

Project Sustainability: A Chronology

Pre-Implementation

- **October 2008 – June 2010:** BHDDH worked with the Human Services Research Institute (HSRI) to better understand the state’s options for improving its Home and Community Based Services (HCBS) wavier program. Rhode Island chose to explore broader use of the Supports Intensity Scale (SIS) in its resource allocation model. As part of a pilot project, the SIS was administered to a random sample of 465 individuals with intellectual and developmental disabilities (I/DD). Ultimately, the study showed that the SIS would be an appropriate needs assessment for individuals with I/DD in RI.
- **June 2010:** BHDDH contracted with Burns & Associates (B&A), a healthcare consulting firm specializing in program design/implementation/evaluation. The amount in the contract was \$2,181,890, although other documentation shows that B&A was paid a total of \$1,382,912 between FY2011 and FY2016.
- **July 2010 – April 2011:** BHDDH convened a group of stakeholders to help direct the project. From this, three workgroups were created and tasked with the following:
 - Assessment Workgroup: Help BHDDH think through the implementation of individual assessments using the Supports Intensity Scale (SIS) and how to use those assessments to build resource allocation plans. The Workgroup considered how assessments would be conducted, as well as by whom and how frequently. It focused on what training would be needed for consumers, providers, and state staff.
 - *For the Workgroup to be successful, the transition from assessment to resource allocation plan to individual care plans must be as simple as possible and easy for everyone to understand.*
 - Rate-Setting Workgroup: Assist in the adoption of a uniform methodology to determine payment rates for all services based upon input from the Service Definition and Assessment Workgroups so that payment rates were fair and consistent throughout the system. The Workgroup used cost/staffing data collected from the service providers in this process.
 - *For the Workgroup to be successful, the methodology must be clear, cover the reasonable costs of providing high quality services within the limits of funding, provide for periodic increases to meet inflation, and be approved by the State and Federal Medicaid agencies.*
 - Service Package Workgroup: Decide how services that can be paid for by the State are defined: What is the service? How is it different from other services? How many different services are necessary? Who can provide them? Who should receive them? How many staff does it require? What should staff qualifications be? What should be the outcome?
 - *For the Workgroup to be successful, the service list that is identified and the definitions that go along with them need to be complete and detailed enough to allow rates to be calculated and to serve as a menu of services for consumers.*
 - In addition to the three workgroups, stakeholders hosted a two meetings for self-advocates and family members to gain perspective on the needs of individuals and their families.¹
 - BHDDH was also tasked with developing the information system capacity within the Department/State to streamline data for providers, provide tools for assessment/care

¹ Of note, during this meeting, participants identified that they did not want to be called “self-advocates”, “clients”, or “consumers”. Rather, they preferred the term “directors” as their services were self-directed.

planning/resource allocation, and allow for the provision of information on spending and outcomes that are achieved in a manner that is transparent for all stakeholders.

Phase I

- **July 2011:** Project Sustainability was enacted in the FY2012 budget. Advocates cited that the overall cut to services for the developmentally disabled in this budget was \$24 million—about \$10.5 million of this was attributable to Project Sustainability and \$4.2 million was cut from the Department of Human Services (DHS) for transportation services². The remainder of the savings related other initiatives. The new fee-for-service rates under Project Sustainability were intended to include transportation costs, reducing the funding for non-medical transportation through DHS. The enacted budget set the hourly rate for Direct Support Professionals (DSPs) at \$12.03³ (the benchmark was \$13.97). Fringe benefits were set at 29% of pay (the goal was 35%).
- **October 2011:** In response to budget cuts, the first rate cut of 11% became effective, lowering the average DSP wage to \$10.66.
- **January 2012:** BHDDH, after achieving greater savings than anticipated, provided a 3% increase, raising the DSP hourly wage to \$10.98.
- **April 2012:** BHDDH provided another 2.88% increase, raising the DSP hourly wage to \$11.30. By this time, BHDDH had completed over 1,000 SIS assessments (the “sample SIS”) in its efforts to continue developing and refining the new system.
- **June 2012:** Clinical review of the SIS began, based on the sample population.

Phase II

- **July 2012:** DSP wage remained at \$11.30 per hour, but fringe benefits increased to 30% of pay.
- **July 2011 – December 2011:** SIS assessments began for all individuals while other aspects of the tool were more clearly defined, such as the number of tiers individuals would be classified into (five) and how frequently the assessment would be done (every three years).

Phase III

- **January 2013:** The Department set a goal to convert all clients into the tiered system by March 2014.
- **January 2014:** DSP wage increased to \$11.55 per hour, and fringe benefit reimbursements for DSPs reached the target of 35% (all other job categories remained at 30%).

² Project Sustainability began when DHS was the single state agency for the Medicaid program, which oversaw non-medical transportation services for the I/DD population. Medicaid is now under the purview of the Executive Office of Health and Human Services (EOHHS).

³ This also impacts wages for supervisors and case managers, as supervisor wages equal 150% of DSP wages and case management wages equal 160%.