

Process

The State Submits the enclosed information with Respect to Process, in response to the Court’s December 6, 2022 Order regarding substantial compliance.

This section includes changes being made to the assessment process, the establishment of individuals having more control over their budgets, the implementation of Independent Facilitation, and an ongoing monitoring process. Implementing these changes will result in a more thorough assessment process that captures individuals’ needs in a more precise way. It will alleviate the need for many to submit requests for additional funding. The expansion to the set areas the SIS covers results in a more comprehensive evaluation process. This will help individuals get a budget that meets their support needs in a more comprehensive way.

The new evaluation process coupled with the Independent Facilitator will help individuals be able to access the services they need to support the life they want. Additionally, there will be check-ins with individuals to ensure they are receiving the services they want delivered in a way that helps them attain their goals. There will be training to ensure that all these changes are implemented in a consistent manner. The end result should be significant changes that enhance individuals’ experience in the adult DD system.

Court Order Required Actions	Required Documentation	Responsive Documentation
Develop and implement the revised process for assessing individual needs, developing individualized budget allocations, independent facilitation of person-centered plans.	Written description of revised process (all steps) – technical and plain language versions	<p>Process-000001 to Process-000039</p> <ul style="list-style-type: none"> • Draft Guide to the BHDDH Assessment Process • Additional Needs and Support Questionnaire Guidance • Additional Needs and Support Questionnaire Process • Additional Needs and Support Questionnaire
	Specific strategies for explaining process to individuals, families, providers	<p>Process-000040 to Process-000041</p> <ul style="list-style-type: none"> • Communications Plan <p>Process-000001 to Process-000002</p> <ul style="list-style-type: none"> • Draft Guide to the BHDDH Assessment Process <p>Process-000042 to Process-000077</p> <ul style="list-style-type: none"> • RI Draft Individual Budget Booklet • SIS Training Protocol • DD PowerPoint Presentation

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		<ul style="list-style-type: none"> • AAIDD Training Documents • SIS-A Respondent Guide • BHDDH Narrative
	Schedule for rolling out revised process – beginning in July, 2023	Process-000078 to Process-000081 <ul style="list-style-type: none"> • SIS-A Procedural Steps • Individual Meeting Process
Revise the SIS Algorithm.	Description of revised algorithm	Process-000040 to Process-000041: Communications Plan
	Schedule for implementation – (a) systems components, (b) individual budgets	Process-000078 to Process-000079: SIS-A Procedural Steps
Develop specific strategies and funding amounts to provide additional funding to address medical and behavioral needs.	Strategy for determining the amount of funding to be added to core budget from supplemental questions	Process-000078 to Process-000079: SIS-A Procedural Steps
	Training curriculum (topics, materials) and guidance for SIS team to ensure accurate interpretation	Process-000078 to Process-000079 <ul style="list-style-type: none"> • SIS-A Procedural Steps Process-000003 to Process-000004 <ul style="list-style-type: none"> • Additional Needs and Support Questionnaire Guidance
Develop and implement a statewide system for providing independent facilitation for all individuals with IDD.	Written description of the model for providing independent facilitation to ALL individuals with IDD – technical version, plain language version	Process-000070 to Process-000077: BHDDH Narrative.
	MOUs (or contracts) with one or two vendors;	Process-000070 to Process-000077: BHDDH Narrative.
	Documentation of vendor experience with individuals with IDD;	Process-000070 to Process-000077: BHDDH Narrative.
	Registry of facilitators for each vendor;	Process-000070 to Process-000077: BHDDH Narrative.
	Curriculum – topics and materials, list of possible trainers;	Process-000082 to Process-000085: CFCM Training Sample Framework for Curriculum IDD
	Alternate training materials;	See above
	List of strategies (or materials) for annual assessment of life domains;	Process-000070 to Process-000077: BHDDH Narrative.
	Schedule for roll-out to ensure that all individuals are referred to a facilitator before their next ISP date;	Process-000086 to Process-000087: Independent Facilitation Narrative

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	Strategies for referring/connecting individuals with facilitators;	Process-000086 to Process-000087: Independent Facilitation Narrative
	Communication to individuals/families explaining the model for needs assessment, facilitation, person-centered plans (including employment and community participation), individual budgets, flexible use of budgets, assessment of life changes and outcomes.	Process-000001 to Process-000002: Draft Guide to the BHDDH Assessment Process
	The Court assumes there will be technical materials and plain language materials.	Process-000086 to Process-000087: Independent Facilitation Narrative
Interviews with individuals/families to identify additional funding and/or support needed to implement person-centered plan and promote employment and community participation.	Interview script – assumption that most of the interview will be open-ended	Process-000080 to Process-000081: Individual Meeting Process
	Description of who will do the interviews	Process-000080 to Process-000081: Individual Meeting Process
	Training (topics, materials) and guidance for interviewers to ensure accurate interpretation	Process-000078 to Process-000079: SIS-A Procedural Steps
	Guidance (technical and plain language versions) to individuals, families, others explaining how interview requests will result in additional funds	Process-000001 to Process-000002: Draft Guide to the BHDDH Assessment Process
Develop and implement individual budgets that reflect needs identified by each of the three levels of needs assessment.	List of what will be included in the core budget – service descriptions, amounts	Process-000042 to Process-000050 <ul style="list-style-type: none"> • Draft RI Individual Budget Booklet Process-000070 to Process-000077 <ul style="list-style-type: none"> • BHDDH Narrative Process-000088 to Process-000102 <ul style="list-style-type: none"> • Draft Guide to Services - plain language • BHDDH Service Definitions • Tier Package Summary FY24 with Comparison to FY23

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	List of additional services (e.g., employment, peer-to-peer training) that can/will be in second portion of budget – service descriptions, amounts	Process-000042 to Process-000050: RI Draft Individual Budget Booklet
	Written explanation (technical and plain language versions) re: how to access the services in second portion of budget	Process-000042 to Process-000050: RI Draft Individual Budget Booklet Process-000103 to Process-000145: Draft Billing Manual
	Written policy explain flexibility within the budget	Process-000042 to Process-000050: RI Draft Individual Budget Booklet
	Plain language explanation for individuals/families of how this process increases their control of their own budget and services	Process-000042 to Process-000050: RI Draft Individual Budget Booklet
	Plain language explanation for individuals and families of how to access and use services to increase employment and community participation	<ul style="list-style-type: none"> • See above Draft RI Individual Budget Booklet • Draft Guide to Services -plain language
Provide information to all service recipients re: implementation of annual budget allocations.	As above	<ul style="list-style-type: none"> • Process-000042 to Process-000050: RI Draft Individual Budget Booklet • Process-000088 to Process-000100: Draft Guide to Services -plain language
Implement the process for distributing quarterly statements	Template for quarterly reports and two examples	Process-000146 to Process-000151 <ul style="list-style-type: none"> • Sample Quarterly Letter Redacted Qtr 9-30-23 • Sample Quarterly Letter Redacted Qtr 12-31-23
	Specific strategy for how these will be distributed	Process-000070 to Process-000077: BHDDH Narrative.
Specifically identify and differentiate funding source for independent facilitation, support brokerage and the logistics components of ISP implementation done by service providers.	Written clarification (technical and plain language versions) clarifying each of these components. The expectation of the Court is that provider agencies will continue to receive funding for the logistics of plan implementation (e.g., case management).	Process-000086 to Process-000087: Independent Facilitation Narrative
Methodology for measuring individual	The tool or strategy to be used to measure life outcomes	Process-000070 to Process-000077: BHDDH Narrative.

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outcomes will be developed and implemented as a component of the annual review.	Who will do it – training and guidance	Process-000070 to Process-000077: BHDDH Narrative.
	Written explanation of how data will be used – (a) to influence state policy and (b) to target individual plans.	Process-000070 to Process-000077: BHDDH Narrative.

**Draft Guide to the
BHDDH Assessment
Process**



Guide to the BHDDH Assessment Process

BHDDH will change the way it learns about the strengths and needs of participants. BHDDH will do this by asking different questions when they meet with participants. The first set of questions will be asked using an updated *“Supports Intensity Scale-Adult Version (SIS-A 2nd edition).”* The second set of questions will be asked using a new survey called the *“Additional Needs and Support Questionnaire.”* Participants will meet with a BHDDH social worker to complete both surveys.

The participant will be invited to a second meeting with the BHDDH social worker one week later. This meeting is called the *“individual meeting”* and it is optional. The individual meeting will help the BHDDH social worker understand what the participant needs to be even more successful in the community.

The participant and BHDDH social worker will review the survey answers during the individual meeting to make sure all the participant’s support needs are identified. The BHDDH social worker will ask the participant if there are any other areas of need that the survey questions missed. The BHDDH social worker will also ask the participant about any help they get from people at home and in the community.

The BHDDH social worker will share the survey answers and notes from the individual meeting with the BHDDH review committee. The review committee will decide the funding award the participant will get to pay for services. BHDDH will send the participant a letter with the funding amount.

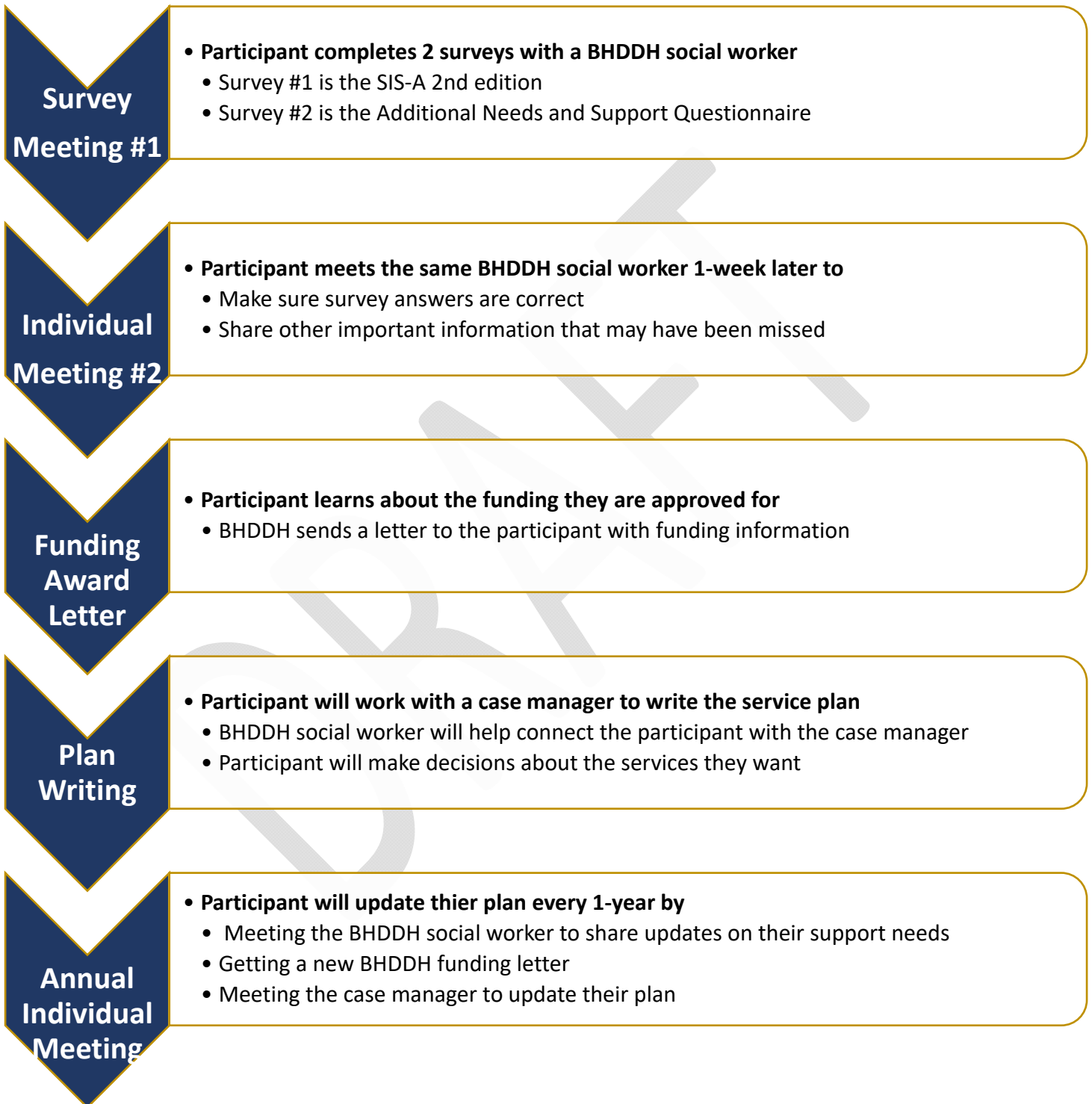
The participant will then be connected to a conflict free case manager. The case manager will work with the participant to write the service plan. The participant will make many decisions about their service plan like what services they want, how and where they want to get the services, and how often they want services.

The participant will meet the BHDDH social worker once a year after they start getting services. This meeting is called the *“annual individual meeting.”* The annual individual meeting will be scheduled 120-days (or 3.5-months) before the service plan expires. The BHDDH social worker will ask the participant for updates on their needs, and they may ask the participant to complete the SIS-A 2nd edition and additional needs support questionnaire again. The BHDDH social worker will share what they learn about the participant with the BHDDH review committee to approve the participant’s service funding for the year. The participant will work with the case manager to update their service plan for the year.



Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Division of Developmental Disabilities

The figure below is an overview of the BHDDH assessment process:



**Additional Needs and
Support
Questionnaire
Guidance**

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Additional Needs and Supports Questionnaire

Guidance Document

Purpose: The purpose of this document is to define and provide examples and/or parameters of the support areas assessed within in the SIS-A Additional Needs and Supports Questionnaire.

Support Areas of Need Category Definitions:

- **Criminal involvement/ sexualized behaviors/ fire setting (up and above SIS score of 2):**
 - Conditions of probation
 - Evaluations and terms of evaluations, i.e., fire setting evaluation, sex offender evaluation, etc.
 - Nature of charges, when did charges occur, repeat offender
 - Sexualized behavior outside of criminal involvement, allegations (charges not sought), or charges dismissed
 - Social media, texting, sending inappropriate pictures/messages
 - Any form of harassment/stalking
 - Staffing needs for safety in all environments and shifts.

