May 2023 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 24, 2023. Please submit the answers no later than close of business Wednesday, April 19, 2023, 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.

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 and service categories from FY 2018 (July 2017) through March 2023. Please also provide the same data for caseloads, and caseloads by tier. If you could please provide this data in a single spreadsheet and provide the conference category and service category in separate columns to allow the conferees to easily pivot and roll up data.

a. Residential Habilitation

b. Day Program

c. Shared Living Item

d. Employment

e. Transportation

f. Case Management and Other Support Services

g. L9

[Note: As a result of the anticipated DD rate review, some of these categories may be substantively modified and new categories may be added. Please refer to question 4) in the "DD Rate Review" section below for an opportunity to explain such changes.]

Please refer to 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 2 – Caseload & Expenditures.

2) Private Duty Nursing Services.

a. Please provide the number of individuals receiving private duty nursing services paid for through the Medical Assistance Program assumed for FY 23 and FY 24 by setting and tier.

SFY23-24 Current Individuals Who Have/Are Receiving Private Duty Nursing Services

FY 2023			
Tier	**Apartment or House**	**Living with Relative**	**Grand Total**
A	4	3	7
B	4	3	7

C	2	22	24
D	3	25	28
E		5	5
Grand Total	**12**	**58**	**70**
FY 2024 - Projected			
Tier	**Apartment or House**	**Living with Relative**	**Grand Total**
A	4	3	7
B	4	3	7
C	2	22	24
D	3	26	29
E		5	5
Grand Total	**12**	**59**	**71**

3) 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.

4) 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.

5) Please explain what case management services will continue to exist within the Developmental Disabilities program upon implementation of conflict free case management. How much will these remaining services cost and will they be Medicaid eligible if they are not CFCM compliant?

With implementation of Conflict-Free Case Management (CFCM), the structure of the internal DD team will shift to better meet needs of the DD population that fall outside of CFCM but are still Medicaid eligible activities. Costs for the Division will remain the same. The Division services will include the following:

- Expansion of the SIS unit to ensure timely access to services and to ensure accurate assessment of current needs
  - Level of Need determinations will also become more comprehensive to include three components that include the SIS-A, supplemental tool, and individual meetings/conversations to gather information
- Expansion of supports for youth and families to ensure seamless transitions into adult services
  - Dedicated state staff will work with each high school in order to provide a consistent resource and support for youth, families, and school personnel. The staff will provide support for all potentially eligible youth and will ensure smooth transitions/warm hand-off to CFCM.
- Expansion of the clinical/residential team for assessment of residential level of need and coordination of residential placements to ensure timely and safe transitions

    - Coordinate and manage the utilization of Thresholds and Access to Independence funds
    - Point of contact for residential, shared living and respite providers
- Improvement of timely customer service and support
    - Receiving, addressing, tracking, and reporting on participant, family, and provider questions related DD services
- Quality management for CFCM for the DD population
    - Includes review of plans and creation of authorizations submitted by CFCM
- Expansion of the eligibility unit for timely evaluations and to include pre-eligibility activities
    - Includes PASRR, eligibility outreach, and assistance with Medicaid application and approval process with DHS
    - Expansion of Person-Centered Options Counseling, which is a covered pre-eligibility service ("No Wrong Door") that utilizes a consistent approach to providing information about a person's options based on expressed needs and wants
- Management of BHDDH referrals to the CFCM chosen by individual
- Expansion of resources for the self-directed population
- Expansion of resources for providers

Federal Consent Decree

1) 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	186
Job Development / Assessment	1303
Job Retention	186
Prevocational Training	37
Grand Total	**1543**

For the opt-out process, 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.

2) What are the projections for the number of individuals who will have supported employment for FY 2023 and FY 2024?

There are 783 individuals projected to have supported employment for FY23 and 794 for FY24.

3) 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, $5,748,648.74 has been distributed to 31 agencies. There is one agency that has not become a RI Medicaid provider, so there is $258,740.65 in funding that has not been disbursed.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 2 – Transformation Fund II.

4) The Assembly included $2.0 million over two years for technology assistance, please provide an update how those funds will be distributed.

