OCTOBER 27, 2025

CASELOAD ESTIMATING CONFERENCE

Table of Contents

List of Attachments

1. Responses to Conferees' Questions for RI Division of Developmental Disabilities
    a. BHDDH – November 2025 CEC Questions.docx
    b. BHDDH – November 2025 CEC Workbook for CEC questions.xlsx
2. DD Billing manual.docx

A. Summary of FY25, FY26 and & FY27 Estimate

Fiscal 2025 Actuals

For FY25, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $438.3M All Funds. The May 2025 Final Enacted funds were $438.7M All Funds. This is a projected surplus of $0.4M All Funds, of which, $0.1M is General Revenue. Please refer to November 2025 – BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet. The deficit in these projections is in line with the May testimony, which was the following:

> Several different factors attribute to the increased spend for FY 2025, including a 6% increase in people using the self-direct service model. Part of this increase is Youth-in-Transition accessing Adult Services earlier in their life. BHDDH has been actively working actively to better communicate with the community, as part of the Consent Decree Addendum outcomes, to create increased awareness for individuals who are 18 years old regarding their ability to receive Adult Services while still in school. Initially, BHDDH underestimated the projected result from this initiative in the May CEC testimony. Based on the revised projection, this testimony is in line with the same projections from the May CEC testimony.
>
> Another factor for the deficit involves individuals who previously could not consume certain services at the needed level due to a lack of provider capacity to provide those services at that level. Workforce stabilization efforts have mitigated this problem considerably and improved provider capacity to meet the level of services demanded by the client population. These stabilization efforts have also increased the service provision capacity of self-direct providers. People are also accessing more Community-Based Supports over traditional day services. Community-Based Supports cost more because they are either 1:1 supports or, if provided in a group, there is a significantly lower staff to person ratio. Please refer to section Statewide Workforce Initiative for more information.

Fiscal 2026 Projection

For FY26, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $457.6M All Funds. The Enacted Budget was $458.8M All Funds. Please refer to November 2025– BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet.

This results in a $1.23M All Funds surplus compared to the Enacted Budget, of which $1.23M is from General Revenue Funds. This increase is attributed to the same factors detailed in the Fiscal 2025 projection.

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:

- Job Exploration is a new service that will be implemented for payments in the new calendar year. The methodology for determining the fiscal impact utilized the average units for individuals utilizing Job Development in FY25, applying the rate ($12.36, which would be the same as the Community-Based Supports rate) to the total number of individuals estimated to utilize this service in FY26, which is estimated to be 50 individuals based on a review of employment records (see section Consent Decree, Supported Employment Outcomes). The total fiscal impact anticipated in FY26 is $48,585 and is reflected accordingly in the Employment projections lines.

- SIS-A Tier changes have 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 and row 51. There are no projections for FY25 as this will be implemented in FY26.

1. Fixed Authorization Services

a. Residential Habilitation & Other Fixed Costs (Non-L9)

Residential Habilitation: Individually tailored 24/7 supports provided in a home setting that is subject to licensure, to assist with the acquisition, retention, or improvement of skills related to living in the community, personal care, and protective oversight and supervision.
Other Fixed Costs include:

Financial Management Services (FMS) are provided by Fiscal Intermediaries to assist the individual and/or their representative with the financial management of self-directed services.
Supports Brokerage supports individuals who self-direct in developing the skills necessary to self-direct and facilitate the day-to-day administrative tasks that accompany self-direction.
Respite for SLA is a direct support to individuals furnished on a short-term basis due to the absence of or the need for relief of the SLA caregiver; 300 hours per year are allocated as a benefit to support the SLA provider.

For FY26, the estimate for Residential Habilitation is $211.2M, which is a 0.6% increase compared to May testimony, which was estimated at $210.0M. The reasons behind the estimate increase for FY26:

- Whole Life SLA increased 7.9% ($0.9M) YOY from FY25 vs FY24
- Financial Management Services (FMS) which is part of other fixed costs, is anticipated to nearly double due to the shift from Support Facilitation to FMS, nearly doubling (97%) resulting in $1.35M
- $3M will be allocated for SIS-A Tier Changes in both FY26 and FY27

b. Residential Habilitation & Other Fixed Costs (L9 Supplemental)

Non-emergency request for supplemental needs that directly relates to the imminent health and safety needs of an individual that cannot be met with the initial funding.