- **Co-occurring Alzheimer's/ Dementia diagnosis:**
 - Confirmed diagnosis with documentation
 - Degree of cognitive decline and/or memory decline
 - Diagnostic testing, i.e., neuropsychological testing, etc.
 - Symptom management, to include but not limited to:
 - Combative
 - Assaultive
 - ADLs
 - Gait
 - Wandering
 - Sundowning
 - Ability to continue to reside safely in current environment
 - Staffing needs for safety in all environments and shifts

- **Co-occurring Behavioral Health diagnosis:**
 - Confirmed diagnosis
 - Level of treatment compliance and engagement
 - If present, is there an impact to daily living. If so, describe impact and supports needed for the following:
 - Psychosis (paranoia, delusions, hallucinations)
 - Self-injurious behavior
 - Suicidal ideation
 - Homicidal ideation
 - Staffing needs for safety in all environments and shifts

- **Exceptional behavioral need:**
 - Physical aggression (contact made)
 - Physical aggression resulting in injury
 - Property destruction
 - Staffing needs for safety in all environments and shifts. (Up and above SIS score of 2)

- **Exceptional communication need:** Interpreter needed (ASL/CDI).

- **Exceptional medical need:**
 - Skilled or non-skilled nursing care and tasks
 - Dr.'s note for skilled nursing
 - Staffing needs for safety in all environments and shifts. (Up and above SIS score of 2)
 - Are nursing supports funded through another state program or health insurance

- **Exceptional circumstances (caregiver/ environment):**
 - Elderly caregiver
 - Loss of primary caregiver
 - Medical/other decline of caregiver
 - Change in living environment due to loss/change of caregiver
 - Changes to caregiver/environment that impacts supports/functioning daily

**Additional Needs and
Support
Questionnaire Process**

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

Additional Needs and Support Questionnaire Process

The Additional Needs and Support Questionnaire will be administered by a BHDDH certified Supports Intensity Scale (SIS) social case worker (SCW). The questionnaire will be administered immediately 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 questionnaire during the SIS-A meeting, immediately following the SIS-A.
2. SIS SCW completes the questionnaire template at the time of the meeting.
3. SIS SCW conducts the Individual Meeting within one week of the meeting. (See attached Individual Meeting process).
4. SIS SCW uploads information received from the questionnaire and Individual meeting to the internal database for committee review.
5. Additional Questionnaire Committee review SIS-A, Additional Needs and Support Questionnaire, and Individual Meeting information to determine whether supplemental funding is necessary. The individual will receive written communication of the committee determination.
6. SIS SCW forwards information received from questionnaire to the 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 Additional Needs and Support Questionnaire:

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 process occur during one meeting. (See attached Individual Meeting process).
4. SIS SCW uploads information received from the questionnaire and Individual Meeting to internal database for committee review.
5. Additional Questionnaire Committee reviews SIS-A, Additional Needs and Support 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 questionnaire 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.

Additional Needs and Support Questionnaire



Additional Needs and Support

Division of Developmental Disabilities



* Required

* This form will record your name, please fill your name.

Overall Interview Information

1. Is this for Data Entry or Committee Review? *

Data Entry

Committee Review

Interview Information

2. First Name of Interviewee *

3. Last Name of Interviewee *

4. Interviewee Date of Birth



5. Name of Interviewer *

6. Date of Interview *



Criminal Involvement/ Sexualized Behaviors/Fire Setting

7. Criminal Involvement/ Sexualized Behaviors/Fire Setting *

Yes

No

8. What are support needs? *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

9. Who helps with those support needs? *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

10. Who helps with those support needs? *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

11. Where are supports needed? *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

12. How often? *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

13. Indicate where and how often supports are needed. *

Criminal Involvement/ Sexualized Behaviors/Fire Setting

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Number of hours/days/weeks (from previous question). *

The value must be a number

Co-Occurring Alzheimer's/ Dementia Diagnosis

15. Co-Occurring Alzheimer's/ Dementia Diagnosis *

Yes

No

16. What are support needs? *

Co-Occurring Alzheimer's/ Dementia Diagnosis

17. Who helps with those support needs? *

Co-Occurring Alzheimer's/ Dementia Diagnosis

18. Who helps with those support needs? *

Co-Occurring Alzheimer's/ Dementia Diagnosis

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

19. Where are supports needed? *

Co-Occurring Alzheimer's/ Dementia Diagnosis

20. How often? *

Co-Occurring Alzheimer's/ Dementia Diagnosis

21. Indicate where and how often supports are needed. *

Co-Occurring Alzheimer's/ Dementia Diagnosis

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Number of hours/days/weeks (from previous question). *

The value must be a number

Co-Occurring Behavioral Health Diagnosis

23. Co-Occurring Behavioral Health Diagnosis *

Yes

No

24. What are support needs? *

Co-Occurring Behavioral Health Diagnosis

25. Who helps with those support needs? *

Co-Occurring Behavioral Health Diagnosis

26. Who helps with those support needs? *

Co-Occurring Behavioral Health Diagnosis

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

27. Where are supports needed? *

Co-Occurring Behavioral Health Diagnosis

28. How often? *

Co-Occurring Behavioral Health Diagnosis

29. Indicate where and how often supports are needed. *

Co-Occurring Behavioral Health Diagnosis

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Number of hours/days/weeks (from previous question). *

Exceptional Behavioral Need

31. Exceptional Behavioral Need *

Yes

No

32. What are support needs? *

Exceptional Behavioral Need

33. Who helps with those support needs? *

Exceptional Behavioral Need

34. Who helps with those support needs? *

Exceptional Behavioral Need

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

35. Where are supports needed? *

Exceptional Behavioral Need

36. How often? *

Exceptional Behavioral Need

37. Indicate where and how often supports are needed. *

Exceptional Behavioral Need

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Number of hours/days/weeks (from previous question). *

Exceptional Communication Need

39. Exceptional Communication Need *

Yes

No

40. What are support needs? *

Exceptional Communication Need

41. Who helps with those support needs? *

Exceptional Communication Need

42. Who helps with those support needs? *

Exceptional Communication Need

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

43. Where are supports needed? *

Exceptional Communication Need

44. How often? *

Exceptional Communication Need

45. Indicate where and how often supports are needed. *

Exceptional Communication Need

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Number of hours/days/weeks (from previous question). *

Exceptional Medical Need

47. Exceptional Medical Need *

Yes

No

48. What supports are needed? *

Exceptional Medical Need

49. Who helps with those support needs? *

Exceptional Medical Need

50. Who helps with those support needs? *

Exceptional Medical Need

- Staff
- Family
- Community
- Interpreters
- Parents
- RN
- CNA
- Other

51. Where are supports needed? *

Exceptional Medical Need

52. How often? *

Exceptional Medical Need

53. Indicate where and how often supports are needed. *

Exceptional Medical Need

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Number of hours/days/weeks (from previous question). *

Exceptional Circumstances (caregiver/environment)

55. Exceptional Circumstances (caregiver/environment) *

Yes

No

56. What are support needs? *

Exceptional Circumstances (caregiver/environment)

57. Who helps with those support needs? *

Exceptional Circumstances (caregiver/environment)

58. Who helps with those support needs? *

Exceptional Circumstances (caregiver/environment)

- Staff
- Family
- Community
- Interpreters
- Parents
- Other

59. Where are supports needed? *

Exceptional Circumstances (caregiver/environment)

60. How often? *

Exceptional Circumstances (caregiver/environment)

61. Indicate where and how often supports are needed. *

Exceptional Circumstances (caregiver/environment)

	Hourly	24/7	Weekly	Monthly	Yearly	N/A
All Environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. Number of hours/days/weeks (from previous question). *

Documentation Checklist

*Interviewer will request all that apply. A minimum of one month of progress notes should be requested.
Electronic records are preferable and may be sent to the SIS Supervisor via secure email.*

63. Documentation Checklist

Select all that apply: *

- Medical Care Plan
- Behavior Plan (with data)
- Tests/diagnostics
- Neurocognitive testing
- Psychiatric assessment
- Nursing progress notes
- Physician progress notes
- Therapy notes
- MD Narrative of hospital course
- Risk assessment (i.e., sex offender, fire setting evaluation)
- Competency Evaluation
- Incident Report
- Police report

Committee Review

64. Committee Meeting Date *



65. Who is present for the committee? *

66. First Name of Person being Reviewed *

67. Last Name of Person being Reviewed *

68. Date of Birth of Person being Reviewed *



69. Supplemental Funding? *

Yes

No

Service Approval Information

70. Supplemental Funding Service Approval *

- Residential
- Day
- Employment
- Professional Services
- Transportation
- Respite
- 1 to 1
- Community Based Supports
- Full Tier Approval

71. Funding Approval *

- No
- Tier B
- Tier C
- Tier D
- Tier E
- Other

72. Total Hours Approved *

The value must be a number

73. Total Dollars Approved (Only Number) *

The value must be a number

74. Start Date of Approval *



75. End Date of Approval *



76. Is there another Supplemental Funding Service Approval? *

Yes

No

Existing S-110

77. Existing S-110? *

Yes

No

78. Supplemental Funding Service Approval *

Residential

Day

Employment

Professional Services

Transportation

Respite

1 to 1

Community Based Supports

79. Start Date of Approval *



80. End Date of Approval *



Existing S-107

81. Existing S-107? *

Yes

No

82. Supplemental Funding Service Approval *

Residential

Day

Employment

Professional Services

Transportation

Respite

1 to 1

Community Based Supports

83. Start Date of Approval *



84. End Date of Approval *



This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Communications Plan

Note: All communications will need to be translated into Spanish and alternate formats including ASL versions

Communication	Audience	Type/Format	Objectives	Content	Schedule	
Resources for Self-Direction	Self-Directed individuals	Online hub with information and discussion boards, ability to provide feedback	Ensure individuals who self-direct and their families and staff have the information they need to self-direct, understand how the Consent Decree affects them, and what services and resources are available to them.	Copy of Consent Decree and plain language explanation; List of FIs, and support brokers, and who to contact for a plan writer; Training materials on topics relevant to self-direction; Examples of what makes a good person-centered plan; ISP requirements; Other resources;	Updated as needed	Heather
Training for Self-Direction	Self-Directed individuals, staff, and families	In-person, virtual, video	Ensure individuals who self-direct and their families and staff have the information and training they need to self-direct	Intro to SD - What is self-direction? Is self-direction right for me? Orientation to SD - how to get started; Program and Medicaid rules and responsibilities; Role of the FI and Role of Support Broker; Budget development; Consent Decree requirements and how it affects people who self-direct; Staff management; Conflict resolution; Reporting incidents; Person-centered planning; Employment First;	Offer quarterly	Heather
Consent Decree Requirements and Updates	All participants, families, providers, staff	Printed materials, website, videos, mailings, newsletters	Ensure the DD Community understands the Consent Decree, what it means for them, and the status of related activities	Copy of Consent Decree and plain language explanation; Status updates including data snapshots; Ensure all DD participants, especially those receiving Adult Day Services outside of the DD system, understand the services they are able to access.	Monthly and as needed	Peter
System changes	All stakeholders	Newsletters, public forums, website and printed materials	Ensure the DD Community is kept informed on changes underway in the DD system, including those related to CFCM, rate changes, transformation grants, and other initiatives	Plain language updates with impact/what does this mean for me? explanation. Specific content to be developed for various topics. Some are detailed below.	Monthly newsletter and as needed	Anne
System Change: Changes in rates, service definitions, and processes	All participants, families, providers, staff	In-person/virtual meeting; printed materials, website, videos, mailings, newsletters	Ensure the DD Community understands the impact of rate changes, new services, and new processes, including individual budgets	Explain new rates and services, explain changes to existing services and why some services are ending or rolling into a new service	Begin in Spring 2023 through full implementation	Anne
System Change: Implementation of Individual Budgets	All participants, families, providers, staff	Trainings, workshops, in-person/virtual meetings, printed materials, website, newsletters	Ensure the DD Community understands how to develop and manage individual budgets. Ensure that DD participants understand the control they have over how they spend their funding.	What is an individual budget? Explain which parts of the budget are within the individual's control and which are set (e.g. group home and SLA payments are set and cannot be diverted to another service). Explanation and coaching on developing and managing a budget.	Trainings/Workshops/Meetings begin in Spring 2023 and continue monthly through FY24 then evaluate needed schedule; Train CFCM staff to assist participants; Other materials developed by 7/1/2023 and updated as needed. Updates and tips on individual budgets in newsletters at least quarterly, with links to materials/videos in newsletter resources each issue.	Anne
Internal training of staff	DD staff	Training, printed materials	Ensure DD staff understand new processes and roles due to system changes, role changes, and ongoing staff development	To be determined as new roles are developed.	Ongoing	Kelly

Communication	Audience	Type/Format	Objectives	Content	Schedule	
Lived experience	Participants and families	Printed materials, website, videos, newsletters	To supplement and promote peer to peer supports, develop communications to share stories and examples of what peers (individuals and/or families) are doing.	Stories of what is possible, improvements in people's lives, community connections, employment outcomes, etc. Ensure a wide range of disabilities are included. Ensure representation of various cultures and geographic areas. Reflect reality and include challenges, not just success stories. Look for and discuss decision points, reflect uniqueness of each story while drawing out lessons learned.	TBD as stories are developed.	
Employment	Provider employment staff	Standards and informational materials	To ensure job developers are properly informed in how to engage with employers and have standard information to share with employers	How to approach employers; Supported employment and customized employment; What does it mean to hire someone with I/DD (myths and reality); Job Fading and retention; Accommodations;	Begin in Summer 2023	employment
Employment	Employers	Informational materials	To ensure employers receive consistent information about hiring people with I/DD	Supported employment and customized employment; What does it mean to hire someone with I/DD (myths and reality); Accommodations;	Begin in Summer 2023	employment
Outreach re: employment	Participants seeking jobs	In-person or virtual discussions, follow up printed materials, videos	Work with individuals to understand employment options, understand and address their barriers to employment	Inform individuals of options for looking for jobs, discuss opportunities and approaches to finding a job through efforts like the Jobseekers Club	Ongoing	employment
Outreach re: employers	Employers and general population	Printed materials, videos	Promote the DD population as an untapped workforce	DD will coordinate messaging about hiring people with I/DD	TBD	employment
Outreach re: transition	Youth in transition and their families	In-person or virtual discussions, follow up printed materials, videos	Work with individuals and families to understand the transition process and make transition smoother	Transition guide, timeline, employment	Ongoing	Kelly
Guidance	Participants, families, providers	Printed materials, videos	Explain DD requirements and options to the DD community and ensure consistency of messaging.	TBD. Review technical bulletins for staff and plain English options (formerly InfoBriefs). Ensure quality standards are addressed.	TBD	Peter
Billing Guide	Providers	Print	Explain new rates and services	Approved services, rates, billing codes, how to bill, Medicaid rules, etc.	Completed by 7/1/2023	Amethys
Guide to services and funding	Participants and families	Print, video	Plain English, simplified approach to the billing guide to explain services and rules to participants, with addition of other services	Billing Guide information for participants with information on ORS and DLT funding and how/when the funding can be sequenced	Completed by 7/1/2023	blending guide from ORS/Jay

RI Draft Individual Budget Booklet

Rhode Island
Division of Developmental Disabilities



YOUR GUIDE TO INDIVIDUAL BUDGETS

Draft June 2023

Process-000042

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 menu of services available,
- Reshaping 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 supports.

