APRIL 25, 2025

CASELOAD ESTIMATING CONFERENCE

BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES

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1. Responses to Conferees' Questions for RI Division of Developmental Disabilities
    a. November 2024 CEC Questions – BHDDH only.docx
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2. DD Billing manual.docx

A. Summary of SFY 24 Close

The SFY 24 Close is $1.5M higher than the November projection. This is based on $1.2 in claims processed as of March 2025 and an estimated $0.3M in claims that may process between now and June 2025. The general revenue impact is $0.6M. The increased expenditures is reflective of the increased projections for both SFY 25 and SFY 26 as noted Section B, below. Please refer to May 2025 – BHDDH Workbook for CEC questions.xlsx, tab 1d – FY 24 Closing.

B. Summary of FY25 and & FY26 Estimate

Fiscal 2025 Projection

For FY25, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $443.1M All Funds. The November 2024 adopted funds were $431.7M All Funds. This is a projected deficit of $11.4M All Funds, of which, $5.9M is General Revenue. Please refer to May 2025 – BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet.

The change in projection is due to several different factors. As of February FY25, there has been a 6% increase in people using the self-direct service model. Part of this increase is youth in transition accessing services earlier. This is due to increased awareness about individuals who are 18 years old being able to receive adult DD services while still in school. The Division has been working on communicating this to school age youth as it is one of the outcome measures in the Consent Decree Addendum. The growing awareness that the adult DD system is available to individuals at 18 years old has contributed to the deficit.

As DD testified to at previous conferences, individuals have been limited from consuming certain services by a lack of provider capacity to provide those services at the level demanded. 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 the traditional day services. Community based supports cost more because they are 1:1 supports or if provided in a group there is a significantly lower staff to person ratio.

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

1. Job Exploration is a new service that will be implemented for payments by the end of the calendar year. The methodology for determining the fiscal impact utilized the average units for individuals utilizing Job Development in FY24, applying the rate ($12.36, which would be the same as the community-based supports rate) to the total number of individuals estimated to utilize this service in FY26, which is estimated to be 100 individuals based on a review of employment records, see section Consent Decree, Supported Employment Outcomes. The total fiscal impact anticipated in FY26 is $87,052 and is reflected accordingly in the Employment projections lines.
2. 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. Also, refer to section G.

SIS-A 2nd Edition and Assessment Modifications, HMA Fiscal Impact section for more information. There are no projections for FY 25 as this will be implemented in FY 26.

3. Home Health services rates were modified as part of the OHIC review. The rates were effective 10/1/24 and have been billed since that timeframe. The projection does not do 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.

Fiscal 2026 Projection

For FY26, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $453.6M All Funds. The November 2024 adopted funds were $440.6M All Funds. Please refer to May 2025– BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet.

This results in a $13.0M All Funds deficit compared to the November Caseload Estimating Conference, of which $6.5M is from General Revenue Funds. This increase is attributed to the same factors detailed in the Fiscal 2025 projection.

C. Caseload Growth and Trend Development

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 population were not being accounted appropriately in the caseload eligible counts – such as many Youth-in-Transition were indeed 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 as a result 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 FY 2025 is projected to be higher than previously estimated, from the previous average net monthly caseload growth of 8 individuals to 10 individuals, with a projection of 106 new cases overall. Because of this, the projection will show a slight increase from the November 2024 projections. 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-FY26							
Caseload Individual Count	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Month	**Jun-18**	**Jun-19**	**Jun-20**	**Jun-21**	**Jun-22**	**Jun-23**	**Jun-24**
New vs. Closed (new minus closed)			5	34	14	43	92
New Eligible Individuals			200	148	157	191	255
Closed Individuals			195	114	143	148	163
Average Monthly Case Net Growth			**6**	**6**	**5**	**5**	**8**

Caseload Individual Count	**2025 Actuals & Forecast**											
Month	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**
Overall Caseload								4248	4256	4266	4276	4286
New vs. Closed	10	17	13	7	-1	10	19	1				
New Eligible Individuals	16	20	29	15	17	22	27	22				
Closed Individuals	6	3	16	8	18	12	8	21				
Average Monthly Case Net Growth												

