November 2023 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, October 27, 2023. Please submit the answers no later than close of business Monday, October 23, 2023, 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 the State's COVID-19 PHE response.

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

1) Please provide a FY 2023 closing analysis by caseload estimate service category.

   TBD - Please refer to Nov 2023 CEC Questions – BHDDH.xlsx, tab 1e – FY 23 Closing.

DD Rate Review

1) Please provide updates on the revised Support Intensity Scale (SIS-A) rollout, including but not limited to

   Heather/Kevin/Anne - spoke to Tracy on Friday. I sent her the questions below.

   a. Number of individuals who have received the new assessment

   Total received Additional Questionnaire = 530

   b. Any existing or planned revisions to the assessment framework

   There are no additional revisions planned at this time.

   c. Timeline for full implementation

   The timeline for the full implementation is June 30, 2024.

2) Please provide a status update of any CMS approval or communications on the DD review.

   On June 23, 2023, CMS informed EOHHS that while CMS was still reviewing the rate submission, the State was permitted to implement the proposed DD rates on July 1. CMS explained that if, when CMS

completed their review, they approved something different from what the State had implemented, the State would only need to adjust prospectively.

CMS subsequently shared questions with EOHHS and BHDDH regarding the rate methodology. EOHHS and BHDDH responded, and CMS shared further questions. EOHHS submitted the latest response and an updated version of the DD rates and methodology on September 28, 2023

3) Please provide any updates to the finalized rates by tier and caseload category.

   Please see attached document DD FY24 Rate Table revised 08-31-2023.pdf.

4) Please provide updates on caseload utilization and dollar impact projections for all changes resulting from the rate review, including but not limited to the following:

   a. The overall rate remodel impact

      Currently, the projection model for both the caseload and expenditure utilization continues to utilize the 12-month trend model, while incorporating the new rates. The current claims data is almost complete for July and is not a steady enough basis to project expenditures accordingly. Based on the limited data, utilizing the 12-month trend data helps incorporate existing usage, along with the updated rates into the best estimate for projections today.

   b. The removal of employment services from the tier packages

      It is anticipated that moving employment services from the tier packages to the add-on budget will have a budget impact. Limitations have been placed on some services to ensure that employment supports are effective and timely. By allowing access to employment supports without needing to compromise the use of community supports it helps to incentivize people to seek employment. They no longer feel like they need to give up other supports to find a job, which for many individuals and families this was a hardship, so the individual did not seek employment.

   c. Employment add-ons

      The employment add-on services are Discovery, Job Development, Job Coaching and Retention, Group Supported Employment, and Personal Support in the workplace.

      Personal Supports in the workplace will allow individuals to have access to the supports they need to maintain their employment without taking the time of a job coach, which is what has happened in some instances. It will free up job coaches and therefore help with capacity issues.

   d. Requiring providers to bill community-based support and center-based support services based on an individual's tier rather than on a program's staffing ratio

      This change is expected to ease the administrative burden of tracking ratios. There is now a set rate for shared services based on tiers rather than on ratios, and a 1:1 rate that applies to all tiers. Due to the blended rate previously used, it is difficult to estimate the separate usage of these services until more data is available.

   e. Treating the individual components of a current tier package of community-based supports, day program, transportation, overnight shared supports, and respite as a single budget in order to increase the flexibility in use of the tier packages

      Individuals previously had the choice to move funding between line items, but it was not a simple process. The new flexible budget allows individuals to decide upfront how much and which services they want to purchase with their funding.

f. Inclusion of new services (supportive living, remote supports, companion room and board, discovery, personal care in the workplace, vehicle modifications, peer supports, and family-to-family training), including the Medicaid eligibility status for each new service.

