



# November 2024 Caseload Estimating Conference

RI Department of Human Services

October 25, 2024

Caseload Testimony

Daniel J. McKee  
Governor

Kimberly Merolla-Brito  
Director

# **November 2024 Caseload Conference**

## **Rhode Island Department of Human Services**

The members of the Caseload Estimating Conference have requested that the Department of Human Services (DHS) provide written answers to various questions in addition to the presentation of their estimates. Red text denoting the start of a question and response is highlighted throughout the document.

### **TABLE OF CONTENTS**

<b>RI WORKS OVERVIEW .....</b>	<b>3</b>
<b>PROFILE OF RI WORKS .....</b>	<b>4</b>
<b>RI WORKS CASES BY CITY/TOWN .....</b>	<b>5</b>
<b>RI WORKS TRENDS.....</b>	<b>11</b>
<b>RI WORKS RECENT LEGISLATIVE CHANGES .....</b>	<b>12</b>
<b>HARDSHIP EXTENSIONS.....</b>	<b>17</b>
<b>WORK PARTICIPATION RATE (WPR) OVERVIEW .....</b>	<b>17</b>
<b>2025 TANF BUDGET.....</b>	<b>19</b>
<b>TANF MAINTENANCE OF EFFORT (MOE) .....</b>	<b>20</b>
<b>RI WORKS CONTRACTED VENDORS.....</b>	<b>23</b>
<b>POTENTIAL FEDERAL LAW CHANGES.....</b>	<b>28</b>
<b>CHILD CARE ASSISTANCE PROGRAM OVERVIEW .....</b>	<b>30</b>
<b>FEDERAL FUNDING AND INITIATIVES TO SUPPORT CHILD CARE RECOVERY .....</b>	<b>36</b>
<b>CHILD CARE CASLOAD TRENDS AND PROJECTIONS .....</b>	<b>37</b>
<b>STATE SUPPLEMENTAL PAYMENT (SSP) .....</b>	<b>62</b>
<b>GENERAL PUBLIC ASSISTANCE (GPA).....</b>	<b>64</b>
<b>CASELOAD PROJECTIONS.....</b>	<b>APPENDIX A</b>

## Rhode Island Works Program

The Rhode Island Works program (RI Works) is Rhode Island's name for the federal Temporary Assistance for Needy Families (TANF) program. Authorized under Public Law 104-193 in 1996 (the welfare reform legislation "Personal Responsibility and Work Opportunity Reconciliation Act" or PRWORA), the TANF program is a block grant to states to achieve the following purposes:

- Assisting needy families so that children can be cared for in their own homes
- Reducing the dependency of needy parents by promoting job preparation, work, and marriage
- Preventing out-of-wedlock pregnancies
- Encouraging the formation and maintenance of two-parent families

States create their own programs within the parameters of TANF. RIGL § 40-5.2 authorizes RI Works. It was previously known as the Family Independence Program (FIP) when enacted in 1997. In 2008, it was revised as the RI Works program to align with TANF's employment goals and policies and to help recipient families become employed and self-sufficient. The goal of RI Works is to eliminate or reduce the harmful effects of poverty on families and children by fostering employment and opportunity as a means to economic independence (RIGL § 40-5.2-6 (a)); and to eliminate the stigma of welfare by promoting a philosophy and a perception that the purpose of welfare is to eliminate or reduce the harmful effects of poverty on families and children by promoting work opportunities for all Rhode Island residents (RIGL § 40-5.2-6 (c)).

All activities and services provided through the RI Works program are intended to promote stability and economic progress for families through the provision of supportive services, the development of employment skills and intensive work readiness services. RI Works supports adult family members to work by offering the following benefits and services:

- **Cash Assistance** is provided to families experiencing poverty that meet certain regulations
- **Comprehensive Assessment and Service Planning** for families receiving cash assistance
- **Child Care Assistance** is provided to support the family, when needed
- **Employment Supports** which includes assistance with job training, adult education and obtaining employment at livable wages
- **Food Assistance** is provided by Supplemental Nutrition Assistance Program (SNAP)
- **Transportation** reimbursement and/or bus passes are available to support preparation for employment
- Parents are strongly encouraged to apply for health care while on RI Works

The TANF Block Grant is the funding source for RI Works. In order to draw Rhode Island's \$94.7 million federal grant, the State is required to maintain an historic level of investment in programs that serve low-income families. This investment is called Maintenance of Effort (MOE), and these expenditures are calculated each fiscal year and must be at least 80 percent of historic "qualified" state expenditures under the former Aid to Families with Dependent Children (AFDC) Program. In Rhode Island, 80 percent MOE is \$64.4 million.

**Profile of RI Works**

Household Breakdown	Household Breakdown	
	Households with 1 parent	65.3%
	Households with 2 parents	7.1%
	Households with child-only cases	27.6%

Race and Ethnicity	Race and Ethnicity	
	American Indian or Alaskan Native, Non-Hispanic	1.0%
	Asian, Non-Hispanic	1.2%
	Black or African American, Non-Hispanic	18.3%
	Native Hawaiian or Other Pacific Islander, Non-Hispanic	0.1%
	White, Non-Hispanic	17.4%
	Hispanic, including Mexican, Puerto Rican, and Cuban	32.0%
	Unable to Determine the Ethnicity or Race	30.0%

Age	Age	
	Adults aged 18 and older	32.0%
	Children under age 18	68.0%

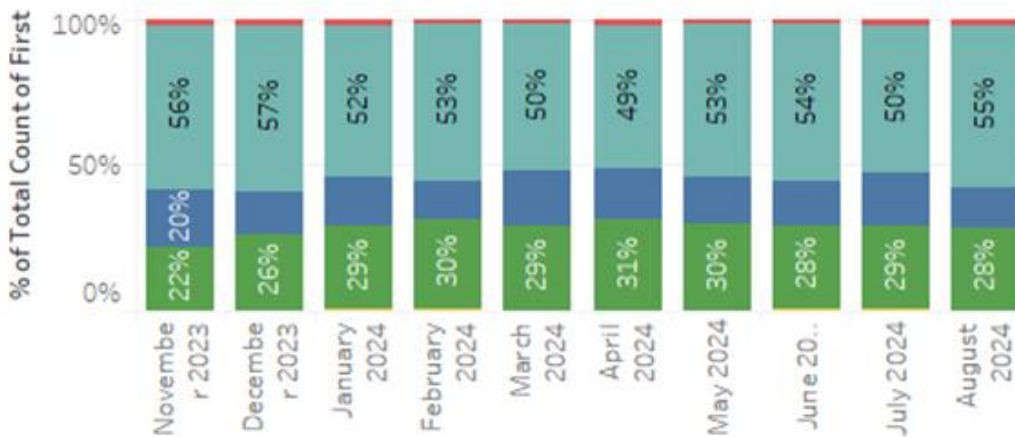
Recipients per Household	Recipients per Household	
	1 individual	20.3%
	2 individuals	34.4%
	3 individuals	24.7%
	4+ individuals	20.6%

Education Levels	Self-Reported Education Levels for Adults	
	Less Than 8th Grade	2.1%
	8th Grade	3.1%
	9th Grade	4.5%
	10th Grade	7.7%
	11th Grade	16.2%
	12th Grade or GED Completed	41.1%
	Some College, Not Graduated	17.5%
	Two Year Degree	3.9%
	Four Year Degree	2.4%
	Post Four Year Degree	0.5%
	Unknown	1.0%

Color Key

- Four Year Degree
- Associates/Some C..
- Masters Degree +
- HS Diploma/GED
- Less Than HS Diplo..

### Education Level



City/Town	City/Town	Cases	Individuals
	Barrington	12	35
	Bristol	16	41
	Burrillville	23	60
	Central Falls	163	434
	Charlestown	3	7

	City/Town	Cases	Individuals	
	Coventry	31	64	
	Cranston	189	467	
	Cumberland	44	115	
	East Greenwich	10	19	
	East Providence	121	300	
	Exeter	3	9	
	Foster	7	21	
	Glocester	4	10	
	Hopkinton	7	16	
	Jamestown	2	4	
	Johnston	58	146	
	Lincoln	31	78	
City/Town	Little Compton	1	2	
	Middletown	50	135	
	Narragansett	6	16	
	New Shoreham	121	334	
	Newport	0	0	
	North Kingstown	33	77	
	North Providence	96	255	
	North Smithfield	10	29	
	Pawtucket	452	1,122	
	Portsmouth	14	47	
	Providence	1,415	3,739	
	Richmond	5	16	
	Scituate	5	14	
	Smithfield	14	41	
	South Kingstown	17	45	
	Tiverton	20	54	
	Warren	20	51	
	Warwick	115	272	
	West Greenwich	2	3	
	West Warwick	107	254	
	Westerly	19	47	
	Woonsocket	394	1,059	
	Undetermined	8	17	
		<b>Total</b>	<b>3,648</b>	<b>9,455</b>

Hardships City/Town and Year	City/Town	2020	2021	2022	2023	2024
	Barrington	0	0	0	2	2
	Bristol	9	0	0	1	1
	Burrillville	0	0	0	1	1
	Central Falls	68	29	52	21	22
	Charlestown	0	0	0	0	0
	Coventry	4	0	4	2	1
	Cranston	7	7	15	11	16
	Cumberland	7	7	15	6	4
	East Greenwich	7	7	15	0	0
	East Providence	7	7	15	15	14
	Exeter	7	7	15	0	0
	Foster	0	0	0	1	1
	Glocester	0	0	2	0	0
	Hopkinton	0	0	2	1	1
	Jamestown	0	0	8	0	0
	Johnston	25	13	29	6	4
	Lincoln	31	20	31	1	3
	Little Compton	0	0	0	1	1
	Middletown	13	23	19	6	12
	Narragansett	0	0	0	0	1
	New Shoreham	0	0	0	0	0
	Newport	64	62	95	23	28
	North Kingstown	15	7	9	4	3
	North Providence	10	2	23	9	14
	North Smithfield	0	0	0	1	1
	Pawtucket	153	105	132	33	41
	Portsmouth	6	0	1	2	3
	Providence	829	524	537	141	191
	Richmond	0	0	0	0	0
Scituate	9	0	11	3	3	
Smithfield	8	4	11	3	1	
South Kingstown	0	0	2	1	1	
Tiverton	0	0	0	4	4	
Warren	0	0	0	3	3	

Hardships City/Town Yr	City/Town	2020	2021	2022	2023	2024
	Warwick	47	42	32	11	7
	West Greenwich	0	0	3	0	0
	West Warwick	14	4	24	5	10
	Westerly	0	0	0	1	1
	Woonsocket	131	74	170	48	64
	Other/Multiple City	0	2	2	0	0
<b>Total</b>	<b>1,471</b>	<b>946</b>	<b>1,274</b>	<b>367</b>	<b>469</b>	

**Question:** Please provide a profile of current 1-parent, 2-parent, and child-only cases by demographics (such as age and residence) and by duration of benefits.

**Question:** Please provide a profile of hardship cases by similar criteria as listed above and for the past five years.

**Answer:** Please see charts above and below.

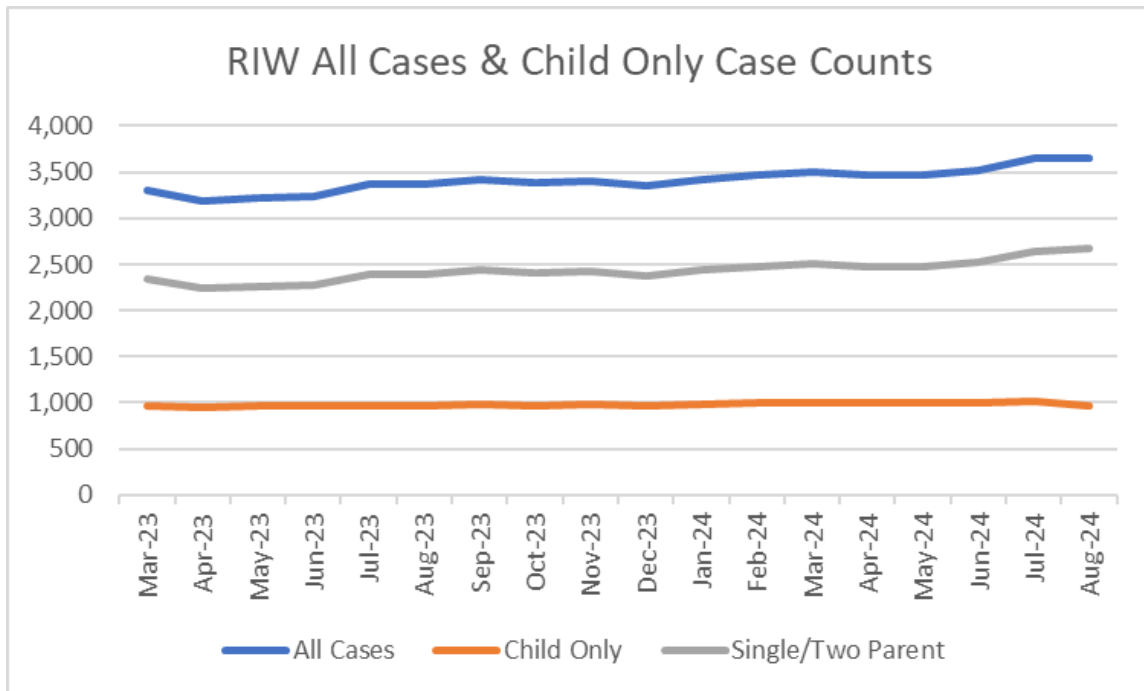
Family Type		Months on RI Works				
		0-24	25-48	49-60	>60	Total
	Single-Parent	973	675	583	188	<b>2,419</b>
	Two-Parent	180	45	24	11	<b>260</b>
	<b>Total</b>	<b>1153</b>	<b>720</b>	<b>607</b>	<b>199</b>	<b>2,679</b>

Duration of Benefits	Year	Median Duration of Benefits
	2020	40
	2021	44
	2022	36
	2023	36
	2024	41



**Question:** How many child-only cases are included in the estimate for FY 2025 and FY 2026? How many families receive the payment(s)? Please include data for the last five years.

**Answer:** Thirty-two percent of the caseload is projected to be child-only cases for FY 2025 and thirty-five percent for FY 2026. The percentage of child-only cases prior to COVID had been stable at 35 percent. The projection was created using a weighted average of the past twelve months and six months respectively.



**Question:** Please provide for the last five years how many parents are currently without a plan due to:

- a. Exemption from employment planning

**Answer:** 234 cases are currently active with exemptions

Exemptions	Yearly Data
2020	300
2021	121
2022	147
2023	155
2024	234

- b. Being between plans

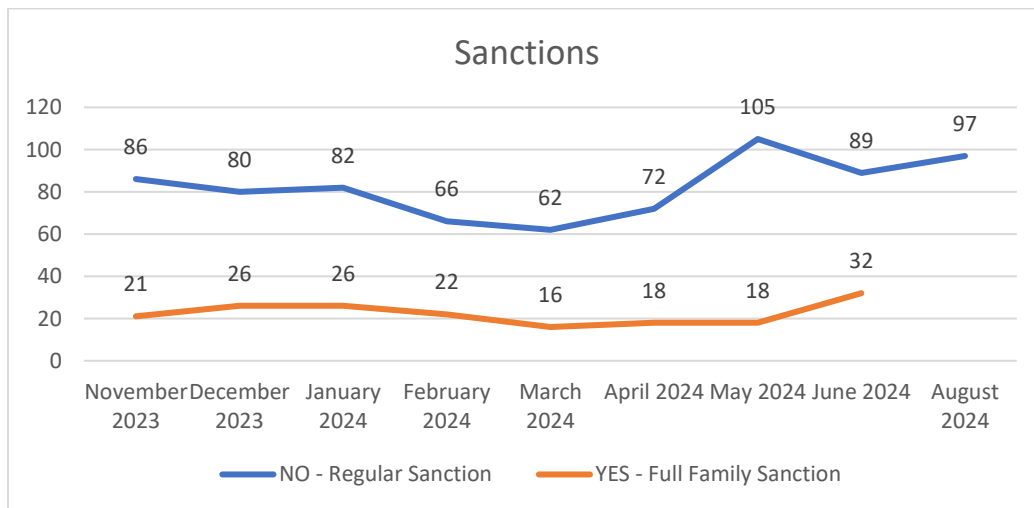
**Answer:** 134 cases are currently active without a plan\*

\*System improvement active in October 2024 to address.

Between Plans	Yearly Data
2020	78
2021	95
2022	66
2023	101
2024	134

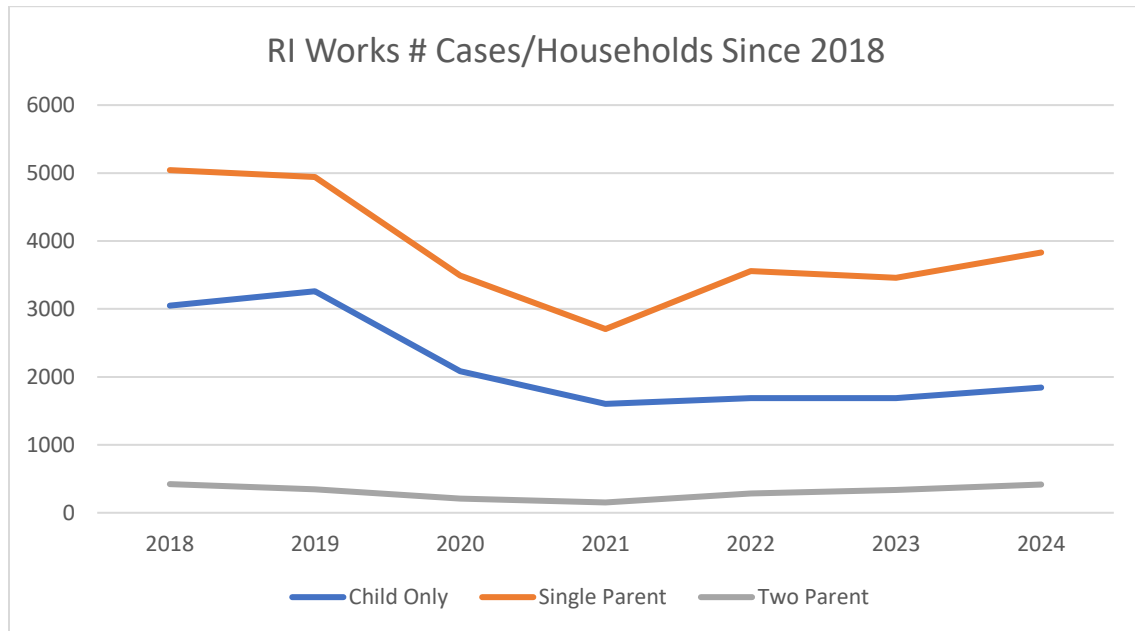
- c. Sanction—by month, the number of parents sanctioned for not complying with work requirements in FY2024 and FY2025

**Answer:** Please see graphs and charts below.



From July 1, 2024, state law removed the full family sanction. The result is the RI Works case will remain open with a decrease in the monthly benefit amount. The benefit amount is based on the number of children and compliant adults, minus the amount owed to any adults under sanction status. The benefit amount will always support the number of eligible children in the household. The statutory change means that cases will remain open to RI Works under sanction status. The

case will continue to have an employment plan for the adult to come into compliance and increase the monthly benefit amount to a full household level.



### **RI Works Trends**

The RI Works caseload remains stable even while experiencing a slight increase from the end of SFY 2024. Since the COVID-19 pandemic, the RI Works caseload never fully recovered back to the prior caseload of about 3,800 cases. Due to the recent changes to the RI Works statute, the caseload is estimated to experience a moderate increase in SFY 2025 and a slight increase in SFY 2026.

The expectation is the caseload will continue to increase as more families are now eligible due to the benefit increase of 20 percent, increased Earned Income Disregard, and the removal of the Full Family Sanction. Based on a critical review of three months of data: July, August, and September of 2024, the increase is expected to rise three percent through December of 2024, and then a gradual three percent increase through June of 2025. The Department estimates that for SFY 2026, the caseload will have a slight increase of 1 percent over 12 months; this is based on a new projection model implemented for this fall, as well as projections from the past three months.

DHS has successfully partnered with new community agencies to serve RI Works customers and to further conduct outreach to Rhode Island families who had become unengaged or were never engaged in RI Works. New partnerships were created this past year to focus on populations that have historically not accessed services. Partnering agencies have increased supports for applicants as well as existing RI Works customers. The increased access to assistance for both DHS applications and required documentation will contribute to the gradual increase in RI Works cases through FY 2026.

According to the 2024 Rhode Island Kids Count Factbook, 14 percent of children in RI are living in poverty which equals nearly 28,774 children under the age of 18<sup>1</sup>. The RI Works program is providing benefits to roughly 6,000 children or 41 percent of the children living in poverty. This represents 0.78 percent of the RI population. RI Works and RI Kids Count have continued discussions with providers regarding innovative ideas to outreach to residents who may be eligible for services but not accessing the program.

RI Works families often require additional wraparound services, above and beyond those required by the typical job seeker, to secure long-term stability for their family. Families frequently face many barriers including: unstable housing, mental health and substance abuse challenges, low literacy levels, and other challenges associated with living in poverty. The Department and RI Works providers take the necessary time to develop stabilization services and help residents access long-term employment on their pathway out of poverty.

**Question:** Please provide any available analysis on the impact of the following FY 2025 changes to the RI Works program (cost, cases, other):

- a. Cash assistance payments increasing by 20%
- b. Income disregard increasing from \$300 to \$525
- c. Elimination of full family sanction penalty

**Answer:** See explanation below.

### ***RI Works Recent Legislative Changes***

RI Works had three legislative changes that had an effective date of July 1, 2024. The monthly benefit amount was increased by 20 percent, the Earned Income Disregard was increased from \$300 to \$525, and the Full Family Sanction was removed. Due to the time needed to update the electronic eligibility system, RIBridges, the adjustments to benefits were made retroactively for the first two months. Families were notified of the changes in July; however, the benefits were provided in August for both the benefit increase and the increase in the Earned Income Disregard. Case closings due to sanctions were suppressed, meaning cases were not closed due to a Full Family Sanction, but the benefit amount was decreased to only include the number of children in the household included on the case.

In the months of July and August there was a caseload increase as high as five percent per month. Taking account of the caseload changes from the prior 2021 benefit increase, DHS analyzed both to creating the estimates. The caseload increases are attributable to the increased benefit amount, and earned income disregard changes which allows more families to access the program

---

<sup>1</sup> [https://www.rikidscount.org/Portals/0/2023%20Factbook%20Files/2023FB\\_Economic%20Well-Being.pdf?ver=2023-05-10-100635-760](https://www.rikidscount.org/Portals/0/2023%20Factbook%20Files/2023FB_Economic%20Well-Being.pdf?ver=2023-05-10-100635-760)<https://www.rikidscount.org/Portals/0/Uploads/Documents/Factbook2022/Economic Well-being section.pdf?ver=2022-05-12-085913-727>

and receive a higher benefit amount. Post-legislative changes, DHS is seeing an increase to the monthly benefit amount up to approximately \$758 monthly, an increase from the \$611 benefit in the five prior months. A 20 percent increase alone, would raise the cost to over \$733 per month, factoring in the Earned Income Disregard gets the average monthly amount to \$758. The Earned Income Disregard allows for an increase up to \$225 per month.

