OCTOBER 25, 2024

CASELOAD ESTIMATING CONFERENCE

BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES

Table of Contents

A. Summary of FY24 Closing and & FY25 Estimate 3
B. Enhanced SLA Stipend Expenditures – Whole Life SLA 4
C. Caseload Growth and Trend Development 5
D. Rate and Payment Methodology Changes 7
E. Consent Decree 9
F. Employment Program 12
G. SIS-A 2nd Edition and Assessment Modifications 12
H. Conflict-Free Case Management (CFCM) 15

List of Attachments

1. Responses to Conferees' Questions for RI Division of Developmental Disabilities
    a. November 2024 CEC Questions – BHDDH only.docx
    b. November 2024 – BHDDH Workbook for CEC questions.xlsx
2. DD Billing manual.docx
3. RI Tier Change Fiscal Impact_2024_04-12.pdf

A. Summary of FY24 Closing and & FY25 Estimate

Fiscal 2024 Close

For FY24, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are anticipated $409M All Funds. This resulted in a $5.8M All Funds deficit compared to the Final Enacted budget of $403M, of which $2.18M is from General Revenue Funds. Please refer to Table 1 for more information regarding the FY24 analysis of final enacted versus May testimony versus July FY24 close versus this testimony. Please refer to November 2024 – BHDDH Workbook for CEC questions.xlsx, tab 9 – Fiscal 2024 Analysis. As a note, the deficit was caused by three main components:

1. Community supports spend for the existing population was originally estimated in the May Caseload by utilizing the trend of moving the employment funds into the add-on budgets as individual's plans were due. However, after May Caseload testimony in April, the Court recommended BHDDH move everyone's employment funds to the add-on budget authorizations immediately, which BHDDH complied and the result from this change opened the funds in community supports quicker and was expended differently than the May projection for FY24,
2. Employment was conservatively projected in the May Caseload and the spend experience was about $1.5 million higher than anticipated,
3. Professional services were under projected, mostly as the data supplied for the May Caseload was from provider spreadsheets and the actuals that were paid were higher than those estimates that were supplied.

Table 1: Fiscal 2024 Analysis

Fiscal 2024 Analysis	Final Enacted Budget	May CEC testimony	July 2024 Close	November CEC Testimony	Final Enacted vs Nov CEC Testimony
Residential & Community Based Services					
Residential Habilitation	$208,000,000	$342,000,000	$338,564,000	$339,208,899	-$131,208,899
Day Program	$139,333,000	$10,000,000	$5,610,000	$8,493,995	$130,839,005
Case Management & Other Support Services	$5,000,000	$6,973,788	$10,152,000	$7,692,364	-$2,692,364
Support Services	$2,000,000	$333,000	$0	$0	$2,000,000
Transportation	$13,579,802	$13,761,373	$14,116,000	$14,200,836	-$621,034
Contract Transportation	$2,100,000	$1,979,802	$1,979,802	$1,921,059	$178,941
Other Services					
Employment	$7,900,000	$7,337,220	$8,770,000	$8,821,849	-$921,849
L9 Supplemental Funding	$24,100,000	$24,353,641	$24,192,000	$24,692,330	-$592,330
Non Medicaid	$1,162,611	$1,166,000	$1,166,000	$582,420	$580,191
Subsidies	$31,000	$26,430	$26,430	$26,430	$4,570
Outstanding to Be Paid (Payable)				$3,373,484	-$3,373,484
Grand Total	**$403,206,413**	**$407,931,254**	**$404,576,232**	**$409,013,666**	**-$5,807,253**

Projection Calculation Notes				
Trend data was utilized for each projection with these caveats:				
	Final Enacted Budget	**May CEC testimony**	**July 2024 Close**	**November CEC Testimony**
Professional Services	NA	Provider submitted excel files and data was used to extropolate the		Trend data was used based on actual billing
New Services		Based on HMA recommendation, a 1% budget was applied for these services		
Community Supports Group		A percentage of the existing community supports utilization was applied to the individuals who were receiving employment services. The expectation was that individuals would move to the add-on budget as		Trend data was used based on actual billing - note all individuals with employment services had their funding moved into the add-on budget in May 2024.