The funds for the technology are paid for the individual to the servicing provider. To date $167,501.17 has been disbursed to the providers. There have been 4 Rounds of the Technology Fund, with 821 individuals' requests approved. Providers purchase the technology and submit invoices that are paid by BHDDH. There were 265 requests in Round 1 for $148,414.59, 240 requests in Round 2 for $95,746.99, 174 requests in Round 3 for $74,243.24 and 142 requests in Round 4 for $46,902.01 although this later number will increase as we get more clarity on some of the requests. These are just estimates and will increase to account for taxes and fluctuations in prices.

5) 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.

From July to December 2022, providers reported hiring a total of 797 DSPs. The Statewide Workforce Initiative will continue under the direction of the Sherlock Center with Direct Workforce Solutions, led by national expert, Amy Hewitt. Since the last CEC there have been 2 Statewide Workforce Summits: one in December and the other in January. The Sage Squirrel contract will end on 6/30/2023.

Deliverables for last quarter of FY23 and FY24/FY25 –

- Comprehensive Workforce Solutions Cohort Model (Up to 195 hours per organization for up to 33 employers organized into 4 cohorts);
- Create a Modified Comprehensive Workforce Consultation Model for Self-Direction Employers in Rhode Island (Up to 750 hours over 3 years for up to 8 self-directed employers);
- Technical Assistance and training to Sherlock Center workforce coaches to promote sustainability for workforce development using Train the Trainer model (Up to 5 Sherlock staff trained to support organizations with ongoing implementation and evaluation of workforce interventions;
- RI DSP I, II, & III Certification/NADSP e - badge (Up to 300 hours over 3 years); Workforce Data Collection and Monitoring Consultation (Up to 300 hours of training and consultation over 3 years); and
- Technical Assistance to Support RI SWI Coordinating Council and Workgroups (120 hours per year up to 360 hours over 3 years.

6) 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?

BHDDH does not have this information on ORS programs.

b. What are the projected expenses for FY 2023 and FY 2024 in the Office of Rehabilitation Services' budget?

BHDDH does not have this information on ORS budget.

c. How will this be integrated with employment services included in the annual authorizations?

The programs are not integrated. They have different federal funding sources with different eligibility, program, and reporting requirements. Please see attached blending/braiding document.

7) Workplace Accessibility Grant - the consent decree quarterly report indicates the potential 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. Please see attached Consent Decree Quarterly Report for the most recent update.

d. 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 FY23 is $391 million. Please refer to May 2023 CEC Questions – BHDDH Final.xlsx, tab 4 – Authorizations.

a. Please provide data on historical authorization totals, both in aggregate and by service tier.
b. How many individuals receive services through the CNOM program and what is the estimate for FY 2023 and FY 2024? Is that reflected in the annual authorizations?

For FY23, 3 CNOM individuals have a total estimated authorization value of $104,758.86. For FY24, 2 CNOM individuals have an estimated authorization value of $19,868.68.

Please refer to May 2023 CEC Questions –BHDDH.xlsx, tab 3 – Authorizations. These amounts are included in the individual's authorizations.

2) Please provide assumptions for claims lag in the supplied estimates.

There is no claims lag assumed in any estimates.

3) Please provide updates on the temporary authority for up to 14 months and waiver renewal efforts for parents to provide community and day services to adults with I/DD

Medicaid requested from CMS the authority to continue to pay parents to provide community and day supports to adults with I/DD. This will be approved and is part of the 1115 Global Waiver services that will begin on 01/01/2024. CMS has made assurances that once the Appendix –K authority ends on 11/11/2023, they will work with us to allow for the continuation of parents as paid employees until the Waiver renewal on 01/01/2024.

4) How many youths with transition plans have or will receive services through the Department in FY 2023 and FY 2024? Please provide the tier level and residential services that have been identified or approved for this group.

Tier	FY2023	FY2024
A	15	10
B	56	29
C	38	19
D	14	9
E	22	13
Unknown	59	122
Total	**204**	

Services are typically not provided by BHDDH for the youth-in-transition (YIT) individuals except for youth-in-transition supports. YIT individuals do not get their SIS assessment completed until 12-14 months before they enter adult services. Due to this, there are individuals who have been found eligible for services who do not have their SIS assessment completed at this time. Youth would typically stay in school-funded services until the age of 22 before entering adult services. Due to some of the recommendations the Court Monitor has requested there will be some youth wanting to exit children's services and enter adult services prior to their 22nd birthday. Additionally, with the emphasis on YIT being employed prior to their school exit youth will be able to access employment services through the adult system, because the employment funding will not be part of day funding.