Data for the Full Family Sanction was collected in three-month intervals, mirroring the traditional cycle of sanctioning timeframes. May (105), June (89), and August (97) are the last data touchpoints that revealed families in sanction status. Thus far, the sanction status appears stable. It should be noted that the August data included families that would have previously closed, that remained open. Notices have been modified to families informing them how to come into compliance to bring the benefit amount to the maximum. Currently we have three months of data based on traditional collection methods. Further analysis and estimating opportunities will be available with additional months of data.

**Question:** Please provide an update on field office operations and any staffing challenges and any impact on enrollment from those challenges.

**Answer:** The Rhode Island Department of Human Services (DHS) is committed to improving accessibility and efficiency in SNAP enrollment processing through operational shifts, technology adoption, and staffing enhancements. These updates reflect our continuous effort to optimize customer service and manage increased demand effectively.

**Field Office Operations and Accessibility.**

**Pending SNAP Applications:** As of October 1, 2024, DHS reported 6,554 pending new applications, a 24 percent increase since April. Of these, 1,541 cases are overdue pending state action, representing 23.5 percent of the caseload. This increase highlights the need to enhance operational efficiency, an area where initial transitions in the shift towards flexible interviews, and other digital tools are proving valuable.

**Operationalizing DHS’s approved demonstration request waiver through FNS for technology adoption:** The full implementation of an approved waiver allowing for flexibilities in how interviews are completed will allow customers to complete interviews at their convenience, reducing missed appointments and accelerating processing. Initial transitions in the shift towards flexible interviews has led to a drop in abandonment rates, enabling DHS to address application backlogs more effectively. The HealthyRhode mobile app and Customer Portal further enhance accessibility, allowing for convenient document submission, case status updates, and interview scheduling.

**Regional Office Expansion and Infrastructure Optimization:** The opening of the Holden Street location in December 2023 expanded DHS’s regional offices to seven, increasing service access statewide. Document Scanning Centers (DSCs) also allow for faster document processing, reducing turnaround time for application verification.

DHS is focused on optimizing its Providence footprint to ensure improved access to services, both in-person and online. As the lease at One Reservoir Avenue winds down, DHS anticipates maintaining a minimal presence at this site to support customers while they transition to other Providence offices, including Holden Street and the Shepard Building. The Holden Street location has increased capacity and a Document Scanning Center, aligning with the agency’s ongoing commitment to enhance the customer experience. In parallel, DHS is finalizing plans for state-owned space in the Shepard Building, with a focus on long-term sustainability and budgetary considerations.

**Question: Continued.**

**Staffing Updates and Challenges.**

FTE Stability and Leave Management: DHS maintains an 88 percent filled FTE count, with 54 employees on leave as of the latest report. To address reduced operational capacity, DHS has launched a light-duty pilot program in collaboration with DOA's Disability Management Unit (DMU), allowing eligible employees to temporarily work in roles such as the Call Center. DHS is exploring additional light-duty roles to tap into this workforce, supporting increased operational flexibility and resource optimization.

**Hiring and Recruitment Efforts:**

Between July and September 2024, DHS hired 34 employees, primarily for customer-facing roles. However, 92 vacancies remain, with 84 positions actively in recruitment. DHS is collaborating closely with DOA to streamline hiring and fill these critical roles, essential for maintaining service levels.

**Enrollment and Caseload Impact**

Addressing Backlogs: DHS's adoption of Processing Wednesdays and other technology enhancements have contributed to a 17% reduction in the overdue pending state backlog since April. Initiatives like enhancing Technology Adoption through Processing Wednesdays enables Call Center staff to focus on processing tasks, with sessions averaging 445 to 677 tasks completed, effectively managing the backlog and improving processing times.

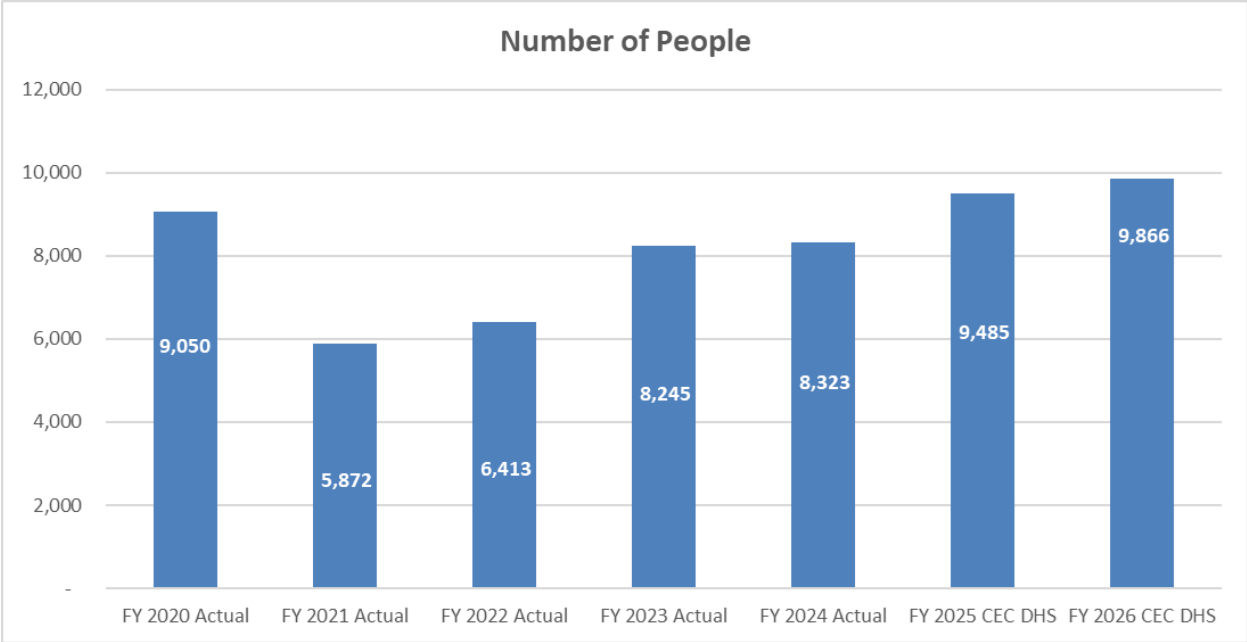
Customer Service and Wait Times: With an average wait time of 43 minutes, DHS has implemented callback options to help reduce customer wait times and has hired 10 new Call Center positions through the FY25 budget. The Call Center has maintained nine consecutive months with average wait times under one hour, below the agency's current goal of 30 minutes, knowing much more progress is still needed.

**Application Processing Timeliness:**

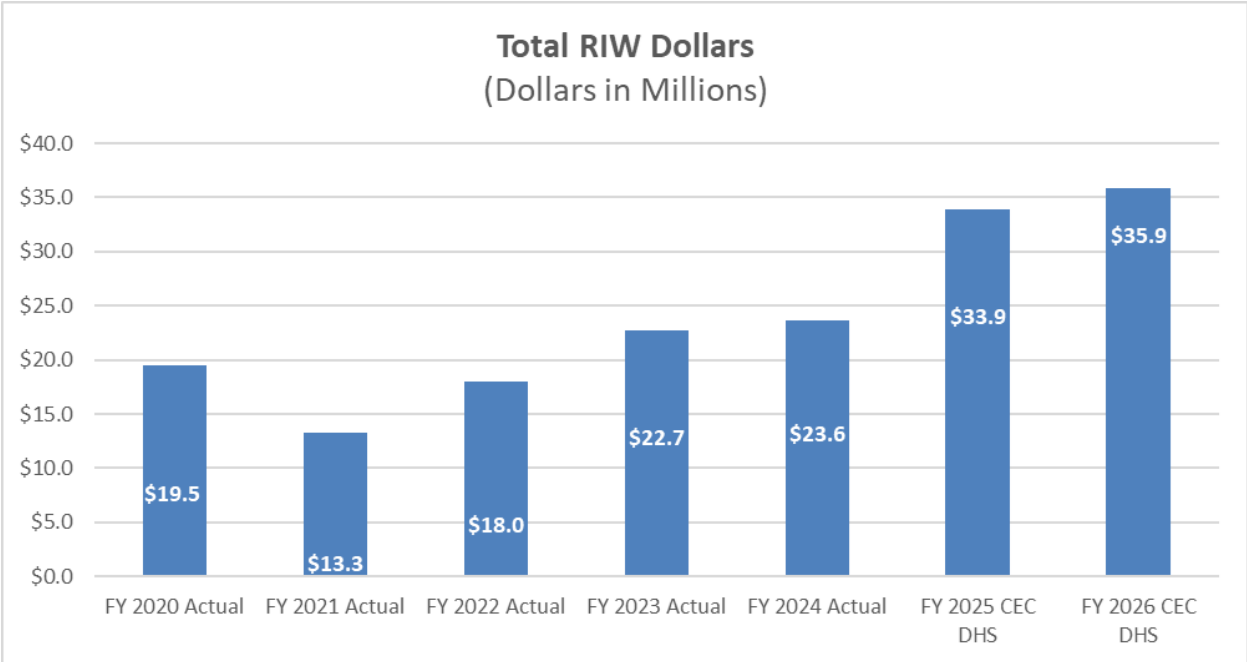
DHS continues to prioritize application timeliness across programs. SNAP Expedited Timeliness rates have improved from 68% in September to 75% in October, underscoring the agency's commitment to timely benefit delivery. SNAP Expedited Timeliness rates have improved from 68 percent in September to 75 percent in October, underscoring the agency's commitment to timely benefit delivery.

Changing the agency's operational model in customer engagement and appointment scheduling, allowing for advance completion prior to scheduled appointments, and other technology-driven solutions support these efforts, ensuring customers receive assistance quickly and reliably.

These updates underscore DHS's commitment to accessible, efficient services through technology adoption, strategic staffing, and operational enhancements. As we move toward full SNAP Connect implementation, these initiatives will continue to support timely enrollment processing and optimize the customer experience.



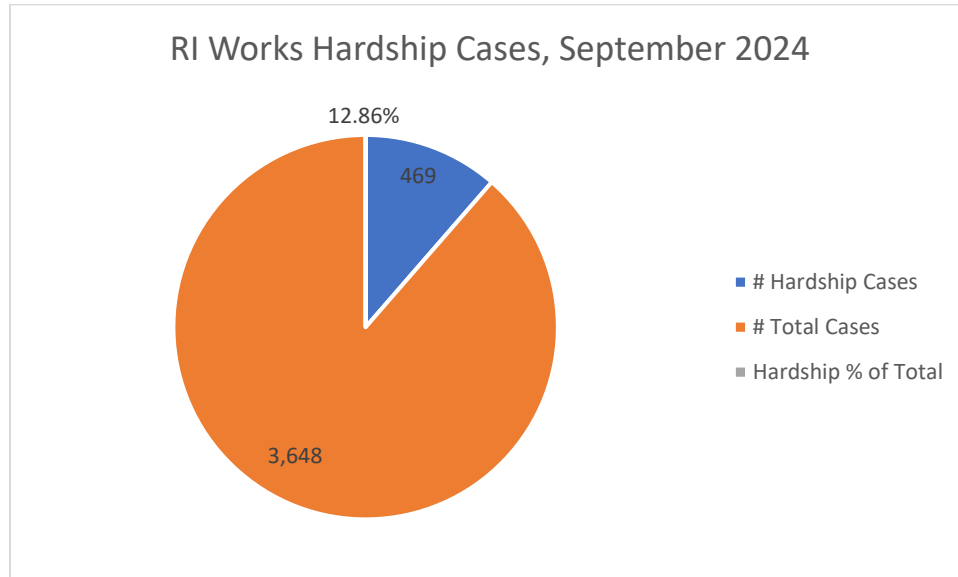
The RI Works caseload has largely stabilized with a gradual small increase, until the statutory changes in July 2024. The SFY 2025 is expected to increase at 1.0 percent per month through December 2024, then maintain a moderate increase through SFY 2025. Community agencies that have partnered with DHS will continue to provide support to families applying for RI Works. Estimates for FY 2026 include an increase of 1.0 percent through March of 2026, then the projection will drop to zero percent increase as the caseload stabilizes.





### **Hardships Extensions**

Hardship extensions are available to families reaching the 60-month time limit. There are five criteria in DHS regulations for hardship extensions. Currently, hardship extensions are granted for six-month increments. Cases classified as hardship cannot have employment plan exemptions, cannot be between plans, and cannot be under sanction.



The number of hardships as a percent of total caseload remains below the federal statutory ceiling of 20 percent. Rhode Island’s hardship cases constitute approximately 12.86 percent of the state caseload. Rhode Island’s hardship cases are now counted only after a case exceeds 60 months on the RI Works benefit. RI Works vendors have begun additional programming to target the cases exceeding 60 months on their state time clock.

### **Work Participation Rate (WPR) Overview**

RI Works parents are required to participate in employment preparation activities and must do so for a minimum number of hours-per-week on average for the month, per Federal TANF regulations. Those required minimum hours differ based on the age of the youngest child and whether there is a second parent in the household.

- Parents whose youngest child is under the age of six must participate for a minimum of 20 hours per week.
- Parents whose youngest child is six or older must participate for a minimum of 30 hours per week.
- Two-parent families must participate for a minimum of 35 hours per week.

Not all RI Works parents are required to participate in employment-related activities. Some are exempt for reasons including being disabled, caring for a child under the age of one, caring for a disabled child or family member, or are in the third trimester of pregnancy and medically unable

to work. Others are exempt because they are child-only cases where the payment is entirely for the child(ren) and the parents or caretaker relatives do not receive a cash payment for themselves (e.g., parent on SSI or children in kinship care).

Unless exempt, parents receiving a cash payment are required to comply with an employment plan. Parents can be sanctioned or closed if they are not meeting the minimum required employment plan hours without good cause. If parents can provide good cause for a failure to comply with their employment plans, then their case will not be sanctioned or closed. Occasionally, parents have ended their planned activities without new employment plans, also referred to as between plans.

**Question:** Please provide the “all families” and “two-parent families” work participation rate for FY 2024, along with a work participation rate target. Please include data for the past five years.

**Answer:**

- FY 2018 Required all families: Required 0.0 percent (met 8.2 percent)  
Required 2-parent families: Required 30.2 percent (not met 7.1 percent)
- FY 2019 Required all families: Required 0.0percent (met 8.9 percent)  
Required 2-parent families: Required 31.2 percent (not met 11.8 percent)
- FY 2020 Required all families: Required 0.0 percent (met 6.8 percent)  
Required 2-parent families: Required 27.6 percent (not met 7.3 percent)
- FY 2021 Required all families: Required 0.0 percent (met 6.5 percent)  
Required 2-parent families: Required 26.3 percent (not met 8.0 percent)
- FY 2022 Required all families: Required 0.0 percent (met 7.6 percent)  
Required 2-parent families: Required 15.2 percent (not met 8.6 percent)
- FY 2023 is not yet available.
- FY 2024 is not yet available.

Federal Work Participation Rate (WPR) data is derived from a quarterly data interface that is reviewed by the Administration for Children and Families (ACF). The State cannot currently calculate WPR. Instead, ACF provides the State with feedback based on data submissions.

**Question:** Please provide an update on the status of current or potential federal penalties associated with the work participation rate.

**Answer:** Through discussions with the Administration for Children and Families (ACF), DHS agreed to the reduced TANF block grant by \$865,532. This reduction will resolve all prior work participation rate penalties. Currently, there are no pending penalties.

2025 TANF Budget						
Line Seq	Agency	LIS Name	FY24 Final Enacted Budget	FY24 Actual Expenditures	FY25 Enacted Budget	FY25 Expenditures as of 9/30/24 (RIFANS)
2025105	079	TANF/EA-CM Program- Federal Share	\$801,505	\$813,415	\$827,024	\$352,632
2075106	079	TANF/EA-CW Program- Federal Share	\$6,229,584	\$6,187,926	\$6,372,345	\$2,113,605
2075145	079	TANF/SSBG Grant	\$359,469	\$325,532	\$659,469	-
2075148	079	TANF - HCBS	\$1,063,152	\$1,116,691	\$1,063,152	-
2075150	079	TANF - SSBG Transfer	\$2,653,005	\$2,570,317	\$2,653,005	-
2075155	079	TANF - DCYF Hoteling	\$2,017,311	\$1,210,690	\$261,383	\$(101,354)
2075156	079	TANF - DCYF Hoteling SSBG Transfer	\$1,156,286	\$(301,934)	\$927,833	\$1,538,506
2170182	075	DHS Home Visiting Coop	\$200,000	\$16,312	\$200,000	-
2255108	069	Early Head Start Supplemental Support	\$3,000,000	\$2,791,761	\$3,000,000	\$70,654
2275116	069	FIP CM and Work Programs	\$10,100,000	\$10,094,864	\$10,100,000	\$926,193
2275121	069	FIP Administration	\$5,659,820	\$4,644,847	\$5,256,720	\$975,475
2275177	069	TANF - Subsidized Employment Enhancement	\$200,000	\$112,238	\$200,000	\$87,862
2275186	069	UHIP - TANF Federal Allocation	\$538,542	\$606,039	\$585,219	\$120,661
2275202	069	UHIP- Non IAPD TANF Federal	\$692,281	\$527,019	\$598,920	\$41,975
2400101	069	FIP/TANF - Regular	\$25,047,048	\$25,092,614	\$32,222,050	\$9,963,061
2400107	069	AFDC Catastrophic Aid	\$2,500	\$1,600	\$3,600	-
2400110	069	Child Care - SSBG Reallocation	\$1,800,657	\$1,801,377	-	-
2400112	069	Child Care - TANF Funds	\$19,896,138	\$21,166,389	\$44,597,933	\$2,820,107
2400114	069	RIPTA Transportation Benefit	\$490,863	\$434,866	\$441,891	\$3,784
2400115	069	Child Care Assistance Enhancement	-	-	-	-
2725162	072	Project Opportunity	\$1,350,000	\$1,206,757	\$1,350,000	\$36,350
4869506	069	ARP DIRECT: Pandemic Emergency Assistance Fund	-	\$298,277	-	\$119
<b>Total</b>			<b>\$ 83,258,161</b>	<b>\$80,717,597</b>	<b>\$111,320,544</b>	<b>\$18,949,630</b>

Fiscal Year	Awarded	Expensed	Planned Expenses	Cumulative Carry Forward
SFY 2020	\$94,294,105	\$85,644,437	-	\$15,800,878
SFY 2021	\$94,608,671	\$69,204,618	-	\$41,204,931
SFY 2022	\$95,675,713	\$60,891,460	-	\$75,989,184
SFY 2023	\$94,708,016	\$72,545,481	-	\$98,151,719
SFY 2024	\$93,842,484	\$80,717,597	-	\$111,276,607
SFY 2025	\$94,700,000	\$18,949,630	\$93,244,485	\$93,782,492
SFY 2026	\$94,700,000	-	\$112,847,950	\$75,634,542
SFY 2027	\$94,700,000	-	\$110,580,394	\$59,754,148
SFY 2028	\$94,700,000	-	\$110,580,394	\$43,873,754
SFY 2029	\$94,700,000	-	\$110,580,394	\$27,993,361

**Question:** Please update FY2025 and FY2026 TANF block grant estimates. Include the balance of any unspent funds from prior years and report any plans for its use.

**Answer:** See above. Since the COVID-19 pandemic, the caseload expenses for both RI Works and CCAP have continued to be lower and directly contribute to the increased carryforward balance. TANF is slated to support CCAP caseload at around \$39.4 million in FY 2025 and \$41.8 million in FY 2026. The projected TANF carryforward amounts have remained relatively stable since May 2024 testimony with the addition of new RIW vendor contract awards and increased projections in response to recent legislative changes.

**Question:** Transportation: Please provide the basis for the agency projection for transportation costs. What is the utilization for bus passes and how has it changed in the last five years?

- a.** Have you seen any impact from the RIPTA R-line free fare pilot program? Please provide any data you have collected about how this may have affected utilization rates.
- b.** Please provide the Department's assumptions regarding the newly implemented RIPTA voucher program.

**Answer:** Projected transportation costs are calculated by a presumed usage rate of total RI Works persons multiplied by the adjusted cost of the monthly bus pass. Only about 5.5 percent of persons on RI Works are currently utilizing their bus pass option from MTM. DHS has seen no change and is continuing to project a usage at 5.5 percent for the remainder of FY 2025 and FY 2026. Trends over the past five years have significantly dropped the transportation costs. Data evaluated was done so by address or location of RI Works families and locations of RI Works vendors, in proximity to the R-Line. The RIPTA voucher program will be largely for ADA and expanded paratransit; this population is unlikely to affect the RI Works transportation costs. There are multiple programs offered by other programs that support shared populations.

### ***TANF Maintenance of Effort (MOE)***

The TANF Maintenance of Effort (MOE) is a requirement that a state must spend at least a specified amount of state funds for benefits and services for families in need each year. A broad array of benefits and services for low-income families with children can count toward satisfying a state's MOE obligation. A state may count any state funds used for TANF program services or

any funds that meet the federal TANF purposes as TANF MOE toward the required \$64.4 million benchmark.

Federal law allows six types of expenditures that can be counted toward MOE requirements:

1. Cash assistance
2. Child care assistance
3. Educational activities designed to increase self-sufficiency
4. Job training and work
5. Any other use of funds reasonably calculated to accomplish a TANF purpose
6. Administrative costs in connection with other allowable purposes

The consequences for not meeting the MOE are that the TANF grant will be reduced the following year on a dollar-for-dollar basis and the state will be required to expend additional state funds in its TANF program to the amount by which the state fell short of meeting the MOE.

**Question:** Please indicate how the state will meet its maintenance of effort (MOE) requirement and identify which MOE items are state costs and which are in-kind contributions.

**Answer:** DHS seeks MOE from both state agencies and other philanthropic agencies statewide. MOE is calculated using the methods provided by a previous vendor. DHS exceeded the MOE requirement by \$18.3M in 2023.

State Costs: \$65,491,364

In-kind: \$17,202,809

For FY 2020 and future years, the Department has been instructed by ACF to calculate MOE differently by removing a provision previously allowed due to a prior law being grandfathered. The grandfathering has ended. This significantly reduces the amount of allowable expenditures and MOE allowed from DCYF Residential. The Department will be working with a contracted vendor in FY 2025 to support and explore opportunities for collect the MOE.