   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.

g. Consolidation of home-based day programs into group home rates

   Individuals living in group homes may have different schedules, so all staffing models now allow for 24-hour staffing. This provides flexibility. With all staffing models covering 24-hour staffing, everyone's schedule should reflect their person-centered goals without an expectation that all individuals spend the same 30 hours per week away from the home. Since all staffing models provide sufficient funding for 24-hour staffing, the In-Home Day Program service has been eliminated.

h. Establishing a framework for specialized group homes

   There is work underway to address the needs of individuals who require a specialized level of care in their group home setting. Currently providers submit Additional Funding Beyond the Tier Requests for these situations. The funding for this then becomes part of the L9 funding. By having a specialized rate for the home will reduce the requests for additional funding.

i. Establishing outcome-based rates for job coaching

   HMA did not provide the methodology for the outcome-based job coaching due to the complexity of implementation. The job coaching rates are still fee-for-service. BHDDH will be working with them to understand what is needed to implement an outcome-based model in the future.

j. Renaming day program and eliminating ratio requirements

   Center-based day program and community-based day supports were separated, and different rates were established instead of having a blended rate. Ratios were eliminated due to the administrative burden of billing based on ratios. A set shared service rate for each tier is now being used instead.

   There is a Center-Based Day rate and now the Community Day will fall under the Community Support service. This was also done to encourage providers to allow for services when the individuals need them, not just during the traditional (9am-3pm) day program hours.

k. Treatment of L9s within the new rate schedule

   The treatment of L9s will not change because of the new rate schedule. There should be a decrease in L9s due to the employment support services now available as an add-on outside of the individuals allocated budget. The decrease will occur in the L9 expenditure but will shift over to the employment expenditure line.

   With the new assessment process the Additional Needs Questionnaire will pick up some of the needs that were not accounted for in the assessment process. This questionnaire will pick up these needs and the funding will be provided to someone as part of their overall budget shifting these costs out of L9s.

l. Please indicate any new services or changes to how we pay for existing services that may not be listed here

   TBD - This is an ongoing conversation with OHHS.

5) New Service Categories

   a. Please identify any new service categories that have been created because of the rate review.

      At this time, there are no new service categories that have been created for the redesigned services. The new services may bring in one additional service category but that has not been determined yet.

   b. Please provide any updates on how these categories interact with the pre-established categories and whether they are anticipated to affect the caseload utilizations and expenditures in any pre-established categories, as well as their Medicaid eligibility status.

      Not applicable currently.

6) Please explain the methodology utilized to project expenditures for FY2025 under the new billing structure. Please include trend assumptions and reconciliation of historical expenditure data to the newly developed rates.

   The current model utilizes a moving average period of 12 months (minus one month for assumed claims lag) of the expenditures and caseload, to determine the projections moving forward. This will also capture any upward or downward trends that are sudden and give a clear picture of any adjustments that need to be taken. With the addition of new services starting Jan 2024, BHDDH anticipates that new service projections will be around 1% of the total budget for FY24 and FY25. Our methodology will also capture any increase/decrease of projections based on the comparison of new rates vs old, and the trend for those services that are changing.

7) Please describe how the authorization process, ISP process could change under this new billing structure.

   The ISP process isn't changing. The formulation of the submitted budget (purchase order) in support of the plan is changing to allow individuals more flexibility in their use of the funds. This isn't much of a change for individuals who self-direct. Individuals using agency-based services will now have some of the flexibility that those who self-direct have had, rather than being tied to set line items. There is also an add-on budget request as a separate page of the purchase order. Once approved, the submitted purchase order becomes the authorization.

8) Please explain how the L9 process will work under the new billing structure and what circumstances could still require an L9.

   The L9 process will continue for exceptional needs under the new billing structure. An example of exceptional needs is the need for 2:1 supports. None of the new rates include staffing at a 2:1 ratio. Part of the assessment process, the Additional Need Questionnaire, will help to capture needs that the SIS does not, which will address many of the reasons for supplemental funding such as the 2:1 staffing and any exceptional professional support needs (i.e. nursing and clinical supports).

   Additionally, L9s will remain for increased need in support due to medical necessity such as recovery from surgery or other medical short-term needs. Extra support for an individual due to a parent or caregiver who has a medical concern that needs to be addressed.

   As a reminder, the L9s may decrease in FY24 going forward but those expenditures will now fall under the appropriate service category based on the budget restructure for fixed vs flexible budgeting.