5) RICLAS residents

a. How many attend community-based day programs?

For FY23, there are currently 5 distinct individuals attending community-based day programs.

b. What do these expenses total for FY 2023 and FY 2024?

Current FY23 spend for these services are $5,592. BHDDH expects to spend similarly for FY 24, with a potential increase of $1K per year.

c. What was spent in FY 2022?

In FY22, $17,430 was spent on these services.

d. Which agencies provide the services?

Provider Name	Paid Amount
ACCESSPOINT RI	$401.52
COMMUNITY LIVING OF RI	$23,654.40
JAMES L MAHER CENTER	$29,827.20
KALEIDOSCOPE FAMILY SOLUTIONS	$2,294.40
LOOKING UPWARDS	$75,717.26
PERSPECTIVES CORPORATION	$13,555.96
SPURWINK-RI	$20,592.24
THE FOGARTY CENTER	$26,747.45
WEST BAY RESIDENTIAL SERVICES	$143,835.66
WORK OPPORTUNITIES UNLIMITED	$1,185.44

6) Please provide an update on Appendix K authorization. Does BHDDH still seek to make it permanent? Will there be any lapses where authorization is not possible until Appendix K becomes part of the normal CMS contract?

Medicaid requested from CMS the authority to continue to pay parents to provide community and day supports to adults with I/DD. This will be approved and is part of the 1115 Global Waiver services that will begin on 01/01/2024. CMS has made assurances that once the Appendix –K authority ends on 11/11/2023, they will work with the State to allow for the continuation of parents as paid employees until the Waiver renewal on 01/01/2024.

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 see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled - 5a - 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 23 is $5,041,670 and the estimated cost for FY24 is $5,041,670. There have been 252 individuals funded through this initiative, with 172 currently receiving funding.

d. Employment

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

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 5b - COVID graph - 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?

Monthly trips have increased by about 50% since the beginning of the fiscal year but remain below pre-COVID levels. Though March usage was about 62% of the pre-COVID level, the overall fiscal year projection is expected to be about 52% of the pre- COVID annual total 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) What does the model assume about the total annual value of RIPTA-provided services?

The new transportation rates are significantly higher than the current rates for all providers and are more reflective of actual costs. The model addresses the rates, not the overall usage. Projections for usage and the impact on the authorizations is still being evaluated for both RIPTA-provided and agency-provided services.

(4) What is the expected matching rate of RIPTA-provided services?

The matching rate for RIPTA services is 50%. The RIPTA contract falls under the administrative match. The RIPTA contract contains $1.6M for FY23 with the option for four additional years, with $800,000 coming from federal match and $800,000 coming from state funds through individual authorizations.

Current projected expenditures for FY23 are $889-$917k and estimated projected expenditures for FY24 are $1.2 million.

f. Case Management and Other Support Services

g. L9 Supplemental Funding

(1) What providers have requested L9s in FY 2023 and for what services?

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 6A – L9 Providers.

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

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 6B – L9 Reasons.

h. Home Care Services

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

The Medicaid Personal Care rates will increase by 2.29% in FY24.

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

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.

i. 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. Please provide which cases are not being Medicaid matched and why.

Provider	**Individuals**	**FY 2022 Cost**
CONTINUUM OF CARE	4	$950,078.94
CRYSTAL SPRINGS	4	$561,494.14
EVERGREEN	3	$906,364.35
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	**18**	**$4,482,439.48**

There is one individual who is non-Medicaid funded residing at Judge Rotenberg Educational Center and is in progress with EOHHS to become a Medicaid provider.

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

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.

(3) Please provide the projected expenditures for state-only funded employment (not on community waiver) for FY 2023 and FY 2024

There are no state-only funded employment services for FY23 or anticipated for FY24.

DD Rate Review

1) Please provide a status update of any CMS approval or communications on the DD rate review.

