



## State of Rhode Island

### Caseload Estimating Conference

BUDGET OFFICE, ONE CAPITOL HILL, PROVIDENCE, RI 02908

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### MEMORANDUM

To: The Honorable Daniel J. McKee, Governor  
The Honorable Dominick J. Ruggerio, President of the Senate  
The Honorable K. Joseph Shekarchi, Speaker of the House

From: Joseph M. Codega Jr., State Budget Officer  
Sharon Reynolds Ferland, House Fiscal Advisor  
Stephen H. Whitney, Senate Fiscal Advisor

Date: November 18, 2021

Subject: **November 2021 Caseload Estimating Conference**

### SUMMARY

The Caseload Estimating Conference convened on November 5, 2021, in an open public meeting to estimate cash assistance caseload, costs for private community providers serving individuals with developmental disabilities, and medical assistance expenditures for FY 2022 and FY 2023.

Compared to the FY 2022 enacted budget, the adopted estimate for FY 2022 increases funding by \$43.7 million from all sources of funds, including \$41.8 million less from general revenues. This estimate assumes the impacts attributable to the continuation of the Public Health Emergency (PHE) through the third quarter of state fiscal year 2022 and other adjustments based on trends to date.

For FY 2023, the conferees adopted total expenses of \$3,424.8 million, which is \$92.1 million more than the enacted budget and \$48.4 million more than the adopted November estimate. Expenditures funded from general revenues increase by \$132.7 million and \$174.6 million compared to the enacted and revised November estimates, respectively. The general revenue increase is largely attributable to the assumed expiration of enhanced federal matching funds, offset by the concurrent caseload reductions from the resumption of redetermination activity.

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This conference includes the first official estimate of the cost of services for individuals with developmental disabilities provided through community-based providers. This was added to the purview of the Caseload Estimating Conference as part of the FY 2022 Appropriations Act which amended R.I. Gen. Laws §§35-17-1(f) and (g) to include these expenses.

The following table summarizes the adopted estimates.

<b>Nov. 2021 Consensus Caseload Estimates</b>	<b>FY 2022 Enacted</b>	<b>FY 2022 Nov. CEC</b>	<b>Change to Enacted</b>	<b>FY 2023 Nov CEC</b>	<b>Change to Enacted</b>	<b>Change to FY 2022 Nov.</b>
<b>Cash Assistance</b>						
All Funds	\$ 113,745,712	\$ 99,521,928	\$ (14,223,784)	\$ 128,017,276	\$ 14,271,565	\$ 28,495,348
General Revenues	\$ 27,371,608	\$ 27,444,369	\$ 72,761	\$ 28,114,179	\$ 742,571	\$ 669,810
<b>Private Community Developmentally Disabled Services</b>						
All Funds	\$ 295,571,656	\$ 294,848,889	\$ (722,767)	\$ 306,948,889	\$ 11,377,233	\$ 12,100,000
General Revenues	\$ 126,874,917	\$ 122,257,919	\$ (4,616,998)	\$ 142,753,189	\$ 15,878,272	\$ 20,495,270
<b>Medical Assistance</b>						
All Funds	\$ 2,923,337,210	\$ 2,981,993,980	\$ 58,656,770	\$ 2,989,793,980	\$ 66,456,770	\$ 7,800,000
General Revenues	\$ 1,016,229,511	\$ 978,933,469	\$ (37,296,042)	\$ 1,132,336,243	\$ 116,106,732	\$ 153,402,774
<b>CEC Consensus Total</b>						
All Funds	\$ 3,332,654,578	\$ 3,376,364,797	\$ 43,710,219	\$ 3,424,760,145	\$ 92,105,568	\$ 48,395,348
General Revenues	\$ 1,170,476,036	\$ 1,128,635,757	\$ (41,840,279)	\$ 1,303,203,611	\$ 132,727,575	\$ 174,567,854

**Cash Assistance**

Cash assistance programs for FY 2022 are estimated to total \$99.5 million, a decrease of \$14.2 million from the enacted budget. Activities funded by general revenues are estimated to be \$27.4 million, \$72,761 more than enacted. FY 2023 expenditures are estimated to total \$128.0 million, \$14.3 million more than the FY 2022 enacted budget. For FY 2023, general revenues are estimated at \$28.1 million or \$742,571 more than the FY 2022 enacted budget.

