MEMORANDUM

To: The Honorable Marvin L. Abney, Chairman, House Finance Committee
    The Honorable Ryan W. Pearson, Chairman, Senate Finance Committee

From: Joseph Codega Jr., Budget Officer

Date: May 20, 2022

Subject: Amendments to FY 2022 Revised Appropriations Act (22-H-7122)

The Governor requests that several amendments be made to the FY 2022 Appropriations Act that seek to reflect the relevant forecasted expenditures for the Executive Office of Health and Human Services Medical Assistance Program, Behavioral Healthcare, Developmental Disabilities and Hospitals Development Disabilities Program and Department of Human Services Cash Assistance Program as adopted by the May 2022 Caseload Estimating Conference.

Additional adjustments for other budget areas not under the purview of the Caseload Estimating Conference are also requested in order to reflect an additional quarter of enhanced Federal Medical Assistance Percentage (FMAP).

On March 18, 2020, the President signed into law the Families First Coronavirus Response Act (FFCRA), which provided a temporary 6.2 percentage point enhancement to each qualifying state’s Federal Medical Assistance Percentage (FMAP) effective January 1, 2020, and extending through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-19 terminates.

As of this writing, federal authorizations have signaled their intent for the PHE to remain in effect through the end of the first quarter of FY 2023.

A description of each amendment requested is provided below.

If you have any questions regarding these amendments, please feel free to call me or my staff at 222-6300.

JC: 22-Amend-13
Attachments

cc: Sharon Reynolds Ferland, House Fiscal Advisor
    Stephen Whitney, Senate Fiscal Advisor
    James E. Thorsen, Director of Administration
    Brian Daniels, Director, Office of Management and Budget
ARTICLE 1, RELATING TO MAKING REVISED APPROPRIATIONS IN SUPPORT OF FY 2022

SECTION 1, REVISED APPROPRIATIONS IN SUPPORT OF FY 2022

Executive Office of Health and Human Services

Decrease General Revenues Managed Care – Medical Assistance Program, Page 14, Line 14 by $17,762,400 from $335,193,592 to $317,431,192. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Hospitals – Medical Assistance Program, Page 14, Line 15 by $3,571,158 from $86,603,629 to $83,032,471. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Nursing Facilities – Medical Assistance Program, Page 14, Line 19 by $7,271,180 from $130,225,340 to $122,954,160. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Home and Community Based Services – Medical Assistance Program, Page 14, Line 20 by $2,138,350 from $40,710,670 to $38,572,320. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Other Services – Medical Assistance Program, Page 14, Line 21 by $8,048,604 from $131,236,718 to $123,188,114. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Pharmacy – Medical Assistance Program, Page 14, Line 22 by $3,470,880 from $72,363,100 to $68,892,220. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease General Revenues Rhody Health – Medical Assistance Program, Page 14, Line 23 by $10,623,139 from $182,600,419 to $171,977,280. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Increase Federal Funds Managed Care – Medical Assistance Program, Page 14, Line 26 by $6,462,400 from $529,006,408 to $535,468,808. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease Federal Funds Hospitals – Medical Assistance Program, Page 14, Line 27 by $2,428,842 from $131,890,351 to $129,461,509. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Increase Federal Funds Nursing Facilities – Medical Assistance Program, Page 14, Line 28 by $1,171,180 from $189,974,660 to $191,145,840. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).
financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Increase Federal Funds Home and Community Based Services – Medical Assistance Program, Page 14, Line 29 by $638,350 from $59,389,330 to $60,027,680. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Decrease Federal Funds Other Services – Medical Assistance Program, Page 14, Line 30 by $60,851,396 from $819,648,282 to $758,796,886. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Increase Federal Funds Pharmacy – Medical Assistance Program, Page 14, Line 31 by $470,880 from ($463,100) to $7,780. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Increase Federal Funds Rhody Health – Medical Assistance Program, Page 14, Line 32 by $823,139 from $264,099,581 to $264,922,720. This adjustment aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-EOHHS1).

Department of Human Services

Decrease General Revenues in the Supplemental Security Income Program, Page 19, Line 5, by $594,540 from $18,334,440 to $17,739,900. This adjustment aligns the level of financing within this category of Cash Assistance expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-DHS1).

Decrease General Revenues in the Rhode Island Works Program, Page 19, Line 8, by $350,183 from $8,411,581 to $8,061,398. This adjustment aligns the level of financing within this category of Cash Assistance expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-DHS1).

Decrease Federal Funds in the Rhode Island Works Program, Page 19, Line 9, by $12,796,865 from $79,136,377 to $66,339,512. This adjustment aligns the level of financing within this category of Cash Assistance expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference. This amendment supersedes adjustments made in GBAs 2 and 4 which had included the following amendments: (1) removing an extraneous reduction of $784,793 which was double counted in error in the SSBG account; (2) removing an increase of $784,793 to the TANF account beyond what was adopted at the November 2021 Caseload Estimating Conference due to double counting in the SSBG account; (3) a reduction of $6,725,928 to the caseload CRRSA account and an increase of $273,775 to the caseload ARPA account, both of which were incorrectly budgeted due to a technical error; (4) transferring the childcare co-pay waiver extension budget initiative amount totaling $615,598 from the CRRSA CCDBG account to the correct CEC CRRSA CCAP CCDBG account (22-DHS1).

Increase General Revenues in Other Programs, Page 19, Line 12, by $178,852 from $698,348 to $877,200. This adjustment aligns the level of financing within this category of Cash Assistance expenditure with caseloads as adopted by the May 2022 Caseload
Estimating Conference and makes the addition of $90,000 for hardship contingency payments. This amendment supersedes adjustments made in GBA 4 (22-DHS1).

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

Decrease General Revenues, Page 20, Line 9 by $12,650,854 from $153,512,645 to $140,861,791. This adjustment aligns the level of financing within this category of BHDDH Developmental Disabilities expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-BHDDH1).

Decrease Federal Funds, Page 20, Line 31 by $5,901,530 from $193,810,740 to $187,909,210. This adjustment aligns the level of financing within this category of BHDDH Developmental Disabilities expenditure with caseloads as adopted by the May 2022 Caseload Estimating Conference (22-BHDDH1).
### Summary of Governor's Article 1 Amendments to FY 2022 Revised Appropriations Act (22-H-7122)

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### May CEC 2022 Budget Amendments

- **Executive Office of Health and Human Services**
  - Reconcile to May 2022 CEC Adopted Estimates: Medical Assistance
    - (52,885,711)\(\) (53,514,289)\(\) -\(\) -\(\) \(\) (106,400,000)\(\) 22-EOHH5

- **Department of Human Services**
  - Reconcile to May 2022 CEC Adopted Estimates: Cash Assistance
    - (765,871)\(\) (12,796,865)\(\) -\(\) -\(\) \(\) (13,562,736)\(\) 22-DHS1

- **Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals**
  - Reconcile to May 2022 CEC Adopted Estimates: Private Services for Individuals with Developmental Disabilities
    - (12,650,854)\(\) (5,901,530)\(\) -\(\) -\(\) \(\) (18,552,384)\(\) 22-BHDDH1

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