OCTOBER 27, 2026

CASELOAD ESTIMATING CONFERENCE

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1. Responses to Conferees' Questions for RI Division of Developmental Disabilities
    a. BHDDH – November 2026 CEC Questions.docx
    b. BHDDH – November 2026 CEC Workbook for CEC questions.xlsx
2. DD Rate Table Final 10.5.26.pdf
3. Description of Tier Changes_2026-04-27.docx

A. Summary of FY26 and & FY27 Actuals and Projections

Fiscal 2026 Actuals

For FY26, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are $461.0M All Funds, which is $0.3M higher than the May estimate of $460.7M. The May 2026 Final Enacted funds were $459.7M All Funds. This is a projected deficit of $1.28M All Funds, of which, $0.31M is General Revenue. Please refer to November 2026 – BHDDH Workbook for CEC questions.xlsx, tab 1d – FY26 Closing. The deficit in these projections is in line with the May and November testimony. The projected deficit for FY26 is the result of two contributing factors: Firstly, there is increased utilization of self-direct spending, where there is an 11% increase for the self-direct service model utilization. The second reason is a 7% increase in utilization for Professional Services and Other Case Management Supports in FY26.

During BHDDH fiscal close, FY26 projections were estimated at $459.0M All Funds, and currently the FY26 projections are estimated to be $2.0M higher, totaling $461.0M. Thus, there is a projected $0.7K that will be expended in FY 27 for FY26 services above the fiscal close projection.

Developmental Disabilities Expenditures	FY2026 Projections (Actuals + Forecast)	FY 2026 BHDDH May CEC	FY2026 Enacted	FY2026 Diff (Enacted - Forecast)	FY2026 Fiscal Close Projection
Total Costs	**$461.0**	**$460.7**	**$459.7**	**$ (1.3)**	**$459.0**
Federal Funds	$260.9	$ 260.5	$ 259.9	$ (1.0)	$259.6
General Revenue	$200.1	$ 200.2	$ 199.7	$ (0.3)	$199.4

Fiscal 2027 Projections

For FY27, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $505.5M All Funds. The Enacted Budget is $506.9M All Funds. Please refer to May 2026 – BHDDH Workbook for CEC questions.xlsx, tab 1a – BHDDH CEC sheet.

This results in a projected estimated $1.4M All Funds surplus compared to the Enacted Budget, of which $0.5M is from General Revenue Funds. This surplus is due to the following factors:

- Slight decrease in Day Program utilization and expenditures
- Less growth in Transportation utilization than previously anticipated
- Slower growth in Residential, with a slight decrease in Non-Licensed Group Homes
- Lower growth rate due to the active caseload growth decreasing in FY26 from 6 new individuals utilizing services to 2 on a monthly average.
- Estimated cost for the SIS-A Tier Changes was lowered from the original $2.65M to $1.6M due to the revised implementation timeline.

All estimations for FY27 and FY28 include the OHIC Rate Review rates that were implemented on 10/1/2026.

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 FY26, 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 FY27, 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 FY27 is $47,994 and is reflected accordingly in the Employment projections lines.

- SIS-A Tier changes have been projected by the vendor, HMA, and it has been reflected in the workbook under tab 1a- BHDDH CEC sheet, Row 6. For FY27, the anticipated cost is $1.6M due to the SIS tier changes. See section SIS-A 2nd Edition and Assessment Modifications below for more information.

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 provides individuals who self-direct assistance 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 FY27, the estimate for Residential Habilitation (Non-L9 and L9) is $252.4M, which is a 0.02% decrease compared to enacted budget, which was estimated at $253.1M. The reasons behind the estimate decrease for Non-L9 Residential Habilitation for FY27:

- Community Residence Supports slightly decreased 1.9% from the May FY27 forecast, with a decrease of $3.4M.
- SIS-Tier changes are reflected in the estimate with the anticipated $2.65M being lowered to $1.6M due to the revised implementation timeline.

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 FY27, the estimate for Residential Habilitation L9s is $22.4M, which is a 3.7% increase compared to May FY27 forecast, which was $21.6M. There have been increases in L9 funding for Community Residence Supports due to newly eligible individuals who have a higher need for supports in their lives.