**Rhode Island Works**

The conferees project a caseload of 6,300 at an average monthly cost of \$235.45 in FY 2022, which is 355 individuals fewer than enacted and a \$2.36 lower monthly cost. For FY 2023, the conferees adopt a caseload of 8,845 at an average monthly cost of \$238.00, which is 2,190 more individuals than enacted and a \$0.19 higher monthly cost. Expenditures for Rhode Island Works, including monthly bus passes and other supportive services, total \$19.7 million in FY 2022 and \$28.0 million in FY 2023. Program expenses are funded entirely by the federal Temporary Assistance for Needy Families (TANF) block grant.

**Child Care Assistance**

The FY 2022 caseload estimate for child care assistance includes \$60.8 million to provide 6,272 children with subsidized care at an average yearly cost of \$9,700 per subsidy. The revised estimate assumes use of \$52.4 million from federal block grant funds and \$8.4 million from general revenues. Projected program expenses are anticipated to decrease by \$13.3 million from the enacted budget based on updated enrollment data and the expiration of the current policy on COVID enhanced rates, copay waivers, and the practice of paying for enrollment rather than attendance on December 31, 2021. The estimates assume the enacted FY 2022 rates will begin in January of 2022, that copays will be capped at seven percent, and that the attendance policy will return to pre-pandemic procedures.

For FY 2023, program costs are estimated to be \$80.8 million, for 8,500 subsidies at an average yearly cost of \$9,500 per subsidy. The estimate assumes \$72.0 million from federal block grant funds and \$8.8 million from general revenues. The total cost is \$6.6 million more than the FY 2022 enacted total and \$19.9 million more than the FY 2022 adopted total. The FY 2023 estimate includes 1,080 more subsidies than FY 2022



enacted, or 2,228 more than the FY 2022 revised estimate. The FY 2023 estimate also assumes that new enacted rates will take effect in January 2022.

### **Supplemental Security Income**

The caseload for the Supplemental Security Income program is estimated to be 33,000 in FY 2022 and 33,343 in FY 2023. The estimated monthly cost per person is \$46.14 in each year for total funding of \$18.3 million from general revenues in FY 2022 and \$18.5 million from general revenues in FY 2023.

### **General Public Assistance**

For FY 2022, the Conference assumes 61 individuals at a monthly cost of \$189.00, a decrease of \$63,356 from FY 2022 enacted levels. The FY 2023 estimate assumes 83 individuals at \$189.00 per month. Total expenditures for payments in FY 2022 are estimated to be \$138,348 and \$188,244 in FY 2023. Total costs for burials are estimated to be \$560,000 and \$600,000 for FY 2022 and FY 2023, respectively.

### **Private Community Services for Individuals with Developmental Disabilities**

In compliance with R.I. Gen. Laws §§35-17-1(f) and (g) as amended in the FY 2022 Appropriations Act (2021-H 6122 Substitute A as Amended), the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) provided testimony and projections regarding the cost of private community services for individuals with developmental disabilities for the first time at the Caseload Estimating Conference.

Because private community services for individuals with developmental disabilities has not previously been included in the Caseload Estimating Conference, the conferees had to adopt estimating conventions including that of estimating costs by service categories. These categories included residential habilitation, day services, employment, transportation, case management and other support services, L9 supplemental funding, and non-Medicaid funded services. Because these categories do not neatly align with current budgeting practices, the conferees estimated the distribution of FY 2022 enacted expenditures by category based on the testimony, guidance of the Department, and the consensus of the conferees. The conferees assume that the budget process will be adapted in future years to facilitate distribution of enacted appropriations by category.

Caseload Estimating Conference projections are based on current law; therefore, the FY 2022 estimate includes the enacted assumption of raising direct support hourly wages to at least an average of \$15.75, which is reflected in the estimate. BHDDH also presented testimony recognizing that the state had agreed to an "Action Plan" related to an ongoing federal consent decree. Many elements of the Action Plan require action through the state budget process and are not yet current law. As a result, the FY 2023 estimates represent a baseline projection and exclude the costs of a technology fund, a transformation fund, and a rate increase that supports additional increases to the direct support wage in FY 2023 and FY 2024. Although estimating the costs of these items are not within the scope of the Conference, the conferees assume that the State intends to maintain good faith compliance with all elements of the Action Plan.

