



**May 2023 Caseload  
Estimating Conference**  
**RI Department of Human Services**  
**April 24, 2023**

Caseload Testimony

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# 2023 Caseload Conference

## Rhode Island Department of Human Services

The members of the Caseload Estimating Conference have requested that the Executive Office of Health and Human Services (EOHHS) and the Department of Human Services (DHS) provide written answers to various questions in addition to the presentation of their estimates. These answers are provided throughout the document and highlighted in red text.

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## **Rhode Island Works (RIW) Program**

RI Works is Rhode Island's name for the federal Temporary Assistance to Needy Families (TANF) program. Authorized under Public Law 104-193 in 1996 (the welfare reform legislation "Personal Responsibility and Work Opportunity Reconciliation Act" or PRWORA), the TANF program is a block grant to states for the purpose of achieving the following:

- Assisting needy families so that children can be cared for in their own homes
- Reducing the dependency of needy parents by promoting job preparation, work and marriage
- Preventing out-of-wedlock pregnancies
- Encouraging the formation and maintenance of two-parent families

States create their own programs within the parameters of TANF. RIGL § 40-5.2 authorizes RI Works. It was previously known as the Family Independence Program (FIP) when enacted in 1997. In 2008, it was revised as the RI Works program to align with TANF's employment goals and policies, and to help recipient families become employed and self-sufficient. The goal of RI Works is to eliminate or reduce the harmful effects of poverty on families and children by fostering employment and opportunity as a means to economic independence (RIGL § 40-5.2-6 (a)); and to eliminate the stigma of welfare by promoting a philosophy and a perception that the purpose of welfare is to eliminate or reduce the harmful effects of poverty on families and children by promoting work opportunities for all Rhode Island residents (RIGL § 40-5.2-6 (c)).

All activities and services provided through the RI Works program are intended to promote stability and economic progress for families through the provision of supportive services, the development of employment skills, and intensive work readiness services. The RI Works program supports adult family members to work by offering the following benefits and services:

- **Cash Assistance** is provided to families experiencing poverty who meet certain regulations
- **Comprehensive Assessment and Service Planning** for families receiving cash assistance
- **Child Care Assistance** is provided to support the family, when needed
- **Employment Supports**, which includes assistance with job training, adult education, and obtaining employment at livable wages
- **Food Assistance** is provided by the Supplemental Nutrition Assistance Program (SNAP)
- **Transportation** reimbursement and/or bus passes are available to support preparation for employment
- Parents are strongly encouraged to apply for **healthcare** while on RI Works

The TANF Block Grant is the funding source for RI Works. In order to draw Rhode Island's \$94.7 million federal grant, the State is required to maintain a historic level of investment in programs that serve low-income families. This investment is called Maintenance of Effort (MOE), and these expenditures are calculated each fiscal year and must be at least 80% of historic "qualified" state

expenditures under the former Aid to Families with Dependent Children (AFDC) Program. In Rhode Island, 80% MOE is \$64.4 million.

### ***Profile of RI Works***

Household Breakdown	Household Breakdown	
	Households with 1 parent	64.3%
	Households with 2 parents	5.4%
	Households with child-only cases	30.3%

Race and Ethnicity	Race and Ethnicity	
	American Indian or Alaskan Native, Non-Hispanic	1.1%
	Asian, Non-Hispanic	0.9%
	Black or African American, Non-Hispanic	14.1%
	Native Hawaiian or Other Pacific Islander, Non-Hispanic	0.3%
	White, Non-Hispanic	16.9%
	Hispanic, including Mexican, Puerto Rican, and Cuban	24.8%
	Unable to Determine the Ethnicity or Race	41.9%

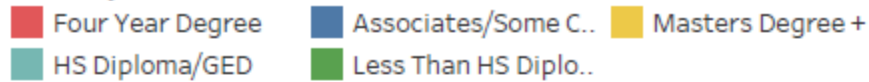
Age	Age	
	Adults Age 18 and older	28.9%
	Children under age 18	71.1%

Recipients per Household	Recipients per Household	
	1 individual	19.9%
	2 individuals	33.4%
	3 individuals	26.2%
	4+ individuals	20.5%

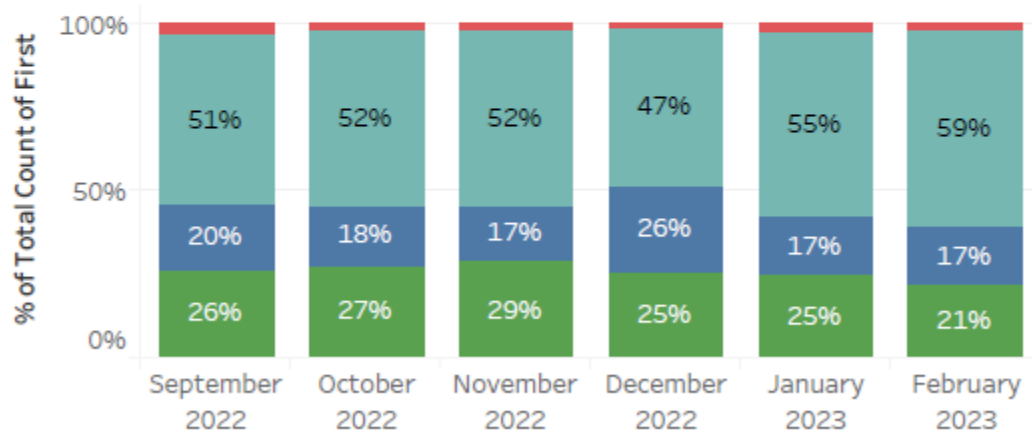
### Profile of RI Works (Continued)

Education Levels	Self-Reported Education Levels for Adults		
	Less Than 8th Grade	1.8%	
	8th Grade	2.5%	
	9th Grade	4.8%	
	10th Grade	6.7%	
	11th Grade	14.2%	
	12th Grade or GED Completed	43.3%	
	Some College, Not Graduated	18.7%	
	Two Year Degree	4.1%	
	Four Year Degree	2.3%	
	Post Four Year Degree	0.5%	
	Unknown	1.1%	

#### Color Key



### Education Level



City/Town	City/Town	Cases	Individuals
	Barrington	9	28
	Bristol	14	31
	Burrillville	22	51
	Central Falls	146	392
	Charlestown	1	2

Coventry	35	73
Cranston	142	371
Cumberland	36	89
East Greenwich	11	25
East Providence	115	280
Exeter	3	9
Foster	6	25
Glocester	4	10
Hopkinton	11	31
Jamestown	4	8
Johnston	50	115
Lincoln	49	128
Little Compton	3	7
Middletown	38	98
Narragansett	2	8
New Shoreham	0	0
Newport	113	331
North Kingstown	37	91
North Providence	78	194
North Smithfield	8	19
Pawtucket	396	1,006
Portsmouth	14	38
Providence	1,210	3,276
Richmond	1	1
Scituate	7	14
Smithfield	11	32
South Kingstown	16	36
Tiverton	21	51
Warren	19	49
Warwick	104	259
West Greenwich	2	4
West Warwick	76	195
Westerly	17	46
Woonsocket	376	1,023
Undetermined	7	22
<b>Total</b>	<b>3,214</b>	<b>8,468</b>

Hardships City/Town and Year	City/Town	2019	2020	2021	2022	2023	Grand Total
	Barrington	0	0	0	0	0	<b>0</b>
	Bristol	7	9	0	0	0	<b>16</b>
	Burrillville	2	0	0	0	0	<b>2</b>
	Central Falls	87	68	29	52	10	<b>246</b>
	Charlestown	0	0	0	0	0	<b>0</b>
	Coventry	7	4	0	4	0	<b>15</b>
	Cranston	92	7	7	15	2	<b>123</b>
	Cumberland	13	7	7	15	2	<b>44</b>
	East Greenwich	0	7	7	15	2	<b>31</b>
	East Providence	26	7	7	15	2	<b>57</b>
	Exeter	0	7	7	15	2	<b>31</b>
	Foster	0	0	0	0	0	<b>0</b>
	Glocester	2	0	0	2	0	<b>4</b>
	Hopkinton	0	0	0	2	0	<b>2</b>
	Jamestown	3	0	0	8	2	<b>13</b>
	Johnston	13	25	13	29	1	<b>81</b>
	Lincoln	4	31	20	31	6	<b>92</b>
	Little Compton	0	0	0	0	0	<b>0</b>
	Middletown	14	13	23	19	4	<b>73</b>
	Narragansett	0	0	0	0	0	<b>0</b>
	New Shoreham	0	0	0	0	0	<b>0</b>
	Newport	69	64	62	95	10	<b>300</b>
	North Kingstown	25	15	7	9	2	<b>58</b>
	North Providence	14	10	2	23	4	<b>53</b>
	North Smithfield	0	0	0	0	0	<b>0</b>
	Pawtucket	135	153	105	132	19	<b>544</b>
	Portsmouth	3	6	0	1	2	<b>12</b>
	Providence	1,079	829	524	537	92	<b>3,061</b>
	Richmond	3	0	0	0	0	<b>3</b>
	Scituate	8	9	0	11	2	<b>30</b>
	Smithfield	0	8	4	11	2	<b>25</b>
	South Kingstown	4	0	0	2	0	<b>6</b>
	Tiverton	0	0	0	0	0	<b>0</b>
	Warren	3	0	0	0	0	<b>3</b>
	Warwick	45	47	42	32	4	<b>170</b>

West Greenwich	0	0	0	3	2	5
West Warwick	25	14	4	24	2	69
Westerly	0	0	0	0	0	0
Woonsocket	170	131	74	170	31	576
Other/Multiple City	2	0	2	2	1	7
<b>Total</b>	<b>1,855</b>	<b>1,471</b>	<b>946</b>	<b>1,274</b>	<b>206</b>	<b>5,752</b>

**Question:** Please provide a profile of current as well as the last five years of 1-parent, 2-parent, and child only cases by demographics (such as age and residence) and by duration of benefits.

**Question:** Please provide a profile of hardship cases by similar criteria as listed above and for the past five years.

**Answer:** Please see charts.

Family Type					
		0-24	25-48	49-60	>60
	Single-Parent	809	561	485	156
	Two-Parent	117	29	16	7
	<b>Total</b>	<b>926</b>	<b>590</b>	<b>501</b>	<b>163</b>

*Numbers provided are duplicated, a household in 2023 is depicted with the highest time limit.*

Duration of Benefits	Year	Median Duration of Benefits
	2018	30
	2019	35
	2020	40
	2021	44
	2020	36

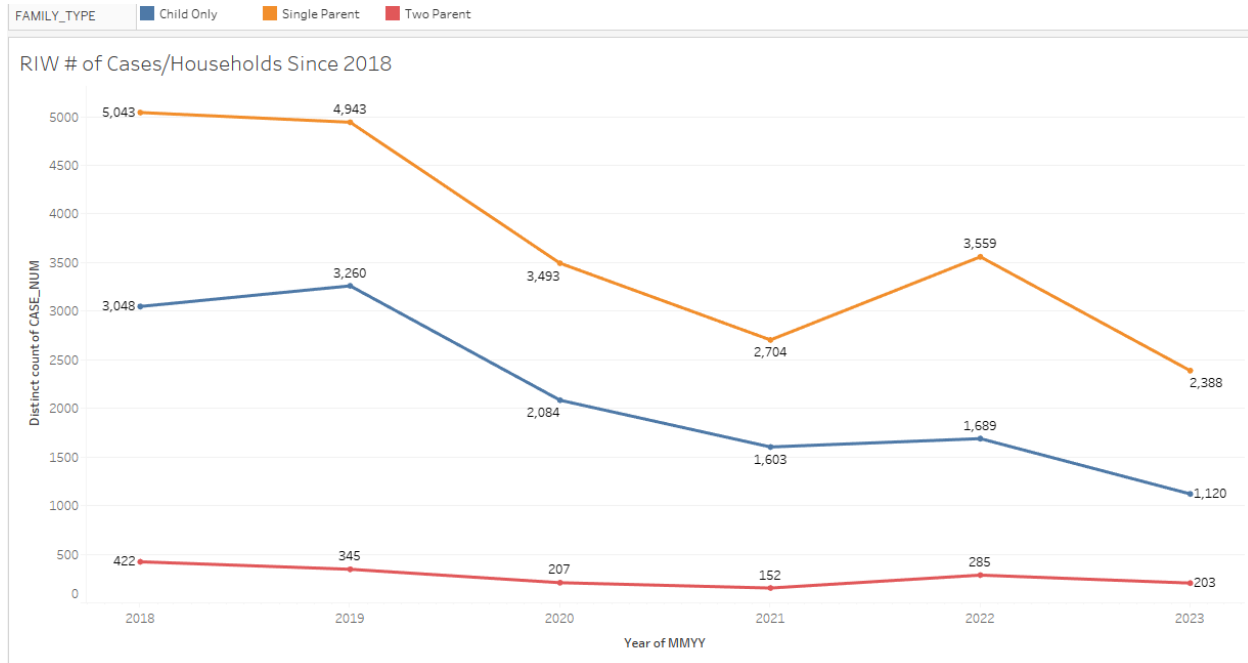


2023 Cases				
City/Town	City/Town	Child-Only	Single-Parent	Two-Parent
	Barrington	2	9	1
	Bristol	6	16	1
	Burrillville	6	12	1
	Central Falls	53	101	5
	Charlestown	0	0	0
	Coventry	12	27	1
	Cranston	39	106	14
	Cumberland	8	18	1
	East Greenwich	4	6	0
	East Providence	34	80	6
	Exeter	0	3	0
	Foster	0	2	2
	Glocester	1	2	1
	Hopkinton	4	2	0
	Jamestown	2	3	0
	Johnston	17	36	3
	Lincoln	11	30	1
	Little Compton	0	2	0
	Middletown	4	28	3
	Narragansett	4	3	0
	New Shoreham	0	0	0
	Newport	25	93	8
	North Kingstown	13	22	1
	North Providence	19	41	5
	North Smithfield	1	5	0
	Pawtucket	123	214	20
	Portsmouth	4	9	1
	Providence	378	714	61
	Richmond	1	1	0
	Scituate	1	7	0
	Smithfield	2	9	1
	South Kingstown	7	8	1
	Tiverton	5	15	1
	Warren	3	11	0
	Warwick	29	77	10
	West Greenwich	2	1	0
	West Warwick	21	56	3
	Westerly	8	6	2
	Woonsocket	97	239	15
	Undetermined	1	1	0
	Total	947	2,015	169

