

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

Responses to Questions at April 25, 2025 Testimony

1. For FY 25 and FY 26, how much of the projection is for Youth in Transition?

The BHDDH projection model is primarily a projection on expenditures by service code with no specific considerations made to the demographics of the client individuals consuming any given service. In this way, the model does not make any considerations for the YIT population's specific consumption behavior and assumes that any expenditure growth related to the YIT population is captured inherently in the overall expenditure growth of service consumption.

That being said, the agency can provide data on the YIT population headcount and total authorizations, which is already contained within all calculations from the projection model. In FY 2024, there were a total of 123 YIT individuals with authorizations in the DD caseload system, with a sum total FY 2024 authorization of \$14,322,500. Through April 26 in FY 2025, there have been 148 YIT individuals with authorizations in the DD caseload system, with a sum total FY 2025 authorization of \$17,056,898. If both, the average monthly authorization rate for YIT individuals and the rate of YIT individuals entering the system holds steady through the end of FY 2025, it is projected that by the end of the fiscal year there will be 163 YIT individuals in the DD caseload system for a total FY 2025 authorization of approximately \$17,324,227 (note that individuals who do not enter the system until late in FY 2025 will have lower FY 2025 total authorizations).

Assuming FY 2026 experiences the same monthly rate of YIT individuals entering the DD caseload system year and the same average monthly authorization per individual, it is projected that the FY 2026 YIT population will total to 176 individuals with a total FY 2026 authorization of approximately \$19,400,738.

Unique Count of Individuals Under Age 22 with Authorizations

Age	FY 2024	FY 2025 Through April 26	FY 2025 Year End Projection	FY 2026 Projection
18	5	5	5	5
19	11	16	17	17
20	28	32	35	41
21	79	95	106	113
TOTAL	123	148	163	176

To reiterate from past testimonies, the utilization rate of total annual authorizations by individuals is typically 70 to 80 percent. Therefore, it is possible that a projected FY 2025 to FY 2026 increase of \$2.0 million in YIT authorizations may be associated with an approximate \$1.5 million to \$1.7 million increase in caseload expenditures for FY 2026. However, the BHDDH

projection model uses actual expenditure data, regardless of authorization data, it can be assumed that any impact on actual expenditures resulting from this increase to YIT total authorization is already reflected in the projected expenditure numbers from the agency testimony based on the trend growth experience.

2. SIS A – Tier Changes –

a. What was adopted in November?

There was no official adopted value for SIS-A Tier Changes at the November 2024 CEC. During November testimony, BHDDH presented estimated impacts from the SIS-A Tier Changes of \$760,000 in FY 2025 and \$1,100,000 in FY 2026, which were both incorporated into the agency's overall estimate. It is the understanding of the agency that the conferees referenced those estimates for the purposes of adopting a consensus estimate, but did not adopt a specific number for the SIS-A Tier Changes.

As BHDDH testified to in November 2023, as part of implementing the new SIS-A authorization process, it is expected that many individuals will have their authorization levels adjusted to more appropriately fit their need. Current estimates from HMA forecast the net impact of the new SIS-A authorizations to total \$9.0 million across all service categories after all individuals have had their five-year reassessments.

BHDDH has contracted with HMA to develop a new algorithm to translate the results of an individual's SIS-A assessment into their annual authorization of services. To date, there are many individuals that have been reassessed with the new SIS-A who are ready to be entered into the system as soon as the new algorithm is deployed. It is estimated by HMA that 40 percent of the caseload population will have been reassessed into the new SIS-A system by the end of FY 2025, and an additional 20 percent will be reassessed into the system over the course of FY 2026. The new algorithm is not expected to deploy before the end of FY 2025 but is estimated to be available in early FY 2026. As such, HMA has estimated that the FY 2026 fiscal impact of these changes will be \$4.5 million. After further internal analysis at BHDDH to consider operational factors that may slow implementation of the new algorithm, the agency has estimated the FY 2026 impact of these changes to be \$3.0 million.

b. Provide a breakdown by category.

Due to the complex nature of the SIS-A Tier Change impact estimate, it is not possible to rigorously itemize the estimate by service category. This impact is expected to affect all service categories and is not expected to proportionally affect any one category more than another.

3. Caseload Table 2, Page 5 – Review and update numbers as needed. Update average monthly caseload increase, if needed.

The table on page 5 of the May 2025 CEC Overview document has been updated to correct an inadvertent error in the July 2024 Overall Caseload cell. In addition, a "Jun-24*" column has been added to the top section of the table to indicate BHDDH's estimate for the June 2024

Overall Caseload after the data has been reconciled with the improperly flagged self-direct individuals, and a footnote has been added to the bottom of the table explaining the reconciled June 2024 estimate.

4. Submit the March 2025 Caseload Report

The March 2025 Monthly Caseload report is attached. All except a few tabs have been completed. The remainder will be submitted to the conferees by Friday, May 2.

5. Transformation Funds – Heather to Respond

a. What are the barriers to spending the transformation funds?

Staffing became a barrier to the providers when trying to accomplish what they proposed for the Transformation Fund. Providers were not able to hire staff on the proposed time frames and due to them not always having enough existing staffing they could not complete the training on the schedule/time frames they included in their proposals.

b. Who approves the extension of time?