The Conference projects total costs for private community services for individuals with developmental disabilities of \$294.8 million in FY 2022, including \$172.6 million from federal funds and \$122.3 million from general revenues. This is \$0.7 million less than enacted from all sources including \$4.6 million less from general revenues, primarily from the extension of the enhanced Medicaid match for an additional quarter.

For FY 2023, the Conference projects spending of \$306.9 million including \$164.2 million from federal funds and \$142.8 million from general revenues. The following subsections describe the service categories selected for estimating purposes.



### **Residential Habilitation**

Residential habilitation includes congregate and non-congregate living supports. FY 2022 residential habilitation expenditures are estimated to be \$173.8 million, which is \$9.2 million less than the proposed FY 2022 enacted distribution for this category. FY 2023 residential habilitation expenditures are estimated to be \$182.0 million, which is \$8.2 million more than the adopted FY 2022 estimate.

### **Day Program**

Day Program captures services offered at a center-based day program, a community-based day program or home-based day program, including the provision of education, and training. Day Program expenditures are estimated to be \$69.0 million in FY 2022, \$1.6 million more than the FY 2022 enacted distribution. FY 2023 day program expenditures are estimated to be \$74.0 million, \$5.0 million more than the adopted FY 2022 estimate.

This category also includes an estimate for a Shared Living Item of \$4.3 million each year for FY 2022 and FY 2023 based on testimony from the Department. This funding supports Shared Living Arrangement contractors who are providing increased support during the pandemic for individuals who remain at home during the day instead of attending a community-based day program.

### **Employment**

Employment captures services such as job assessment and development, job coaching, job retention, and prevocational training for adults with developmental disabilities. For FY 2022, the Conference estimates \$7.5 million for employment services, which is \$2.5 million more than the FY 2022 proposed enacted distribution. FY 2023 expenditures are estimated to be \$8.5 million, which is \$1.0 million more than the FY 2022 adopted estimate.

### **Transportation**

The transportation service category provides funding for round-trip transportation from an individual's residence to employment and day program activities. Transportation costs are estimated to be \$8.0 million in FY 2022, which represents an increase of \$2.2 million more than the proposed enacted distribution. For FY 2023, the Conference estimates \$10.0 million, which is \$2.0 million more than the FY 2022 adopted estimate.

### **Case Management and Other Support Services**

This category represents the remaining assorted services an individual can receive including but not limited to attendant care, home modifications, assistive technology, and support facilitation. Case management and other support services are estimated to be \$12.8 million for FY 2022, which represents a decrease of \$1.5 million compared to the proposed enacted distribution. For FY 2023, the Conference estimates \$13.6 million, which is \$0.8 million more than the FY 2022 adopted estimate.

### **L9 Supplemental Funding**

The Conference estimates \$15.5 million for L9 Supplemental Funding in FY 2022, which is \$0.3 million more than the proposed enacted distribution. For FY 2023, the Conference estimates \$10.6 million for L9 Supplemental Funding, which is \$4.9 million less than the FY 2022 revised estimate. This decrease is primarily driven by the assumption that individuals will utilize a greater percentage of their authorized budgets and consequently require less L9 supplemental funding.

### **Non Medicaid Funded**

This category includes items that are not currently eligible to receive Medicaid match. While some of these items may become Medicaid eligible in the future, the Conference assumed current eligibility in the FY 2022 and FY 2023 estimates. The Conference estimate \$3.9 million in FY 2022 and FY 2023, which is \$0.8 million below the proposed enacted distribution. This includes \$0.1 million in FY 2022 and FY 2023 monthly stipend payments including a subsidy aid program to family caregivers pursuant to R.I. Gen. Laws §§40.1-1-10. The estimate also includes \$0.3 million for one individual in an out-of-state placement.



The Person-Centered Supported Employment Performance Program is an individualized approach to employment planning and job development and is estimated to be \$2.5 million for FY 2022 and FY 2023, which is \$0.2 million below the proposed enacted distribution.

The Department and the Executive Office of Health and Human Services (EOHHS) collaborate to provide transportation through the Rhode Island Public Transit Authority to individuals with developmental disabilities. This contract transportation is estimated to be \$1.0 million for FY 2022 and FY 2023, which is equal to the FY 2022 proposed enacted distribution.