9) Please explain what the minimum DSP wage is assumed by the rate remodel.

   The average DSP wage for FY 24 is $22.14/per hour, with the starting wage assumed as $20/per hour.

10) Please provide any updates on the new service array of remote services, including but not limited to waiver status and estimated cost.

Remote supports will be a new service, with CMS approval expected in January 2025. There is funding under ARPA that will be utilized to begin to pilot these supports prior to January 2025. Note, with the delay in CMS' review of the 1115 waiver, EOHHS has identified specific priority items for which the State strongly requested approval on an earlier timeline, including the new HCBS remote monitoring service.

General Instructions/Background

1) Please provide monthly historical expenditure data by tier for each of the following conference categories from FY 2019 (July 2018) through August 2023. Please also provide the same data for caseloads by tier.

Please refer to Nov 2023 CEC Questions – BHDDH.xlsx, tab 4 – Caseload and Expenditures.

a. Residential Habilitation
b. Day Program
c. Shared Living Item
d. Employment
e. Transportation
f. Case Management and Other Support Services
g. L9
h. In addition, please include any new categories that have arisen as a result of the rate remodel.

2) Please provide, where possible, excel 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.

The attached excel file contains any backup data/tables/spreadsheets as needed and is noted accordingly in corresponding answers.

3) Please fill out "Tab 1" of the attached file (or provide a similar file) showing average caseload and expenditures for the Private Community Developmental Disabilities Program to reflect the official estimate of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for FY 2024 and FY 2025.

Please refer to tab 1 for the updated expenditure projections by service category.

4) Private Duty Nursing Services.

a. 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 24 and FY 25 by setting and tier.

The number of paid parents is currently 623. These individuals who have parents 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	2	5
B	5	3	8
C	1	20	21
D	2	25	27
E	0	4	4
Grand Total	**11**	**54**	**65**
FY 2025 - Projected			
Tier	**Apartment or House**	**Living with Relative**	**Grand Total**
A	3	2	5
B	5	3	8
C	1	20	21
D	2	25	27
E	0	4	4
Grand Total	**11**	**55**	**66**

5) Please provide an update regarding the implementation of the Conflict-Free Case Management program as it relates to the current timeline for implementation as well as the expect impact on the budget for FY 2024 and FY 2025.

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

Federal Consent Decree

1) How many individuals are currently approved for employment services?

Service	Distinct Individuals
Job Coaching	141
Job Development / Assessment	1293
Job Retention	183
Distinct Individuals Total	**1512**

2) What are the updated projections for the number of individuals who will receive employment services for FY 2024 and FY 2025, and how do these align with the benchmarks outlined in the Consent Decree?

   Prevocational services were ended on 6/30/2023. Individuals utilizing pre-vocational services will now use their community-based services to support these types of activities.

   A new employment service for personal supports in the workplace was added to distinguish this type of support from job coaching. Personal Supports in the workplace will allow individuals who need support with daily activities in any setting to have a job without choosing being employed versus their community support activities. Job development, job coaching, and job retention remain. A new service, Discovery, is expected to be rolled out in FY24.

   Going forward the employment benchmarks will be those currently employed as well as the cumulative number of those gaining employment. For FY24 the State needs to ensure that 125 individuals become employed. For FY25 the State needs to ensure that 175 individuals become employed. Some of the individuals already receiving services from providers will be part of the 125 and 175. Work will be done with the providers of employment services to determine who is identified as being ready to seek employment.

3) 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.

4) 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. Heather/Steve

The funds for the technology are paid for the individual to the servicing provider. To date $257,160.00 has been paid out to the providers for purchasing this technology. The Technology Fund is in the 7thRound. There have been requests 1,171 and 933 requests have been approved. 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; and 146 requests in Round 4 for $71,195.99. BHDDH is currently working to finalize Round 5 which had 255 requests and still reviewing Round 6 which had 77 requests. The funding amounts for each of the Rounds are just estimates and will increase to account for taxes and fluctuations in prices.

5) The FY 2023 enacted budget includes $1.0 million to support initiatives focused on recruiting, creating pipelines for, and credentialing the workforce. Please provide an update on any progress being made towards these initiatives, including but not limited to the following previously identified deliverables.

