

Funding

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

The rate review implementation is underway. A series of meetings have been held with providers and will continue into August to answer questions and work out any issues as well as to develop clear guidance. A draft billing manual has been developed. The Division is working with Gainwell on changes needed in the MMIS for new services. Therap has been updated to reflect changes in rates and authorizations. The Division has asked providers to hold billing for July services until August 1 to allow time to test the changes, review authorizations, and work out the new HCPC codes with Gainwell.

Court Order Required Actions	Required Documentation	Responsive Documentation
<p>Full implementation and funding of Rate Review recommendations. FY2024 budget request should include adequate funding for rate review recommendations and all other administrative and programmatic initiatives.</p>	<p>Materials (preferably in grid form) that specifically explains what will change (process and funding amounts) on July 1, 2023</p>	<p>Funding-000001 to Funding-000403</p> <ul style="list-style-type: none"> • Draft Rate Change Table FY24 • Rate and Payment Options Study Report • Attachment 1 Provider Survey Instrument • Attachment 2 Provider Survey Instructions • Attachment 3 Provider Survey Analysis • Attachment 4 Individual and Family Survey Results • Attachment 5 Presentation of Draft Rate Models • Attachment 6 Addendum to Presentation of Draft Rate Models • Attachment 7 Response to Public Comments • Attachment 8 Final Rate Models
	<p>Step-by-step explanation of the work done be completed with the new SIS-A – specific timeline for completion</p>	<p>Funding-000404 to Funding-000405</p> <ul style="list-style-type: none"> • Draft Guide to BHDDH Assessment Process <p>See also Process submission</p>
	<p>Materials (preferably in grid form) that explains what will change (process and funding</p>	<p>Funding-000404 to Funding-000405</p> <ul style="list-style-type: none"> • Draft Guide to BHDDH Assessment Process

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	amounts) when SIS work is completed	<ul style="list-style-type: none"> • See also Process submission
	Service Definitions	Funding-000406 to Funding-000409: BHDDH Service Definitions
	Billing Manual – billing codes – rate amounts	Funding-000410 to Funding-000452 <ul style="list-style-type: none"> • DD Billing Manual 2023 - Draft Funding-000001 to Funding-000003 <ul style="list-style-type: none"> • Draft Rate Change Table FY24
	Technical guidance for providers	Funding-000453 to Funding-000454 <ul style="list-style-type: none"> • Tier Package Summary with Comparison Funding-000001 to Funding-000003 <ul style="list-style-type: none"> • Draft Rate Change Table FY24
	Plain language guidance for individuals and families	Funding-000456 to Funding-000463: Draft Guide to Services – plain language
	Detailed schedule of roll-out – when each individual will experience the revised process (preferably aligned with ISP dates)	Funding-000464 to Funding-000466: BHDDH Narrative.
	Materials documenting how rates will be updated annually	Funding-000464 to Funding-000466: BHDDH Narrative.
Develop a guide that provide guidance re: braiding and blending of funding from ORS, BHDDH, DLT and any other source to increase employment and community outcomes.	Braiding and sequencing map	Funding-000467 to Funding-000503 <ul style="list-style-type: none"> • Braiding & Sequencing ORS/BHDDH/DLT 3.21.23 (English and Spanish) • Braiding & Sequencing PowerPoint (English and Spanish)
	Guidance (technical and plain language versions) explaining how to access funds	Funding-000467 to Funding-000556

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		<ul style="list-style-type: none"> • Braiding & Sequencing ORS/BHDDH/DLT 3.21.23 (English and Spanish) • Braiding & Sequencing PowerPoint (English and Spanish) • ORS Supported Employment Packet • Attendance for Sessions on Braiding
	<p>Strategies for increasing use of all funding sources</p>	<p>Funding-000464 to Funding-000466</p> <ul style="list-style-type: none"> • BHDDH Narrative. <p>Funding-000557 to Funding-000616</p> <ul style="list-style-type: none"> • Accessing Community and Employment Funding for Students • Grant and Alternative Funding • DLT Comprehensive Community Resource Guide
<p>Identify every possible source of state of public and private funding that could support the goals of the Consent Decree. The State will develop a document that describes how these funding sources can be braided to support the various functions of the Consent Decree. The State should develop a guide for members of the Consent Decree population that describes these additional sources of funding, their purposes, how they can be accessed and used to support the goals of individual person-centered plans.</p>	<p>Materials listing in the required action</p>	<p>Funding-000557 to Funding-000616</p> <ul style="list-style-type: none"> • Accessing Community and Employment Funding for Students • Grant and Alternative Funding • DLT Comprehensive Community Resource Guide
	<p>Plan (with dates) for distribution and dissemination</p>	<p>Funding-000464 to Funding-000466: BHDDH Narrative.</p>

Draft Rate Change Table FY24

Rate Comparison Summary

BHDDH Current Service Title	NEW BHDDH Service Title (Based on New Rate Remodel)	Tier/ Ratio	HCPC / Modifier	Service Title Status (Based on New Rate Remodel)	Billing Unit	BHDDH \$18 DSP Rate FY23	BHDDH Est. Rate FY24 RATE REMODEL
Assistive Technology	Assistive Technology	All	T5999	No Change	per service	Varies	Varies
Attendant Care	Attendant Care	All	S5125	No Change	15 minutes	Varies	Varies
Homemaker Services	Homemaker Services	All	S5130	No Change	15 minutes	Varies	Varies
Support Coordination	N/A	A	T2022-U5	Discontinued	per month	\$111.54	N/A
Support Coordination	N/A	B	T2022-U6	Discontinued	per month	\$134.34	N/A
Support Coordination	N/A	C	T2022-U7	Discontinued	per month	\$158.01	N/A
Support Coordination	N/A	D	T2022-UA	Discontinued	per month	\$226.92	N/A
Support Coordination	N/A	E	T2022-TG	Discontinued	per month	\$226.92	N/A
Support Coordination (participants with FI/day agency combo)	Support Coordination (participants with FI/day agency combo)	any	T2022 L6	No Change	per month	\$56.73	\$56.73
Support Facilitation	Support Facilitation	A	T2022 U5 U2	No Change	per month	\$49.20	\$49.20
Support Facilitation	Support Facilitation	B	T2022 U6 U2	No Change	per month	\$49.20	\$49.20
Support Facilitation	Support Facilitation	C	T2022 U7 U2	No Change	per month	\$98.41	\$98.41
Support Facilitation	Support Facilitation	D	T2022 UA U2	No Change	per month	\$197.88	\$197.88
Support Facilitation	Support Facilitation	E	T2022 TG U2	No Change	per month	\$197.88	\$197.88
Supports Brokerage, Self Directed Program	Supports Brokerage, Self Directed Program	All	T2041	No Change	15 minutes	\$12.50	\$15.99
Day Program (center-based)	Day Program (center-based)	A	T2021 U5	No Change	15 minutes	\$1.38	\$3.33
Day Program (center-based)	Day Program (center-based)	B	T2021 U6	No Change	15 minutes	\$1.59	\$3.33
Day Program (center-based)	Day Program (center-based)	C	T2021 U7	No Change	15 minutes	\$2.26	\$4.04
Day Program (center-based)	Day Program (center-based)	D	T2021 UA	No Change	15 minutes	\$3.45	\$5.25
Day Program (center-based)	Day Program (center-based)	E	T2021 TG	No Change	15 minutes	\$9.47	\$6.20
Day Program (community-based)	Day Program (community-based)	A	T2021-U5-U1	Discontinued	15 minutes	\$2.01	N/A
Day Program (community-based)	Day Program (community-based)	B	T2021-U6-U1	Discontinued	15 minutes	\$2.01	N/A
Day Program (community-based)	Day Program (community-based)	C	T2021-U7-U1	Discontinued	15 minutes	\$4.67	N/A
Day Program (community-based)	Day Program (community-based)	D	T2021-UA-U1	Discontinued	15 minutes	\$9.56	N/A
Day Program (community-based)	Day Program (community-based)	E	T2021-TG-U1	Discontinued	15 minutes	\$9.56	N/A
Day Program (home-based)	N/A	A	T2020-U5	Discontinued	per diem	\$31.29	N/A
Day Program (home-based)	N/A	B	T2020-U6	Discontinued	per diem	\$37.59	N/A
Day Program (home-based)	N/A	C	T2020-U7	Discontinued	per diem	\$56.91	N/A
Day Program (home-based)	N/A	D	T2020-UA	Discontinued	per diem	\$121.94	N/A
Day Program (home-based)	N/A	E	T2020-TG	Discontinued	per diem	\$232.89	N/A
Professional Supports while at Day Program	N/A	All	T2021-U8	No Change	15 minutes	\$13.13	N/A
Job Coaching	Job Coaching	All	T2019	No Change	15 minutes	\$9.69	\$18.06
Job Coaching	Job Coaching	1:02	T2019 UN	No Change	15 minutes	\$5.57	\$8.53
Job Coaching	Job Coaching	1:03	T2019 UP	No Change	15 minutes	\$3.88	\$5.79
Job Coaching	Job Coaching	1:04	T2019 UQ	No Change	15 minutes	\$3.03	\$4.41
Job Coaching	Job Coaching	1:05	T2019 UR	No Change	15 minutes	\$2.52	\$3.58
Job Coaching	Job Coaching	1:06	T2019 US	No Change	15 minutes	\$2.18	\$3.01
Job Development or Assessment	Job Development or Assessment	1:01	T2025 UD	No Change	per hour	\$60.18	\$78.92
Job Retention	Job Retention	A	T2023 U5	No Change	per month	\$216.39	\$216.39
Job Retention	Job Retention	B	T2023 U6	No Change	per month	\$299.88	\$299.88
Job Retention	Job Retention	C	T2023 U7	No Change	per month	\$386.66	\$386.66
Job Retention	Job Retention	D	T2023 UA	No Change	per month	\$580.00	\$580.00
Job Retention	Job Retention	E	T2023 TG	No Change	per month	\$727.22	\$727.22
Prevocational Training	N/A	1:06	T2015-US	Discontinued	per hour	\$7.58	N/A
Prevocational Training	N/A	1:05	T2015-UR	Discontinued	per hour	\$8.73	N/A
Prevocational Training	N/A	1:04	T2015-UQ	Discontinued	per hour	\$10.49	N/A
Prevocational Training	N/A	1:03	T2015-UP	Discontinued	per hour	\$13.41	N/A
Prevocational Training	N/A	1:02	T2015-UN	Discontinued	per hour	\$19.29	N/A
Prevocational Training	N/A	1:01	T2015	Discontinued	per hour	\$37.27	N/A

Rate Comparison Summary

BHDDH Current Service Title	NEW BHDDH Service Title (Based on New Rate Remodel)	Tier/ Ratio	HCPC / Modifier	Service Title Status (Based on New Rate Remodel)	Billing Unit	BHDDH \$18 DSP Rate FY23	BHDDH Est. Rate FY24 RATE REMODEL
Self-Directed Goods or Services	Self-Directed Goods or Services	All	T2025 U2	No Change	varies	N/A	N/A
N/A	Discovery	1:01	TBD	New	15 minutes	N/A	\$17.61
N/A	Personal Care in the Workplace	All	TBD	New	15 minutes	N/A	\$12.36
Respite	Respite	All	T1005 L9	No Change	per service	\$7.71	\$11.28
Prevocational Training	N/A	All	T2015 L9	Discontinued	per service	\$37.27	N/A
Job Coaching	Job Coaching	All	T2019 L9	No Change	per service	\$9.69	\$18.06
Community Residence Supports	Community Residence Supports	All	T2033 L9 U1	No Change	per service	\$133.37	\$210.02
Day Activity Transportation	Transportation	All	T2003 L9	No Change	per service	18.64	N/A
Home Modifications	Home Modifications	All	S5165	No Change	per service	N/A	N/A
Natural Supports Training (standard)	Natural Supports Training (standard)	1:01	T2013	No Change	per hour	\$43.78	\$43.78
Natural Supports Training Prof. Staff	Natural Supports Training Prof. Staff	1:01	T2013 UD	No Change	per hour	\$47.72	\$47.72
PERS, install and testing	PERS, install and testing	All	S5160	No Change	per service	N/A	N/A
PERS, purchase only	PERS, purchase only	All	S5162	No Change	per service	N/A	N/A
PERS, service	PERS, service	All	S5161	No Change	per service	N/A	N/A
N/A	Family to Family Training	All	TBD	New	15 minutes	N/A	\$11.18
N/A	Peer Supports	All	TBD	New	15 minutes	N/A	\$11.65
Access to Overnight Shared Supports	Access to Overnight Shared Supports	All	T2016 U8	No Change	per diem	\$28.94	\$28.94
Community Residence Supports	Community Residence Supports	A	T2033 U5	No Change	per diem	\$171.44	\$293.79
Community Residence Supports	Community Residence Supports	B	T2033 U6	No Change	per diem	\$171.44	\$350.56
Community Residence Supports	Community Residence Supports	C	T2033 U7	No Change	per diem	\$242.11	\$407.31
Community Residence Supports	Community Residence Supports	D	T2033 UA	No Change	per diem	\$390.45	\$472.96
Community Residence Supports	Community Residence Supports	E	T2033 TG	No Change	per diem	\$437.61	\$529.78
Community-Based Support Prof. Staff	Professional Services	1:01	T2017 UD	New	15 minutes	\$13.13	Varies
Community-Based Supports (standard)	Community-Based Supports (standard)	1:01	T2017	No Change	15 minutes	\$9.47	\$12.36
Community-Based Supports (standard)	Community-Based Supports, Group	A	T2017 UN	New	15 minutes	\$5.45	5.61
Community-Based Supports (standard)	Community-Based Supports, Group	B	T2017 UP	New	15 minutes	\$3.79	5.61
Community-Based Supports (standard)	Community-Based Supports, Group	C	T2017 UQ	New	15 minutes	\$2.96	6.63
Community-Based Supports (standard)	Community-Based Supports, Group	D	T2017 UR	New	15 minutes	\$2.46	8.12
Community-Based Supports (standard)	Community-Based Supports, Group	E	T2017 US	New	15 minutes	\$2.13	10.72
Non-congregant Residential Supports	N/A	A	T2016 U5	Discontinued	day	\$171.44	N/A
Non-congregant Residential Supports	N/A	B	T2016 U6	Discontinued	day	\$171.44	N/A
Non-congregant Residential Supports	N/A	C	T2016 U7	Discontinued	day	\$242.11	N/A
Non-congregant Residential Supports	N/A	D	T2016 UA	Discontinued	day	\$390.45	N/A
Non-congregant Residential Supports	N/A	E	T2016 TG	Discontinued	day	\$437.61	N/A

Rate Comparison Summary

BHDDH Current Service Title	NEW BHDDH Service Title (Based on New Rate Remodel)	Tier/ Ratio	HCPC / Modifier	Service Title Status (Based on New Rate Remodel)	Billing Unit	BHDDH \$18 DSP Rate FY23	BHDDH Est. Rate FY24 RATE REMODEL
				No Change			
Respite Care	Respite Care	All	T1005	No Change	15 minutes	\$7.71	\$11.28
Respite Care	Respite Care	1:01	S9125	No Change	day	\$277.56	\$339.12
Respite Care (overnight)	Respite Care (overnight)	All	T1005 NS	No Change	15 minutes	\$5.43	\$11.28
Shared Living Arrangements	Shared Living Arrangements	A	T2033 U5 U1	No Change	per diem	\$71.85	\$147.26
Shared Living Arrangements	Shared Living Arrangements	B	T2033 U6 U1	No Change	per diem	\$87.69	\$164.95
Shared Living Arrangements	Shared Living Arrangements	C	T2033 U7 U1	No Change	per diem	\$111.33	\$187.49
Shared Living Arrangements	Shared Living Arrangements	D	T2033 UA U1	No Change	per diem	\$133.37	\$210.02
Shared Living Arrangements	Shared Living Arrangements	E	T2033 TG U1	No Change	per diem	\$133.37	\$227.71
N/A	Remote Supports, In-Person Response	All	TBD	New	15 minutes	N/A	\$12.36
N/A	Remote Supports, Monitoring	All	TBD	New	15 minutes	N/A	\$2.64
N/A	Respite Care	1:02	TBD	New	15 minutes	N/A	\$6.37
N/A	Respite Care	1:03	TBD	New	15 minutes	N/A	\$4.32
N/A	Shared Living Arrangement Whole Life	A	TBD	New	day	N/A	\$178.21
N/A	Shared Living Arrangement Whole Life	B	TBD	New	day	N/A	\$202.09
N/A	Shared Living Arrangement Whole Life	C	TBD	New	day	N/A	\$230.81
N/A	Shared Living Arrangement Whole Life	D	TBD	New	day	N/A	\$309.06
N/A	Shared Living Arrangement Whole Life	E	TBD	New	day	N/A	\$339.12
N/A	Supportive Living	A	TBD	New	day	N/A	\$237.28
N/A	Supportive Living	B	TBD	New	day	N/A	\$287.74
N/A	Supportive Living	C	TBD	New	day	N/A	\$340.72
N/A	Supportive Living	D	TBD	New	day	N/A	\$400.04
N/A	Supportive Living	E	TBD	New	day	N/A	\$437.96
Day-Activity-Transportation	N/A	A,B,C	T2003	Discontinued	per-trip	\$10.62	N/A
Day-Activity-Transportation	N/A	D,E	T2003-UA-or-TG	Discontinued	per-trip	\$18.64	N/A
N/A	Transportation	All	TBD	New	per trip	N/A	\$21.20
ISP Development	ISP Development	All		No Change	per plan	\$500	\$500.00

Rate and Payment Options Study Report

HMA

HEALTH MANAGEMENT ASSOCIATES

Rate and Payment Options Study

Final Report on Rate Study Recommendations

PRESENTED TO

RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES AND HOSPITALS

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

Funding-000004

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- Attachment 5: Presentation of Draft Rate Models
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- Attachment 7: Responses to Public Comments
- Attachment 8: Final Rate Models

Executive Summary

The Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals (BHDDH) oversees the system of supports for approximately 4,000 Rhode Islanders with intellectual and developmental disabilities (I/DD). This system includes home and community-based services (HCBS) delivered by a network of 33 private providers. These services include residential supports (including services provided in individuals' own homes and family homes, shared living arrangements, and group homes), community-based and center-based supports that offer meaningful day activities, and employment supports.

BHDDH is leading a significant systems-change initiative focused on strengthening the service delivery system for individuals with I/DD. Broadly, this work includes three key elements:

- A review of the array of available services and the definitions and standards for each service
- A study of provider payment rates as well as billing policies
- An evaluation of the tools and processes used to assess individual needs and how these assessments translate to individual funding allocations ('tier packages')

Building on system reforms stretching back over a decade as well as Rhode Island's consent decree with the United States Department of Justice, this project seeks to support the shift toward a robust community-based support system that promotes individual self-determination, choice, and control; to promote flexibility and innovation in services; and to ensure that payment rates adequately cover the cost of high-quality services.

BHDDH contracted with Burns & Associates, a division of Health Management Associates (HMA-Burns) to provide technical assistance and support throughout this project. Since its founding in 2006, Burns & Associates has consulted with I/DD agencies in 22 states, including leading comprehensive rate studies for home and community-based services in 12 of these states.

Assessments and Individual Budgets

After BHDDH began the project and contracted with HMA-Burns, the American Association on Intellectual and Developmental Disabilities (AAIDD) announced that it was revising the adult version of its Supports Intensity Scale (SIS-A), including renorming the scoring of the instrument. Rhode Island uses the SIS-A in concert with supplemental questions to assign individuals to one of five 'tiers'. These tiers, in turn, are used to determine the rates providers are paid for certain services as well as the amount of funding that individuals receive to access services. AAIDD has stated that the revised SIS-A would be released in early 2023. Given that the revision makes substantial changes to the scoring of the SIS-A, it became necessary to delay the evaluation of the assessment framework and tier packages. This evaluation will require a reasonably sized sample of assessments conducted with the revised SIS-A; it is anticipated that the analysis can be conducted in mid-2023.