For FY26, the estimate for Residential Habilitation L9s is $20.6M, which is a 5.1% increase compared to May testimony, which was $19.6M. There have been slight increases in L9 funding for Community Residence Supports due to newly eligible individuals who have a higher need for supports in their lives. WSLA has also seen a slight increase in L9 funding which is due to some individuals receiving an increase in funding to support needs above their tier.

c. Note for SIS-A Tier Changes

Consistent with previous testimony, this impact is included in the projection and is still anticipated to have a total value of $3.0M at the completion of the 2-year

implementation. Please refer to section Appendix II for more in-depth information regarding this value. For the purposes of the projection model, it has been elected to represent this impact entirely within the Fixed Authorization section. However, once fully implemented, some impact may instead be experienced in the Flexible Authorization services.

2. Flexible and Add-On Authorization Services

a. Community-Based Supports

Direct support and assistance in or out of the individual's residence intended to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community as outlined in the individual's ISP. Community-Based Supports include previous definitions of Community-Based Supports, Prevocational Services, Community-Based Day, Respite, and in-person response when called upon during Access to Overnight Supports.

For FY26, the estimate for Community-Based Supports is $178.3M, which is a 5.37% increase compared to May testimony, which was $164.7M. A few factors that contributed to this increase are:

- Self-Direct individuals utilizing Community Supports, which accounts for an increase of $20M.
- Shift of individuals utilizing Community Supports and their add-on services.

b. Day Program

Center-Based Day Programs are services provided to participants at a licensed nonresidential location controlled by the provider for the provision of education, training, and opportunities to acquire the skills and experience needed to participate in the community.

For FY26, we are estimating Day Program to be $6.3M, which is a decrease of 33% compared to our May testimony of $9.4M. Related factors to this are:

- The shift of Professional Services to their own perspective conference category (Professional & Other Support Services).
- A 12% decrease of Center-Based Day Program in FY25 YOY vs FY24.
- Discontinuation of services such as Community and Home-Based Day Program, which are now under "Community-Based Supports" forementioned.

c. Employment

To ensure equitable access to employment, BHDDH offers an array of services across the employment spectrum, from learning about the individual's interests and skills to securing and maintaining a position. The service types include: (1) Job Exploration (2) Discovery, (3) Job Development, (4) Job Coaching and Retention, (5) Personal Care in the Workplace, and (6) Group Supported Employment.

For FY26, the estimate for Employment is $7.1M, which is a 20% decrease from our testimony in May, which was $8.9M. Several factors contributing to this are:

- Goods and Services, which historically fell under the Employment category, now appropriately falls under "Case Management, Professional & Other Support Services." This was a shift of over $2.8M out of this conference category in FY25.

- With the continued utilization of the Employment add-on budget, there have been notable increases in several categories that are expected to continue into FY26:
    - Job Coaching increased by 20% in FY25 vs FY24, with an anticipated further 4.6% increase in FY26.
    - Job Development had a notable increase of 42.1% in FY25 vs FY24, but the trend shows a plateau, with a modest increase of 0.66% in FY26.
    - Personal Care in the Workplace, a new service, has added over 3% more in billed services in FY25 ($0.21M) and an anticipated growth by 2% is expected in FY26 to $0.35M.
    - Self-Direct Job Coaching has increased by 55% in FY25 vs FY24 ($0.114M vs $0.073M), with an expected increase of 9.27% in FY26 to $0.125M.

d. Transportation

Transportation provided by a licensed DDO or SLA/WLSLA Contractor to an individual to and from employment or community activities as defined in the individual's ISP goals. The number of trips is to be determined by the individual based on their plan and individual budget.

For FY26, Transportation is estimated to be $15.8M, which is a decrease of 13% compared to the May testimony of $18.2M.

e. Case Management, Professional & Other Support Services

Additional supports designed to further promote independence and integration in the community include (1) Remote Support, (2) Peer-to-Peer Supports, (3) Family-to-Family Supports, (4) Professional Services, (5) Assistive Technology, and (6) Home Modifications.