*Average Duration of Benefits by City of Residence, Family Type, and Year*

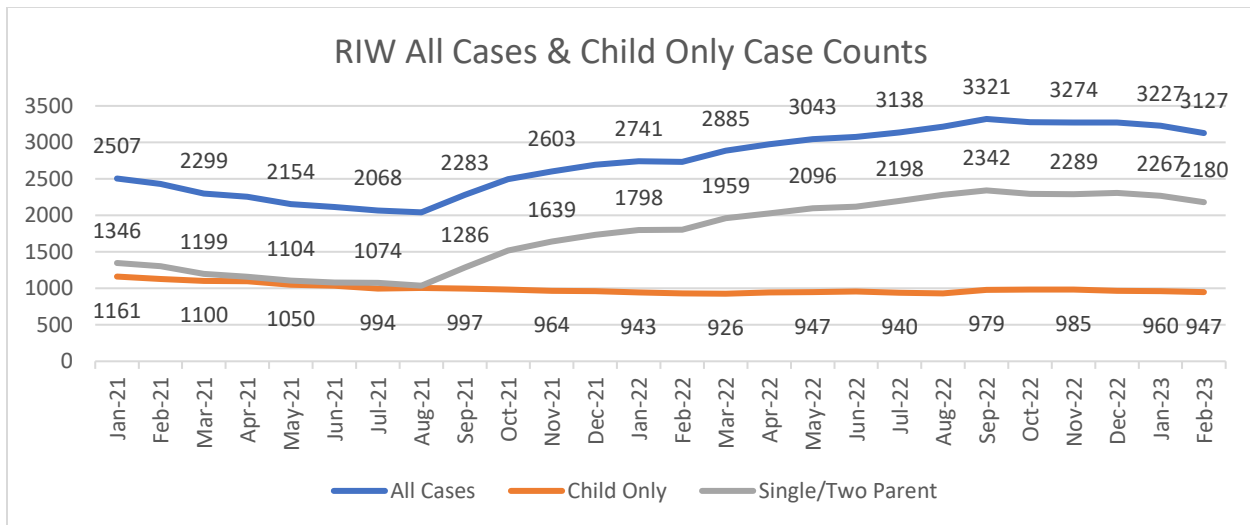
	Single Parent					Two Parent					Grand Total
City	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	
Barrington	32	40	45	34	29	0	0	0	6	6	212
Bristol	29	33	34	25	24	17	17	17	19	19	250
Burrillville	28	37	40	31	24	17	8	25	13	4	233
Central Falls	37	40	40	39	34	18	18	36	35	15	331
Charlestown	17	15	18	39	50	0	0	0	6	0	145
Coventry	36	30	29	27	25	34	0	0	14	10	236
Cranston	35	37	37	33	31	26	26	33	23	16	320
Cumberland	33	33	36	34	28	16	6	0	36	19	259
East Greenwich	40	40	38	37	35	4	0	0	0	0	207
East Providence	35	38	42	37	33	15	17	19	24	16	292
Exeter	15	14	12	18	13	14	14	0	0	0	100
Foster	28	25	43	40	45	0	0	0	14	13	208
Gloicester	21	20	11	14	6	6	0	0	13	13	115
Hopkinton	43	39	22	21	32	13	0	0	0	0	187
Jamestown	48	48	44	52	52	0	0	0	0	0	287
Johnston	36	35	39	33	29	23	34	19	25	19	314
Lincoln	39	40	43	33	35	12	30	30	8	3	287
Little Compton	30	27	43	50	42	0	20	0	0	0	232
Middletown	34	39	45	39	36	6	15	17	12	6	260
Narragansett	21	30	0	40	31	0	0	0	0	0	122
Newport	44	47	50	42	37	32	33	30	31	25	386
North Kingstown	38	44	39	35	37	28	12	0	42	7	310
North Providence	29	31	36	34	35	26	14	23	24	26	310
North Smithfield	30	35	43	29	25	0	0	0	0	0	173
Pawtucket	35	38	39	35	33	28	28	34	22	16	332
Portsmouth	33	36	42	34	37	17	10	0	20	28	272
Providence	41	43	45	41	37	27	29	37	24	18	366
Richmond	41	30	20	28	53	0	0	0	0	0	177
Scituate	39	44	14	28	23	12	0	7	0	0	178
Smithfield	40	42	41	38	30	16	69	47	64	69	474
South Kingstown	38	49	45	35	36	0	0	0	30	26	259
Tiverton	32	35	40	28	26	18	17	21	18	19	275
Other/Multiple City	27	29	31	26	29	17	23	21	23	8	251
Warren	27	31	27	24	28	13	10	14	8	14	199
Warwick	32	37	39	32	28	15	15	32	25	21	296

West Greenwich	13	48	62	44	57	0	0	0	0	0	236
West Warwick	35	36	36	33	30	24	19	21	21	16	294
Westerly	35	29	30	29	32	15	27	28	14	15	254
Woonsocket	37	40	41	37	35	24	24	33	28	33	356
Grand Total	1,283	1,384	1,381	1,308	1,282	533	535	544	642	500	9,995



**Question:** How many child-only cases are included in the estimate for FY2023 and FY2024? How many families receive the payment(s)? Please include data for the last five years.

**Answer:** Thirty-two percent of the caseload is projected to be child-only cases for FY2023 and 34% for FY 2024. The percentage of child-only cases prior to COVID had been stable at 35%. The percentage of child-only cases since COVID have varied from 26 percent to 48 percent. The projection was created using a weighted average of the past 12 months and 6 months respectively.



**Question:** How many parents are currently without a plan due to:

- a. Exemption from employment planning

**Answer:** 218 cases are currently active with exemptions

Exemptions	Yearly March Data
2019	318
2020	300
2021	121
2022	147
2023	218

- b. Being between plans

**Answer:** 125 cases are currently active without a plan

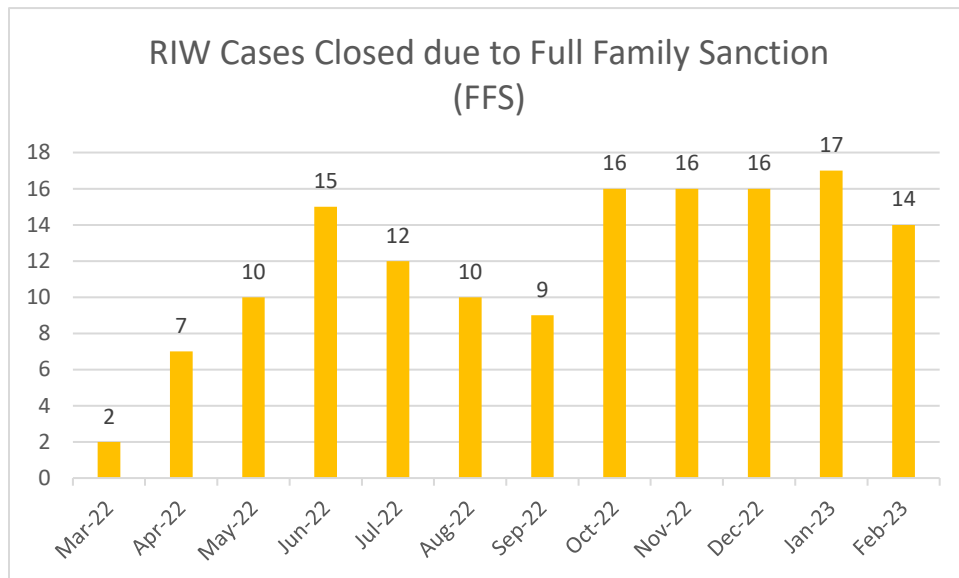
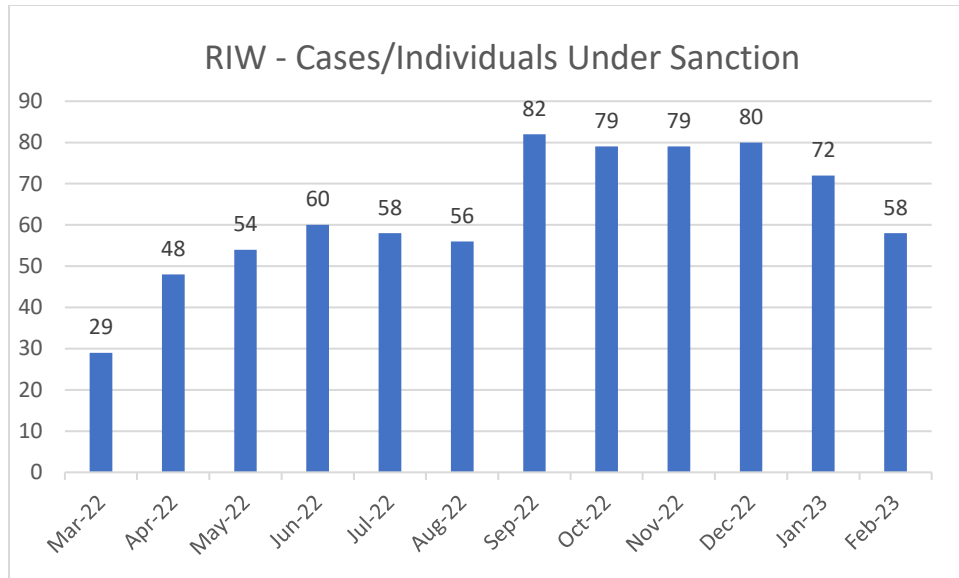
Between Plans	Yearly March Data
2019	184
2020	78
2021	95
2022	66
2023	125

- c. Sanction—by month, the number of parents sanctioned for not complying with work requirements in FY2022 –

**Answer:** Please see graphs and charts below

Sanctioned City/Town and Year	City/Town	2019	2020	2021	2022	2023	Grand Total # of Distinct Households*
	Barrington	0	1	1	0	1	3
	Bristol	1	3	4	2	2	11
	Burrillville	0	1	1	5	1	8
	Central Falls	10	16	22	20	5	61
	Charlestown	0	0	1	0	0	1
	Coventry	5	2	6	10	0	21
	Cranston	12	7	7	15	2	37
	Cumberland	2	1	2	1	0	5
	East Greenwich	0	1	1	1	1	3
	East Providence	9	11	15	13	3	46
	Exeter	1	0	0	1	0	2
	Foster	0	1	0	1	0	2
	Glocester	0	1	0	2	0	3
	Hopkinton	0	0	0	0	1	1
	Jamestown	0	0	0	0	0	0
	Johnston	5	3	8	11	1	24
	Lincoln	1	1	2	8	3	12
	Little Compton	0	0	0	0	0	0
	Middletown	3	1	4	6	2	14
	Narragansett	0	0	0	0	0	0
	New Shoreham	0	0	0	0	0	0
	Newport	14	7	11	17	3	46
	North Kingstown	1	3	1	6	1	12
	North Providence	4	5	9	9	0	25
	North Smithfield	0	1	1	1	0	3
	Pawtucket	32	30	45	43	16	148
	Portsmouth	1	0	0	2	1	4
	Providence	111	114	112	89	22	391
	Richmond	0	1	1	0	0	1
	Scituate	1	0	1	0	0	2
	Smithfield	1	1	0	0	0	2
	South Kingstown	0	2	2	2	0	5
	Tiverton	2	3	5	4	3	15
	Warren	0	1	3	6	0	10
	Warwick	7	12	5	13	2	39
	West Greenwich	0	0	0	0	1	1
	West Warwick	9	5	6	11	2	34
	Westerly	0	1	1	5	3	8
	Woonsocket	20	24	24	43	12	108
	Other/Multiple City	3	0	6	4	1	8
	Total	255	260	307	351	89	

*\*Sanctions can be applied for multiple months across multiple years, the last column depicts district cases.*



*This chart does not represent the number of cases actively participating in RI Works while receiving a FFS, but rather the number of non-compliant cases closed due to a FFS.*

**Question:** Please provide the underlying assumptions the Department is utilizing to assess the impact of COVID-19 and the end of the Pandemic Unemployment Assistance (PUA) and the unwinding on the RI Works program with respect to caseload and costs especially when compared to the November caseload estimate.

**Answer:** The impact of COVID-19 decreased the RI Works caseload by nearly half. Once PUA ended in September 2021, RI Works had a 24% caseload increase. In August of 2022, DHS witnessed an unprecedented application and case approval rate, as high as a 4% increase month-over-month for RI Works. In preparation for the fall 2022 caseload, estimates were reliant on the current data including over 1,000 cash applications in August 2022 and an increase to caseload. The application and caseload increases were projected to be ongoing for FY2023. However, that application surge and caseload increase did not equate to a steady increase. Applications and caseload unexpectedly remained stable, with only small variations from November 2022 through current. See carry forward explanation below for further November 2022 caseload estimate information.

### ***RI Works Trends***

Over the past decade, the number of families participating in the RI Works program has decreased, especially when the economy improved, and more Rhode Islanders went back to work. During the COVID-19 pandemic, the RI Works caseload reduced significantly due to alternative COVID supports like Pandemic Unemployment Assistance (PUA). During COVID, the Department utilized leniencies for RI Works families to prevent families from losing their benefits. All COVID related leniencies have been discontinued or will be by May 2023. Throughout COVID, RI Works benefits continued to close for reasons such as families being over income or not returning required documentation.

DHS saw a RI Works caseload increase at 153% or more than 1,100 cases from September 2021 through September 2022. However, since October 2022 the caseload fluctuated, with an overall decrease of 2.4%. DHS estimates that for the remainder of FY2023, the caseload will stay constant through June 2023, based on statistical review of the past five months. The FY2023 projections account for the effect of the Medicaid Renewals prompted by the federal government. In the 2024 projections, caseload is anticipated to gradually increase by .4% over time.

DHS has successfully partnered with community agencies to conduct outreach to Rhode Island families who struggle with full participation in RI Works. Partnering agencies have increased supports for applicants, as well as existing RI Works customers. The increased access to assistance for both DHS applications and required documentation will contribute to the gradual increase in RI Works cases through FY2024.

According to the 2022 Rhode Island Kids Count Factbook, 11.5 % of children in RI are living in poverty and 6.9% of children are living in extreme poverty, which equals nearly 14,000 children<sup>1</sup>.

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<sup>1</sup> [RIKCFactbook2022 \(rikidscount.org\)](https://www.rikidscount.org/factbook/2022)

The RI Works program is providing benefits to roughly 5,978 children or 43% of the children living in extreme poverty. This represents .80% of the RI population.

RI Works families often require additional wraparound services, above and beyond those required by the typical job seeker, to secure long-term stability for their family. Families frequently face many barriers including: unstable housing, mental health and substance abuse challenges, low literacy levels, and other challenges associated with living in poverty. DHS and RI Works providers take the necessary time to develop stabilization services and help residents access long-term employment on their pathway out of poverty.

### ***RI Works Recent Legislative Changes***

#### ***Increase in Rhode Island Works Allowable Resource Limit***

The FY 2022-23 State Budget approved an increase to the resource limit for Rhode Island Works households. RI Works households can have up to \$5,000 in resources to support their families while maintaining eligibility. The increase to resources was implemented in 2022.

#### ***Increase in Rhode Island Works Earned Income Disregard***

The FY 2022-23 State Budget approved an increase to the earned income disregard, providing additional relief for RI Works households. Households receiving RI Works, who are working, will have \$300 of their monthly earned income disregarded, then divided in half. The increase was up from \$170 of earned income disregarded, then divided in half. This increase to the Earned Income Disregard has been fully implemented.

#### ***College as an Allowable Rhode Island Works Sole Activity***

The FY 2022-23 State Budget approved a language change allowing RI Works recipients to continue a second year of postsecondary education as a sole RI Works activity. This expansion of RI Works-allowable activities includes a second year of postsecondary education at CCRI. The activity change was implemented in 2022.

#### ***Increase Rhode Island Works Time Limit to 60 months***

The FY 2022-23 State Budget increased the RI Works continuous time limit to 60 months, up from 48 months, prior to a family applying for hardship. The RI Works time limit increase will further support families who need additional time to stabilize their finances. The time limit increase has been fully implemented.

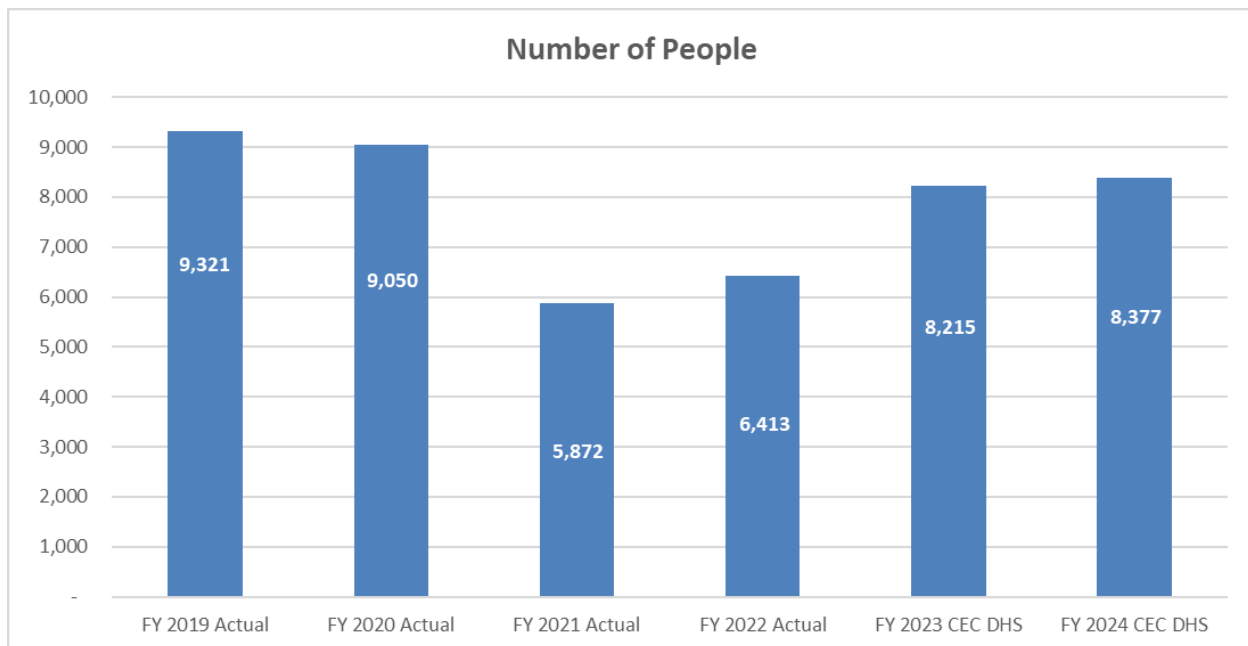
#### ***Excluding Federal or State Child Tax Credits from RI Works Household Income***

The FY 2022-23 State Budget included a language change to ensure federal and state child tax credits and/or rebates are not counted as part of a RI Works household income.