In the interim, HMA-Burns has offered several recommendations to respond to stakeholder concerns and increase flexibility and self-determination for individuals:

- *Removing employment services from the tier packages.* This change supports Rhode Island’s employment first goals by eliminating the need for individuals to choose between employment supports and other services.
- *Requiring providers to bill for Community-Based Support and Center-Based Support services (currently termed Day Programs) based on an individual’s assigned tier rather than a program’s staffing ratio.* This change will ensure greater predictability in the level of service that an individual will be able to access, eliminating instances in which individuals receive fewer services than planned because their provider bills a higher rate than assumed in their tier package. Additionally, this change would simplify providers’ monitoring and billing processes.
- *Combining several individual components of the tier package for the purposes of planning.* The study recommends that the amounts assumed for Community-Based Supports, Day Program, Transportation, Overnight Shared Supports, and Respite be treated as a single budget to increase the flexibility in the use of the tier packages.
- *Repricing the tier packages to account for the proposed changes in payment rates.* This is consistent with BHDDH’s current practices and ensures that individuals are able to receive the same level of support assumed in the tier packages.

Service Array

This study found that Rhode Island has an expansive service array with broad service definitions that support flexibility in program design and delivery. The study does recommend the establishment of several new services. Some of these changes would establish a clearer framework for existing supports while others would constitute new services. Recommendations include:

- *Supportive Living*, which would be a residential living option that is less intensive and offers greater independence than a group home. In this model, individuals live in their own homes and share staffing supports provided by the agency that owns or controls the housing.
- *Remote Supports*, which allow individuals to receive support from staff who are at a centralized location rather than physically present with the individual.
- *Companion Room and Board* to cover the cost of room and board of a companion/ roommate living with an eligible individual.
- *Discovery* to help individuals identify the type of job they want to do.
- *Personal Care in the Workplace* for individuals who require assistance with personal care needs while at work, but who do not need employment-related supports.
- *Vehicle Modifications* to pay for adaptations or alterations to a privately-owned vehicle that serves as the individual’s primary means of transportation.
- *Peer Supports and Family-to-Family Training* to allow individuals with lived experience help others navigate the service delivery system and identify other community resources.

In addition to the establishment of these services, the study recommends several changes to existing services, including:

- *Consolidating Home-Based Day Programs into Group Home rates.* The rate study establishes Group Home funding levels that provide for 24-hour staffing, eliminating the need for a separate service for individuals who do not receive services away from the home.
- *Establishing a framework for ‘specialized’ group homes.* To support the development of homes customized to serve residents with specialized needs, the rate study proposes to create a structure to establish rates for these homes based on staff qualifications and staffing levels.
- *Establishing outcome-based rates for Job Coaching.* The rate study proposes to pay Job Coaching providers based on the hours that the individual they support works rather than the number of hours of support provided. This approach incentivizes both working individuals to increase the hours that they work, consistent with their goals, and fading unnecessary supports.
- *Renaming Day Programs and eliminating ratio requirements.* The rate study proposes to replace Day Programs with Community-Based Supports and Center-Based Supports to emphasize that programs should be designed around the needs of individuals rather than a specific, limited time of day. For similar reasons, the rate study recommends the elimination of staffing ratio requirements for these services.

Provider Payment Rates

Drawing on its experience conducting more than a dozen similar rate studies across the country, HMA-Burns facilitated a rate study comprised with three broad phases:

- *Phase 1: Background Research and Kick-Off Meetings* covered a review of background materials (such as the terms and conditions of Rhode Island’s Medicaid Section 1115 Waiver, BHDDH’s billing manual, and previously issued reports) as well as initial meetings with BHDDH staff and service providers. This phase aimed to document current service requirements and to begin to identify the existing strengths and needs of the system.
- *Phase 2: Data Collection* included both primary data collection (the design and administration of a survey for providers and a survey for individuals and families as well as additional stakeholder meetings) and secondary data collection (benchmarks for individual cost drivers such as staff wages as well as rates paid by other programs for comparable services).
- *Phase 3: Rate Model Development* included the design of rate models for each service and a public comment process to solicit stakeholder feedback before finalizing recommendations.

In total, the recommended rate changes would increase total payments by an estimated 22 percent based on fiscal year 2021 utilization. Rate increases are driven primarily by higher assumed costs for direct support professional compensation and program support. These adjustments build on a number of increases granted over the past three years that have totaled approximately 40 percent for most services. Although the rate study recommends increases for most services, some rates would be reduced. However, the federal American Rescue Plan Act (ARPA) prevents full implementation of some of these reductions until early 2025.

If funded, implementation of the proposed rate changes could begin in July 2023, but would need to be accompanied by updates to existing policies and billing systems.

Section 1: Background

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) administers the system of supports for Rhode Islanders with intellectual and developmental disabilities (I/DD), including Medicaid-funded home and community-based services (HCBS) authorized through the state’s Section 1115 waiver. The program has an annual budget of more than \$300 million, more than half of which is funded with federal Medicaid funds, and provides services to approximately 4,000 individuals.

Individuals with I/DD have access to a variety of services, including residential supports (including services provided in individuals’ own homes and family homes, shared living arrangements, and group homes), community-based and center-based supports that offer meaningful day activities, and employment supports. These services are delivered through a network of 33 private I/DD providers. Additionally, approximately 800 individuals self-direct some or all of their services.

BHDDH is leading a significant systems-change initiative focused on strengthening the system of supports for individuals with I/DD. This work includes comprehensive reviews of service requirements, provider payment rates, and methods to assess individual needs and establish individual funding allocations.

Through a competitive procurement process, BHDDH contracted with Burns & Associates, a division of Health Management Associates (HMA-Burns), to assist with this effort. Since its founding in 2006, Burns & Associates has consulted with I/DD agencies in 22 states, including leading comprehensive rate studies for home and community-based services in 12 of these states. Health Management Associates acquired Burns & Associates in September 2020.

Founded in 1985, HMA is a leading independent, national research and consulting firm employing more than 250 consultants, excluding its subsidiaries, with experience that spans the health and human services environment and stretches across the nation. Since its inception, HMA’s mission has been to provide meaningful support grounded in real-world experience to policymakers, providers, health plans, foundations, community-based organizations, and communities that serve populations who depend on publicly funded services.

BHDDH’s current initiative builds on a number of previous system reforms over more than a decade.

In 2010, Burns & Associates and the Human Services Research Institute (HSRI) were contracted to support the Project Sustainability initiative, which had several goals, including transitioning from bundled payments to standard fee-for-service rates and aligning provider payments with individuals’ objectively assessed needs.

Prior to that initiative, funding for services was negotiated at the provider level and bundled into one overall payment for multiple services. While this approach simplified provider administration and produced predictable revenues for providers, it limited individual choice in providers and did not align payment with the actual level of service provided. Further, the federal Centers for Medicare and Medicaid Services (CMS) generally does not support such “bundled” arrangements. For example, the Instructions, Technical Guide and Review Criteria that CMS issues for Section 1915(c) waiver applications states:

42 CFR §441.301(b)(4) also provides that “multiple services that are generally considered to be separate services may not be consolidated under a single definition.” The chief reasons why

services may not be “bundled” are to: (a) ensure that waiver participants can exercise free choice of provider for each service and (b) ensure that participants have access to the full range of waiver services. Bundling means the combining of disparate services with distinct purposes (e.g., personal care and environmental modifications) under a single definition and providing that the combined services will be furnished by a single provider entity (e.g., one provider would furnish both personal care and environmental modifications) that is paid one rate for the provision of the combined services.¹

In addition, the negotiated rate process did not ensure that funding was allocated in a manner that aligned with the needs of individuals served. To increase equity by ensuring that individuals with similar needs have access to similar levels of support, Rhode Island adopted the Supports Intensity Scale for Adults (SIS-A) to assess the needs of individuals. The American Association on Intellectual and Developmental Disabilities (AAIDD) launched the SIS in 2004 after five years of development that included an extensive norming process. SIS-A assessments, which include the individual with I/DD and people who know the individual well, evaluate the supports the individual needs to live independently, rather than focusing on deficits. Rhode Island uses the results of the SIS-A to assign an individual to one of five ‘tiers’.

Proposed rates for discrete, defined services were published in May 2011. For shared services such as group homes and day programs, the proposed payment rates varied based on an individual’s assigned tier, recognizing that individuals with more significant support needs generally require more intensive supports.

Before these rates could be implemented, the legislature, reacting to a severe downturn in state revenues, cut the program’s budget by \$16 million. In response, BHDDH directed Burns & Associates to scale back the rates to conform to the reduced budget. This resulted in reductions to the originally proposed rates of about 18 percent. For several years, only modest adjustments were made to the fee schedule and many payment rates remained below what Burns & Associates proposed in 2011 until a round of rate increases implemented in July 2021. The state has made substantial investment in provider payments in more recent years with notable rate increases in October 2019, July 2021, and July 2022. Overall, payment rates for most services (as measured by billing volume) have been increased by approximately 40 percent over the past three years. There are notable exceptions, with effectively no changes in payment rates for Shared Living Arrangements, Professional Services, and Support Facilitation.

As part of the transition away from bundled payment rates, Project Sustainability also sought to align the total level of support that individuals may receive with their assessed needs. Based on the tier assignment and an individual’s living situation, tier packages (individual budgets) were established for various categories of service. The result is a more consistent approach to authorizing services in which individuals with relatively fewer needs receive a lower cost tier package than those with greater needs. A series of quantitative analysis memos written by the New England States Consortium Systems Organization (NESCO) in January 2020 affirmed that funding for individuals with I/DD in Rhode Island is being allocated as intended.

BHDDH is also working to achieve the outcomes identified in the Consent Decree entered into with the United States Department of Justice (DOJ) in 2013. The Consent Decree resolves findings by the DOJ that Rhode Island violated the Americans with Disabilities Act (ADA) by failing to serve individuals with I/DD in

integrated settings and by putting youth with I/DD at risk of segregation. While the Consent Decree relates to access to employment and day services, the resulting systems changes are impacting many aspects of the I/DD service system.

BHDDH formed five Consent Decree workgroups to address specific barriers. A summary of the work done by these workgroups was shared by BHDDH leadership earlier in 2022. Highlights include moving to annual service authorizations, adding questions to the assessment process to better capture funding needs upfront, and creating more detailed SIS-A result letters for individuals and families.

In 2021, BHDDH agreed to an Action Plan to continue reform efforts. The Action Plan commits to increasing provider payment rates to support a starting wage for direct support professionals of \$18 per hour in fiscal year 2023 and \$20 per hour in fiscal year 2024; creating a statewide workforce initiative focused on recruiting, creating pipelines, and credentialing; allocating new funds for integrated day activities and supported employment services as well as technology acquisition for individuals; and working with the Rhode Island Public Transit Authority (RIPTA) to become a service provider.

Enhancing opportunities for people with I/DD to access and engage in the community supports the outcomes envisioned by the Consent Decree as well as Rhode Island’s compliance with the home and community-based services settings rule issued by CMS in 2014. A key focus of the rule is the expectation that people with disabilities are able to access and participate in their communities to a degree similar to those without disabilities. The rule also requires that case management be ‘conflict-free’, meaning that the agency responsible for service planning must not be the agency that provides the service. Additionally, planning for services must be individually focused and reflect personal goals and support needs. Recognizing the significance of many of the requirements in the rule, CMS originally provided a five-year implementation timeline. Due to the pandemic, the timeline was extended to March 17, 2023.

BHDDH expects the rate and payment options study to support these ongoing efforts. In particular, the project seeks to support the shift toward a robust community-based support system that promotes individual self-determination, choice, and control; to promote flexibility and innovation in services; and to ensure that payment rates adequately cover the cost of high-quality services.

This report summarizes the results of HMA-Burns’ findings and recommendations to date, organized as follows:

- *Section 2: Assessments and Individual Budgets* describes BHDDH’s current approach to assessing individuals’ levels of need. Due to forthcoming changes to the SIS-A, the intended comprehensive review of the approach and methodology to assessing individuals, using assessment results to measure individual needs, and establishing individual budget amounts has been delayed to allow time for the collection and analysis of assessments conducted using the revised SIS-A.
- *Section 3: Rate Study Process* summarizes the objectives of the rate study (for example, fairly accounting for providers’ costs while supporting programmatic goals and ensuring compliance with applicable payment requirements) and describes the process employed to develop rate models for each service.
- *Section 4: Rate Model Development* describes the factors, calculations, and assumptions included in the rate models, such as the wage levels paid to direct care workers, the benefit package for

direct care workers, productivity assumptions, service-specific factors, and agency overhead costs.

- *Section 5: Recommended Rates and Associated Changes* reports the final recommended rates for each service included in the rate study as well as proposed changes to service requirements and billing policies.
- *Section 6: Implementation Considerations* discusses issues to be considered as Rhode Island looks to implement the recommendations resulting from this study.

Section 2: Assessments and Individual Budgets

As discussed above, BHDDH adopted the Support Intensity Scale more than a decade ago to assess individual needs. BHDDH uses assessment results coupled with supplemental questions to group together individuals with similar support needs into one of five tiers. These tier assignments are used both to determine provider payment rates for a number of services and to establish the level of funding that individuals receive for certain services.

This study intends to conduct a comprehensive evaluation of current processes to assess individuals and establish funding levels, but forthcoming changes to the adult version of the Supports Intensity Scale (SIS-A) have prompted a delay in this work. However, several recommendations have been developed to make interim changes to individual budgets in order to improve individuals' access to services.

Overview of Current Assessment and Individual Budgeting Frameworks

Like more than 20 other states², Rhode Island uses the SIS-A to assess the needs of individuals with I/DD. Assessments are completed by state staff who have been trained by the American Association on Intellectual and Developmental Disabilities (AAIDD), the developer and publisher of the SIS-A. Individuals receive an assessment every five years or more frequently if they experience a change in condition.

BHDDH uses results from select sections of the SIS, coupled with supplemental questions added to identify extraordinary medical or behavioral needs, to assign individuals to one of seven levels that are further consolidated into five tiers. In particular, the level assignments rely on the following:

- The sum of the normed (or “standard”) scores in three of the six subsections within the Support Needs Index (SNI, which is Section 2 of the instrument): subsection 2A for home living activities, subsection 2B for community living activities, and subsection 2E for health and safety. These subsections, which are collectively labeled ‘ABE’, were used to assign levels of need because analysis found that they were most correlated with the utilization of paid supports.
- Section 1A, which measures exceptional medical support needs.
- Section 1B, which measures exceptional behavioral support needs.
- Supplemental questions related to medical and behavioral support needs. These questions were adopted to identify individuals who *may* have extraordinary needs related to medical or behavioral conditions. Because these questions were designed to identify needs that would otherwise be missed, they were intentionally designed to be broad and flag individuals who will not meet the criteria for the highest levels. As a result, there is a verification process to determine whether individuals identified through the supplemental questions should be assigned to the extraordinary medical or extraordinary behavioral levels.

Figure 2-1 details the criteria for the levels and tiers.

Figure 2-1: Criteria for Assigning Rate Tiers

Tier	Level	ABE Score	Medical (1A OR Supp. Questions)	Behavioral (1B OR Supp. Questions)
A	1	24 or less	6 or less	6 or less
B	2	25 to 30	6 or less	6 or less
C	3	30 or less	6 or less	7 to 10
	4	31 to 36	6 or less	10 or less
D	5	37 or more	6 or less	10 or less
	6	any	7 or more OR verified supp. questions	10 or less
E	7	any	any	11 or more OR verified suppl. questions

Recognizing that individuals with greater needs generally require more intensive supports, particularly for shared services, provider payment rates vary based on an individual's assigned tier for several services:

- Group Homes
- Non-Congregant Residential Supports
- Shared Living Arrangements
- Day Activity Transportation
- Job Retention

There are also tiered rates for Day Program and Support Facilitation services, but these rate tiers are based on factors other than an individual's assessed needs.

In addition to provider payment rates, individuals' tier assignments are used to determine the amount of support they can receive for a variety of services. These "tier packages" also consider individuals' living arrangements with four classifications:

- Living with a relative
- Living in own home or apartment
- Living in a shared living arrangement (SLA)
- Living in a 24-hour residential placement (such as a group home)

The result is 20 different tier packages (four living arrangements each with five tier assignments) comprised of funding associated with the following services:

- Case Management
- Community-Based Supports (living with relative and living in own home or apartment only)
- Overnight Shared Support (living in own home or apartment only)

- Residential (24-hour residential and SLA only)
- Professional Services in SLA (SLA only)
- Respite (SLA only)
- Day Program
- Professional Services in Day Program
- Transportation

The assumptions related to the amount of support associated with each service are intended to meet the needs of the large majority of individuals in each group. Figure 2-2 offers an example, listing the tier packages for individual who live with relatives.

Figure 2-2: Current Tier Packages for Individuals Living with Relatives (Annual Amounts)

Service	Tier A	Tier B	Tier C	Tier D	Tier E
Case Management	12 months	12 months	12 months	12 months	12 months
Community-Based Support	260 hours	520 hours	1,040 hours	1,560 hours	1,560 hours
Center-Based Day Program	614 hours	614 hours	614 hours	614 hours	614 hours
Community-Based Day Program	922 hours	922 hours	922 hours	922 hours	922 hours
Day Activity Transportation	512 trips	512 trips	512 trips	512 trips	512 trips
Professional Hours in Day Program	48 hours	48 hours	48 hours	260 hours	260 hours

The services assumed in the tier packages are priced based on the fee schedule to establish funding amounts for each category of services (the funding for Center-Based Day Programs and Community-Based Day Programs is reported and managed as a single budget amount, but is listed separately in Figure 2-2 for clarity).

Both individuals receiving services and providers have suggested the need for changes to the assessment framework and tier packages that were first established a decade ago. These issues are interconnected such that a comprehensive evaluation must consider the process in its entirety. For example, a budget framework or budget amounts cannot be established without knowing the needs of the individuals for whom the budget is being established. As a result of forthcoming changes to the SIS-A, this element of the study and any resulting recommendations have been delayed until late 2023.

Changes to the SIS-A and Impacts to Rhode Islands' Current Tier Packages

In early 2022 – after this study began – AAIDD announced a number of changes to the SIS-A, including:

- Re-norming the subsections of the Support Needs Index as well as the overall SNI (which has been renamed the Support Needs for Life Activities, SNLA)
- Adding the protection and advocacy scale to the SNLA (this section had not previously been normed)
- Adding six items to the medical support needs section and one item to the behavior support needs section
- Rewording some items and changing the order of items within some sections to improve the clarity and flow of the assessment
- Making changes to the demographic section

The second edition of the SIS-A incorporating these updates will be released in early 2023. AAIDD also announced that the current edition of the SIS-A will be retired in mid-2024, but that a modified timeline for states currently using the SIS-A may be considered on a case-by-case basis.

These changes have direct implications for the assignment of tiers in Rhode Island. As summarized earlier, the current assessment framework uses the normed scores for three subsections of the SNI. The re-norming of these subsections means that the same responses may yield different normed scores in the second edition of the SIS-A. The assessment framework also incorporates the medical and behavioral support needs sections that are being expanded.

The changes to the SIS-A require that BHDDH update the assessment framework used to assign individuals to a tier. However, that process cannot be completed until individuals begin receiving assessments using version 2 of the SIS-A. Additionally, given the significance of the changes being made, significant stakeholder involvement will be required.

