



Children's Services Provider Relief Program Guidance

Program Overview

Rhode Island Medicaid offers a range of home and community based therapeutic services that serve over three thousand (3000) Rhode Island children on annual basis. Services include, Home Based Therapeutic Services (HBTS), Personal Assistance Services and Supports (PASS), Applied Behavior Analysis (ABA), Cedar Family Centers, Child and Adolescent Intensive Treatment Services (CAITS) and social groups for children with Autism. Children eligible for these services have moderate to severe special health care needs often as a result of a diagnosed chronic developmental, cognitive, physical, medical, neurological, behavioral and/or emotional condition, many of which are long-term disabilities or include complex medical needs. These home and community based services assist children with special health care needs from infancy through the transition to adulthood to avoid hospitalization and institutionalization by offering a range of behavioral and developmental interventions, clinical treatments, and parent education all designed to improve the developmental outcomes for Rhode Island children.

Delivering these therapeutic services at an early age can make a distinct difference in the outcomes for children who are diagnosed with a developmental disability or delay. Early detection and intervention at key developmental stages support a child's ability to gain essential skills to respond appropriately, and independently, in society.¹

Services such as HBTS, ABA and PASS are designed to support children and their families develop the critical skills they need to meet developmental outcomes and independently transition to adulthood, reducing the need for hospitalization and institutional intervention. These services are often delivered in the home, a child's natural environment, to ensure efficacy of the interventions and strategies introduced by offering a range of behavioral and developmental interventions, clinical treatments, parent education and programming designed to improve developmental outcomes for some of Rhode Island's most vulnerable children.

Children's Services Provider Profile ²		
Service Type	Number of Providers	Children Served Annually
HBTS/ABA	22	700
PASS	14	1000
Respite	8	700
Kids Connect	12	350
CEDARR	2	200
CAITS	6	50
Total	64	3100

Home-Based Therapeutic Services (HBTS) are intensive services that help families with children with moderate-severe behavioral health, developmental or physical disabilities. HBTS is provided to children in the home or community setting and intended to support children in their home setting, and keep

¹ UNC Autism Research Center: <https://autism.unc.edu/resources/early-intervention>

² Providers may deliver more than one service type



them at home, increase participation as valued members of their community, help improve the child's functioning in the least restrictive level of care, and improve the child's ability to cope with transitions.

Applied Behavior Analysis (ABA) therapy is useful in teaching behaviors to children with Autism Spectrum Disorders and related diagnoses who do not otherwise "pick up" on these behaviors on their own as other children would. Applied Behavior Analysis teaches these skills with careful behavioral observation and positive reinforcement or prompting to teach each step of a behavior. The Applied Behavior Analysis approach teaches social, motor, and verbal behaviors and reasoning skills, and can also be effective in managing challenging behaviors.

Personal Assistance Services and Supports (PASS) is a set of specialized health services delivered in a child's home and/or community. PASS services are consumer-directed as parents can recommend PASS workers to an agency and are responsible for training and supervising their workers. Personal assistance services include goals in the performance of activities of daily living, the ability of the child to make safe and self-preserving decisions and participation in social roles and social settings.

Respite care for children is a program that allows parents or guardians caring for a child with disabilities to have time off for themselves. To be eligible for Respite, a child must need an institutional level of care that can best be described as the type of care typically provided in a hospital, nursing home or Intermediate Care Facility.

KIDS CONNECT is a set of specialized health services delivered in licensed childcare centers. The purpose of this service is to enable children to benefit from participation in mainstream child and youth settings.

Cedar Family Centers provide family-centered, intensive care management and coordination to assist families in reaching their full potential and thrive in their own communities.

Child and Adolescent Intensive Treatment Services (CAITS) is a short-term acute behavioral health service available for up to 16 weeks per 12-month period. It is designed to provide intensive treatment to children and youth with moderate to severe emotional and/or behavioral disturbance. Treatment is focused on improving parent-child relations as well as developing parent knowledge and skills to improve the child's functioning.

As evidenced above, children's services are vital to many families in Rhode Island. However, as the COVID-19 Public Health Emergency unfolded, many families had to suspend service based on public health guidance. This resulted in a significant business interruption for providers. During this public health emergency, access to these services has been and may continue to be will likely restricted, causing a negative second order effect of compromising the healthy developmental trajectory of many children. Unsafe conditions, negative interactions and lack of educational opportunities during the early years can lead to irreversible outcomes, which can affect a child's potential for the remainder of his or her life.³ Further, delay in receiving these services for children could generate significant deleterious effects on childhood development as a second-order impact of the pandemic. Many of these services are unable to be fully provided by telehealth, and recovery in utilization while necessary, is heavily dependent on family and staff safety.

