

Administrative Barriers

The State submits the enclosed information with respect to Administrative Barriers, in response to the Court's December 6, 2022 Order regarding substantial compliance.

Since the Court's July 31, 2020 Court Order Concerning Fiscal Issues and Administrative Barriers, the State, in consultation with Stakeholders, has addressed and developed strategies for resolving each of the sixteen (16) issues. See each item below for a brief description as to how the issues and/or barrier was addressed.

1. The process for determining the support needs of each individual found eligible for services through RI Division of Developmental Disabilities.

The SIS Unit will determine support needs in a three-tier process in order to best identify the support needs of an individual with developmental disabilities. (See SIS-A Procedural Steps attachment)

2. The process and timeline for developing annual budgets.

This process was developed through the Rate Methodology process with HMA and was inclusive of community stakeholder input. (See Draft Guide to Individual Budgets and Draft Billing Manual Attachments)

3. The need to consolidate the application process for all pertinent RI services into one process.

BHDDH, Medicaid and ORS worked toward streamlining the application processes to reduce redundancies and to share information to decrease the burden on individuals having to repeat information in the application process. (See Admin Review Policy – Eligibility, Admin Review Policy – Level of Need, and System Overview Attachments)

4. The need for individuals to redetermine eligibility more than once.

Redetermination is not a requirement of the DD clinical eligibility application.

5. The appeals process for individuals as it relates to eligibility, level of need or funding level.

The Division moved toward an administrative review process for individuals who have concerns about determinations that have been made on their cases. (See Admin Review Policies – Eligibility and Level of Need)

The Division is working (see item 1 above) to reduce the need for appeals by better identifying the individual's needs early in the determination process. (See Appeals Process Guidance document)

The process for a formal appeal is outlined in the Administrative Review determination letter.

Administrative Barriers

6. Quarterly Authorizations.

The State achieved moving from quarterly to annual authorization in the fall of 2020. (See Sample Quarterly Letter Redacted Template Attachment)

7. Ratios

The workgroups addressed the issue of ratios, and the matter was referred to HMA to include in the Rate Methodology process.

8. 15-minute billing units

It was agreed during the workgroup discussions that the elimination of the ratios mitigated this concern.

9. The need to develop a clearly defined list of functions and activities for which funding is allowable.

This work was done in coordination with stakeholders and in partnership with HMA. (See Draft Billing Manual, Draft Guide to Individual Budgets, and DD Community Forum Presentation on Changes presentation from 6/20/23 in the Process and Funding Sections).

10. The need to provide different funding levels for each function or activity that are responsive to individual support needs.

See above answer to No. 9. Within the individual budget, individuals can craft a budget to meet the needs identified in their ISP and allocate funding as they choose.

11. The need for guidance concerning the flexibility permitted within each function or activity.

See the above answer under No. 9.

12. The need for guidance about combining individual budgets, at the request of individuals.

See the above answer under No. 9.

Individuals who want to share services are able to by detailing what they want to do and how they will share services within each person's ISP.

13. The L9 process for requesting additional funding.

The revised assessment process is intended to reduce the reliance upon S109/supplemental funding. (See #1 above).

14. The S109 process for appealing funding decisions.

See Administrative Review Policies – Eligibility and Level of Need

Administrative Barriers

15. The process and timeline by which individuals contract with provider organizations.

The ISP and the purchase order constitute the contract between an individual and their provider(s).

16. Provider contractual and billing procedures.

See the Draft Billing Manual.

Court Order Required Actions	Required Documentation	Responsive Documentation
Address the 16 administrative barriers identified in the July 2020 order.	Written summary of how the State is addressing each of the 16 items in the court order. Attach any forms, policy statements, etc.	Administrative Barriers-000001 to Administrative Barriers-000072: <ul style="list-style-type: none"> • BHDDH Administrative Barriers Narrative • Individual Meeting Process • SIS-A Procedural Steps Admin Review Policy – Eligibility • Draft Guide to Individual Budgets • Draft Billing Manual • Admin Review Policy - Eligibility • Admin Review Policy – Level of need • Appeals Process Guidance • Sample Quarterly Letter Redacted Template
Simplify the application process. Develop a common data set.	Step by Step Summary of the complete application process in plain language (for individuals and families).	Administrative Barriers-000073 to Administrative Barriers-000084: <ul style="list-style-type: none"> • System Overview • Eligibility Application 6-2023 Revised Draft
	Create a common data set for information required by more than one agency or process. Document how this information will be collected and where it will be stored.	Administrative Barriers-000085 to Administrative Barriers-000098: <ul style="list-style-type: none"> • Eligibility-Administrative Burden Improvements • DD-ORS Communication Tool in Sharepoint • Eligibility Policy and Procedure • LTSS Waiver Application Assistance Policy • ORS Innovative Practices Application Narrative • ORS Meeting Summary 6.5.23
	All pertinent forms, guidance, etc.	Administrative Barriers-000099 to Administrative Barriers-000107: <ul style="list-style-type: none"> • Revised Eligibility Letter 6-13-23 • Revised Transition Eligibility Letter 6-13-23 • ORS Application

BHDDH
Administrative
Barriers Narrative



STATE OF RHODE ISLAND
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Administrative Barriers

Address the 16 administrative barriers identified in the July 2020 order.

The Administrative Barriers Court Order has been addressed through a number of interventions since it was issued in July of 2020. Initially, workgroups were established to address groupings of related identified barriers. The workgroups identified recommendations for reducing, and in some cases eliminating the barriers that the Court identified. As the process moved forward, we recognized that, to avoid redundancy in efforts, the resolutions needed to be linked to other State efforts that were also underway or in development. Below is a description, by identified barrier of how it has been or is being addressed by the State.

1. The process for determining the support needs of each individual found eligible for services through RI Division of Developmental Disabilities.

- a. The SIS Unit will determine support needs in a three-tier process in order to best identify the support needs of an individual with developmental disabilities.
 - i. The SIS-A, including supplemental questions, will be completed on each individual determined to be eligible.
 - ii. Additional questions not covered by the SIS-A and supplemental questions will be asked of the individual to gain further insight into the person's needs.
 - iii. A follow up meeting with the individual (Individual Meeting) and their identified supports (generally family members) will be held to identify anything that they need to add to their support needs that may not have been covered or that they believe was not asked. The Division is working with Human Resources and the Union on transferring SIS positions into the unit to bolster the unit's workforce to meet the needs of population to fill this component. See Individual Meeting Process Attachment and Process section for further information and related documents.
 - iv. A funding and support package will be provided to the individual.
(See SIS-A Procedural Steps attachment)

2. The process and timeline for developing annual budgets.

- a. This process was developed through the Rate Methodology process with HMA and was inclusive of community stakeholder input.
(See Draft Guide to Individual Budgets and Draft Billing Manual Attachments)

3. The need to consolidate the application process for all pertinent RI services into one process.

- a. BHDDH, Medicaid and ORS worked toward streamlining the application processes to reduce redundancies and to share information to decrease the burden on individuals

having to repeat information in the application process. To eliminate the need to apply to the various Departments would be a long-term resolution as there does not yet exist a combined database among the agencies and different information is required. CFCM will exist on one database (WellSky), further increasing coordination among agencies. As systems are developed over time, coordination will be a component of future developments. See Administrative Burden-Eligibility Improvements document for additional information on efforts to improve the application process for eligibility. (See Admin Review Policy – Eligibility, Admin Review Policy – Level of Need, and System Overview Attachments)

- 4. The need for individuals to redetermine eligibility more than once.**
 - a. Redetermination is not a requirement of the DD clinical eligibility application.
 - b. If a person is SSI eligible, the individual no longer needs to complete a financial redetermination application.
 - c. It remains a federal Medicaid requirement for non-SSI recipients to complete and annual redetermination to maintain Medicaid financial eligibility.

- 5. The appeals process for individuals as it relates to eligibility, level of need or funding level.**
 - a. The Division moved toward an administrative review process for individuals who have concerns about determinations that have been made on their cases. This allows for a quicker reconsideration of the decision based on an internal review of the criteria used to make a particular decision without delaying the request for an appeal. The individual and their supports are included in the process, generally via virtual meeting with option for face-to-face meeting. It has been a largely successful process. (See Admin Review Policies – Eligibility and Level of Need)
 - b. The Division is working, largely through the revamping of the service need determination process (see item 1 above), to reduce the need for appeals by better identifying the individual’s needs early in the determination process. (See Appeals Process Guidance document)
 - c. The process for a formal appeal is outlined in the Administrative Review determination letter. The individual is provided the EOHS Appeal Request form to submit directly to EOHS if needed.

- 6. Quarterly Authorizations.**
 - a. The State achieved moving from quarterly to annual authorization in the fall of 2020. (See Sample Quarterly Letter Redacted Template Attachment)

- 7. Ratios**
 - a. The workgroups addressed the issue of ratios, and the matter was referred to HMA to include in the Rate Methodology process. They have been essentially eliminated by providers billing for individuals at tier unless they provide 1:1 supports, for which they receive an enhanced rate.

- 8. 15-minute billing units**
 - a. While this was initially a significant concern, it was agreed during the workgroup discussions that the elimination of the ratios mitigated this concern. HMA advised, and provider CFOs agreed, that these billing units were acceptable without the ratio issue.

9. The need to develop a clearly defined list of functions and activities for which funding is allowable.

- a. This work was done in coordination with stakeholders and in partnership with HMA. (See Draft Billing Manual, Draft Guide to Individual Budgets, and DD Community Forum Presentation on Changes presentation from 6/20/23 in the Process and Funding Sections).

10. The need to provide different funding levels for each function or activity that are responsive to individual support needs.

- a. See above answer to #9. Within the individual budget, individuals can craft a budget to meet the needs identified in their ISP and allocate funding as they choose.

11. The need for guidance concerning the flexibility permitted within each function or activity.

- a. See the above answer under #9b.

12. The need for guidance about combining individual budgets, at the request of individuals.

- a. See the above answer under #9b.
- b. Individuals who want to share services are able to by detailing what they want to do and how they will share services within each person's ISP. Each person's individual budget would be based on the tier rate for group services.

13. The L9 process for requesting additional funding.

- a. The revised assessment process is intended to reduce the reliance upon S109/supplemental funding. (See #1 above).
- b. Through the revised process, individuals will no longer be required to submit a subsequent S109/supplemental funding request as the Division committee will automatically extend the funding approval.

14. The S109 process for appealing funding decisions.

- a. See Administrative Review Policies – Eligibility and Level of Need

15. The process and timeline by which individuals contract with provider organizations.

- a. The ISP and the purchase order constitute the contract between an individual and their provider(s).

16. Provider contractual and billing procedures.

- a. See the Draft Billing Manual.

Simplify the application process. Develop a common data set.

See Items # 1 and #3 above and attached documents.

Individual Meeting Process

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Individual Meeting Process

The Individual Meeting will be facilitated by the Supports Intensity Scale (SIS) social case worker (SCW) who administers the SIS-A and Additional Needs and Support Questionnaire. The Individual Meeting will be held one week following the SIS-A or annually prior to the Individual Support Plan (ISP) meeting.

The below itemizes the process for first SIS, change in situation SIS, and regularly scheduled SIS:

1. SIS SCW administers the SIS-A and the Additional Needs and Support Questionnaire.
 - The SIS SCW will provide information re: the Individual Meeting.
 - The Individual Meeting will be presented as optional.
 - The Individual Meeting will be scheduled at the time of the SIS-A meeting.
2. SIS SCW reviews current SIS-A and Additional Needs and Support Questionnaire to prepare for the Individual Meeting.
3. SIS SCW conducts Individual Meeting within one week of the SIS-A.
 - Information re: the individualized budget will not be available at the time of the meeting.
4. Individual Meeting:
 - A. SIS SCW briefly reviews the areas of the individual's highest support needs based on the SIS-A and Additional Questionnaire.
 - B. SIS SCW asks the following:
 1. "Now that you've had a week since completing the SIS, are there areas we did not discuss during the SIS or questionnaire?"
 2. "Are there other areas you require daily support that we have not yet covered with the SIS and the questionnaire?"
 3. "Are there individuals in your life that are not paid to support you? If so, who are they, what support do they provide and how often?"

The SIS SCW will provide prompts and examples to help the individual understand the intent of each question.

5. SIS SCW uploads information received from Individual Meeting to the Additional Questionnaire database for committee review.
6. Additional Questionnaire Committee reviews SIS-A, Additional Questionnaire, and Individual meeting information to determine whether supplemental funding is necessary. The individual will receive written communication of the committee determination.
7. SIS SCW forwards information received from Individual Meeting to Division of Developmental Disabilities (DDD) SCW/ Conflict Free Case Manager (CFCM) to further assist the individual with securing any items or additional support needed that fall outside the parameters of the DDD Home and Community Based Services (HCBS) funding.

The below itemizes the process for the annual Individual Meeting:

1. The annual meeting will be scheduled 120 days prior to the ISP due date. If a SIS is conducted within that year, the annual meeting will be conducted 120 days prior to the following year's ISP.
2. SIS SCW reviews current SIS-A prior to meeting.

3. Additional Needs and Support Questionnaire and Individual Meeting occur during the same meeting.
4. Annual Individual Meeting agenda:
 - A. SIS SCW administers the Additional Needs and Support Questionnaire.
 - B. SIS SCW asks the below follow-up questions:
 1. "In your last SIS, the areas you required the most support were "X", have there been any changes to those areas?"
 2. "Are there other areas you require daily support that the questionnaire did not cover?"
 3. "Are there individuals in your life that are not paid to support you? If so, who are they, what support do they provide and how often?"
5. SIS SCW uploads information received from Individual Meeting to Additional Questionnaire database for committee review.
6. Additional Questionnaire Committee reviews SIS-A, Additional Questionnaire, and Individual meeting information to determine whether supplemental funding is necessary.
7. SIS SCW forwards information received from Individual Meeting to DDD SCW/CFCM to further assist the individual with securing any items or additional support needed that fall outside the parameters of the DDD HCBS funding.

**SIS-A Procedural
Steps Admin Review
Policy – Eligibility**



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Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
SIS-A Procedural Steps

The Division of Developmental Disabilities (DDD) within the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) recognizes the need to develop a comprehensive assessment process to ensure all areas of support are accurately captured for each eligible individual with an Intellectual or Developmental Disability (I/DD) receiving services.

The following itemizes the process improvement steps:

1. The first step in this process was for the DDD team to create an additional questionnaire to be administered at the time of the Supports Intensity Scale – Adult Version (SIS-A) assessment. This questionnaire is entitled “Additional Needs and Support Questionnaire.” Over the course of several months, the internal DDD team worked to develop the questionnaire along with a guidance document for the SIS social case workers (SCW). The DDD team then worked for several months thereafter with the internal BHDDH data team to develop an internal database to maintain the questionnaire data. The SIS supervisor provided training/guidance to each SIS SCW prior to the roll out of the questionnaire. This guidance included the use of examples/prompts for each question to ensure respondents have a clear understanding of the intent of the question. (See attached Additional Needs and Support Questionnaire, Additional Needs and Support Questionnaire Process and Additional Needs and Support Questionnaire Guidance Document).

The questionnaire was designed to assess seven areas of support based on the supplemental funding (S109) request trends. The seven areas include: criminal involvement/sexualized behavior/fire setting, co-occurring Alzheimer’s/Dementia diagnosis, co-occurring behavioral health diagnosis, exceptional behavioral need, exceptional communication need, exceptional medical need, and exceptional circumstances (caregiver/environment). The goal of incorporating the Additional Needs and Support Questionnaire is to assess specific needs above and beyond what the SIS-A captures. In turn, the goal is to reduce the reliance on S109 requests and/or the need to request an administrative review.

The BHDDH team is actively working with Health Management Associates (HMA) to identify a standardized supplemental assessment and equitable funding process to replace the Additional Needs and Support Questionnaire and current funding mechanism.

2. The American Association on Intellectual Developmental Disabilities (AAIDD) has issued the SIS – A, 2nd Edition. The DDD SIS unit received training on the SIS-A, 2nd Ed. on June 2, 2023. The DDD team will coordinate additional training on the SIS-A, 2nd Ed. with AAIDD as needed. The DDD SIS unit will implement the new SIS-A by the end of July 2023. With the new edition SIS-A, the DDD team is working with HMA to develop new supplemental questions to be used in conjunction

with the SIS-A, 2nd Ed. to assist with assessing the medical and/or behavioral needs of individuals receiving the assessment. HMA will provide training to the DDD SIS unit regarding parameters and intent of the new supplemental questions prior to the rollout. The DDD team is also working with HMA to develop the algorithm for the SIS-A, 2nd Ed. which will inform the tier. (See HMA Rate and Payment Options Study Report 01.03.2023).

3. The third component of the assessment process is the development and implementation of a follow-up meeting post-SIS-A with the individual and their designated supports. This meeting will be referred to as the “Individual Meeting.” The Individual Meeting will be held one week following the SIS-A or annually prior to the Individual Support Plan (ISP) meeting.