### **Medical Assistance**

The Conference projects total medical assistance spending of \$2,982.0 million in FY 2022, including \$1,993.5 million from federal funds, \$978.9 million from general revenues, and \$9.5 million from restricted receipts. This is \$58.7 million more than enacted from all sources offset by a general revenue reduction of \$37.3 million.

For FY 2023, the Conference projects spending of \$2,989.8 million including \$1,847.9 million from federal funds, \$1,132.3 million from general revenues, and \$9.5 million from restricted receipts. This estimate is \$7.8 million more than the revised November estimate for FY 2022, of which federal funds are decreasing by \$145.6 million offset by a general revenue increase of \$153.4 million.

A central assumption for the current medical assistance estimates is the continuation of the PHE by the U.S. Department of Health & Human Services (US HHS) through March 2022. During the PHE, the federal government has afforded Rhode Island a 6.2 percentage point enhanced reimbursement on most Medicaid expenditures and has mandated “continuous coverage.” This effectively pauses all eligibility redetermination activity such that individuals enrolled in Medicaid cannot be terminated until the end of the PHE. Formerly, it had been understood that the PHE would cease on December 31, 2021. Current guidance from federal authorities provides that the PHE will include at least one additional quarter through March 2022. While uncertainty remains as to further extensions, the conferees assumed that the enhanced Medicaid match will cease, and eligibility redetermination activity will resume on April 1, 2022. Conferees assumed that eligibility redetermination would proceed at an even pace over the course of the following 12 months impacting the fourth state fiscal quarter of 2022 and the first three state fiscal quarters of 2023.

The adopted estimates do not include any impact of the provision of the American Rescue Plan Act (ARPA) that allows for an additional 10.0 percentage points of Medicaid reimbursement on eligible Home and Community Based Services (HCBS) provided between April 1, 2021, through March 31, 2022. The program requires that resulting general revenue savings be reinvested to fund expansionary HCBS activities, which is outside the scope of the consensus estimate.

### **Hospitals**

FY 2022 hospital expenditures are estimated to be \$218.5 million, including a \$142.5 million disproportionate share hospital (DSH) payment as well as \$2.0 million for Graduate Medical Education (GME) programs and \$29.4 million for the Upper Payment Limit (UPL) reimbursements. This is \$3.4 million more than the enacted budget but \$8.2 million less from general revenues which primarily reflects the ability to claim enhanced Medicaid match on the disproportionate share payment.

FY 2023 hospital expenditures are estimated to be \$219.7 million including disproportionate share hospital payments of \$142.5 million. The estimate is \$1.2 million more than the revised FY 2022 estimate but \$11.7 million more from general revenues, reflecting the end of the enhanced Medicaid match in FY 2023. It includes \$29.4 million for the inpatient and outpatient upper payment limit reimbursement and \$2.0 million for the Graduate Medical Education programs. The estimate accounts for expected rate adjustments of 2.7 percent and 2.4 percent for inpatient and outpatient services, respectively.



### **Long Term Care**

Long term care expenditures are estimated to be \$420.3 million in FY 2022 and \$441.3 million in FY 2023. A decrease of \$28.5 million in FY 2022 for nursing facilities primarily reflects year to date payments. The FY 2023 estimate for nursing facilities is \$15.2 million less than the FY 2022 adopted estimate and includes the regular October 1, 2022 rate increase of 1.9 percent as well as the 1.0 percent increase attributable to the minimum staffing law. The FY 2023 estimate also assumes a reduction in the number of individuals receiving fee-for-service long term services and supports (LTSS). Both years reflect declines related to the use of passive enrollment into Rhody Health Options.

The Conference estimates \$100.1 million for FY 2022 and \$136.3 million for FY 2023 in fee-for-service funding for home and community-based services, a decrease of \$2.6 million from the enacted budget in FY 2022 and an increase of \$36.2 million from the adopted FY 2022 estimate in FY 2023.

The FY 2023 estimate includes \$38.6 million from all sources, including \$17.7 million from general revenues, to reflect the current law requirement, referred to as Perry Sullivan, that resources be added to the home and community care program if there has been a reduction in nursing home days. There was a 187,823 bed-day reduction from FY 2021 compared to FY 2020 at a projected cost of \$205.62 a day.