For the Transformation Phase I the Federal Government provided a year extension on the funding. DDD then spoke to EOHHS to extend until December 31, 2024. For Transformation Phase II several providers were asking for an extend for this funding as well. The Court Monitor asked if the funding could be extended. After DDD internal discussion an extension was granted through an agreement between DDD and the Court.

c. Verify if the \$258K is included in the projected expenditures.

No, the \$258 K is not part of the projected expenditures. Transformation Phase I and Phase II funds, inclusive of the Technology fund and the Self-Direct Transformation fund, have never been subject to the Caseload Estimating Conference. These funds were appropriated directly through past years' enacted Appropriation Acts. It is typical for BHDDH to provide updates on the spending on these funds at each Conference, but these funds have never been incorporated into BHDDH's testified expenditure estimates at any Conference, past or present.

6. Who requires the SIS to be performed every 5 years as well as the 2-step process?

The American Association on Intellectual and Developmental Disabilities (AAIDD) recommends that the SIS be performed every 3-5 years. The frequency of the SIS was determined by the State and a request was made to CMS. The 5-year cycle was approved. The 2-step process is written into the Consent Decree Court Ordered Addendum. It is the mechanism that BHDDH has begun to implement the annual reauthorization, required by CMS and regulation 212-RICR-10-05§1-1.9(C) [<https://rules.sos.ri.gov/regulations/part/212-10-05-1>].

7. An individual service plan is required by Medicaid to be completed annually. Verify the fund sources that are established in the MMIS for DD Services so that expenditures align to the new categories.

The chart of accounts related to the new set of conference categories is set to take effect at the beginning of FY 2026. All actual expenditure data to date in RIFANS should be reflecting the current chart of accounts, as the conferees adopted at the November 2024 Caseload Estimating Conference. Any misalignment of expenditures to the current chart of accounts in RIFANS will be rectified by the FY 2025 fiscal close. Preparation to implement the new chart of accounts at the start of FY 2026 is underway, and at this time it is not expected that RIFANS nor MMIS will encounter any material delays in effectuating the transition.

8. Tab 4

a. Show calculation for projected expenditures for Crystal Springs and Shrub Oak

PROVIDER	Client #	ADMITTED	DISCHARGE DATE	Cost/Day FY25	Days FY25	Cost/Day FY26	Days FY26	Total FY25	Total FY26
SHRUB OAK	Client 1	6/1/2021	6/22/2025	\$734.18	356		0	\$261,368.08	
SHRUB OAK	Client 2	2/1/2022	11/30/2025	\$734.18	365	\$734.18	153	\$267,975.70	\$112,329.54
CRYSTAL SPRINGS	Client 3	11/9/2023	8/25/2024	\$1,025.64	56		0	\$57,435.84	
CRYSTAL SPRINGS	Client 4	6/3/2025		\$1,248.52	28	\$1,294.34	365	\$34,958.56	\$472,434.10
CRYSTAL SPRINGS	Client 5	9/13/2016		\$718.55	365	\$718.55	365	\$262,270.75	\$262,270.75

Shrub Oak currently funds two clients, Client 1, admitted on 6/1/21 with a plan to discharge him on 6/22/25. The cost per day in FY25 is \$734.18, with 356 days attended for a total of \$261,368.08. The second client, Client 2, admitted on 2/1/22, with a planned discharge date of 11/30/25. The cost per day here is \$734.18 with a total of 365 attended in FY25 for a total of \$267,975.70 in FY25 and 153 days in FY26 for a total of \$112,329.54 in FY 26.

Crystal Springs has three clients during the current fiscal year, the first Client 3, admitted on 11/9/23 was discharged on 8/25/24. The cost per day was \$1,025.64, with 56 days for a total of \$57,435.84 in FY25. The second client, Client 4, is set to be admitted on 6/3/25 with a rate of \$1,248.52 per day and so with 28 days it will come to \$34,958.56 in FY25 and for 365 days in FY26 at a rate of \$1,294.34, that would come to \$472,434.10. The third client, Client 5, was admitted 9/13/16 with a current rate of \$718.55 and 365 days, the total for FY25 would be \$262,270.75 and the same rate and total for FY26.

b. Clarify in-state provider eligibility

Tab 4 of the Workbook file lists all out-of-state placements as well as all in-state, non-Medicaid placements. In-state providers that are eligible for Medicaid were excluded from the table on Tab 4 as that information was not requested in the instructions, but such information can be provided upon request.

9. Question 9d – What is the current number of people employed?

There are 964 individuals who were currently employed as of December 31, 2024.

10. How was the number for Targeted Employment calculated?

The \$1.3 million in FY 2025 and the \$1.5 million in FY 2026 included in the Testimony Workbook tab 1a was an inadvertent error. It was BHDDH’s intention to project total annual expenditures for Targeted Employment and Transformation Phase III at \$3.1 million annually,

unchanged in either year from the estimate in the November 2024 CEC testimony. This correction brings the agency total estimate to \$444.7 million in FY 2025 and \$455.4 million in FY 2026.

Tab 1a of the Workbook file has been updated to show the correct Targeted Employment and Transformation Phase III estimates, the correct overall total costs, and a corrected split of general revenue and federal funds for those updated total costs. Section B of the Overview document has been updated to reflect the new total estimates in FY 2025 and FY 2026, including updating the difference calculation between the new totals and the November CEC adopted estimates.