	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Reported to ACF	FFY 2024 Projected to ACF
RIW Admin - DHS	\$4,740,191	\$3,855,901	\$4,829,497	\$4,000,000
Child Care MOE DHS	\$5,351,126	\$5,351,126	\$5,321,207	\$5,000,000
Emergency Assistance - DCYF	\$1,635,450	\$1,131,567	\$1,734,050	\$1,100,000
DCYF Other	\$16,084,231	\$15,774,162	\$25,201,254	\$17,000,000
DEFRA (Child Support Pass-Thru)	\$208,803	\$217,814	\$232,095	\$210,000
RIDE Adult Ed	\$1,050,000	\$1,050,000	\$1,151,165	\$1,000,000
CAP Agencies (Leg. Grants)	\$287,820	\$210,180	\$210,960	\$200,000
Head Start	\$1,190,000	\$1,190,000	\$1,188,618	\$1,190,000
SSI	\$2,472,240	\$2,228,503	\$2,209,901	\$2,200,000
GWB-DLT Youth Work Readiness	\$442,080	\$754,407	\$966,433	\$750,000
Earned Income Tax Credit	\$15,963,386	\$19,364,568	\$18,656,693	\$18,000,000
Property Tax Relief Program (Circuit Breaker)	\$120,234	\$121,851	\$164,945	\$125,000
DCYF Residential	\$2,982,641	\$4,174,996	\$3,624,546	\$3,250,000
Weatherization	\$6,979,035	\$5,159,377	\$7,284,662	\$6,250,000
Rhode Island Food Bank	\$3,218,941	\$2,900,173	\$3,537,371	\$3,000,000
Community Organizations (Listed Below)	\$2,338,768	\$2,172,515	\$2,242,561	\$2,365,000
OPC / Promise	\$0	\$4,389,791	\$4,138,215	\$4,000,000
<b>Total</b>	<b>\$65,064,947</b>	<b>\$70,046,931</b>	<b>\$82,694,173</b>	<b>\$69,640,000</b>

The tables below show MOE expenditures by category and community organizations:

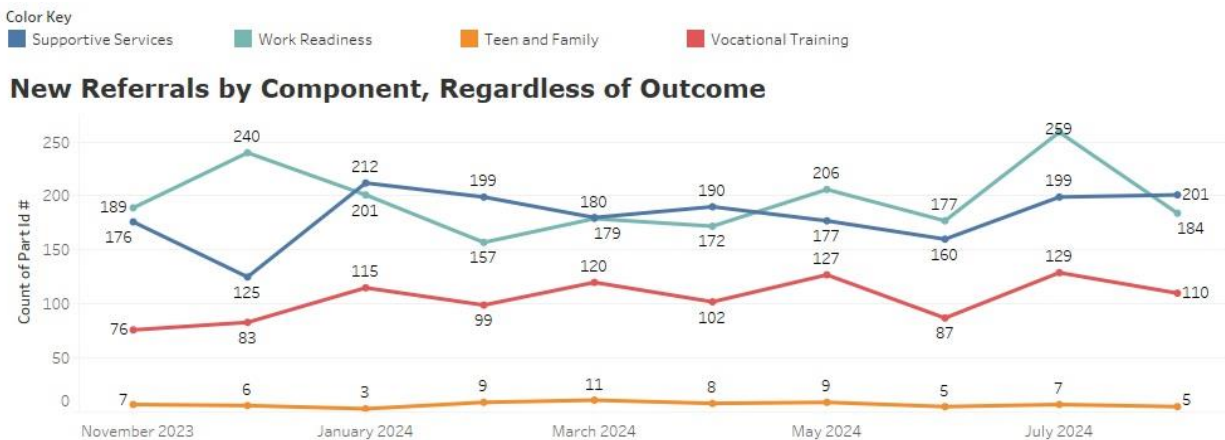
	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Reported to ACF	FFY 2024 Projected to ACF
Roman Catholic Diocese of Providence	\$25,036	\$111,513	\$51,243	\$50,000
The Salvation Army	\$0	\$0	\$0	\$0
United Way of Rhode Island	\$310,145	\$0	\$284,688	\$200,000
Boys and Girls Club	\$1,000,000	\$1,000,000	\$1,000,000	\$1,250,000
Rhode Island Foundation	\$480,709	\$466,077	\$236,913	\$400,000
SStarbirth	\$35,363	\$41,999	\$50,386	\$40,000
Crossroads	\$390,104	\$87,227	\$175,871	\$200,000
Dorcas International Institute	\$24,170	\$12,720	\$220,680	\$45,000
Non-Violence Institute	\$0	\$1,080	\$0	\$0
RI Coalition Against Domestic Violence	\$2,427	\$390,329	\$149,625	\$125,000
Com CAP	\$70,814	\$8,566	\$5,971	\$5,000
Genesis Center	\$0	\$53,004	\$67,184	\$50,000
<b>Total</b>	<b>\$2,338,768</b>	<b>\$2,172,515</b>	<b>\$2,242,561</b>	<b>\$2,365,000</b>

**Question:** Please provide an update on the notice of proposed rulemaking issued by US HHS impacting TANF and how those changes would impact the state program.

**Answer:** Full answer is on page 28. For MOE, the ACF rule change is expected to remove the option for TANF maintenance-of-effort (MOE) expenditures cash donations from non-governmental third parties and the value of third-party in-kind contributions. With the removal of these MOE options, the Department would still be able to make the MOE requirement. The Department is awaiting the final rule and guidance from ACF. The rule was originally set to be in effect on October 1, 2025, with reported MOE to ACF in December 2026. There has been no movement on the proposed rules since the comment period ended in the Spring 2024.

### ***RI Works Contracted Vendors***

There are currently three continuing contracted vendors that support the RI Works customers with basic services. These vendors provide support to customers through the four program components: Supportive Services, Youth Services, Vocational Training and Job Readiness, Employment & Retention. The programs provided to RI Works families streamline supportive services, education and/or training programs with the goal of stabilizing families. The vendors' programs result in more parents being engaged in work activities that would be reflected in higher wages and assisting them in obtaining successful employment outcomes.



The contracts are based on performance metrics that incentivize the vendors to assist parents in obtaining long-term employment at a living-wage. DHS will continue to request vendors to provide extensive data to the Department on a monthly basis so progress and trends can be tracked, and changes can be put into effect as needed.

DHS utilized the grant management system to solicit new RI Works vendors providing a broader array of services that focused on key areas. Contracts are currently being negotiated with successful proposals. A subpopulation of RI Works families need specialized supports to become work ready. A contract has been added to focus on mental health barriers specific to employment. This contract will also provide consultation for DHS staff on mental health interventions. Another contractor will focus on personalized financial literacy that includes credit repair and small business plan development. This contractor can provide college credits for RI Works participants who complete a more in-depth financial literacy course. New contracts were selected on their ability to reach specialized populations facing barriers to accessing services. These selections were based on location and subject matter expertise such as those with immigration barriers, experiencing homelessness, BIPOC populations and those with unidentified barriers.

Additionally, DHS has added a specified line item to the largest contracts for strengthening supports and addressing housing instability. This line item will be used to mitigate the effects of trauma and stressed related to housing insecurity allowing RI Works participants can focus on work readiness. Short term assistance will be used to prevent evictions and assist in establishing housing for participants.





## Employment - Wage Breakdown

Color Key

■ Under \$15/Hr ■ At/Over \$15/Hr

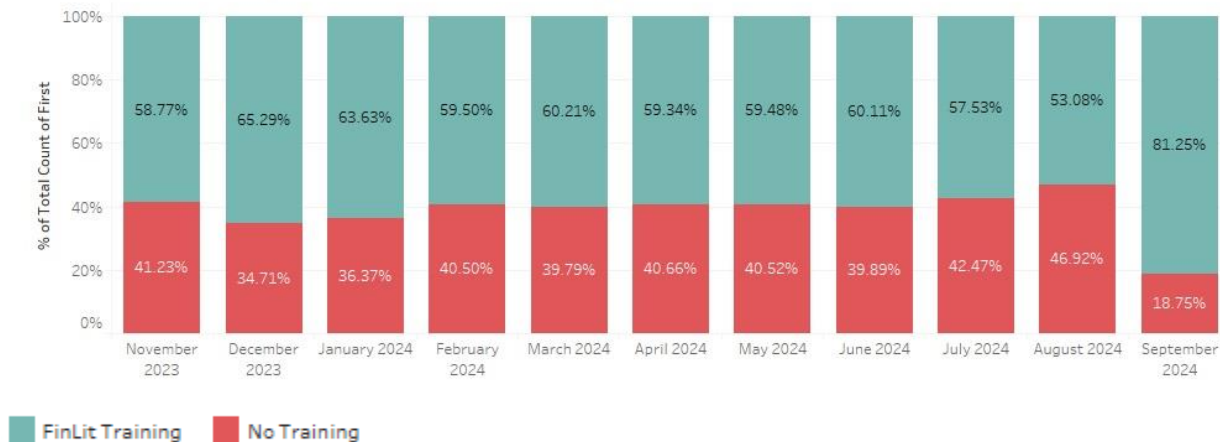
### Wage Breakdown of New Jobs Each Month - Counts



Since the rollout of these past contracts, two very important new services have been implemented:

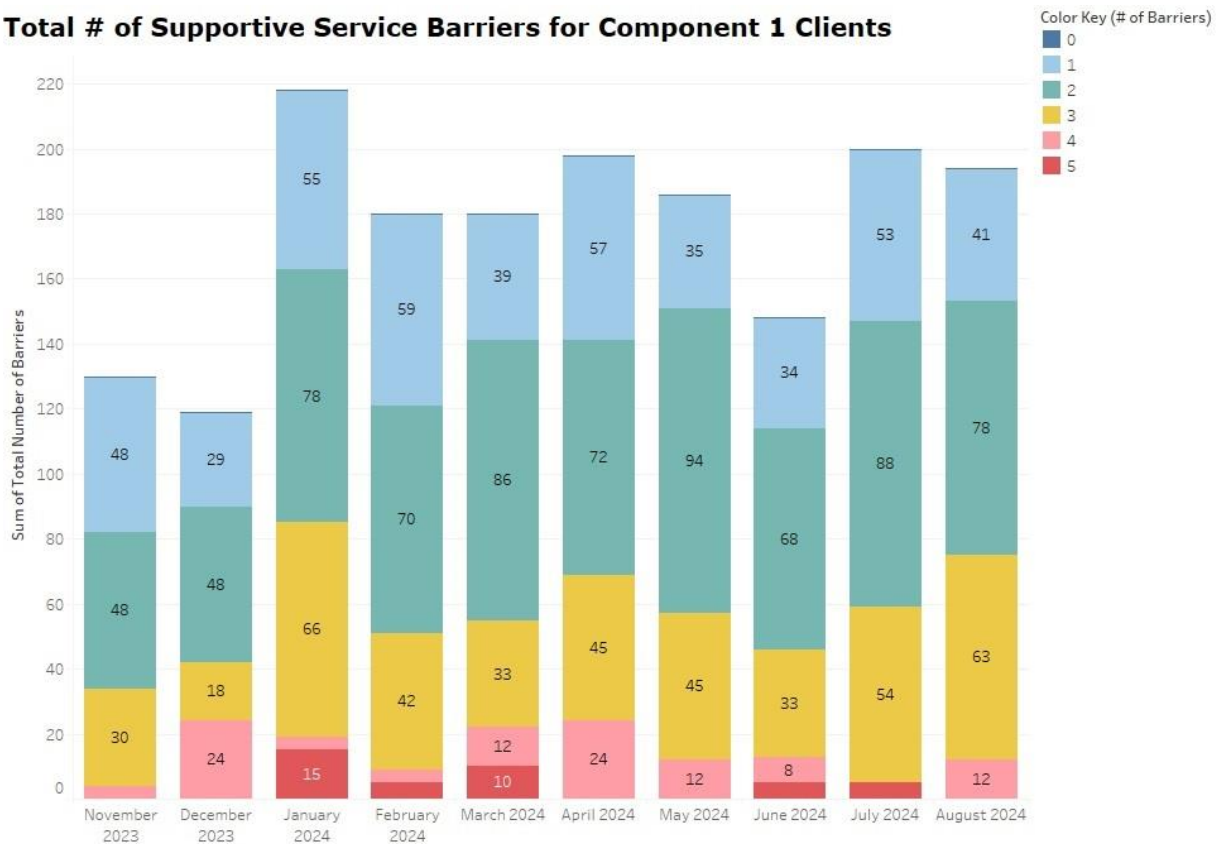
- **Financial Literacy** to ensure that RI Works families become more aware of financial issues on their path to self-sufficiency. DHS has required all service vendors to integrate financial literacy into their curricula. As of September 2024, approximately 81 percent of the RI Works population attending one of three original providers' programs has started or received financial literacy training.

### Financial Literacy: All Participants Monthly



- **Supportive Services** to assist RI Works families in resolving barriers and issues that may be hindering them from becoming employed and on a path to self-sufficiency. The most common problems faced by RI Works customers include:
  - Mental Health Challenges
  - Unstable Housing/Homelessness
  - Domestic Violence/Intimate Partner Violence
  - Low Education Attainment
  - Unaddressed Disabilities
  - Substance Use Disorder

### Total # of Supportive Service Barriers for Component 1 Clients



RI Works staff analyze vendor data monthly and can provide immediate feedback to vendors who are either struggling or being highly effective with working with RI Works families. The completion of vocational training programs can have a significant effect on obtaining long-term, sustainable employment.

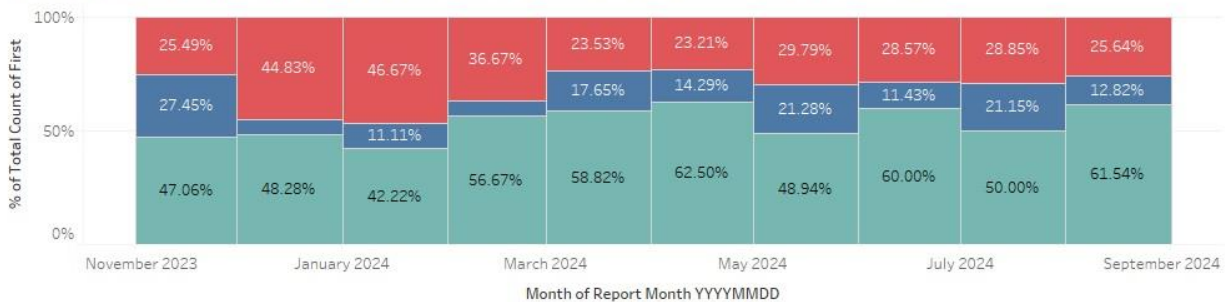
RI Works vendors prepare customers for employment by providing assistance with resumes and cover letters, interview skills, and counsel on appropriate workplace behavior. RI Works vendors also make referrals for customers to acquire appropriate attire for interviews and work. There are multiple work-readiness strategies pursuant to 45 CFR 261.2, including subsidized employment, paid or unpaid work experience, on-the-job training, job search and job readiness activities, and community service. All RI Works customers are required to attend financial literacy counseling, to prepare parents for budgeting their future income. When a customer is placed at a training site or employed, vendors provide job coaching, including performance feedback, to customers and also support employers in order to assure an effective match and maximize job retention.

In the past year, 498 parents have entered employment, and 67 participated in a work experience activity, including both subsidized and unsubsidized work experience. The average wage for these job placements was \$20.54 per hour. Eighty-three percent of job placements are for wages at or over \$15 per hour. In the past year, 264 customers retained employment for at least six months, and 691 customers achieved the benchmark of earning over \$4,000 in the fifth quarter after the

start of their employment plans, in accordance with WIOA standards. Vendors were paid more than \$831,000 in performance payments due to job retention. Additionally, in the past year, 122 participants have completed their vocational training program. A total of 331 RI Works parents have participated in vocational training programs this past year.

Color Key  
 ■ ≤ 20 Hrs  
 ■ Between 20-30 Hrs  
 ■ ≥ 30 Hrs

**Hours Breakdown of New Jobs Each Month - Stacked Column Chart**



**Question:** Please identify the strategies the RI Works Program is preparing its beneficiaries for in workforce readiness.

- a. Please identify the industries in which the RI Works Program beneficiaries receive workforce development.

**Answer:** Working with RI Works parents includes wraparound support services, adult education, vocational training, and job readiness. Depending on the parent or caretaker’s education or work history, the RI Works vendors create a family goal and employment goal. Goals are updated with every new employment plan. Working with this population often means mitigating multigenerational barriers to longtime sustaining employment. In order to ensure success, the RI Works vendors must monitor labor market statistics in critical fields, ensuring job availability and wages high enough to sustain a family.

RI Works participants have completed a variety of vocational trainings that include the following industries: Approximately 70 percent are Healthcare related, including LPN, C.N.A., Patient Care Tech, Phlebotomy, Medical Assistant, Dental Assistant, Billing and Coding, and Registered Nurse. The other 30 percent of industries include Early Childhood Education, Business Management, Graphic Design, Cosmetology, Massage Therapy, Culinary Arts, Computer Programming, and CDL Training.

### **Potential Federal Law Changes**

TANF has again been temporarily authorized by a continuing resolution. There has been communication from federal partners that continuing resolutions will eventually lead to the replacement of the current TANF law. There is no current movement on the TANF bills, detailed in section one (1) below, in Washington.

### Changes from the Fiscal Responsibility Act<sup>2</sup>

Four Key Portions of FRA:

- 1) Work Participation Rate Changes effective 2025
  - a) Caseload Reduction Credit (CRC) Reset to 2015
  - b) Elimination of Small Checks Scheme;
- 2) Focus on Work Outcomes:
  - a) Pilots
  - b) Outcomes-Based Reporting.

1.a. The change to the caseload reduction credit will alter the year of comparison from Federal FY 2005 to Federal FY 2015. The Department will have less Caseload Reduction Cred (CRC) applied to the WPR penalty to reduce the federally required percentages of 50 percent for one-parent families and 90 percent for two-parent families. ACF has predicted the single-parent WPR requirement will raise from zero percent to 11 percent after the FRA's implementation. Changes will be effective Federal FY 2026.

1.b. Rhode Island is not affected by the elimination of small checks.

2.b. The Department has provided ACF the paperwork to be considered a pilot eligible State.

2.b. The Department has already been utilizing Work Outcomes according to WIOA since 2018. The FRA will collect data in a pilot, utilizing WIOA and other metrics. The Outcome Based Reporting is already completed through the WIOA and active contract management for TANF. Few changes to system reporting will be required.

### ACF Rules Changes<sup>3</sup>

There are seven proposed rules changes for TANF, which have been delayed, there is no current implementation date. ACF has stated these changes are intended to improve the effectiveness and integrity of TANF. There has been no movement on the proposed rules since the comment period ended in the Spring 2024.

1. Establishing a ceiling on TANF expenditures for families that cannot exceed 200 percent of the federal poverty level (FPL). This restricts the State's ability to assist families in need.

---

<sup>2</sup> [TANF Provisions in FRA of 2023 | The Administration for Children and Families \(hhs.gov\); https://www.acf.hhs.gov/ofa/law-regulation/tanf-provisions-fra-2023](https://www.acf.hhs.gov/ofa/law-regulation/tanf-provisions-fra-2023)

<sup>3</sup> [NPRM to Strengthen the TANF Program and Increase State Accountability | The Administration for Children and Families \(hhs.gov\); https://www.acf.hhs.gov/ofa/outreach-material/nprm-tanf-regulations-45-cfr-parts-205-260-261-and-263](https://www.acf.hhs.gov/ofa/outreach-material/nprm-tanf-regulations-45-cfr-parts-205-260-261-and-263)

2. ACF will increase scrutiny of TANF expenditures by determining when that expenditure is “reasonably calculated to accomplish a TANF purpose.” The Department has utilized strict controls of spending and does not anticipate an impact to spending.
3. Exclude third party, non-governmental spending as allowable maintenance of effort calculations. Although the state has sufficient spending categories to meet the baseline MOE claiming requirements, this change lowers countable “excess MOE” that is utilized in the CRC described above.
4. Ensure the excluded holidays for RI Works customers match the number of federal holidays following the addition of Juneteenth. The Department adjusts allowable holidays to match the federal reequipments without significant impact.
5. Develop new criteria to allow states to use alternative income and eligibility system (IVES) measures. The Department has begun the process of looking at other systems and state policies that will inform the system of accurate income to determine benefits.
6. Clarify the significant progress criteria following a work participation rate corrective compliance plan, allowing or further leniencies. This will be helpful to the Department as the WPR calculations will be a higher threshold due to the changes to the CRC.
7. Clarify the existing regulatory text about the allowability of costs associated with disseminating program information. This clarifies the point that administrative costs exclude the costs of disseminating program information. For example, the cost of providing information pamphlets or brochures about how to reduce out-of-wedlock pregnancies is allowable under purpose three, and the cost of providing information about community resources to needy families or needy parents, pursuant to purposes one and two, respectively, is allowable, whether or not the described community resources themselves are funded by TANF.

To assist with WPR, DHS is currently developing a program component to extend RI Works benefits to customers who had the RI Works case terminated due to employment. The program is based on § 40-5.2-23. The post-employment incentive would provide a monthly cash benefit, for 12 months to customers that retain their employment. The assistance will reduce the benefits cliffs’ negative impact and help customers to retain employment. This program will also have a positive effect on the WPR due to continuing an RI Works benefit to employed customers.

The Department is seeking assistance from a third-party vendor in the MOE calculation, WPR calculation and the CRC calculation through an RFP that was conducted in the Spring 2024. The contract is currently in contract negotiations.

## **Child Care Assistance Program (CCAP)**

The Starting Right Child Care Assistance Program (CCAP) supports the dual purpose of promoting the healthy development and school success of children, while also supporting low-income families who need child care to work, attend approved training, or college degree programs. Eligibility for CCAP is based on either participation in the Rhode Island Works cash assistance program (RI Works) or based on income-based eligibility for families working or enrolled in an approved training or college degree program.

Families receiving RI Works benefits who need child care to comply with their employment and training plan receive child care with no copayment requirements. Income-based eligibility for child care consists of a two-tiered eligibility structure, with initial eligibility available to families with income of up to 200 percent of the Federal Poverty Level (FPL) (~50 percent of State Median Income (SMI) or \$51,640 for a family of three). Effective January 1, 2025 families with income up to 261% of the Federal Poverty Level (FPL) (~65 percent of State Median Income (SMI) or \$67,390 for a family of three) will be eligible for CCAP benefits.

Families who are determined eligible at the first tier (defined as income up to 200% FPL; 261% FPL as of January 1, 2025) may then utilize Transitional Child Care to continue to access child care subsidies if their income rises above the initial eligibility threshold of 200 percent FPL (261% as of January 1, 2025) but remains under 300 percent of FPL (~ 75 percent of State Median Income (SMI) or \$77,460 for a family of three). Income-eligible families are subject to a graduated copayment based on family income ranging between zero (for those earning 100 percent FPL or less) to a maximum of seven percent of a family's income (for those earning between 150 percent FPL to 300 percent FPL). As of January 1, 2022, DHS lowered the copay cap from 14 percent to the Health and Human Services general affordability guideline and the national standard of seven percent. The updated 2024 CCDF Rule now requires state lead agencies to cap family copays at 7%.

