November 2025 Caseload Estimating Conference
Questions for the Executive Office of Health and Human Services,
the Department of Human Services, and the Department of Behavioral Healthcare,
Developmental Disabilities, and Hospitals

The members of the Caseload Estimating Conference request that the Executive Office of Health and Human Services, the Department of Human Services, and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals provide written answers to the following questions, in advance of presenting their estimates, on Monday, October 27, 2025. Please submit the answers by the close of business on Wednesday, October 22, 2025, so that staff can review the material prior to the meeting.

In addition to the caseload and expenditure estimates, the testimony should include background information supporting each estimate, including (but not limited to) caseload and unit cost trends and key assumptions underlying the projections, as has been provided in the past.

Please include enrollment/utilization projections for both the Medical Assistance programs (including hospitals, nursing homes, pharmacy, in addition to the capitated programs) and the Private Community Developmental Disability programs (including estimates by category as described below). Please provide a separate copy of any information requested as an Excel workbook.

PRIVATE COMMUNITY BASED SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

All tables requested by these questions are consolidated into one Excel workbook (emailed as an attachment along with the questions). References to each tab are included throughout this document.

FY 2025 Closing -

1) Please provide a preliminary FY 2025 closing analysis by caseload estimate service category. See tab 1d.

   This tab has been updated accordingly.

General Instructions/Background

1) Beginning in FY2026, Conferees adopted estimates for the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals using a different categorization of services. "Tab 1z" of the accompanying Excel workbook lists all service billing codes in the MMIS system, the name of the service associated with each code, the authorization type of that code, the conference category of the service reflecting the current categorization, and the conference category of the service in the categorization scheme beginning with FY2026.

   a. Please review "Tab 1z" for any perceived inaccuracies in the data to date. If you add any new data or edit any pre-existing data please apply a colored highlight to the changed cell accordingly.

      This tab has been updated accordingly.

2) Please provide the requested data in the Excel file by tab as follows:

   a. "Tab 1a" Please provide the official estimate of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals for FY 2026 and FY 2027.

      i. Please provide FY 2025 preliminary closing expenses in the categories included in the FY 2026 enacted budget.

         This tab has been updated accordingly.

b. "Tab 1b" and "Tab 1c", please provide the caseloads by placement for FY 2026 (1b) and FY 2027(1c) for those who self-direct and those who do not.

This tab has been updated accordingly.

c. "Tab 1d" - FY 2025 based on the preliminary closing

This tab has been updated accordingly.

d. "Tab 2" – Please provide current living arrangements by age group.

This tab has been updated accordingly.

e. "Tab 3" – Please provide FY2026 and FY2027 authorizations.

This tab has been updated accordingly.

f. "Tab 4" – Please update May 2025 testimony on non-Medicaid placements, including which placements are in-state and which are out-of-state.

This tab has been updated accordingly.

g. Tabs 5a to 5d" – Please update November 2025 testimony on L9 reasons and providers for residential and non-residential expenses.

This tab has been updated accordingly.

3) Please provide monthly historical expenditure data and monthly historical caseload data by tier, presented in two discrete ways, as detailed below.

a. Please provide this data from FY 2019 (July 2018) through August 2024, adhering to the FY 2025 Final Categories detailed in "Tab 1z" of the Excel workbook, listed as follows:

This tab has been updated accordingly.

   i.   Residential Habilitation
   ii. Day Program
   iii. Case Management & Other Support Services
   iv. Support Services Expansion
   v.   Transportation
   vi. Employment
   vii. L9 Supplemental Funding

b. Please also provide this data from FY 2024 (July 2023) through June 2025 adhering to the FY 2026 Enacted Categories detailed in "Tab 1z" of the excel workbook, listed as follows:

This tab has been updated accordingly.

   i.   Residential Habilitation
   ii. Community-Based Supports
   iii. Day Program
   iv. Employment
   v.   Transportation
   vi. Professional & Other Support Services

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4) Please provide for each category the Department's FY 2026 and FY 2027 estimate Please outline the key factors you have identified as driving the difference between these two numbers, be they updated methodologies, assumptions, or other.

    a. Where appropriate, please provide any spreadsheets/tables with details/explanation for your narrative testimony related to expenditures, eligibility, growth factors, and methodology for projections. Please include notes/comments for any related adjustments or factors that are relevant to the estimate.

    Please refer to section A in the BHDDH – November 2025 CEC Overview.docx. Any additional appropriate tables have been added and noted in the corresponding testimony question.

5) Please provide for each contract and non-Medicaid expense the Department's FY 2026 estimate as testified to at the May 2025 CEC alongside the Department's FY 2026 and FY 2027 estimate for this conference. (Please note, this question only applies to contracts that are relevant to CEC adopted figures). Should the estimates for this conference differ from the estimates presented in May, or if the estimates for this conference differ between the two years, please briefly explain what is driving the difference.

    a. Please provide the status of efforts to certify out-of-state entities as Medicaid providers.