From January to September of 2023, providers reported a net gain of 916 DSPs which includes the agencies reported and reflects the net gain and loss month over month. The Statewide Workforce Initiative will continue under the Sherlock Center who has contracted with Direct Workforce Solutions led by national expert, Amy Hewitt. Since the last CEC there have been 2 Statewide Workforce Summits: one in December and the other in January. There is another Statewide Workforce Summit that will be held in January 2024.

Deliverables for last quarter of FY23 and work that will go through FY25 –

- Comprehensive Workforce Solutions Cohort Model (Up to 195 hours per organization for up to 33 employers organized into 4 cohorts);
- Create a Modified Comprehensive Workforce Consultation Model for Self-Direction Employers in Rhode Island (Up to 750 hours over 3 years for up to 8 self-directed employers);
- Technical Assistance and training to Sherlock Center workforce coaches to promote sustainability for workforce development using Train the Trainer model (Up to 5 Sherlock staff trained to support organizations with ongoing implementation and evaluation of workforce interventions;

- RI DSP I, II, & III Certification/NADSP e - badge (Up to 300 hours over 3 years); Workforce Data Collection and Monitoring Consultation (Up to 300 hours of training and consultation over 3 years); and
- Technical Assistance to Support RI SWI Coordinating Council and Workgroups (120 hours per year up to 360 hours over 3 years.
- Current workgroups are listed below -
    - Marketing and Recruitment
    - Data and Reporting
    - Selection and Retention
    - Policy Guidance and Worker Voice
    - Training and Professional Development
- UMN Workforce Consultants working on pre-production work for RI specific Realistic Job Preview, Marketing materials and Public Service Announcements that is one of University's deliverables funded by the Sherlock Center Workforce Project with BHDDH.
- Planning phase initiated to recruit the next cohort of organizations (10) to receive training and consultation to participate in the comprehensive workforce solutions discovery process.

The Sage Squirrel Contract ended June 30th.

Financial and Operational Questions

1) For FY 2024, what is the value of the authorizations?

   The estimated value of authorizations for FY24 to date is $347,328,483. This value will increase as ISPs are renewed with new rates from the rate remodel throughout FY24. Please refer to Nov 2023 CEC Questions – BHDDH.xlsx, tab 3 - Authorization vs Actual.

   a. Please explain any changes in the authorization process that have resulted from the rate remodel and associated policy changes.

      The authorization process itself has not changed. The individuals will outline their needs and wants in their plan which is then submitted as part of the purchase order and authorizations are entered into Therap.

   b. Please provide data on historical authorization totals, both in aggregate and by service tier. If there have been changes in how authorizations are calculated resulting from the rate remodel and associated policy changes, please explain how new authorization data can be reconciled to historical data.

      Please refer to Nov 2023 CEC Questions – BHDDH.xlsx, tab 3 - Authorization vs Actual. This has both the aggregate, along with current FY authorization totals. Authorizations continue to be entered in the same manner as prior to the rate model restructure project.

   c. How many individuals receive services through the CNOM program and what is estimate for FY 2024 and FY 2025? Is that reflected in the annual authorizations?

      There are 3 individuals receiving services through CNOM, one Tier A living independently, one Tier B living independently and one Tier B living with relative.

2) 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.

	FY2024				
Tier	Living with Family	Residential Supports	Shared Living	Outliers	Total
A	14	0	2	2	18
B	50	0	1	2	53
C	41	2	0	3	46
D	16	0	0	0	16
E	6	5	3	4	18
Unknown	93	0	0	12	105
Total	**220**	**7**	**6**	**23**	**256**

	FY2025				
Tier	Living with Family	Residential Supports	Shared Living	Outliers	Total
A	5	0	0	0	5
B	4	0	0	0	4
C	3	0	0	0	3
D	1	0	0	0	1
E	1	1	0	0	2
Unknown	96	0	0	22	118
Total	**110**	**1**	**0**	**22**	**133**

Services are typically not provided by BHDDH for the youth-in-transition (YIT) individuals except for youth-in-transition supports. YIT individuals do not get their SIS assessment completed until 12-14 months before they enter adult services. Due to this, there are individuals who have been found eligible for services who do not have their SIS assessment completed at this time. Youth would typically stay in school-funded services until the age of 22 before entering adult services. Due to some of the recommendations the Court Monitor has requested there will be some youth wanting to exit children's services and enter adult services prior to their 22nd birthday. Additionally, with the emphasis on YIT being employed prior to their school exit youth will be able to access employment services through the adult system, because the employment funding will not be part of day funding.