BHDDH is working closely with Medicaid policy and finance staff to notify CMS of the rate updates in the DD rate review. On April 6th, 2023, EOHHS emailed CMS to notify them of the proposed changes to rates for certain HCBS waiver services for individuals with developmental disabilities. EOHHS included an attachment describing the current and proposed updated rates for each affected service that would be effective July 1, 2023. EOHHS requested email confirmation that the state is authorized to proceed with these rate changes. CMS acknowledged receipt and said they will get back to the State after they have reviewed (or if they have any questions). BHDDH and EOHHS will keep the conferees updated on future communications.

Note, EOHHS requested CMS's authorization to proceed with the rate changes based on the following sections of the State's Special Terms and Conditions for our waiver:

- Financial Accountability *(page 24):* The state must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the HCBS. The state must have performance measures that track that it provides evidence that claims are coded and paid for in accordance for services rendered, and that it provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.
- In addition, the Special Terms and Conditions (page 17) state that "Changes related to eligibility, enrollment, benefits, delivery systems, cost sharing, sources of non-federal share of funding, budget neutrality, and other comparable program elements must be submitted to CMS as amendments to the demonstration," and EOHHS and CMS agreed that EOHHS would communicate with CMS regarding changes to rates for waiver services to confirm whether they would impact budget neutrality such that an amendment is required (*the communication of the rate changes itself does not require an amendment*).

2) Please provide the new finalized rates by **tier** and caseload category.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 7 – Rate Comparison Summary.

3) Has the rate review changed the scope of services in any conference category, either through expansion, elimination, or the transfer of services between categories? <u>If appropriate, please respond in a tabular format such as the following. Please modify the example table below as needed.</u>

Services	Current Model (FY 2024)	New Rate Model
Residential Services		
Community & Day Services	-	
Transportatioon		
Employment	Included in tier packages	Outside of the tier packages
L-9's	Authorized outside of the tier	
Remote Services		
DSP Wage	$20/hr	
Other New Services		

	Current Model (FY 23) Tier Packages		New rate Model (FY 24 forward) Funding Packages	
Services	**Package Information**	**Managed by:**	**Package Information**	**Managed by:**
Residential services	Part of the tier package if indicated on the individual's plan.	Individual	Part of the funding package, but resides outside of the individual's budget, which BHDDH will pay directly.	BHDDH
Community & Day Services	Part of the tier package if indicated on the individual's plan. Day Program funded at 60% community/40% centered based.	Individual	Part of the funding package if indicated on the individual's plan. Day Program funded at 100% community-based (clients may choose center-based but the rate is lower).	Individual
Transportation	Part of the tier package if indicated on the individual's plan.	Individual	Part of the funding package if indicated on the individual's plan.	Individual

Employment	Part of the tier package if indicated on the individual's plan.	Individual	Treated as an add-on to the individual's package if indicated on their plan.	Individual
L9s	Authorized outside of the tier package.	BHDDH/ Individual	Authorized outside of the funding package.	BHDDH/ Individual

DSP Wages	Minimum $18/hr	N/A	Minimum $20/hr Average $22.14/hr	N/A

New Services currently under Program and Rate Development:
Companion Room & Board (part of the Residential services)
Discovery (part of the Employment add-on)
Peer Support (possibly a new Service Category)
Remote Supports (possibly a new Service Category)
Supported Living (part of the Residential services)
Vehicle Modifications (possibly a new Service Category)
Workplace Assistance (part of the Employment add-on)

4) Please explain the cost impact of the rate review on FY 2024 including basis for assumptions. Please include caseload utilization and dollar impact of all changes resulting from the new rate structure including but not limited to the following:

a. Only the rate increase impact;

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 8 – Projection Summary – column F labeled $20 Projections FY24. This information utilizes the existing projection model utilized by BHDDH with the increase from $18 to $20.

b. The removal of employment services from tier packages;

Employment services have often been funded through L9s, or L9s have been requested for other services due to the higher cost of employment. Separating employment from day and community-based supports will alleviate the need for these L9s and allow for improved reporting on employment authorizations and spending.

