APRIL 26, 2024

Caseload Estimating Conference

BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES

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2. Budget Categories.docx
3. SupportWise Workforce Data Summary v2-28-2024_acc.pdf
4. 2023 May CEC Supplementary Tables – BHDDH Final v2.0.xlsx

A. Summary of FY24 Fiscal Estimate & FY23 Closing

Fiscal 2024

For FY24, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $398M All Funds. The November 2023 adopted funds were $442.8M All Funds. Please refer to May 2024 – BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet.

This results in a **$44.9M All Funds** surplus compared to the November Caseload Estimating Conference, of which **$20.3M** is from **General Revenue Funds**. The estimated reduction is due to an overestimation in the November Caseload projections with an anticipated change for the rate model program changes. This includes spending regarding the community supports spend ramping up as employment moved to the add-on budget. The reality is that this is happening on a slower progression than the anticipated expectation for FY24.

During the November caseload testimony, BHDDH inadvertently removed the targeted employment funds line (which had been previously notated in the May 2023 caseload testimony). These funds are still needed for FY 25 and the $2.5M All funds with a Medicaid admin match results in a request for conferees of $1.25M in General Revenue Funds.

Analysis in March 2024 revealed that 2400+ individuals moved from Community-Based Day Program into Community Supports Group services. This shift was expected as part of the rate model project. Community-Based Day Program was distinguished by a time of day with how the payment mechanism flowed for the service. With the rate model change, similar services were grouped together into the Community Support Group services with the time-of-day distinguishment removed. Note: Community Support Group services is assigned to the Residential Habilitation service category and should now fall into its own service category. BHDDH will work with OMB, and OHHS to alter the service category for better assignment within the BHDDH budget. Please refer to attachment 2023 May CEC Supplementary Tables – BHDDH Final v2.0.xlsx, tab 7 – Rate Comparison Summary which outlines the changes that were expected in the rate model project.

Fiscal 2023

As part of the FY 23 closing process, there was an audit finding for the current payable calculation methodology. The original payable methodology derived $42M for FY23. This was too high a calculation and resulted in a surplus. The current claims billing post FY23 (for service dates FY23 and prior) is currently $31M. Due to the payable higher calculation, the auditor reduced the payable to $33M, and based on current spend, there will be an overage of $2M All Funds.

Please see May CEC Questions Final - BHDDH only.docx, question 6 for additional payable/accrual information for FY24.

B. Enhanced SLA Stipend Expenditures – Whole Life SLA

The Enhanced SLA Initiative has been funded since August of 2020, originally intended for support during the pandemic. This initiative ensures individuals in SLAs continue to receive necessary supports during the day hours when they would typically be receiving supports during this time by someone other than the SLA Contractors. Many of the SLA Contractors needed to take time off their jobs to stay home with the people they support. It was an increase in support, so the Division compensated them for this endeavor.

Due to the success that has been seen in this program, individuals are happy with, and benefit from, the ability to receive day supports from their SLA provider, these support services continued as a service option referred to as Whole Life SLA. The service authorizations are now going into MMIS for providers to bill directly, instead of the offline payment process that was used for the Enhanced SLA previously.

Whole Life SLA for FY24 currently has cost $6,325,882 and served 154 individuals. For FY24, the projected cost anticipated is $12,053,745 and for FY25, $13,897,000.

C. Caseload Growth and Trend Development

Overall caseload growth for FY 24 is on pace to have an average net monthly caseload growth of 4 individuals, which annualized would be 48 new cases overall. Because of this, the current projection will show a decrease from the November 2023 projections, with FY24 showing 3817 distinct individuals (down from 3879 cases projected in Nov) and FY25 showing 3865 distinct individuals.

Table 1: Summary of Total Caseload Growth with average net growth

Caseload Individual Count	2018	2019	2020	2021	2022	2023	2024 Forecast												2025
Month	Jun-18	Jun-19	Jun-20	Jun-21	Jun-22	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jun-25
Overall Caseload	3771	3838	3820	3989	3985	3855	3842	3831	3834	3831	3816	3812	3796	3804	3805	3809	3813	3817	3865
Monthly Change +/-	35	12	7	11	-5	-6	-13	-11	3	-3	-15	-4	-16	8	1	4	4	4	4
New vs. Closed					10	9	7	-6	2	-3	-6	9	1	21	14				
New						18	18	15	15	9	23	18	19	24	21				
Closed						9	11	21	13	12	29	9	18	3	7				
Average Monthly Case Net Growth				6	5	5												4	

Avg monthly case net growth slightly decreased by 1

This table shows the average net case growth at the end of FY24, and the reevaluation of that growth with actuals for FY25.