Although the revisions to the SIS-A require a delay in potential changes to tier packages, they also present an opportunity to conduct a comprehensive evaluation of all related practices and policies, including:

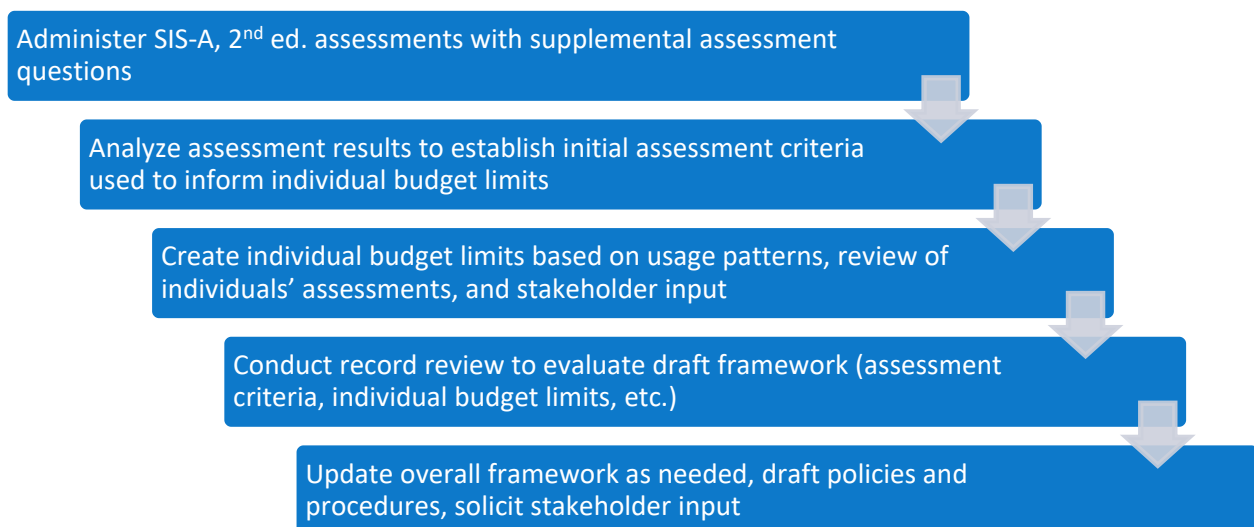
- *How individuals are assessed.* The SIS-A provides a comprehensive assessment of the support needs of individuals with I/DD and remains the tool used by the largest number of state I/DD authorities. BHDDH intends to continue to use the SIS-A as part of the assessment process. However, there may be other factors or individual characteristics that affect an individual's needs or the types or amounts of support they require. As noted above, Rhode Island's initial implementation of the SIS included the adoption of supplemental questions to identify potential extraordinary medical or behavioral needs. This study will explore whether other information should be incorporated in the assessment process.
- *How assessment results are used to measure individual needs.* As detailed in Figure 2-1, the assessment framework considers three of the six subsections of the Support Needs Index as well as the exceptional behavioral and medical sections of the SIS-A. Responses to these sections of the assessment, coupled with the supplemental questions, are used to assign individuals to one of

seven levels that are consolidated into five tiers. This study will analyze whether the assessment of needs should consider other sections of the SIS-A. As described above, Rhode Island assigns individuals to tiers for the purposes of determining budget amounts. A comprehensive review of states' HCBS programs conducted by HSRI in 2018 found that three-quarters of programs that assign prospective budgets to individuals use 'level methodologies' such as that employed in Rhode Island.³ However, this study will also consider alternative approaches and, if BHDDH maintains a level-based framework, the number of levels and criteria associated with each.

- *How tier packages are structured.* As noted above, Rhode Island currently has 20 tier packages based on an individuals' assessed needs and living arrangements. A number of other states use similar models, but other structures could be considered, too. For example, there could be additional funding added to the tier packages to address a specific identified need such as support for individuals who are parents. The study will also consider the services subject to the tier package limits rather than being managed outside of the tier packages. For example, many states do not include 24-hour residential services in their individual budgets because individuals do not have any discretion in how to plan these dollars. That is, once an individual chooses to live in a 24-hour setting, that provider must be paid for the service; the individual cannot, for example, choose to receive 300 days of support in order to direct the balance of funding to other services.
- *How budget amounts are established.* The study will evaluate the amount of services assumed in the tier packages or alternative budgeting framework. For example, all tier packages include 512 one-way transportation trips per year, but some stakeholders have suggested increasing this assumption.
- *How budgets are managed.* The study will consider the rules associated with managing budget amounts once assigned, including the flexibility to move funds across service categories, how individuals who self-direct services are impacted, and the process for requesting and approving exceptions.

Figure 2-3 summarizes the process for evaluating assessments and budgets.

Figure 2-3: Major Tasks for Review of Assessment and Budget Frameworks



As the figure illustrates, the first steps in this process involves consideration of the assessment framework because decisions related to budgets or funding necessarily require data about for whom funding is being allocated. Although preliminary analyses can be performed using existing SIS-A assessments scored with the new re-normed criteria, it will be important that any changes to the assessment framework reflect assessments conducted with the second version of the SIS-A, coupled with supplemental data collection.

Once an assessment framework is established, a budgeting framework can be developed. As noted above, this could reflect several different approaches: a level-based model similar to Rhode Island’s current structure; a level-based model with funding add-ons to account for other, specified factors; an individual budgeting formula; or some other structure.

After a draft assessment and budgeting framework has been developed, it will be tested through a record review process. In this process, case files for a sample of individuals are compiled and reviewed by small teams asked to consider several questions:

- Does the tier (or other categorization of need) for each individual reasonably reflect their needs based on the information in their case file?
- Do individuals who have been assigned to the same tier (or other categorization of need) generally appear to have similar needs based on a review of their case files?
- Is the budget that the individual would receive adequate to meet their needs?

The small teams will be multidisciplinary, including both BHDDH staff and external stakeholders such as individuals receiving services, family members, providers, and system advocates. After the record review process, the draft assessment and budgeting framework will be updated and there will be opportunities for broad stakeholder feedback such as facilitated meetings to present the framework and a public comment process.

It will likely be no earlier than mid-2023 that there will be an adequate number of completed assessments to conduct the needed analyses. The record review process and opportunities for stakeholder feedback will likely require several months to ensure that this input is considered before recommendations are finalized. However, the rate study includes several recommendations for changes to the existing tier packages while the broader redesign progresses.

Recommendations for Changes to Current Tier Packages

Although the comprehensive review of Rhode Island’s current assessment framework and tier packages must be delayed due to the changes to the SIS-A, HMA-Burns has recommended four changes to the existing design and administration of tier packages to address concerns raised by stakeholders.

First, the rate study recommends that employment supports be managed outside of the tier packages. Currently, employment-related services ‘count’ against the same portion of the tier package that funds day program services. Since the rates for employment supports are substantially higher than the rates for day programs, individuals using employment supports exhaust their budgets more quickly and cannot access as many hours of support as those using day program services. Individual budgets seek to empower individuals to make decisions regarding how best to use their allocated funding and these types of tradeoffs are a feature of this approach. However, the current structure does present a barrier to

employment supports. Allowing individuals to receive employment support in addition to their tier packages removes this disincentive and supports Rhode Island’s Employment First goals.

Second, the rate study recommends a change to how Community-Based Support and Center-Based Support services (currently termed Day Programs) are billed. Individuals’ current tier packages are priced based on their assigned tier. However, providers bill based on the staffing of their program. For example, the service package for an individual assigned to Tier B includes Community-Based Day Program services based on a one-to-five staffing ratio, but if they receive services in a program operating at a one-to-two ratio, their provider bills the Tier D rate. The result is that individuals will not be able to receive the number of hours of support assumed in their tier package. Further, because individuals do not have control over the ratios of the programs in which they receive services and because these ratios may change over time, they have limited ability to predict the number of hours of support they will be able to receive.

The rate study recommends that providers bill for services based on an individual’s assigned tier, regardless of the program’s staffing ratio. This will promote greater predictability in individuals’ budgets, providing greater self-determination in planning. As described later in this report, this approach is aligned with the recommendation that there be no staffing ratio requirements for Community-Based Support and Center-Based Support. Additionally, this recommendation is consistent with billing requirements for several other services with tiered rates. For example, providers bill for Group Home services based on an individual’s assigned tier regardless of the staffing level in the home.

Third, the rate study recommends that several individual components of the tier packages be combined for the purposes of planning. In particular, amounts assumed for Community-Based Supports, Day Program, Transportation, Overnight Shared Supports, and Respite would be treated as a single budget. For example, an individual could choose to receive fewer hours of Day Program services in order to access a greater number of trips. Remaining services would continue to be managed separately. For example, an individual who chooses to live in a group home or shared living arrangement cannot choose to receive fewer days of support to move funds to a different service category so these services would remain separate.

Fourth, the rate study recommends that the tier packages be repriced to account for the proposed changes in payment rates. This is consistent with BHDDH’s current practices and ensures that individuals are able to receive the same level of support assumed in the tier packages.

Overall, these recommendations are intended to increase flexibility and self-determination for individuals until the comprehensive review of the assessment and budget framework can be completed.

Section 3: Rate Study Process

Provider payment rates should support the objectives of the service delivery system so the rate study process began with identifying these goals. Based on discussions with BHDDH and system stakeholders as well as a review of previous reports and findings, several objectives were specified, including:

- *Fairly account for providers' costs.* Rates aim to reflect the direct and indirect costs providers incur to deliver services consistent with the state's requirements and individuals' service plans.
- *Support programmatic goals.* Rates should further the program's goals such as supporting individuals' independence and community engagement.
- *Provide flexibility.* Rates should be consistent with flexible service delivery.
- *Comply with applicable payment requirements.* Federal Medicaid funds pay for the majority of service costs so payment rates must comply with federal law that states that payment rates must be "consistent with efficiency, economy, and quality of care".⁴
- *Reduce administrative burden.* When practical, rates should minimize administrative requirements while maintaining accountability.
- *Allow for regular updates.* Payment rates should be designed to permit regular consideration of whether they continue to reflect providers' costs.

These objectives can, at times, be in conflict so the development of payment rates and procedures sought a balance. For example, a single bundled payment to providers might be the most administratively simple, but may not reflect differences in costs (such as more intensive supports for individuals with more significant needs) or comply with federal requirements that generally discourage bundled payments.

HMA-Burns employs an 'independent rate-setting' approach when developing payment rates for home and community-based services. Rather than depending on any single source of information, HMA-Burns draws on data and insights from a variety of sources. This approach recognizes two important features of HCBS programs, particularly for individuals with I/DD.

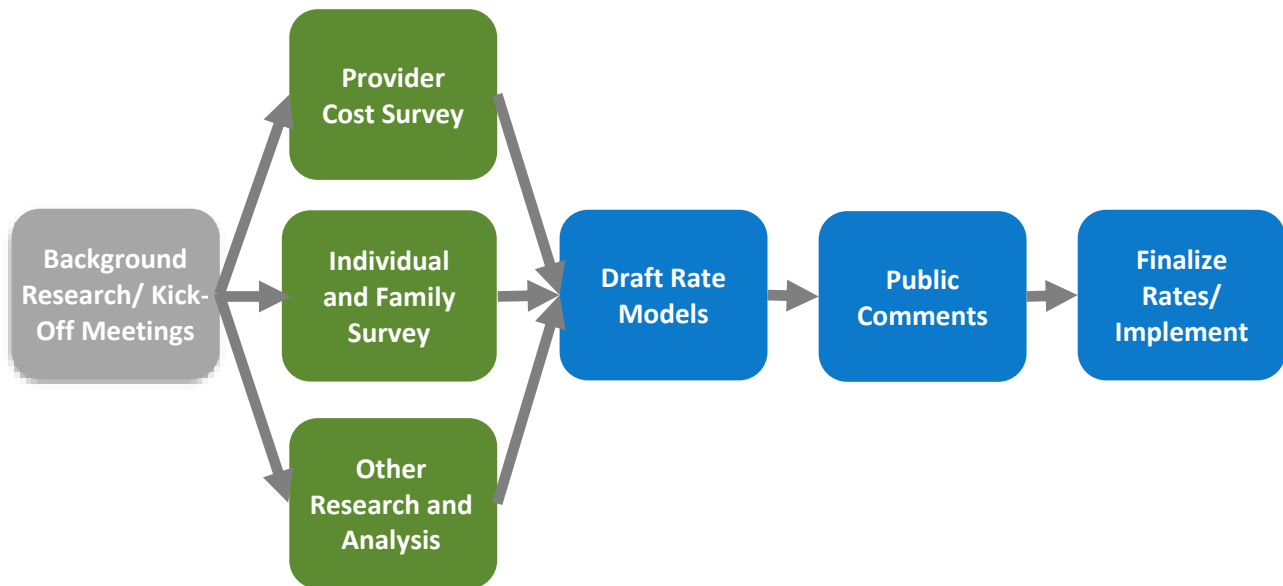
First, whereas most medical procedures follow the same guidelines in every state, most home and community-based services lack a typical standard of care. Thus, although state HCBS programs generally cover similar arrays of services, the requirements of these services can vary significantly across different states. For example, every state provides coverage for day habilitation services (though such services may be titled day program, day treatment adult day health, community support, or something else), but each state establishes its own standards in terms of staffing ratios, transportation, ancillary supports, and other factors. Setting rates for these services therefore requires consideration of state-specific requirements.

Second, in every state the large majority of payments for home and community-based services comes from a single source: the state I/DD department. In contrast, providers of medical services may receive payments from a variety of sources in addition to state Medicaid programs, including Medicare, commercial insurance, and self-pay. Due to the near complete reliance on a single payer, HCBS providers' costs will largely be a function of the rates paid by the state I/DD department. Thus, if payment rates are too low, costs will be artificially depressed. Conversely, if rates are too high, services may not be delivered

in an efficient manner. The use of external data sources to supplement provider cost data aims to ensure that payment rates reflect actual market costs.

HMA-Burns’ independent rate-setting process for reviewing HCBS provider payment rates encompasses three phases with seven discrete tasks as illustrated by Figure 3-1.

Figure 3-1: Independent Rate-Setting Process



Phase 1: Background Research and Kick-Off Meetings

As noted above, state programs for individuals with I/DD typically cover similar arrays of services – particularly those services that constitute the majority of spending, including residential, in-home, and day programs – but service requirements, billing rules, and limits can vary significantly across programs. HMA-Burns’ HCBS rate-setting process therefore always begins with a review and documentation of the current service environment.

HMA-Burns began this study by reviewing materials governing the operation of the program as well as previous reports and findings; the Section 1115 waiver that authorizes all Medicaid services in Rhode Island, including home and community-based services for individuals with I/DD; the Division of Developmental Disabilities’ Billing Policy Manual, which provides service definitions and billing requirements; the state’s Consent Decree with the Department of Justice and the related Action Plan; the series of quantitative analysis memoranda written by NESCO; and the rate study performed as part of Project Sustainability.

To supplement insights gained from the review of program materials, HMA-Burns held several stakeholder meetings to hear directly from system participants. This included meetings to provide an overview of the project, answer questions, and receive preliminary input on issues of concern; to present the draft provider survey; and to hear directly from individuals who use services and their family members about their opinions regarding the current service array and potential changes they wish to see.

This system review yielded several initial observations, including:

- *Many stakeholders believe services should be more flexible despite very broad service definitions.* Many individuals and families reported the need for flexible services that can be tailored to individual needs while others reported the need for more narrowly tailored services such as programs specifically designed for older individuals, people with autism, and other populations. A review of Rhode Island’s service definitions suggests, however, that substantial flexibility already exists. That is, the existing service definitions are already very broad so providers have the flexibility needed to develop more customized programs.
- *Both individuals and providers believe that the direct support workforce is one of the most critical elements of the service delivery system.* Stakeholders additionally noted substantial challenges with recruiting and retaining staff and emphasized the importance of adequate compensation and supports to make them successful in their jobs.
- *There is a perception that some provider costs are not covered in the rate model.* A number of providers stated that existing payment rates do not cover certain costs. Specific examples included time that staff spend in training, program absences, and transition costs (for example, the time to onboard a participant into services). Many of these costs are actually included in the rate models even if they are not specifically billable. For example, the existing rate models include productivity adjustments to account for the time staff spend in training.
- *Many providers prefer monthly or daily billing for day program services.* These providers believe that tracking individual attendance in 15-minute increments is administratively burdensome, particularly because providers must also track staffing ratios that are tied to billing. Providers also noted that many of the costs of shared programs are fixed regardless of whether someone attends a full or partial day of service.
- *Many stakeholders believe that changes should be made to assessment processes and tier packages.* Specific concerns related to individuals receiving fewer hours of day program support than assumed in their tier package when providers bill a higher (more costly) rate tier based on the program’s staffing ratio, inadequate funding for employment and community-based supports, a lack of flexibility in moving funds across service categories, and some individuals’ needs not being reflected in the assessment process.
- *Many individuals and families want more support in service planning.* A number of individuals and families reported current service planning does not consider the full range of available supports and could be improved with conflict-free case management. Many individuals and families who self-direct services reported a desire for more support in understanding and managing their responsibilities.

Observations from this initial system review informed both the data collection efforts and the development of rate models and related recommendations described below.

Phase 2: Data Collection

In the second phase of its HCBS rate-setting methodology, HMA-Burns collects data and input to inform cost assumptions. This phase includes three tasks:

- Development, administration, and analysis of a provider cost survey
- Development, administration, and analysis of a survey of individuals receiving services and their family members
- Identification and analysis of other data sources to inform rate model assumptions

Provider survey. HMA-Burns developed a survey to collect data directly from service providers regarding their programs' operations and expenses such as:

- Wage and benefit costs for direct care, program support, and administrative staff
- Non-staff expenses, such as costs associated with facilities, vehicles, office equipment and supplies, insurance, professional services, etc.
- Direct care staff productivity, which measures the amount of time staff spend providing direct services and engaging in non-billable activities such as training, travel between service encounters, and recordkeeping
- Caseloads as well as staffing levels and ratios in shared services
- Typical length of service encounters
- Miles driven transporting recipients or traveling between encounters

A draft of the Microsoft Excel-based survey was shared and reviewed with service providers. The HMA-Burns team incorporated a number of changes based upon feedback obtained and finalized the instrument. To assist with completion of the survey, guidance was embedded into the survey instrument itself, instructions were written to provide background and definitions, a webinar walking through each survey form was recorded and posted online, and a dedicated contact for questions was assigned.

HMA-Burns emailed the finalized survey to service providers in April 2022. Providers were given five weeks to respond to the survey, but all late submission were accepted and incorporated in the analyses. Of the 35 providers serving the I/DD population, 24 provided a response. The responding providers represented 86 percent of the total claims volume for services included in the rate study during the fiscal year 2021.

The survey instrument, instructions, and analysis are included as Attachments 1, 2, and 3 to this report.

Individual and family survey. HSRI developed a survey to collect opinions from individuals who receive services and their families regarding their current services and changes they would like to see. The online survey was made available beginning June 30, 2022. The survey was distributed through email listservs and through announcements in two DD News notices. Surveys were received from seven service recipients and 54 family members.

Key findings from the survey include:

- Finding, recruiting, and retaining well-trained direct support staff is challenging
- Day programs should offer a wider variety of recreational activities and events, and social activities should be available on nights and weekends
- Job development and volunteering opportunities are needed
- Self-directed funds should be available to hire parents as caregivers; purchase gym memberships; and purchase phone, computer, and internet services
- The service array should cover broader transportation options and vehicle modifications, online courses and supports, increased respite limits, mental health supports, and person-centered planning facilitation

The summary of results is included as Attachment 4.

Independent data sources. HMA-Burns identified data from independent sources to supplement information gathered through the provider survey. By using data that is not limited to the I/DD system, the rates aim to reflect reasonable, market-based costs. For these independent sources, HMA-Burns endeavored to gather information that was current, credible, and directly applicable to the rate study. Data sources include:

- Wage data from the Bureau of Labor Statistics and wage growth data from the Bureau of Economic Analysis
- Data regarding the cost of health insurance from the federal Department of Health and Human Services' Medical Expenditure Panel Survey
- The Internal Revenue Service's mileage rate, which is used to estimate the non-staff cost of travel

Section 4 includes additional discussion of the use of independent data sources in the development of rate models.

In addition to data to inform individual cost assumptions, HMA-Burns benchmarked the recommended Rhode Island rates to the rates paid for similar services in other New England states. The results of this benchmarking are presented as part of the service-specific recommendations in Section 5.