### **Managed Care**

FY 2022 expenditures for managed care (including the RItE Care and RItE Share programs) are estimated to be \$864.2 million, a \$10.7 million increase from the enacted budget. The increase is primarily attributable to the extension of the Public Health Emergency through March 2022, and the federal prohibition on terminating individuals who no longer qualify for benefits until April 2022.

Costs for FY 2023 are estimated at \$864.0 million, which is \$0.2 million below the FY 2022 consensus estimate. This estimate assumes a 5.0 percent increase in the monthly cost per person and that individual redeterminations will begin in April 2022 and continue over a 12-month period.

### **Rhody Health Partners**

Rhody Health Partners program expenses are estimated at \$304.0 million for FY 2022, which is \$5.2 million more than enacted. The estimate includes a higher monthly cost per person than enacted for the 14,756 individuals estimated to be enrolled in the managed care plan.

FY 2023 expenditures are estimated to be \$315.7 million, which is \$11.7 million more than the FY 2022 adopted estimate. The estimate includes a 5.0 percent increase in the monthly cost per person and slightly lower enrollment.

### **Rhody Health Options**

Expenses for Rhody Health Options, the state's integrated care initiative that provides acute and long term care services to individuals eligible for both Medicare and Medicaid, are estimated to be \$142.7 million for FY 2022. This represents a decrease of \$2.1 million compared to the enacted budget reflecting fewer enrollees and a lower monthly cost per person. In January 2022, the passive enrollment of LTSS members in Rhody Health Options will begin, and result in additional costs to this program shifted from fee-for-service activity, including nursing homes, hospice, and other services.

The FY 2023 consensus estimate of \$193.8 million is \$49.0 million more than enacted and \$51.1 million more than the revised estimate. This reflects the continued passive enrollment into this program and a 28.1 percent increase in the monthly cost per person, which is all largely related to enrollment practices. As with FY 2022, this increase will be largely offset by reductions in fee-for-service nursing home and other long-term care services.

### **Medicaid Expansion**

The FY 2022 estimate of \$790.0 million is \$43.8 million more than the enacted budget of the same year. This increase is primarily attributable to the extension of the Public Health Emergency through March 2022 and the federal prohibition on terminating individuals who no longer qualify for benefits until April 2022. This increase also reflects an increase in the monthly cost per enrollee.

The FY 2023 estimate of \$706.0 million is \$84.0 million less than the FY 2022 revised consensus estimate and \$40.2 million less than the enacted budget. This estimate includes a 5.0 percent increase in the monthly cost per person and assumes that individual redeterminations will begin in April 2022 and continue over a 12-month period. This is the primary driver of the FY 2023 consensus reduction.

### **Other Medical Services**

Expenditures for other medical services are estimated to be \$170.4 million for FY 2022 and \$162.7 million for FY 2023. The estimate includes Medicare Part A and B payments for certain individuals, fee-for-service payments for rehabilitation, and other medical services and payments to the Tavares Pediatric Center. The FY 2022 estimate is \$26.3 million more than the enacted budget. The increase is primarily driven by the addition of \$24.5 million from federal funds for COVID-19 Vaccinations. The FY 2023 estimate is \$7.7 million less than the revised FY 2022 estimate of which \$13.3 million relates to anticipated decreases in the cost for the newly included funding for COVID-19 vaccinations.

### **Pharmacy**

Pharmacy expenses are estimated to be \$71.9 million for FY 2022 and \$86.6 million for FY 2023. Nearly all of the funding is for the Medicare Part D clawback payment, which is funded solely from general revenues and is revised upwards from the FY 2022 enacted. This payment is the state's portion of the federal Medicare pharmacy costs for its population that are enrolled in both Medicare and Medicaid, commonly referred to as "dual-eligibles." The FY 2023 estimate for clawback is \$14.7 million more than the FY 2022 consensus estimate reflecting the conclusion of the enhanced match from the PHE.

The tables appended to this memorandum show the November Caseload Conference estimates for Cash Assistance, Private Services for Individuals with Developmental Disabilities, and Medical Assistance for FY 2022 and FY 2023.