Table 1 identifies the overall caseload growth over the last 6+ years and to apply the growth accordingly into the expenditures, the model will use the value and derive the appropriate percentage. Example, if residential habilitiation is utilized currently by 75% of the entire population, then when the model projects the growth for those expenditures, it adds 3 (of the 4 identified in the FY24 trend above) individuals to the model.

Table 2: Total Caseload Change by Service Category

Service Category	Nov FY24 Estimate	May FY24 Estimate	FY24 Change	% Change
Residential Habilitation	3336	3448	+112	+3%
Case Mgmt & Support Services	702*	1283*	+581	+83%
Day Program	683**	995**	+312	+46%
Employment	880	810	-70	-8%
Transportation	1568	1695	+127	+8%

As outlined here, BHDDH anticipated in the November 2023 that caseload levels would continue to have slow growth back to pre-covid levels, which has been slower than expected, notably in Day Program, Employment, and Transportation. However, the increase in expenditures is due directly to the rate remodel which had rate increases in July 2023, increasing the minimum DSP wages from $18 to $20, which has been reflected in the projections.

With many of the changes in mind, BHDDH utilized a 6-month moving average of actuals (from July to December) as consideration for the caseload methodology. The Caseload growth factor has

decreased by 1 net case, with an impact of -.21% to caseload growth over FY24 and FY25. Table 2 is a synopsis of those changes, where the biggest impacts to be seen are a shift from Day Program to Residential Habilitation in distinct individuals utilizing these service categories.

Since the implementation of the new rates and billing structure for DD services on 7/1/2023, there is a shift in utilization across several service categories, the most notable: Case Management, Day Program and Residential Habilitation and Supports.

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

**Day Program has also seen several changes to services offered, notably with the elimination of Home-Based Day programs, which have been absorbed by 24-hour residential services, as well as the separation of Center-Based Day and Community-Based Day. Community Based Day Supports along with Prevocational Supports have been combined with Community Based Supports, which has fallen under the Residential Habilitation and Support service category.

The increase in Day Program utilization also considers the expansion of Professional Services for FY24 and FY25. In the last couple of months, data from over 21 providers has been collected for their expected billing for Professional Services. This data is being used to determine the financial impact of the expansion of Professional Services, in particular Registered Nursing and LPN. The data provided also considered the place of service, such as Community vs Office, and the number of individuals and units for those prospective services.

With that in mind, utilizing bills currently in MMIS for the generic professional service code, the data from these providers, and considering providers that have yet to bill in FY24 (or they didn't submit data to BHDDH during the professional services data collection effort).

The methodology for these factors is listed below:

A. Using the data provided, projections were calculated using the average amounts for the first 6 months of FY24 (July – Dec) for the expanded services by place of service, then utilized the caseload growth that has been applied to the overall projection model.

B. There were 23 providers that submitted data for professional service billing for FY24 and there were 3 providers that have not submitted data. To account for those prospective providers, the modified approach determined an estimated amount the providers might bill for FY24 and FY25. Using the data collected from the 23 other providers, the percentage ratio was updated for which services were most often billed. Next, utilizing the FY23 actuals for those 3 providers, and applying the ratios to the total amounts, breaking them out by potential service and place of service, which informed which rates to utilize and determine projections based on those new rates. Along with this approach, the caseload growth factor was applied to ensure growth for the fiscal year was captured within the projection.

Please refer to May CEC Questions Final - BHDDH only.docx, tab 7 – FY 24 & FY 25 Service Notes.

D. Rate and Payment Methodology Changes

DDD completed the comprehensive review and restructured the program, along with the provider reimbursement rates. As a reminder, the goal of this endeavor is to support improved long-term outcomes for adults with I/DD receiving services from DDD. DDD is shifting towards a system of

community-based supports that promote individual self-determination, choice, and control. CMS gave final approval of the new rate structure in March 2023.