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 supports, 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
4. Other relevant information you provide

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 DO BUDGET CALCULATIONS?

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 supports you need and the type of support needed to reach your goals.

You will talk about how many hours you need of 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 individuals 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 supports budget and those services that can be added on.

Individual Supports Budget Services

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

PLANNING IN ACTION

Meet Kai

Kai is 25-years-old and lives on Oahu in a licensed residential home. Kai has been attending an ADH program 3 days a week, 6 hours a day. She had a SIS® assessment earlier this year and was assigned to supports level 2. Since she is in Cohort 1, she will get an individual supports budget this year.

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

Even though Kai likes going to ADH, she would like to find more things to do outside, especially things that help her stay active and healthy. Her group of high school friends is really important to her and she stays in contact with them mostly through social media. She would like to work but isn't sure what type of job she wants. She can do many things for herself, but does need support with preparing meals, getting around town, and remembering to take her medication. Kai's Case Manager works with Kai and her Circle of Supports to choose how many hours of each service she needs within her individual supports budget range which is between \$16,938 - \$22,584.

Based on what was shared during her ISP meeting, here are Kai'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 Kroc Center and back home.
- Identify my personal skills, strengths, interests and workplace options that will assist me in finding a job of my choice.

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

Services	Goal	Number of Hours
Adult Day Health (ADH)	Learn technology and social media	18 hours/week
Community Learning Service - Group	Physical activity with a group	6 hours/week
Community Learning Service– Ind.	Learn public transit	5 hours/week
Add-on: Discovery & Career Planning	Explore skills & interests	20 hours/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.

My vision for a good life is:

Things I don't want:

Things I'm good at:

My circle of family, friends, and others:

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 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. For example, Discovery is limited to 6 months.

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.

Waiver Emergency Services (crisis mobile outreach and out-of-home stabilization) will continue to be available on an as needed basis.

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:

SIS Training Protocol



STATE OF RHODE ISLAND
Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES

6 Harrington Road – Simpson Hall
Cranston, RI 02920

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

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Supports Intensity Scale Training Protocol for
Developmental Disability Organizations, Schools, and Families

- 1) Supports Intensity Scale (SIS) supervisor schedules training
- 2) Upon scheduling the training, the SIS supervisor requests questions ahead of the meeting
- 3) Training layout
 - a) Introductions
 - b) Overview of SIS
 - c) History of SIS with BHDDH
 - d) Certification process
 - e) SIS utilized worldwide
 - f) Standardized tool
 - g) American Association on Intellectual and Developmental Disabilities (AAIDD) intended purpose of the SIS to be utilized for ISP development
 - h) Role of respondent and interviewer
 - i) AAIDD training documents (attached)
 - j) SIS-A Respondent Guide (attached)
 - k) Train on SIS preparation
 - i. How to approach questions
 - ii. Supportive documentation
 - l) Review and provide training on questions submitted prior to meeting
 - m) Discuss case specific areas within the SIS which attendees express need for clarification, or the SIS unit has observed to be challenging for the attendees
 - n) Review Additional Needs and Support Questionnaire (attached)
 - o) Q&A

DD PowerPoint Presentation



Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)



Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) is responsible for planning, funding and overseeing a community system of services and supports for adults with developmental disabilities. Those services include supported employment, integrated day activities, community supports, transportation, respite and residential services.

Eligible participants have an array of options available through services with licensed service providers and/or the option of self-directed supports.



Who is Likely Eligible?

Individuals with a diagnosis and supporting documentation of any of the following:

- Intellectual Disability (formerly MR) – w/ consistent IQ scores below 70
- Autism Spectrum d/o – w/ significant impact on ADL's
- Severe Physical Disabilities – w/ significant impact on Mobility and ADL's
- Severe Sensory Disabilities – w/ significant impact on ADL's
- Other Developmental Disabilities – w/ significant impact on ADL's
- RI General Law regarding eligibility for DD services
<http://webserver.rilin.state.ri.us/Statutes/TITLE40.1/40.1-21/40.1-21-4.3.HTM>



How to Apply

Applications for DD services are located on our website at
<https://bhddh.ri.gov/developmental-disabilities/eligibility-and-application>

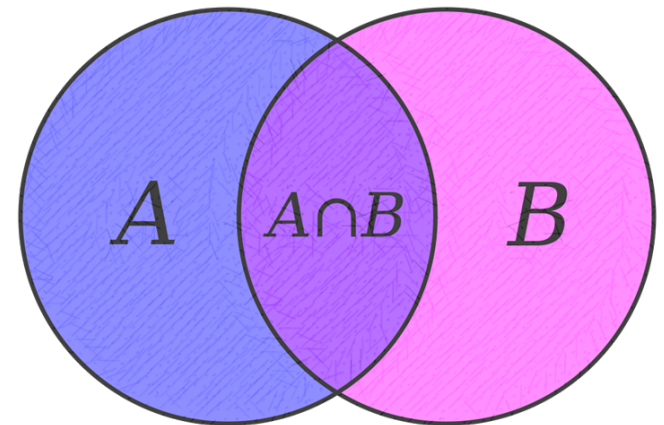


Application can be completed online but then must be printed and mailed **along with the supporting documentation** which includes:

- **Official diagnosis** by medical doctor, psychologist, or licensed clinician (*Please submit all available diagnosis documents*)
- **Intelligence/Cognitive Tests:** These tests, such as the Wechsler or Stanford-Binet, assess the applicant's intellectual/cognitive ability and generate IQ scores (*Please submit tests from last 5 years*)
- **Vocational records** through school, Office of Rehabilitative Services, or other agency
- **Medical history** and most recent physical examination records documenting a medical disability, only if applicable
- **Psychiatric records** including any psychiatric hospitalizations, if applicable
- Any other agency records that document the applicant's abilities and limitations, such as but not limited to CEDAR, PASS, HBTS reports

Dual DD and BH Diagnosis

- If an individual has both a severe developmental disability and a severe and persistent mental illness, it is essential to apply separately to each program.
- The application process and supporting documentation is different for each.
- If you are applying to both programs, please note that on the both the DD and BH applications.



Additional Information



- Application to DDD and engagement in services thereafter are voluntary. New applications are submitted by the individual/guardian directly. The individual/guardian can contact the eligibility unit to request their case be re-opened at anytime following case closure.
- An individual applying for DDD services must also apply for Social Security benefits if they have not already been found eligible. DD services are funded through Medicaid and residential services are partly funded through Social Security.
- An individual with an immigration status still pending can apply and be determined eligible but their immigration status needs to be clarified prior to services commencing. Most legal residents need to complete a five-year waiting period.
- If you have any questions throughout this process, please contact us and we will answer any questions.

Transition Age Youth Age 14-22

- Individuals with Disabilities Education Act (IDEA)
- School District Transition programs/services
- DDD participation in IEP meetings
- Introduction to adult services
- Assignment of social worker
- Extended hospitalization and education



Supports Intensity Scale (SIS-A)

Once an individual has been determined eligible for DD services, a referral is made to complete a Supports Intensity Scale.

The Supports Intensity Scale (SIS-A) is a tool that is used to measure supports required for individuals with intellectual and developmental disabilities.

The assessment is done during an interview with individuals and the people who know them well.

Rhode Island uses the SIS-A to determine service needs which assists in determining levels of funding for individuals.



Tier Levels

- ▶ **Tier A** – Mild support needs. Capable of managing aspects of life independently. Do not receive 24/7 supports.
- ▶ **Tier B** – Moderate support needs. Require more support than Tier A, but generally minimal in many life areas. May require 24/7 paid supports via SLA based on clinical need.
- ▶ **Tier C** - Medical/behavioral needs requiring significant support. Eligible to receive 24/7 residential supports through either SLA or GH. Setting based on clinical need.
- ▶ **Tier D** – Exceptional medical need requiring maximum assistance to meet extensive physical supports needs and personal hygiene. Eligible to receive 24/7 residential supports through either SLA or GH. Setting based on clinical need.
- ▶ **Tier E** – Exceptional behavioral need requiring extraordinary behavioral supports and 1:1 supervision for significant portion of the day. Eligible to receive 24/7 residential supports through either SLA or GH. Setting based on clinical need.

Case Management



Every eligible individual is assigned to a social caseworker in one of four case management units. The DDD SCW is the primary contact within the Division and can assist with:

- Information on available services through either a licensed service provider, self-directed services, or a combination of service options
- Identification of natural supports and community resources
- Crisis management

Residential

The Division seeks to provide residential services in the least restrictive environment as clinically indicated.

An individual must meet criteria for residential need which includes, but is not limited to the following:

- Meet clinical requirements of 24-hour level of care in a community setting
 - Extraordinary medical need requiring medical supports
 - Extraordinary behavioral need requiring 1:1 supervision for significant portion of the day
- Hospitalized - unable to return home/less restrictive environment due to clinical need
- Primary caregiver unable to meet clinical need
- Meet assessed level of need via Tier level for residential setting
- Does not require a higher level of care, i.e., hospital, SNF, etc.



Residential

The DD Residential Team will conduct a clinical review to determine the appropriate level of care in the least restrictive environment.

Residential options include:

- Shared Living Arrangement (SLA)
- Group Home
- Supported Apartment

The DD Residential Team will work with the assigned DD SCW and other involved parties to secure and coordinate placement as clinically indicated.



Contact Info

The Division of Developmental Disabilities is located at:
Simpson Hall - 6 Harrington Rd, Cranston, RI 02920

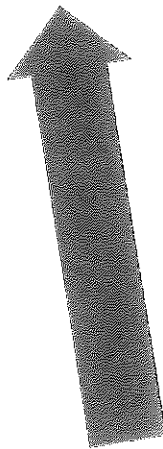
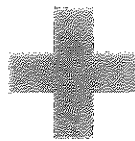
- **Eligibility Supervisor** – Karen Lowell
karen.lowell@bhddh.ri.gov or 462-2209
- **SIS-A Supervisor** – Donna Standish
donna.standish@bhddh.ri.gov or 462-2628
- **Administrator, Residential Services**– Melissa Greenlief
melissa.greenlief@bhddh.ri.gov or 462-2459
- **Administrator, Transition Services** – Susan Hayward
susan.hayward@bhddh.ri.gov or 462-2519



AAIDD Training Documents

Supported Success

Person

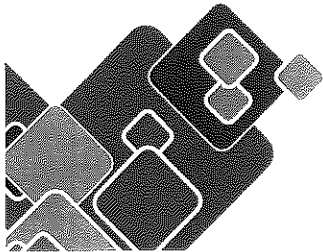


Fully Engaged in Adult Life Activities

Extraordinary Help From Another

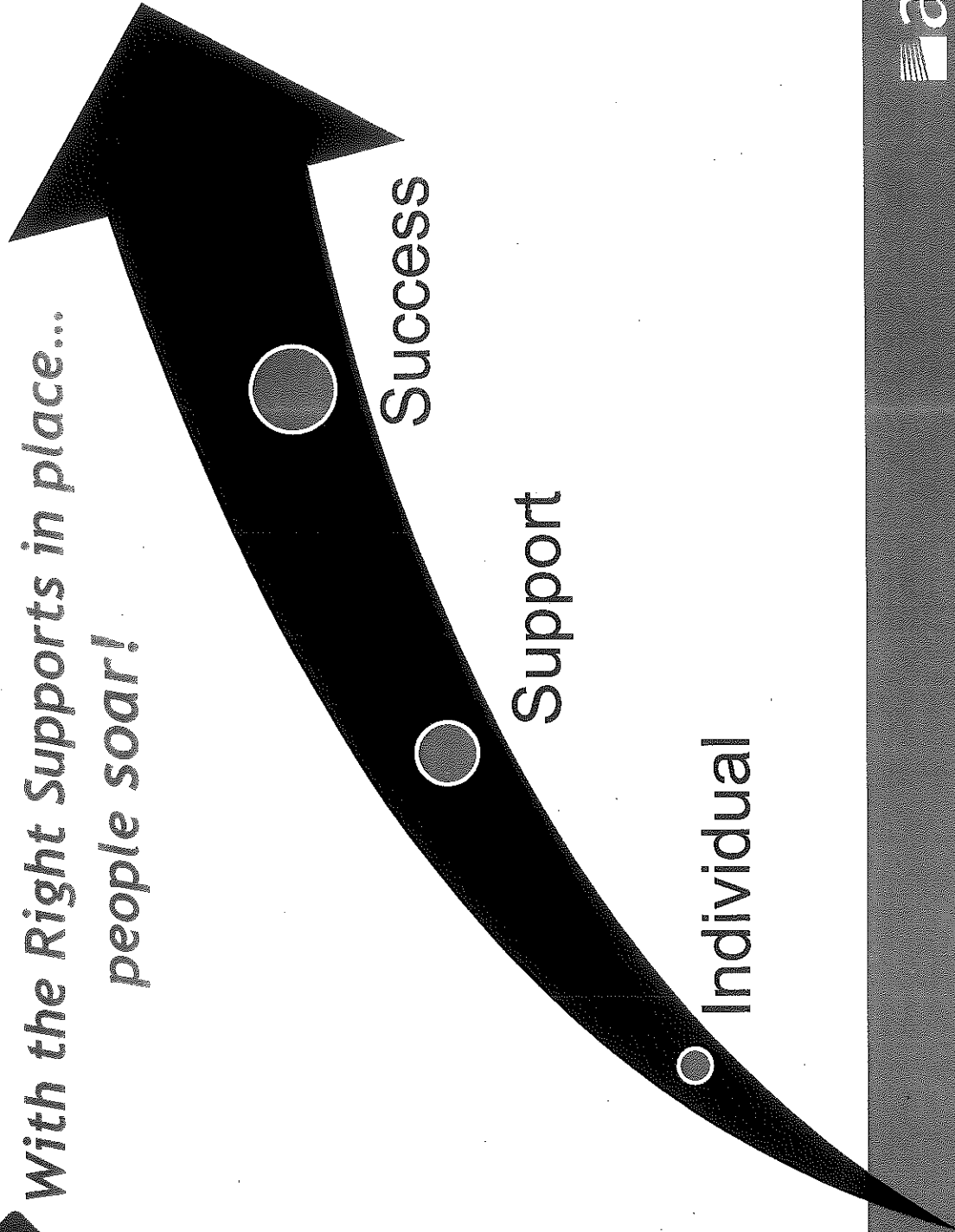


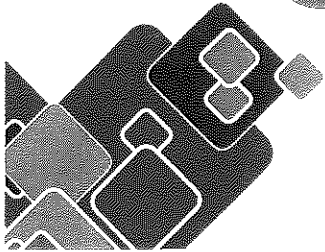
American Association
on Intellectual and
Developmental Disabilities



