November 2024 Caseload Estimating Conference: Medical Assistance Follow-Up

1. **Detail on "Retroactive Premium Adjustments – Prior Year" unfavorable driver of fiscal close (page 6)**

   The unfavorable variance of $4.5 million in prior period premium payments represents adjustments made to capitation rates for premium months in SFY 2023 and prior over the course of state fiscal year 2024. Most of this activity impacts RHO II (members eligible for LTSS) and RIteCare (newborns), though other products can also be affected. For RHO II Gainwell, has a standard process that runs each month to identify members enrolled in RHO II who have had their LTSS authorizations updated. Gainwell then looks to see that the member is retroactively assigned to the correct rate cell and that NHPRI is correctly reimbursed for each member with and LTSS authorization, back to the start date of that authorization. The RIteCare adjustments are primarily (over ¾) attributable to payments for newborns, for which there is a separate Gainwell process with the health plans to ensure newborns are retroactively enrolled and the plans paid, back to their date of birth.

   The table below summarizes premiums paid and posted both to MMIS and RIFANS (as part of the MMIS Cycle transactions) to the SFY 2024 period, grouped by incurred state fiscal year.

Sum of PAID	Column Labels					
Premium Period	Expansion	RIte Care	RHP	RHO II	PACE	Grand Total
SFY 2023 and Prior	$ 136,945	$ 650,931	$ 93,173	$ 3,552,300	$ 49,058	$ 4,482,407
SFY 2024	$ 794,941,629	$ 783,917,699	$ 347,704,745	$ 286,098,724	$ 21,058,731	$ 2,233,721,528
SFY 2025	$ 53,957,254	$ 62,884,118	$ 25,811,489	$ 14,130,940	$ 1,744,794	$ 158,528,595
Grand Total	$ 849,035,828	$ 847,452,748	$ 373,609,407	$ 303,781,964	$ 22,852,583	$ 2,396,732,529

   Notes:

   1. At year end, EOHHS includes an accrual to move the SFY 2025 premium payments to the SFY 2025 period in RIFANS **($158.5 million in the figure above**).
   2. EOHHS will include an explicit adjustment to its forecast for RHO II to account for this retroactive activity going forward.
   3. The forecast does account for "within year" retroactive activity for newborns, but does not include an adjustment for prior year activity. We will review the magnitude of this prior period activity and consider the inclusion of a separate adjustment for this going forward.

2. **OHIC "savings" relative to Enacted (page 9)**

   EOHHS' original estimate for the OHIC rate review initiative included several assumptions that unintentionally inflated the overall cost of the OHIC estimate as included in the Enacted.

   1. The baseline data used for original estimate was FY 2022 and FY 2023. The quarter with the highest level of expenditures during the period was selected to establish the FY 2024 baseline. Given the magnitude of terminations that occurred over the later part of the FY 2024 this may have been too high of a baseline.

2. Another reason for the over-estimation was the application of the highest rate among different procedure code, procedure modifiers and program codes to the same procedure code. This was the only option for EOHHS at the time of SFY 24 budget submission due to OHIC reviewing only FFS activity and then EOHHS needing to apply those recommendations to managed care where the same modifiers and program codes were not used. If the rate increases were implemented over a three period the application of this logic would have been muted in Year 1 and been corrected prior to budgeting the annualization of the cost; however, in applying 100% of the rate increase in Year 1 any logic was exaggerated.

   The most significant variances came with respect to specific psychotherapy codes with in FFS there are specific rates for differently credentialed individuals, but the Managed Care firms where over 90% of the utilization occurs do not apply the same methodology.

3. Additionally, EOHHS assumed a 5.0% across-the-board utilization perspective. If implemented over the three years as originally proposed adding this 5.0% utilization trend would be reasonable approach to capturing a fully annualized cost for initiative; however, in implementing 100% of the rate increase immediately, this utilization adjustment is now considered overstated as utilization is unlikely to ramp up so quickly. It remains likely that overtime the rate increases will have a compounding impact that will increase gross costs due to higher utilization because improving access through broadening of provider networks was a stated purpose of the increases. Significantly, a 5.0% utilization assumption contributed approximately 20% of the entire cost of the budget initiative as for each new unit of service provided, EOHHS is not only paying for the rate increase but the underlying cost of the service. For example, if something cost a 10% rate increase on a service costing $100 per unit would add $10 in new spending; however, each additional unit would add $110 in new spending.