The new redesigned program, that began for FY 24, works as follows:

1. Funding levels for individuals adds increased flexibility within the individual's needs for services. The key budget changes center around the individual's services which include: residential, employment, community-based supports and support brokerage services.
    a. There is a fixed budget for the individuals based on their residential services needed and is no longer an item the individual will need to manage. BHDDH ensures the funding is available for these needs.
    b. As part of the Consent Decree compliance, BHDDH has created a flexible budget for individuals to incentivize community-based activities and offers individuals the opportunity to manage their budgets with their desired services.
        i. In the previous tier packages, Community-Based and Center-Based services were comprised of a 60%/40% respectively. In the redesigned component of this funding, these two services are separated to encourage individuals to utilize the service that best meets their needs. Individuals may still choose Center-Based services, but these services are a lower priced rate. Providers are also incentivized to encourage and deliver community-based supports through the higher reimbursement for providing person-centered/person-driven community services.
        ii. Support brokerage services will be supplied as part of their funding package but will only be allowed to be spent on these services. Individuals may add additional funds from their flexible budget to purchase additional support brokerage services, but they may not flex the original support brokerage funding to allocate to other services.
    c. Employment services are part of the individual's add-on budget which is only supplied for individuals who are interested in supports for their employment needs. Other services included in an add-on budget are vehicle modifications, peer-to-peer, and family-to-family services.

There are still several programmatic changes for the new services and a few modifications for existing services that are needed in the MMIS system which is anticipated to be implemented July 1st, 2024. As outlined in the Caseload Growth & Trend section, professional services are projecting using the data received from providers. Even though billing for some of the service codes is not available at this time, there will be the opportunity for providers to back-bill the FY24 expenditures. Please refer to Please refer to May CEC Questions Final - BHDDH only.docx, tab 7 – FY 24 & FY 25 Service Notes, which outlines the appropriate dates, and expectations of projections.

E. Consent Decree

In October 2024 the State entered an Addendum for the Consent Decree, which outlines specific outcomes and targets to meet each Fiscal Year through June 2026.

- **Supported Employment Outcomes**
    o For FY 24, the Division needs to ensure 125 individuals are gainfully employed. For FY 25, another 175 individuals will be gainfully employed, and for FY 26, another 200 individuals will be employed.

- o To meet these targets, the Division has engaged in targeted meetings with Supported Employment providers.
- o Through January 2024, there are 69 individuals who secured new or first-time employment this fiscal year.
- o As of April 1st there were 369 individuals who have accessed the employment add-on budget. This number reflects individuals who have submitted and were approved for the add on funding for employment services. All other individuals utilizing employment services are utilizing the funding for these supports as part of their flexible budget.

- **Transformation Funding**
  - Work with Providers in FY22 to develop Transformation Plans rolled out in two phases in the amount of $10 million**;**
    - o **Phase I** funding has been released to the grantees in the amount of $4 million AF.

      DDD received $4M in ARPA funds that were used for a transformation initiative. This funding was made available to licensed Developmental Disability Organizations to focus efforts on recruitment and retainment of Direct Support Professionals to build staff capacity for service provision to adults with disabilities. There were 29 applicants, and all were approved. Funds were distributed on February 18, 2022.

    - o **Phase II** applications were due on May 1, 2022; funding for this initiative is $6 million AF.

      These transformation funds are being used to fund innovative service models to improve employment outcomes and community access for adults with intellectual and developmental disabilities.

      - To-date, $5,748,648.74 has been distributed to 31 agencies. There is one agency that has not become a RI Medicaid provider, so there is $258,740.65 in funding that has not been disbursed.
    - o **Continuation of Transformation Funding through Targeted Employment Funds**
      - The targeted supported employment funds will be used in furtherance of transformation activities.
      - Providers can access targeted employment funds for the continuation of new and innovative models of service or continuation of these support models.
      - To date 4 providers have submitted proposals to access this funding.
      - The estimated funding for these requests in FY24 is $608,300.00.
- **Three-step assessment process - please see Section G for information.**
  - o There are 238 individuals who have gone through the 3-step process as of 3/27/24.
  - o As a result of the Additional Needs and Support Questionnaire (ANSQ) 16 individuals were identified as having an increased support need. Of the 16 identified as needing additional funding through the ANSQ process, all but 2 of these individuals already had existing L9s in place
- **Conflict-Free Case Management (CFCM) and Independent Facilitation**
  - o There was a transfer of funding from EOHHS to BHDDH to support additional 18 FTEs. These additional FTEs will provide Independent Facilitation (IF) services. Also see Section H Conflict-Free_Case_Management