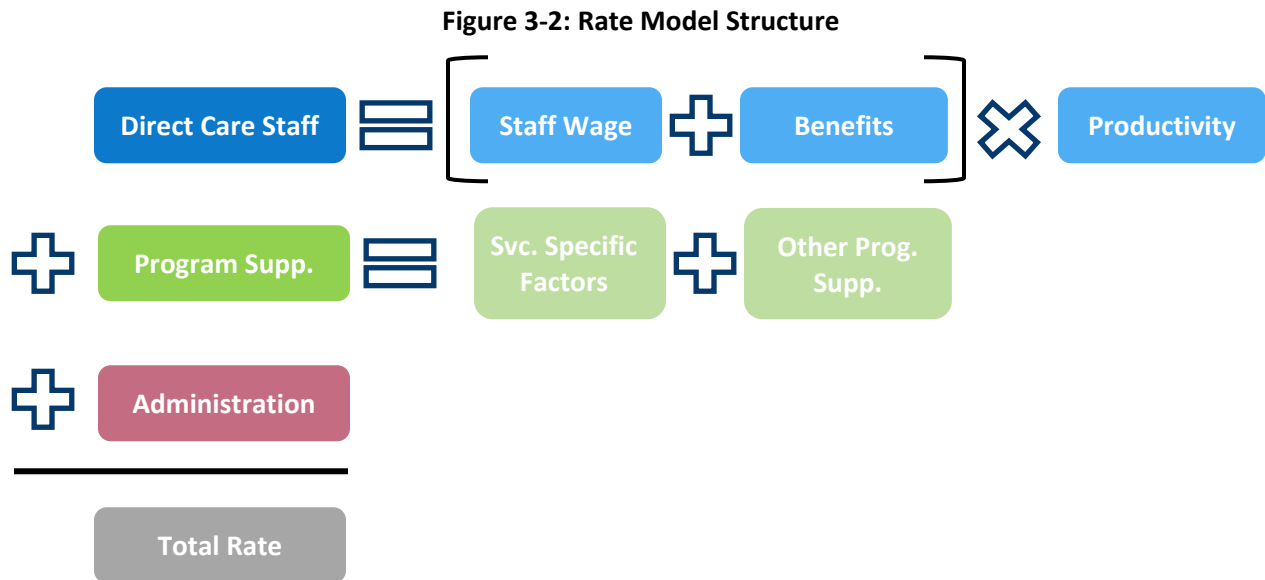
Phase 3: Rate Model Development

The third and final phase of the rate-setting process involves the development of the fee schedule and any recommended changes to existing policies and procedures, such as service requirements or billing rules. Three tasks comprise this phase:

- Development of draft rate models and associated recommendations
- Facilitation of a public comment process
- Finalization of rate models and other recommendations

Draft rate models and associated recommendations. To support transparency in the development of provider payment rates, HMA-Burns creates detailed rate models that include the assumptions related to

individual cost drivers used to establish the overall rates. Figure 3-2 presents a pictorial representation of the rate models.



As depicted in the graphic, the major cost drivers fall into three categories:

- Wage and benefits costs for the direct care worker providing the billable service, including adjustments for ‘productivity’, which accounts for their non-billable responsibilities.
- Program support expenses, which include non-staff costs associated with service provision such as miles driven by direct care staff and the cost of the physical space in which services are delivered, as well as other program infrastructure such as costs related to supervision, program design, and quality assurance.
- Staff and other expenses associated with organizational administration such as executive leadership, finance, and information technology.

The individual cost assumptions incorporated in the rate models do not intend to prescribe an individual provider’s costs. That is, providers are not expected to align their costs with rate model assumptions and, for any given provider, it is expected that some costs will be lower than assumed and other costs will be higher. Instead, the rate model assumptions aim to reflect the reasonable costs of delivering services.

The development of rate models draws on findings from the first phase of the project where preliminary decisions are made related to the structure of rate models (such as the basis of billing), key cost drivers to be included in the model, and whether multiple rates are needed for a given service to account for differences based on individual need, staff qualifications, or other factors. The rate model structures are then populated based on data collected during the second phase of the project.

Section 4 provides an overview of the process for establishing cost assumptions within the rate models.

Public comment process. HMA-Burns’ HCBS rate studies always include the solicitation of public comments on the draft proposals before recommendations are finalized. This public comment process is

specific to the rate study and does not replace other opportunities for comment, such as state rulemaking, federal requirements for comment when amending Medicaid waiver programs, and legislative deliberations.

Draft rate models were released and posted online on September 28, 2022. After publication of the draft rate models, HMA-Burns noted a formula error primarily affecting rate models for new services and reposted materials on October 14. Stakeholders were asked to submit comments by October 24 although all comments submitted after that date were accepted.

Twelve individuals and organizations submitted comments. Many commenters offered feedback on multiple issues so there is a much larger number of topics addressed. Broadly, comments can be organized into three categories:

- *Comments relating to assessments and individual budgets.* As discussed in Section 2, most of the work relating to these issues has been delayed due to the renorming of the SIS. However, the comments received regarding these issues will be considered as this work is undertaken.
- *Requests for clarifications.* Many comments did not specifically offer feedback on the recommendations, but instead asked questions about the proposals.
- *Suggested changes.* A number of comments suggested changes to the draft recommendations.

Several changes to the draft recommendations were made in response to public comments:

- Assumed costs for the employer share of health insurance premiums were increased.
- The proposal to vary Group Home rates based on the size of the home (with higher rates for smaller homes) was withdrawn.
- The proposal to unbundle professional services from the Group Home rates was withdrawn and funding for these supports was built into the group home rate models based on data from the provider survey.
- The assumed payments to home providers of ‘enhanced’ Shared Living Arrangements were increased.
- The Respite hours that were bundled into the enhanced SLA rate models were removed consistent with what was proposed for standard SLA services.
- Additional recordkeeping time was included in the rate models for employment services.
- The proposal to establish different Transportation rates based on the number of individuals transported was withdrawn and replaced with a single per-trip rate.
- Rates for Professional Services provided by licensed practical nurses and board certified assistant behavior analysts were established.
- The proposed rate model for Financial Management Services was withdrawn.

Responses to all public comments are included as Attachment 7.

Final recommendations. HMA-Burns updated the rate models to reflect changes made in response to public comments. Section 5 reports the final service-specific recommendations resulting from the rate study. Similar information was included in the presentation used to present the draft rate models and related recommendations as well as an addendum that discusses changes made in response to public comments, which have been included as Attachments 5 and 6.

Section 4: Rate Model Development

As discussed above, HMA-Burns developed rate models for the services included in the rate study. These models make specific assumptions around individual cost drivers that combine to establish an overall rate for a unit of service. In general, there are five common factors in each rate model:

- Wage paid to the direct care worker
- Benefits package for the direct care worker
- Productivity of the direct care worker
- Provider-level program support expenses
- Provider-level administrative expenses

Each of these major cost drivers are discussed below. Additionally, a number of rate models include other factors based on the nature of a given service. For example:

- Rate models for shared services (that is, services where a direct care worker delivers support to multiple individuals at the same time) include assumptions related to staffing intensity.
- Rate models for services that include driving between service encounters or transporting individuals include assumptions related to travel costs.
- Rate models for center-based or office-based services include assumptions related to the cost of the physical space wherein services are provided.

Cost assumptions are informed by both information gathered through the provider survey and from other published sources. Key assumptions were compared to fee schedules and rate models established in other programs, particularly programs providing services to individuals with I/DD in other states. These comparisons did not guide the establishment of rates for services for individuals with I/DD in Rhode Island because every program is unique in terms of service requirements, historic practices, economic characteristics, and provider networks. Instead, these comparisons offered benchmarks to ensure the reasonableness of the Rhode Island rate models.

Direct Care Worker Wages

Payroll and benefits costs for direct care workers represent the single largest category of expenses for HCBS providers; in HMA-Burns' experience, these costs often account for between 65 and 80 percent of total expenses. As a result, spending in these areas tends to be subject to the greatest constraints when payment rates do not reflect market costs. Thus, although current wage and benefit levels are informative, HMA-Burns primarily relies on independent, published sources of market wage data for comparable positions to ensure cost assumptions reflect current economic realities.

HMA-Burns' typical approach to establishing wage assumptions for direct care staff includes the following:

- Use of state-specific wage data from the United States Department of Labor's Bureau of Labor Statistics (BLS) and identification of the most representative occupation or occupations for each individual service.

- Application of an inflationary adjustment to the BLS wage data so that values represent the period when rates will be implemented.
- Identification of any scheduled minimum wage increases that may impact relatively lower-wage occupations, including direct support professionals.

Although HMA-Burns followed its typical approach to establishing rate model wage assumptions, the Consent Decree Action Plan agreed to by BHDDH dictated the assumed wage for the DSPs who deliver most services.⁵ According to the Action Plan, “For [fiscal year 2024], the Medicaid reimbursable rate will be increased to support the starting wage of DSPs to \$20.00/hour.” Since the plan specifies that the rates must support a *starting* wage of \$20 per hour rather than an *average* wage, HMA-Burns had to develop an assumption for an average wage given a \$20 starting wage.

The Staff Stability Survey administered by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and HSRI collects data from service providers regarding DSPs, including starting and average wages. According to the 2020 survey, the minimum average hourly wage reported by Rhode Island providers was \$13.23 per hour while the average wage was \$13.80 and the median wage was \$14.00.⁶ This data suggests the difference between the starting and average hourly wages could be less than \$1.00, but it is noted that only five Rhode Island providers participated in the survey.

BLS wage data similarly suggests a modest difference between starting and average wages. According to the BLS, the 10th percentile wage for home health and personal care aides (the occupation to which the BLS assigns DSPs, as discussed below) was \$13.73 per hour while the median wage was \$14.09.⁷

Overall, the Staff Stability Survey and the BLS data demonstrate substantial wage compression at the lower end of the DSP wage scale. However, recognizing the importance of graduated pay to support recruitment, retention, and job satisfaction, HMA-Burns sought to establish a methodology that would produce a larger spread of wages. Specifically, HMA-Burns measured the difference between the 10th and 90th percentile wages (\$13.73 and \$18.01, respectively, the lowest and highest values reported by the BLS) for home health and personal care aides and added one-half of that amount (\$2.14) to the \$20.00 wage floor established by the Action Plan. Thus, the rate models include an assumed average wage of \$22.14 per hour for DSPs. As detailed below, this result is substantially greater than the DSP wage produced by HMA-Burns standard methodology. The result is also much higher than the state-by-state average reported in the Staff Stability Survey. Of the 27 states that participated in the 2020 survey, the highest average wage was \$16.15 in Connecticut.

Although the Action Plan results in higher DSP wage values than HMA-Burns’ rate-setting methodology would otherwise produce, it was important to document the standard methodology for two reasons. First, since the Action Plan does not include any higher wage floors in future years, HMA-Burns’ typical methodology will result in a higher wage assumption at some future date. Documentation of this methodology allows for an annual review of the wage that would be produced and the point at which it exceeds the \$22.14 assumed in the rate models. Second, other services are delivered by staff with higher wages so the typical methodology must be used to establish these wage assumptions.

HMA-Burns’ standard approach to establishing rate model wage assumptions relies on state-specific BLS wage data for more than 800 standard occupational classifications. As the BLS states, it is the “only

comprehensive source of regularly produced occupational employment and wage rate information for the U.S. economy, as well as States, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Island, and all metropolitan and nonmetropolitan areas in each State.”⁸ This statement highlights several of the features of the BLS data that makes it particularly useful for setting wage assumptions, including:

- *It is comprehensive.* BLS wage data is representative of 1.2 million establishments and about 57 percent of the employment in the United States.
- *It is regularly produced.* BLS wage data is published on an annual basis, allowing rate model assumptions to be regularly reviewed and updated.
- *It is cross-industry.* BLS wage data is not limited to a single industry so estimates for a given occupation are representative of the overall labor market for that occupation; this is particularly important when considering wage levels for underfunded programs.
- *It is state- (and local-) specific.* BLS wage data is reported for individual states and sub-state areas so that assumptions are tailored to the state in which rates are being developed.

HMA-Burns relies on state-specific wage data when developing payment rates to ensure that assumptions reflect the market conditions within the state. However, given a degree of workforce mobility within New England (that is, some individuals work in a state other than the state in which they reside)⁹, wages across the region were reviewed. Figure 4-1 presents the median wages reported by the BLS for home health and personal care aides across New England. As the table shows, with the exception of a notably higher wage in Massachusetts, there is minimal variation across the region. The rate models therefore rely on Rhode Island wage data.

Figure 4-1: Median Wages for Home Health and Personal Care Aides in New England States

State	Median Wage
Rhode Island	\$14.09
Connecticut	\$14.30
Maine	\$14.28
Massachusetts	\$17.45
New Hampshire	\$14.12
Vermont	\$14.44

Although the BLS wage data is published annually, it is always backwards looking. The BLS typically releases data in late March of each year, with the dataset representing May of the previous year. Thus, the rate models use the May 2021 dataset, which was published in March 2022. In addition to typical wage inflation, Rhode Island’s minimum wage in 2021 was \$11.50 per hour whereas the minimum wage is scheduled to increase to \$14.00 on January 1, 2024.¹⁰ The rate models take steps to account for both wage inflation and the rising minimum wage.

Data from the United States Department of Commerce’s Bureau of Economic Analysis (BEA) was used to estimate wage inflation. According to the BEA as of August 2022, net earnings in Rhode Island increased 8.0 percent between 2020 and 2021 while the ten-year compound annual growth rate was 3.5 percent.¹¹ HMA-Burns increased BLS wage estimates by 8.0 percent for twelve months and then an annual growth rate of 3.5 percent for 20 months – a total of 14.37 percent over 32 months – to project wages for January 2024, the midpoint of the first full fiscal year in which the rates could potentially be implemented. Other

sources on national wage growth estimates suggest that year-over-year wage growth between 2021 and 2022 was not as high as the one-year estimate from the BEA:

- The BLS employment cost index summary reports wage and salary growth of 5.3 percent for the 12-month period ending in June 2022¹²
- The Economic Policy Institute estimated year-over-year growth of 6.43 percent in May 2022¹³
- The Federal Reserve Bank of Atlanta estimated year-over-year growth of 6.1 percent in May 2022¹⁴

However, employer surveys suggest that wage growth in 2023 may be higher than the ten-year average used in the rate model, with estimates ranging from 4.0 to 4.6 percent.¹⁵ If the averages from these sources are substituted (assuming 5.9 percent into mid-2022 and 4.3 percent annually thereafter), the total inflationary adjustment would be 13.60 percent, which is somewhat less than has been assumed.

In addition to typical wage inflation, Rhode Island, like many states, is in the process of increasing its minimum wage. Although HMA-Burns does not consider direct support to be a minimum wage job, DSPs tend to earn relatively low wages and tend to benefit as wages in other lower-paid industries increase. Given the number of states with increasing minimum wages, in recent years HMA-Burns has researched the effects of an increased minimum wage and developed a formula to quantify these impacts. This formula accounts for two widely accepted features of an increasing minimum wage.

First, an increasing minimum wage will have ‘spillover’ effects, meaning that some individuals who already earn above the minimum wage will receive a pay raise when the minimum wage increases.¹⁶ Two examples illustrate this phenomenon:

- Assuming a \$11.50 per hour minimum wage that will increase to \$14.00, consider a supervisor earning \$14.50 to supervise staff earning \$11.50. The employer must increase the pay of the subordinate staff by \$2.50 per hour to comply with the new minimum wage. There is no legal requirement for the supervisor to receive a pay raise as their current wage exceeds the new minimum wage, but if they receive nothing while their subordinates receive a substantial raise, there would be nearly no financial benefit associated with the additional responsibility of supervision.
- Again assuming a \$11.50 per hour minimum wage that will increase to \$14.00, consider two direct care workers. The first has been with their shared employer for three years and is earning \$13.50 per hour while the second is new to the job and is earning \$11.50. In order to comply with the higher minimum wage, the employer only needs to move both workers to \$14.00. This would result in both employees receiving a raise, but the tenured employee would receive a much smaller raise and would no longer be receiving any wage differential for their experience.

The second feature of a minimum wage increase is ‘compression’, meaning that there will be some narrowing of the difference in pay between employees as the minimum wage rises.¹⁷ That is, pay raises associated with a rising minimum wage will decrease as an employee’s current wage increases. To assume otherwise would require that everyone in a state, regardless of how much they currently earn, would receive a pay raise every time the minimum wage increases. Using the same examples as above:

- The supervisor currently earning \$14.50 per hour is expected to receive a pay raise even though they already earn more than the new minimum wage, but they are not expected to receive the full \$2.50 value of the increase in the minimum wage from \$11.50 per hour to \$14.00.
- Similarly, the experienced worker is expected to receive a pay raise so that they continue to earn more than a new employee. Again, however, their raise is not expected to be \$2.50 so they will still be earning more than their less-tenured coworker, but it will no longer be the existing \$2.00 gap.

Figure 4-2 illustrates the formula employed to adjust BLS wage data to recognize the rising minimum wage while accounting for both spillover and compression effects.

Figure 4-2: Assumptions to Account for Minimum Wage Rising from \$11.50 per Hour to \$14.00

Current Wage in \$1.00 Increments	% of Marginal Dollar 'Captured' as Part of Wage Increase	Marginal Dollar Amount 'Captured' as Part of Wage Increase	Cumulative Wage Increase (in Relation to \$14.00)	Revised Wage
\$11.50	100%			\$14.00
\$11.51 - \$12.50	90%	\$0.90	\$0.90	\$14.01 - \$14.90
\$12.51 - \$13.50	80%	\$0.80	\$1.70	\$14.91 - \$15.70
\$13.51 - \$14.50	70%	\$0.70	\$2.40	\$15.71 - \$16.40
\$14.51 - \$15.50	60%	\$0.60	\$3.00	\$16.41 - \$17.00
\$15.51 - \$16.50	50%	\$0.50	\$3.50	\$17.01 - \$17.50
\$16.51 - \$17.50	40%	\$0.40	\$3.90	\$17.51 - \$17.90
\$17.51 - \$18.06	30%	\$0.30	\$4.20	\$17.91 - \$18.07

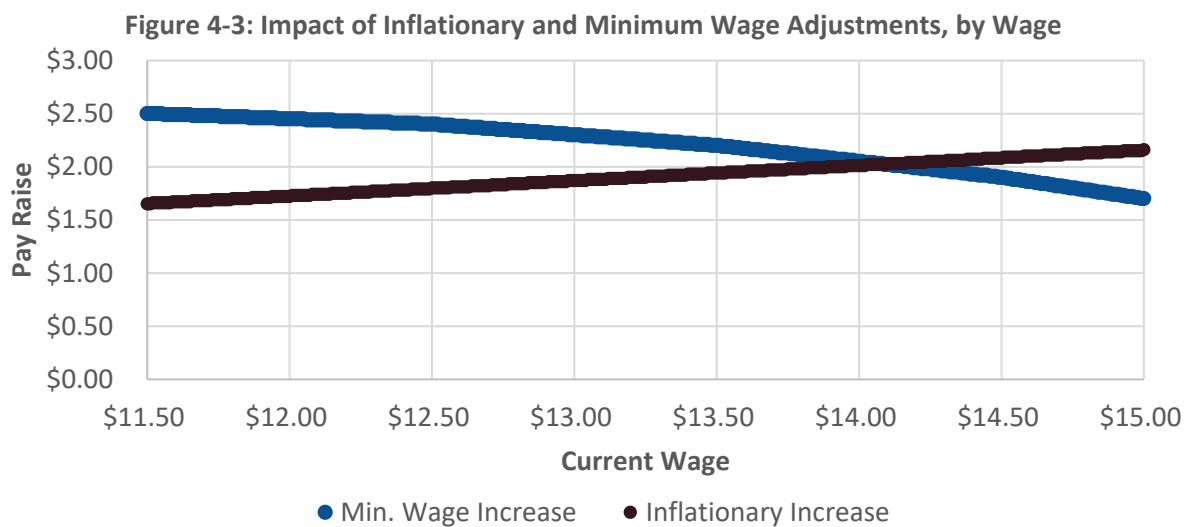
In the first column, the table lists wage ranges in \$1.00 increments. The next two columns provide an assumption of the amount of that \$1.00 increment that will be 'captured' and added to the \$14.00 minimum wage. For example, for a worker earning \$12.50, there is a single \$1.00 increment above the current \$11.50 minimum. According to the table, 90 percent of this first \$1.00 is captured, translating to \$0.90 (\$1.00 multiplied by 90 percent). This total is added to the new \$14.00 minimum wage such that this worker will be assumed to be earning \$14.90 per hour after the minimum wage increase. The fact that this worker will receive a raise beyond the \$14.00 minimum wage illustrates the spillover effect, while the fact that they will now be earning \$0.90 more than the new minimum wage compared to the \$1.00 more than the existing minimum that they are currently earning illustrates the impact of compression.

The fourth column is a running total of the aggregate captured dollar amounts in relation to the \$14.00 per hour minimum wage. For example, for a worker currently earning \$13.50 per hour, they will capture 90 percent of the first \$1.00 above the minimum wage (as discussed in the previous example) and 80 percent of the second \$1.00 above the minimum, for a total of \$1.70 (\$0.90 plus \$0.80). Thus, their new wage will be \$15.70 per hour. The final column lists the new wage ranges after the application of the values in the preceding columns.