   The general elimination of this assumption from a rating perspective (except as it pertained to overall acuity adjustment as applied in the rate) for acute care services is one of the larger drivers of the variance.

4. The OHIC recommended increase rates for several case management rates that were replaced with conflict free case management. These rates were included in original estimate but excluded from revised estimate.

5. Finally, EOHHS' original estimate as Enacted included $11.6 million for managed care administration, risk margin, and taxes. This is a real expenditure that was not reflected in EOHHS' November testimony for this initiative as it was added separately within the rating methodology. The exclusion of this overstated the "savings" relative to the Enacted figure.

The table below summarizes EOHHS' revised estimate to the Enacted and the Enacted as adjusted for exclusion of managed care administration and utilization assumption. EOHHS' revised estimate did apply a 5.0% utilization assumption for Home Care.

	ORIGINAL 1/3 OF ESTIMATE	AS ENACTED 3X GOV RECOMMEND	EXCLUDE ADMIN [2]	EXCLUDE UTILIZATION [3]	REVISED FY 2025 ESTIMATE
MANAGED CARE	$9,669,621	$29,008,862	$26,736,278	$21,389,023	$21,282,996
FIRST CONNECTIONS [1]	$229,724	$229,724	$229,724	$183,779	
EARLY INTERVENTIONS [1]	$2,551,624	$2,551,624	$2,351,727	$1,881,382	$1,862,818
HCBS	$17,539,892	$52,619,676	$52,619,676	$42,095,741	$38,903,950
EXPANSION	$6,548,925	$19,646,776	$18,107,627	$14,486,102	$14,669,082
RHP	$3,508,301	$10,524,904	$9,700,372	$7,760,298	$4,921,667
RHO	$8,369,579	$25,108,738	$23,532,088	$18,825,671	$22,907,581
OTHER SERVICES	$4,400,105	$13,200,315	$13,200,315	$10,560,252	$6,684,370
TOTAL	**$52,817,772**	**$152,890,619**	**$146,477,809**	**$117,182,247**	**$114,198,670**

Note 1. Early Interventions and First Connections included at 100% in Governor Recommend
Note 2. Admin/Margin/Taxes estimated to be 8.50% in Rite Care/RHP/Expansion and 6.70% in RHO
Note 3. EOHHS assumed a uniform utilization increase of 5.0%. Overall, approximately 20% of investment was associated with this utilization increase.

3. Additional information of Rhody Health Partners Enrollments (page 10)

Unlike the other products, RHP experienced a net decrease during the public health emergency: declining 496, from 14,432 in February 2020 to 13,936 on May 2023.

Between May 2023 and September 2024, enrollment in RHP further declined contrary to expectations – by 1,381 from 13,936 to 12,555 as of September 30.

This decrease was the net result of 2,834 clients being disenrolled from RHP and 1,453 clients being newly enrolled into RHP.

Of those losing coverage in RHP, 1,231 (43%) were either dual-eligible or aged 65 and older. Related, approximately half of the closures, i.e., 1,529, were within the SSI 45+ (RH20) rating category. This is the group most likely to become Medicare eligible.

Significantly, current enrollment in RHP is the lowest it has been since at least 2012. Much of the decline may be artificial as the state has seen an increase in the number of previously eligible Expansion clients (i.e., those who meet the FPL thresholds for Medicaid expansion but have other factors that would have made them otherwise eligible prior to implementation of the new aid category code) who would have otherwise been enrolled in Rhody Health Partners.

As a reminder, for its revised FY 2025 Request and its FY 2026 base request, EOHHS' applies grow rates of 1.5% across both years. This underlying growth is offset with closures associated with the "The Work Number" as well as new additions for outreach for enrollment among Working Disabled. Overall, the EOHHS' assumes the resulting net growth is reasonable despite the historically declining caseload.

