November 2026 Caseload Estimating Conference
Questions for the Department of Human Services

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 Tuesday, October 27, 2026. Please submit the answers no later than close of business Thursday, October 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 2026 Closing -

1) Please provide a preliminary FY 2026 closing analysis by caseload estimate service category. See "Tab 1d".

   This tab has been updated accordingly.

General Instructions/Background

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

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

      This tab has been updated accordingly.

2) Please provide an update for provisions under H.R. 1 and the impact on the caseload estimate.

   The provisions under H.R. 1 will have a minimal impact on the I/DD population. People with I/DD are exempt from the work requirement.

3) 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 2027 and FY 2028

      i. Please provide the tier rates in effect through 9/30/2026 and the new rates as of 10/1/2026

         Please see attachment DD Rate Table Final 10.5.26.pdf.

      ii. Please provide the same for the schedule of rates for Participants under Age 22 Receiving School-Funded Services

         1. How are these expenses included in the caseload estimate for FY 2027 and FY 2028?

            The rates in the DD system are the same for everyone. Depending on the living situation and Tier, the budget will vary. The budget for youth in transition is less than individuals who are not receiving school funded services. YIT with school funded services receive half of the funding than those who have exited school funded services. The link below shows the Tier packages for YIT. The

link is labeled FY 2025, but it does reflect and states on the document it is for FY 2027. YIT rates start on page 5.

FY 2025 Annual Funding Levels

b. "Tab 1b" and "Tab 1c", please provide the caseloads by placement for FY 2027 (1b) and FY 2028(1c) for those who self-direct and those who do not.

This tab has been updated accordingly.

c. "Tab 1d" - FY 2026 based on the preliminary closing

This tab has been updated accordingly.

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

This tab has been updated accordingly.

e. "Tab 3" – Please provide FY2027 and FY2028 authorizations.

This tab has been updated accordingly.

f. "Tab 4" – Please update Nov 2026 testimony on non-Medicaid placements, including which placements are in-state and which are out-of-state.

This tab has been updated accordingly.

g. Tabs 5a to 5d" – Please update Nov 2026 testimony on L9 reasons and providers for residential and non-residential expenses.

This tab has been updated accordingly.

h. Tab 6 and 6b– Please provide the FY2027 and FY2028 estimates updated for this November conference. Please include a brief explanation of any differences between the two years, including but not limited to changes in the forecasting methodology, updated assumptions regarding caseload, or any other service provision changes. Please include, where relevant, the dollar amount of each category's overall estimate that is expected to be authorized through the L9 Supplemental Funding process as well as an explanation of how this number was determined and what is driving demand for L9 funding in said category.

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.

4) Please provide on "Tab 8a" monthly historical expenditure data and monthly historical caseload data by tier, presented in two discrete ways, as detailed below.

a. Please provide this data from FY 2019 (July 2018) through August 2024, adhering to the previously utilized 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. Please also provide this data from FY 2024 (July 2023) through June 2026 on "Tab 8b" adhering to the new 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.

5) For tab 9, please provide additional detail on the 450 individuals in the July monthly report that are "outliers".

The outliers of 450 individuals are individuals that are considered YIT/Case Management that do not have a SIS, are awaiting a SIS and do not have a proper Living Arrangement but are in the active caseload in total on tab 1. This is intentional to keep the numbers consistent between tab 1 – clients and tab 2 – caseload summary in the monthly report. This is also the result of trying to manage the inconsistencies in the reporting since the Wellsky migration.

6) Please provide for each category the Department's FY 2027 and FY 2028 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. Please provide the methodology used to calculate projected fiscal impact for FY2027 and FY2028, including any distinctions between rate-driven cost increases and caseload/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.

7) Please provide for each contract and non-Medicaid expense the Department's FY 2027 estimate as testified to at the May 2026 CEC alongside the Department's FY 2027 and FY 2028 estimates for this conference. (Please note, this question only applies to contracts that are relevant to CEC adopted figures). Should the estimates for this conference differ from the estimates presented in May, or if the estimates for this conference differ between the two years, please briefly explain what is driving the difference.

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

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 5 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. This was due to a formal review of the placement and it being determined not compliant with HCBS. Continuum is working with CT Department of Public Health to acquire state licensing approval to comply with RI Medicaid requirements. There are three impacted RI I/DD clients at Continuum.
- Shrub Oak International School (New York) was an approved RI Medicaid provider and lost their RI Medicaid standing. This was due to a formal review of the placement and it being determined not compliant with HCBS. The residential placement is an educational provider on a segregated campus setting. RI Medicaid Provider status will not be reinstated. One individual resides there who is receiving active transition planning with a goal to return to RI in FY27.
- New England Center for Children, Inc. (Massachusetts) is a special education facility; as an educational provider, they face the same challenges as noted above. They will not be approved 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 FY27.
- The May Institute (Massachusetts) is also a special education facility; as noted above, services in these settings cannot be funded with HCBS funding. There is one individual placed there who is receiving active transition planning with a goal to return to RI in FY27.
- There are three additional individuals placed out of state who do receive RI Medicaid funding; this includes one individual placed with the Vinfen Corporation, one with the Latham Center, and another with Crystal Springs.

8) Please provide 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	119
Job Coaching	572
Job Development	625
Job Retention	454
Personal Care in the Workplace	60
Self-Direct Job Coaching	8
Supported Employment - Group	26
Grand Total	**1117**

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 1,277 individuals who were currently employed as of April 2026.