Based on these assumptions, every worker currently earning up to \$18.06 per hour would receive a pay raise when the minimum wage increases from \$11.50 to \$14.00 per hour although the raise for someone at \$18.06 would be \$0.01.

In 2021, the American Network of Community Options and Resources (ANCOR, the national provider trade association) commissioned a report by HMA-Burns to model the state-by-state impact of a potential \$15 per hour minimum wage.¹⁸ This report offers additional information related to this formula as well as HMA-Burns’ testing of how effectively it predicts actual results.

Both the wage inflation and the rising minimum wage adjustments were calculated independently for every BLS wage value and the larger of the two was applied to each reported wage. Figure 4-3 illustrates the estimate associated with each of these adjustments across a range of current wages.



As demonstrated in the chart, the adjustments intersect at approximately \$14.10 per hour. Thus, BLS wage values of \$14.10 per hour or less were updated based on the minimum wage adjustment while those greater than \$14.10 were revised using the inflationary adjustment.

After adjusting the BLS wage data to account for inflation and a rising minimum wage, the most appropriate BLS occupation had to be selected for each service code. At times, there is a precise match. For example, when setting rates for nursing, there are specific occupational classifications for registered nurses and for licensed practical nurses.

For other services, however, there may not be an exact match. DSPs provide one such example. Although DSPs are covered by the BLS survey and a review of the national industry-level estimates makes clear that they are classified as home health and personal care aides (SOC 31-1120) as this occupation accounts for more than three-quarters of all direct care, administrative, and support positions in I/DD-related industries, they have been combined with similar workers in other industries.¹⁹ The BLS provides the following description for home health and personal care aides:

This occupation includes the 2018 SOC occupations 31-1121 Home Health Aides [*Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Work is performed*

under the direction of offsite or intermittent onsite licensed nursing staff. Provide assistance with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities.] and 31-1122 Personal Care Aides [Provide personalized assistance to individuals with disabilities or illness who require help with personal care and activities of daily living support (e.g., feeding, bathing, dressing, grooming, toileting, and ambulation). May also provide help with tasks such as preparing meals, doing light housekeeping, and doing laundry. Work is performed in various settings depending on the needs of the care recipient and may include locations such as their home, place of work, out in the community, or at a daytime nonresidential facility].²⁰

This description, especially the personal care aides portion, describes aspects of the work that DSPs perform, but it arguably does not fully represent the responsibilities of DSPs who work with individuals with I/DD and who are expected to provide training and support to increase individuals' independence and to manage often challenging behaviors. The rate models therefore create a composite of multiple BLS occupations in order to construct the rate model wage assumption for DSPs. As Figure 4-4 shows, the rate models use four BLS occupations to represent a DSP. The largest weighting – 70 percent – is applied to the home health and personal care aide classification, which is the occupation to which DSPs are currently assigned. The remaining 30 percent is evenly allocated to three other occupations that are representative of the work performed by DSPs based on a review of BLS occupational descriptions and service requirements.

Figure 4-4: Rate Model Wage Assumption for DSPs Prior to Application of \$20 Wage Floor

BLS Standard Occupational Classification	Weighting	Median Wage (Adjusted)
31-1120 Home Health and Personal Care Aide	70%	\$16.12
31-1131 Nursing Assistant	10%	\$20.40
31-1133 Psychiatric Aide	10%	\$25.41
39-9032 Recreation Worker	10%	\$16.64
Weighted Avg.		\$17.53

As the table demonstrates, HMA-Burns' typical methodology produces a wage of \$17.53 for DSPs. As discussed earlier, however, the Action Plan commits BHDDH to establishing rates that allow for a starting DSP wage of \$20.00 per hour, which HMA-Burns has assumed will yield an average wage of \$22.14.

HMA-Burns compared this wage assumption to the values reported in rate models and rate studies in other states. For this comparison, HMA-Burns relied on documentation it compiled earlier in 2022 as part of a report it authored for ANCOR regarding states' approaches to establishing DSP wage assumptions.²¹ For this project, HMA-Burns identified DSP wage assumptions in rates or rate studies in 26 jurisdictions (25 states and the District of Columbia). In reviewing the wage assumptions for three core services – in-home habilitation, group homes, and day programs – no state had an hourly wage assumption of \$20 or more. It is noted, however, that many of these rate studies are several years old with about half predating

the Covid-19 pandemic, which worsened already existing workforce challenges. Overall, the DSP wage assumptions included in the Rhode Island rate models are amongst the highest in the country.

The development of wage assumptions for services provided by staff other than DSPs, such as job coaches and nurses, followed the same BLS-based approach described above. The BLS wage data before and after wage growth adjustments as well as the job mix assumptions are included in Appendix A of the rate model packet.

Direct Care Worker Benefits

In addition to market-based wages, the rate models include a comprehensive benefits package intended to support providers in the attraction and retention of a qualified and stable workforce. The rate models assume that all employees providing direct care receive the same benefits.

The rate models include the following standard employer-paid payroll taxes²²:

- Social Security – 6.20 percent of total wages²³
- Medicare – 1.45 percent of total wages²⁴
- Federal unemployment insurance – 0.60 percent on the first \$7,000 in wages paid²⁵
- Employment security insurance – 0.98 percent on the first \$24,600 wages paid²⁶
- Job development tax fund – 0.21 percent on the first \$24,600 wages paid²⁷
- Workers’ Compensation – 4.09 percent of total wages²⁸

The rate models also include assumptions related to paid time off, health insurance, and other benefits.

The rate models aim to fund the employer share of the cost of various health insurance coverage plans (employee-only, employee-plus-one, and family plans). Assumptions related to take-up rates, distribution across plan types, and employer contributions to premium expenses are derived from Rhode Island specific data from the United States Department of Health and Human Services’ Medical Expenditure Panel Survey (MEPS).²⁹ The employer costs were increased by approximately 14.6 percent to account for cost increases. Figure 4-5 presents the assumed distribution across plan types and the assumed provider cost for each.

Figure 4-5: Rate Model Health Insurance Assumptions for Direct Care Workers

Coverage Type	Participation Rate	Employer Cost
Employee Only	39.5%	\$582.20
Employee + One	10.9%	\$1,091.06
Family	17.5%	\$1,543.76
All Coverages	67.9%	

Overall, these assumptions translate to an assumed employer cost of \$619.05 per employee per month. This is the assumed average cost for all employees, including those who do not participate in their employer’s health insurance plan. In comparison, the average cost reported by provider survey respondents was \$554 per month for full-time employees. For part-time staff, the reported average monthly cost was only \$34 per employee because most part-time staff are not offered health insurance. Since providers reported that nearly 32 percent of direct care workers are part-time, the overall reported

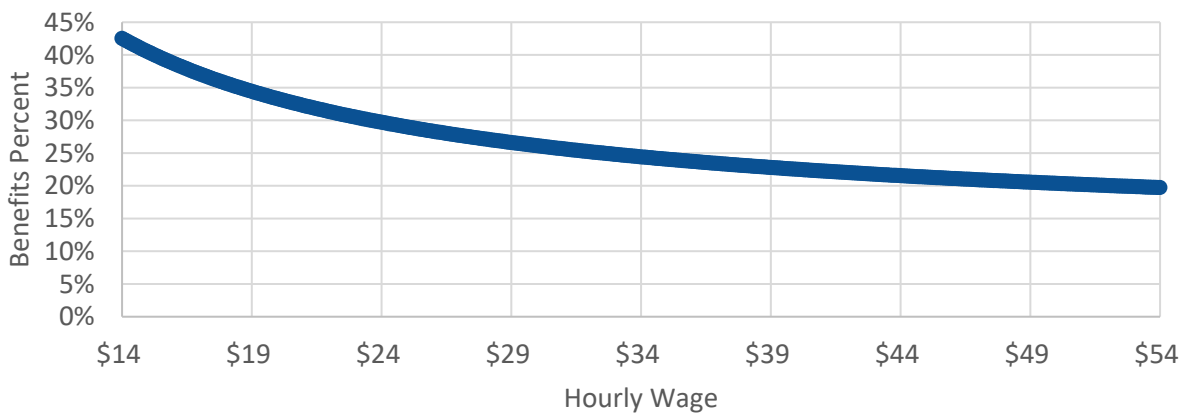
cost was about \$389 per employee per month. As noted in the discussion below related to direct care worker productivity, the rate models assume all staff work full-time so there is no discount applied to health insurance costs to account for part-time workers.

In addition to health insurance, the rate models assume that direct care workers receive 25 days of paid time off, inclusive of paid holidays, vacation, and sick leave. This assumption is consistent with provider survey results for full-time staff. As with health insurance, part-time staff are reported to receive less paid time off, but the rate model assumes all staff are full-time.

Lastly, the rate models include \$100 per direct care worker per month for all other benefits such as dental or life insurance, a contribution to a retirement plan, tuition reimbursement, etc. In comparison, the provider survey found an average cost of about \$94 per full-time employee per month, but only \$19 per employee per month for part-time staff.

The benefits package for direct care workers is detailed in Appendix B of the rate model packet. In the rate models themselves, the benefits package is translated to a benefit rate expressed as a percentage of the direct care worker’s wage. Since certain benefit costs are assumed to be fixed (for example, the rate models provide the same \$619.05 per month for health insurance for all direct care workers), there is an inverse relationship between the wage of the direct care worker and the benefit rate. That is, as the direct care wage increases, the benefit rate declines as illustrated in Figure 4-6.

Figure 4-6: Benefit Rate Assumed in Rate Models, by Wage Level (excludes paid time off)



For a direct care worker earning \$14 per hour, the benefits package translates to a 42.5 percent benefit rate; for a worker earning \$50 per hour, that same benefits package yields a 20.4 percent rate. For the \$22.14 per hour wage assumption for DSPs described above, the benefit rate is 31.2 percent. These rates exclude paid time off, which is recognized in the rate models as an adjustment to worker productivity as discussed below.

HMA-Burns compared the per-hour cost of employee benefits built into a number of other states’ rate models for key services. For mid-tier rate models for group home services in 15 states, the Rhode Island rate models include the largest per-hour cost for employee benefits; for small group community-based day programs in 18 states, the Rhode Island rate model has the third highest per hour benefit amount; and Rhode Island also has the third-highest employee benefit cost for one-to-one in-home and

community-based supports in 18 states. This result was expected due to the high wage assumptions built into the Rhode Island rate models. That is, since some benefits are based on a percentage of wages (Social Security, Medicare, and workers' compensation, for example), the cost of these benefits will increase as wages increase.

Direct Care Worker Productivity

In general, direct care workers are not providing direct care all of the time due to other responsibilities that relate to service delivery or their employment. Employees are still working, however, and must be paid for this time. To ensure that providers recover these costs, the time associated with these activities must be distributed across workers' billable hours.

For example, if an employee earns \$20.00 per hour with a benefit rate of 30 percent, the cost of that employee to their employer is \$26.00 per work hour, or \$1,040.00 per 40-hour workweek. However, if the employer is only able to bill for 32 hours of direct service per week because the other 8 hours are devoted to non-billable activities, the billable rate must be inflated to cover the cost of those non-billable activities. The rate models achieve this by applying a 'productivity factor' that is calculated as the ratio of total work hours to billable hours. In this example, that would be 40 work hours divided by 32 billable hours, yielding a productivity factor of 1.25. Applying the productivity factor to the \$26.00 cost per work hour produces \$32.50, which is the cost per billable hour that would be included in the rate model to fully compensate the employer for the \$1,040.00 weekly cost of the employee.

To account for non-billable activities, the rate model for each service first establishes a typical 40-hour workweek for a direct care worker. These workweeks incorporate activities that are likely to occur during any given week. These activities – and the time spent on each – vary from service to service and include:

- *Travel time between individuals* applies to services typically delivered in individuals' homes and the community to account for the time when staff travel from one service encounter to the next.
- *Program set-up and clean-up* applies to center-based supports and community-based supports to reflect staff time before and after program hours to prepare for and clean-up after service time. The models include 1.25 hours per week (15 minutes per day) for all direct care workers in these programs.
- *Networking/general developmental activities* is included only in the job development rate model to account for time that job developers spend developing their general network of providers rather than working on behalf of a specific individual. The model assumes 3.75 hours per week (45 minutes per day) for this purpose.
- *Recordkeeping and reporting* is included for most services to accommodate documentation requirements. The time assumptions vary across services, but are generally higher for 'professional' services that usually have more extensive reporting requirements and for group services since a worker will have to complete documentation for each service recipient. This productivity assumption does not cover documentation time that occurs during the course of service delivery, which is a billable activity.

- *Supervision and other employer time* reflects workers' employment-related activities such as attending staffing meetings or periodic meetings with their supervisors. Most services include one hour per week for these activities.
- *Missed appointments* are included to reflect the time lost when a recipient has an unscheduled absence. This adjustment is intended only to accommodate the time that is not redirected to some other activity. For example, if a two-hour encounter is scheduled in someone's home and the worker drives to that home to find that individual is not there, it is assumed that the staff person will move onto another task. This may not be a billable activity, but could be catching up on training or recordkeeping. In other words, some portion of that two-hour appointment would be allocated to the missed appointment adjustment, but another portion would be associated with the activity to which their time was redirected.
- *Individual Planning Meetings* is time associated with participation in individual planning meetings.

The typical workweeks are then adjusted for training and paid time off, activities that are likely to be concentrated during specific weeks rather than occurring during a typical week.

As described above, the benefits package for direct care workers assumes they receive 25 days of paid time off, which translates to 3.85 hours per week (25 days multiplied by 8 hours, divided by 52 weeks). Paid time off is included in all rate models.

For all services, the rate models assume that staff receive 40 hours of training annually. Consideration was given to creating a framework to allow training time to be billed directly, but was not recommended for a couple of reasons. First, this framework would require additional administrative effort to create rules to define what would and would not qualify for billing. For example, this framework could require the development of criteria to distinguish between training related to service delivery versus training associated with an agency's administrative operations. There would also be an added administrative burden to track and bill training time. Second, because a substantial portion of training is likely general in nature rather than related to a specific service recipient, the cost would not qualify for Medicaid matching funds based on the federal medical assistance percentage (FMAP), resulting in an increase in the state's share of expenses. Although providers cannot bill for staff training time directly, including this time in the rate models as a productivity adjustment ensures that providers are paid – albeit indirectly – for time that staff spend in training.

Productivity assumptions were informed by data collected through the provider survey and discussion with BHDDH program staff regarding the amount of time that would be needed to perform the non-billable activities associated with various services. Productivity assumptions are detailed in each individual rate model and in Appendix C of the rate model packet.

Program Support Expenses

Program support includes supervision, internal coordination activities, quality oversight, training, curriculum development, and other program-specific activities – functions that are crucial to the delivery of quality services.

Given differences in providers' organizational structures, the rate models do not include assumptions related to individual program support positions. Instead, program support is funded within the rate models as a fixed daily amount to account for differences in individual and group services and in high-cost and low-cost services:

- Services generally provided on a one-to-one basis are funded at \$30 per day
- Services generally provided to groups are funded at \$60 per day
- Residential services are generally funded at \$30 per day

According to the provider survey, program support costs account for about 14.0 percent of provider revenues. Overall, the rate models represent an estimated funding level of about 20.0 percent of provider revenues based on rates in effect during the cost reporting period. This translates to an increase of almost 43 percent in funding for program support. The increase is intended to account for:

- The elimination of the Support Coordination service as part of the transition to conflict-free case management as providers will retain some responsibilities such as coordination of services with other providers. Support Coordination equaled about 2.3 percent of provider revenues in fiscal year 2021.
- Increases in wages and other expenses.
- Investment in program infrastructure.

Comparing program support cost assumptions across other states' rate models is complicated because of differences in what costs are included and how costs are categorized. Nonetheless, the program support funding levels included in the Rhode Island rate models generally fall within the top half to top third of costs built into other states' rate models for group home, day program, and one-to-one in-home services.

Administrative Expenses

Providers require administrative infrastructure – general management, finance and accounting, information technology, human resources, etc. – in order to effectively deliver services. The rate models include funding to support the costs associated with these functions, such as administrative staff salaries and benefits, facility-related expenses, equipment and supplies, insurance, professional services (for example, lawyers and accountants), and licensing and accreditation fees.

Specifically, the rate models generally include 10 percent of the total overall rate for administrative expenses. This is less than the average administrative rate of 10.8 percent reported by participants in the provider survey.

However, although the administrative *rate* in the rate models is lower than currently reported, the administrative funding *amount* is greater because the administrative rate is being applied to a higher cost base. For example, assuming a current rate of \$100, the 10.8 percent administrative rate would produce \$10.80 in administrative funding. Since rates are increasing by an average of 20 percent, the \$100 rate would become \$120. With a 10 percent administrative rate, the administrative funding amount would be \$12.00, an increase of 11 percent over current funding levels.

Comparing administrative funding allowances in other states' rate models includes the same complications as in comparing program support allowances. Like program support, though, the administrative funding amounts in the Rhode Island rate models are consistent with the amounts included in other states, generally falling within the top half to top third of the states in which rate models have been identified.

Linking Payments to Values

As noted above, payment models should reflect programmatic goals and values. Value-based payment (VBP) models link funding to performance measures to improve quality in outcomes and reduce cost.³⁰ When defining VBP, CMS notes a three-part aim:³¹

- Better care for individuals
- Better health for populations
- Lower cost

Most often associated with hospital and clinical payment structures, VBP models are more challenging to implement for HCBS. CMS' stated goal of lowering costs is particularly problematic in an HCBS environment. For many healthcare services, reduced utilization represents a desirable goal. For example, supporting access to preventative care and effectively managing chronic conditions can result in reductions in the use of other undesirable services such as avoidable hospitalizations. Although there may be some opportunity to reduce unnecessary utilization of HCBS, the large majority of these services relate to assisting with personal care tasks; helping individuals to access the community, which often would not be possible without support; and providing general supervision. Reducing these supports does not necessarily translate to improved outcomes and may instead run counter to the values of I/DD service systems.

A number of reports have summarized the challenges associated with linking HCBS payments to quality, including:

- The National Quality Forum identified barriers including a lack of standardized measures, a lack of access to timely data, varied reporting requirements, and the administrative burden placed on a state.³²
- According to the Center for Evidence Based Policy's Medicaid Evidence-Based Decisions project, challenges include the diversity of HCBS programs, beneficiary and provider heterogeneity, provider and system capacity, and varied stakeholder viewpoints.³³
- The National Association on States United for Aging and Disability listed challenges that include the unique needs of the I/DD population that make it difficult to adopt quality measures used with other Medicaid populations, existing measures that do not emphasize individual outcomes and experiences, the difficult in quantifying quality-of-life measures, and a lack of agreement on how to define quality.³⁴
- The American Network of Community Options and Resources (ANCOR), a national nonprofit trade association of HCBS providers, found quality and outcome measures are not widely agreed upon

and that the field is still evolving to measure and incentivize aspects of community services that go beyond medical care to measure goals like independence and individual choice, but that these measures are not easily defined.³⁵

Recognizing the longstanding lack of consistent quality measures for HCBS, CMS issued a State Medicaid Director Letter in July 2022 to establish nationally standardized quality measures.³⁶ The measures cover three areas:

- *Access*: the level to which individuals are aware of and able to access resources.
- *Rebalancing*: achieving a more equitable balance between spending on HCBS in relation to spending on institutional care.
- *Community Integration*: ensuring the self-determination, independence, empowerment, and inclusion of individuals with disabilities in all parts of society.