Fiscal 2025 Projection

For FY25, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $432.2M All Funds. The May 2024 enacted funds were $424.5M All Funds. This is a projected deficit of $7.7M All Funds, of which, $3.96M is General Revenue.
Please refer to November 2024 – BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet. The deficit aligns with the same reasoning as the FY 2024 outlined on the previous page.

Note – the following items were projected outside the trend model (or in conjunction with the model) and are included in the appropriate tabs in the workbook:

1. Job Exploration is a new service that will be implemented for payments by the end of the calendar year. The methodology for determining the fiscal impact utilized the average units for individuals utilizing Job Development in FY24, applying the rate ($12.36, which would be the same as the community-based supports rate) and estimating 50 individuals will utilize this service in FY25, doubling to 100 individuals in FY26. The total fiscal impact anticipated in FY25 and FY26 are $21,763 and $87,052 respectively are reflected accordingly in the Employment projections lines.
2. SIS-A Tier changes has been projected by the vendor, HMA, see section SIS-A 2nd Edition, and Assessment Modifications below for more information and it has been reflected in the workbook, under tab 1a- BHDDH CEC sheet, row 20. Also, refer to section G. SIS-A 2nd Edition and Assessment Modifications, Fiscal Impact section for more information.
3. Home Health services rates were modified as part of the OHIC review. Please refer to the November 2024 CEC Questions.docx, question 11 for more information.

Targeted Employment

During the May caseload testimony, BHDDH asked for the targeted employment funds line (which had been previously notated in the May 2023 caseload testimony) to be reinstated under the Transformation Funds. These funds are still needed for FY25 and FY26 and the reference to these funds should be noted as Transformation Fund – Phase III (and no longer referred to as Targeted Employment funds). Please see Transformation Funding under the Consent Decree – Section E.

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 processed by the MMIS effective 07/01/2024 for providers to bill directly, instead of the offline payment process that was used for the Enhanced SLA previously.

The WLSLA authorizations fall under residential services. Whole Life SLA for FY24 expenditures were $11,762,865 for 166 individuals. For FY25 and FY26, the projected expenditures anticipated is $13,984,000 and $14,822,000, respectively.

C. Caseload Growth and Trend Development

Overall caseload growth for FY 2025 is on pace to have an average net monthly caseload growth of 8 individuals, with a projection of 81 new cases overall. Because of this, the current projection will show an increase from the May 2024 projections, with FY25 ending with 3879 distinct individuals (up from 3865 cases projected in May) and FY26 showing 3967 distinct individuals. The anticipated caseload growth is expected to slow in FY26, and based on current trends, and the addition of CFCM that the caseload will increase as outlined in the below tables.

Table 2: Summary of Total Caseload Growth with average net growth

Caseload Growth Trend FY25-FY26

Caseload Individual Count	2018	2019	2020	2021	2022	2023	2024
Month	Jun-18	Jun-19	Jun-20	Jun-21	Jun-22	Jun-23	Jun-24
Overall Caseload	3771	3838	3820	3989	3985	3855	3798
New vs. Closed (+/-)			5	34	14	43	92
New Eligible Individuals			200	148	157	191	255
Closed Individuals			195	114	143	148	163
Average Monthly Case Net Growth			6	6	5	5	8

Caseload Individual Count	2025 Actuals & Forecast											
Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Overall Caseload	3806	3799	3807	3815	3823	3831	3839	3847	3855	3863	3871	3879
Monthly Change +/-	8	-7	8	8	8	8	8	8	8	8	8	8
New vs. Closed	30	-7										
New Eligible Individuals	37	1										
Closed Individuals	7	8										
Average Monthly Case Net Growth												

Caseload Individual Count	2026 Forecast											
Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Overall Caseload	3879	3887	3895	3903	3911	3919	3927	3935	3943	3951	3959	3967
Monthly Change +/-	8	8	8	8	8	8	8	8	8	8	8	8
New vs. Closed												
New Eligible Individuals												
Closed Individuals												
Average Monthly Case Net Growth												

This table shows the average net case growth at the end of FY24, and the reevaluation of that growth with actuals for FY25 and FY26.

Table 2 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 habilitation is utilized currently by 75% of the entire population, then when the model projects the growth for those expenditures, it adds 6 individuals (of the 8 identified in the FY25 trend above) to the projection model.