These support types include short-term care to relieve caregivers, staff support from remote locations, peer and family led skill development, licensed professional services, performance assistance through a device/product, and costs for home renovations aimed at improving access to the community.

Respite is direct support to individuals furnished on a short-term basis due to the absence of a caregiver or the need for relief of those persons who normally provide care for the individual. Respite is a service that can be chosen by participants Living with Family and is also part of the Fixed Budget for SLA and WLSLA.

Remote Supports is the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication.

Peer Support is provided by individuals with Intellectual/Developmental Disabilities (I/DD) who have received approved training on serving as a peer mentor to support the individual receiving services with the development of healthy living, independence, and communication skills.

Family Support is provided by a family member peer who is a primary caregiver to an individual with intellectual and developmental disabilities who has received approved training on serving as a family support to one or more family members of an individual with an intellectual or developmental disability to promote the health and wellness of the individual they care for.

Assistive Technology is an item, piece of equipment, or product system; whether acquired commercially, modified, or customized; that is used to increase, maintain, or improve functional capabilities of beneficiaries, optimize their health, and promote independence and self-care.

Home modifications remove safety hazards and increase usability and access in the home.

For FY26, an estimated decrease of 5.5% is expected from FY25 to $12.8M. This is due to a shift in services from Support Facilitation to Financial Management Services, where the latter is in the Other conference category that utilizes fixed budget funds. This shift accounts for $1.65M.

3. Contract and Non-Medicaid Services

a. Transformation Phase III
   i. See Transformation Funding:

b. Contract Transportation

Transportation provided under contract by RIPTA through the RIde Program to an individual to and from employment or community activities as defined in the individual's ISP goals. The number of trips is to be determined by the individual based on their plan and individual budget.

   ii. Transportation through RIPTA has not recovered to pre-COVID levels. Growth is expected to continue at a slow pace through FY26. Projected expenditures for are $1.95M for FY26 and $1.96M for FY27. The projected funding for this is 100% general revenue as the 50% federal funding previously budgeted is at risk. This is a conservative approach and a final determination of federal funding for transportation has not yet been made.

c. DD State Subsidies
There are currently 3 subsidy payments made monthly for this program.
   iii. Data is supplied in the attached workbook, see tab 4 – Non-Medicaid Placements, row 27.

d. Non-Medicaid Only Placements
   iv. Please see Nov 2025 CEC BHDDH Questions.xlsx, Section General Instructions/Background, question 5 for updated information regarding the Non-Medicaid placement expenses.

Fiscal 2027 Projection

For FY27, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $468.3M All Funds.

Note- it is anticipated that with the recommended OHIC review, the potential rate change beginning 10/1/26 will result in about $700K increase for the suggested rates.

B. Caseload Growth and Trend Development

Overall caseload growth for FY26 is projected to be an estimated increase of 10 individuals per month, with a projection of 120 new cases overall. FY25 ended with a net average case growth of 10 individuals per month, which is what we determined in our trend back in May. Caseload growth is determined by using the newly eligible individuals versus the closed individuals for the net average for the FY.

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

Caseload Growth Trend FY25-FY27						
Caseload Individual Count	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Month	**Jun-20**	**Jun-21**	**Jun-22**	**Jun-23**	**Jun-24**	**Jun-25**
Overall Caseload	3820	3989	3985	3855	4172	4308
New vs. Closed (new minus closed)	5	34	14	43	92	115
New Eligible Individuals	200	148	157	191	255	239
Closed Individuals	195	114	143	148	163	129
Average Monthly Case Net Growth	**6**	**6**	**5**	**5**	**8**	**10**

Caseload Individual Count	**2025 Actuals**											
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 Active Caseload	4182	4199	4212	4219	4218	4228	4247	4248	4254	4298	4305	4308
New vs. Closed	30	17	18	7	-1	12	20	3	6	-9	6	6
New Eligible Individuals	37	20	27	15	17	22	28	23	19	12	15	9
Closed Individuals	7	3	9	8	18	10	8	20	13	21	9	3

Caseload Individual Count	**2026 Actuals + 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 Active Caseload	4314	4299	4309	4319	4329	4339	4349	4359	4369	4379	4389	4399
Monthly Change +/-		10	10	10	10	10	10	10	10	10	10	10
New vs. Closed	10	-10										
New Eligible Individuals	14	7										
Closed Individuals	4	17										