This marks the first time CMS has issued guidance to states on a standard set of quality measures that can be used across HCBS systems to assess quality. However, most measures do not immediately lend themselves to provider-level VBP models for several reasons:

- *Measures require more robust data collection infrastructure*. Many of the measures are based on participant surveys such as the National Core Indicators (NCI), in which Rhode Island already participates. However, currently only a sample of individuals is surveyed. If payments were tied to these surveys, it is likely that a much larger population would need to be surveyed to ensure sufficient representation for every provider and to minimize sampling error. Further, many questions are subjective (for example, whether individuals feel that their service plan includes things that are important to them), so significant care would be required to ensure consistency in surveying. Other measures would be based on review of “paper records”, which are often of varying quality.
- *Many measures are systems-level*. Many of the measures are designed to evaluate state performance (for example, many measures related to the content of service plans) rather than the performance of individual providers.
- *Many measures cannot be related to a specific service*. A number of measures address broad outcomes for an individual that cannot be associated with a specific service preventing a link to payment for a service (for example, whether or not individuals feel lonely or are as active in the community as they would like to be).
- *Many measures reflect compliance and/or the absence of negative outcomes*. Attainment of minimum standards should not serve as the basis for value-based payments. Many of the measures are not indicative of high quality, but represent standards that should be expected (for example, staff do not yell or curse at an individual or individuals take part in deciding how to spend their time).

Despite the barriers to VBP models for HCBS and the inability to reasonably link most of CMS’ HCBS quality measure set to provider reimbursement, many elements of Rhode Island’s current reimbursement

framework and the rate study already tie payment to the values of the state’s system of supports for individuals with I/DD. For example:

- The rate study recommends significant investment in direct support professionals, incorporating wage assumptions that would make DSPs in Rhode Island amongst the best-paid in the country. As demonstrated by the number of CMS measures that relate to the support provided by staff, DSP are a primary determinant of service quality.
- The rate study proposes the establishment of new services, including Supported Living, Remote Monitoring, and Companion Room and Board, to support individuals in the least restrictive environment, a key value expressed by stakeholders.
- The rate study continues the current practice of paying higher rates for services provided in the community rather than in a center-based environment, reflecting the goal of delivering integrated services. These rates affirm the state’s commitment to supporting individuals as they build and maintain relationships and gain independence in their communities.
- The rate study proposes the creation of Peer Supports and Family-to-Family Supports, which are designed to create additional pathways to accessing the community.
- The rate study proposes an outcome-based model for supported employment services wherein the provider is paid based on the number of hours that the individual works regardless of the number of hours of direct support provided. Through this model, the provider is incentivized both to maximize the number of hours that an individual works and to fade direct support over time.

Additionally, before providers are held financially accountable for achieving outcomes, they should be adequately funded to deliver services consistent with state requirements. This is particularly true because many VBP models incorporate downside financial risk; that is, providers’ payments are reduced when they do not achieve required outcomes. The rate study seeks to establish fair rates for services, which can provide a foundation for future VBP models with upside and downside financial impacts.

Section 5: Recommended Rates and Associated Changes

The rate study included a review of the service requirements, payment rates, and billing policies for each service. The resulting recommendations are described below. Additionally, the presentation of the draft rate models with the addendum to reflect changes based on public comments also summarize these recommendations and are included as Attachments 5 and 6. The rate models are included as Attachment 8.

Group Homes and Home-Based Day Programs

The Billing Policy Manual provides the following definition for Group Home services:

Individually tailored 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 in the most integrated setting appropriate to his/her needs. [Group Homes] also includes personal care and protective oversight and supervision.

No changes are proposed to the service definition.

Key elements of the proposed rates include:

- *Tiered rates based on individual needs.* Provider payment rates would continue to vary based on the assessed needs of the individual. In particular, the rate models assume more intensive staffing to support individuals with more significant needs. Consistent with current practices, assessment levels are based on the individual rather than based on the home overall, and individuals with different assigned tiers can reside in the same home. The specific staffing assumptions are detailed in Appendix D of the rate model packet and, overall, represent a modest increase compared to staffing levels reported in the provider survey. Providers are not required to deliver the level of staffing in the rate models. Instead, providers are expected to staff the home to meet the needs of residents. However, if an exceptional rate is requested, the provider will be required to demonstrate that it is already providing the level of staffing in the home for which it is funded.
- *Elimination of Home-Based Day Program service.* Recognizing that individuals in group homes should be able to access community supports on their own schedule – rather than assuming that all individuals are away from the home during the same hours – the Group Home rate models assume that homes are staffed 24 hours per day (although, as noted in the previous bullet, these assumptions are not mandates and 24-hour staffing is not required if there are times when no residents are in the home). Since the models provide for around-the-clock staffing, including during traditional ‘day program’ hours, the rate study proposes the elimination of the Home-Based Day Program service. A provider may request an exception if total staffing needs in the home exceed the amount of staffing funded within the home.
- *344-day billing year.* Because group homes generally rely on shared staffing, the cost of operating a home is fixed regardless of whether or not a given resident is away from the home, particularly in the short-term. To minimize lost revenue when these absences occur, the rate models assume

a 344-day billing year. That is, the rate models distribute the assumed annual cost of the home over 344 days rather than 365 days. Rates based on a 344-day billing year are 6.1 percent higher than rates calculated on a 365-day basis. The large majority of residents are in their home for more than 344 days per year, but this standard was selected to minimize the number of individuals for whom the provider misses out on revenue. That is, if the standard were based on the average number of absences, providers would forgo revenue on half of the population. Since providers are paid for a full year of service once they have billed 344 days, billing for an individual will be limited to 344 days during their plan year. However, if an individual changes providers, the 344-day billing limit will reset.

- *Changes to the exceptions process.* Like individual budgets or service caps, rate models are based on assumptions related to the intensity of support individuals need. These assumptions are not intended to reflect the greatest intensity of support that an individual in a given group will potentially need (that is, rates are not intended to reflect the highest possible need within a group). As a result, an exceptions process will continue to be necessary. Rather than the current process in which an individual receives additional funding to move them to a higher rate tier, requests for exceptions will be based on the providers' proposed staffing level in comparison to the total number of hours funded across all residents in the home. If BHDDH approves the proposed staffing level, an additional per diem rate will be established for the additionally approved hours based on the same wage, benefit, and productivity assumptions included in the standard rate model.
- *Rate framework for specialized group homes.* There are some instances when individuals' needs can best be best met in a group home developed for individuals with specialized needs. For example, individuals with significant medical needs who require continuous support from staff with medical training could potentially be served in homes staffed by certified nursing assistants (CNAs) with regular onsite nursing. Since it is not feasible to identify every potential type of specialized home, a 'customizable' rate model has been developed to allow for the identification of the specific types and amounts of staffing to be provided. For a medically-focused home, for example, there could be 300 hours per week of CNA staffing and 40 hours of a licensed practical nurse. These values would be input into the rate model and priced at wages appropriate to those positions. The remaining components of the rate would follow the same conventions of the standard Group Home rate models (for example, the benefit rate assumptions would be the same). These specialized homes would be an option for individuals, not a mandate. For example, an individual with significant medical needs would still be able to choose a standard group home if that home were able to meet their needs.

Figure 5-1 compares the current and proposed rates. The rates continue to be based on a daily unit of service.

Figure 5-1: Proposed Group Home Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tier A	\$130.14	\$137.76	\$161.30	\$181.91	\$293.79	62%	126%
Tier B	\$130.14	\$137.76	\$161.30	\$181.91	\$350.56	93%	169%
Tier C	\$181.25	\$192.65	\$226.90	\$256.89	\$407.31	59%	125%
Tier D	\$290.69	\$309.70	\$365.47	\$414.29	\$472.96	14%	63%
Tier E	\$326.92	\$348.14	\$410.09	\$464.32	\$529.78	14%	62%

*Current and recent rates are converted to a 344-day equivalent for comparative purposes.

As the table demonstrates, the proposed rates represent significant increases compared to current rates. The largest increases relate to the lower tiers as analysis of current staffing patterns suggest that these models required the largest increases to assumed staffing levels.

Supportive Living

The rate study proposes to establish a new Supportive Living service to encourage the development of a residential living option that is less intensive and offers greater independence than a group home. In this model, individuals live in their own homes and share staffing supports provided by the agency that owns or controls the housing. For example, the service may be provided in a four-plex, with each individual having their own living unit but receiving support from the same agency, often by staff who move between the units. Services may also be provided in scattered sites or mixed-tenancy locations. Like a group home, the housing is part of the service.

This model is envisioned to be beneficial in various cases, including the following.

1. Individuals who need access to regular support but who do not do well in a congregate setting.
2. Individuals who do not need group home level of care but need more supports than independent living.
3. Individuals who are learning to live independently but need more practice and support before they are ready to move to their own apartment.
4. Individuals who have lived independently but who are beginning to require more supports due to aging or illness.

It is expected that some programs currently reimbursed through Non-Congregate Residential as well as some supports delivered through Overnight Shared Supports will transition to Supportive Living.

Tentatively, the service will be defined as:

Supportive Living is a combination of housing and supports to help people with I/DD live as independently as possible in the community. 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 may be offsite in on-call status as long as they have the ability to provide an onsite response within 15 minutes.

Key elements of the proposed rates include:

- *Tiered rates based on individual needs.* Provider payment rates would be based on the assessed needs of the individual. In particular, the rate models assume more staffing to support individuals with more significant needs. Assessment levels are based on the individual rather than based on the program overall, and individuals with different assigned tiers can participate in the same program. The specific staffing assumptions are detailed in Appendix E of the rate model packet. Providers are not required to deliver the level of staffing in the rate models. Instead, providers are expected to staff the home to meet the needs of residents. However, if an exceptional rate is requested, the provider will be required to demonstrate that it is already providing the level of staffing in the home for which it is funded.
- *Separate rates for models with overnight asleep or on-call staff.* Because it is more costly to pay staff who are awake in an active employment status compared to those in on-call status, the rate study proposes higher rates for programs with onsite awake staff during overnight hours.
- *344-day billing year.* As discussed above for Group Home services, the Supportive Living rates are based on a 344-day billing year.

Figure 5-2 details the proposed rates, which are based on a daily unit of service.

Figure 5-2: Proposed Supportive Living Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tier A, Awake					\$266.03	46%	104%
Tier A, Asleep	\$130.14	\$137.76	\$161.30	\$181.91	\$208.52	15%	60%
Tier B, Awake					\$316.49	74%	143%
Tier B, Asleep	\$130.14	\$137.76	\$161.30	\$181.91	\$258.98	42%	99%
Tier C, Awake					\$369.50	44%	104%
Tier C, Asleep	\$181.25	\$192.65	\$226.90	\$256.89	\$311.94	21%	72%
Tier D, Awake					\$428.79	3%	48%
Tier D, Asleep	\$290.69	\$309.70	\$365.47	\$414.29	\$371.28	(10%)	28%
Tier E, Awake					\$466.71	1%	43%
Tier E, Asleep	\$326.92	\$348.14	\$410.09	\$464.32	\$409.20	(12%)	25%

*Current and recent rates reflect Non-Congregate Residential services, though each program will need to be evaluated to determine whether they meet the requirements for Supportive Living. Non-Congregate Residential rates are converted to a 344-day equivalent for comparative purposes.

As shown in the table, the proposed rates are substantially greater than the current Non-Congregate Residential rates for Tiers A, B, and C. The proposed rates for programs with overnight awake staff for Tiers D and E are effectively equal to the current Non-Congregate Residential rates while the proposed rates for programs with overnight asleep staff are about 10 percent lower, though still significantly greater than the rates in effect in 2019.

Shared Living Arrangement

The Billing Policy Manual provides the following definition for Shared Living Arrangement (SLA) services:

Individually tailored support option for an individual to reside with and receive supports from someone who has contracted with a shared living placement agency. Agencies will recruit, train, monitor and oversee qualified SLA contractors (host home families).

No changes are proposed to the service definition.

Key elements of the proposed rates include:

- *Tiered rates based on individual needs.* Payment rates to SLA agencies would continue to vary based upon the assessed needs of the individual. In particular, the rate models assume lower caseloads for agency monitors and higher payments to the home provider for individuals with more significant needs. Figure 5-3 compares the current minimum amounts that SLA agencies must pay to their contracted home providers to the minimum amounts included in the proposed rate models.
- *Standardized monitoring requirements.* Current standards require an annual number of visits or monitoring calls that varies based on an individual's assigned tier. The rate study proposes to standardize this expectation by requiring a monthly home visit regardless of tier.
- *Unbundling of Respite.* Consistent with current practices, Respite is directly billable so these costs are not bundled into the SLA rate models.
- *344-day billing year.* As discussed above for Group Home services, the SLA rates are based on a 344-day billing year.

Figure 5-3: Comparison of Minimum Payments to SLA Agencies' Contracted Home Providers

Service	Current Min.	Proposed Min.
Tier A	\$48.00	\$75.00
Tier B	\$58.00	\$90.00
Tier C	\$75.00	\$105.00
Tier D	\$90.00	\$120.00
Tier E	\$90.00	\$135.00

Figure 5-4 compares the current and proposed rates for SLA agencies, which include the minimum payment amounts for their contracted home providers listed in Figure 5-3. The rates continue to be based on a daily unit of service.

Figure 5-4: Proposed Shared Living Arrangement Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tier A	\$75.64	\$75.73	\$76.00	\$76.24	\$147.26	93%	95%
Tier B	\$92.44	\$92.53	\$92.80	\$93.04	\$164.95	77%	78%
Tier C	\$117.22	\$117.36	\$117.77	\$118.13	\$187.49	59%	60%
Tier D	\$140.62	\$140.76	\$141.16	\$141.51	\$210.02	48%	49%
Tier E	\$140.62	\$140.76	\$141.16	\$141.51	\$227.71	61%	62%

*Current and recent rates are converted to a 344-day equivalent for comparative purposes.

As the table demonstrates, the proposed rates represent significant increases compared to current rates, partly because these rates have generally not been increased in recent years.

The rate study also proposes to formalize of enhanced SLA rates. Currently, when individuals do not receive external supports such as day program or employment services, BHDDH may authorize an enhanced rate that adds the value of an individual’s tier package for day supports to the payment to the home provider. However, the Day Support rate models are based on a much different service model in which employees generally provide care to a group of individuals. The rate study proposes to establish specific rate models for enhanced services. To do so, the rate model increases the assumed payment to the home provider by 35 percent for Tiers A, B, and C to reflect the additional hours of supervision they will provide. Assuming 56 hours of sleep time per week, there are 112 hours awake hours. If an individual participates in day activities 30 hours per week, the home provider is delivering 82 hours of supervision per week. Increasing this baseline by 30 hours is an increase of 36.6 percent. Due to the more intensive needs of individuals in Tiers D and E, the assumed home payment for these tiers is increased by 70 percent. Figure 5-5 lists the proposed rates for Enhanced SLA.

Figure 5-5: Proposed Enhanced SLA Rates

Service	Proposed Rate
Tier A	\$178.21
Tier B	\$202.09
Tier C	\$230.81
Tier D	\$309.06
Tier E	\$339.12

Remote Supports

The rate study proposes to add Remote Supports to provide another option to assist individuals to live independently in their own homes. Individuals receive support from staff who are at a centralized location. The service is intended to support individuals who require access to support, but who do not require staff to be physically present during the time that Remote Supports are available. It is expected that some services currently delivered throughout Overnight Shared Supports will transition to Remote Supports.

Tentatively, the service will be defined as:

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. Remote supports cannot be provided 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.

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.

Remote Supports are comprised of three components, the rates for which are listed in Figure 5-6:

- *Equipment*, to cover the costs of devices and technology necessary to provide the service.
- *Monitoring*, which reflects the time that the provider is monitoring the individual. Monitoring supports cannot be billed at the same time as another paid service. Because the amount of monitoring that an individual needs will vary (for example, some people may require Remote Supports during overnight hours while others may have other support systems in place that can assist during these hours), the service will be authorized and reimbursed in 15-minute increments.
- *In-Person Supports*, to compensate for time when an in-person response is delivered. This support will be billed in 15-minute units at the same rate as one-to-one Community-Based Supports.

Figure 5-6: Proposed Remote Supports Rates

Service	Jul. 1, 2022	Proposed Rate
Equipment	N/A (new)	Cost
Monitoring	N/A (new)	\$2.64
In-Person	N/A (new)	\$12.36

Companion Room and Board

The rate study proposes to add a new service to cover the cost of room and board of a companion/ roommate living with an eligible individual. The service intends to provide another residential option for individuals that offers a high degree of independence.

Tentatively, the service will be defined as:

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. 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.

Figure 5-7: Proposed Companion Room and Board Rates

As described in Figure 5-7, a monthly rate would be established for each program based on the actual cost of the living arrangement.

Jul. 1, 2022	Proposed Rate
N/A (new)	Varies*
*Rate will be equal to half of the cost of the home’s rental and utility expense plus 10 percent for the agency’s administrative fee.	

Community-Based Supports and Center-Based Supports

Day programs provide meaningful and important supports for many individuals. However, to some, the term ‘day program’ represents a rigid program offering services at a prescribed time based on providers’ programming rather than tailored to the needs of individuals. To emphasize that these services are meant to be flexible and available according to individuals’ schedules rather than providers’ operations, the rate study proposes to relabel these services Community-Based Supports and Center-Based Supports.

Additionally, the rate study proposes to consolidate the existing Community-Based Supports and Community-Based Day Program definitions:

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 serve 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.

Based on the current Day Program definition, the rate study proposes the following for 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.

Key elements of the proposed rates include:

- *Incorporation of Prevocational Services.* The rate study proposes to fold existing Prevocational Services into Community-Based Supports and Center-Based Supports. This consolidation is not intended to result in the elimination of existing supports as the service definitions are sufficiently broad to cover these programs.

- *Tiered rates for group services billed based on an individual’s assigned rate tier rather than the program’s staffing ratio.* Currently, providers bill based on the staff ratio they are providing regardless of the assessment-based tier to which an individual is assigned. For most other services (for example, Group Home and Shared Living Arrangement), billing is based on an individual’s assigned tier. Like these other services, the rate study proposes that provider payment rates for group-based Community-Based Supports and Center-Based Supports would be based on the individual’s assessment-based tier. Since rates will be tied to an individual’s assessment level, a provider may bill different rate tiers for different individuals in the same group.
- *Elimination of staffing ratio requirements.* As noted in the previous bullet, providers’ billing is currently based on the staffing ratio for their program. The proposed rate models include assumed staffing ratios in order to establish group rates. However, there will be no minimum staffing requirements for group services. Instead, providers will be expected to design their programs and staffing plans to meet the needs of the individuals receiving services.
- *Individual and group rates for all tiers both Community-Based Supports and Center-Based Supports.* In addition to the group rates that vary based on an individual’s assessment-based tier, the rate study proposes the continuation of one-to-one rates for both Community-Based Supports and Center-Based Supports. All individuals would be able access the one-to-one rates based on their individualized service plan.
- *Inclusion of an absence factor for group services.* Recognizing that providers’ costs do not change when an individual is absent, arrives late, or leaves early, the rate models for group services include an absence factor that has the effect of increasing rates to cover the cost of absences.

Figures 5-8 and 5-9 compare the current and proposed rates. The rates continue to be based on a 15-minute unit of service.

Figure 5-8: Proposed Community-Based Supports Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tier A, Grp.	\$1.44	\$1.53	\$1.79	\$2.01	\$5.61	179%	290%
Tier B, Grp.	\$1.44	\$1.53	\$1.79	\$2.01	\$5.61	179%	290%
Tier C, Grp.	\$3.26	\$3.47	\$4.11	\$4.67	\$6.63	42%	103%
Tier D, Grp.	\$6.63	\$7.07	\$8.40	\$9.56	\$8.12	(15%)	22%
Tier E, Grp.	\$6.63	\$7.07	\$8.40	\$9.56	\$10.72	12%	62%
Individual	\$6.67	\$7.10	\$8.37	\$9.47	\$12.36	31%	85%

*Current and recent rates for group services represent the Community-Based Day Program rates; there are also shared Community-Based Supports rates that are not listed. Current tier billing is based on the program’s staffing ratio while the proposed rates would be billed based on an individual’s assessment-based tier.

Figure 5-9: Proposed Center-Based Supports Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tier A, Grp.	\$1.08	\$1.13	\$1.26	\$1.38	\$3.33	141%	208%
Tier B, Grp.	\$1.23	\$1.28	\$1.45	\$1.59	\$3.33	109%	171%
Tier C, Grp.	\$1.68	\$1.77	\$2.03	\$2.26	\$4.04	79%	140%
Tier D, Grp.	\$2.50	\$2.64	\$3.07	\$3.45	\$5.25	52%	110%
Tier E, Grp.	\$6.63	\$7.06	\$8.35	\$9.47	\$6.20	(35%)	(6%)
Individual	-	-	-	-	\$11.78	-	-

*Current tier billing is based on the program’s staffing ratio while the proposed rates would be billed based on an individual’s assessment-based tier.