The intent of this meeting is to build upon the SIS-A and Additional Needs and Support Questionnaire to ensure all support need areas have been captured. This meeting is intended to be conversational; it is not designed to be an assessment. The SIS SCW who administered the SIS-A and Additional Needs and Support Questionnaire will facilitate this meeting. The individual and their identified supports will be asked three additional questions by the SIS SCW and will have the opportunity to provide additional information as needed. This information will be uploaded to the Additional Needs and Support Questionnaire database for committee review to determine whether supplemental funding above tier is needed. The individual will receive written communication following committee review. This alleviates the need for the individual to submit an S109 request.

Several meetings were held internally to draft the purpose and process for the Individual Meeting. The BHDDH team also met with stakeholders on three occasions to aid in the development of the Individual Meeting process and questions. (See attached Individual Meeting Process).

The Individual Meeting will be implemented one month following implementation of the SIS-A, 2nd Ed. The SIS supervisor will provide training/guidance to each SIS SCW prior to the roll out of the Individual Meeting. The SIS SCW will be provided guidance to utilize prompts to elicit information and to ensure the individual has a sound understanding of the intent of each question. The DDD team will develop this guidance document by July 31, 2023.

4. The DDD SIS supervisor provides training to families, agency, and school staff on the SIS-A on an ongoing basis. The DDD SIS supervisor has now incorporated training for the Additional Needs and Support Questionnaire into the SIS training provided to stakeholders (See attached SIS Training Protocol). The DDD team also conducted three trainings to the leadership within the Department of Children, Youth, and Families, the Lifespan social work unit and a subset of the Blue Cross Blue Shield team. This training provided an overview of the DD system which included information on the SIS (See attached DD Power Point Presentation).

SIS – A, 2nd Ed. and Individual Meeting Implementation Plan	
Task	Timeline
Trainings to SIS Unit	Completed by 7/14/2023
Trainings to Stakeholders	Ongoing
Revisions to Supplemental Questions	Completed by 6/30/2023
IT updates/changes	Completed by 7/14/2023
SIS-A 2 nd , Ed. rollout	Completed by 7/30/2023
Individual Meeting	Completed by 8/31/2023

Draft Guide to Individual Budgets

Rhode Island
Division of Developmental Disabilities



YOUR GUIDE TO INDIVIDUAL BUDGETS

Draft June 2023

ABOUT THIS GUIDE

The Division of Developmental Disabilities (DDD) wants to support people with intellectual and developmental disabilities to reach their vision for a good life. We strive to offer services and supports that:

- Focus on you and your needs,
- Provide you choice and flexibility, and
- Help you connect with your community.

To do this, we are working to improve the system of supports by:

- Improving the list of options available to you
- Changing our approach for supporting participants and families, and
- Providing more control over the services you choose through an individual budget.

This guide explains what an individual budget is and how it will work. It will also help you get ready for your ISP meeting. As you go along in this guide, there are places for you to write in things about yourself to make this a personal booklet that you can keep or share with others in your circle of support.

WHAT IS AN INDIVIDUAL BUDGET?

The individual budget is a funding range (amount of money) that you will use to plan for the services you need during the year. During your ISP meeting, you and your circle of support will make choices about the type and amount of services you need to help you with activities at home, in the community, and to reach your personal goals. These choices and your priorities will help you develop the individual budget.

Your individual budget is based on several factors:

1. Your SIS Tier (assessed level of need)
2. The circumstances and situations that impact you as indicated on the additional questionnaire
3. Where You Live (on your own or with your family or other support)

WHAT IS A SIS TIER?

Your SIS Tier is based on information from your Supports Intensity Scale-A® (SIS-A®) assessment. Depending on your support needs, the score will determine a level of need (A-E).

Level	Description
A	Low Support Needs
B	Moderate Support Needs
C	Medium to High Support Needs
D	Extraordinary Medical Needs
E	Extraordinary Behavioral Needs

HOW WILL IT WORK?

You will get a letter indicating your individual budget funding range before your ISP meeting.

Depending on your needs and goals, other services can be added on and are outside your individual budget amount.

WILL I HAVE TO CALCULATE MY BUDGET?

If working with an individual budget sounds hard, don't worry! Your Case Manager will help you. During your ISP meeting, you will talk about the day-to-day support you need, and the type of support needed to reach your goals.

You will talk about how many hours you need for each type of service that you choose. Your Case Manager will enter the number of hours for each service into a calculator tool to come up with your detailed budget.

For people in group homes or shared living arrangements, the residential service is not included in the individual budget. It is paid to the provider and includes daily support time.

WHEN WILL I GET MY INDIVIDUAL BUDGET?

The timeline to move everyone to individual budgets will take 1 year. You will be phased-in based on your ISP date.

WHAT SERVICES CAN I CHOOSE?

The list below shows the services that are included in the flexible budget, those that can be added, and those that are fixed.

Flexible Budget Services

Center-Based Day Program	Professional Services
Community-Based Supports	Support Brokerage
Transportation	Goods and Services
Assistive Technology	Remote Supports

Add-On Services

Employment Services	Vehicle Modifications
Peer-to-Peer Mentor	Home Modifications
Family-to-Family Support	

Fixed Cost Services

If approved for these services, the Division will pay for them outside of your individual and add-on budget.

Group Home
Shared Living Arrangement (SLA)
Whole Life SLA
Financial Management Services (FI)

PLANNING IN ACTION

Meet Judy

Judy is a 25-years-old and lives in Providence in a licensed residential home. Judy has been attending a DD center-based day program 3 days a week, 6 hours a day. She had a SIS-A® assessment earlier this year and was assigned to Tier E level of support. Judy will begin to use her Individual Budget this year.

During her ISP meeting, Judy's Case Manager will talk to her and others of her choice to learn about her support needs, interests, and goals, and what's working and not working with the services she currently gets.

Even though Judy likes going to a center, she would like to find more things to do outside, especially things that help her stay active and healthy in her community. Her group of high school friends is important to her, and she stays in contact with them mostly through social media. She would like to find a job working somewhere in the performing arts.

She can do many things for herself, but does need support with preparing meals, getting around town, and remembering to take her medication. Judy's Case Manager works with Judy to choose how many hours of each service she needs within her budget.

Judy's individual budget is about \$80,000. Her fixed cost is the group home service. This does not come out of her individual budget.

Based on what was shared during her ISP meeting, here are Judy's goals:

- Learn how to use technology and social media to connect with more people from high school.
- Keep physically active and fit.
- Learn how to take public transportation to get to the day program and back home.
- Find a job of my choice in the performing arts.
- Participate in more activities within her community.
- Remain safe while in the community

This shows how many hours she decided to use each service to help her reach her goals.

Services	Goal	Amount
DD Center-Based Supports	Learn technology and social media	12 hours/week \$15,475.20/yr
Community-Based Supports -group	Physical activity or recreation with a group	8 hours/week \$17,838.08/yr
Community Based Supports 1:1	Learn public transit	4 hours/week \$10,283.52/yr
RIDE program (transportation)	Learn public transit	12 trips/week \$13,228.80/yr
Professional Supports	Remain safe in the community	\$9,000/year
TOTAL INDIVIDUAL BUDGET		\$65,825.60
Job Development (Add-On)	Find a job in performing arts	\$15,475.20/yr
TOTAL		\$81,609.60

Judy has funding left in her individual budget if she decides she wants or needs additional services during her plan year.

PLANNING IN ACTION

It's Your Turn!

Now that you've seen an example, what about you? Fill in the boxes below with pictures or words to help you think about what you want for your life, and what supports you might need to get there.

What are your hopes and dreams for the future?

What are some great things about you? What do you like to do?

What are some things that are hard for you? What do you not like to do?

Who is part of your life?

CAN I USE MY INDIVIDUAL BUDGET FOR ANYTHING I WANT?

Your individual budget is only for services. It will help you plan for the support you need. Payments will be made to your providers for the services they provide.

You will make choices about how much of each service you need, however, keep in mind that some services have other limits.

WHAT IF I NEED MORE SERVICES?

If you feel you need more support than is available after you plan for services with your individual budget, talk to your Case Manager about your options.

WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

If you have questions about when things will change for you, or your individual supports budget, contact your Case Manager.

*

For information and updates

Go to: [Welcome | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals \(ri.gov\)](#)

Draft Billing Manual



**Rhode Island Department Of
Behavioral Healthcare, Developmental Disabilities And Hospitals
Division Of Developmental Disabilities**

BILLING POLICY MANUAL 2023

INTRODUCTION

The Rhode Island Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) Division of Developmental Disabilities (DDD) is responsible for planning, funding and overseeing a community system of services and supports for adults with intellectual and significant developmental disabilities. We believe that all Rhode Islanders deserve to live happy, healthy and fulfilling lives. Our work supports efforts across the state to expand opportunity and provide high-quality services for all Rhode Islanders.

The DDD delivers home and community-based services (HCBS) to eligible adults with intellectual and developmental disabilities in accordance with both its statutory requirements and Global Consumer Choice Section 1115 Demonstration Waiver extension. Guided by its commitment to access, quality, and safety, BHDDH funds a system of services that:

- Supports people living in the community stay in charge of their lives
- Allows individuals to spend resources more flexibly
- Aligns resources to individual needs so people get what they need
- Uses a standardized reimbursement process to equally fund different providers for the same services
- Is transparent for all our stakeholders, service recipients, providers, the federal government, the legislature, and our Governor

The HCBS provided to eligible adults with intellectual and developmental disabilities are financed through legislative appropriations. BHDDH authorizes and reimburses the provision of these services by licensed Developmental Disability Organizations (DDOs) through an established fee for service payment model. This payment model was designed to offer the most flexibility and portability to individuals to promote the following:

- Community-based living in the least restrictive settings
- Integrated day and employment support
- Choice for individuals in how they direct their lives

The purpose of this manual is to provide detailed information on:

- Available services and their corresponding definitions and requirements
- 2023 rate and payment models
- Technical guidance on billing practices for providers

TABLE OF CONTENTS

INTRODUCTION	2
TABLE OF CONTENTS	3
RESIDENTIAL SERVICES	5
Residential Habilitation/Group Home.....	6
Supportive Living.....	7
Whole-Life Shared Living Arrangement (SLA).....	9
Shared Living Arrangement (SLA).....	11
Companion Room & Board	13
COMMUNITY ENGAGEMENT	14
Community-Based Supports	15
Center-Based Day Supports	16
EMPLOYMENT	17
Discovery	18
Job Development	19
Job Coaching & Retention.....	20
Personal Care in the Workplace.....	21
TRANSPORT	22
Transportation	23
Vehicle Modifications.....	24
SELF-DIRECTED.....	25
Financial Management	26
Supports Brokerage.....	27
Individual Goods or Services.....	28
OTHER SUPPORTS.....	30
Respite	31
Remote Support	32
Peer Supports.....	33
Family-to-Family Training	34
Professional Services	35
Assistive Technology	36
Home Modifications	37
FUNDING & BILLING	38

Supplemental funding 38

Billing 39

Claim Requirements 39

Recoupment of Claims..... 40

APPENDIX..... 41

Final Rate Models..... 41

FAQs..... 42

Resources..... Error! Bookmark not defined.

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RESIDENTIAL SERVICES

There are 5 residential service options available: (1) residential habitation/group home, (2) supportive living, (3) whole-life shared living arrangement, (4) shared living arrangement, and (5) companion room and board. The range of supports provided under each service type ranges in intensity, from 24/7 services in group home settings to environmental changes in home modifications.



Residential Habilitation/Group Home

Service Definition

- Individually tailored 24/7 supports provided in a group home setting subject to licensure
- Assist with the acquisition, retention, or improvement in community living skills
- Maximizes participant choice, with individuals able to come and go as they please and have control over their daily schedule, like mealtimes and visitors
- Responsibilities include:
 - Adaptive skill development and assistance with activities of daily living
 - Community inclusion and transportation
 - Adult educational supports
 - Social and leisure skill development
 - Personal care, protective oversight, and supervision

Included in Rate

- Rate does not include payments for room and board
- Includes payments for provider program, administrative, and support coordination costs
- Wages and fringe benefits to the Direct Support Professional (DSP), supervisory staff, professional service providers for medical/behavioral health
- Includes training time, attendance at support coordination meetings, and mileage reimbursement for participant transportation

Service Rates

Providers can only bill when the individual is in the residence overnight.

The service rates are based on a 344-day billing year to account for absenteeism such as when someone is hospitalized, on vacation, or spends the night with family.

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	T2033	U5	Per diem
Tier B	T2033	U6	
Tier C	T2033	U7	
Tier D	T2033	UA	
Tier E	T2033	TG	
Supplemental Funding	T2033	L9	Per diem

Supportive Living

Service Definition

- Combines affordable housing with intensive coordinated services to assist with the development of independent living skills in the community
- Residents live in their own units and pay rent
- Maximizes participant choice, with individuals able to come and go as they please and have control over their daily schedule, like mealtimes and visitors
- Service providers offer multi-disciplinary supports that are flexible enough to address the individual's needs, including:
 - Adaptive skill development
 - Assistance with activities of daily living
 - Community inclusion
 - Transportation
 - Adult educational supports
 - Social and leisure skill development
 - Personal care, protective oversight, and supervision as needed
- Staff must be onsite during typical awake hours when residents are present
- Overnight staff may be onsite and awake or asleep, or may be offsite in on-call status if they can provide an onsite response within 15 minutes

Included in Rate

- Rate does not include payments for room and board
- Does include payments for provider program, administrative, and support coordination costs
- Wages and fringe benefits to the Direct Support Professional (DSP), supervisory staff, professional service providers for medical/behavioral health
- Includes training time, attendance at support coordination meetings, and mileage reimbursement for participant transportation

Service Rates

Providers can only bill when the individual is in the residence overnight.

The service rates are based on a 344-day billing year to account for absenteeism such as when someone is hospitalized, on vacation, or spends the night with family.

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		Per diem
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			Per diem

DRAFT

Whole-Life Shared Living Arrangement (SLA)

Service Definition

- Individually tailored support option for an individual to reside with and receive supports from someone who has contracted with a shared living placement agency
- Responsibilities of the DDO include:
 - Recruitment and matching of qualified contractors
 - Training, monitoring and ongoing oversight of the SLA placement and adherence to the goals of the ISP
 - Provision of respite services
- Responsibilities of the SLA provider include:
 - All of the same responsibilities of the standard SLA plus employment and day supports
- Differs from standard SLA as it includes day and employment services
- Each SLA resource tier has an expected number of annual visits or monitoring calls that providers make to a SLA Contractor as well as the average number of respite hours available for the individual:
 - Tier A: 21 visits/monitoring calls per year, 200 hours of respite per year
 - Tier B: 28 visits/monitoring calls per year, 200 hours of respite per year
 - Tier C: 32 visits/monitoring calls per year, 300 hours of respite per year
 - Tiers D/E: 40 visits/monitoring calls per year, 300 hours of respite per year

Included in Rate

- Does not include payments for room and board
- Provider program and provider administrative costs
- Wages and fringe benefits of the DSPs that receive training related to this service, provide training to families, and monitor and conduct visits to SLA Contractor
- Payment for respite services for SLA Contractors
- Transportation costs incurred by the provider staff to fulfill job duties
- Provider administrative costs include, but are not limited to, recruitment, selection, oversight, and costs to perform criminal background and other checks to ensure the integrity of the SLA Contractor and the safety of the individual in the SLA

Service Rates

Providers can only bill when the individual is in the residence overnight.

The service rates are based on a 344-day billing year to account for absenteeism such as when someone is hospitalized, on vacation, or spends the night with family.

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier One	Modifier Two	Service Allocation
Tier A	TBD			Per day
Tier B				
Tier C				
Tier D				
Tier E				
Supplemental Funding				Per day
<i>*Modifier requirement TBD</i>				

DRAFT

Shared Living Arrangement (SLA)

Service Definition

- Individually tailored support option for an individual to reside with and receive supports from someone who has contracted with a shared living placement agency
- Responsibilities of the DDO include:
 - Recruitment and matching of qualified contractors
 - Training, monitoring and ongoing oversight of the SLA placement and adherence to the goals of the ISP
 - Provision of respite services
- Each SLA resource tier has an expected number of annual visits or monitoring calls that providers make to a SLA Contractor as well as the average number of respite hours available for the individual:
 - Tier A: 21 visits/monitoring calls per year, 200 hours of respite per year
 - Tier B: 28 visits/monitoring calls per year, 200 hours of respite per year
 - Tier C: 32 visits/monitoring calls per year, 300 hours of respite per year
 - Tiers D/E: 40 visits/monitoring calls per year, 300 hours of respite per year

Included in Rate

- Does not include payments for room and board
- Provider program and provider administrative costs
- Wages and fringe benefits of the DSPs that receive training related to this service, provide training to families, and monitor and conduct visits to SLA Contractor
- Payment for respite services for SLA Contractors
- Transportation costs incurred by the provider staff to fulfill job duties
- Provider administrative costs include, but are not limited to, recruitment, selection, oversight, and costs to perform criminal background and other checks to ensure the integrity of the SLA Contractor and the safety of the individual in the SLA

Service Rates

Providers can only bill when the individual is in the residence overnight.

