May 2025 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 25, 2025. Please submit the answers no later than close of business Monday, April 21, 2025, 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.

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 2024 Closing -Audited

1) Please provide an updated FY 2024 closing analysis by caseload estimate service category. See tab 1d.

   This tab has been updated. The SFY 24 Close is $1.5M higher than the November projection. This is based on an increase of $1.2 in claims processed as of March 2025 and an estimated $0.3M in claims that may process between now and June 2025. The general revenue impact is $0.6M.

General Instructions/Background

1) Beginning in FY2026, Conferees are adopting estimates for the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals using a different categorization of services. "Tab 1z" of the accompanying Excel workbook lists all service billing codes in the MMIS system, the name of the service associated with each code, the authorization type of that code, the conference category of the service reflecting the current categorization, and the conference category of the service in the categorization scheme beginning with FY2026.

   a. Please review "Tab 1z" for any perceived inaccuracies in the data. If you add any new data or edit any pre-existing data please apply a colored highlight to the changed cell accordingly.

      This tab is complete.

2) Please provide the requested data in the excel file by tab as follows:

   a. "Tab 1a" please provide the official estimate of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for FY 2025 and FY 2026. For reference it already shows the November 2024 adopted estimate

      i. For the "Tab 1a, FY2025 Estimate" table, please provide the official FY2025 and FY2026 estimates of the Department utilizing the current categorization scheme as detailed in "Tab 1z".

         This tab has been updated accordingly.

      ii. For the "Tab 1a, FY2026 Estimate" table, please provide the official FY2025 and FY2026 estimates of the Department utilizing the FY2026 categorization scheme as detailed in "Tab 1z". Please separate out non-L9 and L9 funding for Residential as indicated on the table, but this separation is not necessary for any other categories.

         This tab has been updated accordingly.

   b. "Tab 1b" and "Tab 1c" please provide the caseloads by placement for FY 2025 (1b) and FY 2026(1c) for those who self-direct and those who do not.

      This tab has been updated accordingly.

   c. "Tab 1d" - FY 2024 based on the audited closing as noted above.

      This tab has been updated accordingly.

   d. "Tab 2" – Please provide current living arrangements by age group.

      This tab has been updated accordingly.

   e. "Tab 3" – Please update November 2024 testimony on FY2025 and FY2025 authorizations.

This tab has been updated accordingly.

f. "Tab 4" – Please update November 2024 testimony on non-Medicaid placements, including which placements are in-state and which are out-of-state.

This tab has been updated accordingly.

g. Tabs 5a & b" – Please update November 2024 testimony on L9 reasons and providers.

This tab has been updated accordingly.

3) Please provide monthly historical expenditure data and monthly historical caseload data by tier presented in two discrete ways, as detailed below.

a. Please provide this data from FY 2019 (July 2018) through August 2024 adhering to the FY 2025 Estimate Conference Categories detailed in "Tab 1z" of the excel workbook, listed as follows:

This tab has been updated accordingly.

i. Residential Habilitation
ii. Day Program
iii. Case Management & Other Support Services
iv. Support Services Expansion
v. Transportation
vi. Employment
vii. L9 Supplemental Funding

b. Please also provide this data from FY 2024 (July 2023) through March 2025 adhering to the FY 2026 Estimate Conference Categories detailed in "Tab 1z" of the excel workbook, listed as follows:

This tab has been updated accordingly.

i. Residential Habilitation
ii. Community-Based Supports
iii. Day Program
iv. Employment
v. Transportation
vi. Professional & Other Support Services

4) 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.

Any additional appropriate tables have been added and noted in the corresponding testimony question.

Projections by Service Category

5) Aligning to the categories adopted at the May 2024 conference, please provide for each category the Department's FY 2025 estimate as testified to at the November 2024 CEC alongside the Department's FY 2025 estimate for this conference. Should there be any difference between these two numbers, please briefly explain what is driving the difference, whether it be changes in the

forecasting methodology, updated assumptions regarding caseload or service provision, or any other factors.

Please refer to tab 6a – Projection Diffs Summary – section Service Group - in the attached table document which identifies the data requested in a format that helps view the information succinctly for the differences in estimating from the last caseload conference. Tab 6b provides further detail for changes in forecast.

