May 2026 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 addition to the presentation of their estimates on Monday, April 27, 2026. Please submit the answers no later than close of business Wednesday, April 22, 2026, so that staff can have the opportunity to 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 Update

1) Please provide an updated FY 2025 final closing analysis by caseload estimate service category. See tab 1d.

   This tab has been updated accordingly.

General Instructions/Background

1) Beginning in FY2026, Conferees are adopting 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. 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. For reference it already shows the November 2025 adopted estimate.

      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" - Please provide updated FY 2025 closing expenses in the categories included in the FY 2026 enacted budget.

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 update November 2025 testimony on FY2025 and FY2026 authorizations.

This tab has been updated accordingly.

f. "Tab 4" – Please update November 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, b & c, & d" – Please update November 2025 testimony on L9 reasons and providers for residential and non-residential expenses.

This tab has been updated accordingly.

h. Tab 6 - Alongside the Department's FY 2026 and FY 2027 November 2025 CEC estimates, please provide the FY 2026 and FY 2027 estimates for this May conference. Should there be any difference between these two numbers, please briefly explain what is driving the difference, whether it be changes in the forecasting methodology, updated assumptions regarding caseload or service provision, or any other factors. Furthermore, for each relevant category estimate in each year, please provide the dollar amount of the category's overall estimate expenditures that the Department estimates will be authorized through the L9 Supplemental Funding authorizations instead of through the annual authorization process for the applicable category. Please briefly explain how the Department arrived at these L9 estimates, including what is driving demand for L9 funding in each category in the context of the new annual process.

Please refer to Section F. SIS-A 2nd Edition and Assessment Modifications in the Overview document for information regarding the expectation for authorizations for supplemental funding.

Tab 6 has been updated accordingly.

3) Please provide monthly historical expenditure data and monthly historical caseload data as detailed below.

a. Tab 8a please provide this data from FY 2019 (July 2018) through August 2024 adhering to the FY 2025 Estimate Conference Categories detailed in "Tab 1z" of the excel workbook, listed as follows:

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

This tab has been updated accordingly.

b. Tab 8b please provide this data from FY 2024 (July 2023) through March 2026 adhering to the FY 2026 Estimate Conference Categories detailed in "Tab 1z" of the excel workbook, listed as follows:

i. Residential Habilitation

ii. Community-Based Supports

iii. Day Program

iv. Employment

v. Transportation

vi. Professional & Other Support Services

This tab has been updated accordingly.

4) Please provide for each category the Department's FY 2026 and FY 2027 estimates. 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.

This tab has been updated accordingly.

b. Provide the methodology used to calculate the projected fiscal impact for FY 2026 and FY 2027; and

Please refer to section B in the BHDDH – May 2026 CEC Overview.docx. Any additional appropriate tables have been added and noted in the corresponding testimony question.

c. Distinguish between rate-driven cost increases and increases attributable to caseload or utilization growth.

Please refer to section B in the BHDDH – May 2026 CEC Overview.docx. Any additional appropriate tables have been added and noted in the corresponding testimony question.

5) For the Governor's recommended budget, "Tab 9" includes the proposals to exclude from the BHDDH estimate when providing current law caseload estimates. The Governor's recommended rate increase should not be included in the estimate; however, please update the table to show how the $18.3 million recommended for FY 2027 should be allocated across the service categories.

This tab has been updated accordingly.

6) Please provide for each contract and non-Medicaid expense the Department's FY 2026 estimate as testified to at the November 2024 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 November, or if the estimates for this conference differ between the two years, please briefly explain what is driving the difference.

Please provide the status of efforts to certify out-of-state entities as Medicaid providers from the November 2025 Conference.

Judge Rottenberg Center (JRC) is not a RI Medicaid provider for adults with I/DD and continues to refuse to cooperate with the process. There are currently two individuals placed at JRC. As reported last testimony, an in-state provider assessment indicated the inability to support the high-level needs. The individuals will remain there funded with state dollars.

There are 4 other individuals placed with out-of-state providers funded with state/General Revenue dollars:

- 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. There were four individuals supported by Continuum; one individual returned to a RI group home in October 2025 to a RI Medicaid DD provider.
- 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 RI Medicaid provider. There is one individual placed there who is receiving active transition planning with a goal to return to RI in FY26.
- There are four additional individuals placed out of state who receive RI Medicaid funding.

7) Please provide updated information on employment activities.

a. How many individuals have requested services?

Please refer to question 7b for this information.

b. How many have been approved?

Service Category	Add on Budget Distinct Individuals
Discovery	76
Job Coaching	477
Job Development	544
Job Retention	398
Personal Care in the Workplace	41
Self-Direct Job Coaching	8
Supported Employment - Group	23
Grand Total	**1011**

**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 late Spring/early Summer.

(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. This service will move under the umbrella of Job Coaching.
(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 1,315 individuals who were currently employed as of December 2025.

8) Please provide an update on the inclusion of any new services assumed since the November 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 have been implemented. Two agencies requested to start billing for Peer Supports services as of September. Only one provider is currently billing for Peer Supports. The other provider hired a supervisor to oversee Peer Support workers and recently hired a few individuals who will provide this support. There is work being done and support being provided to assist individuals who want to provide Peer Support under a Co-op Model. This initiative has identified 6 individuals who are being trained to provide this support service. Discussions continue with other providers who have shown interested in providing Peer Support services or Family Support Services.

Remote Support service is on target to be implemented this Spring. Two providers are working on proposals they will submit to begin providing remote support services starting in April/May.

Job Exploration will be implemented late Spring/early Summer. Training for this service needed to be postponed. The service will be implemented following the training. A cohort of individuals who self-direct their services and one provider agency requested to be part of the initial rollout of this support service.

