023 has $3.7 million for out-of-state placements but the testimony has only one state-funded out of state placement so there may be some confusion as to what should be included in this line.**
  This line has been updated to reflect the one individual who is not-Medicaid funded.

  - **As noted the BHDDH estimate sheet does not include the fund source or a total.**

  Please see the updated 2022 May CEC Questions – BHDDH.xlsx, tab 1a – BHDDH estimate