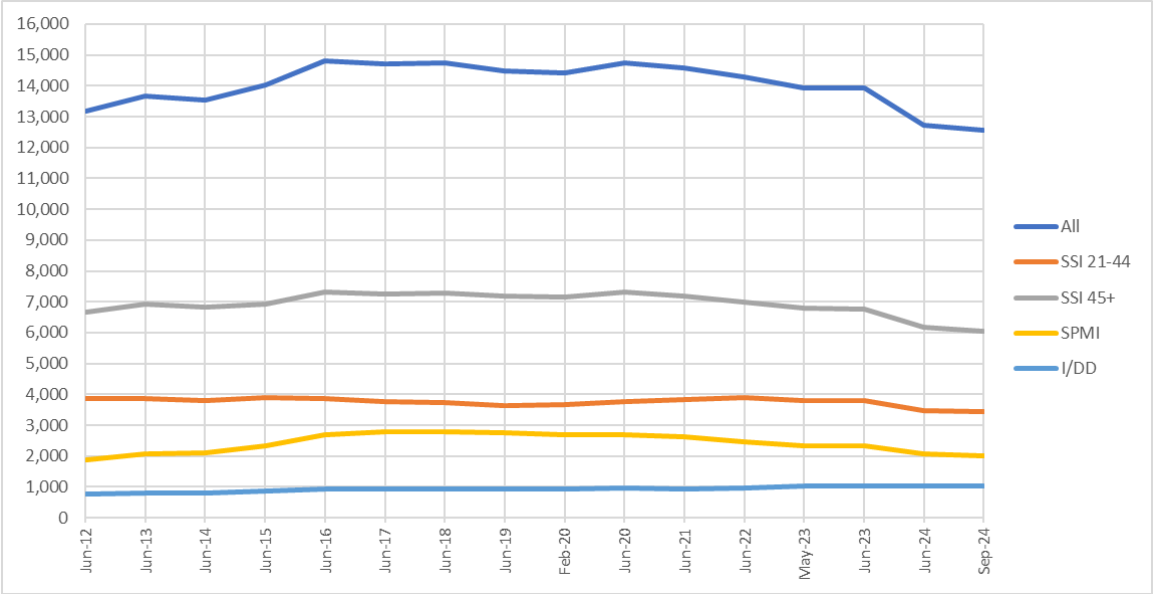
However, for informational purposes, compared to holding RHP enrollment constant at the September 2024 snapshot, EOHHS' estimate includes an additional 121 member months in SFY 2025

and 3,739 member months in SFY 2026. The additional members in SFY 2026 are attributed to an increase in the number of working disabled clients (that has no income thresholds). The average composite PMPM for SFY 2025 and SFY 2026 is $2,236 and $2,400, respectively (see **Table II-5** in Testimony). Therefore, if the assumed growth does not materialize savings would be approximately $0.3 million in FY 2025 and $8.97 million in FY 2026 – although rebates would likely also decline.

Table 1. Change in Rhody Health Partners Enrollment during Unwinding, May 2023 through September 2024

	Closures during unwinding	*Enrolled during unwinding*	*Net change during unwinding*
RH10 SSI 21-44	-1,293	584	-376
RH20 SSI 45+	-1,939	823	-726
RH30 SPMI	-272	99	-301
RH40 I/DD	-303	155	22
Total RHP	*-2,834*	*1,453*	*-1,381*

Figure 1. RHP Enrollment Snapshot, by Rating Category and Overall, June 2012 through September 2024



These closures were offset with 1,435 clients being newly enrolled in RHP between May 2023 and September 2024 and remaining enrolled as of September 30, 2024.

4. Detail on shift of members between products (page 13)

As of October 28, between May 2023 and September 2024, a total of 96,638 members lost Medicaid eligibility. As of September 2024, a grand total of 122,958 members are no longer enrolled in the same product they had previously been enrolled in as of May 2023—meaning 26,330 clients changed delivery systems. Details on the closures and new enrollments as experienced across the products was provided in Table II-4 in Major Developments section of testimony.