- **Self-Directed Individuals**
  - There was transformation funding allocated towards self-direct programming in FY23 in the amount of $2 million GR. This funding has begun to address the need for service advisement.
  - A contract with Rhode Island Parent Information Network (RIPIN) was signed and began on June 1, 2023, for the Service Advisement/Support Brokerage portion of work that needed to be done. Currently, the Division is working on a no-cost extension to this contract.
  - RIPIN are partnering with the Sherlock Center to assist and support the SD User Listserv and they worked with Advocates in Action to develop a Peer-to Peer Support Training.
  - The Staffing pool/Registry RPF did not have a successful bidder. There is work being done to determine the most beneficial way to move forward. There have some discussions with Direct Workforce Solutions, the Vendor assisting with the SWI, to see if there is anything they may be able to assist with in this area. BHDDH has reviewed other states activity regarding this item and researched operating systems that support this type of work (staffing registry). There has not been any evidence that these tools/systems have worked. BHDDH continues to look into viable options that will meet this need.
  - Recent discussions with the Fiscal Intermediaries began to see if there was a way that they may be able to provide this service for individuals they support. Through these discussions DDD will also be looking at what Massachusetts has done to assist individuals with staffing needs.
- **Develop a Technology Fund in the amount of $2 million**
  - Requests for funding for participants are currently being solicited. Requests are reviewed and awards are made on a quarterly basis. The Technology Fund is currently reviewing the 8th Round. This Fund has been operational since May of 2022.
    - To-date, $315,848.95 has been disbursed to the providers to cover invoices for technology.
    - Estimate of technology costs from technology that has been approved is $569,979.81.
    - Through Round 7, which had a submission deadline of Nov. 30, 2023, approximately 1087 technology requests have been approved.
- Incrementally increase Medicaid rates to enable providers to **increase direct support professional hourly wages**;
  - Rates were increased in FY23 to increase starting wages to $18.00 per hour.
  - Rates were increased in FY24 to increase starting wages to $20.00 per hour which results in an average of $22.14/per hour.
- **Develop a Statewide Workforce Initiative**
  - There continues to be funding in FY24 allocated for the Statewide Workforce Initiative (SWI).
  - The SWI shifted to the Sherlock Center who subcontracted with Direct Support Workforce Solutions (DSWS) under the leadership of subject matter expert, Dr. Amy Hewitt. They have been working with the State, providers, self-directing leaders, DSPs, and other stakeholders.
  - Part of the Statewide Workforce Initiative (SWI) consists of a Coordinating Council and five workgroups (Data & Reporting; Policy Advocacy and Worker Voice; Selection and Retention; Marketing & Recruitment; Professional Development and Training) which were convened to address workforce issues.

- The impact on the DSP workforce from the pandemic was significant. The current demand for services is still more than can be met by the provider organizations, so there is still a need for ongoing stabilization of the system. The difficulty in finding and retaining staff is still being felt throughout the agencies of those who provide service to adults with intellectual and developmental disabilities. In residential care, the staffing shortages have created increased costs due to overtime and turnover. In FY 24 BHDDH has been able to eliminate the backlog in Bradley Hospital residential programs thereby eliminating the secondary backlog caused by adults not leaving residential program in a timely manner. There are now only 5 adults in youth programs awaiting adult placement.
- Day and employment programs have reopened but there is still a need to increase staffing to meet the demand. These programs are still in some ways impacted as staff at times are still pulled to assist in group home coverage. While the rate increases recently enacted have begun to address this issue, there are still shortages.
- In recent months there has been an increase in agencies acceptance rates due to increased staffing. In July of 2022, 63% of agencies in 2022 reported having to turn away referrals compared to 35% July-January 2023 reporting cycle. The number of DSPs has increased since 2022 from 2771 to 3058. (As reported in the SupportWise Workforce Data Summary Report - reporting period July 1, 2023, to December 21, 2023)

F. Employment Program

DDD continues to engage with Supported Employment (SE) providers. The DD state team has helped providers/individuals with accessing DD and ORS funding. There was a meeting in July to speak with providers about accessing Targeted Employment Funds. Two providers submitted a proposal for these funds to work on innovative services. One is doing an Adult Project Search and the other proposes to use technology to provide employment supports.