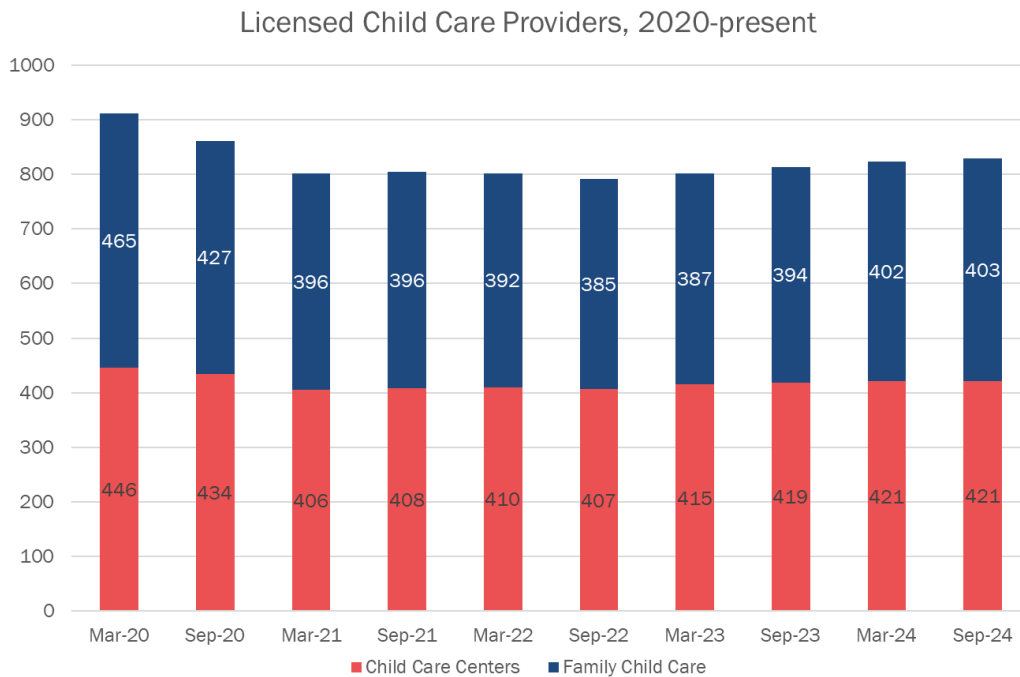
The Office of Child Care (OCC) continues to track child care trends closely to measure the ongoing state of the child care sector. This includes regular review of CCAP enrollments, licensed capacity, and movement within the quality framework. In addition to information on the caseload trends, DHS continues to provide additional resources and programming to support providers.

**Question:** Please provide the total number of licensed child care providers for both center-based and Family Child Care Providers and the number of child care slots in the state, including the providers that do not participate in the CCAP program for the last five years.

- a. Please provide the number of children enrolled in CCAP by age group, provider type, and star rating.
- b. Please provide updated data since the previous conference on the impact of DHS strategies to bolster FCCP seats including the most recent number of FCCPs considering expansion and future plans or strategies.
- c. Please provide an update to the federal awards received or anticipated for activities in response to the COVID-19 PHE, or other stimulus funding, as well as any planned uses and how much of each award will be used for such activity. Please provide spend to date and available balance for each award by item (planned use).
- d. Please, if possible, provide a child to staff ratio.

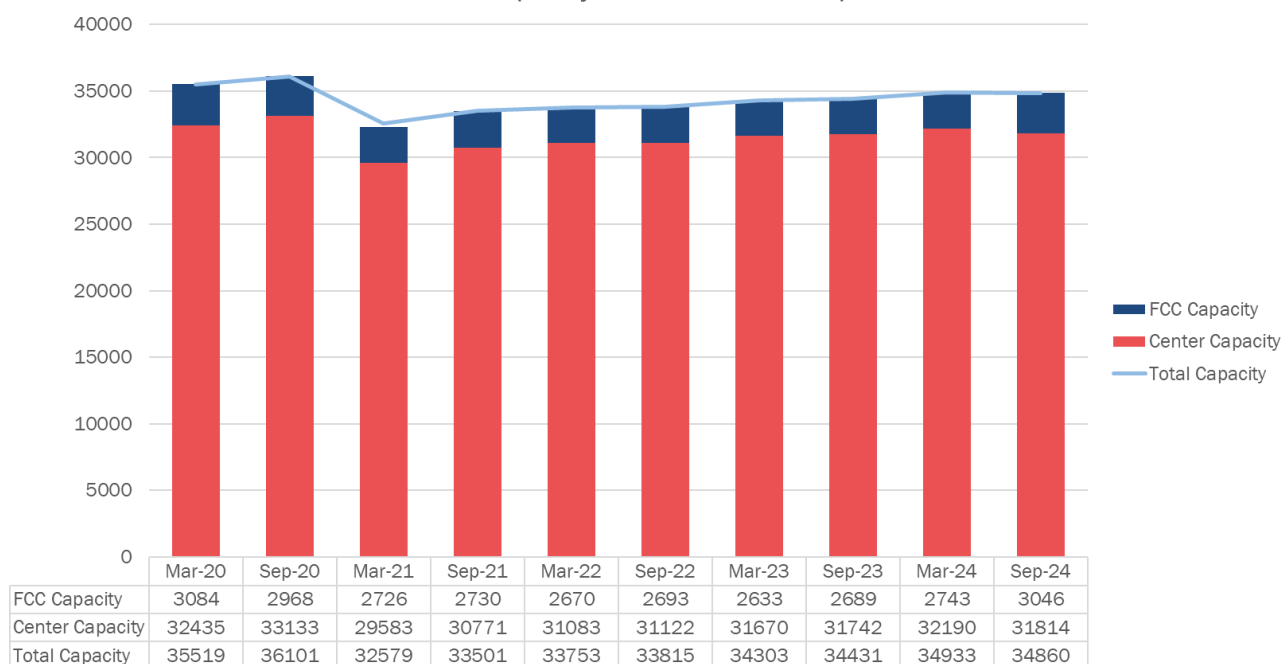
**Answer:**

The first table below shows the current number of DHS-licensed providers as of September 2024, as well as from caseload reports back to March 2020. This provides the current total number of licensed child care providers in the State for the last five years, including providers who have not participated in the Child Care Assistance Program (CCAP).





Child Care Capacity from March 2020-present



Licensed child care programming and capacity has remained steady since last caseload, with a net gain of one program and a loss of about 73 total seats between provider types. Though not reflected in the chart, any loss of licensed capacity was in school-age programming only – the state remained steady in infant through preschool care and gained seats in Family Child Care. This is largely due to the zoning changes in Providence. Through advocacy and partnership with Mayor Brett Smiley’s office, Providence updated their zoning laws effective January 1, 2024. This allows family child care providers to have a maximum group size of 12 as opposed to 8. Since this change, over 60 FCC’s have increased their capacity resulting in an increase of almost 300 seats. DHS is working with other cities and town on zoning capacities to maximize the number of children family child care providers can care for in homes while continuing to prioritize program quality and the health and safety of children. This is currently one of the agency’s main strategies for bolstering enrollment in Family Child Care programming.

As mentioned in previous caseloads, the FCC startup grant program, created and implemented with ARPA State Fiscal Recovery Funds (SFRF) dollars, closed at the end of last year with 130 grants awarded and over 90 FCC’s licensed at this time. However, DHS has continued to bolster the Family Child Care community in several ways. From a technical assistance (TA) perspective, DHS has streamlined the process of outreach and support starting at the completion of orientation online. This includes scheduled touchpoints after completion for questions and support and then additional touchpoints at completion of each module to again provide support as needed. Once the orientation and accompanying pre-licensure modules (otherwise known as First Steps are completed, TA supports the provider in completing the application (if requested) and completes a walkthrough of the space. The Department indicates on the application (once it is received) who is assigned from the TA perspective. It involves them in communication and



additional walkthroughs to fully support the applicant through the process and help reduce any barriers that may have caused the applicant to not complete the process in the past.

The Department has been interested in additional ways to foster and support FCC providers in the state's mixed-delivery system. With Preschool Development Grant (PDG) Planning, the Office of Child Care engaged with a vendor to understand the potential for FCCs to offer RI Pre-K. From that report, the state identified key enabling conditions for FCCs, which provides the basis for applying for, and being awarded, additional funding for work in Family Child Care.

Building on recent work with family child care providers successfully participating in LearnERS, DHS's plan is to adapt and learn from national experts and other states to design and pilot a staffed Family Child Care network (a hub model focused on stabilizing and improving access to quality family child care).

This network would incorporate key strategies required under CCDBG, including contracts to preserve and strengthen access to quality care for infants and toddlers and other underserved populations. The RI Family Child Care Hub was identified as a key enabling condition to consider the inclusion of family child care programs as part of the state's high-quality pre-k program.

DHS currently provides a variety of existing supports to FCCs to enhance quality including: its own Education and Support Fund (ESF); the development of a Spanish Child Development Associate (CDA) pathway and a 16-credit Spanish English Language Learners (ELL) Infant Toddler Certificate of Undergraduate Studies, cohorts of the LearnERS work tailored to the FCC community, as well as start-up grants to support opening with high-quality materials in the home.

Through supporting workforce development and continuous program quality improvement with FCC's, this new work will position providers to increase overall program quality and access the highest CCAP reimbursement rates possible for children with a certificate enrolled in their care, which will in turn enhance their financial well-being.

Lastly, this model will position the state to positively impact the FCC workforce through dedicated funding as part of this work to hold slots for vulnerable families who often enroll and disenroll with little notice, leaving the FCC with a revenue gap which negatively impacts their compensation.

CCAP enrollment, as a subset of total enrollment, is broken down by age group (infant/toddler, preschool and school-age). For example, of the 2,010 preschool-aged children in center-based care who have CCAP benefits, 525 are enrolled in a center with a BrightStars rating of 4 Stars and 181 are enrolled in a center with a BrightStars rating of 5 Stars – meaning 35% of CCAP preschoolers are enrolled in a high-quality program. Most infants, toddlers, and preschool age children are enrolled for full time care, while most school age children are enrolled for three-quarter time care. DHS has provided this information as part of caseload testimony since 2020 and will continue to provide it moving forward in this format to highlight patterns.

CCAP Enrollment by BrightStars Rating - Center-Based Providers February 2024 to September 2024												
2024	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept
Age Group	1 Star		2 Star		3 Star		4 Star		5 Star		TOTAL	
Infant/Toddlers	270	255	369	338	176	175	231	263	57	67	1,103	1,098
Preschoolers	514	492	596	524	335	288	528	525	190	181	2,163	2,010
School-Age	448	416	389	326	279	224	363	400	103	99	1,582	1,465
<b>TOTAL</b>	<b>1,232</b>	<b>1,163</b>	<b>1,354</b>	<b>1,188</b>	<b>790</b>	<b>687</b>	<b>1,122</b>	<b>1,188</b>	<b>350</b>	<b>347</b>	<b>4,848</b>	<b>4,573</b>

CCAP Enrollment by BrightStars Rating - Family & Group Family February 2024 to September 2024												
2024	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept
Age Group	1 star		2 Star		3 Star		4 Star		5 Star		TOTAL	
Infant/Toddlers	237	239	212	223	30	38	2	13	0	0	481	513
Preschoolers	322	281	241	280	28	38	2	14	0	0	593	613
School-Age	200	195	182	197	21	27	5	5	0	0	408	424
<b>TOTAL</b>	<b>759</b>	<b>715</b>	<b>635</b>	<b>700</b>	<b>79</b>	<b>103</b>	<b>9</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>1,482</b>	<b>1,550</b>

CCAP Children Enrolled by Bright Stars Rating, Time and Age Category												
	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept	Feb	Sept
BrightStars Rating	1		2		3		4		5		Total	
<b>Full Time</b>												
Infant/Toddlers	437	438	530	506	187	196	206	246	45	57	1,405	1,443
Preschoolers	631	583	642	620	250	219	374	366	91	87	1,988	1,875
School-Age	224	306	147	207	57	34	90	171	14	10	532	728
<b>¼ Time</b>												
Infant/Toddlers	66	56	48	51	19	17	23	28	7	5	163	157
Preschoolers	55	142	126	100	74	73	107	118	49	48	511	481
School-Age	264	223	224	165	141	143	183	173	57	64	869	768
<b>Half Time</b>												
Infant/Toddlers	4	0	3	4	0	0	4	1	2	4	13	9
Preschoolers	42	45	64	78	37	31	46	50	48	40	237	244
School-Age	139	80	182	130	91	70	88	56	28	25	528	361
<b>¼ Time</b>												
Infant/Toddlers	0	0	0	0	0	0	0	1	3	1	3	2
Preschoolers	7	3	3	6	2	3	3	5	2	6	17	23
School-Age	21	2	17	21	11	4	7	5	4	0	60	32
<b>Grand Total</b>	<b>1,990</b>	<b>1,878</b>	<b>1,986</b>	<b>1,888</b>	<b>869</b>	<b>790</b>	<b>1,127</b>	<b>1,220</b>	<b>348</b>	<b>347</b>	<b>6,326</b>	<b>6,123</b>

Total Licensed Child Care Participation in BrightStars by Provider Type – September 2024			
Star Rating	Center-Based	Family Child Care	Total
1-Star	102	199	301
2-star	85	147	232
3-star	57	11	68
4-star	63	10	73
5-star	44	1	45
<b>Total</b>	<b>351</b>	<b>368</b>	<b>719</b>

Percentage of CCAP Children Enrolled in 4 and 5 Star Programs						
Dec 2020	Dec 2021	Sept 2022	Feb 2023	Sept 2023	Feb 2024	Sept 2024
21%	24%	26%	26%	23%	23%	26%

Since previous caseload, in both center-based care and family child care, CCAP enrollments across infants and toddler classrooms increased slightly, whereas the remaining age groups (preschool and school-age) declined. Total CCAP enrollment including both center-based and family child care decreased by approximately three percent.

Center Based Providers - (Includes DCYF) April 2024-September 2024				
	Infant/Toddler Enrollments	Preschool Enrollments	SA Enrollments	Total Enrollments
April 2024	932	2,393	1,849	5,174
May 2024	946	2,357	1,785	5,088
June 2024	1,012	2,522	2,153	5,687
July 2024	1,048	2,401	1,936	5,385
August 2024	1,090	2,414	1,941	5,445
September 2024	1,098	2,010	1,465	4,573
Trend: April-Sept 2024	166	-383	-384	-601

<b>Family and Group Family Providers - (Includes DCYF) April 2024-September 2024</b>				
	<b>Infant/Toddler Enrollments</b>	<b>Preschool Enrollments</b>	<b>SA Enrollments</b>	<b>Total Enrollments</b>
April 2024	442	656	462	1,560
May 2024	476	652	460	1,588
June 2024	500	675	480	1,655
July 2024	510	674	461	1,645
August 2024	531	680	454	1,665
September 2024	513	613	424	1,550
Trend: April-Sept 2024	<b>71</b>	<b>-43</b>	<b>-38</b>	<b>-10</b>

### ***Federal Funding and Initiatives to Support Child Care Recovery***

The State has been in receipt of pandemic-response federal funding of approximately \$125 million dollars specifically dedicated to child care programming since March 2020. All CRRSA CCDF, CARES CCDF and ARPA Stabilization have been spent as of September 30, 2023. ARPA CCDF had a liquidation deadline of September 30, 2024. All funds have been liquidated.

The Department received ARPA SFRF (State Fiscal Recovery Funds) that are still being utilized for the child care sector. The projects, allocations, and spending to date is outlined below.

<b>Project</b>	<b>Completion Date</b>	<b>Allocation</b>	<b>DHS spend to date as of September 2024</b>
Child Care Family Provider Support	Completed	\$600,000	\$455,957*
Child Care Retention Bonuses	December 2024	\$37,400,000	\$37,060,372**
Child Care Workforce Registry	Completed	\$1,000,000	\$1,000,000
Program Quality Improvement Grants	December 2025	\$1,000,000	\$637,920
TEACH Early Educator Scholarship	March 2026	\$2,000,000	\$379,564
<b>TOTAL SFRF DOLLARS</b>		<b>\$42,000,000</b>	<b>\$39,533,813</b>

\*Remaining funding was given back to the Pandemic Recovery Office

\*\*Bonuses to providers completed August 2024, remainder of contract for reporting & data analysis

The Program Quality Improvement Grants work continues to be a success story with SFRF dollars. Since the onset of this work, 347 childcare (center-based and school-age) and family child care educators have engaged with LearnERS. Currently, there are 70 active participants in LearnERS: 48 of these are center-based educators, 22 are family childcare providers. Additionally, since last caseload in April 2024, another 38 SFRF participants have graduated from the program.

With the additional support of the LearnERS program, new providers are also able to move up the quality continuum more quickly and generally feel more supported through the

process. Since April 2024, there have been an additional 47 Star rating increases in BrightStars across child care programs since the last caseload conference. Of the 47 increases, 24 were enrolled in LearnERS (51% of the rate increases were from participating in LearnERS).

Over the course of this project, 1,193 children with CCAP subsidies have benefited or currently are benefiting from their program's participation in LearnERS. This number is a cumulative count since enrolling in LearnERS and represents all children in same-age groups at participating programs. The Administration for Children and Families (ACF) envisions Quality Rating and Improvement System (QRIS) initiatives and other quality improvement efforts as a means to set standards of excellence for early care and education programs, to provide a pathway to help programs continually improve to meet the higher standards, and to serve as a bridge to align all state-level early childhood programs under one common vision of quality early care and education.

In the new contract, DHS has ensured that this is sustainable with CCDF funding by reducing the number of participants and the number of cohorts that are offered throughout the year. Additionally, DHS has reduced the amounts of the stipends and materials given to participants. With these reductions, it also reduces LearnERS operational costs.

The Department is still unable to provide a staff-to-child ratio for active children and staff in the ECE community, although DHS has taken steps in that direction since last caseload. DHS can provide information on capacity of the entire system based on licensed program data, as well as the number of CCAP children who are enrolled in programs, which are both provided in this caseload. This CCAP enrollment number does not account for a large portion of the early childhood population, consisting of families who are paying privately for care in more than 800 programs statewide. Currently, DHS does not have the ability to capture private pay attendance and enrollment in any of the agency's systems, but are looking for a mechanism to, at a minimum, self-report enrollment in an upcoming release of RI Start Early System (RISES).

The Workforce Registry went live in February 2024 with about 2,500 employees voluntarily enrolling in the system at previous Caseload, which was anticipated at a little more than 50% of the current workforce. As of September 2024, the State has almost doubled the number of employees in the system and are currently sitting at 4,926. This is a significant increase over a small period of time without mandating enrollment as part of regulation, which will happen in early 2025.

### ***Child Care Caseload Trends and Projections***

**Question:** Please fill out the DHS excel file for the FY 2025 and FY 2026 estimates by fund source and line sequence.

- a. For the Child Care Development Block grant
  - i. Do the general revenues meet or exceed the required match? If required match is exceeded, please explain why.

- ii. Please provide FY 2025 and FY 2026 CCBDG estimates, including the balance of any unspent funds from prior years and report any plans for use.
- iii. Would the federal Child Care Development Fund (CCDF) rule change have any impact on spending and general revenue match?

**Answer:** See the narrative and tables below.

**SFY 2025 Available CCDBG funding**

Fiscal Year	Mandatory	Matching	Discretionary
FY2024 Carryforward	\$3,126,060	\$3,635,587	\$18,551,658
FY2025 Award Available	\$4,975,331	\$4,569,250	\$14,634,353

The table above represents FFY 2024 and FFY2025 Child Care and Development Block Grant (CCDBG) funding available for SFY 2025 expenditures. In addition to providing subsidies to offset the cost of child care, DHS funds a variety of initiatives that support early care and education for providers to enhance the quality of their programs.

DHS also provides workforce development opportunities for the current and future child care site owners, providers, and educators. Discretionary funding supports these initiatives, as well as the CCAP administrative and systems costs and various Family Child Care Collective Bargaining Agreement (CBA) payment practices.

The Rhode Island Start Early System (RISES), which is an online data infrastructure used by providers, educators, and consumers with the goal of achieving long-term early learning initiatives, including universally available RI Pre-K and increased access to high-quality child care, is also funded using discretionary dollars. Additionally, to support the ongoing LearnERS program, DHS entered into a new contract reducing the number of participants and the number of cohorts that are offered throughout the year to ensure that the program is sustainable with discretionary funding after the SFRF dollars have been exhausted.

While discretionary funds were originally allocated to fund the Child Care Assistance Program (CCAP) for child care staff, 77% of current pilot participants reported income that is under 200% of the federal poverty level, making TANF a viable source of funding for a significant portion of these pilot participants. It is estimated that \$2.5 million of discretionary funds will be utilized for those participants whose FPL falls between the 200% and 300% FPL level established by regulation.

The FFY2025 FMAP rate is 55.01% with an increase in FFY 2026 to 56.31%. This in turn will provide a slight decrease to the state’s matching requirement in SFY 2026.

November 2024 Caseload

General Revenue	SFY25	SFY26
Maintenance of Effort (MOE)	\$5,321,126	\$5,321,126
State Match	\$4,788,776	\$4,558,599
<b>General Revenue Total</b>	<b>\$10,109,902</b>	<b>\$9,879,725</b>

General revenues are budgeted to meet the required match, with an additional \$30,000 level funded every year as a sign of the State’s commitment to contribute to the program. The DHS Cash Array Excel file for the FY 2025 and FY 2026 estimates by fund source and line sequence is included with the caseload documents as Appendix A.

The 2024 CCDF Final Rule will have an impact on agency spending and any potential state match moving into SFY26 and SFY27. The rule went into effect on April 30, 2024. States and territories that are not in compliance with all provisions of this final rule on the effective date were able to request a temporary waiver for an extension of up to two years as required to come into compliance. Rhode Island has already implemented some of the required changes, including the cap on family co-payments at seven percent of income, posting online current information about the scale for parent co-payments, and expanding sustainable payment practices.

Rhode Island requested, and was approved for, a waiver for the following rule changes:

- § 98.45(m)(1) — Pay providers prospectively
- § 98.45(m)(2) — Use enrollment-based payment
- § 98.16(z), § 98.30(b)(1), and § 98.50(a)(3) — Some grants or contracts for direct services for infants and toddlers, children with disabilities, and children in underserved geographic areas

The 2024 CCDF Final Rule requires states pay providers before, or at the time of service. Currently, Rhode Island pays providers in bi-weekly batch payments after services have been provided and attendance has been submitted. There will be a substantial fiscal impact for implementing a system to pay providers prospectively, to monitor payments, and to implement a systematized recoupment process based on disenrollments/non-attendance when prospective payment has been issued.

The 2024 CCDF Final Rule requires states to implement enrollment-based provider payments. Rhode Island currently pays providers based on child attendance with flexibility in the attendance policy. Provided a child attends a portion of the payment week, a provider can be paid for that week. Provided a child is not absent for more than two weeks in a row (and provided the family has provided an adequate absent notice) a provider can be paid for up to two weeks of absence. However, to meet the federal requirement of payment based on enrollment, restrictions around weekly attendance and family notice will be revised.

Because Rhode Island has already implemented a flexible absentee policy there is not an anticipation of a large fiscal impact for enrollment-based payments, however, there will be some

impact as current policy is revised to meet the federal requirements. DHS is currently in the process of working with federal partners to assess how much language needs to change to meet the intent of the policy.

The 2024 CCDF Final Rule requires states to provide child care services through grants or contracts to increase the supply and quality of child care for infants and toddlers, children with disabilities, and children in underserved geographic areas. Currently, Rhode Island does not have a system to contract with providers to serve specific populations but is developing an implementation plan to meet federal requirements. Fortunately, Rhode Island is in receipt of Preschool Development Grant funding that will support piloting the grants and contracts as required by the CCDF final rule.

**Question:** Please provide an update on the disenrollment trends.

**Answer:** See narrative below.

Providers are required to disenroll children who no longer attend their program or when DHS or a parent requests disenrollment. If a second provider enrolls a child who is already enrolled, the system disenrolls the child from the existing provider to avoid duplicate enrollments. Over the 12-month period from October 2023 through September 2024, approximately 3,813 children who disenrolled from their CCAP program did not reenroll with another provider during their benefit period.

Currently, there is no mechanism for tracking disenrollment reasons other than termination of benefits or failure to recertify. Between October 2023 and September 2024, of the 3,813 children who disenrolled and did not re-enroll, approximately 1,338 were disenrolled because of the termination/non-renewal of benefits (approximately 35% of the disenrollments).