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 PCP. 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 FY27, the estimate for Community-Based Supports is $199.0M, which is a 1% decrease compared to the FY27 Enacted budget, which was $200.5M. The factors that contributed to this decrease are:

- Community Supports Group decreasing by 2.1% or $0.8M compared to the May FY27 forecast.
- Slight decrease in Respite by 1.6% or $0.03M compared to the May FY27 forecast.

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 FY27, the estimate for Day Program is $6.6M, which is a 4.3% decrease compared to our FY27 Enacted budget of $6.9M. Related factors to this are:

- Very slight decrease in Center-Based Day Program utilization.
- Discontinuation of services such as Community and Home-Based Day Program, which are now under "Community-Based Supports" aforementioned.

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 FY27, the estimate for Employment is $8.0M, which is similar to the FY27 Enacted budget, which was $8.1M. Several factors contributing to this are:

- With the continued utilization of the Employment add-on budget, there have been several services that have increased slightly while others have decreased in FY27 compared to the May FY27 Forecast:
    - Job Retention increased by 0.5%, from $1.18M to $1.19M.
    - Discovery decreased from $.079M to $.055M.
    - Supported Group Employment decreased 15.9% from $.389M to $.327M.
    - Personal Care in the Workplace increased from $.520M to $.612M, an increase of 17.7%.

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 PCP goals. The number of trips is to be determined by the individual based on their plan and individual budget.

For FY27, Transportation is estimated to be $16.8M, which is a decrease of 4% compared to the FY27 Enacted budget of $17.5M.

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 specialist to support the individual receiving services with the development of healthy living, independence, technology, and advocacy 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 FY27, an estimated increase of 5.9% to $16.8M is expected compared to the FY27 Enacted budget of $15.8M.

- Supports brokerage is estimated to be $2.7M in FY27, which is a $0.3M (14%) increase from the May FY27 forecast of $2.4M.

- Goods and Services are estimated to be $3.9M in FY27, which is a $0.7M (14.5%) increase from the May FY27 forecast of $3.4M.
- Professional Services is estimated to be $6.4M in FY27 which is 10.3% higher ($0.6M) than the May FY27 forecast of $5.8M.

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 PCP goals. The number of trips is to be determined by the individual based on their plan and individual budget.

   ii. Projected expenditures are $1.95M for FY27. The projected funding for this is 100% general revenue.

c. DD State Subsidies
There are currently 2 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 November 2026 CEC BHDDH Questions.xlsx, Section General Instructions/Background, question 5 for updated information regarding the Non-Medicaid placement expenses.

Fiscal 2028 Total Projection

For FY28, Rhode Island's Division of Developmental Disabilities (DDD) expenditures are currently estimated to be a total of $519.3M All Funds.

B. Caseload Growth and Trend Development

Overall caseload growth for FY27 is projected to be an estimated 24 new cases overall, based on the current trend within the fiscal year. For FY27 there is a slight decrease in the number of new cases, to 2 individuals per month based on the current trend. This is a decrease from the projected estimated increase of 6 individuals per month projected in May testimony and it is anticipated that this trend will continue through the fiscal year as there is very slight modest growth. However, there is an increased utilization for individuals receiving services. FY26 ended with a net average case growth of 2 individuals per month, which is rounded from the 16 new cases experienced in FY26. 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 FY26-FY28							
Caseload Individual Count	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**
Month	**Jun-20**	**Jun-21**	**Jun-22**	**Jun-23**	**Jun-24**	**Jun-25**	**Jun-26**
Overall Caseload	3820	3989	3985	3855	4172	4308	4319
New vs. Closed (new minus closed)	5	34	14	43	92	115	16
New Eligible Individuals	200	148	157	191	255	244	124
Closed Individuals	195	114	143	148	163	129	108
Average Monthly Case Net Growth	**6**	**6**	**5**	**5**	**8**	**10**	**2**