Projections are currently estimated utilizing the existing trend with the addition of the L9 employment dollars incorporated into the Employment projections.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 8 - Projection Summary column G, lines 10-13 labeled Employment.

c. Requiring providers to bill community-based support and center-based support services based on an individual's tier rather than on a program's staffing ratio;

BHDDH expects a need for overall funding levels to increase as the system moves into compliance with the requirements for both the Consent Decree and Home and Community Based Services Final Rule. DDD has continued stakeholder engagement to determine best course for targeted employment support services. There have been meetings with the providers of supported employment services to discuss capacity, what they are doing with Transformation Funds, how to improve employment outcomes, and to let them know that there is funding available to individuals who need additional supports to meet their employment goals.

Meetings have also occurred with ORS and RIDE to discuss employment efforts. Both are aware that there is funding from DD to enhance support services that individuals are receiving through their departments.

Capacity is still an issue with bringing some of this work to scale. This expected increase would be needed whether billing is by tier or by ratio.

Removing the ratio-based billing will reduce administrative burdens on providers and uncertainty for participants in managing their budgets. Staffing ratios are a factor considered in the development of the rates.

Projections are currently estimated utilizing the existing trend which the 12-month rolling trend has been 95% community based versus 5% center-based expenditures.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 8 - Projection – lines 6, 7 & 40.

d. Treating the individual components of a current tier package of community-based supports, day program, transportation, overnight shared supports, and respite as a single budget in order to increase the flexibility in the use of the tier packages;

The flexibility for the use of the budget will reduce administrative complexity related to budget changes. It is not expected to significantly affect utilization rates.

e. Inclusion of new services: supportive living, remote supports, companion room and board, discovery, personal care in the workplace, vehicle modifications, peer supports and family-to-family training;

These new services are currently under construction with BHDDH, OHHS and the contractor (Health Management Associates - HMA) to define the rates and expected utilization. Based on experience from other states, HMA has recommended BHDDH estimate the costs for all of these services at 1% of the overall budget.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 8 - Projection Summary – line 40 labeled New Services.

f. Consolidation of home-based day programs into group home rates;

This is expected to have minimal budget impact. The home-based day option was only available to individuals living in group homes. The change combines the services into one rate and clarifies the expectation for 24/7 supports in group homes.

In the projection model, these services were moved from the Residential line to the Community Residence Supports line as a projection.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 8 – Projection Summary – line 16 labeled Community Residence Supports.

g. Establishing a framework for specialized group homes;

This will remove the administrative burden of L9s, but overall it is expected to shift funding from L9s to the non-L9 budget rather than incur new costs. There will still be individuals who do not reside in the specialized group homes that will require L9 funding for their specialized care.

This component has not been adjusted in the projection model as it is under review by BHDDH to determine financial impacts.

h. Establishing outcome-based rates for job coaching;

The rate study proposes to shift to a payment model wherein the provider is paid based on the number of hours that an individual works regardless of the number of hours of Job Coaching support provided. This approach incentivizes working with individuals to increase the number of hours they work while fading unnecessary supports. This also folds the existing Job Retention service into Job Coaching.

Ultimately, rates would be tiered based on two factors: an individual's assessment-based tier, with higher rates for individuals with greater needs and length of time on the job, with the expectation that fewer supports are necessary as individuals gain more experience in the job. The rates will be based on the typical ratio of individuals' work hours to the amount of support they receive. These assumptions must be based on actual data so implementation of this model will be delayed until that data is collected.

This component has not been adjusted in the projection model as it is under review by BHDDH to determine financial impacts.

i. Renaming day program and eliminating ratio requirements

The approach to day program is changing. Community-based and Center-based services will be separate services. Ratio requirements increased administrative burden on providers and increased participants' uncertainty in planning for their services and projecting their budget expenditures. Due to the change in federal requirements under the HCBS Final Rule as well as the Consent Decree requirements, community-based supports are expected to expand. Community-based supports have a higher cost than center-based supports, so there is likely to be a budget impact. However, the impact on the budget is still under development as part of the Rate Model work with HMA.

j. Please add any new services or changes to how we pay for existing services that may not be listed here

There are no additional services or changes that are not listed above.

5) New Service Categories

a. Please identify any new service categories that have been created in response to the rate remodel.

There may potentially be one or two new service categories for the new services, depending on approval by all parties and phased into the individual's funding packages.