Supportive Living will be implemented in FY27. The Division has been focused on implementing other services prior to this one. Work has begun to have this service implemented in the summer 2026.

Companion Room and Board is still on hold for the FY27. 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

9) Please provide an update on the federal matching status of the RIPTA Transportation contract with the Medicaid Program.

BHDDH recently sent responses to questions from Medicaid. Medicaid is seeking a framework for compliance and oversight.

10) Please provide any updates from the November 2025 Conference for the phased-in implementation of Conflict Free Case Management services provided through EOHHS and compliance with the consent decree including year-to-date information and projections for the remainder of the fiscal year and FY 2027.

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 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?

The internal case managers have a caseload of 45 cases, with one vacant position. The external caseloads vary by agency and 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, internal case managers are approaching full capacity. External case managers continued to be recruited to meet the capacity need. Case managers are in various phases of their activities (from onboarding to full caseloads). This will be ongoing until the full caseload had achieved access to a CFCM. The Division will reevaluate the accuracy of that caseload limit determination as the system is fully implemented.

11) The FY 2026 enacted budget includes $1.3 million for transformation and technology funds Transformation Funds Phase III) as part of the Consent Decree. Please provide an update from the November 2025 Conference on how funding has or will be awarded 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. Staff from provider agencies are receiving technology training. Each agency that signed up has a staff member who will be versed in technology who will be trained to assist people by providing needed support with general tech devices and help to answer questions regarding technology. Additional trainings are being done to support the use of technology in people's work environment, through their planning process, and in their homes.
There will be $579,554.99 out of the Tech Fund used to support this work in FY26.

12) Please provide an update on 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?

994 individuals are currently participating in the Appendix K authorization program, with 1174 parents/guardians as paid staff. Please refer to May 2026 - BHDDH Workbook for CEC questions.xlsx, tab 10 – Appendix K for total spend each month for FY 2026.

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

13) On Tab 7 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.

14) 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, 133 youth under age 22 currently have authorizations to receive services from the Division. 8 are living in group homes. 5 are in SLA. The tier breakout is as follows – Tier A 25, Tier B 32, Tier C 35, Tier D 17, Tier E 24.

In FY27, 88 youth under age 22 currently have authorizations to receive services from the Division. 5 are living in a group home. 4 are in SLA. The tier breakout is as follows – Tier A 18, Tier B 22, Tier C 21, Tier D 11, Tier E 16.

15) Please provide an update on provider workforce capacity, including:

There were 32 organizations that provided data for the most recent round of data collection in SupportWise Data (University of Minnesota Institute on Community Integration, 2026). Data reflected the period 7/1/25-12/31/25.

a. Current staffing shortages among providers;

In the most recent round of data collection, organizations reported how many DSPs were on their payroll. Nearly one-third (31%) of organizations had more DSPs on payroll on 12/31/25 than on 7/1/25, 28% had the same number of DSPs on payroll, and 41% had fewer DSPs on payroll.

Organizations reported vacant DSP positions and DSPs permanently separating from their organization during 7/1/25-12/31/25. There were 3,548 DSP positions on 12/31/25. The overall DSP vacancy rate was 10%. This aligns with the national vacancy rates which were 9.7% for full-time DSPs and 13.2% for part-time DSPs (NCI-IDD, 2025). The 6-month DSP turnover ratio was 16%. If doubled (annualized) to compare to the national ratio, the turnover ratio is less than the national average (32% in RI vs. 37% nationally, NCI-IDD, 2025).

b. Any impact these shortages are having on service authorizations or service delivery; and

In the most recent round of data collection, organizations indicated the number of adults with IDD that were enrolled in residential, in-home, and/or non-residential services. Nearly half, (49%) of organizations had more adults with IDD enrolled in residential, in-home, and/or non-residential services on 12/31/25 than on 7/1/25, 19% had the same number of adults enrolled, and 32% had less adults enrolled.

Organizations were asked whether they turned away or stopped accepting new service referrals due to DSP staffing issues during 7/1/25-12/31/25. Eleven organizations (34%) indicated they had turned away or stopped accepting new services referrals while 21 (66%) had not. The percentage turning away or no longer accepting new service referrals due to DSP staffing issues is higher than the national average (26.6%, NCI-IDD, 2025).

Citations:

National Core Indicators Intellectual and Developmental Disabilities. (2025). National Core Indicators Intellectual and Developmental Disabilities 2024 State of the Workforce Survey Report. https://idd.nationalcoreindicators.org/survey-reports-insights/ [idd.nationalcoreindicators.org]

University of Minnesota Institute on Community Integration. (2026). 2025 July 1 – December 31 Intellectual and Developmental Disability Survey [Data set]. Direct Support Workforce Solutions SupportWise Data. https://dsws.umn.edu/supportwise [dsws.umn.edu]

c. Whether workforce limitations are affecting the Department's ability to implement services assumed in the estimate.

There are a combination of issues affecting the DDD's ability to implement new services assumed in the estimate. Staffing is one issue because when beginning a new service new staff are needed to support the new work they are taking on. The numbers above reflect current programming.

Implementing new services requires additional work on the providers. This takes resources including leadership time, direct management time, and the staff to provide the service. Providers need to ensure they have the capability to stand up these services. Staff need to be trained in how to perform the duties/task associated with the new services and in the case of remote supports the appropriate technology needs to be purchased set up which is an added layer of implementation.

Providers also need to determine when the appropriate time is to add services to the array of services they currently provide. Provider may want to grow but need to pace themselves so they can manage the new work that is associated with expanding.