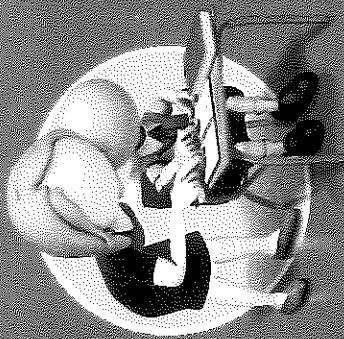
Supported Success

*With the Right Supports in place...
people soar!*

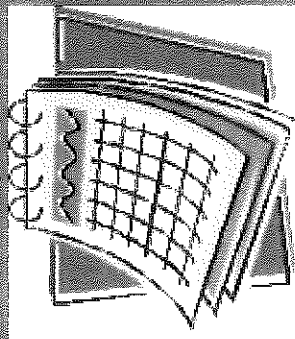




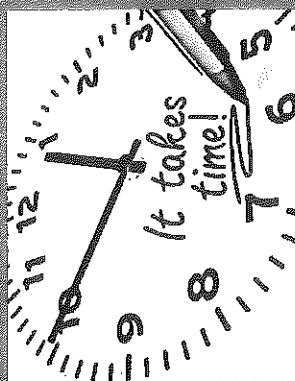
SIS Ratings Work Together to Tell a Story



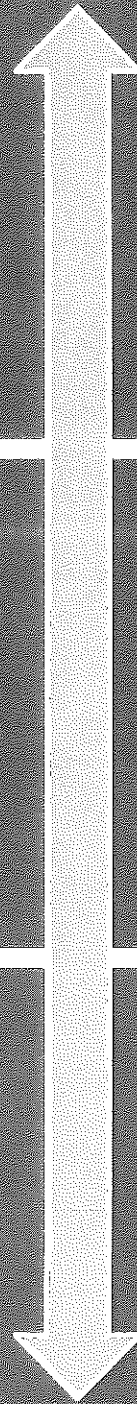
Type of Extra Support



Frequency of Extra Support



Daily Time of Extra Support



SIS-A Respondent Guide

Virtual/Remote Interview



Respondent Guide



Section 1. Exceptional Medical and Behavioral Support Needs

RATING KEY

0 = No Support Needed

1 = Some Support Needed [i.e., providing monitoring and/or occasional assistance]

2 = Extensive Support Needed [i.e., providing regular assistance to manage the medical condition or behavior]

Section 1A: Exceptional Medical Support Needs (19 Items)

- Respiratory Care (4 Items)
- Feeding Assistance (3 Items)
- Skin Care (2 Items)
- Other Exceptional Medical Care (10 Items)

Section 1B: Exceptional Behavioral Support Needs (13 Items)

- Externally Directed Behavior (4 Items)
- Self-Directed Behavior (3 Items)
- Sexual Behavior (2 Items)
- Other (4 Items)

Supports Intensity Scale—Adult Version™

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
<p>What kind of support should be provided?</p> <p>0 = none</p> <p>1 = monitoring</p> <p>2 = verbal/gestural prompting</p> <p>3 = partial physical assistance</p> <p>4 = full physical assistance</p>	<p>How frequently is support needed for this activity?</p> <p>0 = none or less than monthly</p> <p>1 = at least once a month, but not once a week</p> <p>2 = at least once a week, but not once a day</p> <p>3 = at least once a day, but not once an hour</p> <p>4 = hourly or more frequently</p>	<p>On a typical day when support in this area is needed, how much time should be devoted?</p> <p>0 = none</p> <p>1 = less than 30 minutes</p> <p>2 = 30 minutes to less than 2 hours</p> <p>3 = 2 hours to less than 4 hours</p> <p>4 = 4 hours or more</p>

Section 2 Support Needs Index

- Section 2A: Home Living Activities (8 Items)
- Section 2B: Community Living Activities (8 Items)
- Section 2C: Lifelong Learning Activities (9 Items)
- Section 2D: Employment Activities (8 Items)
- Section 2E: Health and Safety Activities (8 Items)
- Section 2F: Social Activities (8 Items)

Section 3 Supplemental Protection and Advocacy Scale

- Protection and Advocacy Activities (8 Items)

BHDDH Narrative



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES

6 Harrington Road – Simpson Hall
Cranston, RI 02920

TEL: (401) 462-3421

FAX: (401) 462-2775

Process for Needs Assessment, Independent Facilitation, Individual Budgets, Measuring Individual Outcomes Required Outcomes

This section includes changes being made to the assessment process, the establishment of individuals having more control over their budgets, the implementation of Independent Facilitation, and an ongoing monitoring process. Implementing these changes will result in a more thorough assessment process that captures individuals' needs in a more precise way. It will alleviate the need for many to submit requests for additional funding. The expansion to the set areas the SIS covers results in a more comprehensive evaluation process. This will help individuals get a budget that meets their support needs in a more comprehensive way.

The new evaluation process coupled with the Independent Facilitator will help individuals be able to access the services they need to support the life they want. Additionally, there will be check-ins with individuals to ensure they are receiving the services they want delivered in a way that helps them attain their goals. There will be training to ensure that all these changes are implemented in a consistent manner. The end result should be significant changes that enhance individuals' experience in the adult DD system.

Develop and implement the revised process for assessing individual needs, developing individualized budget allocations, independent facilitation of person-centered plans.

Written description of revised process (all steps) – technical and plain language versions

Please see the plain language attachment Draft Guide to the BHDDH Assessment Process, and the technical version attachments: Additional Needs and Support Questionnaire Guidance, Additional Needs and Support Questionnaire Process, Additional Needs and Support Questionnaire

Specific strategies for explaining process to individuals, families, providers.

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 and DD Power Point Presentation). The DDD team also conducted three trainings for 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. In addition, there will be informational sessions made available to individuals, families and other stakeholders. The Communication Unit will incorporate informational meetings regarding the SIS into their training schedule.

Please see Attachments: Communications Plan, RI Draft Individual Budget Booklet, Draft Guide to Services, SIS-A Respondent Guide, AAIDD Training Documents, Draft Guide to the BHDDH Assessment Process, and Technical Bulletin on Individual Budgets (pending)

Schedule for rolling out revised process – beginning in July 2023

The Additional Needs and Support Questionnaire is now being administered immediately following the SIS assessment. Please see the Additional Needs and Support Questionnaire Process.

The SIS-A 2nd Ed. will be rolled out in July. There is work underway with HMA to update the Supplemental Questions that accompany the SIS. DDD has been meeting with HMA on a regular basis to discuss current Supplemental Questions and how they could be revised or added to ensure a more comprehensive assessment process. They will be updated by July so the SIS-A 2nd Ed. can be rolled out.

The Individual Meetings will begin in August. (See Individual Meeting Process and SIS-A Procedural Steps Attachments)

Revise the SIS Algorithm.

Description of revised algorithm

Regarding the development of a revised algorithm, the development and release of the second version of the SIS-A requires updates to the criteria used to assign individuals to a tier. BHDDH is using this as an opportunity to conduct a comprehensive review of the approach to linking SIS-A assessment results to funding levels, including a review of the number of levels, the sections of the SIS-A considered in the assignment of levels, and the scoring criteria. The work to be done includes:

- Administer the revised SIS-A. Assessors are being trained on the revised SIS-A and assessments will be conducted using the updated version. [Note that, over the course of fiscal year 2024, BHDDH will continue to apply the current scoring criteria to the new assessments so that individuals continue to be assigned to the same level as they would have prior to the adoption of the revised SIS-A.]
- Develop an initial scoring framework. The most significant change to the SIS-A relates to the scoring of the core section of the instrument; the questions and response options are not changing much. Thus, the consulting team can begin developing a preliminary scoring framework by applying the new norming tables to historic data. It will be important to validate any preliminary framework with second version assessments, but a preliminary framework will allow for initial testing.
- Update the initial framework as needed. As new assessments are complete, the preliminary framework will be revised as needed.
- Develop individual budgets. For each tier and residential placement, an individual budget will be established based on historic utilization patterns and other considerations. Although the budgets will likely be based on assumptions regarding the types and amounts of supports individuals typically require, the intent is for funding to generally be used flexibly.

- Conduct a record review. There will be a record review process to ‘test’ the levels and budgets against a sample of individual case files. It is anticipated that this process will include a mix of internal and external stakeholders. Based on this review, adjustments may be made to either the scoring framework and/or individual budget amounts.
- Update policies and procedures. Based on the final scoring frameworks and individual budget structures, new policies and procedures will be developed as needed.

Schedule for implementation – (a) systems components, (b) individual budgets

Please see grid below for the schedule to complete the implementation of the revised process. (Grid is included in SIS-A Procedural Steps attachment)

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

Develop specific strategies and funding amounts to provide additional funding to address medical and behavioral needs.

Strategy for determining the amount of funding to be added to core budget from supplemental questions.

BHDDH currently asks a number of supplemental questions as part of the SIS-A assessment. These questions are used as part of the tier assignment process, and BHDDH expects that there will continue to be supplemental questions that are part of the scoring criteria. That is, these questions do not add funding to an individual budget but are part of the determination of an individual’s tier, which determines the budget amount. BHDDH is also establishing an additional assessment to collect additional data. How this information is used must still be determined. For example, the additional assessment could be used as part of the tier determination process or could be used to allocate additional funds to meet a specific need. Decisions also need to be made about whether there will be any further review of the responses.

Training curriculum (topics, materials) and guidance for SIS team to ensure accurate interpretation.

Please see the SIS-A Procedural Steps and the Additional Needs and Support Questionnaire Guidance document.

Develop and implement a statewide system for providing independent facilitation for all individuals with IDD.

Written description of the model for providing independent facilitation to ALL individuals with IDD – technical version, plain language version

There is work still being done to rollout the Independent Facilitation model that DDD will implement prior to Conflict Free Case Management (CFCM). Once we have a Vendor in place, we will be able to work with them on a detailed process that is centered around the individuals to which they will be providing services. The components of this model will be a person-centered planning process open to those the individuals would like to invite. Discussions will be held with the individual about what activities and services they would like to engage in and how this can be done in a meaningful way. Independent Facilitators will connect individuals to the supports they are requesting this can be done by service mapping. It will also involve follow up discussions about how people are doing and how they are progressing toward their goals. Discussions will happen to see if there is a need to course correct or if things are going well and no changes are needed. At the end of an individual's plan year, there will be a detailed discussion about how their year had gone, what went well and what could have gone better. This information will be used to support the individual in making decisions about their next plan year.

MOUs (or contracts) with one or two vendors

Outreach efforts have begun to secure a Vendor that has experience working with individuals with I/DD. One organization that was contacted stated they would not be able to begin this work until September of 2024. They were able to provide information of other potential Vendors. There was a meeting on June 21st with another potential Vendor. They were provided details on what we were looking to implement this September. They are going to discuss internally and respond to the Division with information on the projected costs and timelines.

A Single Source contract will be used. This contract will span for at least one year. The Vendor will begin implementing some components of CFCM in September and in January they would shift to provide all the components of CFCM to individuals in the adult service system on a rolling basis.

Documentation of vendor experience with individuals with IDD

As stated above, the potential Vendors the State is engaging with all have experience providing support or services to individuals with I/DD.

Registry of facilitators for each vendor

The Vendor doing this work would need to determine what this could look like. They would have to work with potential employees to get them on a registry. The Vendor would need to determine a business process that works for the facilitators and their organization. The State has mentioned that this needs to be built into a contract with any Vendor doing this work.

DDD will connect individuals who have been writing plans for individuals self-directing their services to the selected Vendor.

Curriculum – topics and materials, list of possible trainers

A sample framework for training was developed. This is the starting point for determining exactly what trainings are needed for the Conflict Free Case Managers (CFCM). The staff doing this work would take these trainings, or similar trainings that are approved for CFCMs, if available in September. Aligning the

training with the requirements of CFCMs helps to ensure there is consistency across the CFCM entities, so everyone is getting a similar planning process and experience (See Training Sample Framework for Curriculum IDD attached)

Additionally, the Vendor will have communities of practices to build upon what the training have taught. This will allow a space to freely discuss best practices, challenges people face, barriers to effectively serving individuals, and allowing discussions on ways to improve service delivery. The CoP will be a requirement of the Vendor. They will help build and support a system that is continuously learning skills to support their work.

Alternate training materials

Trainings will need to be made available in different forms to allow for ongoing training needs. Work is being done to determine what is the best ways to do this. There will be train the trainer models and some training will be online or recorded for people to access. Every effort will be made to ensure that trainings are easily accessible.

List of strategies (or materials) for annual assessment of life domains

There is an active discussion about using NCI In Person Survey to gather information and data on progress toward individuals' goals and satisfaction of services.