While other reasons for disenrollment are not currently tracked in system, family reasons for disenrolling may include no longer needing care, for example: fluctuation in parent employment, seasonal need for summer care ending in August, age up to kindergarten, entry into state pre-k, changing to a provider that better meets a family's needs, moving away from an area or out of state, losing CCAP eligibility, finding alternative non-licensed care, or aging out of subsidy eligibility.

Providers have until the beginning of the school year to adjust enrollments for school-age children in their care for the fall schedule (which prevents providers from enrolling school age children during regular school hours) and those not adjusted are auto-disenrolled. The Office of Child Care sends multiple reminders to providers prior to disenrolling these school-age children and a reminder to reenroll if the school-age children are attending in the fall.

Children who are absent with no notice are considered non-attending for the week and providers do not receive payment. If a child is absent with no notice for 10 consecutive days, providers are



asked to confirm with the family the intent to return or disenroll the child from their program. In any case, providers will not receive payment for the child showing absent without notice. It is important to note that this disenrollment policy will change as the state implements payment based on enrollment to meet the 2024 CCDF Final Rule.

**Question:** Please provide an update to the part-time and permanent closure trends for providers. Are there any new providers that have been or are waiting to be licensed? Please provide the underlying assumptions the Department is utilizing to assess the impact of COVID-19 on the CCAP program with respect to caseload and costs as well as the financial health and stability of child care providers. Please note any changes since the May conference, including details on rates being paid, assumed capacity (including seats and staff lost), and any other impacts on providers.

**Answer:** See table and narrative below.

While there was quite a bit of movement in centers and family child care programs, the Department closed out the caseload period with a net gain of just one family child care program. The openings and closing for both provider types were high in the last six months.

	Provider Opening and Closings in Child Care March 2024-September 2024		
	Openings	Closings	+/-
Family Child Care providers	25	24	1
Center providers	16	16	0
<b>Total</b>	<b>51</b>	<b>50</b>	<b>1</b>

- While 16 center providers closed in the last six months, nine of them reopened at the same place under new ownership. There was an influx of after school programs that went out to bid in schools and are operating under a new organization.
- Three of the new centers, totaling 228 children, were direct recipients of bond funding. A total of \$2.3 million was provided to three locations (in Central Falls, Cranston, and East Providence) to help fund building acquisition, architectural planning, renovation and construction for three brand new facilities in high-need areas.
- The remainder of the center closings were school-age programs which closed due to low enrollment.
- 14 of the 25 Family Child Care providers (56%) that opened over the last six months were previous recipients of the FCC Start Up grants, which shows the impact the program continues to have in growing the provider community.
- Of the 24 FCC closings, once again, over half left the field due to retirement.

DHS provided subsidies to an average of 5,761 children each week in SFY2024. This represents a 2.8% increase in subsidies from SFY2023. While all age categories have increased the number of children served, infants and toddlers have increased 4.6% from last year, substantially larger than preschool and school age children who increased 1.9% and 2.1% respectively from SFY2023.

While regular CCAP increased 2.8% in SFY2024 compared to SFY2023, when including the CCAP for Educators Pilot program this increase grew to 8.8%.

CCAP enrollments for preschool age and school-age children have steadily declined in recent years. There are several variables impacting this trend. For both age cohorts, rising wages have likely made many previously eligible families ineligible to continue with CCAP. The Department is hoping the FPL increase on January 1, 2025, along with a strong strategy for marketing this change, will allow families to again qualify for subsidized care.

For preschool age children, the expansion of RI pre-k has provided an alternative early learning opportunity that does not require CCAP enrollment; RIDE and DHS have partnered to ensure that CCAP can be leveraged to pay for RI Pre-K and is expanding this braided funding model in the future. For school-age children, there are a number of considerations that lead to a decline in the school-age population in licensed care.

- Post-pandemic, families are less inclined to enroll their children in afterschool programs due to the need to find alternative care (or keep children alone) for a period of time during the peak of the pandemic to avoid multiple exposures.
- Another thought is that staffing for school-age options has declined, so as families have struggled to find options for care, they are not seeking recertification for their school-age children.
- Many programs are eliminating school-age options in general – transportation costs and lack of need in many communities are leading larger programs to convert those classrooms to classrooms of need, which are infant and toddler-based.

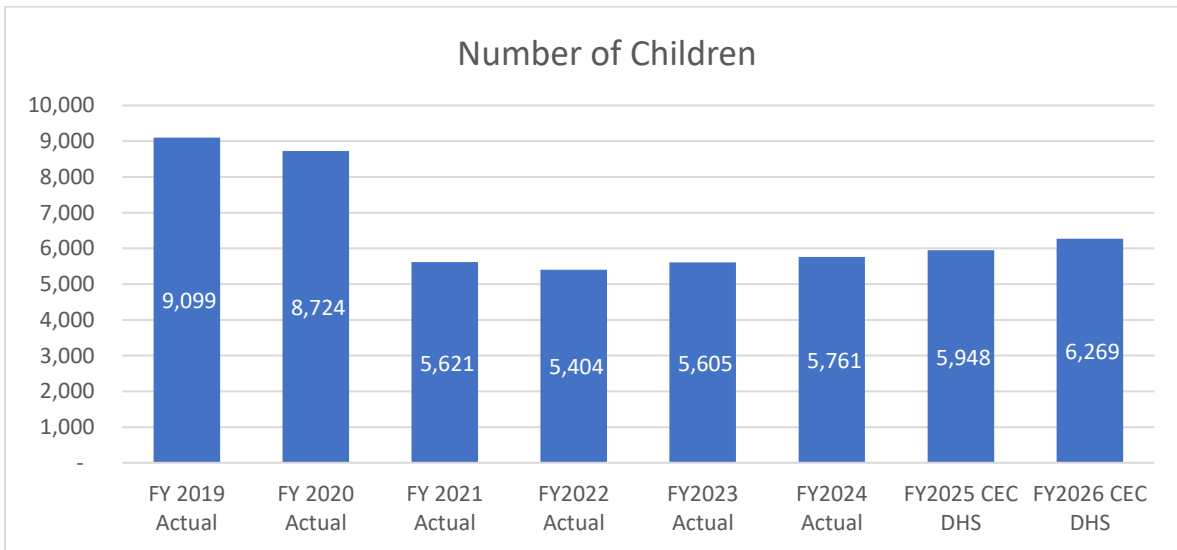
Number of Children by Age Grouping		
Category	# of Children	% of Total
Infant	597	10.4%
Toddler	1091	18.9%
Preschool	2277	39.5%
School Age	1797	31.2%
<b>Total</b>	<b>5761</b>	<b>100%</b>
<i>Based on average in SFY24</i>		

November, 2024		
Number of Children by Provider Type		
	# of Children	# of Providers
Family Based	1,394	339
Center Based	4,367	317
<b>Total</b>	<b>5,761</b>	<b>656</b>
<i>Based on average in SFY24</i>		

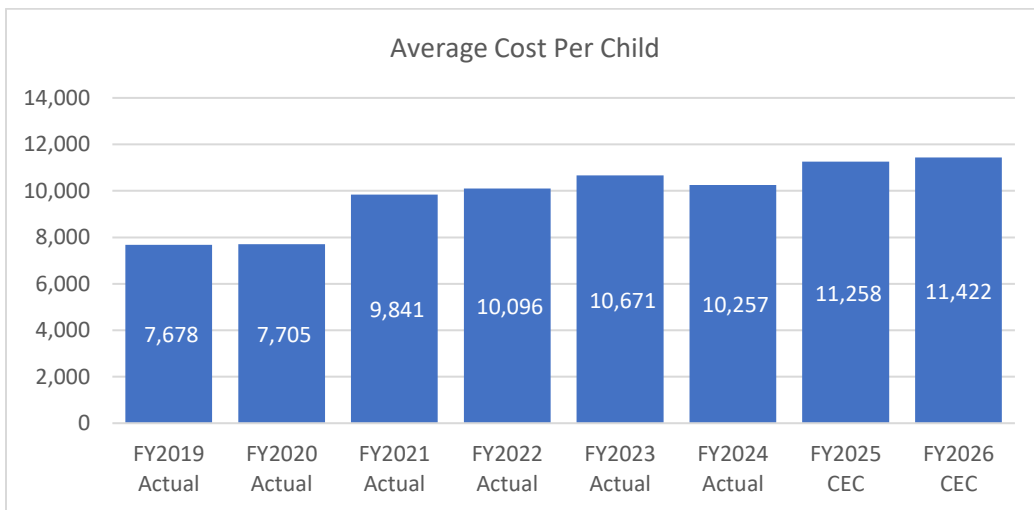
Overall, the number of providers serving CCAP children increased by 21.7% in SFY24 over SFY23 (539 providers on average in SFY23 vs 656 providers on average in SFY24). Family-based providers serving CCAP children increased by 21.5% (279 to 339), while center-based providers serving CCAP children increased at a rate of 21.9% (260 to 317). Child care is needed more than ever for families. New providers that are opening, in both center-based care and family child care, are taking the CCAP subsidy as a form of payment for a portion of their slots, as evidenced by the increases in providers over the last 12 months. However, while more providers are taking in children with a CCAP subsidy, they are taking in fewer children who take the CCAP subsidy to sustain their business. While center-based care is most common, the flexibility a family-based

provider offers has long been a factor for families when looking for child care, especially now when centers providing a standard schedule cannot accommodate early and late day schedules due to staffing issues. As a result, there is growth in family child care capacity reflective of licensed centers.

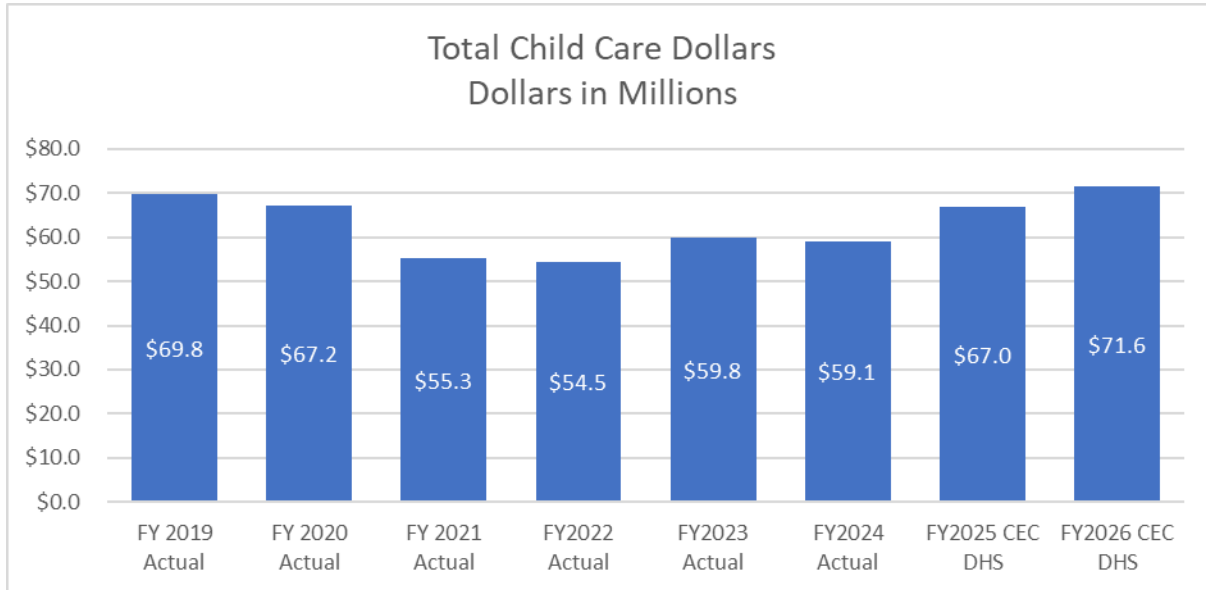
In general, families utilize child care subsidy programs for relatively short periods of time, but frequently return to the subsidy program after they exit. The overall number of children enrolled in child care throughout FY24 is 35% higher than the average amount of children enrolled in any given pay period.



DHS experienced a 3% growth rate in the first six batches of SFY25 compared to the same period during SFY24. When factoring in the expected caseload increases due to eligibility expanding to 261% of the federal poverty level beginning in January 2025, DHS is expecting to see a 3.2% increase in the annual average caseload in FY2025 compared to FY2024.



The cost-per-child stabilized in FY24 after seeing steady increases over the last few years. In the first six batches of SFY25, DHS experienced a 9.8% increase in cost compared to SFY24. This increase is reflective of the legislated 5% center increase and the 2.5% family home provider increase negotiated in the collective bargaining agreement, effective July 1, 2024. In addition, the department has seen a significantly higher increase in infant/toddler care as compared to preschool and school age. DHS is expecting the cost-per-child to increase to \$11,258 in SFY25 as a result of these factors. With the inclusion of the expansion to 261% FPL, the total cost of subsidies is expected to increase in SFY25 by 13.3%.



Included are the projections for the FY 2025 and FY 2026 CCAP for Child Care Staff Pilot, the extended pilot offering CCAP benefits to subsidize the cost of child care for eligible early childhood educators, and staff working in DHS licensed programs. Additionally, rate increases for both licensed centers and family child care providers, as well as the cost to increase the CCAP population to 261% FPL are projected below.

	FY2025	
	Average # of Children	Amount
Base	5,948	\$62,549,120
Child Care for Child Care Workers	502	\$5,277,804
Family Child Care Provider Rate Increase 7/1/24		\$400,755
Licensed Center Increase 7/1/24		\$2,725,718
Increase to 261 FPL 1/1/25		\$1,287,682
	6,450	\$72,241,078

	FY 2026	
	Average # of Children	Amount
Base	6,269	\$64,653,648
Child Care for Child Care Workers	271	\$2,855,124
Family Child Care Provider Rate Increase 7/1/24		\$421,393
Licensed Center Increase 7/1/24		\$2,817,870
Increase to 261 FPL 1/1/25		\$3,718,281
	6,540	\$74,466,316

**Question:** What percentage of the families eligible for the state subsidized program have children enrolled in one of the child care settings? Please provide any data on the number of families not using the benefit.

**Answer:** See narrative below.

There are approximately 4,028 families (6,097 children) who have requested and been approved for CCAP benefits who have enrolled with a CCAP provider and billed for benefit services. There are 378 families (498 children) in RIBridges who have requested and been approved for CCAP benefits but who have not enrolled with a CCAP provider or billed for CCAP benefit services. This equates to approximately 9.3% of all approved cases not utilizing the benefit. This could be for several reasons such as parent employment patterns, including flexibility to work remotely, challenges finding providers with available slots depending on the age of the children and/or the desired location, or because of reduced capacity related to staffing shortages.

Currently, there is no mechanism for tracking a parent’s reason for not using their CCAP certificate. The department has scheduled the first phase of a parent advisory group as a way of engaging with parents to better understand child care needs and barriers to meeting those needs. Community partners have been identified and contracted to support this work.

**Question:** Please provide updated assumptions for child care assistance for individuals enrolled in either URI, RIC or CCRI for FY2025 and FY2026?

**Answer:** See narrative below.

The FY 2023 enacted budget authorized Child Care Assistance for College. In SFY24, an average of 21 children utilized subsidies through the CCAP for College Program each batch period. A total of 69 children benefited from this program in SFY24. The average cost per batch in SFY24 was \$8,425 with total costs for SFY24 being \$219,054. The total number of CCAP providers who enrolled children approved for benefits under CCAP for College was 52, with an average of 13

providers per batch period submitting for payment. 22.5% of these providers were family child providers and 77.5% were Center based providers.

SFY25 numbers are trending higher. Through service week 9/8/24, an average of 46 children utilized subsidies each batch period. To date, a total of 76 children have benefited from CCAP for College in SFY25. The average cost per batch for the first six batch cycles was \$19,528 with the total cost to date being \$117,166. A total of 50 CCAP providers have enrolled children approved for benefits under CCAP for College in SFY25. 22.0% of these providers were family child providers and 78.0% were Center based providers.

DHS experienced a batch-over-batch growth rate of 2% in the first six batches of SFY25. It is projected through SFY25 that an average of 57 children will utilize this benefit each batch period. A total of 94 children will utilize the benefit in SFY25 at a cost of \$457,448.

DHS anticipates continued small but steady demand, with increased awareness resulting from partnership with CCRI, RIC, and URI. The program allows eligible students enrolled in degree programs at CCRI, RIC, and URI to combine part-time work hours with part-time college credit hours to meet the approved activity requirements to support the schedule and needs of student parents.

- Question:** Please provide updated data and assumptions on the Child Care Pilot in which childcare educators and administrative staff receive free child care including:
- a. Enrollment and expenses
  - b. Details regarding enrollees by occupation and CCAP status
  - c. Details regarding applicants that were denied enrollment in the pilot.

**Answer:** See narrative and table below.

The following metrics are as of September 30, 2024. The initial pilot application was open from August 23, 2023- July 31, 2024. The pilot was renewed for an additional year, starting August 1, 2024- July 31, 2025.

As of September 30, 2024, a total of 802 applications have been received for the CCAP for Child Care Pilot. Of these, 71.07% (570 applications) have been approved, meaning the applicant met all eligibility requirements and one or more children in their household are eligible to receive the CCAP for Child Care benefits.

*Application Status and Employment Provider Type by Count*

Application Status	Child Care Center	Family Child Care Home	Grand Total	Percent of Total
Approved	534	36	570	71.08%
Denied	100	5	105	13.09%
Canceled	87	12	99	12.34%
In Review	26	2	28	3.49%
<b>Grand Total</b>	<b>747</b>	<b>55</b>	<b>802</b>	<b>100%</b>

As of September 30, 2024, 11 family child care providers submitted their renewal applications and are now utilizing their second year of the pilot benefit.

*Family Child Care Applicants by Pilot Year*

Application Status	Initial Pilot Year	Extended Pilot Year			Grand Total
	Initial Pilot Application	New Application	Renewal Application	Blank <sup>4</sup>	
Approved	23	2	11		36
Canceled	9	1	1	1	12
Denied	3		2		5
In Review			2		2
<b>Grand Total</b>	<b>35</b>	<b>3</b>	<b>16</b>	<b>1</b>	<b>55</b>

As of September 30, 2024, 84 center-based child care educators submitted their renewal application and are now utilizing their second year of pilot benefits.

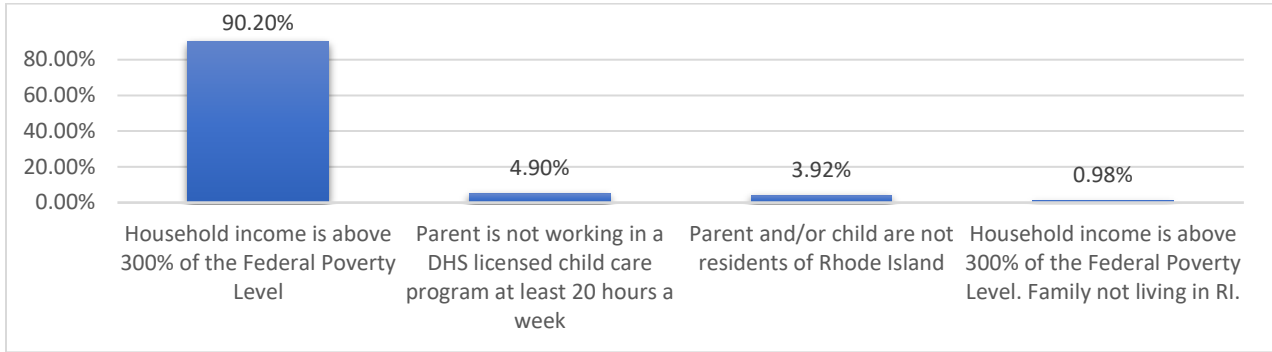
*Center Applicants by Pilot Year*

Application Status	Initial Pilot Year	Extended Pilot Year			Grand Total
	Initial Pilot Application	New Application	Renewal Application	Blank <sup>1</sup>	
Approved	411	39	84		534
Canceled	62	6	6	13	87
Denied	88	4	8		100
In Review		15	11		26
<b>Grand Total</b>	<b>561</b>	<b>64</b>	<b>109</b>	<b>13</b>	<b>747</b>

Approximately 13% of applications received to-date have been denied. Of the denied applications, the majority were from early educators working in a child care center (95.2%). The most common reason an application was denied was failing to meet the household income requirement for the pilot.

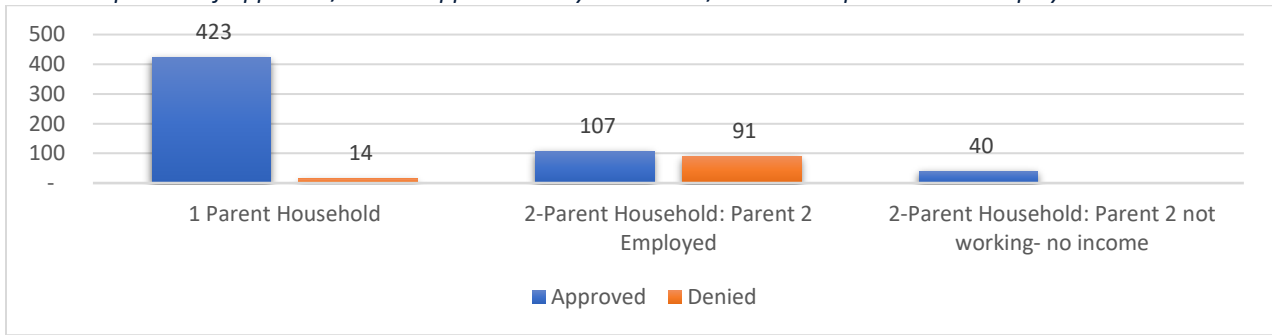
<sup>4</sup> The category “Blank” in the tables below are applicants who utilized the initial application form instead of the extended pilot application. These were cancelled and the applicants reapplied using the correct form.

*Denial Reasons*



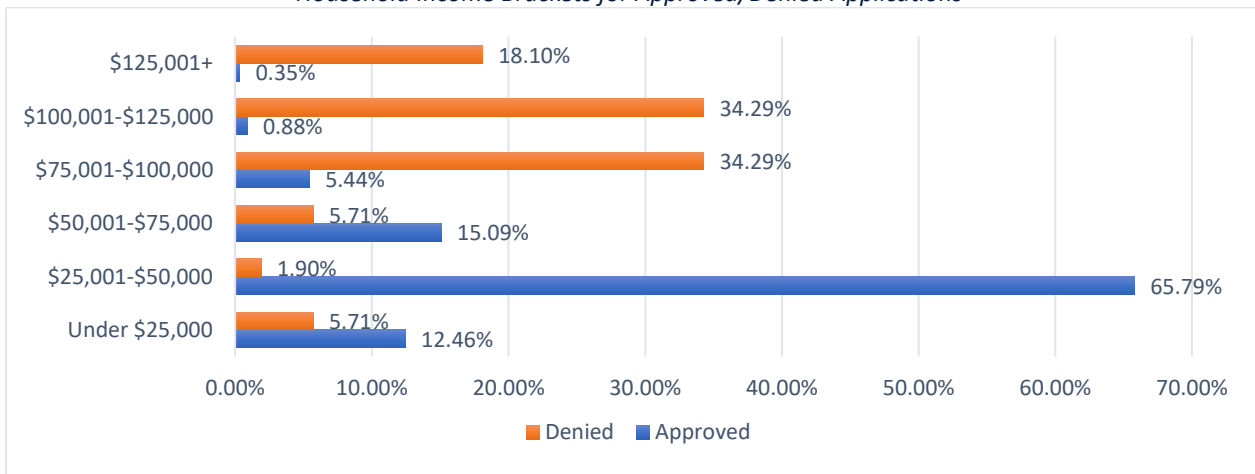
Most denied applications were two-parent households, where both parents were working, and were denied for being over the income requirement.

