May 2024 Caseload Estimating Conference

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

The members of the Caseload Estimating Conference request that the Executive Office of Health and Human Services, the Department of Human Services, and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals provide written answers to the following questions in addition to the presentation of their estimates on Friday, April 26, 2024. Please submit the answers no later than close of business Monday, April 22, 2024, so that staff can have the opportunity to review the material prior to the meeting.

In addition to the caseload and expenditure estimates, the testimony should include background information supporting each estimate, including (but not limited to) caseload and unit cost trends and key assumptions underlying the projections, as has been provided in the past. The caseload information should also include expenses related to return to normal operations following the end of the Public Health Emergency.

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

PRIVATE COMMUNITY BASED SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

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

FY 2023 Closing -Audited

1) Please provide an updated FY 2023 closing analysis by caseload estimate service category. See tab 1d.

   Updated accordingly.

General Instructions/Background

1) Please provide the requested data in the excel file by tab as follows:
2) "Tab 1a" please provide the official estimate of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for FY 2024 and FY 2025. For reference it already shows the November 2023 adopted estimate
   a. Tab 1b and 1c please provide the caseloads by placement for FY 2024 (1b) and FY 2025(1c) for those who self-direct and those who do not. The file contains the tier authorizations and will calculate the value of the annual expenses.
      i. Have any changes made to the FY 2024 total annual authorizations by tier since the November 2023 conference and are any anticipated for FY 2025.

      No changes have been to the base authorizations. There is not yet enough data to evaluate the impact of the three-step assessment process and changes to the SIS-A. A revised funding formula is expected in FY25 that incorporates both of these changes.

   b. "Tab 1d" - FY 2023 based on the audited closing as noted above.

      Updated accordingly.

c. "Tab 2" - provide an update to November 2023 testimony on current living arrangements by age group

Updated accordingly.

d. "Tab 3" Update November 2023 testimony for FY 2024 authorizations.

Updated accordingly.

Please also see tab 9 – Estimated Authorization Analysis which displays a different view on how authorizations versus expected expenditures are projected for FY 24 and FY 25. Tab 3 is purely based on the authorizations in the system with an expected projection of those types of service. Tab 9 accounts for items that are not currently in the authorizations, such as RIPTA transportation, new service (support services expansion), etc.

For the convenience of the conferees, included is also the information previously provided in the November 2023 testimony documentation.

e. "Tab 4" – Update November 2023 testimony regarding out of state placements

Updated accordingly.

f. Tabs 5a & b" – Update November 2023 testimony on L9 reasons and providers.

Updated accordingly.

g. Tab 6 – This tab shows the Governor's proposal to raise payment for professional support services in BHDDH. This should be excluded from the estimate.

Updated accordingly.

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

a. Please provide information on employment activities.

i. How many individuals have requested services?

See below grid in ii.

ii. How many have been approved?

Service	Authorization Distinct Individuals	Add on Budget Distinct Individuals	Total Distinct Individuals
Job Coaching	39	142	181
Job Development / Assessment	388	130	518
Job Retention	80	145	225
Supported Employment - Group	11	14	25
Grand Total	**489**	**369**	**835**

**Grand Total is not a sum figure but is a distinct count of individuals as they can appear in more than one category of services.*

iii. What types of services are being provided?

Job Development, Job coaching and Job Retention are all services being provided and billed through the existing codes. New Add-On purchase orders are being submitted through annual ISPs and amended PO requests. Some Discovery services are being provided and depending on what activity and where the activity is taking place is getting billed through community or Job Development (ie. community mapping, exploration, skills development, etc.).

How many people are employed?

As of the end of March, the number of the DD population currently employed was 902.

b. Please provide an update on the inclusion of new services assumed in the November estimate.

i. Including supportive living, remote supports, companion room and board, discovery, personal care in the workplace, vehicle modifications, peer supports, and family-to-family training.

New services other than personal support in the workplace are not ready to roll out. BHDDH staff is working on an implementation plan and certification standards and is working with Gainwell on new codes. Personal support in the workplace is modeled after community-based supports, however a new billing code is still pending.

ii. Also provide the Medicaid eligibility status for each new service.