6) Aligning to the categories that will take effect at the beginning of FY 2026, please provide for each category the Department's FY 2025 and FY 2026 estimate as testified to at the November 2024 CEC alongside the Department's estimates for this conference. Please outline the key factors you have identified as driving the difference between these two numbers, be they updated methodologies, assumptions, or other.
    a. Furthermore, for each category estimate in each year, please provide the dollar amount of the category's overall estimate expenditures that the Department estimates will be authorized through L9 Supplemental Funding authorizations instead of through the annual authorization process. Please briefly explain how the Department arrived at these L9 estimates, including what is driving demand for L9 funding in each category in the context of the new annual

    The Division is working to move all individuals in the system through the two-step assessment process, which includes the ANSQ and Individual Follow-up. The two-step assessment helps identify needs above and beyond the SIS-A 2nd Ed. Throughout this transition, L9 requests will remain necessary for those individuals who have not yet gone through the two-step assessment process and require additional funding to meet/maintain the required level of support. In addition, individuals experiencing an acute need will also continue to utilize the L9 process to request additional funding to maintain their health and safety needs. To assist in the transition from funding L9s, the Division has begun to work with residential providers who receive additional funding to support individuals with significant needs to shift their funding to be included in their annual budget. This will result in an increase in individual budgets and a decreased need for L9s as rates for specialized group homes will be included in the individual budgets once logistics are finalized. There may continue to be individuals with exceptional needs that will require an L9 in addition to the specialized group home rate. For these same individuals living in a specialized group home, they also need increased community-based supports which may also require an L9.

    There were individuals who received L9 funding for day supports who now receive their funding under community-based supports which may appear as if there was an increase in L9 funding under community-based supports. The shift is due to day supports moving to community- based supports via an L9.

    Additionally, situations arise when individuals may need supplemental funding due to an acute illness, an acute illness of a caregiver or some other emergency situation that requires a higher level of support for a limited period of time.

7) Please provide for each contract and non-Medicaid expense the Department's FY 2025 estimate as testified to at the November 2024 CEC alongside the Department's FY 2025 and FY 2026 estimate for this conference. (Please note, this question only applies to contracts that are relevant to CEC adopted figures). Should the estimates for this conference differ from the estimates presented in November, or if the estimates for this conference differ between the two years, please briefly explain what is driving the difference.

See Tab 4 – Non-Medicaid Placements for further information on non-Medicaid expenses as well as out of state placements.

a. Please provide the status of efforts to certify out of state entities as Medicaid providers.

JRC has never been a RI Medicaid provider for adults with I/DD and continues to refuse to cooperate with the process. DD is working with JRC to determine an appropriate transition plan for one of the two individuals placed there. The second individual will remain there funded with state dollars.

There are six other individuals placed with out of state providers funded with state dollars:

- Amego, Inc. (Massachusetts) has agreed to maintain a former youth placement through age 22 to complete the educational program. Amego has applied to become a RI Medicaid provider for adult services and is awaiting approval.
- Continuum of Care, Inc. (Connecticut) was an approved RI Medicaid provider and lost their RI Medicaid standing through the "single case agreement for out of state placements" process for one of their two settings. Continuum is awaiting their state licensing approval to comply with Medicaid requirements. There are three impacted RI I/DD clients at Continuum.
- Shrub Oak International School (New York) was an approved RI Medicaid provider and lost their RI Medicaid standing through the "single case agreement for out of state placements" process. As an educational provider, they will not be reinstated as a Medicaid provider. There are two individuals placed there. One person is returning to their family home in June in RI, with DD supports. The other person is receiving active transition planning with a goal to return to RI in FY '26.

There are four additional individuals placed out of state who receive RI Medicaid funding.

8) Please provide assumptions for claims lag in the estimates 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 25 and FY 26 expenditures. Please see "May 2025 CEC Overview – BHDDH" section B. "Caseload Growth and Trend Development" for details on the estimate methodology utilized for FY25 and FY 26.

BHDDH will utilize the projection model to identify the payable for FY25 by applying the claim runout percentages based on historical trends and will use this methodology going forward for future accrual calculations. BHDDH will continue to use this methodology for future payable calculations.

9) Please provide information on employment activities.

a. How many individuals have requested services?

Please refer to question 9b for this information.

b. How many have been approved?

Service	Add on Budget Distinct Individuals	Total Distinct Individuals
Job Development	453	453
Job Development Self Direct	10	10
Job Discovery	49	49
Job Retention	358	358
Job Retention Self Direct	4	4
Job Coaching	418	418
Job Coaching Self Direct	5	5
Supported Employment - Group	22	22
Personal Care in the Workplace	19	19
Grand Total	**919**	**919**

**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*
**There are no longer any Authorization Distinct Individuals as the authorizations are now all in the Add-on category*

c. What types of services are being provided?

Employment services include:

(1) Job Exploration: Assisting an individual in making choices about work and identifying their path to employment. This service in not being utilized yet but will be by the Summer.

(2) Discovery: Focused service to identify the individual's strengths, needs, and interests to develop a customized employment plan.

(3) Job Development: Supports to find and secure employment.

(4) Job Coaching and Retention: Supports to learn the specific job duties/skills and/or interpersonal skills for the individual to be successful in their job and support to maintain or advance in their job.

(5) Personal Support in the Workplace: Support specific to activities of daily living needed while at work.

(6) Group Supported Employment: Shared support and structured training activities in business and industry settings for groups of no more than eight participants under the supervision of an employment specialist. Group settings include enclaves and mobile crews.

d. How many people are employed?

There are 828 individuals who were employed as of June 2024.

