

November 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

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 by tier for each of the following conference categories from FY 2018 (July 2017) through August 2022. Please also provide the same data for caseloads by tier.

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 1a – BHDDH estimate.

- a. Residential Habilitation
 - b. Day Program
 - c. Shared Living Item
 - d. Employment
 - e. Transportation
 - f. Case Management and Other Support Services
 - g. L9
- 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 2023 and FY 2024.
 - 4) Private Duty Nursing Services.
 - a. Please provide the number of individuals receiving private duty nursing services paid for through the Medical Assistance Program.

There were 86 individuals in FY 22 who received services paid in the amount of \$3.9 million dollars.
 - b. What is the average number of hours per person/ per week this service is provided?

Typically, on average, individuals utilize about 1100 hours of service annually, which equates to around 22 hours per week.
 - c. How is this reflected in tier authorizations?

It is reflected under the nursing code for Medicaid billing. It is not provided by DDOs but by nursing organizations. Some S/D people pay private nurses and will bill community-based support codes. Individuals may have some private duty nursing services that could be authorized by BHDDH in their tier package.

d. What is the residential setting for individual receiving this service?

Living Arrangement	FY 2022
Apartment or House	13
Group Home	1
Living with Relative	72
Grand Total	86

Federal Consent Decree/Quarterly Reports

1) Please provide an update on BHDDH’s progress toward finalizing the rate review and include: 1) information on the estimated timeline of new rates, and; 2) impact on the FY 2023 budget and FY 2024 budget.

The vendor, Health Management Associates (HMA) is currently working on the rate remodel project with the final recommendations to be completed by December 1, 2022. At this point, the high-level estimate reflects a 20% increase, which does not include a caseload growth factor. Please refer to attachment labeled BHDDH Rate Remodel Estimated Fiscal Impact 10.19.22v4.pdf which has a brief estimate for the broad service categories by tier categories with the proposed increases outlined. This proposed rate structure includes the DSP wage increase to \$20. The assumed estimated average in the rate proposed model is \$22.14.

a. Will the process allow for a reconciliation of historical expenditure data for comparison to the newly developed rates?

The proposed rate model structure utilized FY 2021 as the basis for the overall review of budget impact. Referring to the Rate Remodel Estimated Fiscal Impact document, the service categories are available to showcase the FY 21 actual expenditures versus the proposed rates.

2) How many individuals are currently approved for employment services? For those who opt-out, does the Department collection information on why the individual made that choice?

Service	Distinct Individuals
Job Coaching	168
Job Development / Assessment	1152
Job Retention	166
Prevocational Training	35
Grand Total	1387

For those opt out, individuals complete a variance that states the reason that the person has chosen to opt out. People may also include information in their Individual Service Plans.

3) The following table shows information from the most recent consent decree quarterly report for the separate population and also includes the final target that the state must meet by January 1, 2024 to comply with consent decree which went into effect April 2014.

We no longer have separate CDPs, but employment must be addressed in the ISP for everyone. Several of individuals address employment by saying they are retired, so there isn’t a direct correlation with the number of people who will receive supported employment services.

- a. Since there are career developmental plans for the active census, what are the projections for the number of individuals who will have supported employment for FY 2023 and FY 2024?

Consent Decree Population	Active Census	Target Population for Employment	Career Development Plans	% Meeting Benchmark	Employed	7/1/2023 - Compliance	Calendar Year 2023 Target	Compliance % Calendar Year 2023	1/1/2024 - Final Target	Compliance % Calendar Year 2024
Day	1,320	884	1,320	100.0%	426	525	725	48%	950	45%
Sheltered Workshop	608	441	608	100.0%	263	600	600	60%	700	38%
Youth Exit	412	432	412	100.0%	288	432	432	67%	432	67%
Total	2,340	1,757	2,340	100.0%	977	1557	1757	56%	2,082	47%

*Note - Active Census is not the population available for employment. The Target Population for Employment excludes those employed in 2012, who can not be counted again as gaining employment. It also excludes those who are retired, or who have filed a variance/opt-out documenting their decision not to be employed. It does include those who gained employment but closed to services.

*Note - the Target Population for Employment for both Day and Sheltered Workshop are less than than the Final Target numbers for 2024.

*Note - the Youth Exit goal is 100% and is not based on an estimated number of individuals.

The next table shows information for Birch and Training Thru Placement also included in the most recent quarterly report.

- a. Since there are career developmental plans for the active census, what are the projections for the number of individuals who will have supported employment for FY 2023 and FY 2024?