There is monitoring that needs to happen for CFCM. The check-ins with people will be on a monthly basis via phone. There will also be a more extensive check in 6 months into someone's service plan and a comprehensive review at the end of the individual's plan year. (The Division is working with WellSky to develop a Monitoring Tool and will provide a draft template).

Schedule for roll-out to ensure that all individuals are referred to a facilitator before their next ISP date.

Individuals will be referred to a facilitator at least 90 days prior to their plan renewal date. This would happen on a rolling basis. As people's plan year comes to an end, they would be referred to a facilitator to work on their new plan. There will be communication with current service providers to let them know which individuals would be going through this process and when they would be going through the process.

Strategies for referring/connecting individuals with facilitators.

Once there is a Vendor in place, individuals will be referred to the Vendor and assigned to a facilitator. Every effort will be made to match individuals with a facilitator who has some similarities, skills, or abilities that make them a good fit for a specific facilitator. This includes looking at matching someone through this process who is well versed in supports/resources/services in the area the individual resides. Matching can be done in a variety of ways, some of which are based on similar cultures or matching individuals who are deaf and hard of hearing with a facilitator who is also deaf and hard of hearing or has experience working within this community. Whenever there are opportunities to make meaningful connections and matches, this will be a top priority. If the individual wants to change facilitators, they can request this at any time.

Communication to individuals/families explaining the model for needs assessment, facilitation, person-centered plans (including employment and community participation), individual budgets, flexible use of budgets, assessment of life changes and outcomes. The Court assumes there will be technical materials and plain language materials.

Work is being done to finalize information in a user-friendly document to explain the changes to the assessment and the additions being made for a more thorough evaluation process and what this means to them. There is an attachment that provides information on Individual Budgets (Guide to Individual Budgets).

There will also be done to familiarize the adult DD system with the National Core Indicator (NCI) survey. There will information disseminated to individuals and their families, information shared in the newsletter, and it will be part of the trainings. (Draft Guide to the BHDDH Assessment Process)

Interviews with individuals/families to identify additional funding and/or support needed to implement person-centered plan and promote employment and community participation.

Interview script – assumption that most of the interview will be open-ended.

Please see the Individual Meeting Process attachment.

Description of who will do the interviews.

The SIS Unit will conduct the Individual Meetings. Please see the Individual Meeting Process attached.

Training (topics, materials) and guidance for interviewers to ensure accurate interpretation.

The DD Team will develop a guidance document and provide training to the SIS Unit prior to the rollout of the Individual Meetings. (SIS-A Procedural Steps)

Guidance (technical and plain language versions) to individuals, families, others explaining how interview requests will result in additional funds.

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. See Draft Guide to the BHDDH Assessment Process.

Develop and implement individual budgets that reflect needs identified by each of the three levels of needs assessment.

List of what will be included in the core budget – service descriptions, amounts.

Please see Draft RI Individual Budget Booklet, BHDDH Service Definitions, and Tier Package Summary FY24 with Comparison to FY23 Summary attachments.

List of additional services (e.g., employment, peer-to-peer training) that can/will be in second portion of budget – service descriptions, amounts.

Please see attachments listed above.

Written explanation (technical and plain language versions) re: how to access the services in second portion of budget.

Please see Draft Billing Manual.

Written policy explain flexibility within the budget.

Please see Draft Billing Manual.

Plain language explanation for individuals/families of how this process increases their control of their own budget and services.

Please see Draft RI Individual Budget Booklet and Guide to Individual Budgets attachments.

Plain language explanation for individuals and families of how to access and use services to increase employment and community participation.

Please see Draft RI Individual Budget Booklet attachment and Draft Guide to Services attachment. A Technical Bulletin on Individual Budget Development is in development.

Provide information to all service recipients re: implementation of annual budget allocations.

See attachments listed previously.

Implement the process for distributing quarterly statements.

Template for quarterly reports and two examples

Please see Sample Quarterly Letter attachment.

Specific strategy for how these will be distributed.

The Quarterly Letters are generated by the data team and will be mailed to individuals quarterly.

Specifically identify and differentiate funding source for independent facilitation, support brokerage and the logistics components of ISP implementation done by service providers.

Written clarification (technical and plain language versions) clarifying each of these components. The expectation of the Court is that provider agencies will continue to receive funding for the logistics of plan implementation (e.g., case management).

The new rates include funding for Care Coordination for Providers. This funding is built into the rates to fund the day-to-day assistance individuals receive from providers that is outside of the hands-on services individuals receive. Providers will continue to receive funding for the supports needed to implement an individual's plan.

Case management will be funded outside of an individual's budget. The EOHHS will fund case management. Individuals using Support Brokerage will pay for these services out of their budget. There is 10 hours of Support Brokerage set aside in all self-directed budgets. Individuals can use more of these services, but they cannot flex the funding set aside to cover other support services. If they do not use this funding for Support Brokerage, they will lose it.

Methodology for measuring individual outcomes will be developed and implemented as a component of the annual review.

The tool or strategy to be used to measure life outcomes.

The State is looking at using National Core Indicators (NCI) In Person Survey.

Additionally, through CFCM there will be monitoring and check ins. There is work being done in the Wellsky case management system to develop the Monitoring Tool that will be used for the monthly check ins, the 6 month check in, and the annual review.

Who will do it – training and guidance?

The Sherlock Center is administering the NCI survey with a sample size of 750 with a 365 target for total completed interviews. For the 2022-2023 cycle approximately 22 interviewers were hired and trained. There are multiple Spanish-speaking interviewers. Data was secured from DDD and is in the NCI platform Odessa; as of May 1, interviews are being scheduled. The survey includes five state-specific questions developed by the RI team including questions related to technology, employment, transportation, and quality of supports. There may be a few additional questions added for next years survey.

The CFCMs will go through training related to providing case management services, which include the monitoring component. The case managers will also have training related to the use of Wellsky, the electronic Case Management service. In the case management system, there is built in monitoring that the CMs must complete with the individuals on their caseload.

Written explanation of how data will be used – (a) to influence state policy and (b) to target individual plans.

The data gathered from the NCI survey will be used to assist DD in making decisions about services. It will also help us to generate more information about the providers services, which can be shared with them. This data will help inform quality improvement measures. Hearing about what individuals enjoy about their services and what they do not like will play a part in making programmatic and policy decisions. Data will be compared each year to the previous one to gauge improvements in the system.

The information will also help individuals to receive the services that best fit their needs. The data may help inform the planning process with individuals. It can provide information to inform additional areas that may not be fully covered during the planning process. Each year a sample of the individuals receiving DD services will partake in the NCI survey.

SIS-A Procedural Steps



STATE OF RHODE ISLAND
Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

DIVISION OF DEVELOPMENTAL DISABILITIES

6 Harrington Road – Simpson Hall
Cranston, RI 02920

TEL: (401) 462-3421

FAX: (401) 462-2775

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

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.

**CFCM Training
Sample Framework
for Curriculum IDD**

Sample Framework for Training Curriculum

Principles of adult learning will be applied, with a focus on leveraging life experience to facilitate learning, the practical application of the content, and ensuring all learning styles can effectively engage in the training.

Module 1: Introduction to Conflict-Free Case Management (CFCM) and Home and Community-Based Services (HCBS)

- Understanding the principles of HCBS and how they relate to CFCM

--Overview of federal HCBS requirements—CFCM and Settings provisions of the HCBS Final Rule and related quality components (high level of incident reporting can go here)

HCBS are a set of services and supports that are designed to help individuals live independently in the community

- The principles of HCBS include individualized care, person-centered planning, and the provision of services in the least restrictive setting possible

- Overview of Conflict-Free Case Management (CFCM) and its importance in Home and Community-Based Services (HCBS)

- CFCM is a critical component of HCBS that is designed to improve service delivery and promote the independence and well-being of individuals receiving services

- CFCM requires case managers to avoid conflicts of interest and prioritize the needs and preferences of individuals receiving services

- Understanding the role of case managers in implementing CFCM in HCBS

- Case managers play a critical role in implementing CFCM by ensuring that services are delivered in a conflict-free and person-centered manner

-Overview of incident reporting

- Case managers as mandated reporters (specific for I/DD)

- Overview of the benefits of CFCM for individuals receiving services and for the state as a whole

- CFCM has been shown to improve the quality of services delivered to individuals receiving services, promote greater independence and community integration, and reduce costs to the state and federal government

- CFCM also helps to ensure that individuals receiving services have access to a range of service options and are able to make informed decisions about their care

Module 2: Person-Centered Thinking and Planning

- Overview of person-centered thinking and planning [this is where Sherlock can come in](#) and its importance in CFCM

- Person-centered thinking and planning is a process that focuses on the individual's strengths, preferences, and goals, and is designed to promote greater independence and well-being

- Person-centered thinking and planning is a critical component of CFCM, as it helps to ensure that services are delivered in accordance with the principles of HCBS

- Understanding the principles of person-centered thinking and planning

- The principles of person-centered thinking and planning include recognizing the individual's unique strengths and preferences, promoting self-determination, and the individual leading the decision-making about their life and their services

- Person-centered thinking and planning also requires case managers to collaborate with individuals receiving services and their families, as well as other service providers, to ensure that services are delivered in accordance with the individual's needs and preferences
- **Techniques for implementing person-centered thinking and planning**
- Techniques for implementing person-centered thinking and planning may include conducting person-centered assessments, service mapping, developing individualized service plans, and incorporating the concept that the individual drives the service planning process
- Person-centered thinking and planning also requires case managers to be flexible and responsive to the individual's changing needs and preferences
- **Addressing common challenges in implementing person-centered thinking and planning**
- Common challenges in implementing person-centered thinking and planning may include addressing communication barriers, ensuring that services are delivered in the least restrictive setting possible, and addressing conflicts between the individual's preferences and service provider policies

Module 3: Motivational Interviewing Skills for Case Managers [Speak with Tonya Glantz](#)
- tglantz@ric.edu

- **Overview of motivational interviewing skills for case managers in CFCM**
- Motivational interviewing skills are an essential component of CFCM, as they help to build trust, promote client-centered decision-making, and address issues related to mental health and well-being
- **Understanding the principles of motivational interviewing in CFCM**
- The principles of motivational interviewing in CFCM include active listening, empathy, and establishing rapport with individuals receiving services
- Motivational interviewing also requires case managers to be knowledgeable about a range of mental health issues, including depression, anxiety, and trauma, and to be able to provide appropriate referrals for specialized services when necessary
- **Techniques for building motivational interviewing skills in CFCM**
- Techniques for building motivational interviewing skills in CFCM may include attending training and continuing education opportunities, seeking supervision and consultation, and engaging in self-reflection and self-care activities
- Case managers may also benefit from developing their own motivational interviewing style that is reflective of their individual strengths and experiences
- Best practices for building trust and relationship building in motivational interviewing.
- **Addressing common challenges in providing motivational interviewing services in CFCM**
- Common challenges in providing motivational interviewing services in CFCM may include addressing stigma related to mental health, addressing issues related to confidentiality and privacy, and ensuring that motivational interviews are delivered in a manner that is consistent with the principles of HCBS

Module 4: Serving Developmentally Disabled (DD) Participants in CFCM

- **Overview of the unique needs and considerations for serving DD participants in CFCM**
- DD populations may include individuals with intellectual disabilities, autism spectrum disorders, and other developmental disabilities
- Serving DD participants will require that case managers understand how to effectively engage

with individuals across a broad spectrum. Some individuals are nonverbal, some may have complex behavioral or medical needs, others may have criminal charges or convictions, and some may have families concerned about their loved one being fully engaged in the community.

- Techniques for providing person-centered services to DD participants, including addressing the unique needs and preferences of this population

- Person-centered services for DD participants should take into account their individual needs, preferences, and goals, and should prioritize their independence and well-being

- Techniques for providing person-centered services may include using visual aids and communication tools, providing support for self-care and daily living skills, and engaging in activities that promote skill-building and community involvement

- Addressing common challenges in serving DD participants in CFCM, including addressing issues related to intellectual and developmental disabilities

- Addressing common challenges in serving DD participants may require collaboration with other service providers, such as developmental specialists and behavior analysts, and the use of specialized technology, equipment, and resources, such as sensory integration equipment and augmentative communication devices

- Introduction to DD Housing and Understanding Housing Support Needs for Individuals with DD

-Significance of suitable housing for individuals with DD

-Challenges and barriers faced by individuals with DD in accessing housing

-Specific housing needs related to accessibility, support services, and community inclusion

- Exploring Housing Options for Individuals with DD

- Group homes, Shared Living Arrangements, Independent living and shared housing options

- Overview of residential and other housing options available to individuals. Accessing funding for home modifications and accessibility considerations.