10) Please provide an update on the inclusion of any new services assumed since the November estimate.

a. Including remote supports and companion room and board, and any services that have not yet been fully implemented.

Please refer to the Overview document – section C. Rate and Methodology Changes for additional information regarding the timeline for these services implementation into the system. It is anticipated that all services below will begin July 2025.

Remote Support services have not been implemented. There will be work done in the new year to roll out these services. There is interest from the providers but there needs to be guidance in place to allow for safeguards and consistency among service providers.

Job Exploration is a new Medicaid service. It will support an individual in making choices about work and identifying their path to employment.

Peer Support and Family Support are still being rolled out. There has been no billing on these services yet. Training is still happening, and guidance is being developed. Meetings with stakeholders have begun to work toward implementing this service.

Supportive Living will begin to be rolled out at some point within this year. The Division has been focused on implementing other services prior to this one.

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

All services outlined in question 10b will be a Medicaid covered service.

11) The FY 2025 Enacted budget included an appropriation of $599,097 in all funds to Private DD as a result of the OHIC recommendation to increase the rates for Personal Care Services (billing code S5125) and Homemaker Services (billing code S5130), to take effect beginning October 1, 2024. Please note that all affected billing codes are included under Case Management & Other Support Services within the FY 2025 Estimate Conference Categories and under Professional & Other Support Services within the FY 2026 Estimate Conference Categories.

a. Please provide any changes from the November 2024 CEC estimate for the Department's specific estimate of the FY 2025 and FY 2026 incremental cost of the increased rates along with reasons for any difference.

The OHIC rates have been implemented, and this is mentioned in the Overview document. If this question arises in the Question document, then we will state that we used our trending model to project 2026 (and we did the same for 2025). There is no offline process to project this as we have actuals flowing into the model

Federal Consent Decree

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

a. The FY 2025 Enacted budget authorized the hiring of 18.0 FTEs to provide Independent Facilitation Case Management services. Please provide any updates regarding the hiring status of these individuals as well as the long-term plan for how Independent Facilitation Case Management services will interact with Conflict Free Case Management services.

Please see Section H_Conflict-Free_Case_Management in the Overview document with detailed information on CFCM.

With implementation of CFCM, the structure of the internal DD team will shift to better meet the needs of the DD population.

b. Please provide information worker caseloads.

Currently, the finances for the division have been built to limit caseload sizes to peak at 50 per case manager. The determination was based on the activities in which the

case managers were expected to engage and the average estimated amount it would take to complete those activities. Currently, case managers are not at full capacity. Each case manager is in the startup phase of their activities, which is the most intensive phase of the process. The Division will reevaluate the accuracy of that caseload limit determination as the system is fully implemented.

13) The Assembly provided $12.0 million over three 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. There is one agency that did not become a RI Medicaid provider, so there is $258,740.65 in funding that has not been disbursed.

These funds had a spend date of June 30, 2024, but the deadline was extended to June 30, 2025. 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 employment team and Coordinator of Community Supports have done active outreach to all providers who received funding to discuss progress, and any barriers encountered when trying to implement their proposal.

14) The Assembly included $2.0 million over three 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. Requests for funding for participants are currently being solicited. Requests are reviewed and awards are made on a quarterly basis. The Technology Fund is currently reviewing the 12th Round. This Fund has been operational since May of 2022. As of December 31, 2024, the Technology Fund has a total of $685,015.38 in encumbered funds.

Through Round 11, which had a submission deadline of December 31, 2024, approximately 1383 technology requests have been approved.

The Court Monitor has agreed to allow the use of this Fund for an expanded initiative. Details have been worked out with the Court Monitor. DDD will assist providers to create Technology Lending Libraries, so people they support are able to try different types of technologies to help them determine what types of technology is best suited to meet their needs. Additionally, staff at the provider agencies will receive technology training, so that each agency has a staff member versed in technology who is able to assist people by providing needed support with general tech devices and help to answer some basic questions regarding technology.

Financial and Operational Questions

15) 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 2025 to date?

816 individuals are currently participating in the Appendix K authorization, and 952 parents/guardians are being paid through the program. BHDDH does not currently track the monthly spend for appendix K. Starting in FY 2026, the new code/modifier T2017 U4 U2 and T2017 L9 U4 U2 will be available to providers to utilize to notate on claims the services rendered by parents.

16) 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 FY 2025 and FY 2026 by setting and tier.

Please refer to May 2025 - BHDDH Workbook for CEC questions.xlsx, tab 7 – Private Duty Nursing.

17) How many youths with transition plans have or will receive services through the Department in FY 2025 and FY 2026? Please provide the tier level and residential services that have been identified or approved for this group.

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).

In FY26, 48 youth under age 22 currently have authorizations to receive services from the Division. 4 are living in group homes. 7 are in SLA. The tier breakout is as follows – Tier A 3, Tier B 9, Tier C 17, Tier D 9, Tier E 9 and None 3.