Caseload Individual Count	**2026 Forecast**											
Month	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**
Overall Caseload	4296	4306	4316	4326	4336	4346	4356	4366	4376	4386	4396	4406
Monthly Change +/-	10	10	10	10	10	10	10	10	10	10	10	

D. Rate and Payment Methodology Changes

DDD completed the comprehensive review and restructured the service system, along with the provider reimbursement rates. As a reminder, the goal of this endeavor is to support improved long-term outcomes for adults with I/DD receiving services from DDD. DDD is shifting towards a system of community-based supports that promote individual self-determination, choice, and control. CMS gave final approval of the new rate structure in March 2023. For more information on the redesigned service system, please refer to the May Caseload testimony overview document, section D. Rate and Payment Methodology Changes.

Most of the rate changes for the new model have been completed, except for the following services:

1. Financial Management Services (FMS)
    a. For 5 of the 6 providers, their authorizations and billing moved to FMS beginning 1/1/2025. The remaining provider moved their billing to FMS on 2/1/2025.
2. This service is currently under review for implementation during FY 2025:
    a. Employment Services – Job Exploration
        i. For FY26, there is an estimated 100 individuals who are expected to use this service equating to $87K, which has been accounted for in the estimated employment projection for FY26.
3. This service was available, per CMS approval, beginning March 21, 2024. Will be rolled out this Summer. The expenditures are included in the base 1% new services estimate in the projection model:
    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 FY26. 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.

E. Consent Decree

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

- **Supported Employment Outcomes:**
    - For FY 24, the Division needed to ensure 125 individuals who have not worked previously will now be gainfully employed. For FY 25, another 175 individuals who have not worked previously will now be gainfully employed, and for FY 26, another 200 individuals who have not worked previously will now be employed.
    - To meet these targets, the Division has engaged in targeted meetings with Supported Employment providers.
    - In FY24, the Division met its stated target of 125 new people being gainfully employed.
    - The Division is on track to meet the FY25 target of 175 individuals being employed.
        - As of December 31, 2024, 108 individuals secured new or first-time employment.
    - As of December 31, 2024, there were 837 individuals who have accessed the employment add-on budget. An additional 100 jobs were identified through a review of plans that indicated an individual is employed with no matching report of employment. The discrepancies were researched and we found that 36 are self-employed, and 64 are employed in jobs accepted by the Consent Decree. These weren't captured in the last quarterly report, but will be included in the report for quarter ending March 31, 2025, which will be finalized by the end of May. This number reflects individuals who have submitted and were approved for the add on funding for employment services. All funding for employment supports at this time is coming through the Add On Employment. There are no longer any individuals receiving employment services funding through their flexible budget.
- **Transformation Funding:**
    - DDD staff worked with Providers in FY22 to develop Transformation Plans rolled out in two phases in the amount of $10 million**;**
        - **Phase I** funding has been released to the grantees in the amount of $4 million AF.

          DDD received $4M in ARPA funds that were used for a transformation initiative. This funding was made available to licensed Developmental Disability Organizations to focus efforts on recruitment and retainment of Direct Support Professionals to build staff capacity for service provision to adults with disabilities. There were 29 applicants, and all were approved. Funds were distributed on February 18, 2022. These funds had a spend date of March 31, 2024, but the deadline was extended to December of 31, 2024.

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

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

  - To-date, $5,748,648.74 has been distributed to 31 agencies. There is $258,740.65 in funding that has not yet been disbursed. These funds had a spend date of June 30, 2024, but the deadline was extended to June 30, 2025. Please see the Questions document – Question 14 for more information.
- **Phase III - Continuation of Transformation Funding through Targeted Employment Funds:**
  - The targeted supported employment funds will be used in furtherance of transformation activities and will be funds needed every fiscal year.
  - These funds will be Medicaid Admin matched.
  - Providers can access targeted employment funds for the continuation of new and innovative models of service or continuation of these support models.
  - In FY25 five providers have submitted proposals to access this funding.
    - Four proposals funded at $725,363.00.
    - To date $110,280.00 has been paid out of the $725,363.00.