DDD filled the Administrator III position, which is dedicated to employment and community services. This position was to oversee Business and Community Engagement. Having someone to help make connections in the community that can lead to increased employment opportunities for individuals with I/DD was essential. Creating this position has helped increase employment numbers. The Administrator of Business and Community Engagement has consistently been meeting with employers to seek out opportunities for employment for individuals with I/DD.

Meetings are also occurring on a regular basis with ORS and RIDE to discuss employment efforts. Both are aware that there is funding from DD to enhance support services that individuals are receiving through their departments to help increase successful outcomes.

Capacity continues to be an issue with bringing this work to scale. The Employment Team has been meeting with SE providers to work on targeted employment efforts. The SE providers have been asked to identify 5 individuals they are working with who are interested and ready to begin working. Providers were tasked with providing adequate supports to these identified individuals to help them achieve their employment goals. By stressing the importance of providing increased supports that are necessary to achieve goals, BHDDH will see more individuals gainfully employed.

There will also be an increased focus on the target population of those never employed. These individuals may need significant supports to determine what it is they want to do and to gain necessary skills to do the work. The Employment Team is taking a data driven approach to this work

by looking at employment service utilization for these individuals. Looking at people's goals to determine if employment is one of them. Working with providers to deliver the appropriate supports to increase employment opportunities for these individuals.

Finally, the add-on employment funding is being utilized, but have come in on a rolling basis. Purchase orders (PO) are being submitted when an individual goes through their annual ISP process and, when people want to amend their ISPs to include the add on employment supports.

G. SIS-A 2nd Edition and Assessment Modifications

The BHDDH DD team recognized the need to develop a comprehensive assessment process to ensure all areas of support are accurately captured for each eligible individual with I/DD receiving adult services. As such, the DD team developed a three-step assessment process to include the SIS-A, 2nd Edition, Additional Needs and Support Questionnaire (ANSQ) and Individual Follow-up. The goal of incorporating the ANSQ is to assess specific needs above and beyond what the SIS-A captures. In turn, the goal is to reduce the reliance on S109 requests and/or the need to request an administrative review. The three-step assessment process was fully implemented in November 2023.

The BHDDH DD team continues to work with Health Management Associates (HMA) to develop the algorithm for the SIS-A, 2nd ed. which will inform the tier. The normalization of the algorithm includes a comprehensive record review of a 150 randomly selected records. This record review is actively underway as the goal for completion of the algorithm is July 2024. In addition, the BHDDH team is actively working with HMA to develop an automated funding mechanism for the ANSQ.

The authors of the Supports Intensity Scale for adults (SIS-A), the American Association on Intellectual and Developmental Disabilities (AAIDD), recently updated the assessment to take advantage of the tens of thousands of assessments that have been completed since the SIS-A was released.

- o This updated assessment, referred to as the SIS-A second edition, does not change the structure of the instrument.
- o A few more questions have been added and, most relevantly, the statistical scoring of the assessment has been revised.

Because Rhode Island uses the SIS-A to assign individuals to a tier, which determines the individual budget they receive as well as the rate that their providers are paid for certain services (that is, individuals with greater assessed needs receive larger budgets and their providers are paid higher rates than those with comparatively fewer needs).

- o As a result, it is necessary to update the criteria Rhode Island uses to assign tiers to reflect the scoring changes of the SIS-A.
- o The Human Services Research Institute (HSRI), which works with several states on SIS-related issues, led this effort. HSRI has proposed initial updates to these criteria based on an analysis of SIS-A assessments in Rhode Island.