The table below reflect those that shifted delivery system. The column reflects the client's current delivery system – for example there are 5,686 newly enrolled clients in Expansion who were previously accessing their Medicaid benefit through a different delivery system: for example, 2,918 has been in FFS as of May 31, 2023 and 1,949 were previously enrolled in Rite Care.

5. **DSH Payment to ESH/Factors at risk in values (page 16)**

   The estimated uncompensated care cost (UCC) of $12,904,810 was based on data provided for Cost Report Year End (CRYE) 6/30/2023 along with several estimates due to available data and hospital status changes. For DSH examination purposes, the 2025 DSH payment will be compared to actual 2025 UCC and therefore the UCC will differ from the 2023 estimated UCC. If the hospital is found during the DSH examination to have received DSH payments in excess of the actual year UCC, the state will have to return the federal share of payments in excess of the UCC. As actual 2025 data is not available at the time of the DSH payment (or during this project calculation), the UCC for 2025 is not known. It is possible the 2025 UCC will be greater than or less than the estimated 2023 UCC due to the variables that exist between years.

   The variables that can influence changes between years include the hospital costs, total patient days, Medicaid primary utilization, uninsured utilization, Medicaid payment rates, annual rate reconciliation, and uninsured payments. The CRYE 6/30/2023 estimated UCC consists of $4,193,597 Medicaid primary UCC and $8,711,213 uninsured UCC. Please note, the annual rate reconciliation for this period was not completed at the time of this calculation and therefore 2022 information was used to estimate the rate reconciliation payment. It is possible the actual annual rate reconciliations may cover more of the estimated Medicaid UCC. In addition, it should be noted that in mid-2023, Rhode Island State Psychiatric Hospital (RISPH) was licensed which may factor into the variables for Eleanor Slater Hospital in years after 2023**.**

6. **Adjustment for Managed Care Enacted (page 24)**

   The FY 2025 Enacted column in the **Table III-1. Summary of Managed Care Expenditures** did not fully distribute the adjustments as adopted by the conferees and subsequently enacted by the legislature. Each year EOHHS attempts to apply adjustments to its prior estimate to reflect how changes by the conferees and/or legislature would align with the discrete elements included in EOHHS' testimony. In reviewing the allocations, EOHHS understated the reductions to Rite Care Core and Rite Care CSHCN when adjusting for supplanting of IHH/ACT expenditures with new CCBHC investments.

   Please note that EOHHS' did not include an estimate for premium assistance program for FY 2026. This program continues and its exclusion was an oversight. The cost is less than $50,000.