- Housing Best Practices

-Showcasing successful housing models for individuals with DD

- Highlighting innovative approaches to community integration and independent living

Module 5: Cultural Humility and Diversity in CFCM

- Overview of cultural humility and diversity in CFCM

- Cultural humility and diversity are critical components of CFCM, as they help to ensure that services are delivered in a manner that is respectful and responsive to the unique needs and preferences of individuals and families receiving services

- Understanding the principles of cultural humility and diversity in CFCM

- The principles of cultural humility and diversity in CFCM include recognizing and valuing differences in culture, language, and communication styles, and ensuring that services are delivered in a manner that is sensitive to these differences

- Cultural humility and diversity also require case managers to be knowledgeable about a range of cultural and linguistic issues and to be able to provide appropriate referrals for specialized services when necessary

- Techniques for building cultural humility and diversity in CFCM

- Techniques for building cultural humility and diversity in CFCM may include attending training and continuing education opportunities, seeking supervision and consultation, and

engaging in self-reflection and self-care activities

- Case managers may also benefit from developing their own cultural humility and diversity plan that is reflective of their individual strengths, biases, and experiences

- **Addressing common challenges in providing cultural humility and diverse services in CFCM**

- Common challenges in providing culturally humble and diverse services in CFCM may include addressing language barriers, addressing issues related to discrimination and bias, and ensuring that services are delivered in a manner that is consistent with the principles of HCBS

Module 7: Conflict of Interest and Ethics in CFCM

- **Overview of conflict of interest and ethics in CFCM**

- Conflict of interest and ethics are critical components of CFCM, as they help to ensure that services are delivered in a manner that is free from conflicts of interest and that prioritizes the needs and preferences of individuals receiving services

- **Understanding the principles of conflict of interest and ethics in CFCM**

- The principles of conflict of interest and ethics in CFCM include identifying and avoiding conflicts of interest, ensuring that services are delivered in a manner that is consistent with the principles of HCBS, and upholding professional standards of conduct and ethical behavior

- Conflict of interest and ethics also require case managers to be knowledgeable about a range of ethical issues, including confidentiality, informed consent, and professional boundaries

- **Techniques for addressing conflict of interest and ethics in CFCM**

- Techniques for addressing conflict of interest and ethics in CFCM may include attending training and continuing education opportunities, seeking supervision and consultation, and developing a personal code of ethics

- **Addressing common challenges in identifying and avoiding conflicts of interest in CFCM**

- Common challenges in identifying and avoiding conflicts of interest in CFCM may include addressing issues related to personal relationships with individuals receiving services, financial interests in service delivery, and conflicts related to other professional roles

Module 8: Documentation and Record Keeping in CFCM with WellSky and Immersion Training (Condensed)

- **Overview of documentation and record keeping in CFCM using WellSky**

- Importance of documentation and record keeping

- The principles of documentation and record keeping in CFCM include ensuring that documentation is accurate, complete, and timely, and that it reflects the individual's needs and preferences

- **Understanding the principles of documentation and record keeping in CFCM**

- Ensuring accuracy, completeness, and timeliness

- Addressing regulatory and compliance issues

- **Techniques for maintaining accurate and complete documentation in CFCM utilizing WSCM System**

- Training on WSCM System

- Best practices using WSCM system for documentation and record keeping

Independent Facilitation Narrative

Independent Facilitation

BHDDH will begin the implementation of independent facilitation beginning in September 2023. In July, leadership will bring together the current plan writers to share and discuss the proposed plan, to encourage participation and gather updated information. A job description will be developed to articulate the scope of work and will include person centered planning and monitoring of the plan. Monitoring will be done monthly with at least one face to face monitoring visit at the sixth month. Community of Practice meetings will be facilitated by BHDDH at least monthly with independent facilitators to provide guidance and support.

Providers and participants will be provided with a list of available facilitators and a plain language communication will be developed and shared prior to ISP anniversary dates. Dependent on the number of plan writers available we will begin with either Plan #1 or #2 below. Plan #1 includes all participants with upcoming ISPs. Plan #2 includes participants working with one agency at a time.

Implementation of independent facilitation will be shifted to align with conflict free case management upon start date with new case management vendors. Vendors will be required to have experience working with individuals with intellectual and developmental disabilities.

Outline of tasks and key timeline:

- Meeting with current plan writers **(July)**
 - Share plan and gauge interest/gather updated contact info

- Create and share scope of work/job description **(July)**
 - Sept start date- begin PCP for plans due in November
 - Develop PCP and submit copy to SCW
 - Monthly monitoring-use form and submit copy to SCW

- Resources/tools **(July)**
 - Develop plan writer contact list
 - Use current ISP templates
 - Use monitoring form developed for CFCM (trim down if needed)
 - Develop communication document for providers
 - Develop communication document for participants/families
 - Offer a Person Centered Thinking Refresher - Sherlock?
 - Community of Practice meetings will be organized by BHDDH and held monthly in order to offer support and guidance to independent facilitators.

- Payment TBD (~\$30/hr- ~16hrs for pcp and 2hrs monthly for monitoring) **(August)**
 - Funded outside of individual budget

- ? \$500 for pcp (month 1)
- ? \$60 for monitoring (months 2-12)
- Develop and share billing and reimbursement process

Plan #1= All Agencies (September)

Approx 320 ISPs due each month

Approx 100 already Self-direct and use plan writer

Approx 220 ISPs will be due in November

220/10 ISPs in November = 22 plan writers

220/10 ISPs in December + 10 contacts for Nov group

Plan #2= By Provider (September)

Participants from one provider agency at a time will move to independent facilitation

Fogarty has expressed interest

May need to use if inadequate number of plan writers available for all agencies

**Draft Guide to
Services – plain
language**



Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Division of Developmental Disabilities

Guide to Services

Introduction

This purpose of this service guide is for you to learn more about the BHDDH services that are available to you. You will learn information about the service pathways and service options that are available to you.

Service Pathways You Can Choose From

When you receive the notice from BHDDH about your approved service package, you should start thinking about the services you want to purchase and the providers you want to purchase the services from. The first choice you will make is the service pathway you want to follow. There are three service pathways you will pick from: (1) agency delivered supports, (2) self-direction, or (3) a combination of agency and self-directed.

If you pick agency delivered supports this means you will work with an agency. An agency is an organization or company that hires people to provide services. You will choose the agency you want to work with. You will work with a Support Coordinator from the agency you choose. The Support Coordinator will help you sign up for the services you are interested in.

If you pick self-direction this means you will have more control over your services. You will decide who to hire to help you and how much to pay them. You will also decide what services you want, along with when and where you want the services. To help you with the paperwork and payment process, you will work with a Fiscal Intermediary (FI) that you choose.

If you pick a combination of agency and self-directed you will choose a FI and agency to work with. The FI will help with paperwork and payments. The agency will help you sign-up for the services you are interested in.

Agency

Pick an agency to work with

Work with agency Support Coordinator to sign-up for services

Self-Direction

Pick a Fiscal Intermediary (FI) to work with

FI submits paperwork and payments for services

Combination

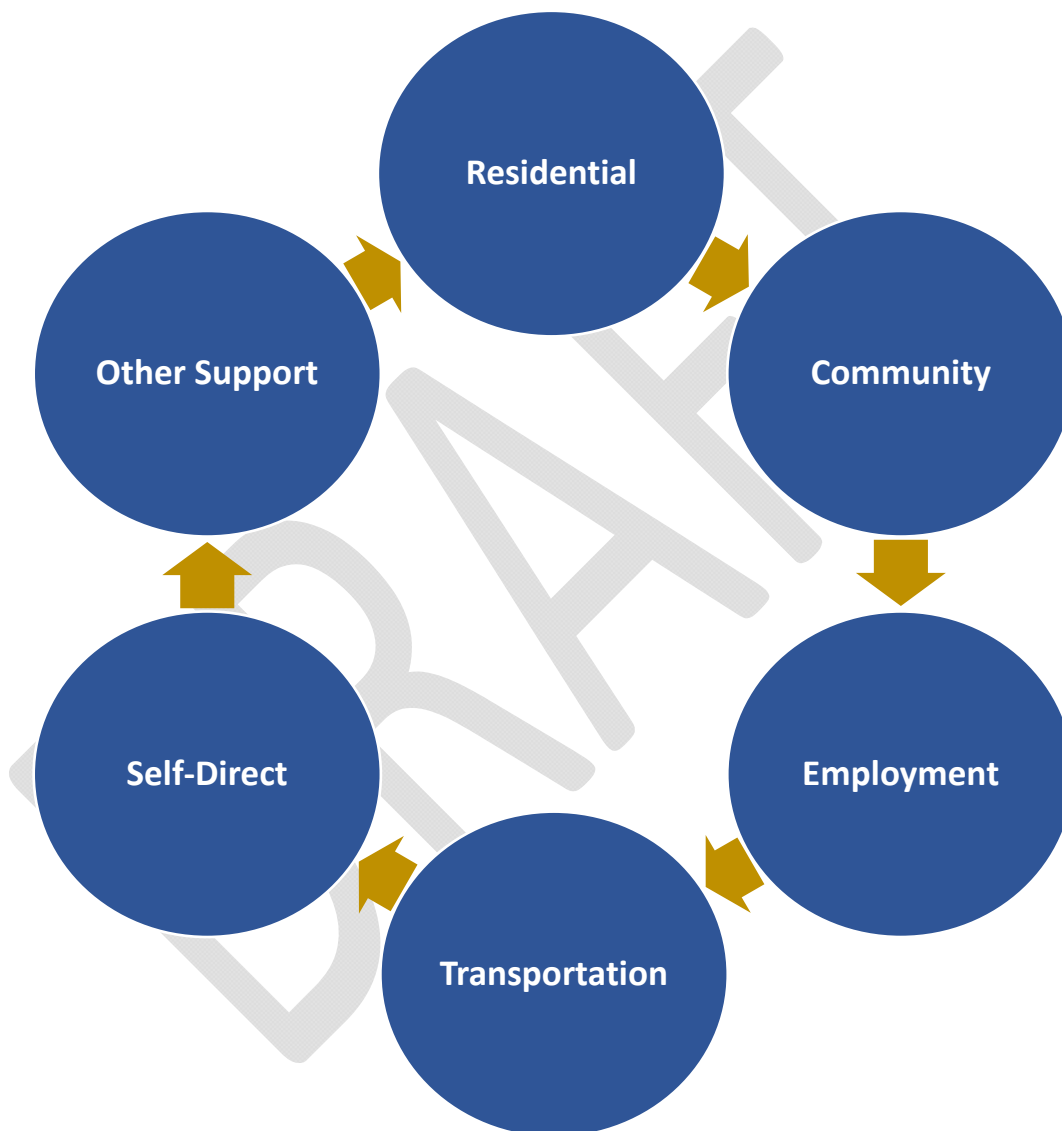
Pick an agency **and** FI to work with

FI helps with paperwork and payments **while** the agency helps with service sign-up

Service Options You Can Choose From

There are six service categories you can choose from: (1) residential or housing, (2) community support, (3) employment, (4) transportation, (5) self-direct, and (6) other supports like assistive technology, professional services, and home modifications.

There are many services available under each category that you can pick. You can learn more about the service options in the next few pages.



Residential Services



Residential Habilitation/Group Home

- You will get individually tailored full-time support in a group home
- You will get help with community living skills, daily living skills, and social skills
- You will make choices about your day like community activities to do and educational activities to sign-up for
- You will get transportation to activities that are part of your plan



Supportive Living

- You live in your own apartment and continue to make choices about your day with the help from a provider
- You will get help with community living skills, daily living skills, and social skills
- You will get transportation to activities that are part of your plan



Whole-Life Shared Living Arrangement

- You will get help from a provider that is hired from a shared living placement agency
- Add content
- You will also get support with employment and day activities



Shared Living Arrangement

- You will get help from a provider that is hired from a shared living placement agency
- Add content



Companion Room and Board

- You can live with a roommate that you choose or get help choosing
- You will live in your own home or apartment with your roommate
- Your roommate may help you with activities of daily living at home and in the community

Community Engagement Services



Community-Based Supports

- You will get help at home and the community to keep your independence and stay involved in activities you are interested in
- You will learn problem solving skills, social skills, and daily living skills
- You will get to schedule when and where you get help, including overnight if needed



Center-Based Supports

- You will get help from an agency community center
- You will learn problem solving skills, social skills, and daily living skills
- You will get to schedule when you get help

Employment Services



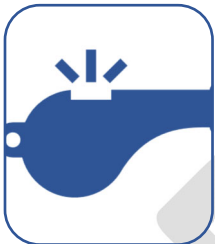
Discovery

- You will work with a provider to learn more about things you are good at, what you are interested in, and what you might need help with at work
- Help you get from this service will be short-term so you can get started at a job



Job Development

- You will do activities that help you get a job
- A provider will help you search for a job, apply for a job, and interview for a job
- This service will go away when you get a job, but it can be brought back if you decide to change jobs



Job Coaching and Retention

- You will get training by a job coach to learn how to do your job and work with other people
- You will also get help growing in your job and making sure you are happy with the work you are doing



Personal Care in the Workplace

- You will get help with personal care while at work, like eating and personal hygiene
- The help you get will not be for your actual job duties

Transportation Services



Transportation

- You will get transportation from your home to different places in the community
- The places and activities you go to must be in your service plan



Vehicle Modifications

- You will get help paying to make your car more accessible to you
- The car must be your main way of getting around in the community
- BHDDH needs to approve the changes to your car before they are made

DRAFT

Self-Directed Services



Financial Management

- You will hire someone called a Fiscal Intermediary (FI) to help you pay for services
- The FI will help you submit your paperwork to BHDDH
- The FI will help you look after your service budget



Supports Brokerage

- You will get help from someone called a Support Broker to learn how to self-direct
- The Support Broker will help you learn problem solving skills and money management skills
- The Support Broker will help learn how to train and hire providers to help you with different activities



Goods and Services

- You can use your budget to pay for goods and services that help you stay safe and healthy in the community, and are part of your service plan
- You can pay for things like gym memberships, learning activities, and special equipment
- You cannot pay for things like food, rent, or medical appointments

Other Support Services



Respite

- A provider will help you at home while your regular caregiver is away
- You will continue to do your normal day activities like school and work
- This service is short-term and will end when your regular caregiver comes back



Remote Support

- You will get help from a provider over the phone, computer, or other device
- You can pick the times to work with your provider



Peer Supports

- You will work with someone with a disability to learn daily living and safety skills
- The person you work with is called a peer



Family-to-Family Training

- Your family members will work with a different family to learn how to support you better
- The other family will have experience helping someone with a disability



Professional Services

- You will get help from professionals like doctors, counselors, nurses, therapists, and interpreters
- You can get this help in person or over the phone



Assistive Technology

- You will get help paying for items that help you stay independent in the community
- You can buy things like equipment or a service animal



Home Modifications

- You will get help paying to make changes to your home so it is more accessible to you like adding ramps, a walk-in tub, or a stair lift
- BHDDH needs to approve the changes to your home before they are made

BHDDH Service Definitions

BHDDH New Service Definitions

Service	Proposed Definition
Residential Habilitation/ Group Home	Individually tailored 24/7 supports provided in a group home setting, that is subject to licensure, to assist with the acquisition, retention, or improvement in skills related to living in the community. Responsibilities include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist an individual to reside in the most integrated setting appropriate to his/her needs. Group home also includes personal care and protective oversight and supervision.
Supportive Living	Supportive living combines affordable housing with intensive coordinated services and assistance to support the individual with I/DD in living as independently as possible in the community. Residents live in their own units and pay rent. Service providers offer multi-disciplinary supports that are flexible enough to address each individual's needs. Supportive living maximizes client choice. Individuals can come and go as they please and have control over their daily schedule, like mealtimes and visitors. Providers deliver adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, personal care, and 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 as long as they have the ability to provide an onsite response within 15 minutes.
Shared Living Arrangement	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 include] Recruitment of qualified contractors; Matching of individuals to qualified contractors; Training, monitoring and ongoing oversight of the SLA placement and adherence to the goals of the ISP; Provision of respite services.
Remote Supports	<p>Remote Supports is the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. 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. The 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.</p> <p>The Remote Supports 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 developmental disabilities organization.</p>

Service	Proposed Definition
Companion Room and Board	Companion room and board covers defined living expenses of an unrelated individual who does not receive I/DD services. The individual being supported is matched with a roommate by a developmental disabilities organization 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 individuals receiving services and may not be provided in a home owned by a provider organization or the roommate.
Community-Based Supports	Direct support and assistance in or out of the individual’s residence intended to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in the individual’s individualized service plan (ISP). This service includes activities to support individuals with building 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.
Center-Based Supports	The provision of education, training, and opportunities to acquire the skills and experience needed to participate in the community. This service includes activities to support individuals with building 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. 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.
Respite	Direct support to individuals furnished on a short-term basis due to the absence of a caregiver or the need for relief of those persons who normally provide care for the individual. Respite 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] The provider must ensure that the individual’s routine is maintained to attend school, work, or other community activities/outings. Community outings shall be included in the supports provided and the Respite Care provider is responsible for providing transportation for community outings.
Discovery	Discovery is the initial step in a customized approach to employment for someone with significant challenges. It is a qualitative process aimed to better understand individuals by understanding their strengths (potential contributions to employers), their needs (the features that need to be in place for success), and their interests (providing a direction to the type of work that the individual wants to do). Discovery is meant to be an intensive, focused process, so it is limited to 60 hours in one 120-day period during a plan year.