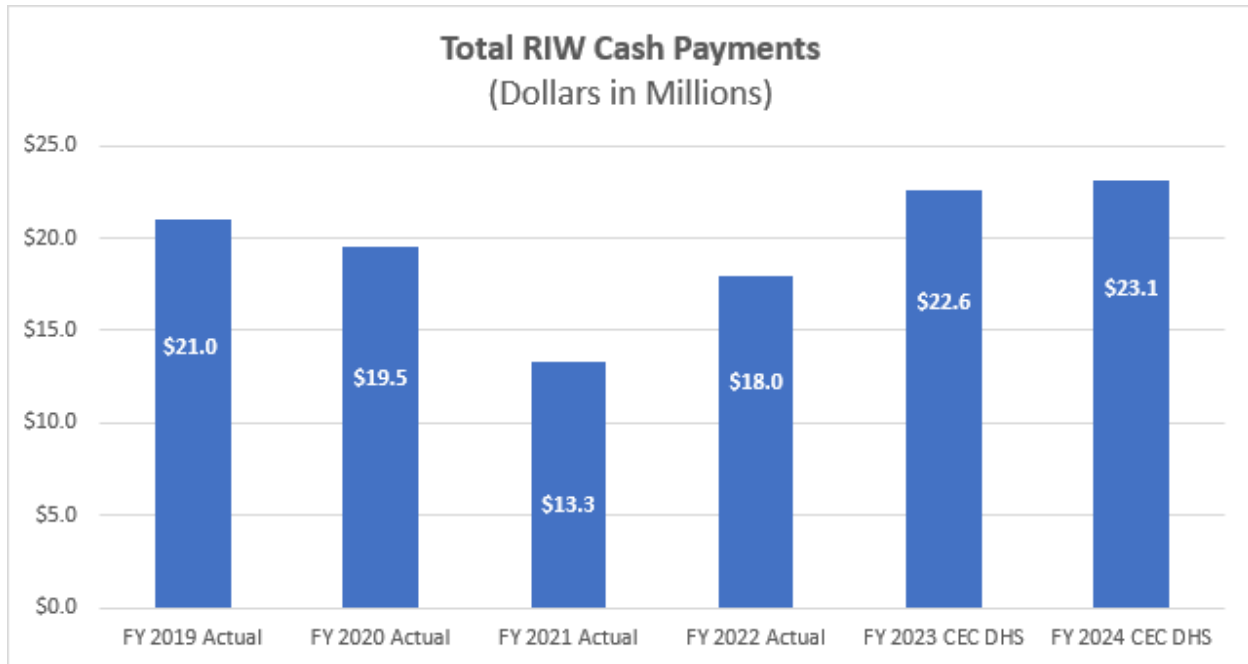


**Question:** Please provide an update on the reopening of field offices, any staffing challenges related to the reopening and the impact on enrollment from those challenges.

**Answer:** RI Works recipients were the first group eligible for in-person appointments prior to the offices reopening. In early 2022, DHS offered additional in-person services at all customer facing lobbies. RI Works recipients can now choose if they want to have their appointment in the office or over the phone. DHS has found that adding additional support, provided by the RI Works vendors, has significantly helped customers filling out the application and obtaining the required documentation.



Total expenditures in late FY2022 and early FY2023 decreased from projections, especially in the first quarter of FY2023, where monthly caseload numbers decreased up to 2.4% between January and February. Monthly caseload was increasing at more than 2% in the late summer/early fall of 2022. The decrease in the caseload largely stayed steady after the surge in August and September 2022. Taking into account the increase to Medicaid renewals in FY2023, caseload will remain steady through FY2023. Community agencies contracted with DHS will continue to provide support to families applying for RI Works. Estimates for FY2024 include an increase of .4% throughout the fiscal year. DHS expects to slowly regain a reconnect with RI Works eligible families statewide.

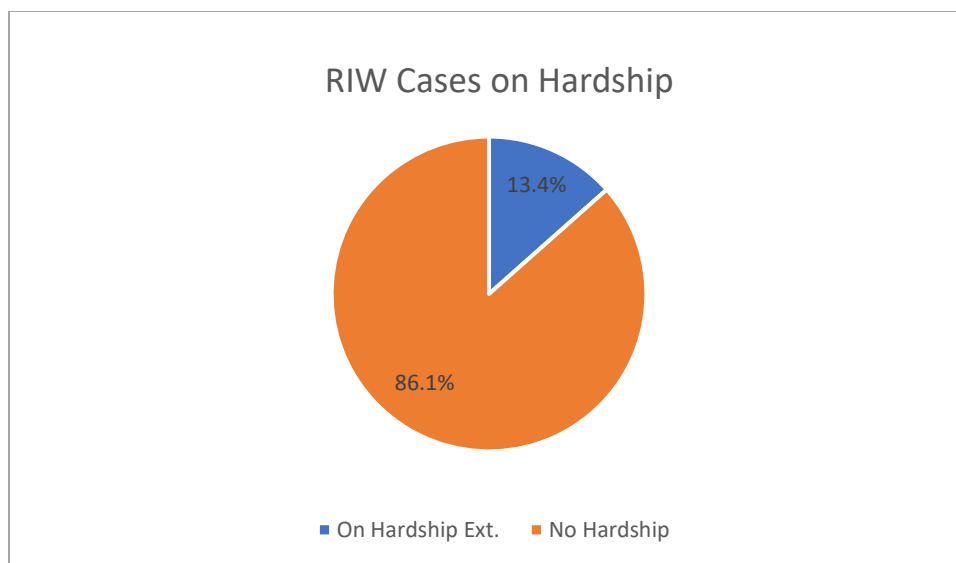


#### ***Additional Dollars from the American Rescue Plan Act***

The American Rescue Plan Act provided TANF with a Pandemic Emergency Assistance Fund (PEAF), which are additional COVID-19 funds. These federal funds, totaling \$2,703,236.98, are specifically for Non-Recurrent, Short-Term Benefits (NRST) that support TANF-eligible populations. The use must satisfy TANF rules, including Income Eligibility Verification System (IEVS) and citizenship requirements. DHS adjusted its application to ACF to provide funds for a one-time NRST payment to RI Works households that were eligible from September 2021 through May 2022. Each RI Works Household which was eligible during the specified time period received \$370 per child in July 2022. PEAF was spent prior to the deadline of September 30, 2022. PEAF funds were loaded to EBT Cards in July 2022, resulting in infrequency for RI Works expenditure data for July and August 2022.

#### ***Hardships Extensions***

Hardship extensions are available to families reaching time limits. There are five criteria in DHS regulations for hardship extensions. Currently, hardship extensions are granted for six-month increments. Cases classified as “hardship” cannot have employment plan exemptions, cannot be “between plans,” and cannot be under sanction.



The number of hardships as a percent of total caseload remains below the federal statutory ceiling of 20%. Rhode Island’s hardship cases constitute approximately 13.4% of the state caseload. Rhode Island’s hardship cases are now counted only after a case exceeds 60 months on the RI Works benefit. RI Works vendors have begun additional programing to target the cases exceeding 60 months on their state time clock.

#### ***Work Participation Rate (WPR) Overview***

RI Works parents are required to participate in employment preparation activities and must do so for a minimum number of hours per week on average for the month, per Federal TANF regulations. Those required minimum hours differ based on the age of the youngest child and whether there is a second parent in the household.

- Parents whose youngest child is under the age of 6 must participate for a minimum of 20 hours per week.
- Parents whose youngest child is age 6 or older must participate for a minimum of 30 hours per week.
- Two-parent families must participate for a minimum of 35 hours per week.

Not all RI Works parents are required to participate in employment-related activities. Some are exempt for reasons including being disabled, caring for a child under 1-year-old, caring for a disabled child or family member, or are in the third trimester of pregnancy and medically unable to work. Others are exempt because they are “child-only” cases where the payment is entirely for the child(ren) and the parents or caretaker relatives do not receive a cash payment for themselves (e.g., parent on SSI or children in kinship care).

Unless exempt, parents receiving a cash payment are required to comply with an employment plan. Parents can be sanctioned or closed if they are not meeting the minimum required employment plan hours without good cause. If parents can provide good cause for a failure to

comply with their employment plans, then their case will not be sanctioned or closed. Occasionally, parents have ended their planned activities without new employment plans, also referred to as “between plans.”

**Question:** Please provide the “all families” and “two-parent families” work participation rate (WPR) for FY2022 and FY2023, along with a work participation rate target.

**Answer:** WPR for 2014, 2015, 2016, 2017, 2018, 2019, 2020, and 2021.

- FY2011: Required all families: Required 0.0% (met 11.0%)  
Required 2-parent families: Required 30.7% (not met 8.3%)
- FY2012: Required all families: Required 50% (not met 10%)  
Required 2-parent families: Required 90% (not met 6.7%)
- FY2013: Required all families: Required 0.0% (met 11.7%)  
Required 2-parent families: Required 48.3% (not met 7.3%)
- FY2014: Required all families: Required 0.0% (met 12.1%)  
Required 2-parent families: Required 39.8% (not met 8.7%)
- FY2015: Required all families: Required 0.9% (met 14.9%)  
Required 2-parent families: Required 40.9% (not met 11%)
- FY2016: Required all families: Required 0.0% (met 14.9%)  
Required 2-parent families: Required 34.8% (not met 12%)
- FY2017 Required all families: Required 0.0% (met 8.5%)  
Required 2-parent families: Required 29.5% (not met 5.8%)
- FY2018 Required all families: Required 0.0% (met 8.2%)  
Required 2-parent families: Required 30.2% (not met 7.1%)
- FY2019 Required all families: Required 0.0% (met 8.9%)  
Required 2-parent families: Required 31.2% (not met 11.8%)
- FY2020 Required all families: Required 0.0% (met 6.8%)  
Required 2-parent families: Required 27.6 % (not met 7.3%)
- FY2021 Required all families: Required 0.0% (met 6.5%)  
Required 2-parent families: Required 26.3% (not met 8.0%)
- FY2022 is not yet available.

Federal Work Participation Rate (WPR) data is derived from a quarterly data interface that is reviewed by the Administration for Children and Families (ACF). The State cannot currently calculate WPR. Instead, ACF provides the State with feedback based on data submissions.

**Question:** Please provide an update on the status of current or potential federal penalties associated with the work participation rate.

**Answer:**

<u>Penalty Year</u>	<u>Reason</u>	<u>Status</u>	<u>Amount</u>
2011	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$130,963.00
2012	Did not met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Pending Recalculation, Waiting on ACF	\$1,629,276.00
2013	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 258,715.00
2014	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 129,635.00
2015	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 98,545.00
2016	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 29,587.00
2017	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 80,264.00
2018	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 69,094.00
2019	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 64,231.00
2020	Met overall WPR, did not meet 2-parent family WPR	Appeal Granted	\$ 0.00
2021	Met overall WPR, did not meet 2-parent family WPR	Pending Appeal, Waiting on ACF	\$ 86,959.00
2022	Not Yet Available		

Fiscal Year	Awarded	Expensed	Planned Expenses	Cumulative Carry Forward
SFY 2020	\$94,294,105	(\$85,644,437)		\$15,800,878
SFY 2021	\$94,608,671	(\$69,204,618)		\$41,204,931
SFY 2022	\$95,675,713	(\$60,891,460)		\$75,989,184
SFY 2023	\$94,708,016	(\$40,002,173)	(\$34,748,604)	\$95,946,424
SFY 2024	\$94,700,000	\$0	(\$94,925,576)	\$95,720,848
SFY 2025	\$94,700,000	\$0	(\$102,667,630)	\$87,753,217
SFY 2026	\$94,700,000	\$0	(\$104,841,457)	\$77,611,760
SFY 2027	\$94,700,000	\$0	(\$106,509,007)	\$65,802,753
SFY 2028	\$94,700,000	\$0	(\$108,719,908)	\$51,782,845

**Question:** Please update FY2023 and FY2024 TANF block grant estimates. Include the balance of any unspent funds from prior years and report any plans for its use.

**Answer:** See above. The projected TANF carry forward amounts have grown from the November 2022 caseload testimony due to the newly revised estimates for RI Works and Child Care Assistance Program (CCAP) caseload. Approximately 17% of the annual TANF funding, or \$15.8 million, was the carried forward balance at the end of FY 2020. Due to the COVID-19 pandemic, the caseload expenses for both RI Works and CCAP during FY 2021 and FY 2022 were much lower and directly contributed to the significantly increased carry forward balance.

Additionally, TANF supported CCAP caseload at an average of \$39.7 million across FY 2019 and FY 2020, but FY 2021 and FY 2022 actual TANF support was \$29.8 million and \$15.8 million, respectively. This significant decrease is in part to overall caseload decline, but also due to \$14.2 million in COVID-19 direct funding used to support costs in FY 2021 and FY 2022.

In order to liquidate and fully spend down this one-time pandemic related funding, \$15.8 million for FY 2023 and \$11.2 million for FY 2024 is planned to be allocated to the remaining COVID-19 funding. As a result, TANF is slated to support CCAP caseload at around \$18.6 million in FY 2023 and \$31.9 million in FY 2024. It is expected that TANF support will be above pre-pandemic support at around \$44.1 million beginning in FY 2025. DHS has and will continue to identify ways to spend down the anticipated carry forward but shifting expenses from general revenue for administrative costs will put the Maintenance of Effort requirements at risk. Additionally, DHS has to align shifting of expenses with the quarterly cost allocation plan statistics, which is based on random-moment time study percentages of eligibility staff and head count allocation methodologies.

Pending budget approval, potential additional expenditures related to outreach and application supports, post-employment non-recurring payments, and collaboration with the Office of Healthy Aging will occur and are necessary to support this population.

2023 TANF Budget							
Line Seq	Agency	LIS Name	FY23 Enacted Budget	FY23 Expenditures As of 3/31/23	FY23 Budget Governor's Recommended	FY24 Budget Governor's Recommended	Description of the Services Funded by TANF
2025105	079	TANF/EA-CM Program-Federal Share	\$ 1,108,595	\$ 791,364	\$ 382,449	\$ 454,338	DCYF for TANF eligible youth to be served
2075106	079	TANF/EA-CW Program-Federal Share	\$ 6,793,178	\$ 4,369,426	\$ 5,704,642	\$ 5,896,576	DCYF for TANF eligible youth to be served
2075145	079	TANF/SSBG Grant	\$ 1,516,176	\$ -	\$ 487,100	\$ 485,529	DCYF for TANF eligible youth to be served
2075148	079	TANF - HCBS	\$ 1,232,348	\$ -	\$ 1,433,569	\$ 1,396,342	DCYF for TANF eligible youth to be served
2075150	079	TANF - SSBG Transfer	\$ 2,891,686	\$ -	\$ 2,845,685	\$ 2,836,512	DCYF for TANF eligible youth to be served
2170182	075	DHS Home Visiting Coop	\$ 164,000	\$ 29,000	\$ 164,000	\$ 164,000	RIDOH for RIW parents in the Family Visiting
2275116	069	FIP CM and Work Programs	\$ 7,100,000	\$ 6,255,117	\$ 7,100,000	\$ 7,100,000	Contracted vendors engaging in direct services for RIW parents
2275121	069	FIP Administration	\$ 5,267,541	\$ 3,398,813	\$ 5,612,428	\$ 5,689,073	Administrative funds for DHS
2275177	069	TANF - Subsidized Employment Enhancement	\$ 200,000	\$ 26,215	\$ 200,000	\$ 200,000	Contract to provide services to homeless families
2275186	069	UHIP - TANF Federal Allocation	\$ 518,932	\$ 243,543	\$ 493,000	\$ 483,014	Administrative funds for UHIP
2275202	069	UHIP - Nonlapd TANF Federal	\$ 640	\$ 392,257	\$ -	\$ 1,059,250	Administrative funds for UHIP
2400101	069	FIP/TANF - Regular	\$ 23,850,458	\$ 18,846,302	\$ 29,198,000	\$ 25,403,000	Cost for TANF/RIW benefit to families
2400107	069	AFDC Catastrophic Aid	\$ 2,400	\$ 1,815	\$ 2,400	\$ 2,400	Costs for families who have experienced a catastrophic event like fire or flood
2400110	069	Child Care - SSBG Reallocation	\$ 7,560,000	\$ 2,905,925	\$ 7,560,000	\$ 7,560,000	Funding of low income child care with TANF funds
2400112	069	Child Care - TANF Funds	\$ 22,575,313	\$ 13,125,840	\$ 37,071,398	\$ 26,078,009	Funding of low income child care with TANF funds
2400114	069	RIPTA Transportation Benefit	\$ 991,100	\$ 9,447	\$ 808,000	\$ 593,000	Funding of bus passes for RIW parents
2400115	069	Child Care Assistance Enhancement	\$ 936,544	\$ -	\$ 936,544	\$ 936,544	Funding of low income child care with TANF funds
2725162	072	Project Opportunity	\$ 1,000,000	\$ 666,384	\$ 1,000,000	\$ 1,000,000	Adult Education (ABE, ESL, GED)
<b>Total</b>			<b>\$83,708,911</b>	<b>\$51,061,447</b>	<b>\$100,999,215</b>	<b>\$87,337,587</b>	

**Question:** Please provide the basis for the agency projection for transportation costs? What is the utilization for bus passes and how has it changed in the last five years? Have you seen any impact from the RIPTA R-line free fare pilot program? Please provide any data you have collected about how this may have affected utilization rates.