The service rates are based on a 344-day billing year to account for absenteeism such as when someone is hospitalized, on vacation, or spends the night with family.

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier One	Modifier Two	Service Allocation
Tier A	T2033	U5	U1	Per day
Tier B	T2033	U6	U1	
Tier C	T2033	U7	U1	
Tier D	T2033	UA	U1	
Tier E	T2033	TG	U1	
Supplemental Funding	T2033	L9	U1	Per day
Emergency SLA	S9125			Per diem
<i>*Modifier always required for T2033</i>				

DRAFT

Companion Room & Board

Service Definition

- Covers defined living expenses of an unrelated individual who does not receive I/DD services
- Individual being supported is matched with a roommate by a DDO or finds their own roommate who is vetted and approved by an overseeing DDO
- The matching process considers shared values, hobbies, and interests, and is driven by the choice of the individual receiving services
- The roommate is provided with a stipend and has an occupancy agreement
- The roommate may provide supports to the individual through Community-Based Supports
- The service is available in a home owned or rented by the individual receiving services and may not be provided in a home owned by a provider organization or the roommate

Included in Rate

- New service to cover the cost of room and board of a companion/roommate living with the individual

Service Rates

Payment rate will be based on the actual cost of the living arrangement (equal to half of the cost of the home's rental and utility expenses) plus 10 percent for the administrative fee of the agency

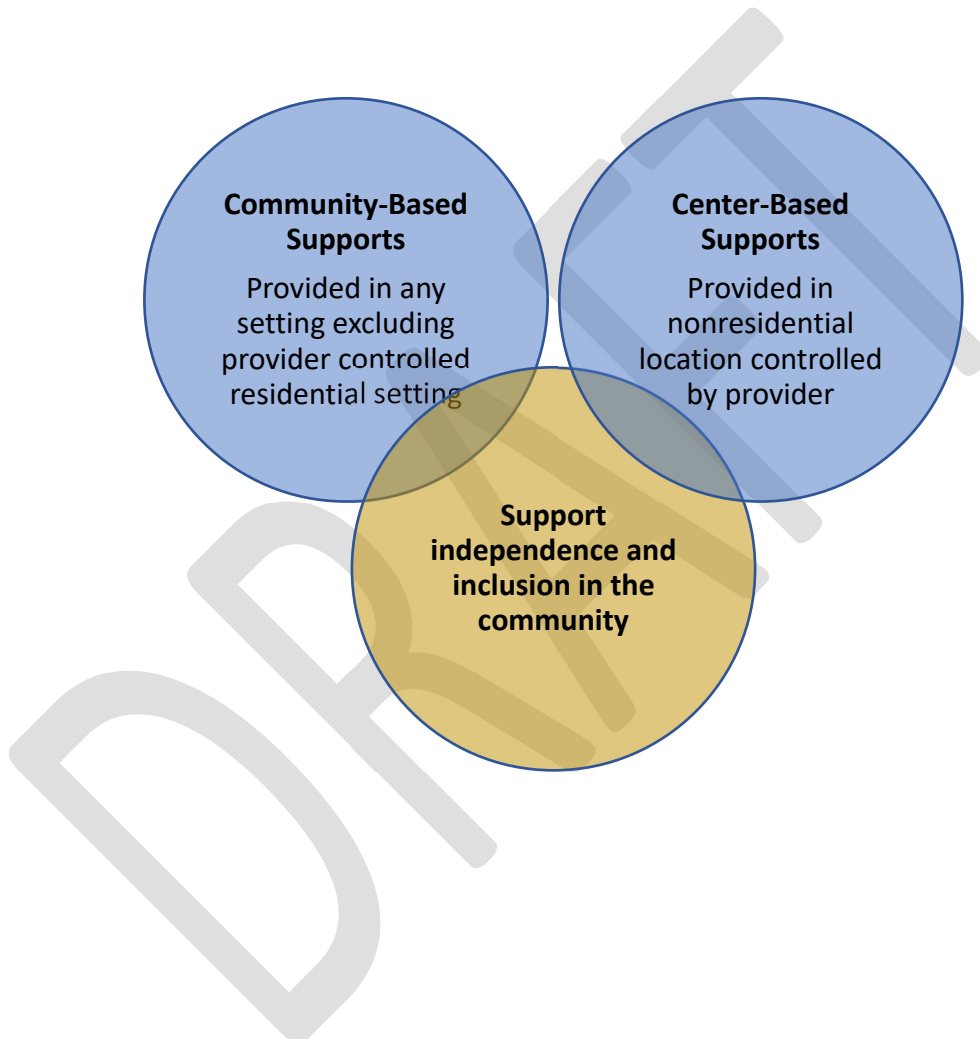
To access the annual rates, visit the BHDDH website under the "Forms, Policies, and Brochures" tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

COMMUNITY ENGAGEMENT

Services and supports designed to support community engagement include (1) community-based supports and (2) center-based supports. Both programs share the overarching goal of increasing participant independence and inclusion in the community, though they diverge in the location in which services are provided. While both support programs prohibit services being provided at a home owned or controlled by the service provider (group homes, supportive living, shared living), center-based supports are primarily provided at a nonresidential location controlled by the provider.



Community-Based Supports

Service Definition

- 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
- Service activities include:
 - Supporting development of problem-solving skills, social skills, adaptive skills, daily living skills, and leisure skills
- Services are scheduled based on the needs of the individual receiving services
- For programs that operate exclusively in the community except for incidental time at a provider-operated “hub” (for example, to have lunch), the time spent at the hub may be billed as Community-Based Supports
- This service cannot be provided at a home owned or controlled by the service provider, including group homes, supportive living programs, or shared living arrangements
- Services not limited by time of day
 - Includes previous definitions of community-based supports, access to overnight supports, and community-based day
- Not intended to supplant non-paid natural support
- May be delivered one-on-one to an individual or may be shared with other individuals

Included in Rate

- Wages and fringe benefits of the DSP that provide the support, Supervisory staff when the services are delivered by DSPs
 - Includes DSP mileage reimbursement for participant transportation and travel to service location, missed appointments, training time, and attendance at support coordination meetings
- Provider program and administrative costs

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD	N/a	15 Minutes
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			15 Minutes

Center-Based Day Supports

Service Definition

- The provision of education, training, and opportunities to acquire the skills and experience needed to participate in the community
- Service activities include:
 - Supporting the development of problem-solving skills, social skills, adaptive skills, daily living skills, and leisure skills
- Services are scheduled based on the needs of the individual receiving services
- Services are provided at a nonresidential location controlled by the provider
- Service cannot be provided at a home owned or controlled by the service provider, including group homes, supportive living programs, or shared living arrangements

Included in Rate

- Wages and fringe benefits of the DSP that provide the support, Supervisory staff when the services are delivered by DSPs
 - Includes transportation to outings, training time, and attendance at support coordination meetings
- Provider program, administrative, and annual facility costs

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

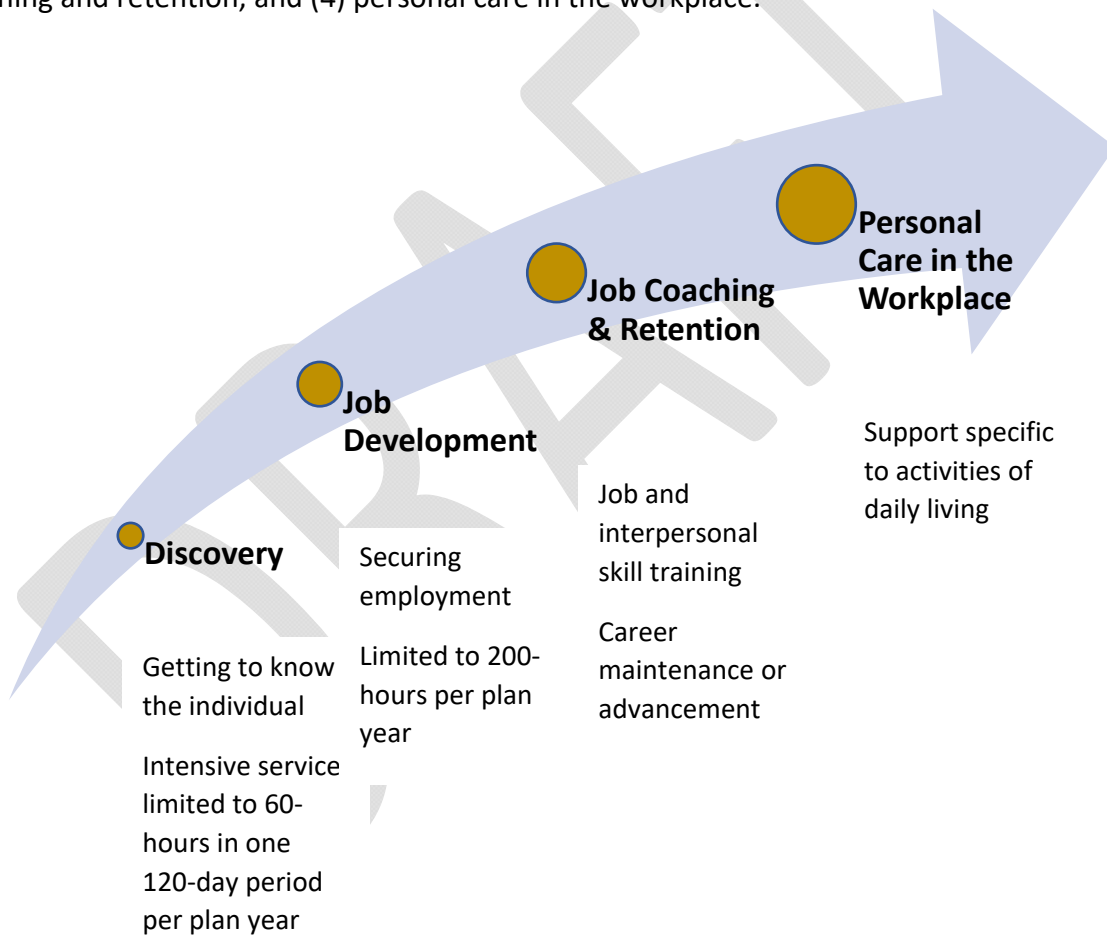
Tier	Billing Codes	Modifier	Service Allocation
1:1	TBD		
Tier A			
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

EMPLOYMENT

BHDDH takes an individualized approach when working with participants around career development. BHDDH offers supported employment and customized employment.

The customized employment approach focuses on identifying a person's strengths and creating a profile that is used to target businesses where job seeker's unique characteristics and skills will be seen as assets. The question is not if the person can work, but where will the individual's unique characteristics be valued?

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 maintain a position. The service types include: (1) discovery, (2) job development, (3) job coaching and retention, and (4) personal care in the workplace.



Discovery

Service Definition

- Initial step in a customized approach to employment for someone with significant challenges
- Qualitative process aimed to better understand individuals by getting to know their strengths (potential contributions to employers), needs (the features that need to be in place for success), and interests (providing a direction to the type of work that the individual wants to do)
- Meant to be an intensive, focused process, so it is limited to 60 hours in one 120-day period during a plan year

Included in Rate

- TBD

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

Job Development

Service Definition

- Activities to assist individuals in securing employment consistent with their vocational goals, including:
 - Job search and matching
 - Coordination of opportunities on behalf of an individual (such as contacting potential employers)
 - Assistance with obtaining a job (such as helping with resumes or planning for interviews)
- Job Development is limited to 200 hours per plan year

Included in Rate

- Wages and fringe benefits of the DSPs that provide the support
- Transportation costs incurred by the Job Developer to fulfill job duties
- Provider administrative costs

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Individual	Billing Codes	Modifier	Service Allocation
1:1	T2025	UD	Per Hour
Supplemental Funding	T2025	L9	Per Hour
<i>*UD modifier always required for T2025</i>			

Job Coaching & Retention

Service Definition

- Training for individuals by a job coach, who uses structured intervention techniques to help the individual learn to perform job tasks to the employer’s specifications and to learn the interpersonal skills necessary to be successful as an employee at the job site and in related community contacts
- Includes supports necessary to maintain or advance in employment, including communication with the individual and his/her supervisor to ensure job satisfaction and/or promoting employment enhancement

Included in Rate

- Wages and fringe benefits of the DSPs, Supervisory staff, and job coaches that provide support
- Includes travel time to and from appointments, missed appointments, training, attendance at Support Coordination meetings, and mileage reimbursement to DSPs while performing job duties
- Provider program and administrative costs
- The job coach must be present to bill for this service; service is delivered face-to-face with individual and job coach
- When provided at work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision, and training required by individuals receiving waiver services because of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business
- If an individual request a job change or support to seek an additional job, providers should cease billing job coaching/retention and shift to billing job development
- Cannot be provided or reimbursed for the same hours on the same day as any other employment or waiver service

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A, B, C, D, E	T2019	N/a	15 Minutes
Self-direct	T2019	U2	
Supplemental Funding	T2019	L9	15 Minutes
Job Retention, Tier A	T2023	U5	Per Month
Job Retention, Tier B	T2023	U6	
Job Retention, Tier C	T2023	U7	
Job Retention, Tier D	T2023	UA	
Job Retention, Tier E	T2023	TG	

Personal Care in the Workplace

Service Definition

- A range of personal care supports during paid competitive community employment hours to enable individuals to be successful in a work environment
- The service is available for individuals who do not need job related support, but do need assistance with activities of daily living (ADLs) (eating, personal hygiene, etc.) at the job site

Included in Rate

- Wages and fringe benefits of the DSP that provide the support, Supervisory staff when the services are delivered by DSPs
 - Includes DSP mileage reimbursement for participant transportation and travel to service location, training time, and attendance at support coordination meetings
- Provider program and administrative costs

Service Rates

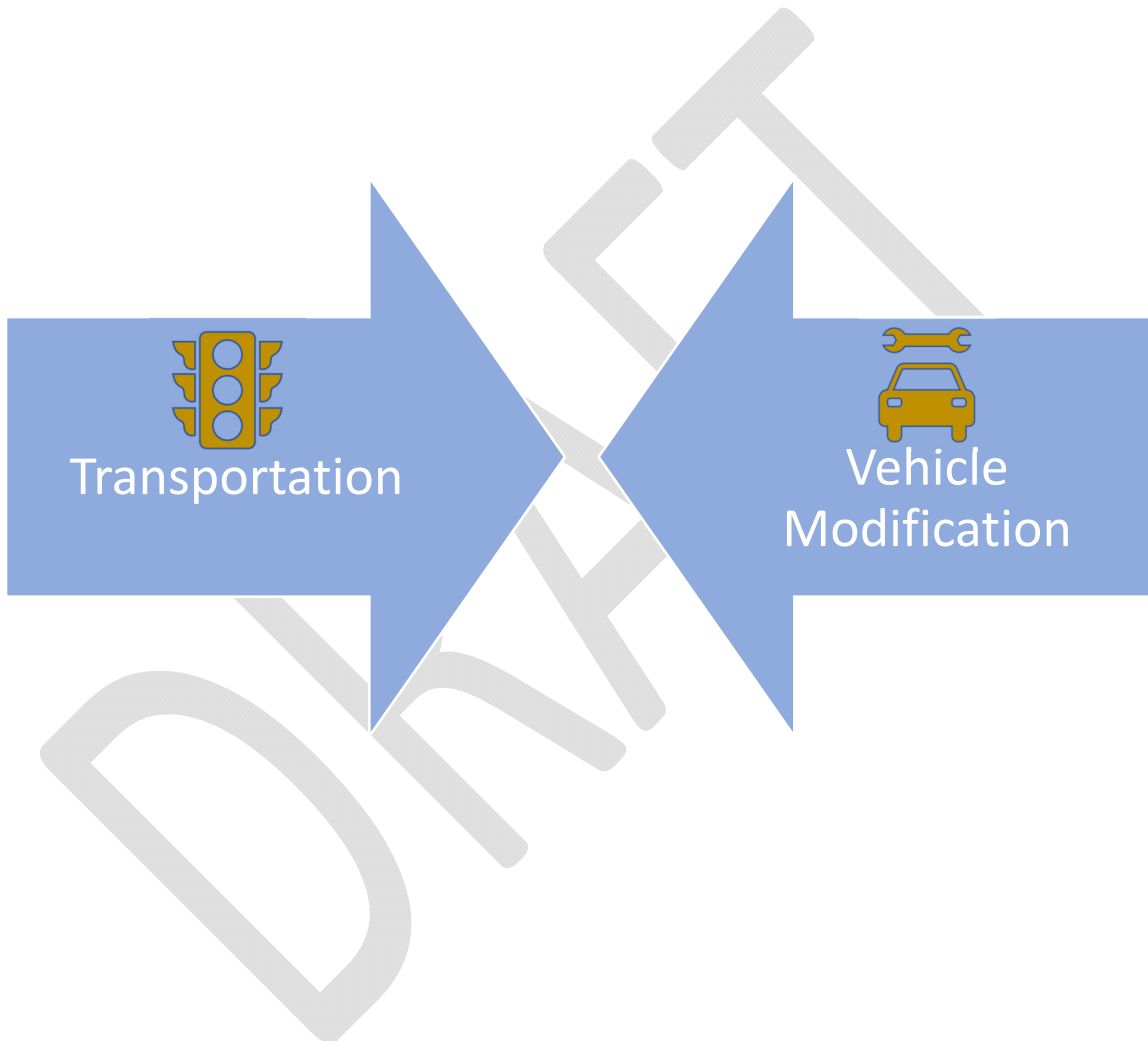
To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A, B, C, D, E	TBD		15-minutes

TRANSPORT

BHDDH recognizes the barriers individuals can face around transportation to and from appointments, community events, and employment. To mitigate this, individuals can receive (1) transportation and/or (2) vehicle modification services.