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**											
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	4310	4312	4310	4322	4314	4300	4297	4308	4310	4319
New vs. Closed	11	-10	-1	3	9	-2	5	4	10	10	10	10
New Eligible Individuals	14	7	7	15	11	8	13	12	8	10	9	10
Closed Individuals	3	17	8	12	2	10	8	8	19	7	7	7

Caseload Individual Count	**2027 Actuals + 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	4317	4319	4320	4322	4324	4326	4328	4330	4332	4334	4336	4338
Monthly Change +/-			2	2	2	2	2	2	2	2	2	2

**Months in blue are actuals*

Caseload Individual Count	**2028 Forecast**											
Month	**Jul-27**	**Aug-27**	**Sep-27**	**Oct-27**	**Nov-27**	**Dec-27**	**Jan-28**	**Feb-28**	**Mar-28**	**Apr-28**	**May-28**	**Jun-28**
Overall Active Caseload	4340	4342	4344	4346	4348	4350	4352	4354	4356	4358	4360	4362
Monthly Change +/-	2	2	2	2	2	2	2	2	2	2	2	2

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.

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

1. This service was available, per CMS approval, beginning March 21, 2024. It is anticipated to 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.
    b. Employment Services – Job Exploration
        i. For FY27, there is an estimated 50 individuals who are expected to use this service equating to $47.9K, which has been accounted for in the estimated employment projection for FY27. The number using this service should increase to 100 in FY28 for an estimated total cost of $95.9K.
2. This service is currently under review for implementation by end of 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

- In FY24, FY25, and FY26 the Division needed to ensure individuals who had not previously been employed would receive support to become gainfully employed. For FY24 the target of 125 individuals becoming employed was met as was FY25, with the target of 175 individuals, and FY26, an additional 200 individuals were supported to gain employment.
- Target over the 3-year period was 500, which was met by the Division, as was the FY25 target for 175 new people to become gainfully employed.
- To meet the goal, the Division engaged in targeted meetings with Supported Employment providers on an ongoing basis.
- As of Sept 2026, there were 1176 individuals who have accessed the employment add-on budget. All funding for employment supports is requested and accessed through the Employment Add On 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 (DDOs) to focus efforts on recruitment and retainment of Direct Support Professionals (DSPs) 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 were 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.
- **Phase III - Continuation of Transformation Funding through Targeted Employment Funds:**

- The Targeted Employment Funds will be used in furtherance of transformation activities and funds will be 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, there were five providers who submitted 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.
- For FY26, a total of $455,281.68 was paid out to providers.
- Currently, FY27 total expenditures are projected to be $1,300,733.71 based on current projects as well as an estimate of the proposals still being reviewed and/or discussed.

	Transformation Funds Paid	Actuals Paid	Transformation Projects	Transformation Proposals	Actuals + Estimates (FY27 only)
FY26	$ 455,281.68	**$ 455,281.68**			
FY27	$ 414,559.62	**$ 414,559.62**	$ 575,298.88	$ 310,875.21	**$ 1,300,733.71**

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

- There are 2,339 distinct individuals who have gone through the 3-step process since the March 2023 implementation.
- As reported in May, the three-step process identified 32 individuals as having an increased support need which resulted in an L9. However, due to data collection challenges, an updated count is not available.
  - Post-2024, this data was intended to reside in Wellsky. However, the data from the original electronic system (SQL server) did not migrate to Wellsky. Once the process transitioned to Wellsky, there were issues with the functionality. Actual numbers can be provided for the next testimony.

4. 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 and FY27.

- RIPIN worked with Advocates in Action to develop a Peer-to Peer Support Training.
    - There were 3 cohorts. This work has now moved under the Advocates in Action contract.
- 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 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.
- Recently a joint proposal came in from 2 DDOs to start a Workforce Network for people in the adult DD system. The Network would match people looking for support to Direct Support Professionals (DSPs) looking for work. The Division is currently reviewing the proposal.

5. 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 18th Round. This Fund has been operational since May of 2022.
    - As of October 2026, the Technology Fund has a total of $895,934.74 in encumbered funds.
    - Through Round 17, approximately 1,688 technology requests have been approved.