Please see 2023 May CEC Supplementary Tables - BHDDH Final.xlsx - tab labeled 7 - Rate Remodel Comparison for the detail level services. This information compares the existing service, along with the proposed new service codes and/or service category shifts, and identifies any services that may be discontinued.

b. Please explain how these new categories interact with the pre-established categories and whether they are anticipated to quantifiably affect the caseload in any pre-established categories.

New service categories are still under development as part of the Rate Model work with HMA.

c. Please explain the assumptions your model utilizes to project caseload and expenditure trends for any services that have not previously been offered.

New services are projected as a total percentage, 1% of the entire budget, based on the recommendation from HMA. They are still under development as part of the Rate Model

work with HMA to understand each service's impact on the program itself, as well as the projected expenditures.

6) Please explain the methodology utilized to project expenditures for FY 24 under the new billing structure including but not limited to trend assumptions utilized, reconciliation of historical expenditure data for comparison to the newly developed rates.

The estimation process for FY24 – including the Rate Model changes - for the DD population utilized different factors in determining our projection model. This includes utilizing the existing model that incorporates the 12-month rolling trend data, along with the caseload growth and the revised rates for the services to determine the projections by month for FY 24. The caseload growth model utilizes the trend data for newly eligible individuals, along with the closures over a 12-month rolling period.

With regarding new services, such as Enhanced Shared Living Arrangement, the methodology for assuming a $20/DSP wage was determining the change between the rates and applying the percentage change to the current fiscal year spend. Since the structure and caseload trend has remained consistent, this was the best approach when determining what the spend would be for FY24 with a $20/DSP wage. Due to the new rates provided by HMA, the trend of caseload by tier was utilized to determine the new rate for the same service.

New services were estimated based on information received by HMA where these new services would account for 1% of the budget, which is roughly around $4 million.

Lastly, Community Based Supports, Group – is a new service based on the accumulation of both Residential Habilitation and Supports, Community Based Supports, and Day Program, Community Based Day Supports. The methodology behind projecting this service was utilizing the trend of caseload by tier within these groups, and expenditures with the 12 month rolling data, applying the new rates based on these factors to determine what the projections would amount to.

7) Please describe how the authorizations process, ISP process could change under this new billing structure.

The ISP process will remain the same and it is anticipated that authorizations will continue in the same manner for FY24. While the program functionality for authorizations will utilize the changes outlined in this document, there are still system challenges, along with future changes such as the SIS assessment and CFCM changes that will change the overall system landscape. It is anticipated that the system changes will be incorporated for FY25 which may include changes to how authorizations function with all the program changes occurring in the next year.

8) Please explain what the minimum DSP wage is assumed by the rate model.

The minimum DSP wage assumed in the rate model is $20/hour.

9) Please explain how the new service array of remote services is being treated in the agency projection for FY 24. With approval of the new service being contingent upon the approval of the 1115 Waiver renewal for January 2024 do you anticipate funding this service with 100 percent general revenue and if so could you please provide the estimated cost for this particular service?

This service will not be funded at 100 percent general revenue. The intent is this service may be phased in once the appropriate approvals are received under the 1115 Waiver, in which the service would be federally matched. This service is still under development as part of the Rate Model work with HMA to understand each service's impact on the program itself, as well as the projected expenditures.

Additionally, we will receive funding from ARPA to do a pilot of remote support services.

10) The HMA Final Report (Report) on Rate Study Recommendations mentions that the Support Intensity Scale (SIS-A) will be revised and that the American Association on Intellectual and Developmental Disabilities (AAIDD) will be releasing the revised SIS-A in early 2023.

a. Could you please provide a status of this release and what are the Division's plans in moving to the revised SIS-A.

The second version of the SIS-A is now available. BHDDH has been in contact with the American Association on Intellectual and Developmental Disabilities (AAIDD), the publishers of the SIS-A, about scheduling the requisite training to begin administering the second version of the assessment. BHDDH will begin conducting assessments with the new version of the SIS-A in June.

In fiscal year 2024, BHDDH intends to apply the current scoring tables to the new assessment results so that individuals' tier assignments continue to reflect current criteria (that is, during this period, tier assignments will remain the same as if the first version of the SIS were continuing to be used).

b. The Report suggests that major revisions can be expected to the scoring of the SIS-A that the evaluation of the assessment framework and tier packages would be delayed and conducted in mid-2023. Could you please explain the plans for this assessment? Will HMA be asked to conduct the assessment?