    JRC has never been a RI Medicaid provider for adults with I/DD and continues to refuse to cooperate with the process. DD is working with JRC to determine an appropriate transition plan for one of the two individuals placed there. In-state provider assessment occurred since last testimony. The provider is unable to support the high-level needs. The second individual will remain there funded with state dollars.

    There are six other individuals placed with out of state providers funded with state/General Revenue dollars:

- Amego, Inc. (Massachusetts) has agreed to maintain a former youth placement through age 22 (January 2026) to complete the educational program. As an educational provider, Amego is not eligible to become a RI Medicaid provider.
- Continuum of Care, Inc. (Connecticut) was an approved RI Medicaid provider and lost their RI Medicaid standing through the "single case agreement for out of state placements" process. Continuum continues to work with CT Department of Public Health to acquire state licensing approval to comply with RI Medicaid requirements. There are three impacted RI I/DD clients at Continuum.
- Shrub Oak International School (New York) was an approved RI Medicaid provider and lost their RI Medicaid standing through the "single case agreement for out of state placements" process. As an educational provider, they will not be reinstated as a Medicaid provider. There are two individuals placed there. One person returned to their family home in June 2025 in RI, with DD supports. The other person is receiving active transition planning with a goal to return to RI in FY26.
- There are three additional individuals placed out of state who receive RI Medicaid funding. One returned to a RI group home in October 2025 to a RI Medicaid DD provider.

6) Please provide information on employment activities.

    a. How many individuals have requested services?

    Please refer to question 9b for this information.

    b. How many have been approved?

Service	Add on Budget Distinct Individuals
Discovery	65
Job Coaching	461
Job Coaching L9	1
Job Development	523
Job Retention	389
Personal Care in the Workplace	33
Self-Direct Job Coaching	7
Supported Employment - Group	22
Grand Total	989

*Grand Total is not a sum figure but is a distinct count of individuals as they can appear in more than one category of services
*There are no longer any Authorization Distinct Individuals as the authorizations are now all in the Add-on category

    c. What types of services are being provided?

Employment services include:
(1) Job Exploration: Assisting an individual in making choices about work and identifying their path to employment. This service will be implemented in the new year.
(2) Discovery: Focused service to identify the individual's strengths, needs, and interests to develop a customized employment plan.
(3) Job Development: Supports to find and secure employment.
(4) Job Coaching: Supports and structured training to learn the specific job duties/skills and/or interpersonal skills for the individual to be successful in their job and support to maintain or advance in their job.
(5) Job Retention: support service necessary for a person to maintain or advance in employment
(6) Personal Support in the Workplace: Support specific to activities of daily living needed while at work.
(7) Group Supported Employment: Shared support and structured training activities in business and industry settings for groups of no more than eight participants under the supervision of an employment specialist. Group settings include enclaves and mobile crews.

    d. How many people are employed?

There are 1,135 individuals who were currently employed as of June 2025.

7) Please provide an update on the inclusion of any new services assumed since the May estimate.

    a. Including remote supports and companion room and board, and any services that have not yet been fully implemented.

Please refer to the Overview document – section C. Rate and Methodology Changes for additional information regarding the timeline for these services implementation into the system.

Peer Support and Family Support are being implemented. Two agencies have requested to start billing for Peer Supports services as of September.

Remote Support service is on target to be implemented this winter. There is work being done to roll out this service. Two providers are interested in this service. We will be meeting this month to discuss implementation. There needs to be guidance in place to allow for safeguards and consistency among service providers.

Job Exploration will be implemented this winter. Training for this service will be offered by the end of this calendar year, and the service will be implemented following the training.

Supportive Living will be implemented in FY27. The Division has been focused on implementing other services prior to this one.

Companion Room and Board is on hold. Authority is needed to implement this service.

b. Also provide the Medicaid eligibility status for each new service.

Medicaid eligibility will be required for all of the new services.

Financial and Operational Questions

8) Please provide any updates for implementation of Conflict Free Case Management services provided through EOHHS and compliance with the consent decree.

a. The FY 2025 Enacted budget authorized the hiring of 18.0 FTEs to provide Independent Facilitation Case Management services. Please provide any updates regarding the hiring status since the May 2025 testimony of these individuals as well as the long-term plan for how Independent Facilitation Case Management services will interact with Conflict Free Case Management services.

Please see Section G_Conflict-Free_Case_Management in the Overview document with detailed information on CFCM.

With implementation of CFCM, the structure of the internal DD team will shift to better meet the needs of the DD population.

b. Please provide information on worker caseloads. How many individuals are assigned to each case manager?

Currently, the finances for the division have been built to limit caseload sizes to peak at 48 per case manager. The determination was based on the activities in which the case managers were expected to engage and the average estimated amount it would take to complete those activities. Currently, case managers are not at full capacity. Each case manager is in the startup phase of their activities, which is the most intensive phase of the process. The Division will reevaluate the accuracy of that caseload limit determination as the system is fully implemented.