Please refer to May 2024 - BHDDH Workbook for CEC questions.xlsx, tab 7 - FY 24 & FY 25 Service Notes

c. Please provide any updates for the phased-in implementation of Conflict Free Case Management services provided through EOHHS and compliance with the consent decree.

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

- Expansion of the SIS unit to ensure timely access to services and to ensure accurate assessment of current needs
  - Level of Need determinations will also become more comprehensive to include three components that include the SIS-A, supplemental tool (Additional Needs Questionnaire), and individual meetings/conversations to gather information about an individual's needs
- Expansion of supports for youth and families in transition to ensure seamless entry into adult services
  - Dedicated state staff will work with each high school in order to provide a consistent resource and support for youth, families, and school personnel. The staff will provide support for all potentially eligible youth and will ensure smooth transitions/warm hand-off to CFCM
- Expansion of the clinical/residential team for assessment of residential level of need and coordination of residential supports to ensure timely and safe transitions
  - There will be coordination and management of the utilization of Thresholds and Access to Independence funds to help individuals maintain independence and age in place
  - There will be a point of contact for residential, shared living, and respite providers

- Improvement of timely customer service and support
  - There will be someone receiving, addressing, tracking, and reporting on participant, family, and provider questions related to DD services that fall outside of CFCM
- Quality management of CFCM for the DD population
  - There will be dedicated staff to review plans submitted by CFCMs and create authorizations in the system related to individuals requested services detailed in the plans
- Expansion of the eligibility unit for timely evaluations and to enhance the work done by eligibility by including pre-eligibility activities to ensure timely and smooth transitions
  - This work includes PASRR, eligibility outreach, and assistance with Medicaid application and approval process with DHS
  - Expansion of Person-Centered Options Counseling, which is a covered pre-eligibility service ("No Wrong Door") that utilizes a consistent approach to providing information about a person's options based on expressed needs and wants
- Management of BHDDH referrals to the CFCM chosen by individual
- Expansion of resources for providers

The above structure will be implemented once there is sufficient capacity for CFCM for the I/DD population. In the interim, there will be Independent Facilitation (IF) implemented for individuals in the system as capacity allows for. There will be 18 new FTEs (SCWs) hired to do IF for individuals receiving provider services. For individuals in the Self-Directed Service Model, they will work with independent plan writers who have signed up to perform the tasks of an IF.

Please see section H. Conflict Free Case Management in the CEC Overview for additional information on IF.

4) How many program recipients are participating in the Appendix K authorization and how many parents are being paid? How much has been spent each month for FY 2024.

In March 2024 CMS formally gave authority for RI Medicaid to pay parents of adult children in self-directed programs to provide Community Based support services.

Since the Appendix K authorities ended in November CMS issued guidance that for all states seeking to retain Attachment K authority in their waivers permanently, the Attachment K authority will remain active and in place until the state's waiver is approved. This ensured that Rhode Island would not experience any gaps in authority for these items, regardless of CMS's timing in approving the 1115 Waiver.

There is no way to currently identify parents being paid through claims billed in the MMIS. Parents and guardians are paid under community-based supports just like every other DSP. Currently, there is no way to isolate parents and guardians unless we looked up each individual and ask the Fiscal Intermediaries to provide how many hours per week on average the parents/guardian works and try to calculate it that way. DD will work with Gainwell to determine a modifier that can be used to identify payments made to parents and guardians.

5) Testimony at the November Caseload Conference referred to a plan that was being developed with the Executive Office of Health and Human Service to have certain personal care and other professional services being paid for through the Medicaid program. Services would either be covered by the managed care plans or through the fee-for service payment system. Please provide an update on this initiative between the two agencies.

Home health/home care agencies provide both 1) services covered under the Medicaid state plan and reimbursed through managed care organizations (e.g., nursing services to provide wound care after a surgery; a limited amount of personal care and homemaker services) and also 2) long-term services and

supports under the 1115 waiver that are not part of core managed care contracts (e.g., private duty nursing; a greater amount of personal care and homemaker services).

The codes affected by the rate review within the BHDDH budget are for services in that second category of LTSS, rather than the first category of state plan services. LTSS services for DD individuals are accounted for in the DD budget.