- **Three-step assessment process - please see Section G for information:**
  - There are 1379 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.
- **Conflict-Free Case Management (CFCM) and Independent Facilitation:**
  - There was a transfer of funding from EOHHS to BHDDH to support additional 18 FTEs. These additional FTEs will provide Independent Facilitation (IF) services. Also see Section H_Conflict-Free_Case_Management
- **Self-Directed Individuals:**
  - There was transformation funding allocated towards self-direct programming in FY23 in the amount of $2 million GR. This funding has begun to address the need for service advisement and outreach to individuals self-directing their services.
  - A contract with Rhode Island Parent Information Network (RIPIN) was signed and began on June 1, 2023, for the Service Advisement/Support Brokerage portion of work that needed to be done. A no cost contract extension was signed with RIPIN on June 6, 2024, through June 30, 2025. 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 have some discussions with Direct Workforce Solutions, the Vendor assisting with the SWI, to see if there is anything they may be able to assist with in this area. DDD has reviewed other states activity regarding this item and researched operating systems that support this type of work (staffing registry). There has not been any evidence that these

tools/systems have worked. DDD continues to investigate viable options that will meet this need.

- Discussions took place with the Fiscal Intermediaries (FIs) to begin to see if there was a way that they may be able to provide this service for individuals they support. Also researched what Massachusetts has done to assist individuals with staffing needs. For their Personal Care Attendant (PCA) service model they created an online registry which allows employees to submit/post their resume and employers to access the information. For the registry DDD needs to have there needs to be access to staffing for emergency/fill in staff when someone calls out. The MA system does not account for emergency staffing needs, and it does not do any type of matching criteria.
- DDD will 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.

- **Develop a Technology Fund in the amount of $2 million:**
  - Requests for funding for participants are currently being solicited. Requests are reviewed and awards are made on a quarterly basis. The Technology Fund is currently reviewing the 12th Round. This Fund has been operational since May of 2022.
    - As of December 31, 2024, the Technology Fund has a total of $762,189.27 in
    - encumbered funds.
    - Through Round 11, which had a submission deadline of November 2024, approximately 1383 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, 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. Further training initiatives may be eligible for use of the Fund pending approval by the Court Monitor.

Statewide Workforce Initiative

- Incrementally increase Medicaid rates to enable providers to **increase direct support professional hourly wages**;
  - Rates were increased in FY23 to increase starting wages to $18.00 per hour.
  - Rates were increased in FY24 to increase starting wages to $20.00 per hour which results in an average of $22.14/per hour.
- **Develop a Statewide Workforce Initiative**
  - There continues to be funding in FY25 allocated for the Statewide Workforce Initiative (SWI).
  - The SWI shifted to the Sherlock Center who subcontracted with Direct Support Workforce Solutions (DSWS) under the leadership of subject matter expert, Dr. Amy Hewitt 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 Statewide Workforce Initiative (SWI) consists of a Coordinating Council and five workgroups (Data & Reporting; Policy Advocacy and Worker Voice; Selection and Retention; Marketing & Recruitment; Professional Development and Training) which were convened to address workforce issues.
- The impact on the DSP workforce from the pandemic was significant. The current demand for services is still more than can be met by the provider organizations, so there is still a need for ongoing stabilization of the system. The difficulty in finding and retaining staff is still being felt throughout the agencies of those who provide service to adults with intellectual and developmental disabilities. In residential care, there is a continued struggle with staffing shortages. However, with a focus on stabilization, BHDDH has eliminated the FY 24 backlog that existed, in previous fiscal years, from Bradley Hospital and other youth residential programs. There is currently one adult in a youth program who will be transitioned during FY2026.
- Day and employment programs have reopened but there is still a need to increase staffing to meet the demand. These programs are still in some ways impacted as staff at times are still pulled to assist in group home coverage. While the rate increases have begun to address this issue, there are still shortages.
- There has been an increase in agencies acceptance rates due to increased staffing. In reporting cycle 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 data collection in July-December 2022 cycle. The number of DSPs has increased since 2022 from 2771 to 3275 in December 2024. (As reported in the SupportWise Workforce Data Summary Report - reporting period June 30, 2024, to December 31, 2024).