Transportation

Service Definition

- When provided by a licensed DDO, transportation can be provided to an individual from his/her residence, or the immediate vicinity thereof, to and from employment or community activities as defined in their ISP goals
- Transportation may also be provided between employment and community activities
- Transportation to various community activities during the course of community-based services or to outings during center-based day programs are included in the payment for those services and do not fall under this service
- In providing these services, the DDO should utilize the most clinically appropriate, least restrictive method of transporting the individual
- For individuals self-directing their transportation or allocating funds directly to The Ride Program, trips can be to/from any employment and community activities/locations as defined in their ISP goals
- DDOs shall make every effort to support individuals with utilizing The Ride Program Paratransit Service or any other statewide initiative that is available to transport individuals
- Number of trips are to be determined by the individual based on their plan and individual budget

Included in Rate

- Wages and fringe benefits of the DSPs that provide the service, including their time not face-to-face with the individual and vehicle costs and/or mileage reimbursement to transport Individuals
- Provider administrative costs

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tiers A, B, C, D, E	T2003	N/a	Per trip
Supplemental Funding	T2003	L9	Per trip

Vehicle Modifications

Service Definition

- Adaptations or alterations made to make a vehicle accessible
- The vehicle must be the individual's primary means of transportation, when such modifications are necessary to improve the individual's independence and inclusion in the community
- The vehicle may be owned by the individual, or a family member with whom the individual lives or has consistent and on-going contact
- The service requires prior approval from BHDDH
- The service may not be used to purchase a vehicle or for general repairs or maintenance
- The service may not be used for vehicles owned or leased by a provider
- Vehicle modifications are limited to \$15,000 every five years

Included in Rate

- Actual amount paid for modification
- Requires prior approval

Service Rates

- Variable per service

Billing Codes

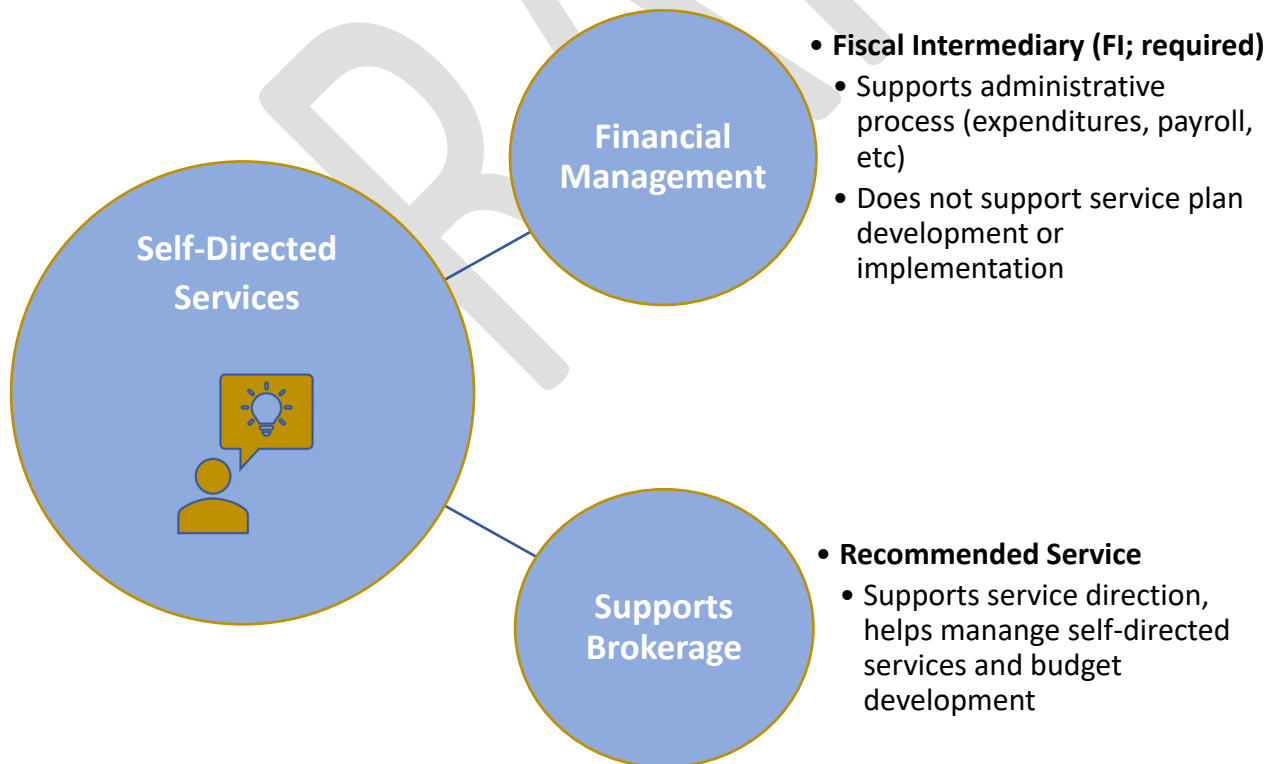
Billing Codes	Modifier	Service Allocation
TBD	N/a	Per service

SELF-DIRECTED

When enrolling in DDD services, the individual has the option to choose the self-directed services pathway. This pathway gives the individual more control and flexibility over the services and supports they want to receive; the individual selects the services and providers of interest as well as determines how to spend their funds. For a comprehensive overview of self-direct services [visit the Paul V. Sherlock Center on Disabilities.](#)

BHDDH offers two specialized services to support self-directed individuals: (1) financial management and (2) supports brokerage. The former involves the required selection and engagement of fiscal intermediary (FI) to oversee the administrative process including payroll and expenditures, whilst the latter is a recommended service to assist with service implementation.

Another service available only to those who self-direct is individual directed goods or services. This includes the provision of assistance and resources to improve independent living, which the FI assists with.



Financial Management

Service Definition

- Services and supports that assist the individual and/or their representative with the financial management of self-directed services
- The fiscal intermediary is responsible for:
 - Verifying employees’ eligibility to work
 - Processing payroll, withholding employment taxes, making payments to appropriate taxing authorities, distributing payroll checks
 - Tracking and monitoring expenditures in comparison to individuals’ budgets, and making expenditure reports to the individual and state authorities
- All individuals who choose to self-direct services must have a fiscal intermediary

Included in Rate

- Wages and fringe benefits of the staff that provide the financial management services including supervisory staff
- Training time
- Provider program, administrative, and annual office costs

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier One	Modifier Two	Service Allocation
Tier A	T2022	U5	U2	Monthly
Tier B	T2022	U6	U2	
Tier C	T2022	U7	U2	
Tier D	T2022	UA	U2	
Tier E	T2022	TG	U2	
Transportation only	T2022	U5	U2	

Supports Brokerage

Service Definition

- Supports the individual in directing their services by helping with skill development
- Facilitates the administrative tasks that accompany self-direction
- Acts as an agent of the individual and takes direction from the individual
- Support broker activities include:
 - Brokering community resources
 - Information and assistance and problem solving
 - Developing and managing budget
 - Training the participant on how to train their hired staff to work with the participant and do the job they were hired to do
- Must meet training/certification requirements
- Can be family members

Included in Rate

- There is a minimum amount individuals are required to spend on this, but they can add more funding if interested

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A, B, C, D, E	T2041	U2	15-min
<i>*U2 modifier always required for T2041</i>			

Individual Goods or Services

Service Definition

- Individuals can use their funding award not only to hire DSPs, but also to purchase other goods and services designed to meet disability-related needs
- Includes the provision of assistance and resources to improve and maintain health and wellbeing
- Includes services, equipment, and supplies not otherwise provided that address an identified need, are part of the ISP, and meet at least one of the following requirements:
 - Decrease the need for other Medicaid services
 - Promote inclusion in the community
 - Increase the individual's ability to perform activities of daily living
 - Increase the individual's safety in the home environment
 - Alternative funding sources are not available
- Providers must meet all training and certification required by the state and must work with the individual's FI
- Can only be authorized through self-directed plans if not available through other funding sources such as health coverage
- Examples of allowable and non-allowable goods and services:

Allowable	Non-Allowable
Transportation	Food
Employee health coverage, wages, and taxes	Housing costs
Health club memberships and related services (i.e., physical/speech/occupational therapy, personal training)	Prescriptions or co-payments for medical services
Specialized equipment	Experimental or prohibited treatments
Lifelong learning	

Included in Rate

- Dependent on individual's funding award and identified needs
- The FI will maintain receipts for all goods purchased to substantiate the purchase and can only bill for the actual amount paid
- Requests for goods and services must:
 - Be submitted with, and documented in, the annual ISP
 - Have a clear connection to the individual's identified and established goals
 - Be drawn from an individual's allocated resource package
- Requests can be made outside of the annual plan in the event of an emergency or exceptional need for a plan modification

- Substitutions may be made within the budget category with a similar or related alternative that is within the original budgeted amount for that item
 - For example, if a specific lifelong learning class is budgeted, but the individual elects to attend a different class, this is allowable without submitting a formal budget modification. If the alternate class costs more, this would require a modification.

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Good/Service	Billing Codes	Modifier	Service Allocation
Tiers A, B, C, D, E	T2025	UD	Per hour

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OTHER SUPPORTS

Additional supports designed to further promote independence and integration in the community include (1) respite, (2) remote support, (3) peer supports, (4) family-to-family training, (5) professional services, (6) assistive technology, and (7) home modifications. Respectively, the services available to individuals under these support types include short-term care to relief caregivers, staff support from remote locations, peer and family led skill development, licensed professional services, performance assistance through a device/product/service animal, and costs for home renovations aimed at improving access.



Respite

Service Definition

- 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
- Can be delivered in an individual's home, a private place of residence or at the location of a respite care provider or in the community
- Responsibilities include:
 - Ensuring the individual's routine is maintained to attend school, work, or other community activities/outings
 - Community outings shall be included, with transportation to and from outings

Included in Rate

- Wages and fringe benefits of the DSP and Supervisory staff that provide support
- Includes travel time to and from appointments, training time, and mileage reimbursement to travel to the individual's location or transport the individual in the community
- Provider administrative costs
- Can be billed up to a 24-hour service period (with 9+ consecutive hours of service in a 24-hour period, provider shall bill the Respite Care Daily rate on file)
- Cannot be provided or billed for at the same hours on the same day as Community-Based Supports
- Reallocation is for emergency coverage or coverage for planned vacations within the individuals plan year (reallocation form located on [BHDDH website under "Finance Forms: Request to Change Respite Allocation"](#))
- Individuals can be authorized to combine/share the Respite units with Community-Based Supports

Service Rates

To access the annual rates, visit the BHDDH website under the *"Forms, Policies, and Brochures"* tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A, B, C, D, E (up to 9-hours)	T1005		15-minutes
Tier A, B, C, D, E (9+ hours/overnight)	T1005	NS	Per diem
Supplemental Funding	T1005	L9	Per diem

Remote Support

Service Definition

- 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
- Equipment used to meet this requirement must include one or more of the following systems:
 - Motion sensing system, radio frequency identification, live video feed, live audio feed, GPS tracking, web-based monitoring system, or a device that otherwise meets the requirement for two-way communication
 - System must protect the privacy of individuals
 - Backup systems are required to ensure support is not interrupted due to inclement weather, power outages or other unforeseen circumstances
- Monitoring devices like cameras cannot be utilized in private living areas like bathrooms or bedrooms
- Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system
- Provider must have the capability to provide an onsite, in-person response within 15 minutes when required either through the use of its own staff or contractual relationships with an in-state DDO

Included in Rate

- Equipment costs, which vary by needs and preferences of the individual
- Provider monitoring time and in-person response when needed

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

Peer Supports

Service Definition

- Provide individuals with a support system to:
 - Develop and learn healthy living skills
 - Encourage independence and self-determination
 - Link individuals with the tools and education needed to promote their health and wellness
 - Teach the skills that are necessary to engage and communicate with providers and systems of care
- Supports are provided by individuals with I/DD who have received approved training on serving as a peer mentor

Included in Rate

- New service; details TBD

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

Family-to-Family Training

Service Definition

- Provided to the family member(s) of an individual by a primary caregiver(s) of someone else with an intellectual or developmental disability
- Service is intended to provide families with the tools and education needed to promote the health and wellness of the individual they care for, and to teach the skills that are necessary to engage and communicate with providers and systems of care

Included in Rate

- New service; details TBD

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Tier	Billing Codes	Modifier	Service Allocation
Tier A	TBD		
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

Professional Services

Service Definition

- Professional Services include, but are not limited to licensed/certified professionals:
 - Psychologist, psychiatrist
 - Licensed social workers, licensed mental health counselors (“LMHCs”), and licensed marriage and family therapists (“LMFTs”)
 - Board certified behavior analyst, board certified assistant behavior analyst
 - Physical therapist, occupational therapist, speech therapist
 - Registered nurses, licensed practical nurses
 - Interpreters
- Billable activities include:
 - Direct support provided to an individual
 - Participating in planning meetings and assessments
 - Training paid and unpaid caregivers on an individual’s service plan
 - Collateral contacts on behalf of an individual

Included in Rate

- Provision of direct services via face-to-face or telehealth

Service Rates

To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

Billing Codes

Ratio	Billing Codes	Modifier One	Modifier Two	Service Allocation
1:1	T2021	U8		15 Minutes
1:1	T2017	UD	U8	15 Minutes
*Always use U8 modifier for T2021 professional services while in day program, but another modifier is required for self-directed				

Assistive Technology

Service Definition

- An item, piece of equipment, service animal 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
- A service that directly assists an individual in the selection, acquisition, or use of an assistive technology device

Included in Rate

- Costs for the technology and for the service costs as described in the definition
- Requires prior approval
- Provider must maintain receipts for the assistive technology purchased and may only bill for the actual amount paid

Service Rates

- Variable; dependent on equipment/service

Billing Codes

Billing Codes	Modifier	Service Allocation
T5999	N/a	Per Service
<i>*Modifier never required for T5999</i>		

Home Modifications

Service Definition

- Inclusive of wheelchair ramps, grab bars in bathrooms and hallways, widening doorways, stair lifts, walk-in tubs, removing safety hazards, or other necessary modifications
- Requires prior approval

Included in Rate

- Actual amount paid for modification

Service Rates

- Variable per service

Billing Codes

Billing Codes	Modifier	Service Allocation
S5165	N/a	Per Service
<i>*Modifier never required for S5165</i>		

FUNDING & BILLING

Supplemental Funding

Individuals can apply for supplemental funding through the S106 and S109 process. This funding is for the exceptional needs of an individual and can include any core package service but excludes add-on services (i.e. employment supports). Criteria for S106 or S109 includes:

S106 (also referred to as L6):

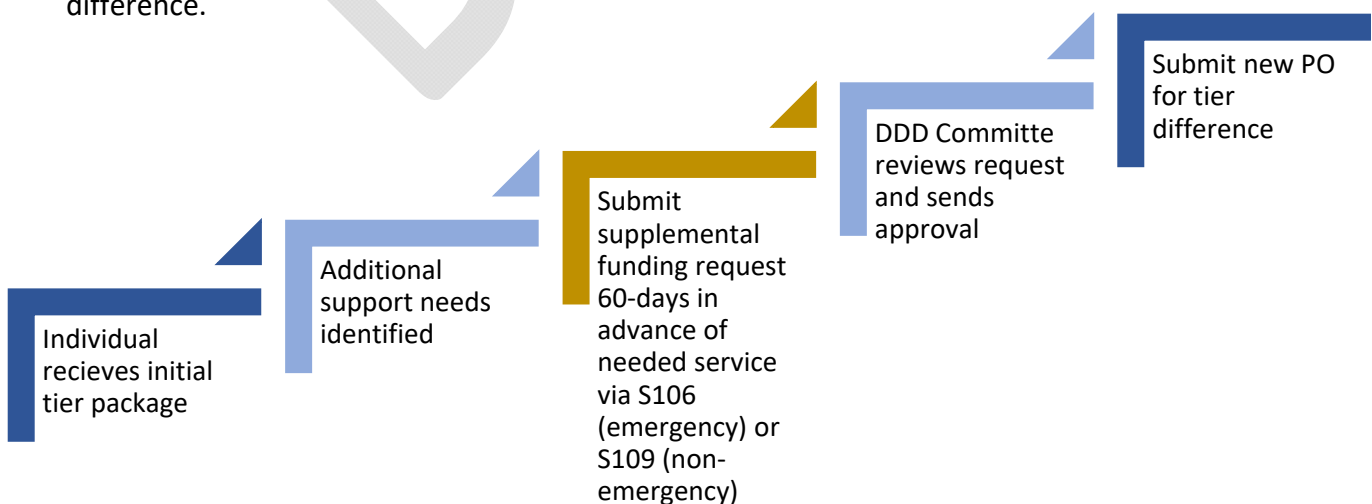
- An EMERGENCY/crisis in the individual's living situation
- Risk of losing living situation
- Risk of life-threatening incidents
- Repeated incidents relating to the individual's health and safety
- A new diagnosis of mid-stage organic brain syndromes
- A new diagnosis of serious mental health condition
- Development of new co-morbid conditions
- Development of significant health or medical condition

S109 (also referred to as L9):

- Non-emergency request for supplemental needs that directly relates to the imminent health and safety needs as well as employment needs of an individual that cannot be met within tier allocation

Supplemental funding requests must be submitted at least 60 days prior to the requested start date of these services. The [S106 and S109 forms](#) can be found on the BHDDH website, and should be submitted via email to bhddh.s109@bhhd.ri.gov. The DDD Committee reviews requests on a weekly basis. Once approved, a decision for S106 is an S107 and a decision for S109 is an S110.