³ <https://data.unicef.org/topic/early-childhood-development/covid-19/>



It is a priority of EOHHS to ensure that children receiving these services continue to do so, that access is maintained, and that these services be provided in-person whenever possible in accordance with Rhode Island public health guidance on home-based programs. Given these priorities, grant payments will be made to children's services provider agencies to provide immediate cashflow for re-opening and direct costs due to COVID-19, as well as make up for lost revenue and other costs due to the business interruption during COVID-19. Distribution of these funds will be tied to expectations that providers develop concrete re-opening plans to provide in-person services, provide monthly data to EOHHS on their services provided, and apply for federal funding support made available to Medicaid providers.

Program Need

Despite innovative efforts by provider agencies to operationalize the service delivery of their service plans virtually (telehealth) during the COVID-19 pandemic, many families were forced to temporarily suspend service due to overall safety concerns related to COVID-19, the inability of their child to engage virtually or due to their lack of possession of the needed technology for virtual treatment. COVID-19 has caused a significant disturbance to families who depend on these critical Medicaid services. Based on data collected by RI Medicaid, there has been an average utilization rate decrease of 50% with some providers experiencing a decrease in utilization as high as 80%.

Recognizing that many of these services are unable to be delivered exclusively via telehealth, provider agencies will need funding to ensure delivery system resiliency and continued access to in-person service delivery for families who need them most.

EOHHS has identified four key strategies critical to ensuring the safe and successful reopening of these provider agencies funded primarily through Medicaid reimbursement.

1. **Funding:** EOHHS will evaluate the lost revenue associated with COVID-19, beginning from March 6, 2020, and allocate a one-time CARES funding to partially subsidize costs associated with the COVID-19 pandemic and begin resuming in-person care by July 30, 2020. This one-time subsidy will be delivered to provider agencies through two separate installments as detailed below. Providers will also be required to apply for federal relief made available by HHS and provide the state with an accounting of funds already received from federal sources.
2. **Family Engagement:** Provider agencies will submit a plan for assessing the reengagement of formerly enrolled families to receive in-person care.
3. **Workforce Stabilization & Reentry:** Staff will be supported and prepared to begin resuming in-person care with families who need them the most, as clinically indicated by the provider agency, by July 15, 2020. Professional development and technical assistance will be offered to staff as they begin to resume in-person care.
4. **Compliance:** Provider agencies' plans for resuming in-person care will adhere to all public health guidelines and will preserve compliance with Medicaid rules and regulations to ensure 100% compliance.

EOHHS believes firmly that every child with an active service plan receive services in a timely fashion and in a manner by which the family prefers while maximizing in-person care in accordance with RI public health guidance on home-based programs. In response to COVID-19 and the state's broader reopening framework, EOHHS produced the following guidelines for ensuring safe, in-home service delivery: <https://health.ri.gov/publications/guidance/Home-Visit-Service-Guidance.pdf>.

Qualifying Providers

1. Have been enrolled as a Rhode Island Medicaid provider as of March 1, 2020:
2. Have submitted at least one (1) claim for service to RI Medicaid in calendar year 2020.
3. Have provided services to at least 75% of their rostered children/youth that had an active service plan during January and February of 2020, prior to the public health emergency.
4. Demonstrate a pandemic caused need between March and June of 2020, including but not limited to:
 - a. loss of revenue or other business interruption; and/or
 - b. direct costs in response to the public health emergency; and/or
 - c. costs to reopening safely due to the public health emergency.
5. Have pursued federal funding, such as Paycheck Protection Program (PPP), Economic Injury Disaster Loans (EIDL), HHS Provider Relief Funds, Health Resources & Services Administration (HRSA) Medicaid Relief Funds.
6. Develop a state approved comprehensive COVID-19 Control Plan , in accordance with public health guidelines and requirements, detailing a staffing plan which may include: hiring new staff; rehiring staff that may have been laid off or furloughed; an assessment of reengaging formerly enrolled families; and engaging new families post COVID-19.
7. Agency delivered a timely, and innovative approach to serving families via telehealth during the COVID-19 pandemic as evidenced by an increase of utilization of services (success rate) between March 2020 and June of 2020.