The Court Monitor agreed to allow for the expanded use of this Fund for the purposes of providing technology training to individuals and providers. Details were worked out with the Court Monitor. DDD is assisting 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 are 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, families, and Conflict Free Case Managers. Trainings will also focus on how to have discussions about technology and how it can support people in their daily lives. Trainings began in February and will go through the Spring 2027. They will be followed by direct TA to help support what skills were developed in the trainings.

- The cost for trainings and Technology Lending Libraries was $579,554.99, which will come from the Technology Fund. Due to the trainings being well received with requests for more there will be an additional $429,559.08 to fund additional trainings and technology for individuals and families, DSPs, employment staff, residential staff, and Conflict Free Case Managers. There will also be dedicated trainings for bilingual families and the Deaf and Hard or Hearing.

6. 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.

7. Develop a Statewide Workforce Initiative

- There continues to be funding in FY27 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 current demand for services is still greater 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. As planned, the adult placed in a youth residential educational program transitioned to BHDDH adult programming in FY26. Currently, two adults remain in youth residential programs through age 22 to complete their educational program. Both individuals are planned to transition to adult services during FY27.
- Day and employment programs still need to increase staffing to meet the demand. While the rate increases have helped to address the issue, there are still shortages that impact service delivery.
- There was 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 but showed a decrease to 34% for report through December 2025. (*SupportWise Workforce Data Summary Report – January – June 2025; SupportWise Workforce Data Summary and Implications for Reporting Period July1-December 31, 2025).*
- The number of DSPs on payroll will fluctuate over time. That number increased from 2,771 in 2022 to 3,275 in December 2024, then decreased to 3,150 in June 2025. *(SupportWise Workforce Data Summary Report - June 30, 2024, to December 31, 2024).* Since then, the number of DSPs has increased to 3,179 for the period ending December 2025. *(SupportWise Workforce Data Summary and Implications for Reporting Period July 1-December 31, 2025).*

E. Employment Program

DDD continues to engage with Supported Employment (SE) providers to advance employment outcomes. The Employment Team meets monthly with SE Providers to discuss capacity, barriers to assisting people gain employment, encourage SE providers to share information on employment leads, and discuss successful outcomes. The SE team works closely with SE providers to provider TA and support.

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 service needs. 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.

Finally, there is a continued investment in training for new employment staff and those who want to further their knowledge/gain additional skills.

F. SIS-A 2nd Edition and Assessment Modifications

As previously reported, the BHDDH DD team developed a comprehensive assessment process to ensure all areas of support are accurately captured for each eligible individual with I/DD receiving Adult Services. However, hiring challenges have limited the team's ability to fully implement the revised process, which is designed to identify changes to individuals' support needs and inform the annual Person-Centered Plan (PCP) and budget development. The annual two-step process has not yet been implemented, and the existing three step assessment process remains in place.

The goal of the revised assessment process 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 the assessment process following completion of the Health Management Associates (HMA) work as noted below.

Currently, individuals who are approved for additional funding secondary to either the assessment process or administrative review receive funding via an L9. It is important to note that S109 requests will not be eliminated completely as they will remain necessary for acute needs. Assessment of the impact to S109s is ongoing through the HMA work.

SIS-A, 2nd Edition Algorithm

The BHDDH DD team and HMA completed development of the SIS-A 2nd Edition algorithm and its implementation in WellSky. The team is working with EOHHS to secure CMS approval, with planned rollout for the first quarter of 2027. Additionally, BHDDH DD continues to work with HMA to automate ANSQ funding, with implementation anticipated by Summer 2027 pending WellSky development.

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

Background on Revisions to the SIS-A

Rhode Island uses the Supports Intensity Scale for adults (SIS-A) to assign individuals to a tier, which determines the individual budget ("tier package") 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).

The authors of the SIS-A, the American Association on Intellectual and Developmental Disabilities (AAIDD), updated the assessment tool 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 questions have been added, and others have been reordered or reworded for clarity. Most relevantly, the statistical scoring of the assessment has been revised.

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. that will inform an individual's assigned 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 tier to which an individual would be assigned and the level of support they would receive.

