



## STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals  
DIVISION OF DEVELOPMENTAL DISABILITIES

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To All the People Who Receive Support Through the Division of Developmental Disabilities and Their Families,

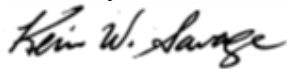
In 2020, as part of the Consent Decree, the Court ordered the State to simplify the overall system and to develop solutions to a variety of issues that made the system difficult to navigate. We formed five work groups to work on that task. Most of the work is finished, some of it will be resolved through the rate and funding methodology review that is currently underway and will be finished by December. I want to provide a summary of what these changes mean to individual lives.

- (1) Quarterly authorizations have been replaced by annual authorizations. That means that you will be able to budget for how to use your tier funding for an entire year. You will receive a quarterly budget statement that will inform you of your remaining balance. This is the first stage towards helping each person develop an individual budget that increases your personal control and increases community access according to your personal interests and wishes.
- (2) An additional needs questionnaire has been added to the SIS assessment to better identify an individual's funding needs upfront, without the need for a request for additional supports through the existing cumbersome process. This questionnaire will assist the State to better understand your whole life support needs and to reduce the need for you to have to engage in the time-consuming request process.
- (3) There will be a new SIS results letter that provides
  - Tier level,
  - Annual allocation,
  - Social Caseworker contact information and areas they can assist with accessing services and supports,
  - Information on service model options
  - Information on Medicaid,
  - Information on Individual Service Plans,
  - Links to BHDDH website, DHS website, and EOHHS website,
  - Information on how to request an appeal.
- (4) Definitions for functions and activities have been updated. Guidance has been developed that allows individuals to share supports to increase the amount of support they receive. This guidance will be posted on the BHDDH website by the end of the month.
- (5) The BHDDH contract with RIPTA has been approved for Medicaid match. This will eventually increase the amount of funding available to individuals for transportation funding.

- (6) DHS staff have been trained in procedures to significantly reduce the need for duplication in documents and applications. Grids have been developed to assist the DD social caseworkers in the process of identifying the minimum documents required to complete a Medicaid application. If an individual is on SSI, financial redetermination is not necessary. The appeals process has also been simplified.
- (7) The Rate and Payment Methodology Review process will be completed by 12/1/22 and will address the following:
  - The resolution of the 15-minute billing units.
  - The resolution of ratios for day services.
  - The provision of a range of funding levels through individual budgets.
- (8) Conflict Free Case Management (CFCM) remains under development with the support of the CFCM Workgroup through EOHHS and the recommendations of the DD Quality Advisory Committee. CFCM, paired with the revised process for developing individual budgets and the other revisions described in this letter, will allow for more individualized supports. The stakeholder group working with BHDDH on developing and implementing conflict-free case management for the adult I/DD population agreed to align the DD process with the overall Medicaid Long-Term Services and Supports (LTSS) process. The LTSS workgroup is developing the timeline and expects to release it soon. Once it is available, the timeline will be shared with the DD community.

The entire Administrative Barriers project has been a major effort in collaboration and communication regarding the shared vision of increasing individual control over their lives and increasing community access. Those involved in this process have made a step forward in the efforts to improve service delivery to adults with disabilities through the reduction in unnecessary administrative burdens. I look forward to completing this work through the LTSS workgroups and the Rate Methodology project with the lens of continuing to focus on reducing administrative barriers constantly in focus.

Sincerely,



Kevin W. Savage  
Director, Division of Developmental Disabilities  
BHDDH