*Comparison of Approved/Denied Applications by Household/Parent Composition and Employment Status*



When considering household income, more than half (52.38%) of denied applications represented a household income of more than \$100,000; less than 1.23% of approved applications represented this household income bracket.

*Household Income Brackets for Approved/Denied Applications*

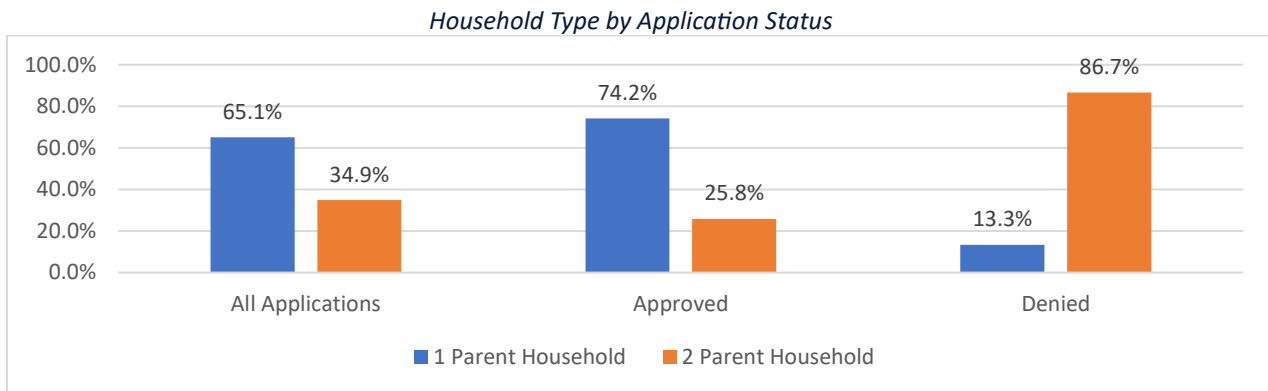


The most common job titles applying for the CCAP for Child Care Pilot are outlined in the table below:



All Applications (n=802)	Approved Applications (n=570)	Denied Applications (n= 105)
Toddler Assistant Teacher (11.22%)	Toddler Assistant Teacher (11.75%)	Toddler Assistant Teacher (13.33%)
Preschool Lead Teacher (10.47%)	Preschool Lead Teacher (10.88%)	Director (12.38%)
Toddler Lead Teacher (9.98%)	Preschool Assistant Teacher (9.65%)	Infant Lead Teacher (12.38%)
Preschool Assistant Teacher (9.85%)	Infant Assistant Teacher (9.65%)	Preschool Lead Teacher (8.57%)

Most applicants represent a one-parent household (65.1%). Among approved applications, the representation of a one-parent household increases to 74.2%.



In two-parent households, the second parent is more likely to be employed than not working (85% vs. 15%, across all 802 applications).

The most common household size among applicants (802) are as follows:

- 3-person household: 34.16%
- 2-person household: 27.68%
- 4-person household: 19.20%

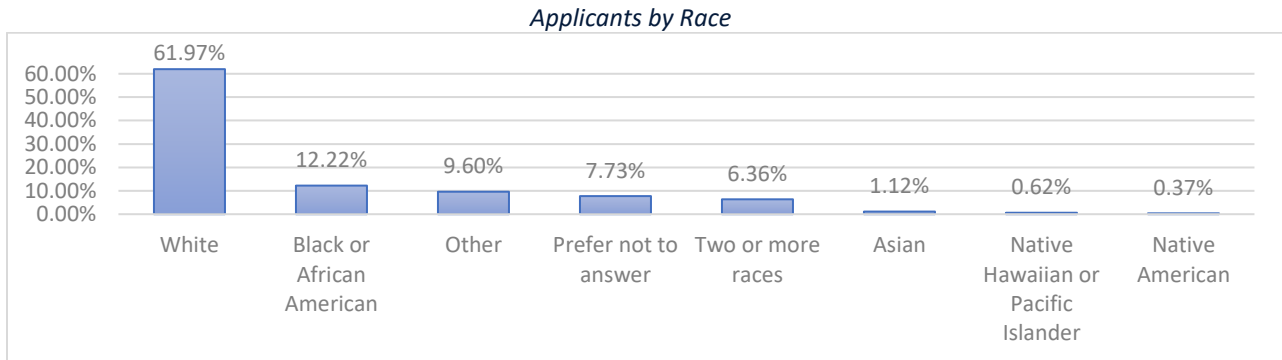
Among approved applications (570), 2-person households (35.96%) and three-person households (35.79%) were most represented.

The majority of all applicants (72.07%) are earning an estimated income of \$50,000 or less.

*Income Categories*

Income Category	All Applicants		Approved Applicants	
	Count	Percent	Count	Percent
Under \$25,000	185	23.07%	71	12.46%
\$25,001-\$50,000	393	49.00%	375	65.79%
\$50,001-\$75,000	94	11.72%	86	15.09%
\$75,001-\$100,000	68	8.48%	31	5.44%
\$100,001-\$125,000	41	5.11%	5	0.88%
\$125,001+	21	2.62%	2	0.35%
<b>Grand Total</b>	<b>802</b>	<b>100%</b>	<b>570</b>	<b>100%</b>

Applicants (802) for the CCAP for Child Care pilot most frequently identify as white (61.97%), Black or African American (12.22%) or other (9.60%).



The majority identify as non-Hispanic (60.97%), followed by Hispanic or Latino (36.53%). Overwhelmingly, applicants identify as women (98.38%).

For the majority of applicants (62.34%), a high school diploma or GED is their highest level of education.

*Highest Level of Education of Applicants*

Highest Level of Education	Count	Percent
Middle School	8	1.00%
High school diploma or GED	500	62.34%
Associate degree	127	15.84%
Bachelor's degree	121	15.09%
Master's degree	35	4.36%
Ph.D. or professional degree	11	1.37%
<b>Grand Total</b>	<b>802</b>	<b>100%</b>

As of September 30, 2024, a total of 831 children have been approved to participate in the pilot. Children approved to participate in the pilot are most commonly infant/toddlers (38.15%).

*Age Category of Approved Children*

Age Category	Approved	Total Approved Percent
Infant/Toddler	317	38.15%
Preschool	303	36.46%
School Age	211	25.39%
<b>Grand Total</b>	<b>831</b>	<b>100.00%</b>

A total of 615 children have had active enrollment at one point during the pilot. Currently, 75% are enrolled in a CCAP program. Most children are enrolled full time (count: 354).

*Enrollment Hours for Enrolled, Approved Children*

Enrollment Hours	Count	Percent
<b>Enrolled</b>	<b>460</b>	<b>75%</b>
Full Time (30+ hours weekly)	354	58%
Three Quarter Time (20-29 hours weekly)	76	12%
Half Time (10-19 hours weekly)	26	4%

Enrollment Hours	Count	Percent
Quarter Time (9 hours or less)	4	1%
<b>No Active Enrollment</b>	<b>155</b>	<b>25%</b>
<b>Grand Total</b>	<b>615</b>	<b>100%</b>

Approved children are enrolled across 167 DHS licensed, CCAP participating programs; 23 of these (13.77%) are Family Child Care Homes and the rest are child care centers.

Of the approved children, 19.37% are also participating in regular CCAP (161 of 831).

### Expenses

As of September 30, 2024, \$3,270,897 has been disbursed as payments to CCAP programs. Of which, \$2,562,347 has been adjusted on to the caseload accounts. Based on current enrollment, recent application trends, and approval rates, it is estimated that the pilot will support approximately 924 children at a cost of \$10,737,362.

Full Pilot Forecast			
Type	Copay Only	Tuition	Total
Pilot - > 200% FPL	\$ 302,053	\$ 2,355,878	\$ 2,657,931
CCAP Eligible - < 200% FPL	\$ 241,630	\$ 7,581,649	\$ 7,823,279
Currently CCAP	\$ 256,152	\$ -	\$ 256,152
<b>Total</b>	<b>\$ 799,835</b>	<b>\$ 9,937,528</b>	<b>\$ 10,737,362</b>

The currently enrolled forecast of \$6,690,422 is based on cost of 615 children enrolled at one point during the pilot. As of September 2024, 460 children are enrolled and 384 are enrolled with a cost. Participants have been categorized for financial analysis in three ways:

- Pilot: Over > 200% FPL and both copay and tuition paid – 25%
- CCAP Eligible: < 200% FPL and both copay and tuition paid – 73%
- Current CCAP: Tuition paid through traditional subsidy process; paying copay only – 2%

Current Enrollment Forecast - September 2024			
Type	Copay Only	Tuition	Total
Pilot - > 200% FPL	\$ 188,208	\$ 1,467,941	\$ 1,656,150
CCAP Eligible - < 200% FPL	\$ 150,559	\$ 4,724,105	\$ 4,874,664
Currently CCAP	\$ 159,608	\$ -	\$ 159,608
<b>Total</b>	<b>\$ 498,375</b>	<b>\$ 6,192,047</b>	<b>\$ 6,690,422</b>

The estimated monthly approved application rate is based on the average number of approved applications of new, non-renewals, received in August and September 2024. The number of children per application averages around 1.20 and it is forecasted that an additional 25 children would be approved each month going forward for a total additional 246 new children through July 31, 2025.

As of September 30, 2024, 95 of the 125 renewal applications received were approved. Based on only two months of renewal applications and approvals, a renewal rate assumption of 76% was applied. It is projected another 116 renewal applications will be approved for a total of 139 additional children. The future enrollment forecast, October 2024 to July 2025, is based on a total of 385 children, new (246) and renewals (139), enrolling in the pilot.

An average cost-per-child of \$10,522 was calculated factoring the overall enrollments, current enrollments, and copay only children. Utilizing this methodology, an additional \$4,046,941 is forecasted for children who enroll from October 2024 through July 2025 and use the full 12-month certification.

Future Enrollment Forecast - October 2024 - July 2025			
Type	Copay Only	Tuition	Total
Pilot - > 200% FPL	\$ 113,845	\$ 887,937	\$ 1,001,781
CCAP Eligible - < 200% FPL	\$ 91,071	\$ 2,857,544	\$ 2,948,615
Currently CCAP	\$ 96,544	\$ -	\$ 96,544
<b>Total</b>	<b>\$ 301,460</b>	<b>\$ 3,745,481</b>	<b>\$ 4,046,941</b>

Finally, based on currently FPL levels of participants, it is expected that TANF can support 77% of the total cost (< 200% FPL).

FY and Funding Splits			
Fiscal Year	Full Tuition	TANF	CCDBG
FY 24	\$ 2,562,347	\$ 2,089,813	\$ 472,534
FY 25	\$ 5,277,804	\$ 3,971,334	\$ 1,306,470
FY 26	\$ 2,855,124	\$ 2,148,366	\$ 706,759
FY 27	\$ 42,087	\$ 31,669	\$ 10,418
<b>Total</b>	<b>\$10,737,362</b>	<b>\$ 8,241,181</b>	<b>\$ 2,496,181</b>

**Question:** Please provide an update regarding the Step Up to Wage\$ pilot program including, but not limited to,

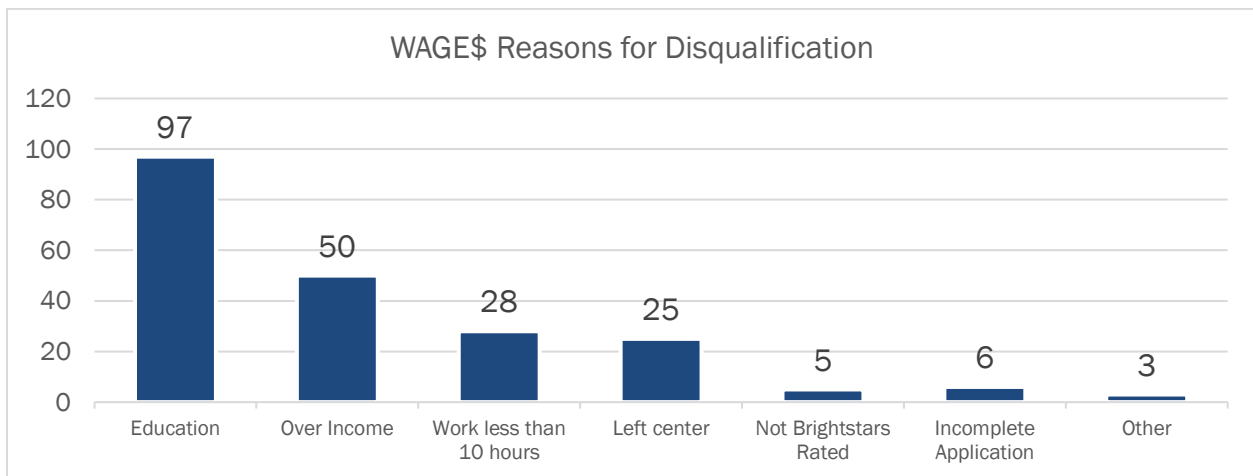
- a. Number of total applicants
- b. Reasons for denial
- c. Demographic Breakdown of applicants

**Answer:** See narrative below.

The Step Up to WAGE\$ pilot is an education-based salary supplement for professionals who are working with young children in early childhood settings. It is a demonstration program of Child Care Services Association (CCSA) in North Carolina and is based on the national Child Care WAGE\$ program, which is meant to increase retention, education, and compensation of early childhood professionals.

The applications for Step Up to WAGE\$ opened to the provider community on May 15, 2023. The pilot has received 609 applications. It is important to note that DHS purposely put a cap on the number of applications received due to the nature of the pilot and the amount of money awarded. Applications were closed after about one month (6/21/23) due to an overwhelming response. Of the 609 applicants, 64% of the applicants were white. Of the additional races provided, Black or African American and other were both at approximately 8% each of the applicant pool. When looking at ethnicity, 29% of the applicant pool was Latinx.

There were 214 people who applied and did not qualify for a WAGE\$ bonus. Main reasons for denial were (1) applicant did not meet the educational qualifications of any of the levels, (2) the applicant made more than the \$23 per hour cap and (3) the applicant worked less than 10 hours a week directly with children.



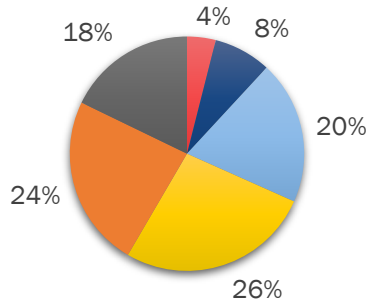
**Recipient Data**

Initially provided at previous caseload, DHS awarded 271 applicants, based on funding available. The total award to-date at that point was \$1,607,000 and there were 135 different programs in Rhode Island that employ WAGE\$ recipients.

As of September 30, the awarded applicants have decreased and there are now 231 applicants who are part of the Step Up To WAGE\$ program. The total award to date is \$2,326,000 and there are 123 different programs that employ participants. There are 6,619 children being cared for in programs with a WAGE\$ recipient since the program’s inception.

Forty-six percent of current active participants identify as Latinx or as a person of color. Of the participants in the program, 50% of them make between \$17 and \$20 per hour.

Percentage of Active Participants



■ Below \$ 10.00 Per Hour  
 ■ \$10.00-\$14.99 Per Hour  
 ■ \$15.00-\$16.99 Per Hour  
■ \$17.00-\$18.99 Per Hour  
 ■ \$19.00-20.99 Per Hour  
 ■ \$21.00-\$23.00 Per Hour

Education Levels	Number of Active Participants	Percentage of Active Participants
3 ECE Hours	18	8%
CDA	35	15%
12 ECE Hours	40	17%
36 Gen Ed Hours – including 12 in ECE	27	12%
Associate degree with < 12 ECE Hours	7	3%
Associate degree with > 12 ECE Hours	12	5%
Associate degree with > 24 ECE Hours	45	20%
Bachelor’s Degree with < 12 ECE Hours	12	5%
Bachelor's Degree with > 12 ECE Hours	9	4%
Bachelor's Degree with > 24 ECE Hours	21	9%
Master's Degree with > 24 ECE Hours	5	2%
<b>TOTAL:</b>	<b>231</b>	<b>100%</b>

Ten percent of current active participants have submitted documentation verifying that they have completed coursework since beginning this program as they are continuing to work on their education above and beyond what they have already accomplished. Eight percent of participants have submitted documentation verifying that they have obtained enough education to move up a level on the supplement scale.

Forty participants have moved on through the life of the program for various reasons, shown below.

DNQ Reason	Full Pilot Program
Over Income	10
Dropped by Request	2
Left Center	23
Works Less Than 10 Hours	2
Position Change	1
Center Closure	1
Laid Off	1
<b>Total</b>	<b>40</b>

The program is showing approximately a 90% retention rate and has been incredibly successful for child care educators. The Department is in receipt of Preschool Development Grant funding to continue this work for more educators in the field.

**Question:** Please provide an update on the status of the 2024 RI Child Care Market Rate.

**Answer:** See narrative below.

The 2024 Rhode Island Child Care Market Rate Survey provides a comprehensive analysis of child care rates across the state. This survey, mandated by the federal Child Care and Development Fund (CCDF), aims to inform the setting of subsidy payment rates to ensure equal access to quality child care for families receiving assistance. Overall, the survey’s key findings and implications underscore the importance of continuous evaluation and adjustment of child care policies and funding to meet the evolving needs of providers, families, and the community.

The Department’s 2024 Market Rate Survey targeted licensed child care providers, including both center-based and family child care homes. Once the surveys were built into the online tool, we distributed an initial email announcement to the statewide provider community with a URL link to access the survey beginning June 12, 2024. Between June 12 and August 5, 2024, DHS promoted the survey through various means, including:

- Sending emails to providers who had not yet completed the survey.
- Employing an outbound call team to contact providers who had not yet completed the survey and offering them the opportunity to take the survey over the phone. During this time, the call team made over 1,000 calls to the provider community. Other correspondence provided a toll-free number for providers to call themselves to take the survey over the phone.
- Mailing reminder postcards via USPS encouraging individual providers to take the survey.
- Posting information about the survey and the survey link on the DHS website.
- Engaging the advisory group to call and contact providers to promote the survey.

A total of 267 responses were collected, representing 32.5% of all providers in the state, with a margin of error of 4.93%.

The survey analyzed the 75th percentile of market rates for different types of care and age groups. Rates were converted to a standard weekly rate for comparison with Rhode Island’s current child care subsidy structure. Significant increases in market rates were observed from 2021 to 2024, particularly for center-based care.

Using the data collected in the 2024 Market Rate Survey, the results showed the following 75<sup>th</sup> percentiles of market rates for centers and family child care programs (for all programs, not distinguishing programs participating in BrightStars from programs that do participate).

**75th Percentile of Market Rates, All Programs, Weekly**

	<b>Infant</b>	<b>Preschool</b>	<b>School Age</b>
<i>Percentile</i>	75%	75%	75%
<b>Center Based</b>	\$355.50	\$311.78	\$280.00
<b>Family Child Care</b>	\$275.00	\$250.00	\$225.00

The following tables show the percent increase of the overall reported 75<sup>th</sup> percentiles from the 2021 Market Rate Survey compared to the 75<sup>th</sup> percentiles from the 2024 survey (combining non-BrightStars and BrightStars-participating programs). In all cases, weekly rates rose 5% to 25% depending on age group, other than school-age children being served by Family Child Care providers, where the 75<sup>th</sup> percentile remained the same between the two survey periods.

**Difference in 75th Percentile from 2021 to 2024, Center-Based**

<b>Age Category</b>	<b>2021</b>	<b>2024</b>	<b>\$ Increase from 2021 to 2024</b>	<b>% Increase from 2021 to 2024</b>
	75 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile		
Infants (Birth-18 months)	\$289.00	\$355.50	\$66.50	23%
Preschool (3 – 5 years old)	\$250.00	\$311.78	\$61.78	25%
School Age Full Day (6 and Above)	\$244.00	\$280.00	\$36.00	15%

**Difference in 75th Percentile from 2021 to 2024, Family Child Care**

<b>Age Category</b>	<b>2021</b>	<b>2024</b>	<b>\$ Increase from 2021 to 2024</b>	<b>% Increase from 2021 to 2024</b>
	75 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile		
Infants (Birth-18 months)	\$250.00	\$275.00	\$25.00	10%
Preschool (3 – 5 years old)	\$238.75	\$250.00	\$11.25	5%
School Age Full Day (6 and Above)	\$225.00	\$225.00	\$0.00	0%

The tables below detail the reported 75<sup>th</sup> percentiles of 2024 market rates for center-based and family child care providers compared to the current (July 2024) CCAP rates by BrightStars rating. One observation, particularly for center-based care, is that enrollments were significantly lower



for infants and toddlers in higher-rated care (particularly 5-star programs), where most responding programs at higher levels only had preschool and school age classrooms. This is why the typical weekly rates were lower at the highest levels than at the lower levels, as they were not having to fund infant and toddler classrooms at a rate similar to non-BrightStars or low-star programs. It should be further noted that the total number of higher-star programs is significantly lower than lower-star programs, meaning there is a much smaller pool/sample of providers data can be gathered from.

**Difference between 2024 75th Percentile of Market Rates to Current CCAP Rates, Center Based**

Star Rating	Infants and Toddlers			Preschool			School Age		
	2024 75th Percentile	Current Rate 2024	% Difference	2024 75th Percentile	Current Rate 2024	% Difference	2024 75th Percentile	Current Rate 2024	% Difference
1	\$366.25	\$278.25	24%	\$320.57	\$236.25	26%	\$232.50	\$210.00	10%
2	\$338.75	\$283.50	16%	\$296.25	\$246.75	17%	\$253.75	\$215.25	15%
3	\$337.50	\$296.10	12%	\$275.00	\$255.15	7%	\$275.00	\$231.00	16%
4	\$353.75	\$303.45	14%	\$317.25	\$262.50	17%	\$295.00	\$249.90	15%
5	\$227.25	\$315.00	-39%	\$276.60	\$273.00	1%	\$280.00	\$262.50	6%

In regard to family child care programs, the 75<sup>th</sup> percentiles by star rating were on average closer to what current CCAP rates are. Unfortunately, the 75<sup>th</sup> percentile of market rates for 5-star family child care programs was not able to be calculated, as no 5-star FCC programs responded to the survey. As noted previously, there are very few 5-star family child care programs in the total provider population.

**Difference Between 2024 75th Percentile of Market Rates to Current CCAP Rates, Family Child Care**

Star Rating	Infants and Toddlers			Preschool			School Age		
	2024 75th Percentile	Current Rate 2024	% Difference	2024 75th Percentile	Current Rate 2024	% Difference	2024 75th Percentile	Current Rate 2024	% Difference
1	\$280.00	\$262.66	6%	\$256.06	\$220.63	14%	\$237.66	\$194.37	18%
2	\$276.25	\$266.86	3%	\$250.00	\$231.14	8%	\$233.36	\$199.62	14%
3	\$300.00	\$270.02	10%	\$265.00	\$239.54	10%	\$222.50	\$215.38	3%
4	\$267.00	\$273.16	-2%	\$248.75	\$251.10	-1%	\$246.25	\$236.40	4%
5	N/A	\$276.31	N/A	N/A	\$262.66	N/A	N/A	\$246.90	N/A

Providers reported on various fees, including application, registration, and enrollment fees. Information on special programming and services for children with special needs was collected. Data on hours of operation, including non-traditional hours, was also gathered.