The most significant change being made to the SIS-A is the creation of new norming tables that translate an individual's responses to a standard score (that is, the score that reflect an individual's needs in relation to others). These standard scores are used when assigning an individual to a tier. The second version of the SIS-A also expands the medical and behavioral sections of the assessment that are also part of the determination of tiers. With these changes, Rhode Island – and every other state that currently uses the SIS-A for the assignment of levels or tiers – must revise their scoring the criteria.

In order to develop a new assessment framework, BHDDH will first need to complete several hundred assessments using the revised SIS-A. The results of these assessments will be used to conduct analyses to identify groups of individuals with similar needs and then to establish scoring criteria that reflects these groups. This will be a comprehensive process considering, for example, whether a five-tier approach is optimal, what sections of the SIS-A should be used in scoring (that is, currently three of the six components of the Support Needs Index section of the SIS-A are used, but the analysis will consider whether additional components should be used), the scores used to assign tiers, etc.

In addition to the changes being made to the scoring of the SIS-A, the analysis will also consider how to incorporate other supplemental data into the determination of tiers and/or individual budgets, the budget amounts associated with each tiers, and policies related to planning and administration of the individual budgets.

Major tasks to be completed for this evaluation include:

- Administration of the second version of the SIS-A to a sample of individuals.
- Analysis of new assessment results as well as supplemental information to develop a preliminary assessment framework (that is, the criteria for each tier) as well as narrative descriptions of each of the tiers.

- Construction of preliminary individual budget amounts based on analysis of utilization data and consideration of policy objectives (that is, what budget amount will be associated with each tier).
- Facilitation of a record review process through which teams of staff and stakeholders review cases files to determine whether the preliminary assessment framework appears to be placing individuals in the correct tier and whether the budget assigned with that tier appears to meet an individual's needs. As needed, the preliminary assessment and budget frameworks will be revised based on findings from this validation process.
- Development of policies related to the planning and administration of individual budgets.
- Facilitation of a public comment process to provide an opportunity for all interested stakeholders to offer feedback on the draft assessment and budget frameworks (inclusive of changes made based on the validation process).
- Development of a transition plan for the implementation of the new assessment and budget framework.

BHDDH does intend to continue to work with HMA and their subcontractor, the Human Services Research Institute, to assist with this evaluation.

c. Please explain any assumptions taken or missing from the agency estimates relating to the impact of the revised SIS-A.

As described, the release of second version of the SIS-A has delayed the comprehensive review of the assessment and budget frameworks (because it would be inefficient to make significant changes based on an assessment that is being retired within two years). However, BHDDH is planning to make meaningful improvements to current practices and processes related to the tier packages. As noted in HMA's report, these changes include removal of some services from the tier package limits (particularly employment services), directing community-based and center-based group supports providers to bill based on an individual's assigned tier rather than a program's staffing ratio, and increasing flexibility to direct resources within a core budget.

In general, BHDDH believes the impacts of these changes are already incorporated in the budget estimates (for example, HMA's estimates related to the rate study already take into account the change in billing guidelines for community-based and center-based group supports). BHDDH continues to conduct analyses but believes any further impacts will be very modest this year.

The fiscal year 2024 budget will need to consider any changes to the assessment and budget frameworks made as part of the comprehensive evaluation.

11) Please explain how the L9 process will work under the new billing structure and what circumstances could still require an L9.

There will be a significant decrease in L9s, with items such as Employment services being treated as the add-on benefit for individuals to utilize as needed, and with the implementation of the specialized group homes, BHDDH expects these expenditures to shift to their corresponding service lines.

There will still be L9s required for cases such as individuals requiring specialized group home care but are not in an identified specialized group home.

a. For FY 24 with the implementation of the rate change please explain how L9s are treated within the new rate schedule and what assumptions are made in terms of caseload, utilization and growth for the projection of the L9s.

For the Rate Remodel projection, the L9s for employment services were moved to the respective Employment services lines. At this point, the remaining L9s are being left in place and are being projected utilizing the existing projection model, while incorporating the new rate. The reason for this approach is that there are currently system limitations that will affect the change-over for all the components for the program changes outlined in the Rate Remodel project. The expectation is that this will be resolved for projections for FY25.