Table III-1. Summary of Managed Care Expenditures

	SFY 2024		SFY 2025			SFY 2026	
	Final	Surplus/ (Deficit)	Enacted	Current	Surplus/ (Deficit)	Current	FY25 → FY26
Payments to Plans							
RIte Care Core	$ 685,335,779	$4.5 M	$ 735,834,799	$ 712,922,189	$22.9 M	$ 753,221,083	$40.3 M
Rite Care Cover-All-Kids	9,361,193	4.3 M	14,720,000	10,313,700	4.4 M	10,829,385	0.5 M
RIte Care CSHCN	160,442,154	2.0 M	173,473,641	169,277,533	4.2 M	185,560,627	16.3 M
Rite Care EFP	221,785	(0.0 M)	247,589	344,871	(0.1 M)	374,815	0.0 M
Rite Care SOBRA	74,037,640	3.0 M	81,409,867	78,794,739	2.6 M	85,533,022	6.7 M
Withhold	4,289,693	0.0 M	4,316,150	4,449,889	(0.1 M)	4,753,405	0.3 M
Risk Share	39,157,980	0.0 M	0	0	0.0 M	1,525,022	1.5 M
Rite Smiles	28,050,048	(0.3 M)	28,579,071	26,651,423	1.9 M	28,444,932	1.8 M
Subtotal - Payments to Plans	**$ 1,000,896,272**	**$13.5 M**	**$ 1,038,581,117**	**$ 1,002,754,344**	**$35.8 M**	**$ 1,070,242,291**	**$67.5 M**
CCBHC (reflected in "Payments to Plans")	*0*	*0.0 M*	*19,320,000*	*21,735,332*	*(2.4 M)*	*30,500,443*	*8.8 M*
Other Payments							
Non-Emergency Transportation	$ 12,148,484	$0.1 M	$ 12,114,358	$ 9,879,069	$2.2 M	$ 10,342,065	$0.5 M
TANF Offset	(500,000)	0.0 M	(500,000)	(500,000)	0.0 M	(500,000)	0.0 M
Liquidated Damages	(500,000)	0.0 M	0	0	0.0 M	0	0.0 M
RIte Share	1,966,664	0.0 M	1,977,093	2,296,266	(0.3 M)	4,235,659	1.9 M
Premium Assistance Program	39,625	(0.0 M)	39,632	42,125	(0.0 M)	0	(0.0 M)
Core FFS	37,408,699	(2.8 M)	37,002,000	49,567,981	(12.6 M)	54,275,641	4.7 M
CSHCN FFS	3,087,628	0.3 M	3,604,000	4,057,130	(0.5 M)	4,484,840	0.4 M
Early Intervention FFS	3,036,466	(0.2 M)	3,518,000	6,600,818	(3.1 M)	7,339,758	0.7 M
NICU	34,182,298	(9.5 M)	26,605,584	34,249,828	(7.6 M)	37,711,016	3.5 M
State Only FFS (Non Medicaid)	0	0.0 M	0	950,000	(1.0 M)	950,000	0.0 M
Rebates	(48,642,357)	(4.0 M)	(52,709,209)	(46,139,374)	(6.6 M)	(47,637,666)	(1.5 M)
Premium Collection	(51,000)	0.0 M	(50,000)	(51,000)	0.0 M	(50,000)	0.0 M
Tax Intercept	(105,000)	0.0 M	(100,000)	(105,000)	0.0 M	(100,000)	0.0 M
Subtotal - Other Payments	**$ 42,071,508**	**($16.0 M)**	**$ 31,501,459**	**$ 60,847,844**	**($29.3 M)**	**$ 71,051,314**	**$10.2 M**
Subtotal - Managed Care	**$ 1,042,967,779**	**($2.5 M)**	**$ 1,070,082,576**	**$ 1,063,602,188**	**$6.5 M**	**$ 1,141,293,605**	**$77.7 M**
Balance to RIFANS/Rounding	(26,339,321)	26.4 M	(0)	97,812	(0.1 M)	6,395	(0.1 M)
Total - Managed Care	**$ 1,016,628,458**	**$23.9 M**	**$ 1,070,082,576**	**$ 1,063,700,000**	**$6.4 M**	**$ 1,141,300,000**	**$77.6 M**
General Revenue	$439.1 M	$6.7 M	$456.9 M	$452.6 M	$4.4 M	$471.5 M	$18.9 M
Federal Funds	$578.5 M	$16.3 M	$613.1 M	$611.1 M	$2.0 M	$669.8 M	$58.7 M

Request for Clarification on item 6 on page 6:

Adjustment to Enacted for Rite Share

Apologies, there was confusion on the part EOHHS with respect to the specific nature of the question as it pertained to **Table III-1**. Please see below for explanation of the update for Rite Share savings included in the Enacted and its appropriate representation in the Enacted column within **Table III-1**.

The Enacted took savings of $1.3 million, including $0.6 million GR, for purposes of Rite Share initiative. This is the net savings from reduced Rite Care Core premium payments, reduced Rite Care Core withhold, increased Rite Share premiums, and increased FFS spending (for wrap around services). This does not include the additional central management costs of $266,602.

For purposes of the Enacted, the database does not differentiate between each of these components. Both Rite Share and Rite Care and Managed Care FFS roll-up into the same state and federal Line Sequences.