In the 2021 Market Rate Survey, there was a cost of care section included that wasn't mandatory and therefore wasn't completed often or with fidelity. For 2024, detailed cost of care questions were included to understand program expenses, revenues, and wages. The cost of care portion of the survey showed that personnel expenses were the largest cost driver, particularly for center-based programs. Non-personnel expenses included facility costs, professional and administrative expenses, and educational materials.

The survey also calculated cost-per-child. The estimated annual cost per child varied significantly by age group and provider type.

**Family Child Care - Cost of Care per child**

Type	Cost/Expense
Average Personnel Expenses	\$57,448
Average Non-Personnel Expenses	\$52,635
Average Total Expenses	\$110,083
Avg % Personnel	52%
Avg % Non-Personnel	48%
Avg Daily Enrollment (FT ONLY)	11
<b>Approx. Cost Per Child</b>	<b>\$9,603</b>

The nearly even split between personnel and non-personnel expenses for Family Child Care providers, shown above, suggests that family home child care providers must balance how they are able to compensate themselves while meeting operational costs to remain sustainable. The cost-per-child figure is also significant, as it highlights the financial burden on providers and can help inform pricing decisions to ensure they cover their expenses. Overall, this data provides a clear understanding of the financial pressures these providers face in maintaining a child care business and delivering quality child care services.

The cost of care in center-based settings varies significantly by age group, with infants costing the most to care for due to smaller class sizes and the need for more intensive attention. As children grow older, the cost-per-child decreases due to larger group sizes and a reduced need for individualized care. The differences in cost-per-child underscore the financial challenges faced by child care providers in maintaining both quality and sustainability, particularly for younger age groups. The cost-per child for infants is the highest at \$18,585.39. This high cost can be attributed to the small group sizes, making infant care resource intensive. Providers must adhere to lower child-to-staff ratios, increasing personnel costs significantly.

**Child Care Center - Overall Cost of Care per child by age**

Age	Total Classrooms	Avg Classrooms	Total Enrollment	Avg Enrollment	Avg Enroll/ Classrooms	Cost Per Child by Age
Infants (Birth to 18 Mos.)	124	2	681	6	3	<b>\$18,585.39</b>
Toddlers (18 to 36 Mos.)	165	2	1301	11	5	<b>\$11,668.78</b>
Preschool (3 to 5 Years)	332	4	3341	29	7	<b>\$8,322.31</b>
School Age Full Day	30	1	1018	9	11	<b>\$5,202.94</b>
Total	651	9	6341	66	26	<b>\$10,944.85</b>

The 2024 Rhode Island Child Care Market Rate Survey provides critical data to inform the setting of subsidy rates, ensuring that families receiving assistance have access to quality child care. The findings highlight the increasing costs of child care and the need for adequate subsidy rates to support providers and families.

**Question:** Please provide any information on contract negotiations with SEIU on behalf of the family child care providers and potential program impacts for FY2026.

**Answer:** See narrative below.

The Department has not yet entered contract negotiations with SEIU for the upcoming contract that is slated to begin July 1, 2025. Contract negotiations are set to begin at the start of 2025. DHS does not anticipate large program impacts due to the increases received in the previous negotiations that aligns family child care providers with the 50<sup>th</sup> percentile of the 2024 Market Rate Survey (which has previously been the minimum percentile for a penalty in the past). as well as the work the Office of Child care has completed in ensuring the quality, non-duplicative technical assistance and professional development to both child care centers and family child care providers.

**Question:** Please provide any available analysis on the impact of the following FY 2025 changes to the CCAP program (cost, enrollment, other):

- a. Increase eligibility from 200% to 261% of poverty
- b. Increase of payments for center-based childcare providers by 5% across all age groups and tiers

**Answer:** See narrative below.

The increase in eligibility will have a substantial impact for Rhode Island’s families. As noted in previous caseload testimony, with minimum wage soon to be \$15/hour and many places paying

more than that to recruit staff, a two-parent household making minimum wage wouldn't qualify for CCAP and will once eligibility is expanded in January to 261% FPL.

Using denials alone in the last fiscal year, 384 applications were denied because they were over 200% of the FPL, but under the 261% threshold. As far as impact on children, with an average family having 1.5 children who currently participate in CCAP, the impacted 384 applications would result in an increase of about 576 children to caseload in an average year.

DHS's current projection is based on current utilization and estimated expanded population to arrive at an estimated additional 662 children annually. For SFY25, this is estimated to be \$1,233,471 for 397 children. For SFY26, an estimated cost of \$3,718,281 for 662 children is projected.

The increase of payments for center-based child care providers by five percent across all groups and tiers can be analyzed by cost by looking at the current CCAP enrollment numbers in center-based care and the adjusted cost based on the rate increase for the current caseload only – if there was no movement up the quality continuum or no increase/decrease of programming.

CCAP Enrollment by BrightStars Rating - September 2024						
	1 Star	2 Star	3 Star	4 Star	5 Star	TOTAL
<b>Infants/Toddlers</b>	255	338	175	263	67	1,098
<b>Preschoolers</b>	492	524	288	525	181	2,010
<b>School-Age</b>	416	326	224	400	99	1,465
<b>TOTAL</b>	1163	1188	687	1,188	347	4,573

Using the numbers above and calculating the difference in rates by star rating, the annual additional cost to implement quality rates with the increase is calculated below. The first table does not include CCAP for Child Care pilot only children, which are separate and included in the second table.

Additional Annual Cost to Implement 5% increase – CCAP children

Centers	1 star	2 star	3 star	4 star	5 star	TOTALS
Infant/Toddler	\$172,380	\$246,064	\$127,400	\$191,464	\$52,260	\$789,568.00
Preschool	\$281,424	\$326,976	\$179,712	\$354,900	\$122,356	\$1,265,368.00
School-Age	\$174,720	\$136,920	\$103,488	\$201,600	\$54,054	\$670,782.00
<b>TOTALS</b>	<b>\$628,524</b>	<b>\$709,960</b>	<b>\$410,600</b>	<b>\$747,964</b>	<b>\$228,670</b>	<b>\$2,725,718.00</b>

Additional Annual Cost to Implement 5% increase – CCAP for Child Care Pilot Children

Centers	1 star	2 star	3 star	4 star	5 star	TOTALS
Infant/Toddler	\$55,656	\$49,473	\$27,706	\$38,602	\$9,828	\$181,264
Preschool	\$38,043	\$41,101	\$19,227	\$43,079	\$6,388	\$147,839
School-Age	\$31,384	\$16,706	\$6,791	\$13,650	\$552	\$69,083
<b>TOTALS</b>	<b>\$125,083</b>	<b>\$107,279</b>	<b>\$53,724</b>	<b>\$95,332</b>	<b>\$16,769</b>	<b>\$398,186</b>

While there is a cost implication annually for the numbers as noted above, DHS does not anticipate any changes to enrollment other than potential provider movement up the quality continuum as a result of an increase in rates.

## State Supplemental Payment (SSP) Program

Supplemental Security Income (SSI) is a federal program that provides monthly cash payments to individuals in need. SSI is for people who are 65 or older, as well as blind or individuals with a disability of any age, including children. To qualify for SSI, individuals must also have little or no income and few resources. DHS administers the State supplemental portion of monthly SSI benefits to eligible residents of Rhode Island. The Social Security Administration (SSA) sends the Federal portion of SSI benefits. The DHS issues a separate payment for the State Supplemental Payment (SSP).

**Question:** Please provide the number of SSI recipients in each category (persons, personal needs allowance, assisted living).

**Answer:** See narrative below.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Enacted	FY 2025 November DHS	FY 2026 November DHS
<b>SSP</b>							
Persons	33,184	32,695	31,630	30,900	30,608	30,633	30,357
Cost / Person	\$ 46	\$ 44	\$ 44	\$ 45	\$ 45	\$ 45	\$ 45
Cash Payments	\$ 18,300,777	\$ 17,366,916	\$ 16,508,974	\$ 16,571,658	\$ 16,528,320	\$ 16,557,494	\$ 16,419,420
Transaction Fees	\$ 63,000	\$ 55,000	\$ 56,033	\$ 59,000	\$ 60,000	\$ 60,000	\$ 60,000
<b>Total Dollars</b>	<b>\$18,363,777</b>	<b>\$17,421,916</b>	<b>\$16,565,007</b>	<b>\$16,630,658</b>	<b>\$16,588,320</b>	<b>\$16,617,494</b>	<b>\$16,479,420</b>

As of September 2024, there are a total of 30,743 SSP recipients. 29,683 individual/couple payments, 689 personal needs allowance payments, and 371 assisted living payments. More detail can be found in Appendix A.

The SSP caseload has seen an average 0.3% decrease during the last two fiscal years. This has resulted in a 5% decrease since July 2023. The FY2025 and 2026 projections continue to factor in a small month-over-month decrease of 0.1%. This is based on overall applications received declining 2% in the last 12 months. These assumptions bring the average number of persons to 30,633 and 30,357 for FY 2025 and FY 2026, respectively.

The administrative transaction fee increased to \$59,000 for FY2024. Per the Federal SSA and based on the projected caseload, the transaction fee is estimated at \$60,000 for FY2025 and \$60,000 for FY2026. The cost per person is not calculated to include transaction fees.

The total moving costs were \$284,366 in FY2024. DHS estimates the cost of \$295,598 and \$288,000 respectively, for FY2025 and FY2026.

**Question:** Please provide the number of individuals residing in a non-Medicaid funded assisted living facility and receiving the \$206 payment and the total cost for FY 2025 and FY 2026.

**Answer:** See narrative below.

Each month the Department issues cash payments of \$206 for individuals in AL facilities. As of September 2024, there are 11 individuals within one AL facility. LTSS staff worked with Medicaid-eligible facilities to get their residences enrolled in LTSS and are now billing on tier reimbursement. As of March 2024, a total of 30 SSI recipients currently residing at the three facilities (Bristol, Charlesgate and Community Alliance) are now active on LTSS allowing the facility to follow the billing process for Medicaid Eligibility Facilities instead of the department issuing cash payments. The outcome of these cases are as follow:

Name of Facility	LTSS approved	LTSS denials	Tier A (\$78)	Tier B (\$113)	Tier C (\$136)
Bristol Assisted Living Facility	8	0	3	5	0
Charlesgate	5	0	4	1	0
Community Care Alliance	17	0	6	11	0
<b>Totals</b>	<b>30</b>	<b>0</b>	<b>13</b>	<b>17</b>	<b>0</b>

The FY2025 projection of \$27,192 is based on year-to-date expenses through September 2024 plus a projected average of 11 individuals for the remaining AL facility.

	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY24 Total	FY 2025 Q1	FY 2025 DHS Projected	FY 2026 DHS Projected
Bristol Assisted Living	\$5,768	\$5,150	\$0	\$0	\$10,918	\$0	\$0	\$0
Charlesgate	\$2,266	\$4,326	\$4,326	\$0	\$10,918	\$0	\$0	\$0
Community Care Alliance	\$8,446	\$9,064	\$7,622	\$0	\$25,132	\$0	\$0	\$0
Franciscan Missionaries	\$7,004	\$6,798	\$6,386	\$6,798	\$26,986	\$6,798	\$27,192	\$27,192
<b>Total</b>	<b>\$23,484</b>	<b>\$25,338</b>	<b>\$18,334</b>	<b>\$6,798</b>	<b>\$73,954</b>	<b>\$6,798</b>	<b>\$27,192</b>	<b>\$27,192</b>

The number of quarterly cases in each facility is shown below. DHS cost projections align with its methodology for the cash payments in both FY2025 and FY2026.

	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024 Average DHS	FY 2025 Average DHS Projected	FY 2026 Average DHS Projected
Bristol Assisted Living	9	8	0	0	4	0	0
Charlesgate	4	7	7	0	4	0	0
Community Care Alliance	14	15	12	0	10	0	0
Franciscan Missionaries	11	11	10	11	11	11	11
<b>Total</b>	<b>38</b>	<b>41</b>	<b>30</b>	<b>11</b>	<b>30</b>	<b>11</b>	<b>11</b>

## General Public Assistance (GPA) Program

The General Public Assistance (GPA) program is intended as a program of last resort for the neediest individuals in the State. GPA provides a small cash benefit to adults aged 18 and over who have very limited income and resources and have an illness or medical condition that keeps them from working while they await an SSI determination. To qualify, an individual must earn less than \$327 a month and cannot qualify for other federal assistance programs other than Supplemental Nutrition Assistance Program (SNAP). In addition, the program provides supplemental assistance for funerals and burials.

As of September 2024, there are 618 GPA Bridge cases. This is 33 cases less than the May 2024 DHS projection for the month of September 2024. Over the last six months the GPA case count increased an average of 2% versus the 3% forecasted at the May Caseload Estimating Conference. Applications received are down slightly over the last six months compared to the six months prior to the May CEC, averaging 187 per month compared to 192 per month. The number of cases closed remained stable and the approval rate was once again back to the historical average of 26%.

Due to the volatility within this small population, the current projection uses a rolling 15-month average of 2%. This gives rise to the number of cases reaching an average of 663 in SFY25 and 842 in SFY26 at a cost of \$1,274,954 and \$1,699,938 each year, net of recoveries, respectively.

**Question:** For FY 2025 and FY 2026, please provide an estimate of the expenses for the burial assistance program.

**Answer:** See narrative below.

The total cost for GPA burials during FY 2024 was \$647,057 providing 603 burials. This amount is slightly less than the \$650,000 FY 2024 Final Enacted. Through September 2024, the cost of GPA burials is \$114,641 for 127 decedents. Based on FY 2024, the FY 2025 and FY 2026 GPA burial costs are also estimated at \$650,000.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Enacted	FY 2025 November CEC DHS	FY 2026 November CEC DHS
<b>GPA</b>							
Persons - Bridge	67	114	352	533	725	663	842
Cost / Person	\$ 162	\$ 178	\$ 154	\$ 138	\$ 167	\$ 160	\$ 168
Cash Payments - Bridge	\$ 130,410	\$ 243,731	\$ 651,968	\$ 880,734	\$ 1,452,900	\$ 1,274,954	\$ 1,699,938
Burials	\$ 569,269	\$ 589,380	\$ 586,422	\$ 647,057	\$ 650,000	\$ 650,000	\$ 650,000
<b>Total Dollars</b>	<b>\$ 699,679</b>	<b>\$ 833,111</b>	<b>\$ 1,238,390</b>	<b>\$ 1,527,791</b>	<b>\$ 2,102,900</b>	<b>\$ 1,924,954</b>	<b>\$ 2,349,938</b>





## Appendix A

Rhode Island Department of Human Services

[www.DHS.RI.gov](http://www.DHS.RI.gov)

**Department of Human Services  
Public Assistance Caseloads & Expenditures  
November 2024 Caseload**

	FY 2022 Actual*	FY 2023 Actual*	FY 2024 Actual*	FY 2025 Enacted	FY 2025 November CEC DHS	FY 2026 November CEC DHS
<b>TANF / RI Works</b>						
Persons	6,413	8,245	8,323	9,278	9,485	9,866
Cost / Person	\$ 235	\$ 229	\$ 236	\$ 275	\$ 298	\$ 303
Cash Payments	\$ 18,047,084	\$ 22,718,650	\$ 23,550,150	\$ 30,612,050	\$ 33,898,030	\$ 35,897,838
Supportive Services	\$ 635,640	\$ 866,589	\$ 880,476	\$ 920,000	\$ 979,395	\$ 1,044,611
Clothing - Children	\$ 379,641	\$ 684,576	\$ 655,800	\$ 690,000	\$ 682,082	\$ 796,896
PEAF	\$ -	\$ 2,676,205	\$ 298,277	\$ -	\$ -	\$ -
Catastrophic	\$ 1,000	\$ 2,615	\$ 1,600	\$ 3,600	\$ 1,800	\$ 2,400
Transportation	\$ 435,429	\$ 416,609	\$ 434,866	\$ 441,891	\$ 535,099	\$ 537,224
<b>Total Dollars</b>	<b>\$ 19,498,794</b>	<b>\$ 27,365,244</b>	<b>\$ 25,821,169</b>	<b>\$ 32,667,541</b>	<b>\$ 36,096,406</b>	<b>\$ 38,278,969</b>
<b>Child Care</b>						
Subsidies	5,404	5,605	6,099	6,571	6,450	6,540
Cost / Subsidy (Annual)	\$ 10,096	\$ 10,671	\$ 10,108	\$ 11,411	\$ 11,200	\$ 11,386
<b>Total Dollars</b>	<b>\$ 54,559,282</b>	<b>\$ 59,810,183</b>	<b>\$ 61,651,009</b>	<b>\$ 74,981,187</b>	<b>\$ 72,241,078</b>	<b>\$ 74,466,316</b>
<b>SSP</b>						
Persons	32,695	31,630	30,900	30,608	30,633	30,357
Cost / Person	\$ 44	\$ 44	\$ 45	\$ 45	\$ 45	\$ 45
Cash Payments	\$ 17,366,916	\$ 16,508,974	\$ 16,571,658	\$ 16,528,320	\$ 16,557,494	\$ 16,419,420
Trans. Fees	\$ 55,000	\$ 56,033	\$ 59,000	\$ 60,000	\$ 60,000	\$ 60,000
<b>Total Dollars</b>	<b>\$ 17,421,916</b>	<b>\$ 16,565,007</b>	<b>\$ 16,630,658</b>	<b>\$ 16,588,320</b>	<b>\$ 16,617,494</b>	<b>\$ 16,479,420</b>
<b>GPA</b>						
Persons Total - Bridge	114	352	533	725	663	842
Cost / Person	\$ 178	\$ 154	\$ 138	\$ 167	\$ 160	\$ 168
Cash Payments - Bridge	\$ 243,731	\$ 651,968	\$ 879,114	\$ 1,452,900	\$ 1,274,464	\$ 1,699,938
Burials	\$ 589,380	\$ 586,422	\$ 648,676	\$ 650,000	\$ 650,000	\$ 650,000
<b>Total Dollars</b>	<b>\$ 833,111</b>	<b>\$ 1,238,390</b>	<b>\$ 1,527,790</b>	<b>\$ 2,102,900</b>	<b>\$ 1,924,464</b>	<b>\$ 2,349,938</b>
<b>Grand Total Dollars</b>	<b>\$ 92,313,103</b>	<b>\$ 104,978,824</b>	<b>\$ 105,630,626</b>	<b>\$ 126,339,948</b>	<b>\$ 126,879,443</b>	<b>\$ 131,574,643</b>

\* Note: Prior year actuals includes adjustment in cost per person/subsidy to agree to RIFANS.

**Department of Human Services**  
**Rhode Island Works (TANF) Caseload and Expenditures**  
**November 2024 Caseload**

Rhode Island Works SFY 2024	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	8,211	8,354	8,308	8,182	8,280	8,445	8,223	8,257	8,331	8,314	8,486	8,486	8,323
Cases	3,240	3,234	3,261	3,210	3,262	3,279	3,226	3,242	3,290	3,287	3,348	3,348	3,269
Persons/case	2.5	2.6	2.5	2.5	2.5	2.6	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Average cost per person	\$ 235	\$ 232	\$ 235	\$ 242	\$ 237	\$ 229	\$ 240	\$ 233	\$ 235	\$ 240	\$ 236	\$ 237	\$ 229
Average cost per case	\$ 594	\$ 599	\$ 599	\$ 603	\$ 603	\$ 590	\$ 611	\$ 593	\$ 596	\$ 607	\$ 597	\$ 600	\$ 601
Regular	\$ 1,780,016	\$ 1,782,483	\$ 1,802,107	\$ 1,828,019	\$ 1,813,166	\$ 1,784,136	\$ 1,817,508	\$ 1,772,324	\$ 1,804,451	\$ 1,836,696	\$ 1,841,242	\$ 1,848,876	\$ 21,206,843
Two Parent	\$ 145,822	\$ 153,308	\$ 149,935	\$ 154,008	\$ 152,756	\$ 150,310	\$ 153,122	\$ 149,315	\$ 155,198	\$ 157,971	\$ 158,362	\$ 159,019	\$ 1,517,981
<b>Total</b>	<b>\$ 1,925,838</b>	<b>\$ 1,935,791</b>	<b>\$ 1,952,042</b>	<b>\$ 1,982,027</b>	<b>\$ 1,965,922</b>	<b>\$ 1,934,446</b>	<b>\$ 1,970,630</b>	<b>\$ 1,921,639</b>	<b>\$ 1,959,649</b>	<b>\$ 1,994,667</b>	<b>\$ 1,999,604</b>	<b>\$ 2,007,895</b>	<b>\$ 23,550,150</b>
Catastrophic	\$-	\$ 200	\$ 200	\$ 201	\$ 200	\$ 599	\$ -	\$ -	\$ 200	\$-	\$-	\$-	\$ 1,600
PEAF	\$-	\$-	\$-	\$-	\$-	\$ 298,277	\$-	\$-	\$-	\$-	\$-	\$-	\$ 298,277
Clothing	\$-	\$ 627,100	\$ 25,500	\$ 3,200	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ 655,800
Supportive Services	\$ 64,059	\$ 66,873	\$ 69,237	\$ 81,780	\$ 68,316	\$ 66,825	\$ 80,352	\$ 63,207	\$ 68,166	\$ 87,372	\$ 74,583	\$ 89,706	\$ 880,476
Transportation	\$ 30,541	\$ 34,748	\$ 48,183	\$ 39,120	\$ 38,378	\$ 40,593	\$ 27,349	\$ 32,629	\$ 33,124	\$ 31,773	\$ 35,651	\$ 42,777	\$ 434,866
<b>Total</b>	<b>\$ 2,020,438</b>	<b>\$ 2,664,712</b>	<b>\$ 2,095,162</b>	<b>\$ 2,106,328</b>	<b>\$ 2,072,816</b>	<b>\$ 2,340,740</b>	<b>\$ 2,078,331</b>	<b>\$ 2,017,475</b>	<b>\$ 2,061,139</b>	<b>\$ 2,113,812</b>	<b>\$ 2,109,838</b>	<b>\$ 2,140,378</b>	<b>\$ 25,821,169</b>