Table 3: Total Caseload Change by Service Category

Service Category	May FY24 Estimate	FY24 Actual	Nov FY25 Estimate	FY25 Change	% Change
Residential Habilitation	3448*	3437	3510	+62	+2%
Case Mgmt & Support Services	1283	1284	1311	+28	+2%
Day Program	995**	1158	1183	+188	+19%
Employment	810	855	873	+63	+8%
Transportation	1695	1707	1743	+48	+3%

**Please note, the community-based supports caseload falls under Residential Habilitation.*

As outlined here, BHDDH has seen moderate increases in caseload growth most notably, Residential Habilitation, Day Program, and Employment which has outpaced previous estimates in May FY24.

BHDDH utilized a 12-month moving average of actuals (from August to July) as consideration for the caseload methodology, as the expenditure data for FY24 helps give better overall insight into the progression of new rate remodel. The Caseload growth factor has been increased by 3 to 8 net new monthly cases, with an impact of +2.21% to caseload growth, spread evenly over FY25 and again in FY26. Table 3 is a synopsis of those changes, where the biggest impacts to be seen are Day Program with the anticipated growth in Professional services with the latest expansion, along with seeing more individuals utilizing Community Based Supports and Employment.

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 in FY24 and going into FY25 are: Day Program and Residential Habilitation and Supports.

- *Residential Habilitation and 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. There also has been an increased utilization of Community Based Supports with employment services being moved out of previous authorization mechanisms and into the Add on budget, which would allow individuals to utilize community-based supports more with their flexible budget. Since May there has been an increase in caseload and expenditures of more individuals utilizing Community Based Supports out of their flexible budget.
- **The increase in Day Program utilization also considers the expansion of Professional Services for FY25 and FY26. DD previously testified that professional services would be moved to Case Management and All Other Support Services, but they are going to be kept in the Day Program conference category for the FY25 projection and is moving to the Professional and Other Support Services conference category for the FY26 projection as outlined in the conference instructions. Please refer to tab 1a of the November 2024 – BHDDH Workbook for CEC Questions.

In the May Caseload testimony, DD utilized data from over 23 providers for their expected billing for Professional Services, which was utilized in that testimony's projected calculations. DD utilized the bills 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). This data is not being utilized for the FY25 and FY26 projections as the trend experience is utilized for these services since the billing codes were implemented.

As a reminder, the below methodology was used for the May Caseload testimony and is not being utilized for this testimony.

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 on the spreadsheets for professional service billing for FY24 and there were 3 providers that did 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.

With the above methodology along with the 3 months' worth of MMIS billing of the new codes offered, the projections have been updated for FY25 and FY26. While there has been an uptick in the caseload and expenditures due to the new codes and service offerings, they have not met what the previously anticipated projections due to the delay in the billing mechanisms for those services. The expectation is there will be more billing to occur for FY24 and into FY25 and beyond and have updated the projections to reflect these increases accordingly.

D. Rate and Payment Methodology Changes

DDD completed the comprehensive review and restructured the service system, 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. For more information on the redesigned service system, please refer to the May Caseload testimony overview document, section D. Rate and Payment Methodology Changes.

Most of the rate changes for the new remodel were completed in August 2023 (with a begin date for billing of 7/1/2023), except for the following services:

1. These services were implemented for billing in August 2024 and are available for back-billing for FY 2024:

a. Professional Services
    i. Note – providers were able to bill the old rate of $13.13 during FY 2024 while BHDDH was developing the system changes to allow the appropriate billing. During May caseload, BHDDH estimated the actual value of the services based on data supplied directly from providers.
    ii. Additional Note – the L9s for Professional services are currently being billed under the $13.13 rate as the L9 service code combinations are under review. The projection does include the current L9 expectation at the new rates, even though the providers can only bill the old rate.
b. Employment Services
    i. Discovery
    ii. Personal Care in the Workplace

