

## November 2024 Caseload Estimating Conference

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

Date: 10/30/24

### **Follow-Up Items:**

1. FY 2024 – community supports shift – how many and what are the services that were paid
  - a. Comparing Jul 23-Dec 23 versus Mar 24-Jul 24 for the Community Supports line, which includes Community Supports Group, there is an increase of 18 individuals who are utilizing these services. Upon further analysis, individuals are utilizing the 1:1 service at a higher rate in the latter part of the fiscal year, compared to the earlier months. There is a moderate shift from the group setting to 1:1 community supports, where individuals will be receiving individualized services for their needs.

Note – excluded from the analysis was professional supports (standard) and L9s.

2. L9 Professional services – Will it affect FY 2024 expenses?
  - a. Yes, BHDDH estimates \$500K is the projections for professional services for L9s in our original testimony. This value is included in the original testimony projections.
3. Provide monthly growth trend numbers so it's clear what is being utilized for net growth.
  - a. The caseload trend monthly growth is based on the amount of new eligible cases minus closed cases. While month to month the overall eligible caseload can vary, this is based on how many individuals are active or can be inactive at any given time. Furthermore, individuals can simply fall out of "Eligible" and then be re upped for services as "New" in the same year. Given that the amount of new versus closed cases has dramatically increased over FY24, BHDDH anticipates the caseload growth to continue, which will concurrently translate into expenditures growing for those new Eligible individuals going into the caseload.
4. HMA – SISA assumptions for % impact for FY 25

- a. Per HMA:

The estimate is the annualized cost once everyone has transitioned to the new assessment framework. The cost in fiscal year 2025 will be lower for two reasons, both of which you are already tracking:

- Implementation will not occur before halfway through the fiscal year (January 1, 2025) and payments will not be adjusted retroactively.
- An individual will remain in their assigned tier until they are assessed using the second edition of the SIS-A. Given that individuals are only assessed every five years, it will be sometime before everyone has a tier based on the new framework. However, several folks already have a new assessment, the estimate would be higher than 10 percent in fiscal year 2025 (that is, more than 20 percent of the population will have received a new assessment by the end of the year).

Also provided by HMA:

**What is the distribution by tier?** Our analysis of the fiscal impact is based on units of services (not counts of people) so that it accounts for differences in utilization rates. The table below summarizes the changes in tier assignments (measured by units) for the largest services included in the fiscal impact analysis:

	same	increase	decrease
Group Home	86.4%	11.0%	2.5%
Shared Living	81.6%	15.7%	2.8%
Community-Based Supports	82.5%	14.4%	3.0%
Center-Based Supports	77.1%	21.0%	1.9%

This is based on maintaining the current level-to-tier crosswalk (e.g., the high medical need level being assigned to Tier D), which could change. Let me know if they are looking for something else.

5. HMA – SISA – are L9s part of the 3.8 million

a. Per HMA:

The analysis does account for some changes in exceptions. For example, if someone was ‘promoted’ to a higher level based on an exception but would now be assigned to that higher level based on the new assessment criteria, that impact is incorporated in the analysis. We did not account for other potential changes (for example, if someone has an exception for an additional 10 hours, but their new tier assignment would give them an additional 8 hours, we did not make any assumption that the individual might forgo a request for the remaining two hours). Overall, there are likely some additional reductions in exceptions that are not accounted for and would (slightly) reduce the estimate.

6. Confirm CFCM information in both BHDDH & OHHS testimonies.

a. The CFCM information provided matched both agencies, minus the caveat that BHDDH referred to the Independent Facilitators as Support Brokerage. These are the same group/workflow. All projections matched in the agencies’ testimonies.

i. An update has been made to the Overview document to change the term “Support Brokerage” to “Independent Facilitator” on the last page.

7. Contracts section – only include the Contracts that are CEC and add FY26.

a. Removed the contracts grid. The only items for CEC are the Non-Medicaid placements and the RIPTA contracts which are forecasted for FY 25 and FY26. RIPTA estimates are on rows 13 and 43 in the 1a tab and the Non-Medicaid placements projections are listed in tab 4.

8. Non-Medicaid providers – update FY26 to zero for Shrub Oaks and Continuum

a. Updated accordingly in tab 4.

9. FY 2024 payable by conference category if possible.

a. Please see the below grid.

<b>Conference Category</b>	<b>Payable Amount</b>
Case Management and All Other Support Services	\$64,943
Day Program	\$65,377
Employment	\$71,825
Residential Habilitation and Supports	\$2,854,990
Transportation	\$117,183
L9	\$199,167
<b>Grand Total</b>	<b>\$3,373,484</b>

10. Support Services projections – put into categories so it’s not a separate line – Marylin & Steve

a. FY2025 Projections

i. Case management & Other Support Services - \$3,136,155

ii. Employment - \$1,045,385

b. FY2026 Projections

i. Case management & Other Support Services - \$3,218,670

ii. Employment - \$1,072,890

Additional items:

11. Remove the words “The Estimate” from the end of the paragraph in item #3 on page 8 of the Overview document.

12. Updated cells C19 & C21 in the 6a- Projection diffs summary to account for the Nov 2025 estimates for State Subsidies & Non-Medicaid Placements accordingly. Also, updated the Explanation for these rows to state “No change”.