Based on this process, HSRI has recommended a six-tier model. This model would increase the individual budgets and rates for individuals in Tier D with extraordinary medical needs to match Tier E.

Because the SIS-A itself is not changing significantly, most individuals will remain in the same tier. Based on the revised criteria – including assigning individuals with high medical needs to Tier E – 71 percent of individuals would remain in their current tier, 24 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 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 estimate that the changes to tier assignments will increase provider revenues (that is, BHDDH's spending on tiered services) by $6.2 million, or 2.5 percent.
- This is a total funds figure (that is, it includes both the state and federal share of costs).
- The impact will vary by provider based on the specific individuals they serve.

This is the cost at full implementation. BHDDH intends to implement the updated algorithm during the first quarter of 2027. Tier changes will be effective within 90 days from implementation. Further, 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). By the end of fiscal year 2027, approximately 60 percent of the population will have been assessed. The estimated cost in fiscal year 2027 will be less than $2 million.

Methodology

- The fiscal impact analysis is based on calendar year 2025 utilization levels. The estimate does not account for changes in overall utilization.
- 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 2025 claims were priced using the October 2026 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.
- The estimate does not account for additional funding that will be added through the ANSQ or assumed reductions in the need for S109 requests. It is anticipated that the impact of these changes will be modest. For example, an S109 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 L9 funding. 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 S109s is ongoing.

G. Conflict-Free Case Management (CFCM)

The EOHHS CFCM Certification Standards were revised and updated in March 2026. RI EOHHS CFCM Certification Standards V2_FINAL 3.12.26.pdf

There are currently six organizations certified to serve the I/DD population, and an additional organization has applied and is in process of certification. These organizations are actively recruiting and have grown in capacity through hiring and ongoing training and support.

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 6 CFCM agencies currently taking referrals.
    - HealthCentric Advisors (formerly CareLink), Child and Family Services, West Bay Community Action, East Bay Community Action, Bethel, and Bethel South County.

2. DDD hired 16 SCWs to be State CFCMs and 2 SCW Supervisors (currently 1 SCW vacancy). Five more SCWs will be hired for FY27 along with 1 SCW Supervisor, and another 5 SCWs and 1 SCW Supervisor are planned for new hires in FY28.

3. DDD is recruiting Support Brokers who worked for the self-direct population and teachers.
    - As of October, there are 37 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 FY27 and FY28:

SFY 2027 May Assumptions – 4,338 Clients Needing CFCM Services

- BHDDH - DDD FTEs
    - There will be 21 SCWs and 3 SCW Supervisors, which represent an increase of 5 new CMs in SFY27.
    - By the end of SFY27, 945 individuals will be managed by the 21.0 BHDDH SCW (CFCMs) FTEs if operating at full capacity (45 individuals per caseload).
    - Current caseload average is 43 individuals due to:
        - Vacant SCW
        - Working on posting 5 new positions

- Independent Facilitators (No Case Management Billed to Medicaid benefits, funded by member budget).
    - With current Support Brokers who are doing this work, DDD foresees 875 individuals could be managed by June 2027 based on the assumption that the level of current clients will hold steady at 767 and continue to increase by 12 per month. (875 – 767 current = 108)
    - The expected date for Access Link Corp to transition the Independent Facilitators under their agency as CFCMs is January 2027.

- Total Actually Billing CFCM by end of SFY 27 – 2,341 (In EOHHS Budget)
    - 2,341 (# will be served by external CMs) Individuals as of 06/30/2027.
    - Increase external CMs by 24 individuals per month (July – September) and then increase by an additional 12 per month for Independent Facilitators for a total of 36 per month from October through June 2027.

SFY 2028 – 4,362 (Projected Caseload by June 30, 2028)

- Additional 5 SCWs to be added in SFY28.
- BHDDH- DDD FTEs: Increase to 1,170 individuals in SFY28.
- Support Brokerage/Independent Facilitators – Shifted to per member per month billing under new CFCM agency (Access Link) at $187.48 as of January 2027.

- CFCM – There will be 2,341 from the DD population billing the CFCM rate.