**Answer:** Projected transportation costs are calculated by a presumed usage rate of total RI Works individuals multiplied by the adjusted cost of the monthly bus pass. About 5.5% of those on RI Works are utilizing their bus pass option from Medical Transportation Management, Inc. (MTM). RI Works contracted vendors provide bus passes and alternative transportation, that is reported in our Job Opportunity and Work Programs account number, 2275116.02, not in the monthly cash report. During COVID and after, there has been a significant decline in bus pass distribution. Fewer families are utilizing bus passes. RIPTA's Q2 report has a 40% usage increase in the R line ([RIPTA R-Line Fare-Free Impact Study Quarter 2 Report](#)), while the free Central Falls pilot ended in March 2022 also had significant usage. Further, the R-line has significant RI Works recipients living on or near that bus line. Forty-two percent of the RI Works population lives in Providence, while about 15% of the RI Works population lives on or near the R line.

### ***TANF Maintenance of Effort (MOE)***

The TANF Maintenance of Effort (MOE) is a requirement that a state must spend at least a specified amount of state funds for benefits and services for families in need each year. A broad array of benefits and services for low-income families with children can count toward satisfying a state's MOE obligation. A state may count any state funds used for TANF program services or any funds that meet the federal TANF purposes as TANF MOE toward the required \$64 million benchmark.

Federal Law allows six types of expenditures that can be counted toward MOE requirements:

1. Cash assistance
2. Child care assistance
3. Educational activities designed to increase self sufficiency
4. Job training and work
5. Any other use of funds reasonably calculated to accomplish a TANF purpose
6. Administrative costs in connection with other allowable purposes.

The consequences for not meeting the MOE are that the TANF grant will be reduced the following year on a dollar-for-dollar basis and the State will be required to expend additional state funds in its TANF program to the amount by which the state fell short of meeting the MOE.

The tables below show MOE expenditures by category and community organizations that receive TANF funding:

	FFY 2019 Reported to ACF	FFY 2020 Reported to ACF	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Projected to ACF
RIW Admin - DHS	\$1,656,013	\$2,913,488	\$4,740,191	\$3,855,901	\$3,000,000
Child Care MOE DHS	\$5,351,126	\$5,351,126	\$5,351,126	\$5,351,126	\$5,000,000
Emergency Assistance - DCYF	\$20,734,069	\$2,180,682	\$1,635,450	\$1,131,567	\$1,100,000
DCYF Other	\$621,757	\$16,235,585	\$16,084,231	\$15,774,162	\$15,000,000
DEFRA (Child Support Pass-Thru)	\$277,647	\$268,957	\$208,803	\$217,814	\$200,000
RIDE Adult Ed	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,200,000
CAP Agencies (Leg. Grants)	\$229,260	\$214,200	\$287,820	\$210,180	\$200,000
Head Start	\$1,190,000	\$1,190,000	\$1,190,000	\$1,190,000	\$1,190,000
SSI	\$2,654,551	\$2,613,169	\$2,472,240	\$2,228,503	\$2,200,000
GWB-DLT Youth Work Readiness	\$739,689	\$529,777	\$442,080	\$754,407	\$750,000
Earned Income Tax Credit	\$22,577,639	\$22,094,812	\$15,963,386	\$19,364,568	\$20,000,000
Property Tax Relief Program (Circuit Breaker)	\$137,718	\$118,980	\$120,234	\$121,851	\$115,000
DCYF Residential	\$12,694,648	\$4,178,130	\$2,982,641	\$4,174,996	\$3,000,000
Weatherization	\$7,835,733	\$6,488,963	\$6,979,035	\$5,159,377	\$5,000,000
Rhode Island Food Bank	\$3,523,303	\$3,136,951	\$3,218,941	\$2,900,173	\$2,750,000
Community Organizations (Listed Below)	\$2,908,915	\$2,801,769	\$2,338,768	\$6,562,306	\$2,337,500
OPC / Promise	\$0	\$0	\$0	\$0	\$4,000,000
Total	\$84,182,068	\$71,366,589	\$65,064,947	\$70,046,931	\$67,042,500



	FFY 2019 Reported to ACF	FFY 2020 Reported to ACF	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Projected to ACF
Roman Catholic Diocese of Providence	\$40,884	\$25,036	\$25,036	\$111,513	\$50,000
United Way of Rhode Island	\$1,355,336	\$692,548	\$310,145	\$0	\$200,000
Boys and Girls Club	\$800,000	\$800,000	\$1,000,000	\$1,000,000	\$1,250,000
Rhode Island Foundation	\$103,074	\$444,840	\$480,709	\$466,077	\$400,000
SStarbirth	\$44,087	\$36,612	\$35,363	\$41,999	\$35,000
Crossroads	\$136,154	\$737,909	\$390,104	\$87,227	\$200,000
Dorcas International Institute	\$104,835	\$0	\$24,170	\$12,720	\$20,000
Non-Violence Institute	\$44,087	\$4,834	\$0	\$1,080	\$2,500
RI Coalition Against Domestic Violence	\$136,154	\$2,439	\$2,427	\$390,329	\$125,000
Com CAP	\$0	\$0	\$70,814	\$8,566	\$5,000
Genesis Center	\$0	\$0	\$0	\$53,004	\$50,000
<b>Total</b>	<b>\$3,089,156</b>	<b>\$2,801,769</b>	<b>\$2,338,768</b>	<b>\$6,562,306</b>	<b>\$2,337,500</b>

**Question:** Please indicate how the State will meet its Maintenance of Effort (MOE) requirement and identify which MOE items are State costs and which are in-kind contributions.

**Answer:** DHS seeks MOE from both state agencies and other philanthropic agencies statewide. MOE is calculated using the methods provided by a previous vendor. DHS exceeded the MOE requirement by \$5.7 million in 2022.

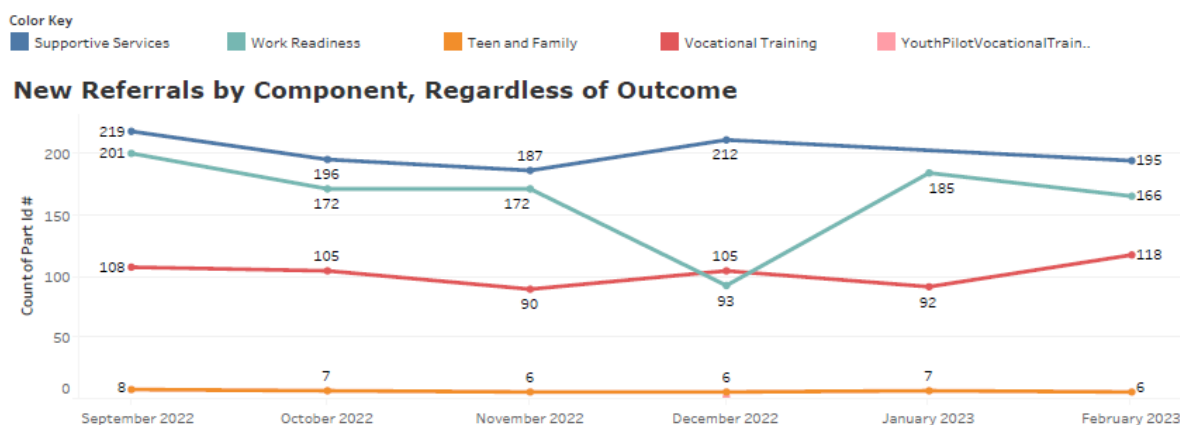
State Costs: \$55,425,075

In-kind: \$14,621,856

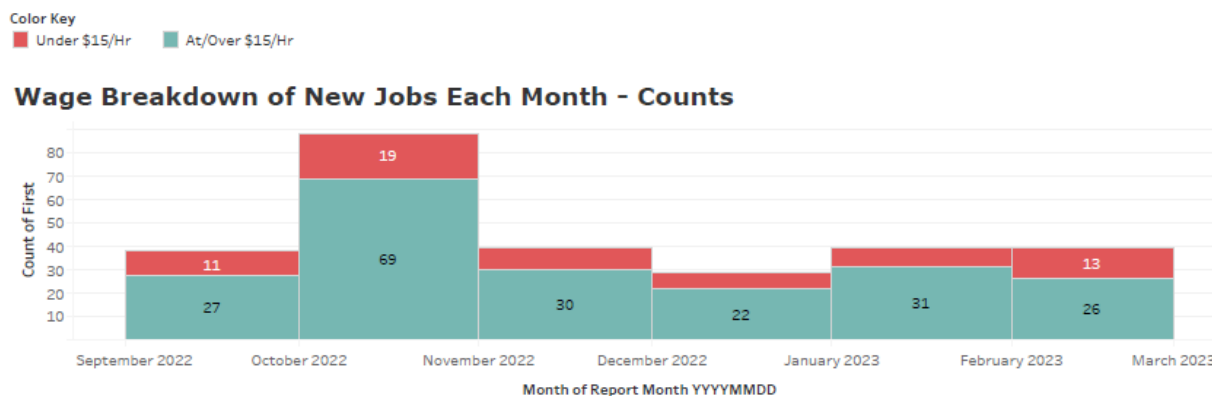
For FY2020 and future years, DHS has been instructed by ACF to calculate MOE differently by removing a provision previously allowed due to a prior law grandfathering this provision. The grandfathering period has ended. This significantly reduces the amount of allowable expenditures and MOE allowed from DCYF Residential. DHS is working on utilizing other avenues to collect the MOE.

### ***RI Works Contracted Vendors***

Three contracted vendors support the RI Works customers with their employment plans. These vendors provide support to customers through the four program components: Supportive Services, Youth Services, Vocational Training and Job Readiness, Employment & Retention. The programs provided to RI Works families streamline supportive services, education and/or training programs with the goal of stabilizing families. The vendors' programs result in more parents being engaged in work activities that would be reflected in higher wages and assisting them in obtaining successful employment outcomes.



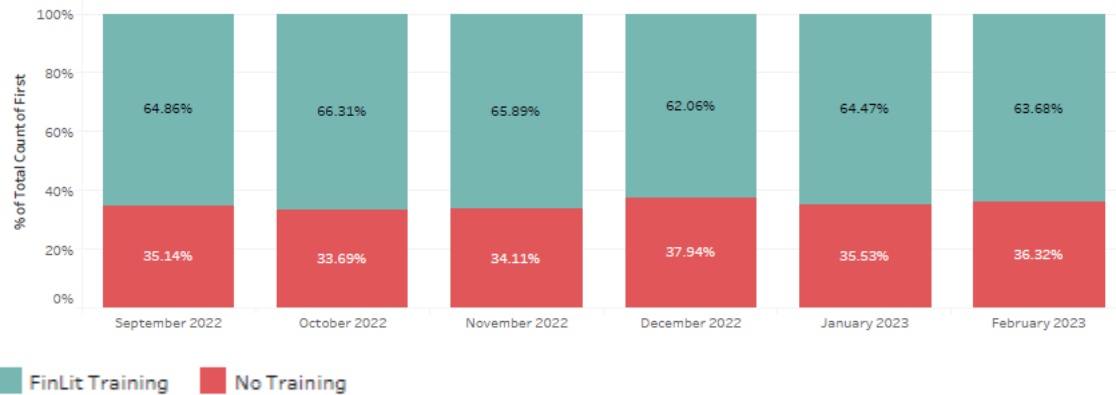
The contracts are based on Performance Metrics that incentivize the vendors to assist parents in obtaining long-term employment at a living-wage. On October 1, 2022, vendors entered their final contract period under “active contract management.” Active contract management uses data to analyze vendor services for RI Works families, and DHS requested vendors to provide extensive data on a monthly basis so progress and trends could be tracked, and changes could be put into effect as needed.



Since the rollout of these new contracts, two important new services have been implemented:

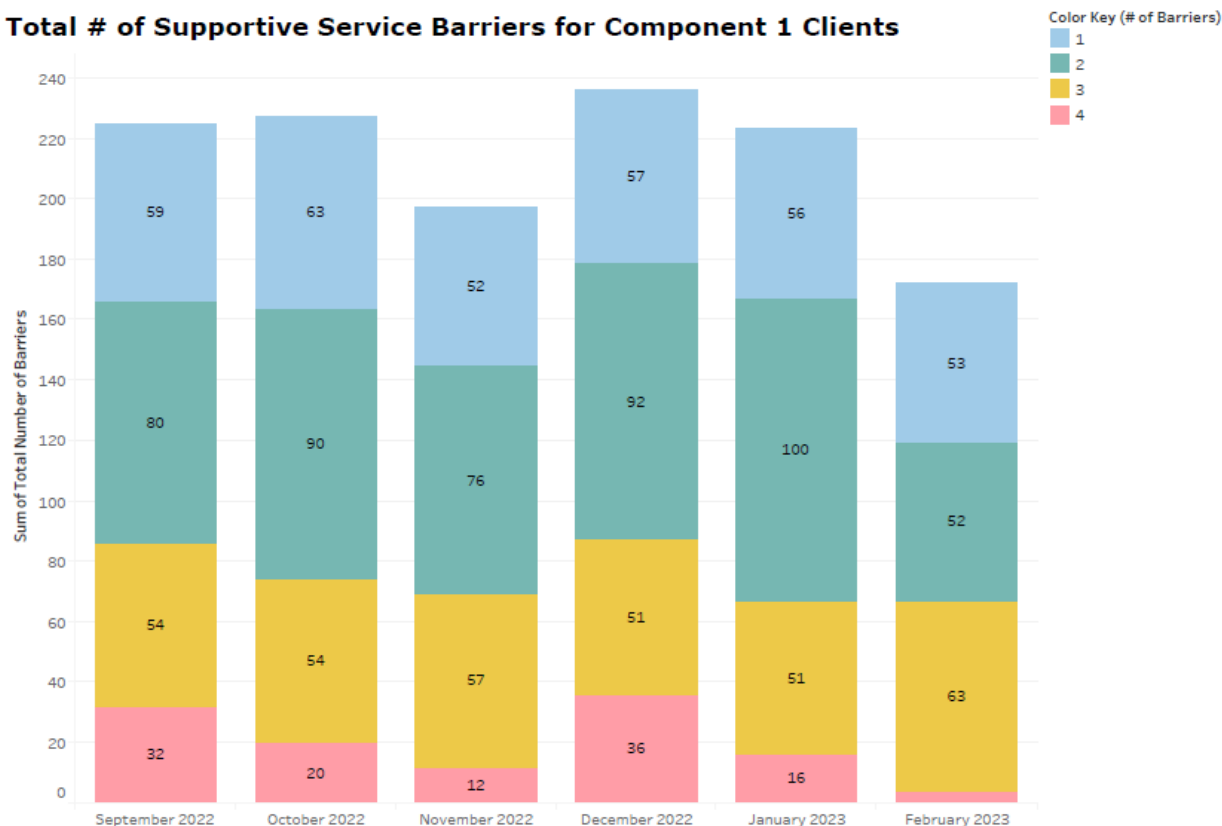
- **Financial Literacy** to ensure that RI Works families become more aware of financial issues on their path to self-sufficiency. DHS has required all service vendors to integrate financial literacy into their curricula. As of February 2023, approximately 62% of the RI Works population attending one of our three providers’ programs has started or received financial literacy training.