2. These services were implemented for billing in August 2024 and are available for billing in FY 2025:
    a. Peer Supports
    b. Family-To-Family Training
    c. Financial Management Services
    d. Vehicle Modifications
3. This service is currently under review for implementation during FY 2025:
    a. Employment Services – Job Exploration
        i. There are an estimated 50 individuals who may begin using this service in FY 25 which equated $22K additional funding for employment services and is added appropriately to that line in the estimated projection.
        ii. For FY26, there is an estimated 100 individuals who are expected to use this service equating to $87K, which has been accounted for in the estimated employment projection for FY26.
4. This service was available, per CMS approval, beginning March 21, 2024, and will be billable by providers starting 1/1/2025. The expenditures are included in the base 1% new services estimate in the projection model:
    a. Remote Supports
5. This service is currently under review for implementation during FY 2026 and is not included in any projections:
    a. Supportive Living
6. These services were modified for billing practices improvements and there are no changes to the projections for these services:
    a. Transportation – this service was changed from a tier-based service to a ride-based service and to clean up the billing process, the modifiers were removed for ease of billing this service.
    b. Goods and Services – this code was changed to a more accurate billing code that represents the goods and services provided to the individuals.
    c. Respite – this service was offered with a slightly different rate for respite provided for two or three individuals versus the individual rate. After implementation, these combinations were reviewed, and these services will not be billable in this manner and respite will be billed under the 1:1 rate service rate.
    d. Center-Based Supports – BHDDH implemented a 1:1 rate with an appropriate code combination that aligns with other services billed at 1:1 rates.
    e. Whole Life SLA – this service was billed in FY 24 under an interim code/modifier combination and was moved to its permanent code/modifiers in August 2024. To

appropriately account for authorizations with the 344-day billing practice, BHDDH worked with providers to ensure authorizations matched accordingly for the changeover of service codes.

E. Consent Decree

In October 2023 a court ordered Addendum was added to the Consent Decree, which outlines specific outcomes and targets to meet each Fiscal Year through June 2026.

- **Supported Employment Outcomes:**
    - For FY 24, the Division needs to ensure 125 individuals who have not worked previously will now be gainfully employed. For FY 25, another 175 individuals who have not worked previously will now be gainfully employed, and for FY 26, another 200 individuals who have not worked previously will now be employed.
    - To meet these targets, the Division has engaged in targeted meetings with Supported Employment providers.
    - In FY24, the Division met its stated target of 125 new people being gainfully employed.
        - In total, 174 individuals secured new or first-time employment in FY24.
    - As of September 30th there were 563 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 funding for employment supports at this time is coming through the Add On Employment. There are no longer any individuals receiving employment services funding through their flexible budget.
- **Transformation Funding:**
    - DDD staff worked with Providers in FY22 to develop Transformation Plans rolled out in two phases in the amount of $10 million**;**
        - **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. These funds had a spend date of March 31, 2024, but the deadline was extended to December of 31, 2024.
        - **Phase II** applications were due on May 1, 2022; funding for this initiative was $6 million AF.

          These transformation funds are being used to support 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 $258,740.65 in funding that has not yet been disbursed. These funds had a spend date of June 30, 2024, but the deadline was extended to June 30, 2025. Please see the Questions document – Question 14 for more information.

- **Phase III - Continuation of Transformation Funding through Targeted Employment Funds:**
  - The targeted supported employment funds will be used in furtherance of transformation activities and will be funds needed every fiscal year.
  - These funds are matched Medicaid Admin.
  - 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.
    - These 4 proposals were funded $250,084.00.
  - There are 2 new proposals currently in review.

- **Three-step assessment process - please see Section G for information:**
  - There are 999 distinct individuals who have gone through the 3-step process as of June 30, 2024.
  - As a result of the Additional Needs and Support Questionnaire (ANSQ), 28 individuals were identified as having an increased support need which results in an L9.
- **Conflict-Free Case Management (CFCM) and Independent Facilitation:**
  - 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 and outreach to individuals self-directing their services.
  - 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. A no cost contract extension was signed with RIPIN on June 6, 2024, through June 30, 2025.
  - RIPIN worked with Advocates in Action to develop a Peer-to Peer Support Training.
    - This training is going through it's second cohort.
  - 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. DDD 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. DDD continues to investigate viable options that will meet this need.
  - Discussions took place with the Fiscal Intermediaries (FIs) to begin to see if there was a way that they may be able to provide this service for individuals they support. Also researched what Massachusetts has done to assist individuals with staffing needs. For their Personal Care Attendant (PCA) service model they created an online registry which allows employees to submit/post their resume and employers to access the information. For the registry DDD needs to have there needs to be access to staffing for emergency/ fill in staff when someone calls out. The MA system does not account for emergency staffing needs, and it does not do any type of matching criteria.