Service	Proposed Definition
Job Development	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), and assistance with obtaining a job (such as helping with resumes or planning for interviews). Job Development is limited to 200 hours per plan year.
Job Coaching and Retention	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. This service also 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.
Personal Care in the Workplace	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.
Transportation	<p>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.</p> <p>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.</p> <p>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.</p>
Peer Supports	Peer Supports provide individuals with a support system to develop and learn healthy living skills, to encourage independence and self-determination, to link individuals with the tools and education needed to promote their health and wellness, and to 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.
Family-to-Family Training	Family-to-Family Training is training provided to the family member(s) of an individual by a primary caregiver(s) of someone with an intellectual or developmental disability. This 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.

Service	Proposed Definition
Professional Services	Professional Services include, but are not limited to licensed/certified professionals: psychologist, psychiatrist, board certified behavior analyst, board certified assistant behavior analyst, physical therapist, occupational therapist, speech therapist, registered nurses, licensed practical nurses, interpreters, licensed social workers, licensed mental health counselors (“LMHCs”), and licensed marriage and family therapists (“LMFTs”). 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, and collateral contacts on behalf of an individual.
Financial Management Services	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 and 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.
Supports Brokerage	<p>Individuals who self-direct all or some of their services have access to a support broker who supports the individual in directing their services and help participants develop the skills necessary to self-direct and facilitate the administrative tasks that accompany self-direction. The supports broker acts as an agent of the individual and takes direction from the individual.</p> <p>Support broker activities include:</p> <ol style="list-style-type: none"> 1. Brokering community resources 2. Information and assistance and problem solving 3. Developing and managing budget 4. Training the participant on how to train their hired staff to work with the participant and do the job they were hired to do
Vehicle Modifications	<p>Adaptations or alterations made to a vehicle that is 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.</p> <p>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.</p>
Assistive Technology	Assistive technology means 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. Assistive technology service means a service that directly assists an individual in the selection, acquisition, or use of an assistive technology device.
Home Modifications	Home modifications are inclusive of: wheelchair ramps, grab bars in bathrooms and hallways, widening doorways, stair lifts, walk-in tubs, removing safety hazards, or other necessary modifications.

**Tier Package
Summary FY24 with
Comparison to FY23**

FY 2024 Tier Packages Without Self-Direction

	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative					
Flexible Individual Budget	\$60,676.72	\$73,804.72	\$106,064.44	\$146,885.12	\$162,859.52
Fixed Budget	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET	\$60,676.72	\$73,804.72	\$106,064.44	\$146,885.12	\$162,859.52
Living Independently					
Flexible Individual Budget	\$84,094.22	\$110,076.62	\$142,336.34	\$183,157.02	\$199,131.42
Fixed Budget	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET	\$84,094.22	\$110,076.62	\$142,336.34	\$183,157.02	\$199,131.42
SLA					
Flexible Individual Budget	\$56,846.32	\$57,119.92	\$68,182.84	\$83,294.72	\$99,269.12
Fixed Budget	\$50,657.44	\$56,742.80	\$64,496.56	\$72,246.88	\$78,332.24
TOTAL BUDGET	\$107,503.76	\$113,862.72	\$132,679.40	\$155,541.60	\$177,601.36
Group Home					
Flexible Individual Budget	\$47,822.32	\$48,095.92	\$54,646.84	\$69,758.72	\$85,733.12
Fixed Budget	\$101,063.76	\$120,592.64	\$140,114.64	\$162,698.24	\$182,244.32
TOTAL BUDGET	\$148,886.08	\$168,688.56	\$194,761.48	\$232,456.96	\$267,977.44

FY 2024 Tier Packages With Self-Direction

	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative					
Flexible Individual Budget	\$59,446.72	\$72,574.72	\$104,243.92	\$143,870.96	\$159,845.36
Fixed Budget	\$1,230.00	\$1,230.00	\$1,820.52	\$3,014.16	\$3,014.16
TOTAL BUDGET	\$60,676.72	\$73,804.72	\$106,064.44	\$146,885.12	\$162,859.52
Living Independently					
Flexible Individual Budget	\$82,864.22	\$108,846.62	\$140,515.82	\$180,142.86	\$196,117.26
Fixed Budget	\$1,230.00	\$1,230.00	\$1,820.52	\$3,014.16	\$3,014.16
TOTAL BUDGET	\$84,094.22	\$110,076.62	\$142,336.34	\$183,157.02	\$199,131.42
SLA					
Flexible Individual Budget	\$55,616.32	\$55,889.92	\$66,362.32	\$80,280.56	\$96,254.96
Fixed Budget	\$51,887.44	\$57,972.80	\$66,317.08	\$75,261.04	\$81,346.40
TOTAL BUDGET	\$107,503.76	\$113,862.72	\$132,679.40	\$155,541.60	\$177,601.36
Group Home					
Flexible Individual Budget	\$46,592.32	\$46,865.92	\$52,826.32	\$66,744.56	\$82,718.96
Fixed Budget	\$102,293.76	\$121,822.64	\$141,935.16	\$165,712.40	\$185,258.48
TOTAL BUDGET	\$148,886.08	\$168,688.56	\$194,761.48	\$232,456.96	\$267,977.44

Comparison FY2023 Tier Package to FY2024 Package

FY2023	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative	\$28,057.12	\$38,695.28	\$70,132.52	\$118,503.80	\$133,288.92
Living Independently	\$48,469.02	\$68,955.98	\$100,393.22	\$148,764.50	\$163,549.62
SLA	\$51,231.81	\$57,802.77	\$81,255.01	\$120,756.85	\$135,541.97
Group Home	\$80,783.92	\$81,573.28	\$119,107.47	\$201,925.25	\$233,923.77

FY2024	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative	\$60,676.72	\$73,804.72	\$106,064.44	\$146,885.12	\$162,859.52
Living Independently	\$84,094.22	\$110,076.62	\$142,336.34	\$183,157.02	\$199,131.42
SLA	\$107,503.76	\$113,862.72	\$132,679.40	\$155,541.60	\$177,601.36
Group Home	\$148,886.08	\$168,688.56	\$194,761.48	\$232,456.96	\$267,977.44

\$ INCREASE IN FY2024	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative	\$32,619.60	\$35,109.44	\$35,931.92	\$28,381.32	\$29,570.60
Living Independently	\$35,625.20	\$41,120.64	\$41,943.12	\$34,392.52	\$35,581.80
SLA	\$56,271.95	\$56,059.95	\$51,424.39	\$34,784.75	\$42,059.39
Group Home	\$68,102.16	\$87,115.28	\$75,654.01	\$30,531.71	\$34,053.67

% INCREASE IN FY2024	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Relative	116%	91%	51%	24%	22%
Living Independently	74%	60%	42%	23%	22%
SLA	110%	97%	63%	29%	31%
Group Home	84%	107%	64%	15%	15%

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

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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

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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>				

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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

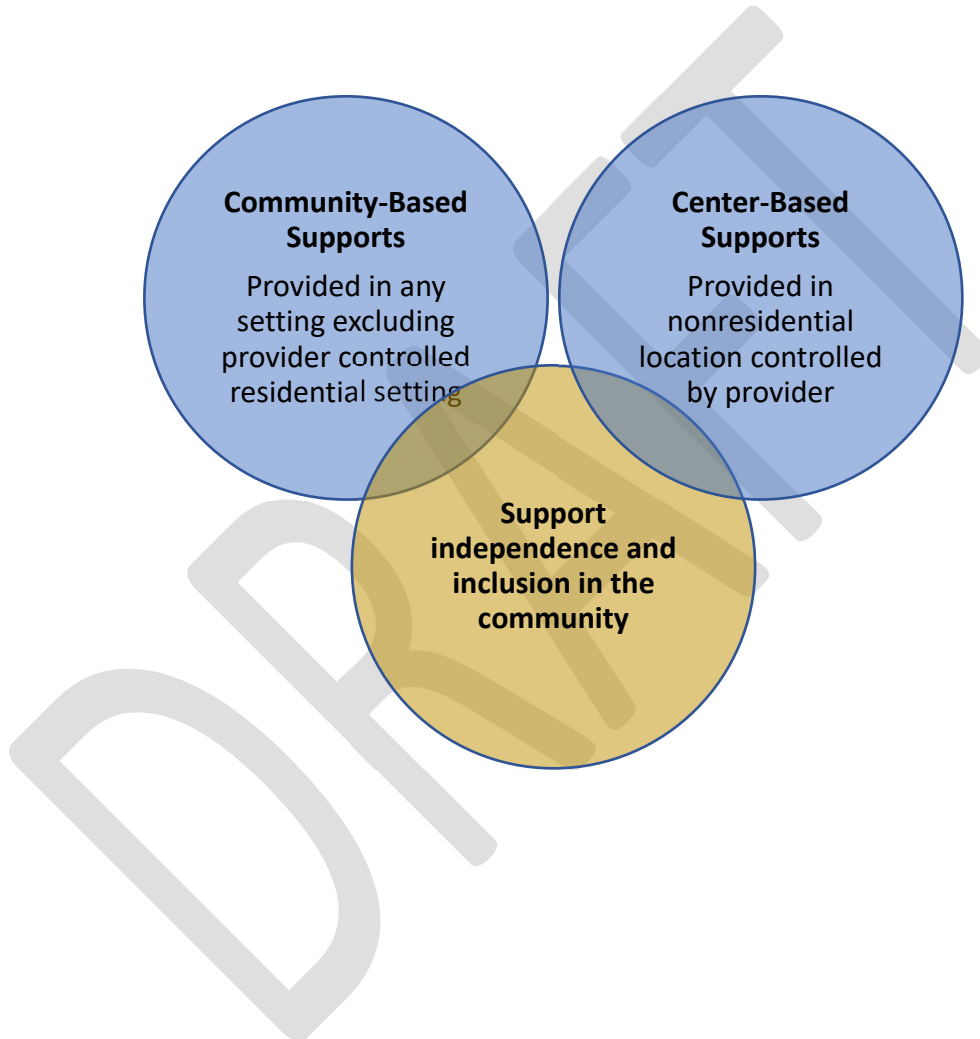
To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

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

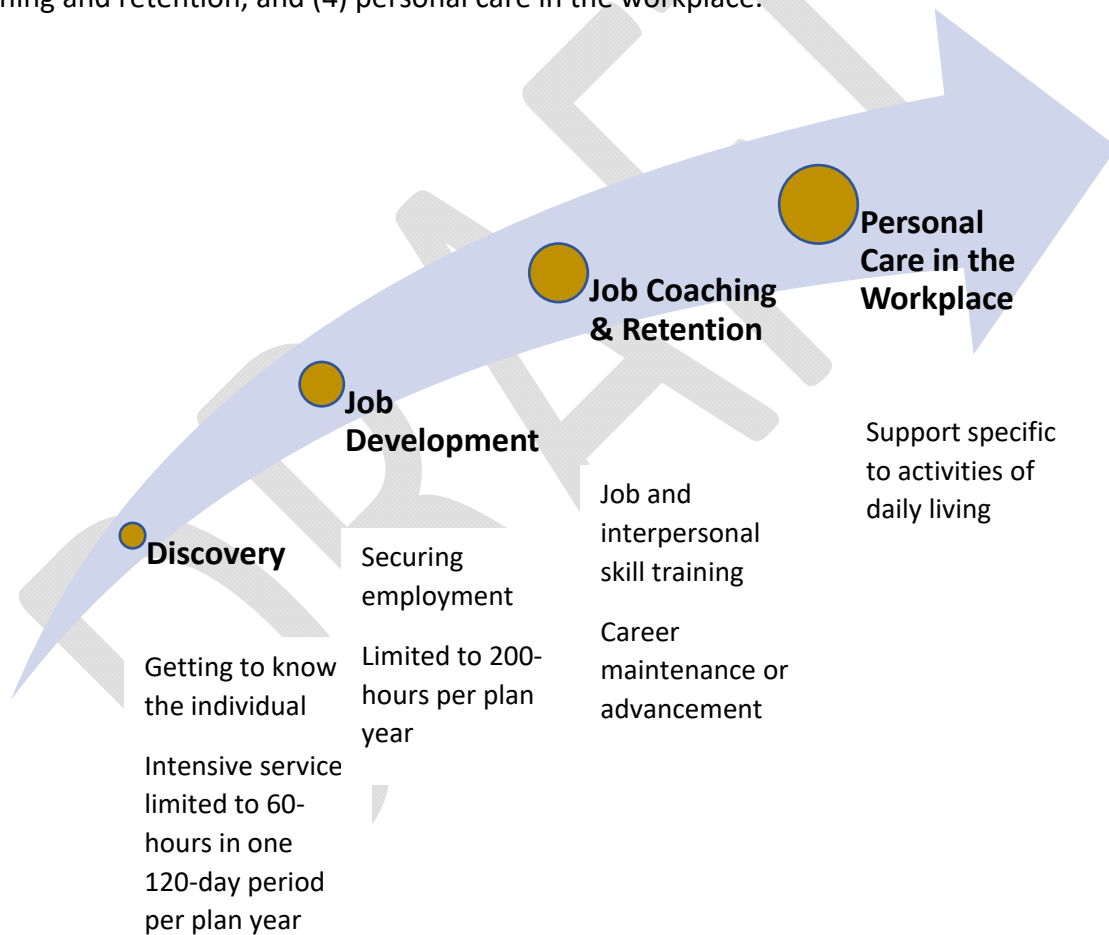
Tier	Billing Codes	Modifier	Service Allocation
1:1	TBD		
Tier A			
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