3) RICLAS residents

   a. How many attended community-based day programs?

      For FY24, there are currently 22 distinct individuals attending community-based day programs.

   b. What do these expenses total for FY 2024 and FY 2025?

      Current FY23 spend for these services are $5,862. BHDDH expects to spend similarly for FY 24, with a potential increase of $1K per year.

   c. What was spent in FY 2023?

      In FY23, $5,862 was spent on these services.

   d. Which agencies provide the services?

Provider Name	Paid Amount
ACCESSPOINT RI	$528.78
KALEIDOSCOPE FAMILY SOLUTIONS	$2,294.40
PERSPECTIVES CORPORATION	$1778.16
THE FOGARTY CENTER	$75.60
WORK OPPORTUNITIES UNLIMITED	$1,185.44

4) Please provide any updates on communications with CMS regarding the status and renewal of the Appendix K authorization.

In general, Appendix/Attachment K authorities will expire November 11, 2023. In the 1115 Demonstration Waiver Extension submitted to CMS in December 2022, EOHHS requested permanent authority for several Attachment K authorities, including the ability to reimburse parents/legal guardians for personal care and day/community supports delivered to adults in the Self-Direction program, to deliver certain services through electronic means, and to conduct remote person-centered care planning and functional/level of care assessments.

To avoid a gap between the November expiration date and the approval of permanent 1115 waiver authority, the State had asked CMS to approve these items in the 1115 waiver before mid-November.

In the time since that request, 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 ensures that Rhode Island will not experience any gaps in authority for these items, regardless of CMS's timing in approving the 1115 Waiver.

Projections by Service Category

1) Please provide caseload and expenditure estimates for FY 2024 and FY 2025 for the following service categories by tier and setting. Please explain what caseload growth was assumed in your model and any other assumptions used in your projections for each service.

a. Residential Habilitation

(1) Please provide any pending plans to reopen the University Fields facility.

The Department issued a Request for Information (RFI) with questions about operating a step-down transition unit at University Fields. BHDDH is still reviewing the responses and considering next steps.

(2) There is one new residential provider in FY2023. Will the Department be certifying any additional providers in FY2024?

The Department is always open to building additional capacity in the DD system but does not have any specific new provider applications at this time.

b. Day Program

(1) Is COVID still affecting this program and its utilization? How does the model assume this trend will change over time?

Please see 2023 November CEC Questions - BHDDH Final.xlsx - tab labeled - 8 - COVID Graphs – Day Program.

Current utilization is not at pre-covid levels. With the implementation of the new rate model and billing structure on July 1st, 2023, the model for determining caseload growth was evaluated to project with the current trend so far in FY24. Day Program will be seeing a significant decrease overall in terms of utilization, due to Community-Based Day Program and Prevocational Services which were rolled into Community-Based Supports as all three services were similar and the only distinction being the time of day the service was provided to the individual. These two factors will make a significant impact to how Day Program caseload is presented. The methodology is using the actual historical for FY24 (July and August), evaluating the historical data before the rate implementation, and determining projections using the caseload growth factor. The current projection model considers any upward or downward trends and will need to incorporate the changes made for the service/rate changes as outlined above.

c. Shared Living

(1) Please provide an update on those payments and any expected changes to those payments on the FY 2024 or FY 2025 estimates.

The cost for the SLA enhanced stipend program in FY 23 is $5,041,670 and the cost for FY24 was $3,827,485.73. There have been 252 individuals funded through this initiative, with 168 currently receiving funding.