- DDD will be pulling FIs together to discuss the how to meet this need. Will also revisit discussions with Direct Support Workforce Solutions (DSWS) now that they have begun to engage with the self-direct population on workforce development.

- **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 10th Round. This Fund has been operational since May of 2022.
    - As of July 1, 2024, the Technology Fund has a total of $685,015.38 in
    - encumbered funds.
    - Through Round 9, which had a submission deadline of May 31, 2024, approximately 1267 technology requests have been approved.

The Court Monitor has agreed to allow the use of this Fund for an expanded initiative. Details will be worked out with the Court Monitor, but DDD will assist providers to create Technology Lending Libraries, so people they support are able to try different types of technologies to help them determine what types of technology is best suited to meet their needs. Additionally, staff at the provider agencies will receive technology training, so that each agency has a staff member versed in technology who is able to assist people by providing needed support with general tech devices and help to answer some basic questions regarding technology.

Statewide Workforce Initiative

- 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 FY25 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, there is a continued struggle with staffing shortages. However, with a focus on stabilization, BHDDH has eliminated the FY 24 backlog that existed, in previous fiscal years, from Bradley Hospital and other youth residential programs. There are currently no adults in youth programs awaiting adult placement, including in-state and out-state individuals.
  - 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 have begun to address this issue, there are still shortages.

- There has been an increase in agencies acceptance rates due to increased staffing. In reporting cycle January-June 2024, 33% of reporting organizations reported having to turn away referrals compared to 35% for July-January 2023 cycle and 63% in July-December 2022 cycle. The number of DSPs has increased since 2022 from 2771 to 3210 in June 2024. (As reported in the SupportWise Workforce Data Summary Report - reporting period January 1, 2024, to June 30, 2024)

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. To date 5 providers have submitted a proposal for funds to work on innovative services.

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 continue to occur 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 will be asked to identify 6 individuals they are working with who are interested and ready to begin working with a focus on the Never Been Employed (NBE) Target Population under the CD. Providers were previously asked to ensure they are providing adequate supports to the identified individuals to help them achieve their employment goals. By stressing the importance of providing increased supports that are necessary to achieve goals, BHDDH has been able to meet CD Addendum targets and see more individuals gainfully employed.

The NBE 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. The team is also 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 and anyone with employment supports has this funding appropriately allocated in their add on budget authorization.

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 previously testified, the DD team developed a three-step assessment process to include the SIS-A, 2nd Edition, Additional Needs and Support Questionnaire (ANSQ) and Individual

Meeting. Additionally, since the May testimony, the BHDDH DD team implemented an annual assessment referred to as the two-step assessment process. The two-step assessment process consists of the ANSQ and the Individual Meeting. The two-step assessment process will be administered annually by the BHDDH social case worker (SCW) prior to the Individual Support Plan (ISP) meeting. This annual assessment will provide the individual and/or designated support(s) the opportunity to share changes to the support needs required since the last SIS-A assessment to aid in the development of the annual ISP and individual budget. Like the three-step assessment process, the goal is to reduce the reliance on S109 requests and/or the need to request an administrative review. In turn, individual budgets will increase as the additional funding will be allotted through either the two step or three step assessment process following completion of the HMA work as noted below. Currently, individuals who are approved for additional funding secondary to either assessment process receive funding via an L9.

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 included a comprehensive record review of a 150 randomly selected records. A record review was completed in April 2024 with results shared in June 2024. The goal for completion of the algorithm is January 2025. In addition, the BHDDH team is actively working with HMA to develop an automated funding mechanism for the ANSQ.

The below summarizes the most recent update as provided by HMA:

- HMA-Burns and HSRI (Human Services Research Institute) continue to evaluate options to integrate data from the additional needs and support questionnaire (ANSQ) into the process for establishing individual budgets. It is hoped that the ANSQ will complement SIS-based results and identify support needs that are currently being addressed through an exceptions process. The ANSQ will only result in potential increases to individual budgets; that is, the ANSQ will only identify additional support needs. At this time, any impact on overall spending is expected to be modest, particularly because it is anticipated that many of these support needs are currently being identified through an exceptions process. Work on incorporating the ANSQ into the overall assessment and budget framework is expected to be completed by the end of calendar year 2024.