### Financial Literacy: All Participants Monthly



- **Supportive Services** to assist RI Works families in resolving barriers and issues that may be hindering them from becoming employed and on a path to self-sufficiency. The most common problems faced by RI Works customers include:
  - Mental Health Challenges
  - Unstable Housing/Homelessness
  - Domestic Violence/Intimate Partner Violence
  - Low Education Attainment
  - Unaddressed Disabilities
  - Substance Use Disorder

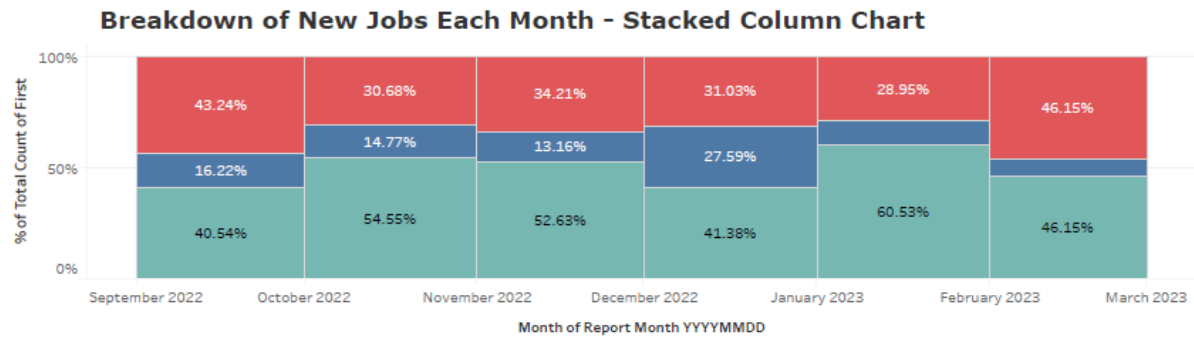
**Total # of Supportive Service Barriers for Component 1 Clients**



RI Works staff analyze vendor data monthly and can provide immediate feedback to vendors who are either struggling or highly effective in their work with RI Works families. The completion of vocational training programs can have a significant effect on obtaining long-term, sustainable employment.

In the past year, 488 parents have entered employment, 11 parents were enrolled in on-the-job training, and 66 participated in a work experience activity. Wages for these placements vary from minimum wage, up to \$48 per hour. Seventy-one percent of job placements are for wages at or over \$15 per hour. In the past year, 273 customers retained employment for at least six months of those, 177 were employed in the fifth quarter after their employment plan ended, in accordance with WIOA standards. Vendors were paid more than \$226,750 in performance payments due to job retention. Additionally, in the past year, 91 participants have completed their vocational training program. A total 380 RI Works parents have participated in vocational training programs this past year.

Color Key  
 ■ ≤ 20 Hrs    ■ ≥ 30 Hrs  
 ■ Between 20-30 Hrs



### ***Potential Federal Law Changes***

TANF has again been temporarily authorized by a continuing resolution. There has been communication from federal partners that continuing resolutions will eventually lead to the replacement of the current TANF law. There is no current movement on the TANF bills in Washington.

## **Child Care Assistance Program (CCAP)**

The Starting Right Child Care Assistance Program (CCAP) supports the promotion of healthy development in children and school success, and supporting low-income families who need child care to work, attend approved training or attend approved college degree programs. Eligibility for CCAP is comprised of two components: categorical eligibility for recipients of RI Works and income-based eligibility for families working or enrolled in an approved training or college degree program.

Families receiving RI Works benefits who need child care to comply with their employment and training plan receive child care with no co-payment requirements. Income-based eligibility for child care consists of a two-tiered eligibility structure, with initial eligibility available to families with incomes of up to 200% of the Federal Poverty Level (FPL), (~54% of State Median Income (SMI), or \$49,720 for a family of three). Families that are determined eligible at the first tier may then utilize transitional child care to continue to access child care subsidies if their income rises above the initial eligibility threshold of 200% FPL but remains under 300% of FPL (~81% of State Median Income (SMI), or \$74,580 for a family of three). Income-eligible families are subject to a graduated co-payment based on family income ranging between zero (for those earning 100% FPL or less) to a maximum of 7% of a family's income (for those earning between 150% FPL to 300% FPL). As of January 1, 2022, DHS lowered the copay cap from 14% to the Health and Human Services general affordability guideline and the national standard of 7%.

The Office of Child Care (OCC) continues to track child care trends closely to measure the ongoing impact of the pandemic and the ongoing stages of recovery. This includes regular reviews of CCAP enrollments, licensed capacity, and movement within the quality framework. The number of CCAP enrollments at the end of FY2022 was approximately 40.6% less than what it was pre-pandemic. The Office of Child Care is seeing some trends toward recovery, however, CCAP enrollment has remained relatively stable over the past six months with gains in Family Child Care enrollments offset by reductions in Center-based enrollments. In addition to information on the caseload trends, DHS continues to provide grants, bonuses, and additional resources and programming to help providers in their post-pandemic recovery efforts.

**Question:** Please provide the most current total number of licensed child care providers and the number of child care slots or capacity in the state, including the providers that do not participate in the CCAP program for the last five years.

- a. Please provide the number of children enrolled in CCAP by age group, provider type, and star rating.
  - i. Is it possible to report this information on a monthly basis from 2019 to present and then moving forward?
- b. Please provide an update to the federal awards received or anticipated for activities in response to the COVID-19 PHE, or other stimulus funding, as well as any planned uses and how much of each award will be used for such activity. Please provide spend to date and available balance for each award by item (planned use).

**Answer:** Please see charts and data below.

The table shows the current number of DHS-licensed providers as of March 2023, and their total capacity, compared to atypical assessment of the last three years at the same time. This provides the most current total number of licensed child care providers and the number of child care slots (or capacity) in the state, including the providers who have not participated in the CCAP program for the last four years. DHS is not able to provide the specific data for March 2019, since the agency did not administer the child care licensing team at the time. However, below are the numbers as of November 1, 2019 – immediately after the unit was officially transferred from DCYF to DHS.

November 2019	Number of Providers	Capacity of Provider Type
<b>Child Care Centers</b>	428	31,195
<b>Family Child Care</b>	453	3,053
<b>Total</b>	881	34,248

This data was not added to the table below as it does not represent the same time frame. However, it is important to show for general awareness.

	Mar 2020 # of Providers	March 2020 Capacity	Mar 2021 # of Providers	March 2021 Capacity	Mar 2022 # of providers	March 2022 Capacity	Mar 2023 # of providers	March 23 Capacity
<b>Child Care Centers</b>	446	32,435	406	29,853	410	31,083	415	31,670
<b>Family Child Care Providers</b>	465	3,084	396	2,726	392	2,670	387	2633
<b>Total</b>	911	35,519	802	32,579	802	33,753	802	34,303

In the last six months, DHS added both providers and capacity to licensed child care spots. Although DHS is not at pre-pandemic number of providers, they are slowly trending upwards.

The following charts illustrate the number of CCAP enrollments by provider type and BrightStars rating as of February 2023. Enrollments are further broken down by age group (infant/toddler, preschool and school-age). For example, of the 1,878 preschool aged children in center-based care who have CCAP benefits, 498 are enrolled in a center with a BrightStars rating of 4 stars. Most children in all age groups attend full time. DHS has provided this information as part of caseload testimony since 2020 and can provide this information on a monthly basis going forward.

CCAP Enrollment by BrightStars Rating CEC						
Center-Based Providers (Feb. 2023)						
Age Group	1 Star	2 Star	3 Star	4 Star	5 Star	TOTAL
Infant/Toddlers	252	401	204	275	54	1,186
Preschoolers	419	537	289	498	135	1,878
School-Age	524	551	307	437	23	1,842
<b>TOTAL</b>	<b>1,195</b>	<b>1,489</b>	<b>800</b>	<b>1,210</b>	<b>212</b>	<b>4,906</b>

CCAP Enrollment by BrightStars Rating CEC						
Family Based & Group Family Based (Feb. 2023)						
Age Group	1 Star	2 Star	3 Star	4 Star	5 Star	TOTAL
Infant/Toddlers	278	185	10	5	1	479
Preschoolers	272	196	8	4		480
School-Age	246	222	4	8		480
<b>TOTAL</b>	<b>796</b>	<b>603</b>	<b>22</b>	<b>17</b>	<b>1</b>	<b>1,439</b>

CCAP Enrollment by BrightStars Rating CEC							
Star Rating by Age Group and Authorized/Enrolled Hours (Feb. 2023)							
Brightstars Rating -->	No Rating (LE)	1	2	3	4	5	Grand Total
<b>Full Time</b>							
Infant/Toddler		454	528	185	244	48	1,459
Preschoolers		538	601	219	368	71	1,797
School-Age		248	273	58	119	0	698
<b>Half Time</b>							
Infant/Toddler		9	4	2	2	1	18
Preschoolers		27	30	15	41	34	147
School-Age		156	188	80	57	7	488
<b>Quarter Time</b>							
Infant/Toddler		0	1	0	3	0	4
Preschoolers		1	1	1	5	8	16
School-Age		19	26	5	25	0	75



Third Time							
Infant/Toddler		67	53	27	31	6	<b>184</b>
Preschoolers		125	101	62	88	22	<b>398</b>
School-Age		347	284	168	244	16	<b>1,059</b>
<b>Grand Total</b>	<b>0</b>	<b>1,452</b>	<b>2090</b>	<b>822</b>	<b>1,227</b>	<b>213</b>	<b>6,343</b>

CCAP enrollments remained relatively steady from November 2022 through February 2023 with a decrease in Center-based enrollments (including DCYF children) of 78 and an increase of Family Child Care enrollments of 109. During this period, infant/toddler enrollments increased in Center-based care (38%) offset by reductions in both preschool and school age enrollments. Infant/toddler enrollments also increased in the family child care setting (28%), as did school age enrollments (16%) offset by reductions in preschool enrollments.

Center Based Providers (Includes DCYF) Feb. 2023				
	Infant/Toddler Enrollments	Preschool Enrollments	SA Enrollments	Total Enrollments
Sep-22	854	2,248	1,861	4,963
Oct-22	1,040	1,930	1,881	4,851
Nov-22	1,062	1,907	1,868	4,837
Dec-22	1,106	1,933	1,885	4,924
Jan-23	1,155	1,900	1,858	4,913
Feb-23	1,178	1,870	1,837	4,885
Trend: Sep 2022 to Feb 2023	324	-378	-24	-78

Family Child Care Providers (Includes DCYF) Feb. 2023				
	Infant/Toddler Enrollments	Preschool Enrollments	SA Enrollments	Total Enrollments
Sep-22	368	534	409	1,311
Oct-22	428	501	492	1,421
Nov-22	430	485	470	1,385
Dec-22	444	486	473	1,403
Jan-23	466	475	475	1,416
Feb-23	471	476	473	1,420
Trend: Sep 2022 to Feb 2023	103	-58	64	109

The percentage of CCAP enrolled children attending 4- and 5-star child care center programs has increased 16% since the tiered system was first implemented in 2018. The most recent data, as of February 28, 2023, is included in the chart below. This reflects the percentage has stayed the same since the last report was submitted. However, it is anticipated that as DHS sees engagement in the quality rating system across all provider types, this number will continue to increase. Additionally, there has been a collaborative approach by DHS and its vendors to create a more efficient case management system aimed at direct technical assistance and support to providers.

December 2018	December 2019	December 2020	December 2021	September 2022	February 2023
10%	16%	21%	24%	26%	26%

### ***Federal COVID-19 Funding and Initiatives to Support Child Care Recovery***

The State has been in receipt of pandemic response federal funding specifically dedicated to child care programming since March 2020. The specific funding sources, as well as the Department's use of this funding for COVID-19 initiatives and CCAP payment practices, are listed below, along with the funding source charged, associated cost, and status. At this time, all DHS funding has been obligated for the initiatives listed below.

Funding Source + Award Total	Item	Status	Amount Obligated	Amount Liquidated
CRRSA CCDF \$23,867,232	Fiscal Intermediary for Stabilization Grants	Complete	\$893,549	\$893,549
	Child Care Stabilization Grants:	Complete	\$18,583,200	\$18,583,200
	CCAP COVID Rate Increase (7/1 – 12/31/21)	Complete	\$911,953	\$911,953
	Interdepartmental Project Manager	In Progress	\$385,921	\$209,166
	Pre-K Expansion	In Progress	\$1,300,000	\$1,038,843
	CCAP Co-pays (10/1/21 – 3/5/22)	Complete	\$1,622,765	\$1,622,765
	Licensing Monitoring and Inspection System	Complete	\$6,525	\$6,525
	DOA Administration Charges	In Progress	163,319	163,319
			<b>\$23,867,232</b>	<b>\$23,429,320</b>
ARPA CCDF \$35,795,528	CCAP- Reimbursing based on enrollment not attendance:	Complete	\$1,630,835	\$1,630,835
	CCAP- Rate Increase (1/1/22 – 6/30/24):	In Progress	\$29,603,147	\$13,303,203
	CCAP- Cap co-pays at 7%	In Progress	\$2,776,643	\$1,069,844
	BrightStars LearnERS (Job-embedded PD) and Quality Grants	In Progress	\$797,812	\$531,613
	SUCCESS/Children's Mental Health	In Progress	\$628,468	\$213,703
	DOA Administration Charges	In Progress	\$358,623	\$358,623
			<b>\$35,795,528</b>	<b>\$17,107,821</b>
CARES CCDF  \$8,165,854	Child Care Grants:	Complete	\$1,860,519	\$1,860,519
	CCAP co-pays (through 3/13/2020 - 6/30/21)	Complete	\$1,045,517	\$1,045,517
	CCAP co-pays (7/1/21 – 9/30/21):	Complete	\$996,504	\$996,504
	ECCE Background Check Fee Waiver	In Progress	\$395,258	\$332,600
	COVID Rate Increase (7/1/2021 - 12/31/2021):	Complete	\$2,648,677	\$2,648,677
	Interdepartmental Project Manager	Complete	\$22,531	\$22,531
	Child Care Planning Grants	In Progress	\$387,648	\$0
	Implementation and Distribution of COVID-19 tests	In Progress	\$131,365	\$36,555
	Health Care Supplies to child care programs from Health Consultant Model	In Progress	\$100,000	\$0
	Test to Stay Protocol – COVID-19	Complete	\$523,340	\$523,340
	DOA Administration Charges	In Progress	\$54,495	\$54,495
<b>Total</b>			<b>\$8,165,854</b>	<b>\$7,520,738</b>
ARPA Stabilization \$57,251,352	Child Care Stabilization Grants	Complete	\$55,109,000	\$55,109,000
	Fiscal Intermediary for Stabilization Grants	Complete	\$1,170,189	\$1,170,189
	DOA Administration Charges	Complete	\$972,047	\$972,047
<b>Total</b>			<b>\$57,251,236</b>	<b>\$57,251,236</b>

Another way DHS is supporting providers is through Early Educator Pandemic Retention Bonuses through the American Rescue Plan (ARPA) State Fiscal Recovery Funds (SFRF). As essential workers, early educators play a crucial role in keeping licensed child care programs open and serving Rhode Island families through this time of strained staffing. This program is intended to invest in early educators by offering bonuses to direct care staff employed at DHS-licensed child care providers. For this current round of funding, educators are eligible to receive a maximum of four quarterly bonuses of \$750 each, depending on eligibility in each application window. These retention bonuses supplement educators' compensation to support retention and recruitment

in the early learning sector, as well as recognize the vital work that early educators do in supporting the State's children.

As of April 2023, 5,152 unique applicants have received a Pandemic Retention Bonus, totaling \$16,600,000. The breakdown of these awards are as follows:

- 3,239 unique applications in round 1
- 3,758 in round 2 (796 unique/ 2,962 retained)
- 3,881 in round 3 (608 unique/ 3,273 retained)
- 4,268 in round 4 (509 unique/ 3,759 retained)
- 2,470 applicants have retained their employment for all four rounds

These numbers show an increase in applicants in each round as well as an increase in retainment in each round, demonstrating that increased compensation has a direct impact on the retention of employees in the field of early childhood education and care.