### **NEXT MEETING**

The next required meeting of the conference is May 2022.

cc: The Honorable Marvin L. Abney, Chairman  
House Finance Committee

The Honorable Ryan W. Pearson, Chairman  
Senate Finance Committee



**Cash Assistance**

Nov. 2021 Consensus Caseload Estimates	FY 2022 Enacted	FY 2022 Nov. CEC	Change to Enacted	FY 2023 Nov CEC	Change to Enacted	Change to FY 2022 Nov.
<b>Rhode Island Works</b>						
Persons	6,655	6,300	(355)	8,845	2,190	2,545
Monthly Cost per Person	\$ 237.81	\$ 235.45	\$ (2.36)	\$ 238.00	\$ 0.19	\$ 2.55
Cash Payments	\$ 18,991,507	\$ 17,800,020	\$ (1,191,487)	\$ 25,261,320	\$ 6,269,813	\$ 7,461,300
Monthly Bus Passes	\$ 939,482	\$ 848,720	\$ (90,762)	\$ 1,487,960	\$ 548,478	\$ 639,240
Supportive Services	\$ 585,300	\$ 600,000	\$ 14,700	\$ 800,000	\$ 214,700	\$ 200,000
Clothing - Children	\$ 350,000	\$ 400,000	\$ 50,000	\$ 400,000	\$ 50,000	\$ -
Catastrophic	\$ 4,000	\$ 2,000	\$ (2,000)	\$ 2,400	\$ (1,600)	\$ 400
<b>Total Costs (TANF)</b>	<b>\$ 20,870,289</b>	<b>\$ 19,650,740</b>	<b>\$ (1,219,549)</b>	<b>\$ 27,951,680</b>	<b>\$ 7,081,391</b>	<b>\$ 8,300,940</b>
<b>Child Care</b>						
Subsidies	7,420	6,272	(1,148)	8,500	1,080	2,228
Annual Cost per Subsidy	\$ 9,995	\$ 9,700	\$ (295)	\$ 9,500	\$ (495)	\$ (200)
<b>Total Costs</b>	<b>\$ 74,162,900</b>	<b>\$ 60,838,400</b>	<b>\$ (13,324,500)</b>	<b>\$ 80,750,000</b>	<b>\$ 6,587,100</b>	<b>\$ 19,911,600</b>
Federal Funds	\$ 65,503,815	\$ 52,426,819	\$ (13,076,996)	\$ 71,951,417	\$ 6,447,602	\$ 19,524,598
General Revenue	\$ 8,659,085	\$ 8,411,581	\$ (247,504)	\$ 8,798,583	\$ 139,498	\$ 387,002
<b>SSI</b>						
Persons	33,400	33,000	(400)	33,343	(57)	343
Monthly Cost per Person	\$ 44.62	\$ 46.14	\$ 1.52	\$ 46.14	\$ 1.52	\$ -
Cash Payments	\$ 17,884,819	\$ 18,271,440	\$ 386,621	\$ 18,461,352	\$ 576,533	\$ 189,912
Transaction Fees	\$ 66,000	\$ 63,000	\$ (3,000)	\$ 66,000	\$ -	\$ 3,000
<b>Total Costs</b>	<b>\$ 17,950,819</b>	<b>\$ 18,334,440</b>	<b>\$ 383,621</b>	<b>\$ 18,527,352</b>	<b>\$ 576,533</b>	<b>\$ 192,912</b>
<b>GPA</b>						
Persons	64	61	(3)	83	19	22
Monthly Cost per Person	\$ 178.00	\$ 189.00	\$ 11.00	\$ 189.00	\$ 11.00	\$ -
Total Payments	\$ 136,704	\$ 138,348	\$ 1,644	\$ 188,244	\$ 51,540	\$ 49,896
Burials	\$ 625,000	\$ 560,000	\$ (65,000)	\$ 600,000	\$ (25,000)	\$ 40,000
<b>Total Costs</b>	<b>\$ 761,704</b>	<b>\$ 698,348</b>	<b>\$ (63,356)</b>	<b>\$ 788,244</b>	<b>\$ 26,540</b>	<b>\$ 89,896</b>
<b>Cash Assistance Total</b>						
<b>Total Costs</b>	<b>\$ 113,745,712</b>	<b>\$ 99,521,928</b>	<b>\$ (14,223,784)</b>	<b>\$ 128,017,276</b>	<b>\$ 14,271,565</b>	<b>\$ 28,495,348</b>
Federal Funds	\$ 86,374,104	\$ 72,077,559	\$ (14,296,545)	\$ 99,903,097	\$ 13,528,993	\$ 27,825,538
General Revenue	\$ 27,371,608	\$ 27,444,369	\$ 72,761	\$ 28,114,179	\$ 742,571	\$ 669,810