Caseload Individual Count	**2027 Forecast**											
Month	**Jul-26**	**Aug-26**	**Sep-26**	**Oct-26**	**Nov-26**	**Dec-26**	**Jan-27**	**Feb-27**	**Mar-27**	**Apr-27**	**May-27**	**Jun-27**
Overall Active Caseload	4409	4419	4429	4439	4449	4459	4469	4479	4489	4499	4509	4519
Monthly Change +/-	10	10	10	10	10	10	10	10	10	10	10	10

**Months in blue are actuals*

C. 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 model have been completed, except for the following services:

1. This service is currently under review for implementation during FY26:
    a. Employment Services – Job Exploration
        i. For FY26, there is an estimated 50 individuals who are expected to use this service equating to $48.5K, which has been accounted for in the estimated employment projection for FY26. The number using this service should increase to 100 in FY27 for an estimated total cost of $97.1K.
2. Peer Support Services -

    a. A pilot of this service is currently being implemented with a small group of providers. As of September, 2 providers are offering this service. This may increase to 4 providers by the

end of January. It is estimated that they will support 40 individuals in FY26, and 100 individuals by FY27.

i. We estimate that the total projection for FY26 to be $273,548 and for FY27 to be $683,872.

3. This service was available, per CMS approval, beginning March 21, 2024. Will be rolled out this fiscal year. It is not included in any projections because initially there should be a shift of costs from in-person services to Remote Supports.
    a. Remote Supports is the use of technology to assist someone to live as independently as possible. People use two-way devices and other types of technology to connect with staff from a remote location.
4. This service is currently under review for implementation in FY27. It is not included in any projections because initially there should be a shift of costs from Group Home and SLA to this new service. There should be no additional cost:
    a. Supportive Living combines affordable housing with coordinated services and assistance to support the individual with I/DD in living as independently as possible in the community. Residents live in their own units and pay rent.

D. 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.

1. Supported Employment Outcomes

- For FY24, the Division needed to ensure 125 individuals who have not worked previously will now be gainfully employed. For FY25, another 175 individuals who have not worked previously will now be gainfully employed, and for FY26, 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.
- The Division has also met the FY25 target of 175 individuals being employed.
- As of June 2025, 330 individuals secured new or first-time employment.
- As of June 2025, there were 972 individuals who have accessed the employment add-on budget. All funding for employment supports at this time is coming through the Employment Add On. There are no longer any individuals receiving employment services funding through their flexible budget.

2. Transformation Funding

- DDD staff worked with Providers in FY22 to develop Transformation Plans rolled out in two phases in the amount of $10M**;**
    - **Phase I** funding has been released to the grantees in the amount of $4 million All Funds.

      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 31, 2024.

- **Phase II** applications were due on May 1, 2022; funding for this initiative was $6M All Funds.

  These transformation funds are being used to support innovative service models to improve employment outcomes and community access for adults with I/DD.

  - 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 Employment Funds will be used in furtherance of transformation activities and will be funds needed every fiscal year.
  - These funds were previously matched at a Medicaid Admin rate, and BHDDH is working with EOHHS to continue the Medicaid eligibility of these expenses.
  - Providers can submit proposals to access transformation funds for the continuation of new and innovative models of service or continuation of these support models.
  - In FY25, we had five providers submit proposals to access this funding, of which four proposals were accepted at a total funding level of $725,363.00. Of the approved total, $317,345.39 was awarded through the end of FY25. The remaining $408,017.61 is expected to be awarded during FY26.
  - To date for FY26, three new proposals have been received at a total funding level of $643,110.21. It is estimated that one additional proposal will be submitted within FY26 at an approximate award total of $160,777.55. When including the totals for FY25 proposals that were unawarded by the end of FY25, altogether, the total projected expense for FY26 is $1,211,905.37. At this time, it is expected that that full total will be awarded before the end of FY26.
  - Currently, FY27 total expenditures are projected to be $803,773.76. This estimate is very approximate as this initiative is still new and BHDDH is working with providers to solicit appropriate proposals.