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

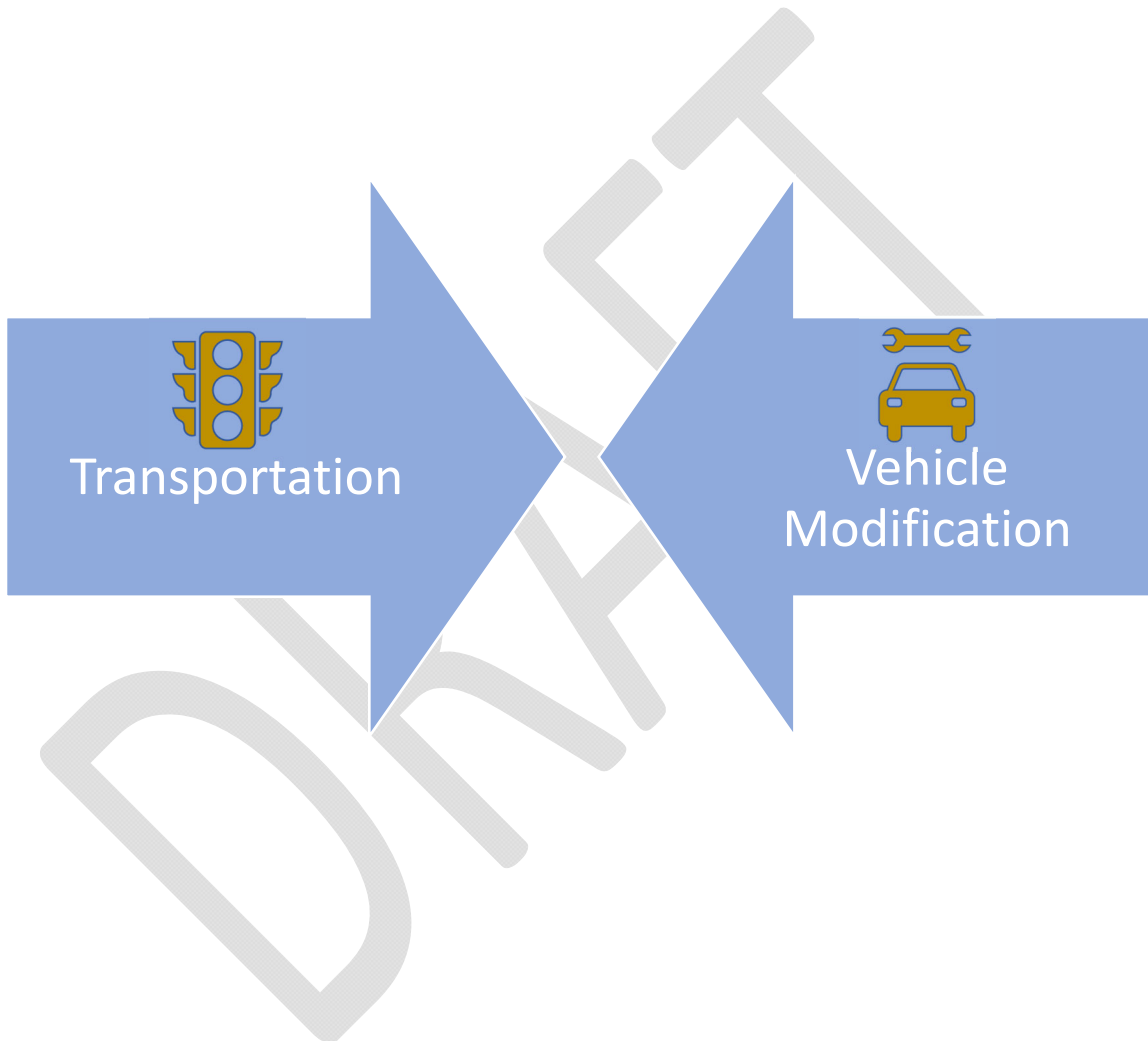
To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

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

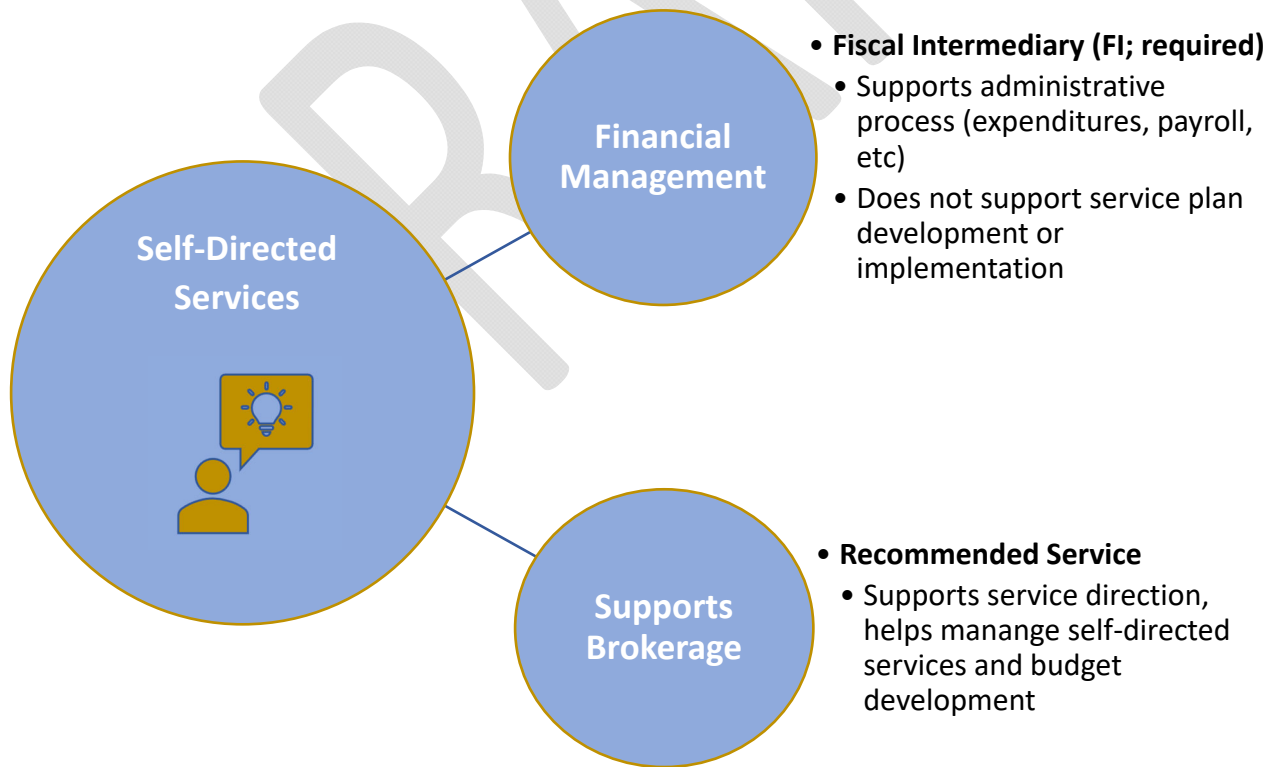
Billing Codes	Modifier	Service Allocation
TBD	N/a	Per service

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

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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):

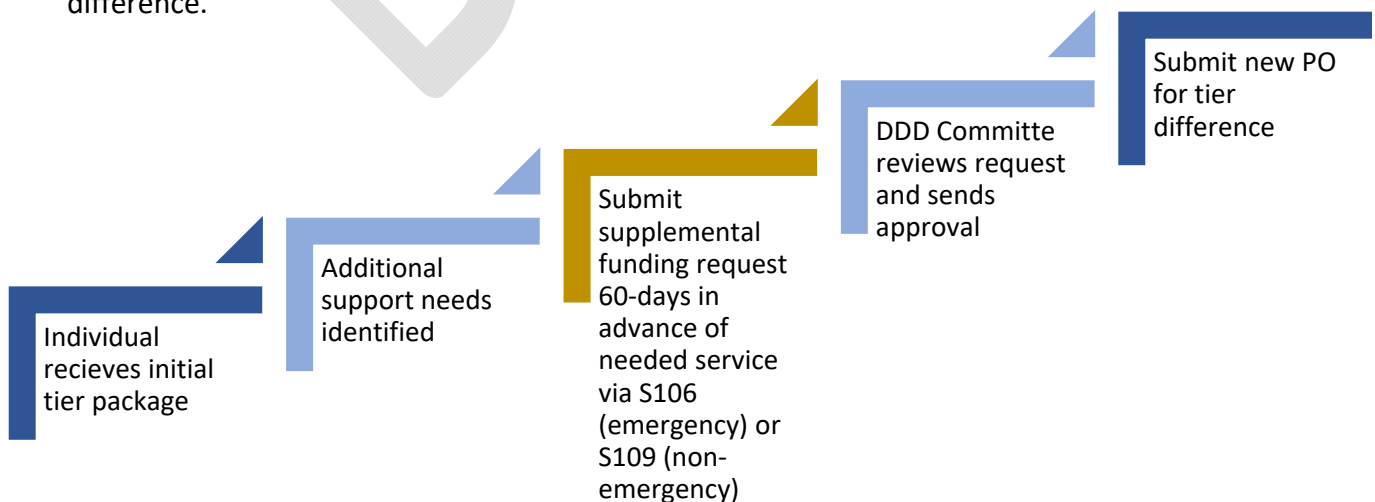
- An EMERGENCY/crisis in the individual's living situation
- Risk of losing living situation
- Risk of life-threatening incidents
- Repeated incidents relating to the individual's health and safety
- A new diagnosis of mid-stage organic brain syndromes
- A new diagnosis of serious mental health condition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

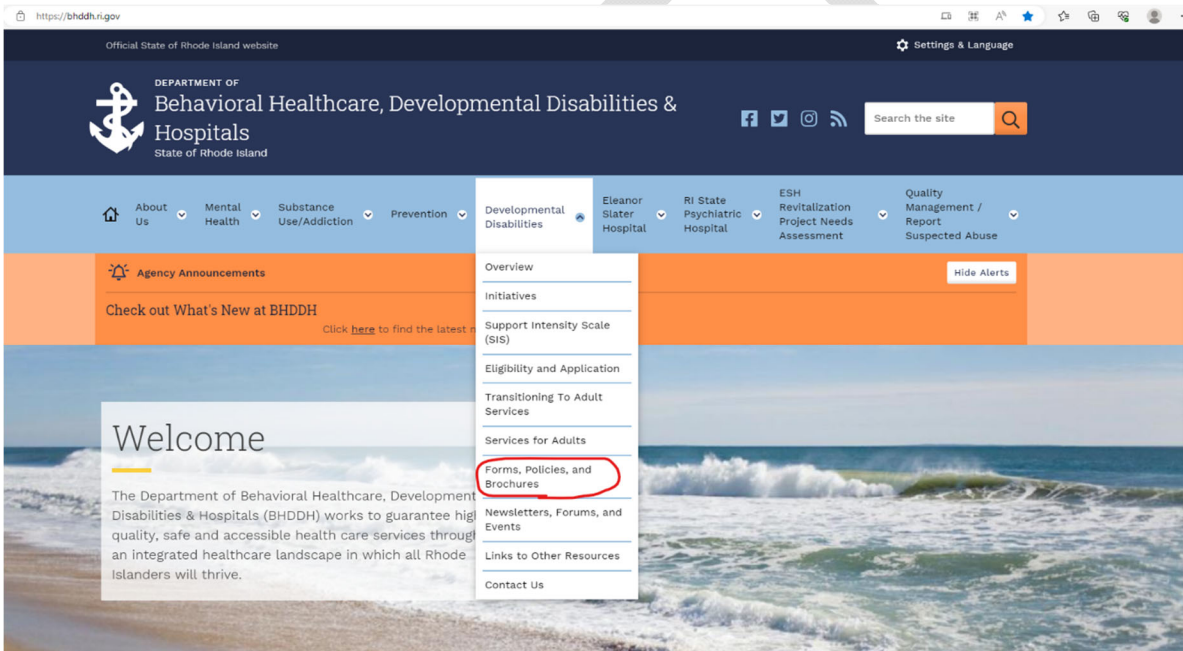
Final Rate Models

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).

**Sample Quarterly
Letter Redacted Qtr
9-30-23**



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.

**Sample Quarterly
Letter Redacted Qtr
12-31-23**



Date: 6/27/2023

Quarterly Statement for Your Budget as of 3/31/2023

This is your quarterly statement showing how much of your BHDDH funding has been used so far.
 Your Plan Year: 5/1/2022 to 4/30/2023. You have 1 months left in your plan year.

Your Budget				
Your Services	Annual Funding	Amount Paid*	Amount Left*	Provider Agency
Service-Based	N/A	N/A	N/A	
Transportation	\$5,380.49	\$1,782.62	\$3,597.87	
Support Services	\$1,896.12	\$1,580.10	\$316.02	
Grouped Services Total	\$75,684.83	\$15,280.55	\$43,421.40	
Community Based Supports	N/A		N/A	
Day Program	N/A		N/A	
Respite	N/A		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.

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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.

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- a. **Submit a new ISP and purchase order (PO) about 45 days before the end date of your current Plan Year.**
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Based on this current SIS, you are assigned a Service Package of Tier [REDACTED].

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- b. Your next SIS will be due in 2025.

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