For purposes of its November testimony, EOHHS attempts to adjust the subcategories as reflected in its prior testimony (and as amended by conferees in their adopted estimate) to what was included in the Enacted. This included shifting of “below-the-line” adjustments to the subcategories. For example, with

respect to the OHIC rate increase, the Enacted amount was reallocated to Rite Care Core and Rite Care CSHCN and Managed Care FFS.

Similarly, for the Rite Share initiative, the constituent components could have been allocated to each of the impacted subprograms. Instead, for simplicity the net savings of the initiative was applied to the Rite Care Core budget line. That is, the $1.3 million savings was exclusively reflected as adjustment to the May 2024 CEC Adopted estimate for Rite Care Core.

For more precision with respect to Enacted, it is appropriate to reduce Rite Care Core by $2.1 million, increase Rite Share by $0.3 million and increase Managed Care FFS by $0.5 million, for the same net savings of $1.3 million included in Enacted.

Please note that for purposes of the Revised Forecast for FY 2025 and Request for FY 2026, underlying enrollment in Rite Care and Rite Share were manipulated to move enrolled clients from the former to the latter.

An update to the summary table reflects this correction.

Table III-1 Summary of Managed Care

	SFY 2024		SFY 2025			SFY 2026	
	Final	Surplus/ (Deficit)	Enacted	Current	Surplus/ (Deficit)	Current	FY25 → FY26
Payments to Plans							
RIte Care Core	$ 685,335,779	$4.5 M	$ 735,020,655	$ 712,922,189	$22.1 M	$ 753,221,083	$40.3 M
Rite Care Cover-All-Kids	9,361,193	4.3 M	14,720,000	10,313,700	4.4 M	10,829,385	0.5 M
RIte Care CSHCN	160,442,154	2.0 M	173,487,785	169,277,533	4.2 M	185,560,627	16.3 M
Rite Care EFP	221,785	(0.0 M)	247,589	344,871	(0.1 M)	374,815	0.0 M
Rite Care SOBRA	74,037,640	3.0 M	81,409,867	78,794,739	2.6 M	85,533,022	6.7 M
Withhold	4,289,693	0.0 M	4,316,150	4,449,889	(0.1 M)	4,753,405	0.3 M
Risk Share	39,157,980	0.0 M	0	0	0.0 M	1,525,022	1.5 M
Rite Smiles	28,050,048	(0.3 M)	28,579,071	26,651,423	1.9 M	28,444,932	1.8 M
Subtotal - Payments to Plans	**$ 1,000,896,272**	**$13.5 M**	**$ 1,037,781,117**	**$ 1,002,754,344**	**$35.0 M**	**$ 1,070,242,291**	**$67.5 M**
CCBHC (reflected in "Payments to Plans")	*0*	*0.0 M*	*19,320,000*	*21,735,332*	*(2.4 M)*	*30,500,443*	*8.8 M*
Other Payments							
Non-Emergency Transportation	$ 12,148,484	$0.1 M	$ 12,114,358	$ 9,879,069	$2.2 M	$ 10,342,065	$0.5 M
TANF Offset	(500,000)	0.0 M	(500,000)	(500,000)	0.0 M	(500,000)	0.0 M
Liquidated Damages	(500,000)	0.0 M	0	0	0.0 M	0	0.0 M
RIte Share	1,966,664	0.0 M	2,277,093	2,296,266	(0.0 M)	4,235,659	1.9 M
Premium Assistance Program	39,625	(0.0 M)	39,632	42,125	(0.0 M)	0	(0.0 M)
Core FFS	37,408,699	(2.8 M)	37,502,000	49,567,981	(12.1 M)	54,275,641	4.7 M
CSHCN FFS	3,087,628	0.3 M	3,604,000	4,057,130	(0.5 M)	4,484,840	0.4 M
Early Intervention FFS	3,036,466	(0.2 M)	3,518,000	6,600,818	(3.1 M)	7,339,758	0.7 M
NICU	34,182,298	(9.5 M)	26,605,584	34,249,828	(7.6 M)	37,711,016	3.5 M
State Only FFS (Non Medicaid)	0	0.0 M	0	950,000	(1.0 M)	950,000	0.0 M
Rebates	(48,642,357)	(4.0 M)	(52,709,209)	(46,139,374)	(6.6 M)	(47,637,666)	(1.5 M)
Premium Collection	(51,000)	0.0 M	(50,000)	(51,000)	0.0 M	(50,000)	0.0 M
Tax Intercept	(105,000)	0.0 M	(100,000)	(105,000)	0.0 M	(100,000)	0.0 M
Subtotal - Other Payments	**$ 42,071,508**	**($16.0 M)**	**$ 32,301,459**	**$ 60,847,844**	**($28.5 M)**	**$ 71,051,314**	**$10.2 M**
Subtotal - Managed Care	**$ 1,042,967,779**	**($2.5 M)**	**$ 1,070,082,576**	**$ 1,063,602,188**	**$6.5 M**	**$ 1,141,293,605**	**$77.7 M**
Balance to RIFANS/Rounding	(26,339,321)	26.4 M	0	97,812	(0.1 M)	6,395	(0.1 M)
Total - Managed Care	**$ 1,016,628,458**	**$23.9 M**	**$ 1,070,082,576**	**$ 1,063,700,000**	**$6.4 M**	**$ 1,141,300,000**	**$77.6 M**
General Revenue	$439.1 M	$6.7 M	$456.9 M	$452.6 M	$4.4 M	$471.5 M	$18.9 M
Federal Funds	$578.5 M	$16.3 M	$613.1 M	$611.1 M	$2.0 M	$669.8 M	$58.7 M