DHS has also received State Fiscal Recovery Funds for four additional child care projects to increase the supply and quality of child care, recruit and retain staff, and maintain an early child care workforce registry. Information on the Family Child Care start-up grants are provided, while the other three projects are in procurement/or just beginning.

Project	Allocation
Child Care Family Provider Support	\$600,000
Child Care Retention Bonuses	\$37,400,000
Child Care Workforce Registry	\$1,000,000
Program Quality Improvement Grants	\$1,000,000
TEACH Early Educator Scholarship	\$2,000,000
<b>TOTAL SFRF DOLLARS</b>	<b>\$42,000,000</b>

**Question:** The FY 2023 enacted budget permanently extended child care assistance for individuals enrolled in either URI, RIC, or CCRI. Please provide updated assumptions for FY 2023 and FY 2024.

**Answer:** See narrative below.

The FY 2022-23 State Budget authorized Child Care Assistance for College as of July 1, 2022. To date, CCAP benefits have been approved for 29 children under CCAP for College. Twenty-two of these children have enrolled in CCAP-approved child care programs. Spending to date includes \$71,047 in FY2022 and \$128,925 to date in FY2023 with an estimate of \$186,225 in FY2023 based on current enrollments. The estimated annual cost for a full-time 12-month CCAP benefit in

FY2023 is \$10,742. As of March 2023, DHS has implemented the system changes needed to process CCAP for College eligibility as a standalone need, as well as the option to combine college credit hours with work hours to meet the minimum requirements of 20 hours of approved activity. As this is now complete, the Department has engaged with a PR/Marketing vendor as part of the Preschool Development Grant to promote CCAP for College and the Child Care Assistance Program to RI families. This will include targeted marketing to and through the approved RI colleges and universities that are part of the CCAP for College program as well through community partners. DHS anticipates increased demand throughout FY2024 with the rollout of the marketing campaign, and the capacity for combining work and college credit hours – a function not available during the pilot. This will allow families who meet the income eligibility standards to combine part-time college credit hour needs with part-time work hour needs, better reflecting the schedule and needs of student parents. The cost in FY2024 is estimated to be \$333,718, with enrollment in the program doubling.

**Question:** For the SEIU Collective Bargaining Agreement, please provide estimates on the cost of family child care provided child care, as well as information on the final executed contract, including changes to the rate structure and all other agreed upon reimbursement arrangements.

**Answer:** See narrative and table below.

The most recent agreement between the State of Rhode Island and SEIU District 1199NE covering Child Care Assistance Program (CCAP) Family Child Care Providers was executed on December 22, 2022. The duration of this new Collective Bargaining Agreement is from January 1, 2022, through June 30, 2025. Family Child Care reimbursement rates were approved retroactive to January 1, 2022, with a 2.5% increase on January 1, 2023, and 2.5% scheduled for July 1, 2024. Retroactive payments per the 2022 updated rates were made in February 2023, to Family Child Care providers. The 2023 rates are updated and implemented as of January 1, 2023.

A total of 331 family child care providers received retroactive payments totaling \$3,048,829. This amount represents the increase in rates for 2,119 children served in family child care homes in calendar year 2022. Of these 2,119 children, 80 of them were in the care and custody of DCYF and \$97,023 was charged directly to DCYF. In January 2023, an additional 2.5% increase became effective with an estimated cost of \$1,713,954 to the DHS FY2023 budget, and \$43,431 to the DCYF budget. For FY2024, the amount of these increases is estimated to be \$3,314,050, with DCYF being charged an estimated \$107,564. The final negotiated rate increase of 2.5% will become effective July 1, 2024, and is estimated to cost \$3.6 million. These amounts are reflected in the FY2023 and FY2024 estimates.

The change to the compensation formula is one of the main changes in the collective bargaining agreement for Family Child Care providers. These rates were changed to reflect a comparison to the market rate as DHS continues to do with child care centers. Under the 2014 reauthorization of the CCDF by Congress, states are required to conduct a Market Rate Survey or alternative

methodology every three years to assist in establishing subsidy payment rates. This survey is intended to provide information to guide states in setting subsidy rates at a level where children and families receiving assistance have equal access to child care services that are of comparable quality to children who do not receive assistance. Federal guidance has set the 75<sup>th</sup> percentile of market rates to be the appropriate indicator of equal access.

An important additional change to the compensation structure is the movement of family child care providers from a rating based on “steps” to one based on their Brightstars rating. Under the previous “step” rating system, family child care providers could receive a maximum 4% increase on the base reimbursement rate based on their education level. Starting at step 1, all providers were eligible for a 1% increase. Providers with a high school diploma, GED or 10 years of experience and pursuing a GED would qualify for Step 2 and receive another 1% increase. Step 3 provided an additional 1% increase for providers who completed a Child Development Associate credential (CDA) or three college credits. At step 4, the highest step, providers who completed the RI Early Childhood Education & Training Program or an associate’s degree or higher would qualify for an additional 1% increase. The change to this structure will now mirror that of the child care centers and align their movement up the rating scale with quality improvement. Since 2018, DHS has implemented a tiered reimbursement rating system for all center-based child care programs to ensure high quality programs (rated at a 4- and 5-Star) receive higher reimbursement to cover the additional costs associated with delivering high quality care. As a result of the most recent collective bargaining agreement negotiated with the family child care union, family child care providers will now also receive higher reimbursement rates as they move up the quality continuum. The State’s Quality Rating and Improvement System (QRIS), BrightStars, uses a combination of standardized assessment tools and a formalized review of staff qualifications and credentials to award programs with a quality rating. Child care licensing (health and safety regulatory requirements as governed by DHS) represents the first, foundational building block of the State’s QRIS.

There were additional changes to the contract that are important to note. Beginning FY2022, the State agreed to allocate \$350,000 into a training and support fund to be jointly administered by the DHS and the Union, which will increase \$25,000 in both year two and year three. The Education and Support Fund (ESF) may contract with vendors, agencies, colleges, or provider peer mentors to offer family child care specific trainings and supports to meet the unique needs of family child care providers. These trainings and supports supplement, but do not duplicate, professional development and technical assistance provided through the PDTA infrastructure and include course work and technical assistance related to family child care business development, technology and digital literacy, and leadership in addition to educator pathways. ESF has launched the early phases of Educator-Led Communities of Care (ELCC), with FCC Peer Leaders hosting monthly cohorts for provider engagement. Part of this work includes the development of a marketing platform for family child care providers to promote their businesses and engage families. Family Child Care providers are also being provided with a one-time technology award of a home computer device to be selected by the State with input from the Union and whose cost shall not exceed \$1,000 per provider. In 2016, the DHS distributed

Chromebooks to providers. These have since become out-of-date and unable to run basic programs, such as Zoom, needed for providers in today's world.

### ***Child Care Caseload Trends and Projections***

**Question:** Please fill out the DHS excel file for the FY 2023 and FY 2024 estimates by fund source and line sequence.

- a. For the Child Care Development Block grant
  - a. Do the general revenues meet or exceed the required match? If required match is exceeded, please explain why.
- b. Please include the balance of any unspent funds from prior years and report any plans for use.

**Question:** Please provide the minimum general revenue match required for the block grants.

**Answer:** See the narrative and tables below.

Fiscal Year	Mandatory	Matching	Discretionary
FY2023 Carryforward	\$3,126,643	\$3,354,251	\$12,717,650

The above table represents FFY2023 CCDBG amounts available for FY2024 funding. However, the Mandatory and Matching totals will be spent by 9/30/2023, during FY 2024, prior to the FFY 2023 budget period end date. CCAP administrative and systems costs, quality contracts, and various CBA payment practices such as reimbursement for paid sick time utilizing DHS-approved emergency assistants are funded with discretionary funding. On Thursday, December 29, 2022, President Joe Biden signed into law the Consolidated Appropriations Act, 2023. The appropriation for FY2023 included more than \$8 billion in total annual discretionary funds for the Child Care and Development Block Grant (CCDBG). This is the second largest increase in discretionary funding in the history of CCDBG – following the \$2.4 billion increase in FY2018. Rhode Island's distribution of these federal discretionary funds for FFY2023 total \$4 million. As concerns about economic recovery, unemployment, and inflation continue—and with federal funding provided through the American Rescue Plan Act (ARPA) set to expire at the end of the next fiscal year (September 2024)—significant and sustained increases in annual discretionary funding remain a critical support. The Department's plans to utilize this additional funding is comprehensive, with a portion of this funding being utilized to supplement, not supplant the various child care initiatives presently in place. One of the main initiatives that this funding is going to support is a larger child care data system, called RISES (Rhode Island Start Early System). RISES will encompass business functionalities that are utilized by various stakeholders, including state agencies (DHS and RIDE), families, early learning workforce members, early learning providers and early learning technical assistance and quality vendors. The functionalities in this upcoming data system are essential to achieving long-term early learning initiatives, including universally available RI Pre-K and increased access to high-quality child care. The onboarding and

implementation of this system will provide meaningful data to inform future decision making around this funding.

The American Rescue Plan Act increased the CCDF mandatory and matching appropriation for the first time since 2006 by \$1,406,906. This funding increase was applied to the FFY2021 annual award and because it is a statutory amendment to the Social Security Act, and not subject to annual appropriations, this increase is permanent and will be maintained in future years. Because the State CCDF mandatory fund amount remains fixed in law, the increase in funds appropriated to the State by the ARPA are awarded as CCDF matching funds. States were not required to match the additional funds awarded in FFY 2021 and FFY 2022. For FFY2023, the state is required to match these additional funds subject to the current quarterly FMAP rate. Under current law, regular FMAP rates are subject to a 6.2 percentage point increase due to the COVID-19 public health emergency. This level of increase is slated to remain in place through March 31, 2023, with the percentage point increase reduced in each subsequent quarter to 5.0 as of April 1, 2023; 2.5 as of July 1, 2023; and 1.5 as of October 1, 2023. As of January 1, 2024, no COVID-19-related FMAP increase is to apply.

General Revenue	SFY 2023	SFY 2024
Maintenance of Effort (MOE)	\$ 5,321,126	\$ 5,321,126
State Match	\$ 3,786,355	\$ 4,835,619

General revenues are budgeted to meet the required match, with a very small amount level funded every year as a sign of the State's commitment to contribute to the program when necessary.

The DHS excel file for the FY2023 and FY2024 estimates by fund source and line sequence is included with the caseload documents within Appendix A.

**Question:** Please provide the underlying assumptions the Department is utilizing to assess the impact of COVID-19 on the CCAP program with respect to caseload and costs as well as the financial health and stability of child care providers. Please note any changes since the November conference, including details on rates being paid, assumed capacity (including seats and staff lost), and any other impacts on providers.

**Answer:** See narrative and tables below.

In FY2023, through payment cycle 21, an average of 5,566 children were served in the CCAP each week. This represents a 3% increase in the average number of children served since last caseload and a 4.9% increase from this same time last year. Average children served in all age categories increased from last year with infant and toddlers experiencing significant increases of 19.3% and



9.1% respectively. Preschool and school-age children also experienced modest increases of 3.1% and 2.5% respectively.

<b>March 2023</b>		
<b>Number of Children by Provider Type</b>		
	<b># of Children</b>	<b># of Providers</b>
Family Based	1,323	277
Center Based	4,243	256
<b>Total</b>	<b>5,566</b>	<b>533</b>

*Based on average through Batch 21*

<b>March 2022</b>		
<b>Number of Children by Provider Type</b>		
	<b># of Children</b>	<b># of Providers</b>
Family Based	1,146	266
Center Based	4,159	251
<b>Total</b>	<b>5,305</b>	<b>517</b>

*Based on average through Batch 21*

Overall, the number of providers serving CCAP children increased by 3.1% over the same time last year. While the number of family-based providers serving CCAP children increased by 4.1%, center-based providers serving CCAP children increased at a rate of 2%. The flexibility a family-based provider offers has long been a factor for families when looking for child care, especially now when centers providing a standard schedule cannot accommodate early and late-day schedules due to staffing issues. This flexibility, as well as the flexibilities being seen in the current employment trends, may be a factor in the rise of children being served by family-based providers. The Department has also been working to market and open new family child care programs because of their ability to be flexible.

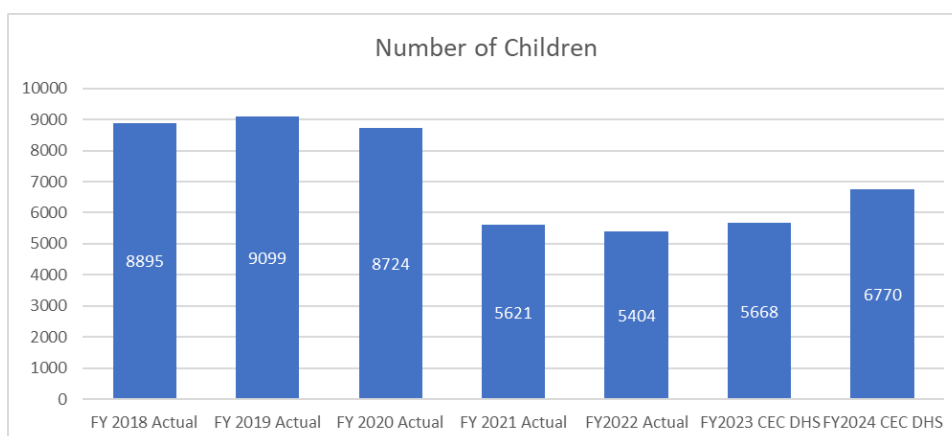
In FY2023, through payment cycle 21, the average number of children serviced by category is as follows:

<b>Number of Children by Age Grouping</b>		
<b>Category</b>	<b># of Children</b>	<b>% of Total</b>
Infant	445	8.0%
Toddler	891	16.0%
Preschool	2352	42.3%
School Age	1878	33.7%
<b>Total</b>	<b>5,566</b>	<b>100%</b>

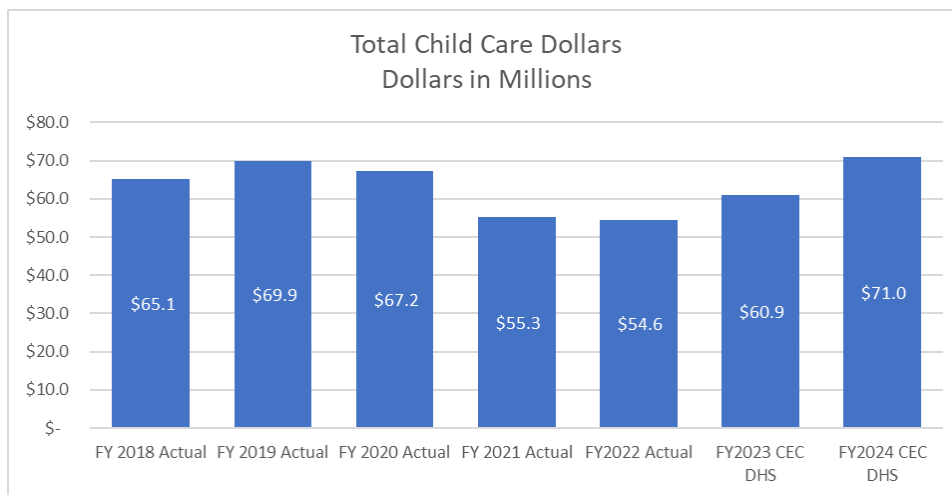
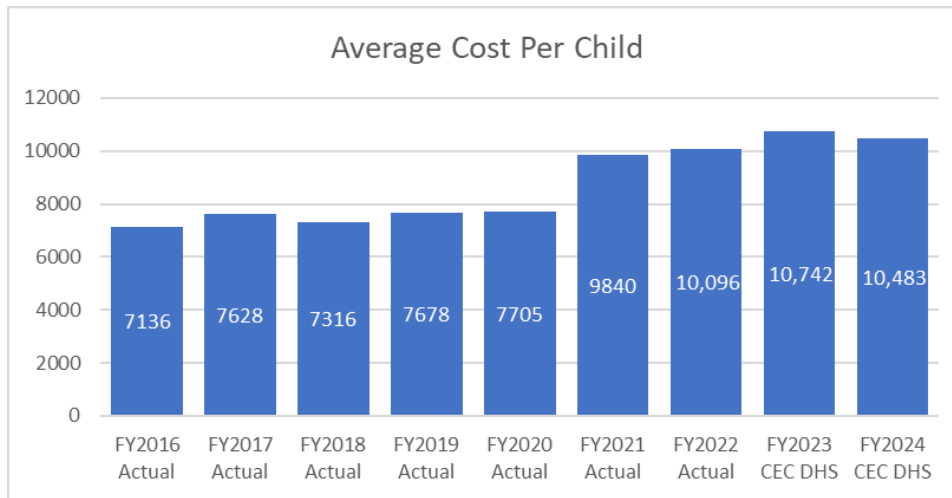
*Based on average through Batch 21*

In general, families utilize child care subsidy programs for relatively short periods of time, but frequently return to the subsidy program after they exit. The number of children enrolled in child care throughout FY2023 is 32% higher than the average amount of children enrolled in any given pay period. Through Batch 21, 8,187 individual children were served by CCAP.