Of note, should an S109 lead to an approved tier difference, an S110 will be sent to the individual. This will require submission of a new PO to reflect the approved funding. The BHDDH [L9 Conversion Worksheet](#) can be used as a reference to determine the quarterly tier funding difference.



Billing

Claim Requirements

Providers will only be reimbursed for services delivered. They are required to maintain documentation to support the services and units billed. BHDDH reserves the right to review any documentation of the amount, duration and scope for the services rendered to an individual through on-site or desk reviews. Failure to provide adequate supporting documentation for services rendered may result in remittance of payments back to BHDDH recovered by means of a withhold against a future payment. Please see below for examples documentation requirements by service category:

Community Based Supports: Employee timesheet, progress report, attendance sheet with individual's signature

Job Coaching and Retention: Employee timesheet, progress report, attendance sheet with individual's signature

Job Development: Employee timesheet, progress report

Supports Brokerage/Self Directed: Progress report, attendance sheet with individual's signature

Respite Care: Employee timesheet, progress report, attendance sheet with individual's signature

Assistive Technology: original receipts along with BHDDH approval

EOHHS has time limits for filing claims. All Medicaid claims must be received within 365 days of the first service to be accepted for processing and payment. If the individual has other insurance and the claim is past the 365-day limit, then an exception will be allowed to process the claim if the other insurance Explanation of Benefits (EOB) is within the past 90 days. Claims filed past the 90 days will require BHDDH approved paper claim to be filed to DXC. All paper claims and documentation should be mailed to: *DXC Technology, PO Box 2010, Warwick, RI 02887-2010.*

Please refer to the [EOHHS Provider Reference Manual](#) for detailed billing guidelines.

Recoupment of Claims

Recoupments may be requested by BHDDH for several different circumstances:

- Individual has been evaluated to have a higher Support Intensity Scale (SIS) Tier at which time the agency will need to recoup the billing in the date range effective by the increase in Tier
- Individual transfers to another agency and services were over billed by the original agency
- Individual provides late notification of service closure and the agency's billing date range does not align with the closure date
- Audit finding by BHDDH
- Error in original billing identified by the agency
- Occasions when it is necessary for the agency to recoup the full amount paid by EOHHS
- The Claim Recoupment Request Form can be used to recoup an overpayment by EOHHS

Recoupments are deducted from the next Medicaid payment. For information on processing electronic Replacement/Void Claims for recoupments, please refer to the [EOHHS Provider Reference Manual](#) or the [EOHHS RI Medicaid Provider Training Days](#) presentation.

Once the recoupment is processed by EOHHS DXC Technologies an Electronic Replacement, Remittance Advice (RA) is sent to the agency. The RA is the official documentation needed for verification of recoupment. The agency will email the RA to the BHDDH Fiscal Department for review and to make the necessary adjustments to the authorized services.

APPENDIX

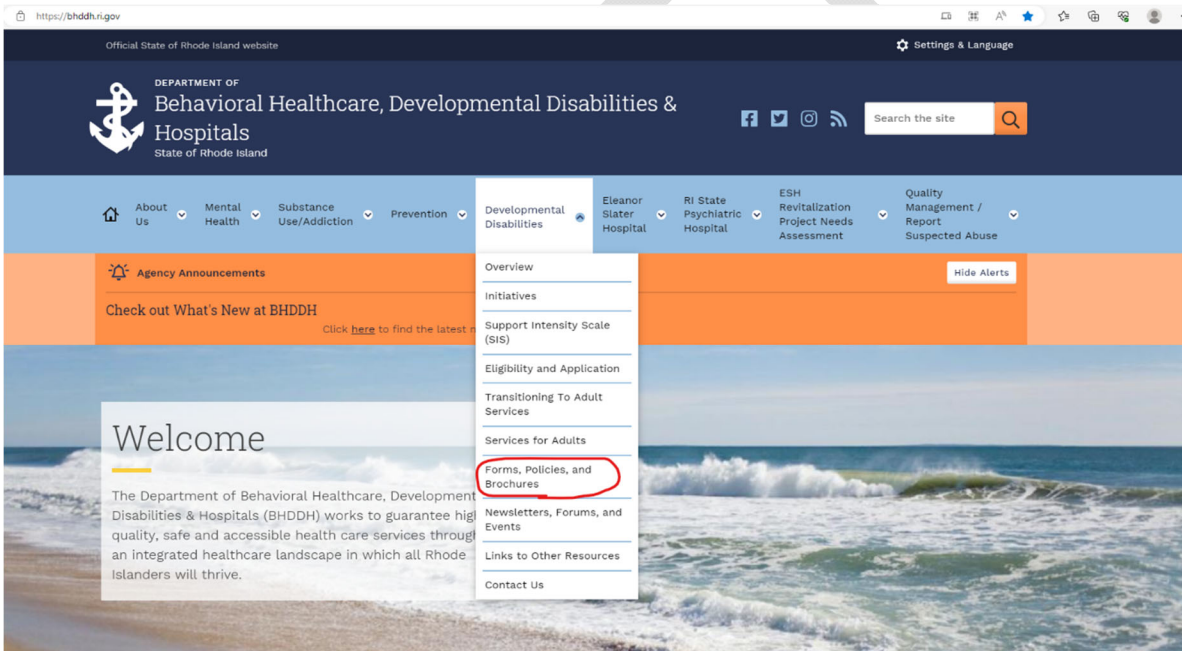
Final Rate Models

Visit the BHDDH website to access the annual rates using this link:

<https://bhddh.ri.gov/developmental-disabilities/forms-policies-and-brochures>

To navigate to the page, follow these instructions:

1. Enter <https://bhddh.ri.gov/> into your browser
2. Select “Developmental Disabilities” on the top banner then “Forms, Policies, and Brochures” (see image below)
3. You will be brought to a new page; scroll down the page until you find “Financial Resources” and click “Rate Table”



FAQs

1. What is a DDO?

ANSWER: “Developmental disability organizations” or “DDOs” means an organization licensed by BHDDH to provide services to adults with disabilities. As used herein, DDOs shall have the same meaning as “providers” “agencies” or “organizations.” TITLE 212 – DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS CHAPTER 10 – LICENSING AND GENERAL ADMINISTRATION (section 1:3 24)

2. When to submit an Individualized Service Plan (ISP)?

ANSWER: The ISP should be completed and submitted 45 days in advance of the end date of the individual’s plan in order to give DD time to review the plan and create the authorization. Example: Individual’s plan year end date is May 31. The ISP should be submitted to BHDDH by March 15.

3. Does the Interim Individualized Service Plan (IISP) cover Residential and Day?

ANSWER: YES- the IISP covers all services. The purpose of the IISP is to The Interim ISP period is used to get to know an individual at the start of long-term services when it isn't feasible to develop a full ISP in advance, such as admission after an emergency or upon discharge from a hospital. The IISP covers services for the first 90 days of the individual’s plan year. Agencies need to submit an ISP to continue services prior to the end of 90-day IISP.

4. Do we need to submit an ISP and Purchase Order (PO) when there is a change in the services, residential status or agency?

ANSWER: An ISP Amendment can be submitted to explain changes in the plan rather than developing a new plan. If needed, a new plan may be submitted. A revised PO is always needed for a new agency or residential status. A revised PO is also needed to shift funds between line items, however, DD is looking at options for more flexibility for small funding shifts within an authorization.

5. Does the PO need to be signed?

ANSWER: YES – all POs need to be signed by an authorized agency representative and the individual and/or guardian.

6. When does an individual’s plan year change?

ANSWER: The plan year will change when there is a gap in plans. Any change of services or providers, including switching from an agency to self-direction, is a change within the plan year.

7. Can agencies move unused units or dollars from one year to the next?

ANSWER: NO. Funding does not carry over between plan years.

8. Where are the forms located?

ANSWER: [Forms | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals \(ri.gov\)](#)

9. Where do I submit my completed S-106/ S109 forms and required documents?

ANSWER: BHDDH.S109@bhddh.ri.gov

10. Can I backdate request for additional funding?

ANSWER: No, the division will not accept any requested backdates for authorizations except those with prior written approval from Administration.

11. Can self-directed funds be utilized to pay for an applicant's (employee's) drug test?

ANSWER: NO. The test should be paid by the applicant's (employee's) health insurance, or out-of-pocket.

12. Can we give bonuses to self-direct staff if the individuals funding has not been exhausted?

ANSWER: NO, but you can increase the staffing hourly rate as long as the increased rate does not exceed the BHDDH posted rate.

13. Can you bill less than 15 minutes?

ANSWER: NO. You need to bill the allowable billable unit, which is indicated on the BHDDH Rate Model. (Example: if the service shows Billing Unit of 1 hour, you cannot bill ½ hour, if the Billing Unit is Per Day, you cannot bill ½ day, if the service Billing Unit is 15 Minutes, you cannot bill 1-14 Minutes).

Admin Review Policy – Eligibility



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

POLICY and PROCEDURE

Policy and Procedure Title: Administrative Review of Eligibility Determination	Approved By:	Policy Number: ARE-1
Amendment/Revision History:	Replaces Policy No:	Effective Date: April 1, 2022

1. POLICY

The Division of Developmental Disabilities will utilize an administrative review process in an effort to exhaust all opportunities to gather information in order to accurately render a decision regarding eligibility in accordance with RI State Law: § 40.1-21-4.3. Administrative reviews will be offered and available to all applicants following a determination of “Not Eligible”. With each determination, the recipient will receive information about their right to file an appeal with the Office of Health and Human Services. A decision will be made following the administrative review within 15 business days and shared in writing with the requestor.

2. APPLICABILITY

This policy applies to the DD eligibility team, supervisors, administrators, and applicants and their support teams.

3. PROCEDURE

- Applications that result in a determination of “Not Eligible” will be sent a denial letter that includes information about how to request and schedule an administrative review, if desired.
- Administrative reviews may be conducted virtually or in person in accordance with the desire of the participant.
- Administrative review members:
 - Eligibility Supervisor

- Associate Director or designee
 - Applicant and others as determined by applicant
- * Legal or other team members may be consulted as needed.

- Administrative Assistant will track and schedule all administrative reviews. Data to be collected and tracked:
 - Participant name
 - Application determination date
 - Date of request for administrative review
 - Review members present
 - Administrative review date
 - Timeline for submission of any new relevant documentation
 - Administrative review decision
 - Letter sent date
 - If formal appeal is requested

- Administrative Review will include a review of the decision process and all relevant information presented. The goal is to exhaust all opportunities to share all relevant information through a discussion. Additional documentation may be requested to support the decision.

- A determination will be made, and a letter, signed by the Associate Director will be sent to applicant within 15 business days of the administrative review or receipt of supplemental documentation:
 - If the eligibility decision is upheld, formal appeal information will be included in the decision letter.
 - If the eligibility decision is overturned, a decision letter will be sent to the participant. The Eligibility Supervisor will update the determination in Therap.

4. TOOLS AND RESOURCES

Letter Templates

Admin Review Policy

– Level of Need



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

POLICY and PROCEDURE

Policy and Procedure Title: Administrative Review of Level of Need (Tier level and/or Supplemental needs)	Approved By:	Policy Number: ARLN-1
Amendment/Revision History:	Replaces Policy No:	Effective Date: April 1, 2022

1. POLICY

The Division of Developmental Disabilities will utilize an administrative review process in an effort to exhaust all opportunities to obtain information necessary to render a decision regarding level of need. This may occur upon request following a tier determination or a determination based on a request for supplemental funding. With each determination, the recipient will receive information about their right to file a formal appeal with the Executive Office of Health and Human Services. A decision will be made following the administrative review within 15 business days and shared in writing with the requestor.

2. APPLICABILITY

This procedure applies to the DD Supports Intensity Scale-A (SIS-A) unit, S109 committee members, supervisors, administrators, and DD participants and their support teams.

3. PROCEDURE

- Following a SIS-A or supplemental funding request, the individual will receive a written determination including the right and process to request an administrative review.
- If a determination of level of need, either following a SIS-A or a supplemental funding request, is not agreed to by the individual, an administrative review may be scheduled upon request.
- Administrative reviews may be conducted virtually or in person in accordance with the desire of the participant.
- Administrative review members:
 - SIS-A Supervisor

- Associate Director or designee
- Participant and others as determined by participant, including the requestor

*Legal or other team members may be consulted as needed.

- DDD staff will track and schedule all administrative reviews. Data to be collected and tracked:
 - Participant name
 - SIS-A date or supplemental request date
 - Administrative review date and time
 - Tier level – previous and current by date
 - Name and role of individual requesting review
 - Administrative review decision
 - Letter sent date
 - Formal appeal information if requested
- The Administrative Review will include a review of the decision process and all relevant information presented. The goal is to exhaust all opportunities for sharing of all relevant information through a discussion and to determine if there are other resources available. Additional documentation may be requested to support the decision.
- A determination will be made, and a letter, signed by Associate Director will be sent to requestor within 15 days of the administrative review or receipt of supplemental documentation.
 - If the initial determination is upheld, the letter will include information on how to request a formal appeal, if desired.
 - If it is determined that a new SIS-A is needed, requestor will be notified via email noting the determination and a request to schedule a new SIS-A with available dates.
 - If it is determined that supplemental funding is needed until a new SIS-A is completed, an S107/S110 will be completed and processed
 - Updates will be documented in Therap by the SIS-A Supervisor.

4. Tools and Resources

Letter Templates

Appeals Process Guidance



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

6 Harrington Road – Simpson Hall
Cranston, RI 02920

TEL: (401) 462-3421
FAX: (401) 462-2775

Appeals Process Guidance

WHAT YOU NEED TO KNOW BEFORE YOU REQUEST A HEARING:

The State of Rhode Island provides an opportunity for a fair hearing to any person whose claim for agency assistance is denied or not acted upon promptly; or whose services are suspended, terminated, or reduced. The first step in the appeal process is that you will be offered an administrative review at BHDDH, and if the review does not resolve your appeal to your satisfaction, you may request that a formal hearing be scheduled at the state Medicaid agency called EOHHS [Executive Office of Health and Human Services].

Deadline to Request an Administrative Review or a Formal Hearing:

You have **ninety (90) days** from the date of this letter **to request an administrative review at BHDDH and/or a formal hearing at EOHHS.**

Right to an Expedited Administrative Review or Formal Hearing:

Although hearings are usually scheduled within several weeks of the request, you have the right to request an expedited (sooner) hearing if the delay could jeopardize your life, your health, or your safety.

If you believe this to be true, please make sure you inform Cynthia Fusco at her phone number or e-mail address above (there is no email above for Cynthia), and please tell her how you would like to be notified whether an expedited hearing will be granted. Please also provide your reason for the request.

Description of Administrative Review:

An **Administrative Review** is a meeting you may attend to discuss with BHDDH staff the reasons BHDDH made its decision, and your reasons for disagreeing with it.

This Review is not recorded, although BHDDH staff and you may take notes. BHDDH counsel will not be present, but you may bring an attorney or another person to speak on your behalf.

You will not be asked to make any decisions during this administrative review.