**Private Services for Individuals with Developmental Disabilities**

Nov. 2021 Consensus Caseload Estimates	FY 2022 Prelim. Enacted	FY 2022 Nov. CEC	Change to Prelim. Enacted	FY 2023 Nov CEC	Change to Prelim. Enacted	Change to FY 2022 Nov.
<b>Residential Habilitation</b>						
<b>Total costs</b>	<b>\$ 183,027,573</b>	<b>\$ 173,800,000</b>	<b>\$ (9,227,573)</b>	<b>\$ 182,000,000</b>	<b>\$ (1,027,573)</b>	<b>\$ 8,200,000</b>
<b>Day Program</b>						
Day Program	\$ 67,385,913	\$ 69,000,000	\$ 1,614,087	\$ 74,000,000	\$ 6,614,087	\$ 5,000,000
Shared Living Item	\$ -	\$ 4,300,000	\$ 4,300,000	\$ 4,300,000	\$ 4,300,000	\$ -
<b>Total costs</b>	<b>\$ 67,385,913</b>	<b>\$ 73,300,000</b>	<b>\$ 5,914,087</b>	<b>\$ 78,300,000</b>	<b>\$ 10,914,087</b>	<b>\$ 5,000,000</b>
<b>Employment</b>						
<b>Total costs</b>	<b>\$ 5,028,828</b>	<b>\$ 7,500,000</b>	<b>\$ 2,471,172</b>	<b>\$ 8,500,000</b>	<b>\$ 3,471,172</b>	<b>\$ 1,000,000</b>
<b>Transportation</b>						
<b>Total costs</b>	<b>\$ 5,835,562</b>	<b>\$ 8,000,000</b>	<b>\$ 2,164,438</b>	<b>\$ 10,000,000</b>	<b>\$ 4,164,438</b>	<b>\$ 2,000,000</b>
<b>Case Management and Other Support Services</b>						
<b>Total costs</b>	<b>\$ 14,277,560</b>	<b>\$ 12,800,000</b>	<b>\$ (1,477,560)</b>	<b>\$ 13,600,000</b>	<b>\$ (677,560)</b>	<b>\$ 800,000</b>
<b>L9 Supplemental Funding</b>						
<b>Total costs</b>	<b>\$ 15,242,089</b>	<b>\$ 15,500,000</b>	<b>\$ 257,911</b>	<b>\$ 10,600,000</b>	<b>\$ (4,642,089)</b>	<b>\$ (4,900,000)</b>
<b>Non Medicaid Funded</b>						
DD State Subsidies	\$ 100,000	\$ 100,000	\$ -	\$ 100,000	\$ -	\$ -
Out-of-state placements	\$ 929,103	\$ 307,505	\$ (621,598)	\$ 307,505	\$ (621,598)	\$ -
PSCEPP Program	\$ 2,745,028	\$ 2,541,384	\$ (203,644)	\$ 2,541,384	\$ (203,644)	\$ -
Contract Transportation	\$ 1,000,000	\$ 1,000,000	\$ -	\$ 1,000,000	\$ -	\$ -
<b>Total costs</b>	<b>\$ 4,774,131</b>	<b>\$ 3,948,889</b>	<b>\$ (825,242)</b>	<b>\$ 3,948,889</b>	<b>\$ (825,242)</b>	<b>\$ -</b>
<b>Developmental Disabilities Total</b>						
<b>Total Costs</b>	<b>\$ 295,571,656</b>	<b>\$ 294,848,889</b>	<b>\$ (722,767)</b>	<b>\$ 306,948,889</b>	<b>\$ 11,377,233</b>	<b>\$ 12,100,000</b>
Federal Funds	\$ 168,696,739	\$ 172,590,970	\$ 3,894,231	\$ 164,195,700	\$ (4,501,039)	\$ (8,395,270)
General Revenue	\$ 126,874,917	\$ 122,257,919	\$ (4,616,998)	\$ 142,753,189	\$ 15,878,272	\$ 20,495,270