9) The FY 2026 enacted budget includes $1.3 million for transformation and technology funds as part of the Consent Decree. Please provide the details on how funding from these funds has been awarded and the anticipated awards for FY 2026.

To-date, $5,748,648.74 has been distributed to 31 agencies. These funds had a spend date of June 30, 2024, but the deadline was extended to June 30, 2025. The funds for the technology are paid for the individual to the servicing provider. 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 12th Round. This Fund has been operational since May of 2022.

The Court Monitor agreed to allow the use of the Technology Fund for an expanded initiative. Details have been worked out with the Court Monitor. 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. Additional trainings will be done to support the use of technology in people's work environment.

There will be $450,861.00 out of the Tech Fund used to support this work in FY26.

10) How many program recipients are participating in the Appendix K authorization and how many parents are being paid? How much has been spent each month for FY 2026 to date?

917 individuals are currently participating in the Appendix K authorization program, with 1072 parents/guardians as paid staff. Below is the breakout by month for FY26.

Provider	Jul-25	Aug-25	Sep-25	Total FY26
ReFocus	$203,029	$209,265	$226,466	$638,760
Fogarty	$1,720,839	$1,726,618	$1,726,283	$5,173,741
Perspectives	$335,575	$335,575	$335,575	$1,006,726
Seven Hills	$255,566	$255,566	$255,566	$766,699
Trudeau	$150,456	$220,200	$227,855	$598,511
Total	**$2,665,466**	**$2,747,225**	**$2,771,746**	**$8,184,437**

Starting in October 2025, the new code/modifier T2017 U4 U2 and T2017 L9 U4 U2 will be available to providers to utilize for billing the services rendered by parents.

11) Please provide the number of individuals who are receiving private duty nursing services paid for through the Medical Assistance Program in addition to parent/provider care assumed for FY 2026 and FY 2027 by setting and tier.

Please refer to November 2025 - BHDDH Workbook for CEC questions.xlsx, tab 7 – Private Duty Nursing.

12) How many youths with transition plans have or will receive services through the Department in FY 2026 and FY 2027? Please provide the tier level and residential services that have been identified or approved for this group.

In FY26, 113 youth under age 22 currently have authorizations to receive services from the Division. 11 are living in group homes. 5 are in SLA and 1 is out of state. The tier breakout is as follows – Tier A 17, Tier B 24, Tier C 39, Tier D 16, Tier E 17.
In FY27, 25 youth under age 22 currently have authorizations to receive services from the Division. 1 is living in a group home. 3 are in SLA. The tier breakout is as follows – Tier A 6, Tier B 6, Tier C 6, Tier D 3, Tier E 4.

13) Federal Compliance – Work Requirements

a. Tab 1b of the monthly report for July appears to categorize 178 program recipients as Medicaid eligible through the expansion program.

    i. Please verify that this is correct, and if it is, if these individuals are currently receiving employment services or working

        Yes, this is correct as we have 75 individuals that are currently receiving employment services out of the 178 program recipients, where 66 are currently working.

    ii. The HR 1 work requirement changes do not take effect until than January 1, 2027, but it is assumed that these individuals would be subject to that change because. expansion program eligibility is based on income and age, rather than disability.

        The 178 individuals with I/DD who are in the expansion program would qualify for the "medically frail" exemption, which the law defines to include, among others, people with an "intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living."

14) On page 3 of the Consent Decree Quarterly Report for April- June 2025 (submission August 2025), the following information is included in the report: "To reduce administrative burden with the S109 process, when an ANSQ is administered and there is an approved S109 for the last 2 or more years, the funding is automatically carried forward for remainder of the current plan year and through the next plan year if there is still the need for these additional services. A new S109 request will not be needed. The approval comes from either the ANSQ Committee or S109 Committee. Total S109 requests for this quarter = 99. The new algorithm for tier assignment developed by HMA will be implemented Fall 2025. HMA's recommendations for automated funding for the ANSQ will be implemented late Fall 2025. Wellsky is expecting to implement the new algorithm in early 2026".

    a. Is this a recent change that allows for a 2-year approval for an L-9 if needed? Is this in both residential and non-residential services?
        This change occurred in FY25. The extended approval is for the remainder of the current annual plan and the following annual plan. This extended timeframe is to allow the BHDDH team opportunity to implement the annual assessment process which will carry over supplemental funding without the need for an S109 request. Similar to existing L-9s, the approval applies to all services, residential and non-residential.
    b. Please give an example or examples of an L-9 service that would be approved for two years.
        Criteria for approval for the remainder of the current annual plan and the following annual plan:
        1. Supplemental funding for more than 2 consecutive years due to exceptional support needs, pending the support needs have not increased/decreased.
        2. Individuals residing in group homes requiring specialized support needs, i.e., 1:1, 2:1, exceptional medical and/or behavioral supports.