Because the assessment itself is not changing significantly, most individuals will remain in the same tier. Based on the initial criteria, about 79 percent of individuals would remain in their current tier, 18 percent would see an increase in their tier, and 3 percent would see a decrease in their tier.

Given that an individual's tiers determine provider rates and individual budgets, these changes will have a fiscal impact. HMA-Burns, which led BHDDH's recent rate study and performed related financial modeling, has considered the impact on provider payments.

- o If payment rates do not change, HMA-Burns estimate that the changes to tier assignments will increase provider revenues (that is, BHDDH's spending on services) by about $3.8 million, or 1.4 percent.
- o This is a total funds figure (that is, it includes both the state and federal share of costs). Additionally, this is the cost at full implementation. Since an individual is only assessed every five years, the full cost will not be realized immediately (that is, the full cost will not be experienced until everyone has been assessed using the second edition of the SIS-A).
- o The impact will vary by provider based on the specific individuals they serve.

In terms of the methodology:

- o The fiscal impact analysis is based on fiscal year 2023 utilization levels.
- o Using individuals' existing SIS assessments, tiers were assigned based on both the current criteria and the initial criteria (because the assessment itself is [mostly] not changing – only the statistical scoring – the initial new criteria can be applied to the old assessment data with a high [but not perfect] degree of confidence).
- o The fiscal year 2023 claims were priced using the fiscal year 2024 rates based on an individual's current tier assignments and the tier to which they would be assigned based on the initial new criteria. The difference between these two calculations represents the fiscal impact at the claim level. These impacts are rolled-up to create the system-level estimate.
- o A budget-neutral option was considered (which would require small reductions in some provider rates) but given that most people remain in their existing tier and the overall impact is modest, BHDDH believes it is appropriate to maintain current rate
- o The estimate does not yet directly account for changes related to exceptions, although the impact will likely be modest (slightly lowering the cost). For example, exceptions may be granted to allow individuals to access more hours of support. If someone is moved to a higher tier that includes more hours of support, they may no longer need the exception. However, since those additional hours were already included in the claims analysis, there would be no change in the fiscal impact in this example. Analysis of the impact of exceptions is ongoing.
- o The estimate does not account for changes in overall utilization.

H. Conflict-Free Case Management (CFCM)

The CFCM Certification Standards are posted on the EOHHS website and applications for this service will be accepted on a rolling basis. Please see the link for the Cert. Standards - https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-01/RI%20EOHHS%20CFCM%20Certification%20Standards%20Final_1.12.24%20%281%29.pdf

Five vendors have submitted applications for review by the established interdepartmental review team. Three of the five vendors have requested to serve the I/DD population. Potential vendors have indicated that they plan to start with small numbers of participants initially. They will grow their capacity as they are able to hire case management staff, ensure staff are adequately trained, and secure referrals from the State. In total they may be able to provide this service to 200 individuals in the I/DD service system.

Due to impeding CD deadlines for an independent person to provide a more comprehensive, choice based, and self-determined annual planning process DDD is standing up Independent Facilitation (IF), which will be a bridge to conflict free case management. This process is closely aligned with the elements of CFCM, although not all CFCM components will be covered by IF.

The Consent Decree Addendum states, "All adults will have an independent facilitator who will a) provide information about employment and community activity, b) facilitate the development of a person-centered plan, c) explain the resources and opportunities available through the new rate structure, and d) assist the individual to use their individual budget to access employment and community services."

The IF role is to introduce the IF process to the individual and family they are working with; get to know the individual well through a variety of strategies, including but not limited to, resource mapping (i.e. who is in that person's life and where/how they spend their time); share information about opportunities and resources available to the individual so they can make informed choices about goals and interests, including for employment and participation in their community; support the person to be actively engaged in their planning process; develop goals and action steps that are meaningful to the individual; write the plan ensuring it reflects what was discussed and agreed upon throughout the planning process; and routine check-ins with the individual every 2-3 months to support quality implementation and progress.

The IF will not make referrals to providers, they will not deal with benefits referrals, they will not deal with any crisis intervention, and they will not deal with eligibility. The IF is there to assist in the planning process and conduct follow up to ensure individuals are getting their needs, identified in the planning process, met. The IF may also assist in amending Individual Service Plans (ISP) if there is a new identified need.