Information below was provided in the last CEC but is still relevant to the ongoing work HMA is engaged in to develop a new algorithm.

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.

- This updated assessment, referred to as the SIS-A second edition, does not change the structure of the instrument.
- 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).

- 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.
- 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.

Fiscal impact

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.

- 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. 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).
    - With this in mind, assuming a January 1, 2025 implementation start date, a five year assessment cycle, and an even distribution of plans throughout the year, BHDDH would incur approximately 30 percent of the total cost in fiscal year 2026 (20 percent of the population would be fully phased-in and 20 percent of the population would be phased in over the course of the year so that, on average, they would be under the new framework for half of the year). This would translate to about $1.1 million.
    - Please also see the attached RI Tier Change Fiscal Impact pdf for additional information on the vendor's calculation for this impact.
- The impact will vary by provider based on the specific individuals they serve.

In terms of the methodology:

- The fiscal impact analysis is based on fiscal year 2023 utilization levels.
- 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).
- 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.
- 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.
- 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.

- 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 organizations have been certified to serve the I/DD populations. Three of the five vendors have received referrals. Vendors had 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.

The work under the Consent Decree for Independent Facilitation (IF) and the CMS requirements for CFCM are very similar. 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.”

With the State needing to come into compliance with both the CD and CMS requirements regarding service planning, DDD chose to align the IF work with CMS requirements. By doing this, it can increase capacity for CFCM and minimize confusion about the difference between IF and CFCM.

The CFCM role is to introduce this new 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; make referrals to services and supports; 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 at least every months or on a cadence the person wants to support quality implementation, monitoring, and progress on goals.

1. DDD currently has three workforce streams to address capacity and ultimately compliance. There are 5 CFCM agencies.
    - Care Link, Child and Family, West Bay Community Action, East Bay Community Action, and Healthcare Connect

2. DDD is hiring 16 Social Caseworkers to be State CFCMs and 2 Social Casework Supervisors
    - Both Supervisor positions have been filled
    - As of September, there have been 10 SCW hired and trained
    - There are 6 FTEs are in process to be hired.

3. DDD is recruiting Support Brokers who worked for the self-direct population and teachers
    - As of September, there have been 34 people trained and are in the process of becoming CFCM

DDD has already begun referring people to CFCM agencies, State FTEs, and the Support Brokers.

Below are CFCM/IF projections for FY25 and FY26:

SFY 2025 – 3879 Clients Needing CFCM Services

- BHDDH - DDD FTEs
    - By the end of SFY 25, 768 individuals will be managed by 16.0 BHDDH social caseworker FTEs.
    - 10 social caseworkers currently doing work; 2 social casework supervisors managing, DDD to hire 6 more non-supervisor social caseworkers.
    - The FY 25 budget included 18 FTE for independent facilitation with an assumed Medicaid Administrative match of 50%. BHDDH was later informed that only Conflict Free Case Management is eligible for the federal match. Thus, the work of these individuals will meet the criteria for conflict free case management to maintain the nearly $1.0M in federal match.

- Independent Facilitators (No Case Management Billed to Medicaid benefits, funded by member budget).
    - With current Support Brokers who are doing this work, DDD foresees 609 individuals could be managed by June 2025. However, with continuous recruitment efforts this could reach 1,363. (Model assumed the difference was split for a total of 986 individuals by June 2025.

- Total Actually Billing New CFCM by end of SFY 25 – 979 (In EOHHS Budget)
    - 123 individuals as of 10/12/2024.
    - 56 individuals to be referred by end of next week for a total of 179 as of 10/18/2024.
    - Add 100 individuals per month Nov 2024 through June 2025 for a total of 800.

SFY 2026 – 3967 (Projected Caseload)

- BHDDH- DDD FTEs: Hold 768 individuals steady in SFY26.
- Support Brokerage: Shift population to $170 billing.
- Shift everyone remaining (3,199) to bill the CFCM $170 rate by end of June 2026.