After the administrative review, BHDDH will notify you in writing within fifteen (15) business days (unless BHDDH is waiting for any additional information to be submitted) to let you know if:

- BHDDH will reverse its decision without a formal EOHHS hearing, or
- BHDDH will uphold its decision and then tell you how to request the scheduling of a formal hearing before an EOHHS hearing officer.

How to Request an Administrative Review:

If you wish to request an administrative review, you must contact the Division of Developmental Disabilities either by:

- calling (401) ~~462-3016~~,
- e-mailing Cynthia.Fusco@bhddh.ri.gov, or
- sending a letter through U.S. mail to:

Ms. Cynthia Fusco
BHDDH Division of Developmental Disabilities
6 Harrington Road (Simpson Hall)
Cranston, RI 02920

Please indicate in your request that you would like to have an Administrative Review before proceeding to a formal hearing. (If you would like to decline the Administrative Review and schedule a formal hearing instead, please see information in the next two sections).

Once we receive information from you requesting an Administrative Review that action will be considered the official filing of your appeal.

All Administrative Reviews are currently held via Zoom unless there is a request for an in-person meeting.

Right to a Formal Hearing:

You may request a ***formal hearing*** with Rhode Island Executive Office of Health and Human Services (EOHHS):

- If you do not wish to have an administrative review, or
- if you have had an administrative review but that did not resolve your appeal.

How to Request a Formal Hearing:

If you wish to request an EOHHS formal hearing ***without having an administrative review***, -- or if you have had an administrative review that did not resolve your appeal to your satisfaction and would like EOHHS to schedule a formal hearing -- you must fill out the enclosed form ["Appeal Form"] and send it to:

- OHHS.AppealsOffice@ohhs.ri.gov (preferred method of submission)
- ATTN: Appeals STATE OF RHODE ISLAND
- P.O. BOX 8709
- CRANSTON, 02920-8787

Sending this form via email or by mail will also be considered the official filing of your appeal.

Description of the Formal Hearing:

At the formal hearing, an EOHHS hearing officer will hear testimony from you and other witnesses, all of which will be recorded.

The hearing can address the same and/or different issues discussed at the administrative review. Other relevant issues and facts may be raised.

The EOHHS hearing officer will review any documents that are submitted by you and/or BHDDH's Division of Developmental Disabilities.

A hearing officer must have access to BHDDH's information to issue a proper hearing decision, including laws, regulations and policies concerning Medicaid, EOHHS, and BHDDH.

You have a right to request the EOHHS hearing officer to direct BHDDH to provide you with a copy of documents that BHDDH plans to submit to the EOHHS hearing officer, and any documents in BHDDH's possession that you believe will help your appeal.

The hearing officer will have 90 days from the date EOHHS receives a request to schedule a formal hearing to make a final decision on your appeal -- although the 90 days may be extended if you request a delay in the hearing or if there is an issue beyond the parties' control.

After the formal hearing is completed, the hearing officer will send a written decision to you and BHDDH.

All formal hearings are currently being held via Zoom.

Timelines:

When you appeal a BHDDH decision that reduced, discontinued or terminated certain services or a certain level of funding, you will be offered a date and time for an administrative review at BHDDH within **thirty (30) days** of your request.

If that review does not resolve the appeal to your satisfaction, you will be given information about how to request of EOHHS to schedule a formal hearing, which will be scheduled within **sixty (60) days** of your scheduling request. If your situation is an emergency, you may request that your appeal be expedited along with your reason for the request. If approved, expedited hearings will be scheduled within **seven (7) days** of the request.

Stay of Services:

If you have been notified that your current tier-level funding and/or supplemental funding will be reduced or discontinued, your current situation or level of funding may remain in place during the appeal process only if you request a "stay" while you are also requesting an administrative review/appeal/hearing. An approved "stay" temporarily stops any reduction of your current tier-level funding and/or supplemental funding that BHDDH has told you about.

However, if BHDDH grants the stay request, funding for your services will not be reduced (or discontinued or terminated) -- unless and until an EOHHS hearing officer issues a ruling that upholds the BHDDH decision to reduce (or discontinue or terminate) funding for services after a complete hearing (or other settlement/resolution).

Importantly, if the EOHHS hearing officer upholds the BHDDH decision to reduce (or terminate) funding for services, BHDDH would have the right by law to institute "recovery procedures" against you to recoup the "disputed" amount of funding for any services for which you were granted a stay. That amount would not be for all funding -- just the amount that BHDDH had told you it would reduce or discontinue or terminate.

You have the right to **not request** a stay when you file your appeal. BHDDH will be glad to discuss this question to help you make this decision in a more informed manner.

You will **not** be granted a stay if BHDDH has denied your request for only **new increased funding** beyond any tier-level or supplemental funding that you have been currently receiving.

Your Rights at the Hearing:

When you request a formal EOHHS hearing, you have the following rights established by law:

- Right to a fair hearing
- Right to request an expedited hearing
- Right to represent yourself
- Right to hire your own legal counsel
- Right to bring a relative, a friend, or other representative to the hearing
- Right to bring witnesses to testify on your behalf
- Right to establish all related facts and circumstances before the EOHHS hearing officer

- Right to present your arguments to the EOHHS hearing officer without undue interference
- Right to question or refute anyone's testimony or other evidence
- Right to confront and cross-examine witnesses whose positions or arguments are adverse to you or your arguments
- Right to examine before any hearing the content of your case file and electronic account (which contains information about your Medicaid eligibility and enrollment).

Failure to Appear May Result in Dismissal of Your Appeal:

EOHHS is permitted by law to deny/dismiss your appeal if you fail to appear at a scheduled hearing without good cause.

You may send someone to your hearing in your place -- an attorney, representative, advocate, family member or friend -- but if no one appears, BHDDH will dismiss your appeal unless you and your representative sufficiently explain the good cause for not appearing.

Right to Appeal to Superior Court After Formal Hearing:

If you have a formal EOHHS hearing, and you are not satisfied with the EOHHS hearing officer's decision, you have a right to appeal the decision within **thirty (30) days** (of the mailing date of the decision) to the Rhode Island Superior Court. See Rhode Island General Laws §§ 42-35-9 to -18. If you are not satisfied with any decision by the Superior Court, you may then appeal to the Rhode Island Supreme Court.

Accommodations for Disability:

If you would like an interpreter because English is not your primary language or due to hearing impairment, please inform Cynthia Fusco at:

Ms. Cynthia Fusco
 BHDDH Division of Developmental Disabilities
 6 Harrington Road (Simpson Hall)
 Cranston, RI 02920
 E-mail: Cynthia.Fusco@bhddh.ri.gov
 Phone: (401) 462-3016

If you need any accommodation of a physical disability at the BHDDH administrative review or the EOHHS formal hearing, please inform Cynthia Fusco.

If requesting an in person Administrative Review or Formal Hearing, please see the information below.

Parking at BHDDH Administrative Review:

At Simpson Hall (6 Harrington Road, Cranston, RI 02920), there is parking in front of the building for those who have a placard for individuals with a disability.

Simpson Hall has a ramped front entrance. The building's elevator is accessible through an inside ramped entrance.

Parking at EOHHS Formal Hearing:

At the Virks Building (3 West Road, Cranston, RI 02920), there is parking in front (east) of the building -- and behind (south and west of) the building -- for those who have a placard for individuals with a disability.

The Virks Building's elevator is accessible through the front/east and rear/west entrances. However, the EOHHS formal hearing generally occurs on the first floor of the Virks Building.

END OF NOTICE -- ATTACHMENTS BEGIN ON NEXT PAGE

**Sample Quarterly
Letter Redacted
Template**



Date: 2/22/2023

Quarterly Statement for Your Budget as of 9/30/2022

This is your quarterly statement showing how much of your BHDDH funding has been used so far.
 Your Plan Year: 1/1/2022 to 12/31/2022. You have 3 months left in your plan year.

Your Budget				
Your Services	Annual Funding	Amount Paid*	Amount Left*	Provider Agency
<i>Service-Based</i>	N/A	N/A	N/A	
Community Based Supports	\$83,226.83	\$53,717.67	\$29,509.16	
Transportation	\$5,265.92	\$41.14	\$5,224.78	
Support Services	\$1,896.12	\$1,264.08	\$632.04	
Grouped Services Total	\$43,700.64	\$28,977.20	\$7,519.28	
Day Program	N/A	\$14,331.04	N/A	
Day Program	N/A	\$367.64	N/A	

* You may have less funding to use than is shown in the column "Amount Left". This is because your agency/FI may not have been paid for everything yet as of this statement date.

Please note: If you use your BHDDH funding for transportation through the RIPTA Ride Program, it will not show on this statement. The RIPTA services are managed separately. We are working on a solution so that RIPTA authorizations will be shown in the future.

If you have any questions, need help understanding this statement, or don't agree with the information provided, please contact your BHDDH social worker, [REDACTED], by email at [REDACTED]@bhddh.ri.gov or by phone at (401) 462-[REDACTED]



We want to hear from you!

What do you think of this new form? Do you like it? Is there something you would change? Send your ideas or comments to BHDDH.AskDD@bhddh.ri.gov or call (401) 462-3421

Important Reminders

1. The Anniversary Date has been replaced by a **Plan Year**. Your **Plan Year** reflects the start and end dates of your **Individual Support Plan (ISP)** and your annual authorization.
2. Your current ISP Plan Year is from **1/1/2022 to 12/31/2022**.



- a. **Submit a new ISP and purchase order (PO) about 45 days before the end date of your current Plan Year.**
 - This will give BHDDH time to review your plan and your purchase order (PO) to make sure everything is complete.
 - If your Plan Year ends and you haven't sent a new ISP, you will not have an authorization for funding for the new Plan Year. This could result in a loss of supports. So it's really important to submit your plan on time.
- b. **Any changes during your Plan Year will not affect the start and end dates.**
 - Even if you change providers, your Plan Year start and end dates will not change.
- c. **You must sign your purchase order (PO) and submit it with your ISP.**
 - If you are using more than one provider, all providers must sign the purchase order (PO).

3. Your last Supports Intensity Scale (SIS) was completed on [REDACTED]

Based on this current SIS, you are assigned a Service Package of Tier [REDACTED]

- a. The SIS is an assessment of the level of supports you need. It is done every 5 years or as needed if there is a major life change.
- b. Your next SIS will be due in [REDACTED]

If you have any questions, need help understanding this statement, or don't agree with the information provided, please contact your BHDDH social worker, [REDACTED], by email at [REDACTED]@bhddh.ri.gov or by phone at (401) 462-[REDACTED]



Service	Description
Access to Overnight Shared Supports	Access to an on-call paid direct support professional for individuals who live independently where direct support can be easily shared, such as in an apartment building.
Assistive Technology	Access to items used to promote independence and self-care. Also includes a service that directly assists an individual in the selection, purchase, or use of an assistive technology device.
Community-Based Supports	Support provided in or out of the individual's home to maintain independent living and to participate in the community.
Day Supports	Support to help an individual learn skills and participate in the community.
Home Health Agencies (HHA)	HHAs provide home health care, personal care services, and other help at home (homemaker services).
Home-Based Day Program	Services that are provided in the individual's home for education and training to acquire the skills and experience needed to participate in the community.
Job Coaching	A trained Job Coach helps the individual learn to perform a job and be successful as an employee.
Job Development	Assist individuals with discovery, implement career goals, participate in trial work experience, complete vocational assessments, and search for and secure the job the individual wants.
Job Retention	Employment support to help an individual maintain or advance in employment.
Natural Supports Training	Training and counseling services provided to the individual's family by Professional Licensed Staff. (Limited to a degreed psychologist, or psychiatrist, a physical therapist, a occupational therapist, a speech language pathologist, a social worker, or a registered nurse)
Prevocational Training	Time-limited services to assist individuals to develop employment-related skills, such as work-related skills or specialized work-related training and education.
Professional Services	Training and counseling services provided to the individual. (Limited to: psychologist, psychiatrist, physical therapist, occupational therapist, speech therapist, registered nurses, interpreters, licensed social workers, licensed mental health counselors, and licensed marriage and family therapists.)
Residential	Group home services.
Respite	Short-term services due to the absence of those who normally provide support at home, such as family or SLA provider. Respite can be delivered in an individual's home or another location.
Shared Living	Living arrangement where an individual shares the home of an individual or family in the community.
Support Coordination	Support Coordinators assist individuals in accessing needed services.
Transportation	Trips provided by an agency, staff, or RIPTA/Ride for an individual to get to employment and day activities.
Individual Directed Goods or Services	Individual directed goods or services are for self-directed individuals only. They include equipment, supplies, and services that address an identified need and are in the approved individualized service plan and meet certain requirements. For more information, see the "BHDDH InfoBrief: Self Direct Allowable Costs" on the BHDDH website.
Support Facilitation	Support Facilitation covers the services of a Fiscal Intermediary for self-directed individuals.
Supports Brokerage	Supports Brokerage is for self-directed individuals only. It supports self-directed service planning, as well as assisting with the coordination of services.

System Overview

Transition to Adult Services

All students over age 14 with an IEP will have a DD Social Caseworker available for information and support

Eligibility

A) Clinical eligibility: Age 17+

Complete application and submit with accompanying documentation.

B) Financial eligibility: Age 18+

Once determined clinically eligible, an assigned DD Social Caseworker can assist you with completing the financial application and submitting it to DHS

Level of Need

An assessment will be completed in order to learn what types of support you need and how much. The Supports Intensity Scale (SIS-A) is the assessment tool that is used.

This assessment is done once you are found eligible and then every 5 years or if there is a major change in your life. We will also ask you questions about current support and living situation to best understand your needs.

Follow-up

A follow-up Individual Meeting will take place about 1 week later, to be sure that you have had an opportunity to share all current information about your support needs and situation.

Your base funding allocation will be determined.

Case Management

A case manager will gather information by reviewing current assessments and talking with you and your chosen allies to learn what is important to you and for you. They will help you to create a person centered plan and then help you to get connected to the services and supports you choose. Your case manager will stay connected by checking in with you regularly. You can make changes to your plan whenever you choose or if things in your life change.

Providers

You choose which services and supports make sense for you. You can choose from many organizations and/or you can self-direct your services and supports.

Service Authorization

Once you develop your plan and choose your provider(s), your case manager will request approval from DD. If you need additional funds to support your plan, your case manager will request for you.

Eligibility Application

6-2023 Revised Draft



STATE OF RHODE ISLAND
BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS
DIVISION OF DEVELOPMENTAL DISABILITIES
6 HARRINGTON ROAD – SIMPSON HALL
CRANSTON, RI 02920 (401) 462-3421

Introduction to the Application for Services

By completing this application, you are requesting services from the Rhode Island Division of Developmental Disabilities. Participation is voluntary; you may withdraw this request at any time.

See the Checklist on page 2 for the list of required documents. **Without these documents, and a signed application, your application will be considered incomplete, and we will not be able to initiate the application review process.** Please note that the applicant and/or their legal guardian must sign ALL forms. If the applicant is unable to sign their name, they must make a mark on the signature line and have it witnessed by a friend or family member.

Submission

Mail completed applications and all other documents to:

BHDDH-DDD
6 Harrington Road - Simpson Hall
Cranston, RI 02920
(401) 462-3421

Keep a copy of all documents for your records. The Division of Developmental Disabilities (DDD) will send confirmation when the COMPLETED application is received. If an application is incomplete, you will receive a letter listing what is missing and how long you have to submit the missing documents.

Eligibility

Complete application packets with all required documents (see Checklist on page 2), will be processed within 30 days. Once the Eligibility Committee has made a determination, a notice of the determination will be sent to the applicant. If the applicant has a legal guardian(s), they will also be notified, and, when appropriate, the agency, advocate, or professional who referred the applicant.

If the applicant is eligible, the letter will describe next steps. If the applicant is found ineligible, the notice will include the reasons for the determination and an explanation of the applicant's appeal rights. If a determination cannot be made, an in-person interview will be set up.

Questions

If you have any questions while completing these forms, please call the Eligibility Supervisor of Division of Developmental Disabilities (DDD) at 401-462-2209.

Disability Related Documentation

- Official Diagnosis** of a developmental disability by a medical doctor, psychologist, or licensed clinician (such as Down Syndrome, Fragile X Syndrome, or Intellectual Disability)
- Intelligence Quota (I.Q.) / Cognitive Tests** before age 22
- Medical History** only related to a disability (including PT/OT records)
- Psychiatric Records** including any psychiatric hospitalizations.
- Assessments** from current or previous service providers (HBTS/PASS/Home Health)

General Documentation

- Copy of **Birth Certificate or I-94 Form**
- Copy of **Social Security Card**
- Copy of **Legal Guardianship, Power of Attorney or Supported Decision Making Agreement** if applicable

All applicants must meet both clinical and financial eligibility for Medicaid long-term services and supports

A) Clinical eligibility for DD Services:

To be eligible for supports funded through the Division of Developmental Disabilities, individuals must have an Intellectual Disability or meet the following definition of Developmental Disability, as stated in RI State Law:

The term 'developmental disability' means a severe, chronic disability of a person which:

- *is attributable to a mental or physical impairment or combination of mental and physical impairments.*
- *is manifested before the person attains age twenty-two (22).*
- *is likely to continue indefinitely.*
- *results in substantial functional limitations in three or more of the following areas of major life activity:*
 1. *personal care*
 2. *communication*
 3. *mobility*
 4. *learning*
 5. *self-direction*
 6. *capacity for independent living*
 7. *economic self-sufficiency*

- effects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are life-long of extended duration and are individually planned and coordinated

B) Financial Eligibility

Applicants must also meet financial eligibility for Medicaid long term services and supports. Following determination of clinical eligibility, an assigned social caseworker can assist you with this process.