Rhode Island Works SFY 2025	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	8,965	9,409	9,225	9,312	9,405	9,499	9,547	9,595	9,643	9,691	9,739	9,788	9,485
Cases	3,554	3,731	3,688	3,725	3,762	3,800	3,819	3,838	3,857	3,876	3,896	3,915	3,788
Persons/case	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Average cost per person	\$ 163	\$ 363	\$ 312	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	297
Average cost per case	\$ 411	\$ 916	\$ 780	\$758	\$758	\$758	\$758	\$758	\$758	\$758	\$758	\$758	744
Regular	\$ 1,329,580	\$ 3,109,394	\$ 2,619,073	\$2,625,816	\$2,652,075	\$2,678,595	\$2,691,988	\$2,705,448	\$2,718,975	\$2,732,570	\$2,746,233	\$2,759,964	\$ 31,369,711
Two Parent	\$ 132,159	\$ 309,070	\$ 257,179	\$197,642	\$199,619	\$201,615	\$202,623	\$203,636	\$204,654	\$205,677	\$206,706	\$207,739	\$ 2,528,319
<b>Total</b>	<b>\$ 1,461,739</b>	<b>\$ 3,418,464</b>	<b>\$ 2,876,252</b>	<b>\$ 2,823,458</b>	<b>\$ 2,851,694</b>	<b>\$ 2,880,210</b>	<b>\$ 2,894,611</b>	<b>\$ 2,909,084</b>	<b>\$ 2,923,629</b>	<b>\$ 2,938,247</b>	<b>\$ 2,952,939</b>	<b>\$ 2,967,703</b>	<b>\$ 33,898,030</b>
Catastrophic	\$-	\$-	\$-	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 1,800
Clothing	\$ 581,800	\$ 100,282	\$ -	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ 682,082
Supportive Services	\$ 71,958	\$ 69,840	\$ 93,183	\$ 80,402	\$ 81,206	\$ 82,018	\$ 82,428	\$ 82,840	\$ 83,254	\$ 83,670	\$ 84,089	\$ 84,509	\$ 979,395
Transportation	\$ 45,128	\$ 46,365	\$ 52,388	\$ 42,254	\$ 42,677	\$ 43,103	\$ 43,319	\$ 43,536	\$ 43,753	\$ 43,972	\$ 44,192	\$ 44,413	\$ 535,099
<b>Total</b>	<b>\$ 2,160,625</b>	<b>\$ 3,634,951</b>	<b>\$ 3,021,823</b>	<b>\$ 2,946,314</b>	<b>\$ 2,975,776</b>	<b>\$ 3,005,531</b>	<b>\$ 3,020,557</b>	<b>\$ 3,035,659</b>	<b>\$ 3,050,836</b>	<b>\$ 3,066,090</b>	<b>\$ 3,081,419</b>	<b>\$ 3,096,825</b>	<b>\$ 36,096,406</b>

Rhode Island Works SFY 2026	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	9,801	9,814	9,827	9,840	9,853	9,866	9,879	9,893	9,906	9,906	9,906	9,906	9,866
Cases	3,920	3,926	3,931	3,936	3,941	3,947	3,952	3,957	3,962	3,962	3,962	3,962	3,947
Persons/case	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Average cost per person	\$ 303.00	\$ 303	\$ 303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	\$303	303
Average cost per case	\$ 758	\$ 758	\$ 758	\$758	\$758	\$758	\$758	\$758	\$758	\$758	\$758	\$758	758
Regular	\$ 2,763,636	\$ 2,767,311	\$ 2,770,992	\$2,774,677	\$2,778,368	\$2,782,063	\$2,785,763	\$2,789,468	\$2,793,178	\$2,793,178	\$2,793,178	\$2,793,178	\$ 33,384,990
Two Parent	\$ 208,016	\$ 208,292	\$ 208,569	\$208,847	\$209,124	\$209,403	\$209,681	\$209,960	\$210,239	\$210,239	\$210,239	\$210,239	\$ 2,512,848
<b>Total</b>	<b>\$ 2,971,652</b>	<b>\$ 2,975,603</b>	<b>\$ 2,979,561</b>	<b>\$ 2,983,524</b>	<b>\$ 2,987,492</b>	<b>\$ 2,991,466</b>	<b>\$ 2,995,444</b>	<b>\$ 2,999,428</b>	<b>\$ 3,003,417</b>	<b>\$ 3,003,417</b>	<b>\$ 3,003,417</b>	<b>\$ 3,003,417</b>	<b>\$ 35,897,838</b>
Catastrophic	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 2,400
Clothing	\$	\$ 796,896	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 796,896
Supportive Services	\$ 86,474	\$ 86,589	\$ 86,704	\$ 86,819	\$ 86,935	\$ 87,050	\$ 87,166	\$ 87,282	\$ 87,398	\$ 87,398	\$ 87,398	\$ 87,398	\$ 1,044,611
Transportation	\$ 44,472	\$ 44,531	\$ 44,590	\$ 44,650	\$ 44,709	\$ 44,768	\$ 44,828	\$ 44,888	\$ 44,947	\$ 44,947	\$ 44,947	\$ 44,947	\$ 537,224
<b>Total</b>	<b>\$ 3,102,798</b>	<b>\$ 3,903,819</b>	<b>\$ 3,111,055</b>	<b>\$ 3,115,193</b>	<b>\$ 3,119,336</b>	<b>\$ 3,123,484</b>	<b>\$ 3,127,638</b>	<b>\$ 3,131,798</b>	<b>\$ 3,135,962</b>	<b>\$ 3,135,962</b>	<b>\$ 3,135,962</b>	<b>\$ 3,135,962</b>	<b>\$ 38,278,969</b>

Department of Human Services  
Supplemental Security Income (SSI) State Supplement Program (SSP) Caseload and Expenditures  
Nov 2024 Caseload

SSP (SFY 2024)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	30,025	30,014	29,992	30,030	30,005	29,976	29,999	29,798	29,783	29,731	29,640	29,631	29,885
Personal Needs Allowance	627	630	627	618	622	638	630	685	665	656	667	671	645
Assisted Living	358	359	365	367	369	379	376	374	379	379	373	367	370
<b>Total Persons</b>	<b>31,010</b>	<b>31,003</b>	<b>30,984</b>	<b>31,015</b>	<b>30,996</b>	<b>30,993</b>	<b>31,005</b>	<b>30,857</b>	<b>30,827</b>	<b>30,766</b>	<b>30,680</b>	<b>30,669</b>	<b>31,900</b>
Average cost per person	\$ 43	\$ 45	\$ 46	\$ 46	\$ 45	\$ 46	\$ 45	\$ 44	\$ 45	\$ 44	\$ 45	\$ 42	\$ 45
SSP payroll	\$ 1,246,339	\$ 1,247,460	\$ 1,250,109	\$ 1,252,911	\$ 1,244,962	\$ 1,264,305	\$ 1,255,615	\$ 1,220,930	\$ 1,219,792	\$ 1,208,544	\$ 1,226,547	\$ 1,159,128	\$ 14,796,642
Assisted Living	\$ 82,000	\$ 60,000	\$ 117,000	\$ 107,000	\$ 91,000	\$ 84,000	\$ 98,000	\$ 100,000	\$ 101,850	\$ 88,000	\$ 105,000	\$ 96,000	\$ 1,129,850
Personal Needs Allowance	\$ 13,660	\$ 45,205	\$ 29,635	\$ 28,360	\$ 29,020	\$ 30,770	\$ 28,995	\$ 31,875	\$ 30,610	\$ 30,405	\$ 31,110	\$ 31,155	\$ 360,800
Supplemental	\$ -	\$ 43,518	\$ 30,720	\$ 24,972	\$ 23,468	\$ 37,820	\$ 21,722	\$ 19,770	\$ 26,712	\$ 20,052	\$ 21,230	\$ 14,382	\$ 284,366
<b>Total Payments</b>	<b>\$ 1,341,999</b>	<b>\$ 1,396,183</b>	<b>\$ 1,427,464</b>	<b>\$ 1,413,243</b>	<b>\$ 1,388,450</b>	<b>\$ 1,416,895</b>	<b>\$ 1,404,332</b>	<b>\$ 1,372,575</b>	<b>\$ 1,378,964</b>	<b>\$ 1,347,001</b>	<b>\$ 1,383,887</b>	<b>\$ 1,300,665</b>	<b>\$ 16,571,658</b>
Transaction Costs	\$ 5,000	\$ 4,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 59,000
<b>Total</b>	<b>\$ 1,346,999</b>	<b>\$ 1,400,183</b>	<b>\$ 1,432,464</b>	<b>\$ 1,418,243</b>	<b>\$ 1,393,450</b>	<b>\$ 1,421,895</b>	<b>\$ 1,409,332</b>	<b>\$ 1,377,575</b>	<b>\$ 1,383,964</b>	<b>\$ 1,352,001</b>	<b>\$ 1,388,887</b>	<b>\$ 1,305,665</b>	<b>\$ 16,630,658</b>

SSP (SFY 2025)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	29,577	29,619	29,683	29,653	29,624	29,594	29,564	29,535	29,505	29,476	29,446	29,417	29,558
Personal Needs Allowance	690	674	689	693	697	701	706	710	714	718	723	727	704
Assisted Living	375	374	371	371	371	371	371	371	371	371	371	371	372
<b>Total Persons</b>	<b>30,642</b>	<b>30,667</b>	<b>30,743</b>	<b>30,717</b>	<b>30,692</b>	<b>30,666</b>	<b>30,641</b>	<b>30,616</b>	<b>30,590</b>	<b>30,796</b>	<b>30,540</b>	<b>30,515</b>	<b>30,633</b>
Average cost per person	\$ 44	\$ 46	\$ 46	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45
SSP payroll	\$ 1,224,280	\$ 1,237,930	\$ 1,245,166	\$ 1,228,698	\$ 1,227,678	\$ 1,226,661	\$ 1,225,645	\$ 1,224,632	\$ 1,223,621	\$ 1,222,612	\$ 1,221,606	\$ 1,220,601	\$ 14,729,130
Assisted Living	\$ 82,000	\$ 105,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 1,147,000
Personal Needs Allowance	\$ 32,865	\$ 32,460	\$ 32,890	\$ 31,191	\$ 31,378	\$ 31,566	\$ 31,756	\$ 31,946	\$ 32,138	\$ 32,331	\$ 32,525	\$ 32,720	\$ 385,766
Supplemental	\$ -	\$ 34,312	\$ 45,286	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 295,598
<b>Total Payments</b>	<b>\$ 1,339,145</b>	<b>\$ 1,409,702</b>	<b>\$ 1,419,342</b>	<b>\$ 1,379,889</b>	<b>\$ 1,379,056</b>	<b>\$ 1,378,227</b>	<b>\$ 1,377,401</b>	<b>\$ 1,376,578</b>	<b>\$ 1,375,759</b>	<b>\$ 1,374,943</b>	<b>\$ 1,374,131</b>	<b>\$ 1,373,321</b>	<b>\$ 16,557,494</b>
Transaction Costs	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 60,000
<b>Total</b>	<b>\$ 1,344,145</b>	<b>\$ 1,414,702</b>	<b>\$ 1,424,342</b>	<b>\$ 1,384,889</b>	<b>\$ 1,384,056</b>	<b>\$ 1,383,227</b>	<b>\$ 1,382,401</b>	<b>\$ 1,381,578</b>	<b>\$ 1,380,759</b>	<b>\$ 1,379,943</b>	<b>\$ 1,379,131</b>	<b>\$ 1,378,321</b>	<b>\$ 16,617,494</b>

SSP (SFY 2026)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	29,388	29,358	29,329	29,299	29,270	29,241	29,212	29,182	29,153	29,124	29,095	29,066	29,226
Personal Needs Allowance	731	736	740	745	749	754	758	763	767	772	777	781	756
Assisted Living	374	374	374	374	374	374	374	374	374	374	374	374	374
<b>Total Persons</b>	<b>30,493</b>	<b>30,922</b>	<b>30,443</b>	<b>30,895</b>	<b>30,662</b>	<b>30,369</b>	<b>30,344</b>	<b>30,319</b>	<b>30,294</b>	<b>30,270</b>	<b>30,246</b>	<b>30,221</b>	<b>30,357</b>
Average cost per person	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 45
SSP payroll	\$ 1,219,719	\$ 1,218,719	\$ 1,217,721	\$ 1,216,726	\$ 1,215,733	\$ 1,214,742	\$ 1,213,753	\$ 1,212,766	\$ 1,211,782	\$ 1,210,800	\$ 1,209,821	\$ 1,208,843	\$ 14,571,125
Assisted Living	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 1,152,000
Personal Needs Allowance	\$ 32,916	\$ 33,114	\$ 33,313	\$ 33,512	\$ 33,713	\$ 33,916	\$ 34,119	\$ 34,324	\$ 34,530	\$ 34,737	\$ 34,946	\$ 35,155	\$ 408,295
Supplemental	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 24,000	\$ 288,000
<b>Total Payments</b>	<b>\$ 1,372,635</b>	<b>\$ 1,371,833</b>	<b>\$ 1,335,959</b>	<b>\$ 1,370,238</b>	<b>\$ 1,369,446</b>	<b>\$ 1,368,658</b>	<b>\$ 1,334,222</b>	<b>\$ 1,367,090</b>	<b>\$ 1,333,358</b>	<b>\$ 1,365,537</b>	<b>\$ 1,364,767</b>	<b>\$ 1,363,998</b>	<b>\$ 16,419,420</b>
Transaction Costs	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 60,000
<b>Total</b>	<b>\$ 1,377,635</b>	<b>\$ 1,376,833</b>	<b>\$ 1,340,959</b>	<b>\$ 1,375,238</b>	<b>\$ 1,374,446</b>	<b>\$ 1,373,658</b>	<b>\$ 1,339,222</b>	<b>\$ 1,372,090</b>	<b>\$ 1,338,358</b>	<b>\$ 1,370,537</b>	<b>\$ 1,369,767</b>	<b>\$ 1,368,998</b>	<b>\$ 16,479,420</b>



Department of Human Services  
 General Public Assistance (GPA) Caseload and Expenditures  
 November 2024 Caseload

GPA (SFY 2024)	July	August	September	October	November	December	January	February	March	April	May	June	Total
<b>Total Persons</b>	<b>475</b>	<b>501</b>	<b>520</b>	<b>534</b>	<b>534</b>	<b>534</b>	<b>519</b>	<b>517</b>	<b>545</b>	<b>563</b>	<b>572</b>	<b>577</b>	<b>533</b>
Average cost per person / Bridge	\$ 167	\$ 132	\$ 174	\$ 167	\$ 172	\$ 145	\$ 174	\$ 152	\$ 158	\$ 116	\$ 138	\$ (1)	\$ 138
Bridge Payments	\$ 80,237	\$ 95,000	\$ 99,813	\$ 101,788	\$ 103,300	\$ 103,388	\$ 98,275	\$ 99,325	\$ 104,688	\$ 106,575	\$ 108,013	\$ 8,814	\$ 1,109,216
Bridge Recoveries	\$ (12,910)	\$ (29,022)	\$ (9,198)	\$ (12,197)	\$ (11,297)	\$ (26,093)	\$ (8,198)	\$ (20,794)	\$ (18,595)	\$ (41,489)	\$ (29,292)	\$ (9,397)	\$ (228,482)
<b>Total Bridge Payments</b>	<b>\$ 67,327</b>	<b>\$ 65,978</b>	<b>\$ 90,615</b>	<b>\$ 89,591</b>	<b>\$ 92,003</b>	<b>\$ 77,295</b>	<b>\$ 90,077</b>	<b>\$ 78,531</b>	<b>\$ 86,093</b>	<b>\$ 65,086</b>	<b>\$ 78,721</b>	<b>\$ (583)</b>	<b>\$ 880,734</b>
<b>Burials</b>	<b>\$ 36,812</b>	<b>\$ 83,150</b>	<b>\$ 46,907</b>	<b>\$ 45,353</b>	<b>\$ 46,700</b>	<b>\$ 44,732</b>	<b>\$ 79,646</b>	<b>\$ 53,400</b>	<b>\$ 48,590</b>	<b>\$ 55,569</b>	<b>\$ 34,749</b>	<b>\$ 71,449</b>	<b>\$ 647,057</b>
<b>Total</b>	<b>\$ 104,139</b>	<b>\$ 149,128</b>	<b>\$ 137,522</b>	<b>\$ 134,944</b>	<b>\$ 138,703</b>	<b>\$ 122,027</b>	<b>\$ 169,723</b>	<b>\$ 131,931</b>	<b>\$ 134,683</b>	<b>\$ 120,655</b>	<b>\$ 113,470</b>	<b>\$ 70,866</b>	<b>\$ 1,527,791</b>

GPA (SFY 2025)	July	August	September	October	November	December	January	February	March	April	May	June	Total
<b>Total Persons</b>	<b>589</b>	<b>602</b>	<b>618</b>	<b>630</b>	<b>643</b>	<b>656</b>	<b>669</b>	<b>682</b>	<b>696</b>	<b>710</b>	<b>724</b>	<b>739</b>	<b>663</b>
Average cost per person / Bridge	\$ 157	\$ 129	\$ 167	\$ 160	\$ 161	\$ 161	\$ 162	\$ 163	\$ 163	\$ 164	\$ 164	\$ 165	\$ 160
Bridge Payments	\$ 115,400	\$ 115,300	\$ 120,400	\$ 121,029	\$ 123,450	\$ 125,919	\$ 128,437	\$ 131,006	\$ 133,626	\$ 136,298	\$ 139,024	\$ 141,805	\$ 1,531,694
Bridge Recoveries	\$ (22,910)	\$ (37,420)	\$ (16,900)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (257,230)
<b>Total Bridge Payments</b>	<b>\$ 92,490</b>	<b>\$ 77,880</b>	<b>\$ 103,500</b>	<b>\$ 101,029</b>	<b>\$ 103,450</b>	<b>\$ 105,919</b>	<b>\$ 108,437</b>	<b>\$ 111,006</b>	<b>\$ 113,626</b>	<b>\$ 116,298</b>	<b>\$ 119,024</b>	<b>\$ 121,805</b>	<b>\$ 1,274,464</b>
<b>Burials</b>	<b>\$ 28,140</b>	<b>\$ 53,115</b>	<b>\$ 33,386</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,484</b>	<b>\$ 59,487</b>	<b>\$ 650,000</b>
<b>Total</b>	<b>\$ 120,630</b>	<b>\$ 130,995</b>	<b>\$ 136,886</b>	<b>\$ 160,513</b>	<b>\$ 162,934</b>	<b>\$ 165,403</b>	<b>\$ 167,921</b>	<b>\$ 170,490</b>	<b>\$ 173,110</b>	<b>\$ 175,782</b>	<b>\$ 178,508</b>	<b>\$ 181,292</b>	<b>\$ 1,924,464</b>

GPA (SFY 2026)	July	August	September	October	November	December	January	February	March	April	May	June	Total
<b>Total Persons</b>	<b>753</b>	<b>768</b>	<b>784</b>	<b>799</b>	<b>815</b>	<b>832</b>	<b>848</b>	<b>865</b>	<b>883</b>	<b>900</b>	<b>918</b>	<b>937</b>	<b>842</b>
Average cost per person / Bridge	\$ 166	\$ 166	\$ 166	\$ 167	\$ 168	\$ 168	\$ 169	\$ 169	\$ 169	\$ 170	\$ 170	\$ 171	\$ 168
Bridge Payments	\$ 144,641	\$ 147,534	\$ 150,484	\$ 153,494	\$ 156,564	\$ 159,695	\$ 162,889	\$ 166,147	\$ 169,470	\$ 172,859	\$ 176,317	\$ 179,844	\$ 1,939,938
Bridge Recoveries	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (20,000)	\$ (240,000)
<b>Total Bridge Payments</b>	<b>\$ 124,641</b>	<b>\$ 127,534</b>	<b>\$ 130,484</b>	<b>\$ 133,494</b>	<b>\$ 136,564</b>	<b>\$ 139,695</b>	<b>\$ 142,889</b>	<b>\$ 146,147</b>	<b>\$ 149,470</b>	<b>\$ 152,859</b>	<b>\$ 156,317</b>	<b>\$ 159,844</b>	<b>\$ 1,699,938</b>
<b>Burials</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,167</b>	<b>\$ 54,163</b>	<b>\$ 650,000</b>
<b>Total</b>	<b>\$ 178,808</b>	<b>\$ 181,701</b>	<b>\$ 184,651</b>	<b>\$ 187,661</b>	<b>\$ 190,731</b>	<b>\$ 193,862</b>	<b>\$ 197,056</b>	<b>\$ 200,314</b>	<b>\$ 203,637</b>	<b>\$ 207,026</b>	<b>\$ 210,484</b>	<b>\$ 214,007</b>	<b>\$ 2,349,938</b>

## November 2024 CEC: CASH ASSISTANCE

Fund/ Agency	RIFANS Account	RIFANS NATURAL	Line Sequence	FY 2025 DHS	FY 2026 DHS
<b>CASH ASSISTANCE</b>					
<b>SSI</b>					
10.069	2385101	651120	Aid to the Aged, Blind or Disabled	\$ 16,617,494	\$ 16,479,420
			Total General Revenue	\$ 16,617,494	\$ 16,479,420
			<b>TOTAL - SSI</b>	<b>\$ 16,617,494</b>	<b>\$ 16,479,420</b>
<b>TANF/RIW</b>					
10.069	2400101	651120	FIP/TANF - Regular	\$ 35,559,507	\$ 37,739,345
10.069	2400107	651120	Catastrophic Aid	\$ 1,800	\$ 2,400
10.069	2400114	651120	RIPTA Transportation Benefit	\$ 535,099	\$ 537,224
10.069	4869506	651120	ARP DIRECT: Pandemic Emergency Assistance Fund	\$ -	\$ -
			<b>TOTAL FF- TANF/RIW</b>	<b>\$ 36,096,406</b>	<b>\$ 38,278,969</b>
			<b>TOTAL ALL FUNDS- TANF/RIW</b>	<b>\$ 36,096,406</b>	<b>\$ 38,278,969</b>
<b>CHILD CARE</b>					
10.069	2395101	651250	Child Care - Non M.O.E.	\$ 30,000	\$ 30,000
10.069	2395102	651250	Child Care	\$ 5,321,126	\$ 5,321,126
10.069	2395103	651250	Child Care - Matching	\$ 4,788,776	\$ 4,558,599
			<b>TOTAL GR- CHILD CARE</b>	<b>\$ 10,139,902</b>	<b>\$ 9,909,725</b>
10.069	2400104	651250	Child Care - Social Services Block Grant	\$ -	\$ -
10.069	2400105	651250	Child Care Mandatory (CCDF)	\$ 6,633,774	\$ 6,633,774
10.069	2400106	651250	Child Care Matching (CCDF)	\$ 6,092,333	\$ 6,092,333
10.069	2400108	651250	Child Care Development Block Grant (DISC)	\$ 10,000,000	\$ 10,000,000
10.069	2400110	651250	Child Care - SSBG	\$ -	\$ -
10.069	2400112	651250	Child Care - TANF Funds	\$ 39,375,069	\$ 41,830,484
10.069	2400115	651250	Child Care Assistance Enhancement	\$ -	\$ -
10.069	4669611	651250	CAA 21: Child Care and Development Block Grant	\$ -	\$ -
10.069	4869513	615250	ARP Direct: Child Care and Development Block Grant	\$ -	\$ -
			<b>TOTAL FF- CHILD CARE</b>	<b>\$ 62,101,176</b>	<b>\$ 64,556,591</b>
			<b>TOTAL ALL FUNDS- CHILD CARE</b>	<b>\$ 72,241,078</b>	<b>\$ 74,466,316</b>
<b>GENERAL PUBLIC ASSISTANCE</b>					
10.069	2405101	651120	General Public Assistance (CEC Only)	\$ 1,924,464	\$ 2,349,938
			<b>TOTAL GR- GPA CEC</b>	<b>\$ 1,924,464</b>	<b>\$ 2,349,938</b>
			<b>GRAND TOTAL GR- CEC CASH</b>	<b>\$ 28,681,860</b>	<b>\$ 28,739,083</b>
			<b>GRAND TOTAL FF- CEC CASH</b>	<b>\$ 98,197,582</b>	<b>\$ 102,835,560</b>
			<b>GRAND TOTAL AF- CEC CASH</b>	<b>\$ 126,879,442</b>	<b>\$ 131,574,643</b>