7. **BH Enhancement for Home Care Agencies (page 41)**

   The law states that the EOHHS shall "establish a new behavioral healthcare enhancement of $0.39 per fifteen (15) minutes for personal care, combined personal care/homemaker, and homemaker only for providers who have at least thirty percent (30%) of their direct-care workers (which includes certified nursing assistants (CNA) and homemakers) certified in behavioral healthcare training." (http://webserver.rilin.state.ri.us/Statutes/title40/40-8.9/40-8.9-9.htm)

   The base rates include $0.04 as the estimated cost of fully implementing the training requirements to receive the enhancement. EOHHS concluded that an additional $0.35 was needed to be paid to those agencies fulfilling the criteria to get the full $0.39 as required by law. EOHHS acknowledges that this means every agency gets the $0.04, regardless of if they undertake the credentialling requirements. However, the law does not specify the exact mechanism by which the general enhancement must be implemented, only that those meeting the standards receive $0.39 per unit as EOHHS approach assures they will continue to receive. As highlighted in testimony, EOHHS understands there are conflicting interpretations of how the State's General Law interacts with the new OHIC recommended rates.

   If EOHHS eliminated $0.04 from the base rate for all providers (and pay the full $0.39 to only those meeting the credentialing requirement), this would reduce payments by approximately $600,000 in FY 2025 and $800,000 in FY 2026.

   If EOHHS added an additional $0.04 to the supplemental BH Enhancement—effectively paying certain agencies $0.43 per unit as it relates to this specific component of the rate—to those meeting the requirement, this would cost $200,000 in FY 2025 and $300,000 in FY 2026.

   The anticipated value of the $0.39, if added 10/1/2024, across both delivery systems is $1.8M in FY 2025 and $2.9M in FY 2026.

   As included in EOHHS' testimony, the value of the additional $0.35, if added 10/1/2024, across both delivery systems for eligible agencies is $1.6 million in FY 2025 and $2.6 million in FY 2026.

8. **Confirm Alignment with BHDDH's CFCM Testimony**

   After BHDDH's testimony, OMB requested that EOHHS confirm alignment of CFCM assumptions. EOHHS can confirm that the testimonies are aligned regarding numbers and assumptions that we developed in conjunction with BHDDH. The variance was the use of two terms in testimony. EOHHS used the term "Independent Facilitators" in our testimony, while BHDDH used the term "Support Brokers". BHDDH has updated the terminology in their testimony to "Independent Facilitators."