Interim Settlement Agreement	Active Census	Target Population for Employment	Career Development Plans	Meet Benchmark	Currently Employed	Average Hours	Average Wage	Target Compliance 2023	Target Compliance 2024
Birch	31	35	31	100.0%	24	6.4	\$ 12.33	100%	100%
Training Thru Placement	57	52	57	100.0%	50	7.7	\$ 12.00	100%	100%
Total	88	87	88	100.0%	74				

4. The Assembly provided \$12.0 million over two fiscal years for transformation funds to be meet the requirements of the Consent Decree Action Plan. Please provide detail on how those funds are being allocated across providers, when the funds will be distributed, and how the Department plans to monitor progress from those funds.

To-date, \$5,047,807 has been distributed to 27 agencies. There are four agencies outstanding for \$959,582. Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 7 – Transformation Fund II.

Note: 4 entities are still completing the RI Medicaid applications and are, therefore, awaiting disbursement.

5. The S/D funds have not been allocated as the RFP has not been awarded. The RFP will be provided. The Assembly included \$2.0 million over two years for technology assistance, please provide an updated how those funds will be distributed.

The RFP has been completed and bids are open until November 11th. The current scope for the project will support brokerage for and staffing pool/registry. Please see attached S/D RFP documents.

6. The FY 2023 enacted budget includes \$1.0 million to support initiatives focused on recruiting, creating pipelines for, and credentialing the workforce. Please provide an update on any progress being made towards these initiatives.

This RFP was awarded to Sage Squirrel, which equated to \$327K. BHDDH plans to use the remaining funds for marketing campaign and other activities. Refer to attached work plan - BHDDH Comprehensive Plan Working Draft 100622.doc that outlines the work to be completed.

7. Provider Capacity and Quality Improvement - the consent decree quarterly report indicates that the Office of Rehabilitation Services has introduced a targeted fee for service structure for job development and placement.

This is an ORS program. This isn't part of DD services or authorizations. Individuals can be eligible for both DD and ORS but cannot get paid by both agencies for the same services. People can be funded by both ORS and DD at the same time, but the funding cannot be duplicated for the same services

- a. Which organizations will be participating in this program?
 - b. What are the projected expenses for FY 2023 and FY 2024 in the Office of Rehabilitation Services' budget?
 - c. How will this be integrated with employment services included in the annual authorizations?
8. Workplace Accessibility Grant - the consent decree quarterly report indicates that there may be a formal launch in fall 2022 for employers to apply for \$5,000 payment to employ individuals with physical or intellectual disabilities?

This is a Department of Labor and Training program.

- a. Please provide any updates on this program.

Financial and Operational Questions

- 1) For FY 2023, what is the value of the authorizations?
The total estimated authorization value for FY 23 is \$266 million. Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 3 – Authorizations vs Actual
 - a. How many individuals receive services through the CNOM program and what is estimate for FY 2023 and FY 2024? Is that reflected in the annual authorizations?
3 individuals receive services, and the total estimated authorization value for FY 23 for the CNOM individuals is \$81,412. Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 3 – Authorizations vs Actual. These amounts are included in the individual's authorizations.
- 2) What temporary authority will BHDDH seek to extend for up to 14 months, which is allowed after the public emergency ends?
BHDDH will be seeking to continue to fund parents to provide community and day services to adults with I/DD. It has been written in the 1115 Global Waiver renewal to request the authority on a permanent basis.
- 3) How many youths with transition plans have or will receive services through the Department in FY 2023 and FY 2024?
96 individuals may receive services in FY23, and 90 individuals may receive services in FY24.
- 4) RICLAS residents
 - a. How many attend community-based day programs?
In FY22, 7 distinct individuals attended community-based day programs.
 - b. What do these expenses total for FY 2023 and FY 2024?
BHDDH expects to spend similarly for FY 23 and FY 24, with a potential increase of \$1K per year.
 - c. What was spent in FY 2022?

In FY22, \$32,518 was spent on these services.

- d. Which agencies provide the services?

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 10 – RICLAS. There are 5 agencies that provide services.

Projections by Service Category

- 1) Please provide caseload and expenditure estimates for FY 2023 and FY 2024 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.

- a. Residential Habilitation

- b. Day Program

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

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 6 - Caseload COVID Graphs – Day Program. The current utilization is not at pre-covid levels. The post covid model utilizes a moving average period of 12 months (minus one month for assumed claims lag) of the expenditures and caseload, to determine the projections moving forward. This will also capture any upward or downward trends that are sudden and give a clear picture of any adjustments that need to be taken.