The DHS is expecting to see a 4.9% increase in the average caseload in FY2023 compared to FY2022. The expansion of eligibility to 200% of the federal poverty level as well as the increased transitional exit of 300% and the expansion of child care assistance for college students is a factor to this growth. The expansion of eligibility could positively impact 182 families whose income eligibility was higher than 180% FPL (the previous entry point) but under the new limit of 200% FPL. Since July 2022, 18 of these families (26 children) have applied for and been approved for CCAP benefits. Likewise, the expanded exit limit for transitional CCAP cases (those whose income exceeds 200% FPL at renewal) resulted in renewed benefits for 76 families (103 children) who would have been denied as over income under the previous limit of 225% FPL.



While the Department discontinued COVID enhanced rates in December 2021, legislation to increase the rates for center-based providers was passed and center-based providers received rate increases in January and July of 2022 to move towards federally defined equal access. On December 22, 2022, the State executed its most recent agreement with SEIU District 1199NE, negotiating rate increases for family-based providers and bringing rate parity in line with center-based providers. These increases bring center-based rates to the 50<sup>th</sup> percentile for one-star providers and five-star providers up to the 80<sup>th</sup> percentile. Family-based providers were also brought closer to equal access with one star provider rates increasing to an average of the 60<sup>th</sup> percentile, and five-star provider rates increasing to an average of the 80<sup>th</sup> percentile. Rates for center-based providers increased by approximately 13% in July 2022, while family-based provider rates increased by an average of 31%, retroactive to January 1, 2022. These rate increases have increased the average cost-per-child by an estimated 6.4% in FY2023, mainly due to family home providers receiving payment in FY2023 for rate increases retroactive to January 1, 2022. The average cost-per-child will level out in FY2024 at \$10,483.



In FY2023, through payment cycle 21, an average of 5,566 children were served in the CCAP each week. This represents a 4.9% increase from this same time last year. In addition, from payment cycle 11 through payment cycle 21, the Department has experienced .8% growth. It is expected that through the remaining pay cycles for FY2023, DHS will continue to see this .8% growth, and average enrollment for the year will increase 4.9% compared to FY2022.

The Department projects that average enrollment will continue to recover slowly. Despite the public health emergency coming to an end soon, and the unemployment rate at 3.1% in February 2023, workforce participation remains below pre-pandemic levels. According to the Department of Labor and Training (DLT), the labor force participation rate was 62.9% in February 2023, unchanged from January 2023, and down from 63.4 in February 2022. Nationally, 62.5% of U.S. residents participated in the labor force.

The below projection includes the cost to increase the rates paid to child care providers to move towards federally defined equal access to child care in Rhode Island, the cost to expand eligibility to 200% of the federal poverty level, and the cost to permanently lift the sunset on the CCAP for low-income college students. In addition, the cost to cap CCAP co-pays at 7%, in line with the federal standard for affordability, is included, as well as the cost to expand the allowable absence policy.

	FY2023	
	Average # of Children	Amount
Base	5,668	\$49,262,468
July 2022 Center Based Rate Increase		\$5,174,331
Family Child Care Provider Retro Active 2022 Rate Increase		\$2,951,806
Family Child Care Provider Rate Increase 1/1/2023		\$1,713,954
Expand Eligibility 200% FPL		\$272,550
CCAP for College		\$186,225
Expand Attendance Policy		\$634,274
Cap Copay 7%		\$686,228
		\$60,881,835

The Department projects that this .8% growth by pay cycle will continue in FY2024, and average enrollment is expected to increase by 19.5% in FY2024. The cost associated with this increase in enrollment is in the table below.

	FY2024	
	Average # of Children	Amount
Base	6,770	\$58,403,487
Center Based Rate Increase		\$6,249,088
Family Child Care Rate Increase		\$3,314,050
Expand Eligibility 200% FPL		\$936,206
CCAP for College		\$333,718
Expand Attendance Policy		\$984,870
Cap Copay 7%		\$749,042
		\$70,970,461

**Question:** Please provide an update on the disenrollment trends impacted by COVID-19.

**Answer:** As of September 18, 2023, the State ended the COVID mitigation practice of paying providers based on a child's enrollment and not on the child's attendance. As of that date, providers were required to disenroll children who were no longer attending their program. Children showing absent without notice for more than two consecutive weeks who were not disenrolled by the provider, were disenrolled by the State. Enrollments show a decline of 5.7%, or 358 between September and October 2022. However, this figure includes all disenrollments, including school age-children disenrolling from summer programs and other disenrollments, in addition to children disenrolled as no longer attending based on the end of the payment practice. At the same time, the State implemented a new child absence policy that increased the allowable absence from 5 to 10 consecutive days, provided the parent and program submit absent-with-notice confirmation. Children who are absent with no notice are considered non-attending for the week and providers do not receive payment. If a child is absent with no notice for 10 consecutive days, providers are asked to confirm with the family intent to return or disenroll, and then to disenroll the child from their program. In any case, the provider will not receive payment for the child showing absent-without-notice.

**Question:** Please provide an update to the part-time and permanent closure trends for providers. Are there any new providers that have been or are waiting to be licensed?

**Answer:** See table and narrative below.

As of February 2023, DHS has closed 28 providers since the last caseload numbers were reviewed at the end of September 2022. DHS reports 11 child care center closings. It should be noted though, there have only been two closings with no immediate plans to reopen. There have been six school-age programs, all within elementary schools, that have been unable to stay open due to the staffing crisis and an inability to keep staff there. The remainder of the closings have been to combine licenses in the same building/complex.

Provider type	Provider Opening and Closings in Child Care September 2022- March 2023		
	Openings	Closings	+/-
Family Child Care providers	18	17	1
Center providers	14	11	3
Total	32	28	4

There have been 17 closings in Family Child Care, 14 of them due to an aging workforce, declining health, and older providers not renewing and deciding to retire. This makes up 82% of the family child care closures, with the remaining due to moving without Department notice and having to re-apply once the move is complete (18%).

Currently, DHS has several pending licensures in the queue. DHS has 10 pending family child care applications, four pending child care center applications. In addition, there are 36 new potential family child care providers working towards getting them into orientation and first steps programs for new providers.

The Department is seeing an influx of providers who are looking to start a Family Child Care center home, largely due to the start-up funding through the American Rescue Plan Act (ARPA) State Fiscal Recovery Fund (SFRF) to support this specific child care type. Since the start of the Family Child Care provider grant in April 2022, DHS has awarded 78 prospective family child care providers with start-up grants. The Department is working with them through the licensing process. As of April 4, 2023, 32 of these providers have been licensed and another 10 have pending applications with DHS. The remaining providers are receiving active technical assistance from the Center for Early Learning Professionals, as well as the Office of Child Care's licensing department. These supports include technical assistance through the application process, followed by an assigned individual technical assistance specialist from the Center of Early Learning Professionals to assist the new provider with the First Steps Training process.

Once the provider has completed First Steps, the technical assistance specialist visits the providers home to help them prepare the space for licensing and helps the provider complete their licensing application. Once licensed, these providers are assigned a BrightStars navigator to ensure they continue to move up the quality continuum and increase the quality of care they are providing the children in their care. In addition to these supports, the applicants are required to participate in a business training that includes sessions about budgeting, marketing, documents and reporting, etc. Many families choose licensed Family Child Care programs because of the home-like environment and the non-standard hours of operation, which is appealing to families who don't work a typical 9-5 job.

**Question:** Please provide an update regarding the ACF memo titled "Enrollment Reductions and Conversion of Head Start Slots to Early Head Start Slots."

- a. How many providers are considering reducing Head Start Slots?
- b. How many seats will be reduced if providers choose to reduce Head Start Seating?

**Answer:** See narrative below.

Prior to the ACF memo mentioned above, the Office of Head Start issued a memo titled Strategies to Stabilize the Head Start Workforce ACF-IM-HS-22-06, in September 2022. This memo was the precursor for the above referenced memo. The workforce memo acknowledges the workforce challenges programs have been experiencing and strongly encourages programs to permanently increase compensation while outlining allowable strategies sustainably to do so. Examples

provided include consolidating grants, restructuring management or organizations, or requesting a reduction in the overall number of funded slots through a change-in-scope request while continuing to prioritize services to the children and families who are most in need.

There are 2,722 funded Head Start and Early Head Start slots in RI, which is inclusive of various models including services for pregnant women, home-based and center-based services. These funded slots are provided to seven Head Start organizations in Rhode Island. Currently, of the seven Head start organizations, 71% of them are considering a slot reduction (five of the seven Head Start organizations). It is important to note that only one of the seven has formally submitted the change in scope. The remainder are weighing their options and have not put in any type of formal request. To account for shifts in community needs, Head Start allows programs to propose a reduction to their funded enrollment to maintain quality of program services. It also permits a program to convert Head Start slots to Early Head Start slots and/or convert part-day slots to full-working day slots to meet community needs. Some programs may opt to redesign and convert slots such as converting Head Start to Early Head Start, which may in theory reduce funded enrollment, but may be considered a strategic choice - especially since there is a shortage of high-quality infant toddler care in Rhode Island. Early Head Start serves children ages 0-3 and has a lower staff-to-child ratio than preschool children which aligns with best practice and is mandated by the DHS Center-Based Program Regulations for Licensure.

Each program is unique and there are many considerations that contribute to the decision to reduce or convert slots. But one example that impacts Rhode Island's urban core is that programs are considering moving from a half day to a minimum of a six--hour day model which prevents them from operating two separate classes in the same physical space, and therefore would require a slot reduction. This reduction of slots would better meet community needs as working families typically need more than four hours of care and it aligns with evidence-based best practices.

It is nearly impossible to estimate how many seats will be reduced if providers choose to reduce Head Start seating at this time. Currently, there is only one Head Start organization that submitted a request for reduction of slots formally. The future potential of a reduction of funded enrollment (Head Start seat reduction) will not be known for some time given that all organizations operate on their own funding award cycles which occur throughout the year. Once programs are on an enrollment plan (corrective action) through the full enrollment initiative, they have a year to rectify. Therefore, this information may take a year or more to be known. Lastly, all Change-in-Scope Applications are scrutinized by the federal Office of Head Start and are not guaranteed for approval.

**Question:** Please provide an update regarding CCAP absence policy.

- a. Average length of time of absences
- b. Average number of CCAP recipients absent each month.

**Answer:** See narrative below.

Effective September 18, 2022, families are allowed up to two consecutive weeks of allowable absences at a time without impacting provider payment. Allowable absences are those with notice accompanied by a parent note. Parental notice will be required for absences of five consecutive days in a week. Payment will not be made for children who are non-attending or absent-without-notice, per DHS policy. After two consecutive calendar weeks of allowable absence, if the child does not return to care, no payment for subsequent weeks will be made. There is no limit on the number of days or weeks a child can be absent with notice in a calendar year, provided they return to care after the absence and provided they are not absent for more than two consecutive weeks at a time. The policy continues to separate occasional and short-term child absences from provider payments, while ensuring extended absences beyond two weeks are flagged for review, and that children either return to care or are disenrolled. The expansion from 5 to 10 consecutive days of approved absences provides additional flexibility for families managing longer illness periods, multiple COVID-19 exposures within a family, and unexpected extended absences. It also protects providers from income loss in these same circumstances. Beyond the 10 consecutive day period, providers and the Office of Child Care provider management team will either disenroll the child if non-attending with no plans to return or will evaluate on a case-by-case basis for circumstances that go beyond the allowable absence period.

The state tracks attendance by the week. If a child is present for any portion of the week the provider is paid for that week. Since implementation of the allowable absence policy in September 2022, the average number of CCAP recipients absent each month was 276. The average length of time for a child's absence was 1.7 weeks. From implementation through March 23, 2023 (22 service weeks) the cost of the absence policy was \$377,554. Based on this initial data, the cost for FY2023 is estimated to be \$634,274, with the cost increasing to \$984,870 in FY2024. The Department will continue to monitor the number of families utilizing the absence policy throughout FY2023 in order to drive future child care policy.

**Question:** Please provide any available analysis on the impact of FY2023 rate changes on the CCAP program (cost, provider enrollment, other)

**Answer:** See narrative below.

The FY2023 center-based rate increase implemented in July 2022 represented an approximate 13% raise for child care center providers. Rate increases were highest at approximately 20% for children in the school-age category where tiered quality reimbursements were also



implemented. Rates for infant/toddler providers increased approximately 8.9%, and for pre-school, approximately 10.8%. These increases brought providers at a star level 4 quality rating close to the ACF recommended 75<sup>th</sup> percentile of the most recent market rate survey for all age groups. Family Child Care rates approved through the collective bargaining agreement between the State and the family child care union, SEIU1199, in December 2022, set rates retroactively to January 1, 2022, adding increases across all age categories and adding tiered reimbursement based on BrightStars quality star level. Providers received a lump sum retroactive payment for the 2022 rate increase in February 2023. Subsequent increases of 2.5% effective January 1, 2023, and 2.5% for July 2024, were also approved. With the 2023 rate update, family child care reimbursement rates for all age categories meet or exceed the ACF recommended 75<sup>th</sup> percentile of the market rate survey at a star level 4 quality rating (infant/toddler reimbursement exceeds this threshold at the 1-star level). Increased rates support providers in choosing to become CCAP providers with closer parity to private pay rates, in maintaining wages, and in providing higher quality care.

Movement up the quality continuum has had the biggest result on the CCAP program. The following tables outline the number of increased ratings by provider type since October 1, 2022. An additional 24 programs enrolled in BrightStars; nine centers and 13 FCCs. These programs are all initially rated at a one star but receive support to quickly move up the continuum either through onsite coaching/mentoring, technical assistance referral, or support in identifying any additional documentation that may be required to move up a star level.

<b>Provider Type</b>	<b>Number of Providers with an increase in BrightStars October 1, 2022-February 28, 2023</b>
Family child care providers	4
Center providers	10

A total of 14 licensed child care providers have increased their star rating level since October 2022. Ten centers and four family child care providers increased during this time. The increases are outlined below.

<b>Program Type</b>	<b>Previous Rating</b>	<b>New Rating</b>	<b>Reason for Increase</b>
Child Care Center	2	3	Standard 1 (Learning Environment)
Child Care Center	4	5	Standard 1 (Learning Environment)
Child Care Center	4	5	Standard 1 (Learning Environment)
Child Care Center	4	5	Standard 1 (Learning Environment)
Child Care Center	1	2	Standard 6 (Continuous Quality Improvement)
Child Care Center	2	3	Standard 4 (Teacher Qualifications)
Child Care Center	2	4	Standard 1 (Learning Environment)
Child Care Center	1	2	Standard 1 (Learning Environment)
Child Care Center	2	4	Standard 6 (Continuous Quality Improvement)
Child Care Center	1	2	Standard 6 (Continuous Quality Improvement)
FCC	1	2	Standard 1 (Learning Environment)

FCC	2	3	Standard 1 (Learning Environment)
FCC	4	5	Standard 1 (Learning Environment)
FCC	1	2	Standard 1 (Learning Environment)

Total Licensed Child Care Participation in BrightStars by Provider Type (As of February 28, 2023)			
Star Rating Level	Center	Family Child Care	School Age Specific
1 Star	71	247	26
2 Star	77	123	21
3 Star	30	5	25
4 Star	58	3	12
5 Star	27	1	3
Total Participants	263	379	87

School Age was added to these numbers as its own separate column given the increase in reimbursement rates for this provider type. Overall, since the last caseload estimates, there has been a shift in all provider types to refocus on moving up the quality continuum. This can be partially attributed to the stabilization efforts supported by pandemic relief funding, as well as the increased rate of reimbursement. This has caused an increase in programs applying to participate in BrightStars. With the additional support of the LearnERS program, as well as the updates to the standards, new providers are also able to move up the continuum faster.