The other services that will fall under this category are PT/OT/SLP, Licensed Social Workers, Licensed Mental Health Counselors, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, and Psychologist. These services when habilitative in nature will be billed under the DD budget.

6) Please provide assumptions for claims lag in the estimates for the final months of the fiscal year and the accrual methodology in place.

Currently, the projection model does not utilize the claims lag day number as part of the methodology for projecting the FY 24 and FY 25 expenditures.

As part of the audit finding for the payable/accrual for FY23, BHDDH is contemplating utilizing the projection model to identify the payable for FY24 by applying the claim runout percentages based on historical trends.

7) Please provide the number of individuals who are receiving private duty nursing services paid for through the Medical Assistance Program in addition to parent/provider care assumed for FY2024 and FY 2025 by setting and tier.

The number of paid parents and guardians is currently 635. These individuals who have parents/guardians as paid employees live in their family home or independently.

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

FY 2024 - Projected			
Tier	**Apartment or House**	**Living with Relative**	**Grand Total**
A	3	1	4
B	5	2	7
C	2	21	23
D	3	30	33
E	0	3	4
Grand Total	**13**	**51**	**64**
FY 2025 - Projected			
Tier	**Apartment or House**	**Living with Relative**	**Grand Total**
A	3	1	4
B	5	2	7
C	2	21	23
D	3	31	34
E	0	3	3
Grand Total	**13**	**55**	**65**

8) How many youths with transition plans have or will receive services through the Department in FY 2024 and FY 2025? Please provide the tier level and residential services that have been identified or approved for this group.

In FY24, 87 youth under age 22 will receive services from the Division. 14 are living in group homes. 19 are in SLA and 2 are out of state. The tier breakout is as follows – Tier A 10, Tier B 15, Tier C 21, Tier D 11, Tier E 28 and None 2 (one is pending and the other person is out of state).

In FY25, 85 youth under age 22 currently have authorizations to receive services from the Division. 14 are living in group homes. 19 are in SLA and 2 are out of state. The tier breakout is as follows – Tier A 9, Tier B 15, Tier C 20, Tier D 11, Tier E 28 and None 2 (one is pending and the other person is out of state).

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

To-date, $5,748,648.74 has been distributed to 31 agencies. One agency that has not become a RI Medicaid provider, so there is $248,740.65 in funding that has not been disbursed. There are plans to allow agencies who were granted funding through Transformation Phase II to apply for a small amount of funding to be used on organizational development/change. Providers will need to submit proposal on how they plan to use the funding to achieve this and there will be perimeters around the activities they are able to engage in. This is in line with the directives in the in the Recommendations from the Court Monitor.

The Division has worked with the Sherlock Center to monitor progress and collect data. This has been done by sending monitoring reports for progress check-ins.

10) The Assembly included $2.0 million over two years for technology assistance, please provide an update on these funds including but not limited to how many rounds of funding have been provided to how many providers, and how much of the available funding has been distributed to date.

The funds for the technology are paid for the individual to the servicing provider. To date $315,848.95 has been paid out to the providers for purchasing this technology. The Technology Fund is in the 8thRound. There have been 1256 requests and 1087 requests have been approved through Round 7. Providers purchase the technology and submit invoices that are paid by BHDDH. There were 265 requests in Round 1 for $148,414.59; 240 requests in Round 2 for $95,746.99; 182 requests in Round 3 for $74,243.24; 146 requests in Round 4 for $71,195.99; 256 requests in Round 5 for $102,208.37; 77 requests in Round 6 for $34,709.48; and 86 requests in Round 7 for $43,461.15. There have been 78 denials throughout Rounds 1-7. DDD is finalizing Round 8 which had 73 requests. The funding amounts for each of the Rounds are estimates and will increase to account for taxes and fluctuations in prices.

Most requests are for iPads, tablets, Apple Watches, other smart watches, iPhones, and computers. People are using their technology to stay connected to others, help navigate their community, and help with everyday tasks. Some have requested smart technology to help maintain independence in their homes and at their place of employment. A technology survey was sent out in February to all individuals who received technology in Rounds 1-4. This survey is still open as BHDDH attempts g collect a sufficient number of responses. The information gathered in this survey will provide even

more information on how individuals are using their technology, how often they use it, if they have identified new ways to use it, and provide information on training needs.