- c. Shared Living

- (1) Please provide an update on those payments and any expected changes to those payments on the FY 2023 or FY 2024 estimates.

The cost for the SLA enhanced stipend program in FY 22 is \$4,095,609 and the estimated cost for FY23 is \$5,058,385. There have been 171 individuals funded through this initiative.

- d. Employment

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

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 6 - Caseload COVID Graphs – Employment. The current utilization is not at pre-covid levels. The post covid model utilizes a moving average period of 12 months (minus one month for assumed claims lag) of the expenditures and caseload, to determine the projections moving forward. This will also capture any upward or downward trends that are sudden and give a clear picture of any adjustments that need to be taken.

- e. Transportation

- (1) Is COVID affecting this program and its utilization?

COVID is still affecting this program with the current utilization about 43% utilization compared to the pre-covid levels for number of trips. Costs may suggest otherwise but there was a rate increase for transportation services. Last year, at this time, the utilization was 33% versus the pre-covid levels for number of trips.

- (2) How does the model assume this trend will change over time?

BHDDH expects the transportation costs will increase gradually towards pre-covid levels as more utilization occurs in the post-covid experiences. Both the claim projection model and the RIPTA contract forecasts include the gradual increase methodology.

- (3) Is RIPTA a Medicaid provider and what is the expected matching rate of RIPTA-provided services?

RIPTA is not a Medicaid provider. States can provide transportation as an administrative expense or optional medical service. As an administrative expense, costs incurred are federally matched at 50%, which is lower than match for medical services, which is 53.96% for Rhode Island. However, the administrative option allows for more flexibility. States do not have to make direct payment to a provider when furnishing transportation as administrative cost and can choose the most efficient and appropriate means of transportation for the Medicaid recipient, including options such as gas vouchers, bus tokens, or quasi-public or private transportation companies. When a State includes transportation in its State plan as medical assistance, it is required to use a direct vendor payment system and it must also comply with all other requirements related to medical services. The non-medical transportation services provided by RIPTA would be unnecessarily restricted by treating it as a medical provider.

For these reasons, the RIPTA contract is matched as an administrative expense. The FY23 contract is expected to be about \$1.7M, with \$850,000 coming from federal match and \$850,000 coming from state funds through individual authorizations.

f. Case Management and Other Services

g. L9 Supplemental Funding

- (1) What providers have requested L9s in FY 2022 and for what services?

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 5A – L9 Providers

- (2) Please provide any updated data available on the reasons for L9s across the current utilizers.

Please refer to Nov 2022 CEC Questions – BHDDH.xlsx, tab 5B – L9 Reasons

h. *Non-Medicaid Funded*

- (1) Please provide detailed information on the number of individuals placed out-of-state, the provider, and the cost for each placement.

Provider	Individuals	FY 2022 Cost
CONTINUUM OF CARE	2	\$793,473.50
CRYSTAL SPRINGS	2	\$529,461.70
EVERGREEN	3	\$891,892.10
JUDGE ROTENBERG EDUCATIONAL CRT	1	\$301,588.55
LATHAM CENTER	1	\$177,160.05
SHRUB OAK INTERNATIONAL SCHOOL	2	\$414,771.40
SWANSEA WOODS SCHOOL	1	\$231,099.75
VINFEN CORPORATION	2	\$939,882.30
Grand Total	14	\$4,279,329.35

- (2) What is the process to place an individual out of state?

BHDDH will rule out all the in-state capacity and options, then BHDDH will outreach to out-of-state RI Medicaid providers. BHDDH also expands the search to organizations who can meet specialized need and assist in enrolling in RI Medicaid.

- (a) Does an in-state provider have to deny the placement before, and an out-of-state placement is allowed?

All in-state provider options are pursued before BHDDH outreaches to any out-of-state provider.

- (b) Which case(s) are not being Medicaid matched?

There is only one individual who resides at Judge Rottenberg Center who is non-Medicaid funded.

- (3) DD State Subsidies: Please provide number of existing subsidies and the current cost and projections for these costs for FY 2023 and FY 2024.

DDP FY 2022 costs were \$15,252 and Parent Subsidy (PSP) was \$24,420.

The DDP projected costs for FY 2023 are \$10,095 and for FY 2024 is \$8,376. The PSP projected costs for both FY 2023 and FY 2024 is \$21,629.