As illustrated in the tables, two rates are declining. The recommended rate for Tier D Community-Based Supports represents a 15 percent reduction compared to the current rate, but is nearly equal to the rate in place prior to the most recent rate increase adopted on July 1, 2022. The recommended rate for Tier E Center-Based Supports represents a more significant reduction. The lower rates are lower because the current rates reflect a one-to-one staffing ratio whereas the proposed group rates all assume shared services. However, as noted above, the one-to-one rates listed in the table would be available to all individuals regardless of tier.

Respite

The rate study proposes updating the definition included in the Billing Policy Manual to eliminate the use of the term “outings”:

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. The provider must ensure that the individual’s routine is maintained to attend school, work, or other community activities. Community activities shall be included in the supports provided and the provider is responsible for providing transportation for community activities.

No changes are proposed to the service definition.

Key elements of the proposed rates include:

- *Continuation of 15-minute and daily rates.* Consistent with current standards, the daily rate will be billed when more than nine consecutive hours of support are delivered. The Daily rate has been set equal to the Enhanced Shared Living Arrangement rate for Tier E.
- *Establishment of multi-person rates.* The rate study proposes the establishment of rates for intermittent (hourly) services provided to groups of individuals such as when a single worker supports two siblings.

- *Standardization of daytime and overnight rates.* The rate study proposes the establishment of a single 15-minute rate regardless of when the service is provided.

Figure 5-10 compares the current and proposed rates.

Figure 5-10: Proposed Respite Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
15 Min., 1:1	\$5.73	\$5.73	\$6.78	\$7.71	\$11.28	46%	97%
15 Min., 1:2	-	-	-	-	\$6.37	-	-
15 Min., 1:3	-	-	-	-	\$4.32	-	-
Per Diem	\$206.28	\$206.28	\$244.08	\$277.56	\$339.12	22%	64%

*The current 15-minute rates reflect the daytime rates; overnight rates are lower (currently \$5.43)

As the table demonstrates, the proposed rates for 15-minute services are nearly double the rates in place three years ago while the per diem rate represents an increase of more than 60 percent over the same period.

Discovery

Recognizing that everyone has skills and abilities to offer regardless of disability or complexities of life, Discovery provides supports to help individuals identify the type of job they want to do. Discovery is the first step in customized employment and may also be used as a first step for traditional supported employment, and typically yields information useful for community inclusion as well.

Discovery starts with understanding who the person is, highlighting what they can do. It translates information learned from the individual’s daily life through spending time with the person in different settings, interviewing people who know them well, visiting their home, and focusing on their strengths rather than testing and evaluating. The individual controls the process, and the facilitator seeks permission and direction from the individual.

The tentative definition 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.

Figure 5-11 lists the proposed rate based on a 15-minute billing unit.

Figure 5-11: Proposed Discovery Rate

Jul. 1, 2022	Proposed Rate
N/A (new)	\$17.61

Job Development

Job Development services (currently titled Job Assessment and Development) assist individuals in getting a job. The tentative definition is:

Activities to assist individuals in securing employment consistent with their career plan (as applicable), including job search and matching, helping with resumes, and planning for interviews. Job Development is limited to 200 hours per plan year.

Figure 5-12 compares the current and proposed rates.

Figure 5-12: Job Development Rates Compared to Current and Recent Rates*

Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
\$15.05	\$15.05	\$15.05	\$15.05	\$19.73	31%	31%
*The current hourly rate is presented as a 15-minute equivalent for comparative purposes.						

As the table demonstrates, the proposed rates for Job Development are greater than the current rate, although the increases are more modest than for several other services given the relatively high existing rate.

Job Coaching

The Billing Policy Manual provides the following definition for Job Coaching services:

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.

No changes are proposed to the service definition.

Key elements of the proposed rates include:

- *Payment based on the number of hours an individual works.* The rate study proposes to shift to a payment model wherein the provider is paid based on the number of hours that an individual works regardless of the number of hours of Job Coaching support provided. This approach incentivizes working with individuals to increase the number of hours they work while fading unnecessary supports. Ultimately, rates would be tiered based on two factors: an individual’s assessment-based tier (with higher rates for individuals with greater needs) and length of time on the job (with the expectation that fewer supports are necessary as individuals gain more experience in the job). The rates will be based on the typical ratio of individuals’ work hours to the amount of support they receive. These assumptions must be based on actual data so implementation of this model will be delayed until that data is collected.
- *Elimination of Job Retention.* With the shift to payment based on individual work hours, the Job Retention service will no longer be needed.

Figure 5-13 compares the current and proposed rates per 15-minute unit.

Figure 5-13: Job Coaching Rates Compared to Current and Recent Rates*

Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
\$6.94	\$7.36	\$8.60	\$9.69	\$18.06	86%	160%

*The proposed rate represents the payment amount prior to applying the ratio of worked hours to supported hours. The intent is that, on average, providers will earn this amount per hour of support provided.

As the table demonstrates, the proposed rates represent significant increases compared to current rates. As noted, the proposed rate is the target revenue per hour of support provided, but providers who are able to operate more efficiently than the outcome-based rates (to be based on assumed ratios of worked hours to supported hours) will earn more than this amount.

Personal Care in the Workplace

To expand the array of services to support individuals in the workforce, the rate study proposes to establish a new service for individuals who require assistance with personal care needs while at work, but who do not need employment-related supports. This proposal intends to allow for targeted supports aligned with the needs of the individual and the skillsets of staff by allowing job coaches to focus on employment related skills and tasks while having other staff support the person with ADLs.

The tentative definition for this service is:

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.

Figure 5-14 lists the proposed rate based on a 15-minute billing unit. The proposed rate is equal to the Community Supports rate but will be billed under a separate code to allow tracking and monitoring of utilization.

Figure 5-14: Proposed Personal Care in the Workplace Rate

Jul. 1, 2022	Proposed Rate
N/A (new)	\$12.36

Group Supported Employment

Group Supported Employment is currently covered by the Job Coaching service definition in the Billing Policy Manual. To distinguish between individual and shared supports, the rate study proposes to establish separate (but very similar) service definitions. Group Supported Employment would be defined as:

Employment supports for a group of individuals who work at the same location and who are supported by a job coach who uses structured intervention techniques to help these individuals

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.

The rate proposes to maintain rates based on the number of individuals per job coach. Individuals in each assessment-based tier will be able to access any of the ratio-based rates to avoid barriers to individuals working in the job most appropriate to them. For example, an individual with relatively low assessed support needs may have a job where they are supported with a job coach working with one other individual so their provider would bill the one-to-two rate.

Although the rate study proposes to maintain rates tied to staffing ratios, it also recommends reducing the administrative burden associated with billing for different ratios throughout the day if individuals arrive or leave the worksite at different times. Specifically, the provider would bill one ratio for the job coach’s shift for all individuals served during that shift. For example, if three individuals start and end at the same time and work a total of four hours while a fourth individual leaves after three hours, the provider would bill the one-to-three rate for all hours of support delivered to each of the four individuals (four hours or 16 units for the three individuals, and three hours or 12 units for the remaining individual) because that is the ratio for the majority of the day.

Figure 5-15 compares the current and proposed rates, which are billed per person in 15-minute units.

Figure 5-15: Proposed Group Supported Employment Rates Compared to Current and Recent Rates

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
1:2	\$3.99	\$4.23	\$4.95	\$5.57	\$8.53	53%	114%
1:3	\$2.77	\$2.94	\$3.44	\$3.88	\$5.79	49%	109%
1:4	\$2.17	\$2.30	\$2.69	\$3.03	\$4.41	46%	103%
1:5	\$1.80	\$1.91	\$2.24	\$2.52	\$3.58	42%	99%
1:6	\$1.56	\$1.66	\$1.94	\$2.18	\$3.01	38%	93%

As the table demonstrates, the proposed rates represent significant increases compared to current rates, with rates approximately double those in place three years ago.

Transportation

The Billing Policy Manual provides the following definition for Transportation services:

A program providing transportation for an individual from his/her residence, or the immediate vicinity thereof, to and from the individual’s program in order to participate in employment/day activities. In providing these services, the DDO is requested to utilize the most clinically appropriate, least restrictive method of transporting the individual. DDOs shall make every effort to support individuals with accessing the Paratransit Program RIDE or any other statewide initiative that is available to transport individuals.

The rate study recommends that “day activities” be replaced with “community activities” to make clear that the support does not need to be attached to a traditional day program, but may be used to transport

individuals to a variety of community engagements (including traditional day programs). Recognizing the need for expanding transportation options, the rate study proposes that existing policies make clearer that Transportation may be provided by agencies other than those that provide residential or day program services to the individual. The determination of which agency or agencies would be authorized to provide Transportation services would be determined as part of the person-centered planning process. No provider will be expected to provide Transportation services without receiving payment.

Since the length of a trip and the number of individuals transported is not necessarily related to an individual's assessment-based tier, the rate study proposes the establishment of a single Transportation rate.

Figure 5-16 compares the current and proposed rates. The rates continue to be based on a one-way trip.

Figure 5-16: Proposed Transportation Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tiers A-C	\$8.92	\$9.19	\$9.95	\$10.62	\$21.20	100%	138%
Tiers D-E	\$14.38	\$15.06	\$16.97	\$18.64	\$21.20	14%	47%

*The current 15-minute rates reflect the daytime rates; overnight rates are lower (currently \$5.43)

As the table demonstrates, the establishment of a single rate represents an increase over both current rates, although the increase is obviously greater for the lower tier. The increase for the higher tier is still significant, representing an increase of almost 50 percent compared to the rate in effect three years ago.

Vehicle Modifications

In order to facilitate access to the community, the rate study proposes to provide coverage of vehicle modifications to pay for adaptations or alterations to a privately-owned vehicle that serves as the individual's primary means of transportation.

The tentative definition for this service is:

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.

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.

Peer Supports and Family-to-Family Training

In response to feedback that many individuals have challenges navigating the service delivery system and identifying community resources, the rate study proposes the creation of two services that allow individuals with lived experience and training to mentor others.

The tentative definitions for these services are:

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 training on serving as a peer.

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 a system to develop and learn to link 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.

These services are not intended to replace the informal relationships and sharing that regularly occurs between families. Instead, the services would be designed to assist individuals and families to achieve a specific goal. The development of these services will require collaboration between BHDDH, providers, families, individuals with I/DD, and advocates to establish requirements and identify individuals and families interested in providing these services.

Figure 5-17: Proposed Peer Supports and Family-to-Family Training Rates

Figure 5-17 lists the proposed rates based on 15-minute billing units.

Service	Jul. 1, 2022	Proposed Rate
Peer Supports	N/A (new)	\$11.65
Family-to-Family Training	N/A (new)	\$12.36

Professional Services

The rate study proposes to consolidate the currently separate service definitions and rates for Professional Services while at Day Program, Community-Based Supports by Professional Staff, and Natural Supports Training by Professional Staff into the existing Professional Services definition included in the Billing Policy Manual:

Services and supports include, but are not limited to: psychologist, psychiatrist, physical therapist, occupational therapist, speech therapist, registered nurses, interpreters, licensed social workers, licensed mental health counselors (“LMHCs”), and licensed marriage and family therapists (“LMFTs”).

The rate study recommends the following changes to this definition:

- Adding licensed practical nurses and board certified assistant behavior analysts (BCaBAs) to the list of qualified providers.
- Clearly specifying billable activities. In addition to direct supports, staff are able to bill for certain ‘on-behalf of’ activities, including participating in planning meetings and assessments, training paid and unpaid caregivers on an individual’s service plan, and collateral contacts.

Additionally, key elements of the proposed rates include:

- *Differentiated rates based on staff qualification.* Recognizing that wage costs vary across different staff (for example, wages for psychiatrists are different than wages for licensed practical nurses), the rate study establishes separate rates for each qualified provider.
- *Differentiated rates based on service setting.* The rate study proposes higher rates for services delivered in the home and community in comparison to rates delivered in the office or clinic or through a telehealth model to account for travel-related costs and lower productivity when working with individuals in the community.

Figure 5-18 compares the current and proposed rates.

Figure 5-18: Proposed Professional Services Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Psychiatrist, Community	\$13.13	\$13.13	\$72.44	452%	452%
Psychiatrist, Office/ Telehealth	\$13.13	\$13.13	\$60.90	364%	364%
Psychologist/ BCBA, Community	\$13.13	\$13.13	\$24.36	86%	86%
Psych./ BCBA, Office/ Telehealth	\$13.13	\$13.13	\$20.01	52%	52%
BCaBA, Community	\$13.13	\$13.13	\$20.77	58%	58%
BcaBA, Office/ Telehealth	\$13.13	\$13.13	\$16.77	28%	28%
Therapist, Community	\$13.13	\$13.13	\$28.48	117%	117%
Therapist, Office/ Telehealth	\$13.13	\$13.13	\$23.51	79%	79%
Registered Nurse, Community	\$13.13	\$13.13	\$24.20	84%	84%
Registered Nurse, Office/ Telehealth	\$13.13	\$13.13	\$19.88	51%	51%
Licensed Practical Nurse, Community	\$13.13	\$13.13	\$20.75	58%	58%
Lic. Prac. Nurse, Office/ Telehealth	\$13.13	\$13.13	\$16.76	28%	28%
Licensed Social Worker, Community	\$13.13	\$13.13	\$24.20	84%	84%
Lic. Social Worker, Office/ Telehealth	\$13.13	\$13.13	\$19.87	51%	51%
LMHC/ LMFT, Community	\$13.13	\$13.13	\$19.54	49%	49%
LMHC/ LMFT, Office/ Telehealth	\$13.13	\$13.13	\$15.91	21%	21%
Interpreter, Community	\$13.13	\$13.13	\$16.73	27%	27%
Interpreter, Office/ Telehealth	\$13.13	\$13.13	\$13.53	3%	3%

*Current rates reflect Professional Staff providing Community-Based Supports and Day Programs, the rates for Natural Supports Training provided by Professional Staff equate to \$11.93 per 15 minutes

As the table demonstrates, the rates for Professional Services have not been adjusted in recent years. Partly as a result, the proposed rates represent significant increases compared to current rates for most practitioners and settings. Given that current rates do not vary based on practitioner or setting, the largest increases apply to the most highly paid practitioners and to services delivered in the community.

Supports Brokerage and Financial Management Services

The Centers for Medicare and Medicaid Services broadly defines two types of supports for individuals who self-direct services:

- *Information and Assistance.* Broadly, this service assists an individual or their representative in understanding the responsibilities involved with directing their services, and in arranging, directing, and managing services. The service assists in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. The provider offers skills training such as providing information on recruiting and hiring personal care workers, managing workers, and providing information on effective communication and problem-solving.
- *Financial Management Services.* This service assists an individual or their representative with employer authority and/or budget authority. Employer authority includes verifying worker citizenship status, processing payroll, withholding employment taxes and making payments to appropriate taxing authorities, and distributing payroll checks. Budget authority includes performing fiscal accounting, tracking individuals' funds; and making expenditure reports to the individual and state authorities.

The Billing Policy Manual effectively combines both types of supports into a single definition for Support Facilitation. In practice, Support Facilitation providers are performing the financial management services function, but not the information and assistance function. Additionally, the current Supports Brokerage service definition includes some elements of the information and assistance function.

Because these are two separate functions requiring different skillsets that may be delivered by different providers, the rate study recommends more clearly distinguishing between these two separate services by changing the title of Support Facilitation to Financial Management Services (FMS) and removing elements of the service definition that relate more to information and assistance functions.

Financial Management Services would be tentatively defined as:

Service and supports that assists 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.

Consistent with practices in the large majority of states, the rate study recommended a single monthly rate for Financial Management Services (which are currently titled Support Facilitation). According to research compiled by Applied Self-Direction, the rate currently paid by Rhode Island for most individuals would be the fifth-highest of 49 programs identified (several states have multiple programs).³⁷ The recommended rate represented a significant reduction compared to the current Support Facilitation rate billed in most instances. In response to public comments and recognizing that the implementation of

conflict-free case management will likely impact the expectations of FMS providers, this proposal was withdrawn so the current rates for fiscal intermediaries would be retained, as illustrated in Figure 5-19.

Figure 5-19: Proposed Financial Management Services (Support Facilitation) Rates Compared to Current and Recent Rates*

Service	Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
Tiers A-B	\$49.20	\$49.20	\$49.20	\$49.20	\$49.20	0%	0%
Tier C	\$98.41	\$98.41	\$98.41	\$98.41	\$98.41	0%	0%
Tiers D-E	\$197.88	\$197.88	\$197.88	\$197.88	\$197.88	0%	0%

As shown in the table, the rates for Financial Management Services have not changed in several years. The rate study recommends that payment rates be evaluated once the conflict-free case management requirements have been finalized.

Supports Brokerage services – which represent the information and assistance function – would be tentatively defined as:

The service assists the individual or their representative in understanding the responsibilities involved with self-direction, and in arranging for, directing, and managing self-directed services. The support broker assists in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. The service broker may provide practical skills training related to recruiting and hiring direct care workers, managing workers, and effective communication and problem-solving. This service is optional for individuals who choose to self-direct services.

Since individuals will require different amounts of engagement with a Supports Brokerage, the rate study recommends maintaining 15-minute billing units. The comparison of proposed rates to current and recent rates are listed in Figure 20.

Figure 5-20: Proposed Supports Brokerage Rates Compared to Current and Recent Rates

Sep. 30, 2019	Oct. 1, 2019	Jul. 1, 2021	Jul. 1, 2022	Proposed Rate	Change to Current	Change Since 2019
\$12.50	\$12.50	\$12.50	\$12.50	\$15.99	28%	28%

Section 6: Implementation Considerations

Building on the current service and rate framework, the rate study intends to reduce the administrative burden on BHDDH and service providers associated with implementing systems changes and to facilitate a timely implementation. Rate study recommendations have generally been designed for implementation to begin July 1, 2023. As discussed in Section 2, recommendations related to assessments and individual budgets have mostly been delayed due to the forthcoming changes to the SIS so implementation of any changes – which may require more significant updates to policies and procedures – likely will not occur prior to mid-2024. This section offers an overview of considerations for implementing the recommendations outlined in this report in several key areas.

Fiscal Impact Analysis

Implementation of the rate study recommendations depends on additional state investment in the program. Broadly, spending may increase based on recommendations related to:

- Increases in provider payment rates
- Changes to policies related to management of tier packages
- Addition of new services

Provider rate increases represent the largest component of the fiscal impact. Compared to the rates in effect as of July 1, 2022, the recommended rates would increase total payments by an estimated 22 percent when fully implemented. Based on fiscal year 2021 utilization levels, the additional cost is about \$57 million annually on a total funds basis. Costs in future years will be based on overall forecasted utilization (that is, utilization estimates for future fiscal years should be increased by 22 percent to account for the effects of the rate study), which is beyond the scope of this rate study.

This estimate does not include the impact of any rates that are held harmless as a result of the federal American Rescue Plan Act (ARPA). Part of the federal government’s response to the Covid-19 pandemic, ARPA included a provision that provided a temporary 10 percentage point increase in the federal matching rate for home and community-based services. States were required to use the state dollars that were freed-up when the federal contribution rate increased to enhance, expand, or strengthen HCBS. These dollars must be spent by March 31, 2025. Until the funds are expended, state cannot impose stricter eligibility requirements; reduce the amount, duration, or scope of services; or reduce payment rates below those in effect as of April 1, 2021 (except that temporary increases that were already to expire are permitted to end). Although the rate study provides significant increases overall, some rates would decline and such reductions cannot be implemented until the ARPA maintenance of effort period ends (March 31, 2025 or earlier if the state fully expends the HCBS funds prior to that date).

Although instances when a rate would decline without any related changes to billing requirements are easy to identify, changes involving changes to billing guidelines are harder to characterize. Given that CMS has not issued comprehensive guidance for all scenarios, these issues will require legal review and, likely discussion with CMS. Examples include:

- *Enhanced SLA*. There are not published rates for instances when the Shared Living provider delivers all of an individual’s support (that is, the individual does not receive other paid services

such as day program or employment supports). However, BHDDH’s practice has been to increase the standard SLA rate by the value of the Day Program component of an individual’s tier package. The rate study proposes to establish formal rates for enhanced SLA. These rates may not be greater than the current combined standard SLA rate and Day Program budget amounts.