Eligible Uses of Funds

Eligible uses must be “necessary expenditures” (1) incurred due to the COVID-19 public health emergency, and (2) incurred between March 1, 2020 and December 30, 2020.

Necessary expenditures are those that respond directly to the current pandemic emergency, such as by addressing medical or public health needs, as well as those that respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19

Funds received through the Children’s Services Provider Relief Program must be applied toward the following eligible uses:

- Payroll expenses, including employee wages, overtime, payroll support, or hazard pay. Important to note: staff bonuses or any type of one-time payment is not an allowable use of funds under the [CRF](#) requirements.
- Occupancy costs incurred as a result of closure and reduced revenues which includes rent/mortgage, utilities, insurance etc.
- Small, capital improvement projects to support mitigation efforts resulting from COVID-19, including:
 - Protective barriers to reduce airborne transmission (i.e. sneeze guards, partition shields)
 - Cleaning and sanitization supplies in adherence with CDC guidelines
 - Improved air quality (i.e. improvements to HVAC systems, replacement/addition of window to increase natural ventilation and air flow)



- Expanding or reconfiguring space (i.e. equipment, materials and furnishings needed to reduce the risk of cross-contamination due to shared equipment use during therapy, care services, evaluations.)
- New, anticipated costs related to COVID-19, including PPE, therapy materials/equipment, workforce training and enhanced protocols for the screening of children and their families
- Expenses necessary to carry out the efforts defined in the provider agency's application to expand home and community-based services for children and families

Distribution Methodology

Given the critical nature of these services, one-time grant awards will be made to children's service provider agencies, in two installments, to subsidize immediate cashflow for costs associated with resuming in-person care in alignment with public health guidance for mitigating COVID-19, as well as make up for lost revenue due to COVID-19. Payment amounts will be subject to available funds and determined at EOHHS's discretion, therefore amounts disbursed shall not be contested.

The state will make initial disbursements of approximately 50% of available funds in a first round of payment installments not to exceed \$2,000,000.00.

Initial Program payments will be distributed to qualifying provider agencies proportionally based on:

1. Documented loss of revenue in March - June 2020 as compared to January and February of 2020
2. COVID-related increased costs incurred between March – June 2020
3. Minus the amount of federal assistance received beginning March 2020 through submission of the relief fund application.

The amount calculated based on the above equation will then be factored as a percentage of the total of all providers that have been approved to receive funds from the Children's Services Provider Relief fund.

EOHHS will disburse the second half of payment to providers based on evaluation of the execution of reopening plans and evidence of effort to increase services in person, in the home, through September 30, 2020. Amounts disbursed in the second round of payments may differ from the first-round payment if a provider received federal provider relief funds during this period and the availability of federal funds to EOHHS.

Subsequent payments will be based on:

1. Submission of monthly reports on an EOHHS provided template reporting:
 - a. Any grants or other funds that your agency has applied for and/or received. Examples: PPP (Paycheck Protection Program) Small Business Loan, RI Foundation COVID Relief
 - b. Total # of children/youth with an active service plan
 - c. # children/youth receiving services via Telehealth Only, No home visits
 - d. # children/youth receiving services in person, in the home
 - e. # children/youth receiving a combination of home visits and telehealth
 - f. # children/youth who chose to "suspend" services
 - g. Staff hiring/rehiring
 - h. Staff training
 - i. Personal Protective Equipment (PPE) - masks, shields, gloves, etc.



- j. Technology
- k. Cleaning Supplies - hand sanitizer, surface sanitizer, etc.
- l. Thermometers

Payments under this program are made under the assumption that the state will receive relief from the federal government. Should funding not materialize from the federal government, EOHHS reserves the right to recoup grants or otherwise offset their payments.

Terms and Conditions

To receive initial grant awards under this program, provider agencies must:

- 1) Submit confirmation that they have applied to the Medicaid relief funds made available through HRSA announced on June 9, 2020. Provider agencies must have applied to this federal distribution prior to applying for state funding. More information on this federal funding opportunity is available here:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html>

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>

- 2) Submit as part of the application a re-opening plan detailing the following: provider agency's approach to ensure access to benefits for children with active service plans; provider agency's procedures to safely begin resuming in-person care; provider agency's staff hiring/re-hiring plan. Provider agencies must commit to achieve pre-COVID enrollment of children receiving these services according to their re-opening plans.
- 3) Submit monthly reports detailing service delivery that can later be tied to claims activity.