FY	Approved in FY25	Proposed YTD FY26 Amount	Sub Total	Projected Additional Proposal Amounts	Total
FY25	$317,345.39				**$ 317,345.39**
FY26	$408,017.61	$643,110.21	$ 1,051,127.82	$ 160,777.55	**$ 1,211,905.37**
FY27				$ 803,887.76	**$ 803,887.76**

3. Three-step assessment process - please see Section G for information

- There are 1,379 distinct individuals who have gone through the 3-step process since the March 2023 implementation.
- As a result of the three-step process, 32 individuals were identified as having an increased support need which results in an L9.

4. 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

5. Self-Directed Individuals

- There was transformation funding allocated towards self-direct programming in FY23 in the amount of $2M General Revenue (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. Due to the success of this partnership with RIPIN the Division will continue to build on this work by continuing to partner with RIPIN in FY26.
    - RIPIN worked with Advocates in Action to develop a Peer-to Peer Support Training.
        - To date there have been 3 cohorts.
    - 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 were 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 résumé 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, nor does it do any type of matching criteria.
    - DDD will discuss with FIs how to meet this need. This has also been discussed with Direct Support Workforce Solutions (DSWS)/University of Minnesota. They have engaged with the self-direct population on workforce development. This work will assist in gaining insight to what might work to address this need.

6. Develop a Technology Fund in the amount of $2M

- 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 14th Round. This Fund has been operational since May of 2022.
    - As of September 2025, the Technology Fund has a total of $797,150.69 in
    - encumbered funds.
    - Through Round 12, approximately 1,443 technology requests have been approved.

  The Court Monitor has agreed to allow for the expanded use of this Fund for the purposes of providing technology training to individuals and providers. 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 to ensure that each agency has a staff member well versed in technology who is able to assist people by providing needed support with general tech devices and answer some basic questions regarding technology. Additional training will also be available to individuals and families. This work will begin this Fall.

    - The cost for trainings and Technology Lending Libraries is $450,861.00, which will come from the Technology Fund.

7. 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 resulted in an average of $22.14 per hour.

8. Develop a Statewide Workforce Initiative

- There continues to be funding in FY26 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 of the University of MN. They have been working with the State, providers, self-directing leaders, DSPs, and other stakeholders to build and stabilize the DSP and supervisory workforce.
- Part of the SWI consists of a Coordinating Council and five workgroups (Data and Reporting; Policy Advocacy and Worker Voice; Selection and Retention; Marketing and 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 those agencies that provide service to adults with I/DD. In residential care there is a continued struggle with staffing shortages; however, with a focus on stabilization, BHDDH has eliminated the FY24 backlog that existed in previous fiscal years from Bradley Hospital and other youth residential programs. There is currently one adult in a youth program who will be transitioned during FY26.

- 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 are at times still pulled to assist in Group Home coverage. While the rate increases have begun to address this issue, there are still shortages.
- There had been an increase in agencies' acceptance rates due to increased staffing. In reporting cycle July to December 2024, 30% of reporting organizations reported having to turn away referrals compared to 33% for January to June 2024 cycle and 63% from the initial data collection in the July to December 2022 cycle. However, in reporting cycle January to June 2025, the number increased to 37% of reporting organizations having to turn away referrals. (*SupportWise Workforce Data Summary Report – January – June 2025).*
- The number of DSPs increased from 2,771 in 2022 to 3,275 in December 2024. *(SupportWise Workforce Data Summary Report - June 30, 2024, to December 31, 2024).* Since then, the number of DSPs has dipped slightly to 3,078 for the period ending June 2025. *(SupportWise Workforce Data Summary Report - January - June 2025).*

E. Employment Program

DDD continues to engage with Supported Employment (SE) providers to advance employment outcomes. From January-March 2025, DDD met individually with all SE providers to review their organization's capacity, establish a jobs forecast, and to receive input and feedback on ongoing system improvements. In August, a meeting was held to bring all the SE providers together to discuss the information gathered from the individual meetings.