F. 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.

Upon entering into 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 as a result 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 equally important are 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.

We regularly assess capacity and have documented staffing disruptions in the last six months due to employee's health and turnover. Providers have taken steps to respond to this disruption which will increase the current capacity.

Additionally, the NBE individuals, some with very limited employment and community experience, may need significant supports to determine their employment interests, customized employment opportunities, 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.

G. SIS-A 2nd Edition and Assessment Modifications

The BHDDH DD team recognized the need to develop a comprehensive assessment process to ensure all areas of support are accurately captured for each eligible individual with I/DD receiving adult services. As previously testified, the 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 reported in May, the BHDDH DD team is implementing 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(s) the opportunity to share changes to the support needs required since the last SIS-A assessment to aid in the development of the annual ISP and individual budget.

Like the three-step assessment process, the goal is to reduce the reliance on S109 requests and/or the need to request an administrative review. In turn, individual budgets will increase as the additional funding will be allotted through either the two step or three step assessment process following completion of the HMA work as noted below. Currently, individuals who are approved for additional funding secondary to either assessment process receive funding via an L9.

The BHDDH DD team continues to work with Health Management Associates (HMA) to implement the algorithm for the SIS-A, 2nd ed. which will inform the tier. The new algorithm will be implemented by July 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 July 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 second 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 ed. 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 second edition. This effort has included:

- Analysis of second edition assessments conducted in Rhode Island to develop a preliminary algorithm.
- Comparison of these results to the population of assessments that AAIDD used to renorm 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 medical 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 71 percent of individuals would remain in their current tier, 25 percent would see an increase in their tier, and 5 percent 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 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 $9.0 million, or 3.2 percent.
- This is a total funds figure (that is, it includes both the state and federal share of costs). Additionally, this is the cost at full implementation. Since an individual is only assessed every

five years, the full cost will not be realized immediately (that is, the full cost will not be experienced until everyone has been assessed using the second edition of the SIS-A).

- The impact will vary by provider based on the specific individuals they serve.

In terms of the methodology:

- The fiscal impact analysis is based on fiscal year 2023 utilization levels.
- Using individuals' 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 fiscal year 2023 claims were priced using the fiscal year 2025 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.

H. Conflict-Free Case Management (CFCM)

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

Five organizations have been certified to serve the I/DD populations. 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 needing to come into compliance with both the CD and CMS requirements regarding service planning, DDD chose to align the IF work with CMS requirements. By doing this, it can increase capacity for CFCM and minimize confusion about the difference between IF and CFCM.

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

1. DDD currently has three workforce streams to address capacity and ultimately compliance. There are 4 CFCM agencies currently taking referrals.
    - Care Link, Child and Family, West Bay Community Action, and East Bay Community Action

2. DDD hired 16 Social Caseworkers to be State CFCMs and 2 Social Casework Supervisors
    - The 2 Supervisor positions are filled
    - The 16 Social Caseworker positions had been filled. Currently there is 1 vacancy, and the position has been posted.

3. DDD is recruiting Support Brokers who worked for the self-direct population and teachers
    - As of September, there have been 37 people trained and are in the process of becoming CFCM

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 FY25 and FY26:

SFY 2025 May Assumptions – 4286 Clients Needing CFCM Services

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

- Independent Facilitators (No Case Management Billed to Medicaid benefits, funded by member budget).

  With current Support Brokers who are doing this work, DDD foresees 433 individuals could be managed by June 2025 based on the assumption that the level of current clients will hold steady at 233 and ramp up to their max capacity (37 Ind. Facilitators can take 930 clients). (930 – 233 current = 697)

- Total Actually Billing New CFCM by end of SFY 25 – 701 (In EOHHS Budget)
  - Individuals as of 06/30/2025.
  - Add 48 individuals per month March through June 2025 for a total of 701.

SFY 2026 – 4406 (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 2,101 from the DD population billing the CFCM rate.