**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS
DIVISION OF DEVELOPMENTAL DISABILITIES**

For Internal Use Only

**Application For Services
Section 1: Personal Information**

Applicant Name: **Gender:**

Applicant email: **Date of Birth:**

Residence Address: **Mailing Address (if different):**

Street: Street/PO Box:

Apt: Apt:

City, State Zip: City, State Zip:

Telephone

Living Arrangements: Alone With Family Group Home/Residential Other

Legal Guardian

Do you have a Legal Guardian or Power of Attorney? Yes No

If YES, please provide name and contact details here:

Name: Phone:

Address: Email address:

Relationship:

Preferred Communication Format

I prefer communication via mail email

What language do you prefer?

Do you need an interpreter (including sign language)?

Please indicate the primary language of your parent/guardian/representative

Do you require an adaptive communication device?

Check if you are or have been involved with the following agencies:

- Office of Rehabilitation Services (ORS)
 Department of Children Youth & Families (DCYF)

School Information

Has Applicant graduated or left school? Yes No

Is Applicant currently attending school, including a transition program? Yes No

If YES, Anticipated date of ending school funded services:

Name of School:

School Contact Person: Phone#:

Email address: Have you ever had an IEP or 504 Plan?

Demographic Information

Racial/Ethnic Heritage: White (non-Hispanic) Black (non-Hispanic) Hispanic

Asian/Pacific Islander American Indian/Alaskan Native Other

Marital Status: Never Married Married Divorced Separated Widowed

Section 2: Functional Information

A. Learning

Do you have any sensory issues that significantly interfere with your daily functioning? Sensory issues include over reactions or under reactions to light, noise, smell, taste, or texture that interfere with everyday life.

Yes No

If YES, please describe how this impacts your daily life.

Click or tap here to enter text.

Do you have any issues with executive functioning that significantly interferes with daily functioning? Executive functioning includes: adaptability, self-control, planning, organization, and using learned information.

Yes No

If YES, please describe how this impacts your daily life:

Click or tap here to enter text.

B. SELF CARE

NONE = No assistance needed, independent with task

PROMPTING = Verbal or gestural reminders to initiate or for thoroughness

DIRECT = Physical assistance or total support needed (hand over hand or step by step directions)

Do you need help to do the following:

Activity	None	Prompting	Direct
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth brushing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair washing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

C. Expressive/Receptive Language

Are you able to understand other people when they talk to you? Yes No

Do you need any special help to communicate with people who don't know you well? Yes No
(For example, sign language, communication device, pictures, or does someone you know "interpret")

If YES, please describe:

Click or tap here to enter text.

D. Mobility

Do you need any special equipment or physical support to help you get around? Yes No

Are you able to independently go up and down stairs? Yes No

Are you able to fasten buttons and zippers? Yes No

Are you able to use a pencil or pen? Yes No

Please describe:

Click or tap here to enter text.

E. Self-Direction

Do you receive SSI? Yes No

If YES, do you have a representative payee? Yes No

Do you pay any bills on your own? Yes No

What do you like to do with your free time? Please describe below:

Click or tap here to enter text.

Are you able to keep in touch with friends and family on your own? Yes No

Do you need help to get out of your house in case of emergency?
If YES, please explain Yes No

Click or tap here to enter text.

How long are you comfortable being home alone?

Do others take advantage of you (borrow money and not pay you back or take your belongings?)

Yes No

If YES, please explain:

Click or tap here to enter text.

F. Independent Living

Meal preparation:

- Can you prepare a cold meal on your own? Yes No
- Can you use the microwave or toaster without assistance? Yes No
- Can you prepare a simple meal (ex. pasta)? Yes No
- Can you prepare a full meal (ex. chicken dinner)? Yes No
- Are you able to make a grocery list? Yes No
- Are you able to read and follow a recipe? Yes No

Click or tap here to enter text.

Household Chores:

NONE = No assistance needed, independent with task

PROMPTING = Verbal or gestural reminders to initiate or for thoroughness

DIRECT = Physical assistance or total support needed (hand over hand or step by step directions)

Are you able to do the following chores:

Activity	None	Prompting	Direct	Never tried
Vacuuming:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing Bedding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping and Mopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a Bathroom:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

Click or tap here to enter text.

G. Life skills

- Do you have a driver’s license? Yes No
- Are you able to use public transportation/Ride share service? Yes No
- Do you carry money or a debit card? Yes No
- Can you tell someone when you are sick? Yes No
- Do you know how to reach out to an emergency contact? Yes No
- Can you make a single item purchase on your own at a store or online? Yes No
- Can you make multiple item purchases on your own at a store or online? Yes No
- Are you able to set and get to an appointment on your own? Yes No
- Do you take medication on your own? Yes No not applicable
- Do you refill medication on your own? Yes No not applicable

If NO, please explain

Click or tap here to enter text.

H. Economic self-sufficiency

NONE = No assistance needed, independent with task

PROMPTING = Verbal or gestural reminders to initiate or for thoroughness

DIRECT = Physical assistance or total support needed (hand over hand or step by step directions)

Activity	None	Prompting	Direct	Never tried
Complete application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in basic job interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow instructions on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return from break on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any paid or volunteer jobs you have held in the past:

Click or tap here to enter text.

List any paid or volunteer jobs you have held in the present:

Click or tap here to enter text.

SECTION 3: **OPTIONAL**

Services requested through the Division of Developmental Disabilities

Describe the type of services or supports you are looking for.

Large empty text box for describing services or supports requested.

Section 4: Notification

Notification Of Eligibility Decision

If you would like a copy of the clinical eligibility decision notice sent to anyone besides yourself, you must provide the name and address of the person below. This serves as written authorization to allow BHDDH to release information and to send a notice to anyone other than the applicant or legal guardian.

Name	Relationship to applicant (e.g., guardian, representative)		
Address	City	State	ZIP
Email:			

SECTION 5: Submission

Did You Need Help in Completing This Form? Yes No

If "Yes", who helped you complete it?

Name:			
Relationship:		Telephone:	

I give permission to BHDDH to discuss my application and records with the person named above for the purpose of completing the eligibility determination process.

SIGNATURE of Applicant or Legal Guardian: [Click or tap here to enter text.](#)

PRINT NAME of Applicant or Legal Guardian: [Click or tap here to enter text.](#)

Goal: Reduce administrative burdens related to eligibility/application process

Initial Eligibility Process Improvements: (completed in August 2021)

- Simplified initial pages of instruction on Clinical Eligibility for DD Services Application
- Added question about home health and hours
- Updated questions in ADL section to be inclusive of modern times- use of Uber/Rideshare and driver's license instead of only use of bus
- Updated and improved website re: eligibility
- Ongoing presentations/training on eligibility criteria and process to the public and schools
- Updates to application were made in English, Spanish, and Portuguese

Eligibility Determinations (completed April 2022)

Developed policy and procedure- **Eligibility Determination Policy** and provided training for internal staff.

Developed policy and procedure- **Administrative Review of Eligibility Determination** and provided training for internal staff.

LTSS Applications: (completed February 2022)

Improved process for DHS-2 (financial eligibility for Medicaid Long Term Services and Supports). Social caseworkers meet with participants and families to assist with completing and submitting the DHS-2 and track through to completion.

Utilizing a SharePoint spreadsheet between DHS and BHDDH for improved communication on applications submitted to DHS, allowing both entities to track the status of applications and to address any issues in a timely manner.

Developed policy and procedure- **LTSS Waiver Application Assistance and Submission Policy** and provided training for internal staff on supporting participants with Medicaid LTSS waiver applications.

Clinical Eligibility Application for DD Services: (completed June 2023)

Met with group of transition stakeholders (including state staff, LAZO, RIPIN, RIDE, ORS, TACs) on May 17th to discuss specific areas of confusion or difficulty with Clinical Eligibility for DD Services Application.

Clinical Eligibility for DD Application revised to eliminate unnecessary questions, to simplify and use plain language for remaining questions and instructional information, eliminate any unnecessary documentation or documentation that can be gathered by other means.

**Eligibility –
Administrative
Burden Improvements**

Reducing administrative burden involved when requesting and utilizing both DD and ORS services (by June 30th)

1. Added a check box on DD application, “Have you received services from ORS?”. If yes, DD will obtain internally any documentation to support application process by utilizing the new **DD-ORS Communication Tool in Sharepoint**.
2. If a participant expresses interest in being referred to ORS during any time of receiving active DD services, social caseworker will refer directly to ORS via the SharePoint document. The same process applies for ORS individuals for which a DD referral may be appropriate.
3. If during any time of receiving services, the ORS worker or DD caseworker need to exchange documentation for coordination of eligibility or services on behalf of the participant, the request can be made in the SharePoint document.
4. The SharePoint spreadsheet will be monitored on a weekly basis by both ORS and DD to ensure timely responses.
5. Documents can be securely uploaded directly into SharePoint for immediate access by Eligibility unit, social caseworkers, and ORS.

Additional improvement to be completed:

Revised **Clinical Eligibility Application for DD Services** will be shared with stakeholder group prior to finalization and edited to reflect additional feedback (by June 30th)

Final application to be translated into Spanish and Portuguese and posted to website (by July 30th)

Currently, the Clinical Eligibility Application for DD Service needs to be printed and either scanned or mailed to BHDDH along with supporting documents. New client information management system will include a fill-in electronic version of Clinical Eligibility Application for DD Services. Application will be able to either be mailed or submitted electronically. The new client information system will eliminate the need for duplication of information/data collection and will begin the case record. If a youth in transition, then information gathering will start at this time (by January 2024)

DD-ORS
Communication Tool
in Sharepoint

Communication Tool for ORS-DD

Date	Participant Name	DOB	Requestor Name	Request type(files or referral)	Note	Request completed date	Completed by whom
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Eligibility Policy and Procedure



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

POLICY and PROCEDURE

Policy and Procedure Title: Eligibility Determination	Approved By: 	Policy Number: ELIG-1
Amendment/Revision History:	Replaces Policy No:	Effective Date: 2/1/22

1. POLICY:

The Division of Developmental Disabilities will utilize a consistent and uniform process for determining eligibility for services utilizing the state definition of developmental disability, as defined in RI State Law: § 40.1-21-4.3 and outlined in this procedure. Eligibility will be determined within 30 days of receipt of a complete application.

2. APPLICABILITY:

This policy applies to DD Eligibility unit, Supervisors, Administrators, and all applicants for DD services.

3. PROCEDURE:

Identifies the process for tracking, reviewing, documenting, and determining eligibility for developmental disability services. Steps are as follows:

A. Application packet received

- i. Date stamp
- ii. Label documents for scanning. Unnecessary documents are clipped together and labeled "Do Not Scan". All documents are kept until applicant determined eligible.
- iii. Search Therap for prior application – Eligible or Not Eligible
 - 1) If applicant had previously applied and was determined "eligible":
 - In Therap, update the contact information, add any relevant documents to database, and reopen case.
 - Follow *active case assignment*

- 2) If applicant had previously applied and was determined "not eligible":
 - Check packet for new information that could change the prior determination
 - If no new relevant information provided, send Denial letter
 - If new relevant information provided, follow *new application process*.

iv. New Application

- 1) Mark application as complete or incomplete
 - If complete, send Complete letter.
 - If incomplete, check off information needed on Incomplete letter and send to applicant and carbon copy (cc) school or advocate if listed.
- 2) Track on spreadsheet
- 3) Add applicant to Therap utilizing the Intake Process identified in the Therap Eligibility Process document
- 4) Search MMIS for Medicaid/Waiver status, print page and add to document storage in Therap
- 5) When additional documents needed are received: date stamp, review for completeness, and update eligibility status as pending in Therap.
- 6) If application remains incomplete after additional information received, call applicant regarding specific information needed. An interview may be requested to obtain further information.
- 7) If no additional information received, after 60 days mark the application as Withdrawn.

B. Determination

- i. Review pending application with relevant documentation within 30 days to determine eligibility status. Utilize the Diagnosis Questionnaire for any case that does not have a valid ID diagnosis.
- ii. Update Therap utilizing the Application Review Process identified in the Therap Eligibility Process document
 - If not eligible: send Denial letter and track
 - If eligible: send Eligible letter and assign to caseload: YIT, DCYF, or Case Management Supervisor

C. Assignments

- i. YIT
 - If applicant is under 20 years old and still in school funded services, the case is assigned to the YIT caseload.
 - An email is sent to the YIT coordinator and cc'd to the YIT administrator when the case is assigned.
- ii. Active Cases (not YIT)
 - Eligible applicants over 20 or no longer in school funded services are considered active cases.
 - Refer active cases for a SIS via an SCOMM to SIS supervisor and scheduler
 - Write a case summary and provide to caseworker
- iii. DCYF Cases (YIT caseload of DCYF residential youth)
 - Meet with DCYF monthly to track all incoming applications and status
 - Monitor all cases on the DCYF caseload prior to caseworker assignment
 - Update any changes in residence, school, legal status, etc
 - Provide court letter regarding DD status for court reviews
 - Request Residential Needs Form completion prior to turning 20
 - Refer for SIS prior to turning 20
 - Assign to case management prior to turning 20

4. TOOLS and RESOURCES:

- a. Therap Eligibility Process document
- b. Application received letters
 - i. Complete letter
 - ii. Incomplete letter
 - iii. Interview letter
- c. Determination letters
 - i. Eligible letter
 - ii. Eligible YIT (Youth in Transition) letter
 - iii. Eligible DCYF letter

- iv. Not Eligible-Insufficient evidence of DD
- v. Not Eligible-Insufficient evidence of substantial limitations

d. Diagnosis Questionnaire

**LTSS Waiver
Application Assistance
Policy**



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

POLICY and PROCEDURE

Policy and Procedure Title: LTSS Waiver Application Assistance and Submission to Department of Human Services (DHS)	Approved By: <i>Kevin W. Savage</i>	Policy Number: LTSS -1
Amendment/Revision History:	Replaces Policy No:	Effective Date: 2/1/2022

1. POLICY:

The Division of Developmental Disabilities shall offer all participants, who have been found eligible for services under the state definition of developmental disability, assistance in completing the Long-Term Services and Supports (LTSS) application.

2. APPLICABILITY:

This policy applies to DD Social Caseworkers, Supervisors, Administrators, and all DD Participants.

3. PROCEDURE:

Identifies when and how the LTSS application is completed and submitted to the Department of Human Services (DHS).