Upon entering the Consent Decree, there was substantial effort to increase the number of people receiving employment services. Additionally, there were also more people using less monthly support because of needing to balance funding for employment with other services needed. While this significantly expanded access, the ratio of employment professionals to people and hours served did not always facilitate the level of support needed to achieve meaningful outcomes. Now, SE providers who are targeted in their approach, along with the Employment Add-On Budget, have decreased the overall total of people served while maintaining or improving the number of jobs gained annually.

The Division assesses the health of the employment support system by monitoring not just the number of people served, but also equally important metrics such as jobs gained, credentialed professionals in the field, the number of referrals providers share they can accept, and people's documented progress towards their employment goals. Current indicators provide evidence that more people are getting the right amount of support needed to achieve their employment goals consistent with Consent Decree outcomes.

Additionally, the Never Been Employed (NBE) individuals, some with very limited employment and community experience, may require customized employment opportunities or significant supports to determine their employment interests and to be successful on the job. The Employment Team is

taking a data-driven approach to this work by looking at employment service utilization for these individuals along with understanding people's employment goals and other indicators of employment. The Division continues to work 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.

F. 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 BHDDH 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.

Additionally, as previously reported, the BHDDH DD team is planning to implement an annual assessment referred to as the two-step assessment process. The two-step assessment process consists of the ANSQ and the Individual Follow-up. 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 provider(s) the opportunity to share changes to the support needs required since the last SIS-A assessment in order 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 processes following completion of the Health Management Associates (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 HMA to implement the algorithm for the SIS-A 2nd Edition, which will inform the tier. The rollout of the new algorithm will be implemented by late Fall 2025. In addition, the BHDDH DD team continues to work with HMA to develop an automated funding mechanism for the ANSQ to be implemented by late Fall 2025.

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

The authors of the Supports Intensity Scale for Adults (SIS-A), the American Association on Intellectual and Developmental Disabilities (AAIDD), updated the assessment in 2023 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 2nd Edition, does not change the structure of the instrument.
- A few more questions have been added, and others have been reordered or reworded for clarity. Most relevantly, the statistical scoring of the assessment has been revised.

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). Given the changes to the SIS-A, it is necessary to update the criteria Rhode Island uses to assign tiers to reflect the scoring changes of the SIS-A.

The BHDDH DD team continues to work with the Burns & Associates division of Health Management Associates (HMA-Burns) and its subcontractor, the Human Services Research Institute (HSRI), to develop the algorithm for the SIS-A 2nd Edition, which will inform the tier. HSRI has worked with several states on SIS-related issues, including updates to tier criteria based on the SIS-A 2nd Edition. This effort has included:

- Analysis of SIS-A 2nd Edition assessments conducted in Rhode Island to develop a preliminary algorithm.
- Comparison of these results to the population of assessments that AAIDD used to reform the SIS-A.
- Facilitation of a comprehensive record review of approximately 150 randomly selected records. This review included both internal staff and external stakeholders to evaluate the appropriateness of the level to which an individual would be assigned and the level of support they would receive.

Based on this process, HSRI has recommended a six-level model that crosswalks to five assessment tiers (compared to the current algorithm, which has seven levels that crosswalk to five assessment tiers). Additionally, HMA and HSRI recommended that individuals with the most medically significant needs be assigned to Tier E (the highest tier) rather than Tier D (as in the current algorithm).

Because the SIS-A itself is not changing significantly, most individuals will remain in the same tier. Based on the initial criteria – including assigning individuals with high medical needs to Tier E – about 72% of individuals would remain in their current tier, 23% would see an increase in their tier, and 5% would see a decrease in their tier.

In addition, the BHDDH team is actively working with HMA to develop an automated funding mechanism for the ANSQ.

Fiscal Impact:

Given that an individual's tier determines 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 estimates that the changes to tier assignments will increase provider revenues (that is, BHDDH's spending on services) by about $9M, or 3.2%.
- 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 5 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 SIS-A 2nd Edition).
- 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 FY23 utilization levels.
- Using individuals' most recent SIS-A assessments, tiers were assigned based on both the current criteria and the revised criteria (because the assessment itself is [mostly] not changing – only the statistical scoring is – the initial new criteria can be applied to the old assessment data with a high [but not perfect] degree of confidence).
- The FY23 claims were priced using the FY25 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 rates.
- The estimate does not account for additional funding that will be added through the ANSQ or assumed reductions in the need for exceptions. It is anticipated that the impact of these changes will be modest. 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.