**Question:** The CCAP population has remained stagnant. Please provide any available information on how children typically enrolled in the child care assistance program are being cared for now (parent stays home, other relative, school-based, or other program?)

**Answer:** See narrative and tables below.

While child care utilization has seen some recovery, the number of CCAP children served in FY2022 is 40.6% less than pre-pandemic. CCAP applications have been relatively steady from October 2022 through February 2023 averaging approximately 632 applications per month. March 2023 saw an increase over that average to 731 applications. The unemployment rate in Rhode Island increased from 2.8% last caseload to 3.1% in February 2023. This, coupled with the 1.4% decrease in the State's labor force since pre-pandemic, has contributed to this slow growth in utilization. There are numerous variables that account for the stagnancy of the CCAP population, with several different approaches the Department is taking to increase CCAP participation in the coming months.

The child care industry continues to struggle. Research confirms that this is not just a Rhode Island issue, but a nationwide issue when it comes to children in subsidy care. GAO (U.S. Government Accountability Office) found that eligible families have trouble accessing subsidies

for a host of reasons. (<https://www.gao.gov/products/gao-23-106073>). To start, many families find it too difficult to apply or might not know that they are eligible. Rhode Island continues to use time-limited federal funding through the Preschool Development Renewal Grant (PDG-R) to provide families with information about early childhood programming across the State. Slated for Summer 2023, CCAP will be promoted using this funding. While the campaign is still in development, the focus of this campaign will be to ensure that families know about the CCAP resource – with a specific focus on the recently expanded eligibility and the permanence of CCAP for college students. The vendor will engage the target audiences through digital and radio ads as well as creating lasting print collateral for both state and child care programmatic staff. A full-service public affairs firm with extensive early childhood content knowledge has been selected through an MPA mini-bid process. In addition to raising customer awareness, in partnership with CCAP providers and the families they serve, as well as with other internal and community partners, the Office of Child Care plans to hold family information sessions and feedback sessions to better understand the barriers families face when applying for benefits.

This report also highlights the fact of providers accepting subsidies that do not align with families' child care needs. A family might have a six-month-old child, live in an area with limited infant care, even more limited care that accepts the CCAP subsidy, and the family might work non-standard hours so the care isn't available when the family needs it. Low reimbursement rates compared to the cost of care and administrative costs discourage many providers from participating in the subsidy system at all, leading to limited options for parents. The number of providers with active CCAP enrollments has decreased slightly from 579 to 565 since September 2022, representing six Family Child Care providers and eight Center-based providers. There are currently six new CCAP provider applications in the approval process. There are 66 Center based providers who are CCAP approved but do not currently have CCAP children enrolled. There are 58 Family Child Care providers who are CCAP approved but do not currently have CCAP children enrolled. The Department will survey this sub-group of approved CCAP providers for input on barriers to enrollment. Anecdotal factors that may be contributing to approved providers with no enrollments include demographics – fewer CCAP eligible children in commuting distance of a provider location, capacity – are these programs at capacity serving private pay families, financial considerations – is a provider's private pay rate significantly higher than the CCAP reimbursement rates or other barriers.

CCAP Providers with Enrollments						
Provider Type	20-Oct	21-Mar	21-Aug	22-Mar	22-Sep	23-Mar
Family Based Providers	442	302	262	279	289	283
Center Based Providers	336	243	257	293	290	282
<b>Total</b>	<b>778</b>	<b>545</b>	<b>519</b>	<b>572</b>	<b>579</b>	<b>565</b>

Also, it is important to note that staffing is a struggle across the nation in various job sectors. Companies are willing to pay more to get the right candidates into their field and trained. Sign-on bonuses are being offered to get people in the door, and overall hourly rates are increasing to attract candidates. While this is great for lower- and middle-income families to get closer to making an adequate wage, it makes them ineligible for CCAP subsidies in many cases and still have to pay out of pocket. This is called the benefits cliff. According to the National Conference of State Legislatures, “While minimum wages differ state to state, the risk of falling off a ‘benefits cliff’ is particularly likely for people making between \$13 and \$17 per hour. In addition, the economic consequences of reaching the benefit cliff impact both families and employers: businesses are unable to meet their workforce needs due to the disincentive to work or advance within a job, and families experience economic instability and reduced economic mobility. As a result, families do not have the resources required to meet their basic needs and employers are stymied in their attempts to hire and promote employees. These unintended misalignments confound both the parents seeking sustainable employment and the state agencies striving to assist them.” (<https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs>). In Rhode Island, as an example, if a two-parent household has two children under the age of three and both parents are making \$15 per hour, their gross annual income would be \$62,400 and they would be ineligible for CCAP. As a result, they would have to pay out of pocket. Based on the Market Rate Survey data in 2021, it costs approximately \$1250 per month for infant care and \$1,150 per month for toddler care, making child care costs about 47% of a family’s gross income.

The Preschool Development Grant paid for a family survey in collaboration with the biannual Rhode Island Health Insurance Survey. The Child Care Survey collected information from about 539 children aged five or younger from 503 families whose children were not yet enrolled in kindergarten. The purpose of the Child Care Survey is to gather information about families’ perspectives on child care. While the full survey report is being finalized and will be released shortly, there are findings related to challenges with work because of child care.

Families reported difficulties with finding child care that affected their ability to work or attend school.

- 45% of all families reported that finding or paying for child care has at some point prevented adults from working or attending school.
- 25% of all families reported having left the workforce at some point because of difficulty finding or paying for child care.

## **State Supplemental Payment (SSP) Program**

Supplemental Security Income (SSI) is a federal program that provides monthly cash payments to individuals in need. SSI is for people who are age 65 or older; or blind or disabled; are a child under age 18 with a disability. To qualify for SSI, individuals must also have little or no income and few resources. DHS administers the State supplemental portion of monthly SSI benefits to eligible residents of Rhode Island. The Social Security Administration (SSA) sends the Federal portion of SSI benefits. DHS issues a separate payment for the State Supplemental Payment (SSP).

**Question:** Please provide the number of SSI recipients in each category (persons, personal needs allowance, assisted living).

**Answer:** Please see narrative and data below

As of March 2023, there are a total of 31,296 SSP recipients. There are 30,304 individual/couple payments, 620 personal needs allowance payments, and 372 assisted living payments. More details can be found in Appendix A.

Despite the federal Social Security Administration (SSA) offices being reopened since May 2022, the caseload has been slightly, but steadily decreasing. The SSP caseload has seen an average .4% decrease each month since October 2022. The remainder of FY2023 projects a .2% decrease each month. The FY2024 projection does not continue to factor in this small monthly decrease. While the number of applications remain consistent, the percentage of applications approved has increased. However, the overall caseload is decreasing each month due to the number of net loss of cases. In reviewing the data, more than half of the closed cases are the direct result of a recipient's death. Relocation is another primary reason an SSP case closes. Considering the uncertainty of continuing to see a total number of cases closing monthly that results in a net caseload decrease, the FY2024 projection is flat. These assumptions bring the average number of persons to 31,660 and 31,046 for FY 2023 and FY 2024, respectively.

The administrative transaction fee decreased to \$55,000 for FY2022. Per the SSA, and based on the projected caseload, the transaction fee is estimated at \$53,500 for FY2023 and \$58,500 for FY2024. The cost per person is **not** calculated to include transaction fees.

The total moving costs were \$183,404 in FY2022. DHS estimates are \$193,215 for FY2023 and \$204,000 for FY2024. While these estimates are still lower than with pre-pandemic amounts, they incorporate a slight increase in FY2024 in anticipation of getting closer to those levels.

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted November	FY 2023 May CEC DHS	FY 2024 May CEC DHS
<b>SSP</b>						
Persons	33,983	33,184	32,695	32,050	31,109	31,046
Cost / Person	\$ 46	\$ 46	\$ 44	\$ 44	\$ 44	\$ 43
Cash Payments	\$ 18,765,191	\$ 18,300,777	\$ 17,362,544	\$ 17,018,550	\$ 16,562,516	\$ 16,076,328
Transaction Fees	\$ 64,000	\$ 63,000	\$ 55,000	\$ 53,500	\$ 53,500	\$ 58,500
<b>Total Dollars</b>	<b>\$18,829,191</b>	<b>\$18,363,777</b>	<b>\$17,417,544</b>	<b>\$17,072,050</b>	<b>\$16,616,016</b>	<b>\$16,134,828</b>

The number of SSI recipients receiving checks by mail has remained stable and only approximately 4.2% of SSI recipients receive paper checks. For FY2022, the Department issued 17,034 checks by mail and FY 2023 projections show a decrease of 1,077 checks and a \$593 savings of check costs to FY 2022. To project the FY2023 and FY2024 number of SSI checks, DHS used the historical percentage of paper checks.

Month	# of Checks	Amount of Checks	# of Direct Deposits	Amount of Direct Deposits	Total # of Payments	Total Amount of Payments
Jan-22	1,386	\$52,533	31,473	\$1,258,547	32,859	\$1,311,080
Feb-22	1,312	\$50,053	31,613	\$1,265,592	32,925	\$1,315,645
Mar-22	1,328	\$50,564	31,434	\$1,258,132	32,762	\$1,308,696
Apr-22	1,320	\$50,265	31,484	\$1,260,131	32,804	\$1,310,396
May-22	1,370	\$51,917	31,887	\$1,276,131	33,257	\$1,328,049
Jun-22	1,417	\$52,946	31,282	\$1,250,866	32,699	\$1,303,811
Jul-22	1,381	\$52,141	31,384	\$1,255,072	32,765	\$1,307,213
Aug-22	1,335	\$50,832	31,150	\$1,245,370	32,485	\$1,296,201
Sep-22	1,416	\$54,116	31,224	\$1,248,370	32,640	\$1,302,486
Oct-22	1,447	\$54,931	31,413	\$1,256,326	32,860	\$1,311,257
Nov-22	1,374	\$52,850	31,218	\$1,248,888	32,592	\$1,301,738
Dec-22	1,453	\$55,562	31,314	\$1,252,946	32,767	\$1,308,508
Jan-23	1,243	\$46,903	30,513	\$1,219,954	31,756	\$1,266,857
Feb-23	1,206	\$45,427	30,482	\$1,217,977	31,688	\$1,263,404
<b>Total</b>	<b>18,988</b>	<b>721,040</b>	<b>437,871</b>	<b>17,514,302</b>	<b>456,859</b>	<b>18,235,342</b>
<i>% of Total</i>	<i>4.2%</i>	<i>4.0%</i>	<i>95.8%</i>	<i>96.0%</i>	<i>100%</i>	<i>100%</i>

	# of Checks	Cost per Check	Amount
SFY20	21,462	\$0.55	\$11,804
SFY21	18,687	\$0.55	\$10,278
SFY22	17,034	\$0.55	\$9,369
SFY23 Estimate	15,957	\$0.55	\$8,776
SFY24 Estimate	15,647	\$0.55	\$8,606

**Question:** Please provide the number of individuals residing in a non-Medicaid funded assisted living facility and receiving the \$206 payment and the total cost for FY 2023 and FY 2024.

**Answer:** Please see the narrative and data below

Each month the Department issues cash payments of \$206 for individuals in assisted living facilities. As of March 2023, there are 40 individuals within four such facilities. The FY2023 projection is \$101,626 for a projected average of 41 individuals and is based on the last four quarters of data. FY2024 projections illustrate a 5% increase to incorporate the increases seen in some facilities but is offset by the loss of two assisted living facilities overall, for a total estimate of 43 individuals at a projected cost of \$106,707.

	FY 2022 Q4	FY2022 Total	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 DHS Projected	FY 2024 DHS Projected
Bristol Assisted Living	\$2,472	\$9,888	\$7,622	\$6,798	\$6,386	\$27,741	\$29,128
Charlesgate	\$1,854	\$9,682	\$1,648	\$1,236	\$3,090	\$9,064	\$9,517
Community Care Alliance	\$7,004	\$29,046	\$7,622	\$8,034	\$7,210	\$30,488	\$32,012
Forest Farm	\$0	\$8,240	\$0	\$0	\$0	\$0	\$0
Franciscan Missionaries	\$8,858	\$38,934	\$9,270	\$8,446	\$8,034	\$34,333	\$36,050
St. Elizabeth	\$0	\$3,502	\$0	\$0	\$0	\$0	\$0
Total	\$20,188	\$99,292	\$26,162	\$24,514	\$24,720	\$101,626	\$106,707

The number of quarterly cases in each facility is shown below. DHS cost projections align with its methodology for the cash payments in both FY2023 and FY2024.

	FY 2022 Q4	FY 2022 Average	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Average DHS Projected	FY 2024 Average DHS Projected
Bristol Assisted Living	4	4	12	11	10	11	12
Charlesgate	3	4	3	2	5	4	4
Community Care Alliance	11	12	12	13	12	12	13
Forest Farm	0	3	0	0	0	0	0
Franciscan Missionaries	14	16	15	14	13	14	15
St. Elizabeth	0	1	0	0	0	0	0
<b>Total</b>	<b>33</b>	<b>40</b>	<b>42</b>	<b>40</b>	<b>40</b>	<b>41</b>	<b>43</b>



## **General Public Assistance (GPA) Program**

The General Public Assistance (GPA) program is intended as a program of last resort for the neediest individuals in the State. GPA provides a small cash benefit to adults aged 18 and over, who have very limited income and resources, and have an illness or medical condition that keeps them from working while they await an SSI determination. To qualify, an individual must earn less than \$327 a month and cannot qualify for other federal assistance programs other than the Supplemental Nutrition Assistance Program (SNAP). In addition, the program provides supplemental assistance for funerals and burials.

**Question:** Please provide the projected number of cases and estimate of expenses for the GPA as well as an explanation of the continued impact of DHS Medical Assistance Review Team (MART) disability reviews ending September 2021 as well as any other relevant factors.

**Answer:** Please see below.

As of March 2023, there are 398 GPA Bridge cases exceeding the November 2022 Adopted projection by 58 cases, illustrating the anticipated increases were realized. The major factors driving the increase include the DHS Medical Assistance Review Team (MART) disability reviews that ended in September 2021, field offices reopening in January 2022, and Pandemic Unemployment Assistance (PUA) benefits also ending in September 2021.

Historically, 1-3% of cases were approved for GPA benefits. However, since January 2022, that percentage has averaged 22%, resulting in a net increase of 21 cases per month. The current projection uses a rolling five-month average, giving rise to the number of cases reaching an average of 350 in FY2023 and 549 in FY2024.

The total cost for GPA burials for FY2022 was \$589,380 slightly less than the \$600,000 adopted as part of the May 2022 Caseload Estimating Conference. Through March 2023, FY2023 GPA burials are \$437,142. The GPA burial expenses have consistently averaged approximately \$600,000 over the last five years, including \$679,746 in FY2020 during the height of the COVID-19 pandemic. Based on three quarters of FY2023 actuals and historical actuals, the FY2023 is estimated at \$587,142 and FY2024 GPA burial costs are estimated at \$600,000.

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 November Adopted	FY 2023 May CEC DHS	FY 2024 May CEC DHS
<b>GPA</b>						
Persons - Bridge	103	67	114	340	350	549
Cost / Person	\$ 160	\$ 162	\$ 185	\$ 188	\$ 185	\$ 183
Cash Payments - Bridge	\$ 197,568	\$ 130,410	\$ 252,913	\$ 767,040	\$ 775,245	\$ 1,204,896
Burials	\$ 679,746	\$ 569,269	\$ 589,380	\$ 600,000	\$ 587,142	\$ 600,000
Total Dollars	\$ 877,314	\$ 699,679	\$ 842,293	\$ 1,367,040	\$ 1,362,387	\$ 1,804,896

**Question:** For FY 2022 and FY 2023, please provide, respectively, the final total and an estimate of the expenses for the burial assistance program due to COVID-19.

**Answer:** During FY 2022, there were a total of 592 GPA decedents, of which 35 were COVID-19 related. Through March 2023, there is a total of 433 decedents. There have been no COVID-19 burial assistance requests for FY 2023.