Requirements for LTSS Waiver Applications

1. Participant must be found DD Eligible.
2. Applications for LTSS Waiver Services should only be completed after discussion with individual and/or guardian regarding desired services and requested start date.
3. Applications must be submitted to DHS, 45 – 60 days prior to the participant receiving DD Services. (If applications are submitted too early, they will be sent back by DHS)

STEPS

1. After a participant has been found DD eligible and has been referred for completion of their Support Intensity Scale (SIS), social caseworker shall meet with participant/family to discuss requested services and desired start date.
2. Social Caseworker shall offer assistance in completing the LTSS application for Waiver Services. Check in portal to verify if already on Medicaid.
 - A. If participant is already on Medicaid – Complete the renewal form “*Short Form*”.
 - B. If participant *does not* have Medicaid – Complete the DHS-2 “*Long Form*”
 - C. If the participant and/or family decline assistance in completing the LTSS application, complete a note in Therap and follow up with family for progress updates until the application is completed and has been submitted to DHS. Then track application on the DHS Waiver Spreadsheet for decision and/or any updates.
3. When the individual/family accept assistance with the LTSS application, schedule a meeting to complete the application.
4. Youth in Transition
 - a. When an individual is placed on the LTSS Waiver, all children’s services will terminate. Individual should choose a desired start date with this information.
 - b. An individual can be placed on the LTSS Waiver prior to age 22 and have access to community-based supports, if they are still in school.
5. Complete the LTSS application as instructed by the *Department of Human Services: Long Term Services and Supports LTSS Application, Forms and Process*. [Medicaid LTSS Application | Executive Office of Health and Human Services \(ri.gov\)](#)

6. Request Supervisor to review and sign off on CP-1 (Level of Care Form).
7. Enter case note in Therap. (Include date completed/mailed application to DHS)
8. Upload documents into case note.
9. Complete the "DHS Waiver Application Tracking" spreadsheet in Microsoft Teams.
10. "DHS Waiver Application Tracking" spreadsheet will be in Microsoft Teams and used to communicate between BHDDH and DHS:

BHDDH completes the following:

- a. BHDDH SCW Name
- b. Last Name of Participant
- c. First Name of Participant
- d. DOB
- e. Type of request to DHS (new app, program change etc)
- f. Program Eligibility Date
- g. BHDDH SCW Date sent to DHS
- h. If family is submitting application only -YES

DHS completes the following:

- i. Application date received
- j. DHS supervisor name
- k. Pending Resolution
- l. Cost of Care
- m. If yes, how much?
- n. Comments/Requests

11. Completed applications shall be placed in sealed INTEROFFICE envelope in interoffice mail bin and labeled. (*Interoffice mail is picked up daily from BHDDH and distributed a couple times during each week*)

*RI Department of Human Services/LTSS
Attn: Jackie Neirinckx
One Capitol Hill
Providence, RI 02908*

4. TOOLS AND RESOURCES

- a. Department of Human Services: Long Term Services and Supports LTSS Application, Forms and Process [Long Term Services and Supports \(LTSS\) | RI Department of Human Services](https://eohhs.ri.gov/reference-center/forms-applications/medicaid-ltss-application)
<https://eohhs.ri.gov/reference-center/forms-applications/medicaid-ltss-application>
- b. DHS Waiver Application Spreadsheet (Located Microsoft Teams)
- c. Application Checklist

**ORS Innovative
Practices Application
Narrative**



State of Rhode Island
Department of Human Services
Office of Rehabilitation Services

40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX
RI Relay 711 ~ Spanish (401) 462-7791

Innovative Practices June 2023

ORS partnered with BHDDH, Accesspoint RI, Bally's Twin River Casino, and DLT Real Jobs RI, to initiate, facilitate and support an Adult Project Search Program. Internship applications are currently being accepted, and the program is scheduled to begin in October 2023. The goal is to identify eight individuals with IDD to participate in the first run of this program, which runs for approximately nine months. During this time, the interns will rotate through 3 different job sites, which will include maintenance, housekeeping, customer service, and office support. The National Project Search Program will be overseeing this pilot, and they expect a minimum of 70% of the participants will locate competitive integrated employment.

LIFE Inc. has developed a new Program, Supported and Customized Employment, utilizing last year's BHDDH Transformation funds. That program was successful, and LIFE began working proactively with ORS to line up funding to expand. The ORS funds will be braided with the BHDDH funds to help support this service. LIFE reported that the first cohort of 5 individuals all obtained competitive integrated employment ranging from 6 to 20 hours per week, paid out at least minimum wage or above. LIFE, ORS and BHDDH have expanded this pilot to include 10 people in this next cohort; LIFE is committed to hiring additional staff for this expanded pilot in September 2023.

Job Club

ORS is working with two providers, Holistic Development Center, and Dr. Myerson, who have developed a Job Club model which is comprised of several vocational services. This comprehensive program focuses on addressing the skills and clinical needs essential for individuals to obtain and sustain meaningful employment. The Job Club instruction facilitates the development of lifelong skills used in career development: self-assessment, employment research/networking, job search skills, career management, and adapting to the changing world of work. A licensed clinical psychologist collaborates with a certified secondary special education teacher/career resource specialist/rehabilitation counselor to deliver the curriculum of instruction. Job Club not only focuses on securing job placement for participants but also is designed to address on-going clinical/therapeutic needs that can jeopardize sustained employment.

The Job Club instruction is delivered through multiple modalities, including video, role-playing, individual feedback sessions, worksheets, peer feedback, group discussion, lectures, hands-on learning, and community placement.

The participants are individuals with various disabilities, including those with Intellectual Disabilities or Developmental Disabilities. ORS will begin to obtain statistics for both programs starting this month and report information as it is available in the upcoming quarterly reports.

ORS Applications:

To help reduce the burden of completing multiple applications, ORS and BHDDH have reviewed each other's applications and identified minimal commonalities between the two documents. The demographic information is the most similar but other sections do not meet the needs for ORS or BHDDH. If the two documents were merged, the O.R.S. 4-page document would now become a longer, more difficult application. ORS currently requires minimal information to complete its application, and counselors can meet with individuals to complete the form if necessary. ORS works with many individuals who have varying disabilities and it is not feasible to expand the form to incorporate sections from the BHDDH application.

However, ORS and BHDDH did identify ways to reduce the burden of applicants submitting or providing supporting documentation for eligibility or vocational services. BHDDH currently uses a successful information-sharing process between BHDDH and DHS. After reviewing the process, ORS agreed to utilize the same process with BHDDH. BHDDH has developed the tracking form that will be placed in SharePoint, and both ORS and BHDDH have identified a limited number of people who will have access to this file. The file will be checked twice a week by each agency. Although a Data Sharing Agreement is in place between the two agencies, ORS requires its counselors to obtain signed releases from the participants.

ORS Meeting Summary 6.5.23

Concrete plan to simplify application process.

1. Proposed adding check box on DD application, "Have you received services from ORS?". If yes, DD will obtain internally any documentation to support application process via a SharePoint repository.
2. If a participant expresses desire to be referred to ORS during any time of receiving active DD services, social caseworker will have process to internally refer directly to ORS via the SharePoint document. The same process applies for ORS individuals for which a DD referral may be appropriate.
3. If during any time of receiving services, the ORS worker or DD caseworker need to exchange documentation for coordination of services on behalf of the client, the request can be made in the SharePoint document.
4. The SharePoint spreadsheet will be monitored on a weekly basis to ensure timely responses.
5. Documents can be uploaded directly into SharePoint for immediate access by caseworkers.

Collaboration and Cross-Training with ORS

1. Ongoing Training for ORS workers to occur to focus on areas ORS has identified as most important for the workers to support family: Eligibility process, SIS process, and funding levels. Training to provide an overview of DD employment services.
2. ORS to provide overview of services to DD Social caseworkers.
3. First session to occur 6/26/23.
4. Follow up in person session for discussion and specific cases 7/11/23.
5. Quarterly check-ins with supervisory staff at each agency to provide updates and/or discuss any issues.
6. Ensure ORS has most updated version of the DD staff directory with Departmental Administrators to be sure workers can reach appropriate person in timely manner.
7. Ensure that DD has the most updated version of the ORS staff directory and liaison list for the DD Providers.

Revised Eligibility Letter 6-13-23

STATE OF RHODE ISLAND



Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES

6 Harrington Road – Simpson Hall
Cranston, RI 02920

TEL: (401) 462-3421

FAX: (401) 462-2775

Date

«ConsTitle» «ConsFN» «ConsMI» «ConsLN» «ConsLNSfx»

«ConsCareOf»

«ConsAdd1»

«ConsAdd2»

«ConsCty», «ConsState» «ConsZip»

Dear «ConsTitle» «ConsLN»«ConsLNSfx»:

You have been determined eligible for services from the Rhode Island Division of Developmental Disabilities (DD).

The DD services are funded by Medicaid. You must also be eligible for Medicaid Long Term Services and Supports (LTSS) through the Executive Office of Health and Human Services (EOHHS).

Your case has been assigned to: (name/phone number/ email address). Your social caseworker will call you within the next two weeks to help you with the next steps, including the LTSS application.

Sincerely,

Karen Lowell
Casework Supervisor II
Eligibility/PASRR Unit
(401) 462-2209

CC: File

«Cont1Name», «Cont1Agency»

«Cont2Name», «Cont2Agency»

«Cont3Name», «Cont3Agency»

**Revised Transition
Eligibility Letter
6-13-23**

STATE OF RHODE ISLAND



Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
DIVISION OF DEVELOPMENTAL DISABILITIES
6 Harrington Road – Simpson Hall
Cranston, RI 02920

TEL: (401) 462-3421
FAX: (401) 462-2775

Date

«ConsTitle» «ConsFN» «ConsMI» «ConsLN» «ConsLNSfx»
«ConsCareOf»
«ConsAdd1»
«ConsAdd2»
«ConsCty», «ConsState» «ConsZip»

Dear «ConsTitle» «ConsLN»«ConsLNSfx»:

You have been determined clinically eligible for services from the Rhode Island Division of Developmental Disabilities (DD).

DD services are funded by Medicaid. You must also be financially eligible for Medicaid Long Term Services and Supports (LTSS) through the Executive Office of Health and Human Services (EOHHS).

At age 20 or one year before your school exit you will be assigned a social worker who will help you with next steps, including the LTSS application. Until then, if you have any questions, please contact me at 462-1723 or Carolee.leach@bhddh.ri.gov

Sincerely,

Carolee Leach
Transition Coordinator

CC: File

«Cont1Name», «Cont1Agency»
«Cont2Name», «Cont2Agency»
«Cont3Name», «Cont3Agency»

ORS Application



*“Assisting eligible individuals with disabilities to choose, prepare for, obtain, advance in, and maintain employment.”
 “In partnership with American Job Center.*

Application & Initial Information for the Vocational Rehabilitation (VR) Program

Please fill out this application to the best of your ability. If you do not feel comfortable disclosing some of the information, you can complete the application when you meet with an ORS Counselor.

Name: _____
 (Last) (First) (Middle Initial)

Address: _____ Phone: _____

City/Town: _____ Zip: _____ Cell/Video Relay: _____

Date of Birth: _____ Sex: ____ Veteran: Y N E-mail Address: _____

Social Security #: _____ Emergency Contact: _____

Have You Previously Applied for VR Services: Y N Previous Name: _____

What is your disability? _____

What is your employment or career goal(s)? _____

How did you learn about VR? Who referred you? _____

Do you receive SSI SSDI (Attach award letter, if available.) Did you receive a Ticket to Work? Yes No

What transportation is available to you? Car Bus Other

Marital Status: Single Married Widowed Divorced Separated

Race: (Check all that apply) White Black/African American Asian Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native

Ethnicity (Check one): Hispanic/Latino Yes No

Do you speak English? Y No If no, what is the primary language spoken? _____

Have you currently been unemployed for more than 27 consecutive weeks? Yes No

Do you want to register to vote? Yes No Have you ever been convicted of a felony? Yes No

I am applying for Vocational Rehabilitation Services because I want to work, or maintain employment.

Signature: _____ Date: _____
 Parent or Guardian (if applicable) _____ Date: _____

Counselor receipt of application (ORS personnel only): _____

Your assistance in providing the information requested on the following pages will help speed up your eligibility and employment plan process. A Vocational Rehabilitation Representative can assist you in completing the information if you wish. Please contact (401) 421-7005 (Intake) or RI Relay at 711, if you need assistance to complete the form.
 En Espanol, (401) 462-7791.

WORK HISTORY (Most recent job and attach resume)

Employer Name and Address: _____

How did you get this job? _____

Hrs. per Week: _____ Dates Employed: _____ - _____ Hourly Pay: _____

Job Title/Skills: _____

Most Liked About Job: _____

Least Liked About Job: _____

Reason for Leaving Job: _____

EDUCATION & TRAINING

High School: _____ Highest Grade Completed: ____ Diploma: Y N Date: _____

Special Education Certification of Completion: Y N GED: Y N Date: _____

Special Education [IEP/504]: Y N Support Services provided: (e.g. technology, aide, etc.): _____

College: _____ Years Attended: _____ Degree Obtained: _____

Other Skills/Trainings: _____

Certification(s) Obtained: _____ (Date): _____

DISABILITY / MEDICAL CONDITION (What prevents you from working?)

Describe your limitations to employment: _____

Technology/Supports/Resources needed to work: _____

PHYSICIANS / HOSPITAL / MENTAL HEALTH / PSYCHOLOGIST / SOCIAL WORKER

PHYSICIANS/HOSPITAL/CLINIC Specialty Dates Of Service

Name(s) and Address: _____

MEDICATIONS/TREATMENTS Name/Type Dosage/Frequency



**DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ RI Relay – 711**

“Helping individuals with disabilities to choose, find, advance in, and keep employment”

CURRENT HEALTH AND FUNCTIONAL CAPACITIES SELF-ASSESSMENT

Please check the boxes that best fit

	AVERAGE	SOME PROBLEMS	COMMENTS
Using Transportation			
Walking			
Climbing			
Hearing			
Speaking/Conversing			
Reading			
Writing			
Mood/Attitude			
Stress			
Getting Along with Others			
Concentration			
Remembering			
Daily Life Routine			
Taking Medication			
Impulsivity			
Making Decisions			
Learning New Tasks			
Planning/Setting Goals			
Accepting Direction			
Punctuality			
Getting/Keeping a Job			
Sitting/Standing			
Bending			
Lifting/Pushing/Pulling			
Gripping/Holding Feeling			
Balance/Coordination			
Fatigue/Stamina			
Breathing/Allergies			
Vision			

Do you have any other barriers to employment not listed above? _____

Have you been hospitalized in the last two years? _____

Do you use? Tobacco Alcohol Drugs If yes, how much? _____

Do you have a history of dependency on? Alcohol Drugs Sobriety Date: _____

In planning for work, are you concerned with the loss of SSI/SSDI benefits? _____

This is the best estimate of my abilities and limitations.

Signature

Administrative Barriers-000104

Date



State of Rhode Island and Providence Plantations
Department of Human Services
Office of Rehabilitation Services

40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX
TDD (401) 421-7016 ~ Spanish (401) 462-7791

From: Murphy, Joseph

Sent: Wednesday, December 27, 2017 **Updated 11/1/21**

To: Albanese, Gina; Conti, Kelley; Gunther, Avis; OConnor, Emilee

Cc: Peters, Alicia; Palumbo, Jessica; Davis, Karen; Mulligan, Barbara; Fiske, Jennifer; Dimattia, Teresa; O'Brien, Teresa; Racine, Ronald

Subject: ORS referrals

Hello all,

When we met with the DD Social Workers in 2017, we came up with a referral process and criteria for them. This is a refresher, though we can have some flexibility!

Here are steps for we came up with BHDDH for referring clients to ORS. Hopefully, this will help simplify things. The BHDDH social worker can:

1. Identify a client they believe would be a good fit for ORS.
 - a. If the client has a DD provider, they can and should know referral process, and are aware of our process.
 - b. If they are not currently using a DD provider, ORS, BHDDH and client will need to meet to determine an appropriate provider.
 - c. The client wants to work at least 10+ hours a week.
 - d. The client is currently ready to seek employment.
 - e. The client can commit to participation in services.
2. Invite VR Counselor to ISP/CDP meeting. Counselor can consult on case prior to full application. The counselor can also determine if the client should move forward with an application.
3. The DD Provider can help the client and family complete application
 - a. Important: we need to have their social security number to enter them into our system.
 - b. The client and/or guardian (if applicable) must sign the application (first page, financial page and last page of self-assessment).
 - c. Any records/assessments/evaluations should accompany referral.
4. Submit the application to ORS, via email, mail or fax.



DEPARTMENT OF HUMAN SERVICES
 OFFICE OF REHABILITATION SERVICES
 40 Fountain Street ~ Providence, RI 02903
 401.421.7005 (V) ~

"Helping individuals with disabilities to choose, find and keep employment"

BHDDH Referral Form

Today's Date: _____

Name:		D.O.B.:	Age:
Social Security Number:		Phone Number:	
Address: (Street)		(City)	(Zip)
Referring Individual:	Agency:	Telephone/Fax Number:	

- Does the person/family speak English? Yes No If no, what language? _____
- Race/Ethnicity: _____
- Person lives with: Parent(s)? Yes No Legal Guardian? Yes No
- Name of person(s) residing with person or alternate living arrangements: _____
- Is person/guardian aware of the referral? Yes No
- Does person have a Career Development Plan? Yes No (if yes, please attach copy)

BACKGROUND INFORMATION:

- 1) Disability(s) _____
- 2) Learning Levels: Reading: _____ Writing: _____ Math: _____
- 3) Accommodations: _____
- 4) Obstacles: _____
- 6) What employment-related services have been, or will be, provided by the agency? _____
- 7) Are you aware of any behaviors that would impact the health and safety of potential worksites? _____
- 8) Are there any workplace duties that should be restricted due to safety or health concerns? Please provide details.

Please attach & check-off those documents from below that are included with this referral:

- | | |
|--|---|
| <input type="checkbox"/> Signed Release of Confidential Information | <input type="checkbox"/> Copy of Treatment Plan |
| <input type="checkbox"/> Copy of Psychiatric Evaluation | <input type="checkbox"/> Copy of Psychological Evaluation |
| <input type="checkbox"/> Copy of Social History | <input type="checkbox"/> Copy of Medication List |
| <input type="checkbox"/> MAPs | <input type="checkbox"/> All Available Employment Assessments |
| <input type="checkbox"/> Community Work Experience Summaries | |
| <input type="checkbox"/> Any other relevant reports (e.g. previous vocational evaluations, Audiogram, Speech /PT/OT reports) | |

For further information contact your Vocational Rehabilitation Counselor, at 462-