G. 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 population. Four of the five vendors are taking 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's need to become compliant 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 the 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 month or on a cadence of the person's choosing in order to support quality implementation, monitoring, and progress on goals.

1. DDD currently has 3 workforce streams to address capacity and, ultimately, compliance. There are 5 CFCM agencies currently taking referrals.
    - Care Link, Child and Family, West Bay Community Action, East Bay Community Action, and Bethel.

2. DDD hired 16 SCWs to be State CFCMs and 2 SCW Supervisors

3. DDD is recruiting Support Brokers who worked for the self-direct population and teachers
    - As of September, there are 33 people trained and doing the work.

DDD is referring people in an ongoing manner to CFCM agencies, State FTEs, and the Support Brokers as capacity allows.

Below are CFCM/IF projections for FY26 and FY27:

SFY26 October Assumptions – 4,399 Clients Needing CFCM Services

- BHDDH - DDD FTEs
    - 16 SCWs and 2 SCW Supervisors.
    - By the end of SFY26, 768 individuals will be managed by 16.0 BHDDH SCW FTEs.
    - Current caseload average is 36 individuals.
    - Beginning in the SFY25, the budget included 18 FTE for independent facilitation with an assumed Medicaid Administrative match of 50%. BHDDH was later informed that only CFCM is eligible for the federal match. Thus, the work of these individuals will meet the criteria for CFCM 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 855 individuals could be managed by June 2026 based on the assumption that the level of current clients will hold steady at 555 and ramp up to their max capacity (33 Independent Facilitators can take 855 clients). (855 – 555 current = 300)

- Total Actually Billing New CFCM by end of SFY 26 – 1,635 (In EOHHS Budget)
    - 1,371 Individuals as of 06/30/2026.

- Add 22 individuals per month through June 2026 for a total of 1,635.

SFY 2027 – 4,519 (Projected Caseload by June 30, 2026)

- BHDDH- DDD FTEs: Hold 768 individuals steady in SFY26.
- Support Brokerage - Shift population to $170 billing.

- CFCM – There will be 1,635 from the DD population billing the CFCM rate.

H. Appendix I - Caseload Growth and Trend Development from May 2025 Testimony

As included in the February data report, BHDDH noted that there was reconciliation happening for the overall eligible caseload, specifically the eligible population versus the case management only population. Based on additional research, it was discovered that some of the populations were not being accounted for appropriately in the caseload eligible counts, such as many Youth-in-Transition receiving Adult Services, as they had aged into the DD adult population but the corresponding 'status' in Therap was not being updated. This would result in their eligibility status showing them in the case management only count. The projections below account for this correction.

There is no anticipated impact to total expenditures because of this correction. Despite these individuals being assigned an incorrect status in the system, that status had no effect on their authorization or expenditure levels; they were still entered into authorizations as appropriate when purchase orders were submitted. Correcting for this error will only affect the reported total head count of unique individuals in the caseload data while having no impact on the previously reported expenditure data. Any increase to expenditures that would be implied from this upward correction to caseload totals will therefore be entirely offset by an implied decrease in the amount of money spent per individual. Overall caseload growth for FY25 was higher than previously estimated, from the previous average net monthly caseload growth of 8 individuals to 10 individuals, with an increase of 115 new cases overall. For FY26 we anticipate a similar growth of 10 individuals per month, with 120 new cases overall. Caseload growth is determined by using the newly eligible individuals versus the closed individuals for the net average for the FY.

Note - Home Health services rates were previously modified as part of the OHIC review. The rates were effective 10/1/24 and have been billed/paid since that rate implementation. The SFY25 projection did not factor any additional modeling to account for any further changes. Home Health was projected in the same manner as the other DD services – see Caseload Growth and Trend Development section.

I. Appendix II - SIS-A 2nd Edition and Assessment Modifications from May 2024 Testimony

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 Edition. 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) and 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 2nd 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% of individuals would remain in their current tier, 18% would see an increase in their tier, and 3% 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.

- 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 $3.8M, or 1.4%.
- 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 SIS-A 2nd Edition).
- 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 FY23 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 FY23 claims were priced using the FY24 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.