**Medical Assistance**

Nov. 2021 Consensus Caseload Estimates	FY 2022 Enacted	FY 2022 Nov. CEC	Change to Enacted	FY 2023 Nov CEC	Change to Enacted	Change to FY 2022 Nov.
<b>Hospitals</b>						
Regular	\$ 72,642,636	\$ 76,000,000	\$ 3,357,364	\$ 77,200,000	\$ 4,557,364	\$ 1,200,000
Disproportionate Share	\$ 142,493,980	\$ 142,493,980	\$ -	\$ 142,493,980	\$ -	\$ -
<b>Total</b>	<b>\$ 215,136,616</b>	<b>\$ 218,493,980</b>	<b>\$ 3,357,364</b>	<b>\$ 219,693,980</b>	<b>\$ 4,557,364</b>	<b>\$ 1,200,000</b>
<b>Long Term Care</b>						
Nursing and Hospice Care	\$ 348,745,776	\$ 320,200,000	\$ (28,545,776)	\$ 305,000,000	\$ (43,745,776)	\$ (15,200,000)
Home and Community Care	\$ 102,715,462	\$ 100,100,000	\$ (2,615,462)	\$ 136,300,000	\$ 33,584,538	\$ 36,200,000
<b>Total</b>	<b>\$ 451,461,238</b>	<b>\$ 420,300,000</b>	<b>\$ (31,161,238)</b>	<b>\$ 441,300,000</b>	<b>\$ (10,161,238)</b>	<b>\$ 21,000,000</b>
<b>Managed Care</b>						
Managed Care	\$ 853,527,097	\$ 864,200,000	\$ 10,672,903	\$ 864,000,000	\$ 10,472,903	\$ (200,000)
Rhody Health Partners	\$ 298,810,252	\$ 304,000,000	\$ 5,189,748	\$ 315,700,000	\$ 16,889,748	\$ 11,700,000
Rhody Health Options	\$ 144,812,435	\$ 142,700,000	\$ (2,112,435)	\$ 193,800,000	\$ 48,987,565	\$ 51,100,000
Other Medical Services	\$ 144,143,907	\$ 170,400,000	\$ 26,256,093	\$ 162,700,000	\$ 18,556,093	\$ (7,700,000)
Medicaid Expansion	\$ 746,245,665	\$ 790,000,000	\$ 43,754,335	\$ 706,000,000	\$ (40,245,665)	\$ (84,000,000)
<b>Total</b>	<b>\$ 2,187,539,356</b>	<b>\$ 2,271,300,000</b>	<b>\$ 83,760,644</b>	<b>\$ 2,242,200,000</b>	<b>\$ 54,660,644</b>	<b>\$ (29,100,000)</b>
<b>Pharmacy</b>						
Pharmacy	\$ 100,000	\$ (300,000)	\$ (400,000)	\$ (300,000)	\$ (400,000)	\$ -
Clawback	\$ 69,100,000	\$ 72,200,000	\$ 3,100,000	\$ 86,900,000	\$ 17,800,000	\$ 14,700,000
<b>Total</b>	<b>\$ 69,200,000</b>	<b>\$ 71,900,000</b>	<b>\$ 2,700,000</b>	<b>\$ 86,600,000</b>	<b>\$ 17,400,000</b>	<b>\$ 14,700,000</b>
<b>Medical Assistance Total</b>						
<b>Total Costs</b>	<b>\$ 2,923,337,210</b>	<b>\$ 2,981,993,980</b>	<b>\$ 58,656,770</b>	<b>\$ 2,989,793,980</b>	<b>\$ 66,456,770</b>	<b>\$ 7,800,000</b>
Federal Funds	\$ 1,897,564,903	\$ 1,993,545,511	\$ 95,980,608	\$ 1,847,942,737	\$ (49,622,166)	\$ (145,602,774)
General Revenue	\$ 1,016,229,511	\$ 978,933,469	\$ (37,296,042)	\$ 1,132,336,243	\$ 116,106,732	\$ 153,402,774
Restricted Receipts	\$ 9,542,796	\$ 9,515,000	\$ (27,796)	\$ 9,515,000	\$ (27,796)	\$ -