



RI Department of Human Services

Responses to CEC May 2022 Follow Up Questions

Child Care Assistance Program

1. **What is the allowable absence policy for CCAP participants? DHS believes 5 per month, need to confirm.**

Answer: The CCAP testimony provided on April 25th was correct. Pre-covid policy provided payment for one week of 5 consecutive absences, with the understanding that the family agrees not to send the child to another CCAP provider for the absence period to receive payment. If a child was absent 5 (or more) times in a given month, but attended at least part of each week that month, the provider received full payment. If a child was absent for one 5 consecutive period in a month and submitted the required absent form, the provider was paid for that full week. If a child was absent for two weeks (5 consecutive days per calendar week) in a given month - payment would have been limited to one full week.

2. **What is the standard for continued enrollment in regards to enrollment vs. attendance?**

Answer: Prior to COVID-19 mitigated payment practices, weekly CCAP payment was made to a provider if an eligible, enrolled child attended any portion of their CCAP authorized enrollment for the given week. If a child was absent for 5 consecutive days in one calendar week payment was made to the provider for that week if the required absent notice form was submitted for payment for that week. This payment policy for absences was limited to one consecutive weekly 5-day period per month. Pre-covid, if a child was absent for two full weeks in a given month, the provider was required to update the child's enrollment status using the CCAP Portal.

Since the beginning of the pandemic CCAP has paid providers based on enrollment regardless of attendance. "Waiving the allowable absence policy" is how the practice is communicated to families. "Paying based on enrollment vs. attendance" is how the practice is communicated to Providers. The Office of Child Care is conferring with the Administration for Children and Families (ACF) and other Region 1 states to determine best practices for continuing to pay based on enrollment post-pandemic and to determine what structure best supports provider and family needs.

Paying based on enrollment incentivizes providers to serve CCAP families by ensuring providers are reimbursed for these enrollments even when a child is absent from care, the same way they would receive payment if a private pay child was out sick or unable to attend care temporarily. Potential payment structures may include increasing the

number of allowable absences, disenrollment after a specified number of non-attending weeks, defining the type of absence, i.e., absent with reason vs. no call/no show, outreach for no-call/no-show situations, differing policies for vacation days vs. sick days.

- 3. Page 33, DHS to double check the math on the 7% CCAP waiver. If the waiver ended in March there would be fewer than 6 months (which was the value assumed in the enacted budget).**

Answer: While the copay waiver was extended through 3/6/22, the 7% copay cap became effective January 1, 2022. The estimates for the copay waiver and the 7% cap are listed separately in the budget chart on page 37.

SSI

- 1. DHS to confirm the number of people in assisted living and why the projections are decreasing significantly?**

Answer: SSI cases in Assisted Living (AL) facilities are decreasing significantly due to the elimination of Category F payments through EOHHS's AL payment reforms. A portion of the AL population (individuals with income over \$1200) were previously shown in DHS's SSI AL, but after the elimination of Category F on 11/1/21 these individuals will transfer to EOHHS's AL caseload under HCBS, and the AL facility will be reimbursed instead of the individual. This is the reason why DHS AL cases decreased more than the number of previous Category F cases. One of the goals of EOHHS's AL reform was to shift AL residents away from the SSI AL category funded by general revenue to EOHHS caseload funded by Medicaid dollars.

GPA

- 1. Why is the number of persons participating in GPA increasing significantly in 2022 through 2023? FY2023 projections are significantly higher than pre-pandemic levels.**

Answer: DHS started to see the pandemic's effects in January 2020. It is possible that by the end of 2023 cases would grow to be greater than 2019 levels since MART reviews are not required any longer but were required in 2019. As of March 2022, GPA Bridge ACTUAL individuals have already reached 159 people, and DHS continues to see growth.

Other factors contributing to continued increase in GPA Bridge cases: the reopening of DHS and SSA offices, absence of pandemic federal benefits this population relied on during the pandemic, increased inflation, DHS hiring staff to respond to needs of low-income population will result in more people receiving GPA Bridge benefits

- a. Do changes to the Medical Assistance Review Team (MART) reviews result in the higher GPA persons? Please elaborate on the relationship between the MART and the calculation of persons.

Answer: MART reviews were a barrier to individuals qualifying for GPA Bridge. Currently, people just must be MAGI/Medicaid eligible to qualify for bridge, and also must have an active SSI application. The requirement for MART reviews ended in September 2021. DHS’s ESS unit points out that GPA Bridge cases were higher in prior years when a MART review was still required and expects growth in future months based on client needs and more DHS staff.

YEAR	BRIDGE	HARDSHIP	TOTAL
2012	622	203	825
2013	515	176	691
2014	487	128	613
2015	431	112	543
2016	394	125	519
2017	355	102	457
2018	258	68	322
2019	159	50	209
2020	103	16	119
2021	61	6	67
2022	116	2	118
2023	314	50	364

GPA-Bridge is the implementation of **§ 40-6-28**. Interim cash assistance for individuals with disabilities. That statute makes receipt of Medicaid a requirement of GPA-Bridge eligibility. Prior to the implementation of the Federal Affordable Care Act and Medicaid expansion, the only way for single, non-caregiver adults to be eligible for Medicaid was to have a disability determination. In order to get a disability determination the state implemented the MART (Medical Assistance Review Team). If a person was found to be disabled through the MART and was pending an SSI determination, they would receive the small GPA cash payment.

Since the ACA implementation, GPA-Bridge applicants were found eligible for Medicaid through the MAGI Medicaid application process so they met the Medicaid eligibility requirement of the statute but we continued to do the MART determination. That determination was no longer required by statute and created staff and applicant burdens.

RIGL § 40-6-28 reads“(a) Interim cash assistance payments shall be provided to individuals determined by the director, or his or her designee, to have applied for and to have been approved for medical assistance ("Medicaid") under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., and to have applied for and to be pursuing a claim for Supplemental Security Income benefits under Title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq.”