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

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

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

Peer Support and Family Support have been implemented. Two agencies requested to start billing for Peer Supports services as of September 2025. To date only one provider is currently billing for Peer Supports. The other provider hired a supervisor to oversee Peer Support workers and recently hired several individuals who have gone through training and will begin to 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 12 individuals who are being trained to provide this support service. There are 8 individuals with lived experience who have been engaged in training on technology since early Summer with the goal to become peer support trainers.

Discussions continue with other providers who have shown interest in providing Peer Support services or Family Support Services.

Remote Support service is on target to be implemented in early CY27. Two providers will submit proposals to begin providing remote monitoring services starting in the new year. BHDDH is working with EOHHS to get CMS approval on the rate for remote monitoring.

Job Exploration will be implemented in FY27. The service will be implemented following a rate approval from CMS and training on how to provide this service. 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 FY27.

Companion Room and Board is not a service that the Division will be implementing at this point.

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

Medicaid eligibility will be required for all the new services. The Division is currently working with HMA and Medicaid on getting rates approved for Remote Monitoring and Job Exploration.

Financial and Operational Questions

10) Please provide any update on the federal matching status of the RIPTA Transportation contract with the Medicaid Program

DD is working with Medicaid on a Standard Operating Procedure (SOP). The latest version is with Medicaid. Next steps will be for DD and Medicaid to finalize the SOP.

11) Please provide any updates since the May 2026 Conference for implementation of Conflict Free Case Management services provided through EOHHS and compliance with the consent decree.

a. The 2024 Assembly authorized the hiring of 18.0 FTEs to provide Independent Facilitation Case Management services. Please provide any updates regarding the hiring status since the May 2026 testimony of these individuals as well as the long-term plan for how Independent Facilitation Case Management services will interact with Conflict Free Case Management services.

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

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

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

DD Case Managers (16 total, one vacancy and in the hiring process):

- The current 15 DD internal case managers have an average caseload of 45 cases (which is the maximum per union rules), with one vacant position that is expected to be filled soon.
- Currently, internal case managers are at or slightly over full capacity. However, 5 CM FTEs are being hired for FY27, with another 5 planned for FY28.

External Case Managers:

- The external caseloads vary by agency and case manager and average closer to 60 cases per case manager. The target caseload determination was based on the activities in which the case managers were expected to engage and the average estimated amount of time it would take to complete those activities.
- External case managers continue to be recruited to meet the capacity needs. The Division will reevaluate the accuracy of that caseload limit determination as the system is fully implemented.
- BHDDH's long term goal is to align external CFCM agency max caseload with the internal BHDDH max caseload to ensure standardized quality of support to every BHDDH LTSS participant receiving CFCM.

12) The FY 2026 and FY2027 Enacted budgets include $2.5 million and $0.9 million, respectively, for transformation and technology funds as part of the Consent Decree. Please provide the details on how funding from these funds has been awarded and the anticipated awards for FY 2027.

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 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 18th 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 $429,559.08 out of the Tech Fund used to support this work in FY27.

13) 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 2027 to date?

1060 individuals are currently participating in the Appendix K authorization program, with 1209 parents/guardians as paid staff. Please refer to November 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.

14) 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 2027 (Tab 7).

Please refer to November 2026 - BHDDH Workbook for CEC questions.xlsx, tab 7 – Private Duty Nursing.

15) How many youths with transition plans have or will receive services through the Department in FY 2027 and FY 2028? Please provide the tier level and residential services that have been identified or approved for this group.

In FY27, 221 youth under age 22 currently have authorizations to receive services from the Division. 17 are living in group homes. 9 are in SLA. The tier breakout is as follows – Tier A 39, Tier B 53, Tier C 57, Tier D 26, Tier E 45.

In FY28, 31 youth under age 22 currently have authorizations to receive services from the Division. 3 are living in a group home. 3 are in SLA. The tier breakout is as follows – Tier A 9, Tier B 7, Tier C 4, Tier D 3, Tier E 8.

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

In 2026, BHDDH moved to an annual reporting calendar following the Court Monitor's determination that 6- month reporting was no longer needed. Organizations will begin their data collection for 2026 in January 2027.

To date 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 and/or delivery

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. Rhode Island Statewide Workforce Initiative (RISWI)

c. Any impact workforce capacity limitations are having on the Department's ability to implement services as assumed in the estimate

There are a combination of issues affecting 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. 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 and 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. Providers may want to grow but need to pace themselves so they can manage the new work that is associated with expanding the new services.

17) Provide an update regarding individuals receiving adult day services and the projected impact on the budget including a breakdown of general revenue and federal participation.

BHDDH and EOHHS, with input from RIDOH, have been working to resolve service delivery for adults with I/DD who receive Adult Day Health (ADH) but do not meet the medical necessity criteria for this service. In SFY 2026, there were 243 I/DD users under managed care and 286 in fee-for-service. Please note that the numbers above are not mutually exclusive as the majority of MCO utilization shifted to FFS during SFY 2026 as BHDDH and EOHHS work through the transition.

BHDDH has agreed to reach out to the ADH providers to work toward a dual DDO license to accompany their RIDOH ADH license that would allow the ADH providers to receive DDO reimbursement as DDO licensed center-base day programs for the current cohort of individuals with I/DD currently receiving services. BHDDH assumes that 15% of the population will still require and meet the medical necessity criteria for ADH under Medicaid. BHDDH is working with EOHHS to review the specific individuals impacted, to inform updates to BHDDH's budget initiative as needed.

The Federal Court Monitor has agreed to the proposal since the people receiving the services have chosen the service model. The DDD will work with the current DDOs to build the capacity to meet the needs of this population who require center-based services with community-based options.