The funding for Whole Life SLA is different and lower than what was used under Enhanced SLA. The rate methodology work included setting rates for Whole Life SLA, which is what the Enhanced SLA is now called. The Enhanced SLA rates were paid with day funding allocation. Now there is a specific rate for this service. The funding in this area has reduced by almost $100,000 a month.

d. Employment

(1) Is COVID still affecting this program and its utilization? How does the model assume this trend will change over time

With employment supports now being outside of an individual's budget, BHDDH anticipates there will be an increase service usage, but the extent is still difficult to project due to continued employment staffing needs. There is still a need for increases in staff able to provide employment supports. There is work being done to modify the Employment Certification training so more people can access and complete it.

There is outreach being done to the self-directed community to encourage employment and let people know what employment supports are available to them.

e. Transportation

(1) Is COVID affecting this program and its utilization?

Monthly trips continue to increase year-over-year and month-over-month but are still about 50% below pre-COVID levels.

(2) How does the model assume this trend will change over time?

BHDDH expects the transportation costs will increase gradually towards pre-covid levels as more utilization occurs in the post-covid experiences. Both the claim projection model and the RIPTA contract forecasts include the gradual increase methodology.

(3) Please provide an update on the usage, cost or rate charged, authorizations, and expected matching-rate of RIPTA-provided services.

The RIPTA contract has a clause that "BHDDH will pay RIPTA the standard transportation rates published in the Rate Table on the BHDDH website for each one-way trip taken by a BHDDH participant." Rates increased to $21.20 per trip as of July 1, 2023. RIPTA services continue to be Medicaid-matched at the administrative rate.

f. Case Management and Other Services

In Case Management, the biggest change has been to Support Coordination, with support costs now bundled into program support functions in other rates. The result is that this is no longer a service that can be separately billed or tracked.

With that in mind, the actuals for July and August with our consideration for the caseload methodology. While the Caseload growth factor remains the same, the caseload estimates are based on the current caseload utilization in FY24.

g. L9 Supplemental Funding

(1) What providers have requested L9s in FY 2024 and for what services?

Please see Nov 2023 CEC Questions - BHDDH.xlsx - tab labeled 7A –L9 Providers.

(2) Please provide any updated data available on the reasons for L9s across the current utilizers.

Please see Nov 2023 CEC Questions - BHDDH.xlsx - tab labeled 7A –L9 Reasons.

h. Home Care Services

(1) Please identify any assumptions of Medicaid rate adjustment to home care services in the DD budget

The Medicaid Personal Care rates will increase by 2.29% in FY24.

(2) Please explain what caseload growth was assumed in your model and any other assumptions used in your projections for this service.

The post covid model utilizes a moving average period of 12 months (minus one month for assumed claims lag) of the expenditures and caseload, to determine the projections moving forward. This will also capture any upward or downward trends that are sudden and give a clear picture of any adjustments that need to be taken.

i. Non-Medicaid Funded

(1) Please provide detailed information on the number of individuals placed out-of-state, the provider, and the cost for each placement. Please provide which cases are not being Medicaid matched and why.

Provider	**Individuals**	**FY 2023 Cost**
CONTINUUM OF CARE	3	$1,385,678.70
CRYSTAL SPRINGS	3	$559,586.40

EVERGREEN	3	$$932,250.15
JUDGE ROTENBERG EDUCATIONAL CRT	1	$309,249.90
LATHAM CENTER	1	$208,842.05
SHRUB OAK INTERNATIONAL SCHOOL	2	$457,129.65
SWANSEA WOODS SCHOOL	1	$8,230.95
VINFEN CORPORATION	1	$469,941.15
Grand Total	**15**	**$4,330,908.75**

There is one individual who is non-Medicaid funded residing at Judge Rotenberg Educational Center and is in progress with EOHHS to become a Medicaid provider.

(2) DD State Subsidies: Please provide number of existing subsidies and the current cost and projections for these costs for FY 2024 and FY 2025.

The DDP projected costs for FY 2024 and FY 2025 are $4,800. The PSP projected costs for both FY 2024 and FY 2025 are $21,629.