- *Implementation of tiered billing for Community-Based Supports and Center-Based Supports.* As described in Section 2, the rate study proposes to align payment for Community-Based Supports and Center-Based Supports with an individual’s assigned tier rather than the staffing of their day program. This change reflects feedback from both individuals and providers; however, this will result in a lower payment in some instances. For example, if an individual assigned to Tier A receives center-based supports at a 1:3 ratio, the provider would bill the Tier D rate. Under the proposal, the provider would bill the Tier A rate, which is less than the current Tier D rate, regardless of ratio.
- *Replacement of Job Retention.* The rate study proposes to replace Job Retention with an outcome-based model wherein the provider is reimbursed based on the number of hours of support provided. Since this will require additional data collection, services would initially be reimbursed on a fee-for-service basis. Although the fee-for-service rate represents a significant increase compared to the current Job Coaching rate, total payments may be reduced in instances in which providers are delivering minimal supports. For example, it is possible that a provider delivers one hour of support to an individual assigned to Tier E. The Job Retention rate in this example would be \$727 whereas the fee-for-service billing would be \$72.
- *Changes to Non-Congregate Services.* Similar to Job Retention, the rate study proposes changes to Non-Congregate Residential services. Some programs will transition to Supportive Living where the comparison of rates is straightforward, but others will transition to hourly billing for Community-Based Supports. For providers delivering relatively few supports, the transition to hourly billing would reduce total payments.

If it is determined that any of these proposals would violate the ARPA maintenance of effort requirements, Rhode Island may consider suspending any changes to the rate for the service. For example, if the proposal around Job Retention and Job Coaching is determined to be in conflict, BHDDH may want to maintain current rates. The impact on the fiscal impact will depend on these decisions. The cost could be higher in the initial years until the maintenance of effort period ends if BHDDH simply holds-harmless any potential reductions. Or, the cost may be lower if certain proposals are suspended until after the end of the maintenance of effort period.

In comparison to the cost of the rate increases, the fiscal impact associated with changes to tier packages and the addition of new services is expected to be modest, particularly initially. For example, the rate study proposes to move employment supports outside of the tier packages, but the utilization of employment supports is so low (representing less than five percent of the spending for Day Program services despite having higher rates) that the cost will likely be small. Similarly, a review of other states’ reported utilization of the services that the rate proposes to add finds limited use. Overall, it is expected that these changes will increase overall system costs by less than two percent initially. The impacts of these changes should be monitored to determine if costs increase over time.

Updating Regulations and Policies

As noted earlier, Rhode Island’s 1115 waiver includes broad service definitions. A joint review of these definitions conducted by BHDDH and the Executive Office of Health and Human Services (EOHHS) concluded that new services recommended by the rate study could be delivered under the current terms and conditions, with one exception. Although the service is currently being delivered, there is not clear authorization for Financial Management Services so this support should be added to the waiver.

BHDDH’s billing manual will require numerous changes to reflect the changes proposed by the rate study related to service definitions, billing rules, and billing limits. Service-by-service changes are summarized in Section 5 of this report.

Rhode Island may additionally consider adopting procedures to regularly review and update payment rates. This is particularly relevant because, as observed earlier, the payment rates first established as part of Project Sustainability did not undergo substantial adjustments for several years. Rate stagnation places a burden on providers, inhibiting investment in their workforces and the development of innovative programs.

HMA-Burns generally defines two approaches to updating payment rates.

- A **rebase** involves a comprehensive rate study, including reviewing service requirements and billing policies and collecting data from providers. Given the time and expense of a rebase, HMA-Burns recommends that, in the absence of significant systems changes, states undertake this process only every four or five years.
- Although annual rebases are not recommended, a **refresh** cannot be regularly undertaken to ensure the adequacy of payment rates. A refresh does not seek to update underlying payment structures or to collect new data from providers, but seeks to update cost assumptions in the rate models. As discussed in Section 4, the proposed rates are based on rate models with detailed assumptions. Many of these assumptions are derived from published cost data from a number of sources. When new data is released, the new values can be input into the rate models to update the overall rate. For example, the Internal Revenue Service generally publishes its standard business mileage rate in December for the following calendar year. Since the rate models rely on this value for vehicle-related expenses, the models can be updated with the new mileage rate when it is released.

There may be instances when targeted adjustments are required. For example, if a new administrative requirement is placed on providers, BHDDH may want to consider the cost impact. In these circumstances, BHDDH may request data from providers to demonstrate increased costs, such as hiring new positions or incurring new fees. In these scenarios, the data request should be limited to the additional costs. Otherwise, the rate study does not propose provider cost reporting. The rate model assumptions are not meant to be prescriptive so providers may choose to use funding differently than assumed in the models. Instead, monitoring should focus on compliance with service requirements and individuals’ service plans.

Increases to provider payment rates will generally require new funding and will therefore be part of the overall state budget process. As a result, very few states automatically update payment rates for home

and community-based services for individuals with intellectual and developmental disabilities. However, even if the rates are not increased, updating the rate models to reflect current costs is a best practice to ensure a transparent accounting of the difference between the rate model values and the rates actually being paid.

System Requirements

The rate study recommendations will likely require some updates to information technology systems such as claim edits. Many of these changes will be related to changes to billing policies that also impact the billing manual and that are outlined in Section 5. Examples include:

- Implementing 344-day billing limits for residential services
- Accommodating customized rates for Group Homes and Companion Room and Board
- Limiting billing for Community-Based Supports and Center-Based Supports to the tier to which an individual is assigned
- Establishing billing codes for new services as well as new codes or modifiers for services with more variants (such as Professional Services).
- Developing a mechanism to track both hours that an individual works and hours of direct support provided for individuals receiving Job Coaching services

In addition to the rate-related changes, the recommendations for tier packages outlined in Section 2 may require changes to systems processes.

End Notes

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- ² American Association on Intellectual and Developmental Disabilities. (n.d.). States and Provinces in North American Using the SIS. Retrieved from <https://www.aaidd.org/sis/states-using-sis>.
- ³ Minnesota Department of Human Services and HSRI. (April 16, 2018). Analysis of Budget Methodologies & Research Into Other State Activities. Retrieved from https://mn.gov/dhs/assets/Budget-Model-Other-States-accessible_tcm1053-390881.pdf.
- ⁴ 42 U.S.C. §1396a(a)(30)
- ⁵ State of Rhode Island Department of Administration. (December 2, 2021). Action Plan: System Overhaul and Longitudinal Stability. Retrieved from <https://static1.squarespace.com/static/55ec819ce4b0baa2cad8741/t/61706ac92df1741c7352e04e/1634757321786/State+proposes+settlement+action+plan+10-19-21.pdf>
- ⁶ National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute. (2020). National Core Indicators Intellectual and Developmental Disabilities (Table 28). Retrieved from https://legacy.nationalcoreindicators.org/upload/core-indicators/2020StaffStabilitySurveyReport_FINAL.pdf.
- ⁷ United States Bureau of Labor Statistics. (2021). Occupational Employment and Wage Statistics. Retrieved from <https://www.bls.gov/oes/>. While the 10th percentile wage does not represent the absolute minimum reported wage, it is the lowest benchmark published by the BLS and it is reasonably similar to the average starting salary reported in the Staff Stability Survey.
- ⁸ United States Bureau of Labor Statistics. (n.d.). Frequently Asked Questions. Retrieved from https://www.bls.gov/oes/oes_ques.htm.
- ⁹ This interstate movement is still modest. An estimated 15 percent of Rhode Island workers work outside of the state while 12 percent of individuals who work in Rhode Island travel in from another state. Rhode Island Department of Labor and Training. (January 2019). Rhode Island Commuting Patterns. Retrieved from <https://dlt.ri.gov/sites/g/files/xkgbur571/files/documents/pdf/lmi/commutingpatterns.pdf>.
- ¹⁰ Rhode Island Department of Labor and Training. Retrieved from <https://dlt.ri.gov/regulation-and-safety/labor-standards/minimum-wage>.
- ¹¹ United States Bureau of Economic Analysis. (2022). Compound annual growth rate for net earnings in Rhode Island for 2011 – 2021. Retrieved from <https://apps.bea.gov/regional/bearfacts/action.cfm>.
- ¹² United States Bureau of Labor Statistics. (October 28, 2022). Employment Cost Index Summary. Retrieved from <https://www.bls.gov/news.release/eci.nr0.htm>.
- ¹³ Economic Policy Institute. (n.d.). Nominal Wage Tracker. Retrieved from <https://www.epi.org/nominal-wage-tracker/>.
- ¹⁴ Federal Reserve Bank of Atlanta. (n.d.). Wage Growth Tracker. Retrieved from <https://www.atlantafed.org/chcs/wage-growth-tracker>.
- ¹⁵ See, for example:
 - Human Resource Executive; Mayer, Kathryn. (September 15, 2022). 2023 Looks to be a ‘Banner Year’ for Salary Increases. Retrieved from <https://hr executive.com/2023-looks-to-be-a-banner-year-for-salary-increases/>.
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¹⁶ See, for example:

Phelan, Brian J. (December 19, 2013). Labor Supply Substitution and the Ripple Effect of Minimum Wages. Retrieved from <https://www.aeaweb.org/conference/2014/retrieve.php?pdfid=306>.

Rinz, K., and Voorheis, J. (March 2018). The Distributional Effects of Minimum Wages: Evidence from Linked Survey and Administrative Data. Published by the U.S. Census Bureau Center for Administrative Records Research and Applications. Retrieved from <https://www.census.gov/content/dam/Census/library/working-papers/2018/adrm/carra-wp-2018-02.pdf>.

¹⁷ See, for example:

Phelan, Brian J. (December 19, 2013). Labor Supply Substitution and the Ripple Effect of Minimum Wages. Retrieved from <https://www.aeaweb.org/conference/2014/retrieve.php?pdfid=306>.

Miller, Stephen. (June 1, 2018). Address Pay Compression or Risk Employee Flight. Published by the Society for Human Resource Management. Retrieved from <https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/address-pay-compression-or-risk-employee-flight.aspx>.

¹⁸ American Network of Community Options and Resources and Health Management Associates. (July 31, 2021). Estimating the Impact of an Increased Federal Minimum Wage on Direct Support Professionals' Wages and I/DD Service Providers' Costs. Retrieved from <https://www.ancor.org/wp-content/uploads/2022/09/Estimating-the-Impact-of-an-Increased-Federal-Minimum-Wage-on-ID-Providers.pdf>.

¹⁹ Home health and personal care aides represent 1,625,040 positions out of 2,016,530 in the industry of services for the elderly and persons with disabilities (North American Industry Classification System 624120, https://www.bls.gov/oes/current/naics5_624120.htm) and 251,520 positions out of 381,120 in residential intellectual and developmental disability facilities (NAICS 623210, https://www.bls.gov/oes/current/naics5_623210.htm).

²⁰ United States Bureau of Labor Statistics. Occupational Employment and Wages (31-1120 Home Health and Personal Care Aide). Retrieved from <https://www.bls.gov/oes/current/oes399021.htm> and https://artifacts.casetext.com/artifacts/20222018200112_abr.

²¹ American Network of Community Options and Resources and Health Management Associates. (July 6, 2022). Review of States' Approaches to Establishing Wage Assumptions for Direct Support Professionals When Setting I/DD Provider Rates. Retrieved from https://www.ancor.org/wp-content/uploads/2022/08/august_2022_dsp_wage_assumptions_in_state_idd_service_rate_setting-1.pdf.

²² The rate models do not include funding for employee-paid taxes including the employee share of Social Security and Medicare payroll taxes, the State Disability Insurance (SDI) tax, or personal income taxes.

²³ U.S. Department of the Treasury - Internal Revenue Service. (2022). Publication 15 (Circular E). Retrieved from <https://www.irs.gov/pub/irs-pdf/p15.pdf>. In 2022, this tax is limited to the first \$147,000 in wages.

²⁴ *Ibid.* There is an additional Medicare tax of 0.90 percent on wages above \$200,000.

²⁵ *Ibid.*

²⁶ Rhode Island Department of Labor and Training. (2022). 2022 UI and TDI Quick Reference. Retrieved from <https://dlt.ri.gov/sites/g/files/xkgbur571/files/2022-06/quickref.pdf>. This is the rate assigned to new employers.

²⁷ *Ibid.*

²⁸ Based on the average reported for class 8835 (home/ public healthcare) in Rhode Island reported at <http://classcodes.net/workers-compensation-rates-by-state/>.

²⁹ United States Department of Health and Human Services Medical Expenditure Panel Survey. (2021). Retrieved from https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_2/2021/ic21_ia_f.pdf. See Tables II.B.3.b.(1).(a), II.C.1, II.C.2, II.C.4, II.D.1, II.D.2, II.D.4, II.E.1, II.E.2, and II.E.4.

³⁰ Damberg, C., Sorbero, M., Lovejoy, S., Martsof, G., Raaen, L., and Mandel, D. (2014). Measuring Success in Healthcare Value-Based Payment Programs, Summary and Recommendations. Retrieved from https://www.rand.org/content/dam/rand/pubs/research_reports/RR300/RR306z1/RAND_RR306z1.pdf.

- ³¹ Centers for Medicare & Medicaid Services. (n.d.). What are value-based programs? Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs#>.
- ³² The National Quality Forum. (September 2016). Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement (Final Report). Retrieved from <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=83433>.
- ³³ Bennett, A., Curtis, P., and Harrod, S. The Milbank Memorial Fund. (July 2018). Bundling, Benchmarking, and Beyond: Paying for Value in Home-and Community-Based Services. Retrieved from <https://www.milbank.org/wpcontent/uploads/2018/07/MMF-HCBS-Report-FINAL.pdf>.
- ³⁴ UnitedHealth Care, Community & State. (May 2016). Quality Improvement for Individuals with Intellectual & Developmental Disabilities: A Proposed Framework. Retrieved from http://www.nasud.org/sites/nasud/files/CST11139_IP16_Whitepaper_NAB_ID_DD_050916.pdf.
- ³⁵ American Network of Community Options and Resources. (January 2019). Advancing Value & Quality in Medicaid Service Delivery for Individuals with Intellectual & Developmental Disabilities. Retrieved from http://ancor.org/sites/default/files/advancing_value_quality_in_medicaid_service_delivery_for_individuals_with_id_d.pdf.
- ³⁶ Centers for Medicare & Medicaid Services. (July 21, 2022). State Medicaid Director Letter, SMD#22-003. Retrieved from <https://www.medicare.gov/federal-policy-guidance/downloads/smd22003.pdf>.
- ³⁷ Applied Self-Direction. (August 2022). Costs of Providing Financial Management Services in a Medicaid 1915(c) Context: An Analysis of Publicly Reported Appendix J Data. Retrieved from <https://www.appliedselfdirection.com/sites/default/files/Costs%20of%20Providing%20FMS%20Analysis%202022.pdf>.

Attachment 1
Provider Survey
Instrument

Attachment 1: Provider Survey Instrument

Rhode Island Department of Behavior Healthcare,
Developmental Disabilities and Hospitals

New Rate and Payment Options Study

Provider Survey

– distributed by –

Burns & Associates
A Division of Health Management Associates

April 25, 2022

Questions? Contact Steven Abele with Health Management Associates at (602) 466-9841 or sabele@healthmanagement.com

Agency Contact Information and Revenues (click the ⓘ icons for directions)

Line	Factor	Input
Agency Contact Information		
1	Agency name	
2	Provider ID ⓘ	
3	Contact name ⓘ	
4	Job title of the individual listed on Line 3	
5	Phone number for the individual listed on Line 3	
6	Email address for the individual listed on Line 3	
7	End date of the fiscal year for information is reported ⓘ	
Annual Agency Revenues for most recently completed Fiscal Year ⓘ		
8	I/DD Program Revenue; Rec'd from State/Other Gov't/Pvt Pay ⓘ	
9	Other Program Revenue; Rec'd from State/Other Gov't/Other Pay ⓘ	
10	SSI/SSDI and other room and board payments ⓘ	
13	Other Program Revenue; Investment/Grants/Fund Raising/Donations ⓘ	
16	Total Revenues ⓘ	\$0

**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Include only those staff who primarily perform administrative functions. Staff who do not have any costs allocated to the I/DD program do not need to be reported.

Report costs for the agency's most recently completed fiscal year

Line	Job Title ⓘ	Certification/ Licensure ⓘ	# of Emp. ⓘ	Actual Wages ⓘ	Actual Cost of Payroll Taxes and Benefits ⓘ						
					Social Security and Medicare ⓘ	Federal and State Unemployment Insurance ⓘ	Workers' Compensation ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ
Ex.	Executive Director		1	\$75,000	\$5,738	\$394	\$1,500	\$6,000	\$400	\$2,250	\$150
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**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Include only those staff who primarily perform administrative functions. Staff who do not have any costs allocated to the I/DD program do not need to be reported.

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					Social Security and Medicare ⓘ	Federal and State Unemployment Insurance ⓘ	Workers' Compensation ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ	
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49												

Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Time Allocation ⓘ											
I/DD Program			Other Program			SSI/SSDI			Investments/Grants/ Fund Raising/ Donations		
Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support
55%	0%	0%	35%	0%	0%	0%	0%	0%	10%	0%	0%

Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Time Allocation ⓘ											
I/DD Program			Other Program			SSI/SSDI			Investments/Grants/ Fund Raising/ Donations		
Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support	Admin.	Program Support	Direct Support

General Expenses Other Than Staff Salary and Benefits (see p. 5 of the instructions and click the ⓘ icons for directions)

Report costs for the agency's most recently completed fiscal year

Line	Category	Total Expense	Cost Allocation ⓘ				
			% of Cost Allocated to I/DD Program			% of Cost Allocated to Other Programs	
			Direct Care	Admin.	Program Support	Admin.	Program Support
1	Administrative Facility Rent/Mortgage/Depreciation (exclude direct service space) ⓘ						
2	Facility Janitorial/Landscaping/Repairs/Etc. (exclude direct service space)						
3	Utilities/Telecommunications/Etc. (exclude direct service space costs) ⓘ						
4	Travel, Vehicle ⓘ						
5	Travel, Air, Lodging, Per Diem (exclude participant transportation or direct support vehicles/reimbursement) ⓘ						
6	Office Equipment and Furniture ⓘ						
7	Depreciation (exclude facility and vehicles)						
8	Interest Expense (excluding mortgage)						
9	Other Taxes (exclude payroll taxes and personal income taxes) ⓘ						
10	Licensing/Certification/Accreditation Fees ⓘ						
11	Hiring Expenses (e.g., advertising; exclude staff costs) ⓘ						
12	Training Expense (e.g., fees and materials; exclude staff costs) ⓘ						
13	Insurance (exclude health, dental, workers' comp, auto insurance) ⓘ						
14	Information Technology Expense (e.g., computers and software) ⓘ						
15	Office Supplies ⓘ						
16	Advertising						
17	Dues and Subscriptions ⓘ						
18	Consulting - Legal/Accounting/Etc. ⓘ						
19	Allocated Corporate Office Overhead ⓘ						
20	[If Overhead is reported in Line 19, describe allocation methodology here]						
21	Other 1 (Input Description) ⓘ						
22	Other 2 (Input Description)						
23	Other 3 (Input Description)						
24	Other 4 (Input Description)						
25	Other 5 (Input Description)						
26	Total Non-Staff Expenses ⓘ	\$0	\$0	\$0	\$0	\$0	\$0

Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey

General Expenses Other Than Staff Salary and Benefits (see p. 5 of the instructions and click the ⓘ icons for directions)

Report costs for the agency's most recently completed fiscal year

Line	Category	Cost Allocation ⓘ			
		% of Cost Allocated to SSI/SSDI		% of Cost Allocated to Investments/Grants/ Fund Raising/ Donations	
		Admin.	Program Support	Admin.	Program Support
1	Administrative Facility Rent/Mortgage/Depreciation (exclude direct service space) ⓘ				
2	Facility Janitorial/Landscaping/Repairs/Etc. (exclude direct service space)				
3	Utilities/Telecommunications/Etc. (exclude direct service space costs) ⓘ				
4	Travel, Vehicle ⓘ				
5	Travel, Air, Lodging, Per Diem (exclude participant transportation or direct support vehicles/ reimbursement) ⓘ				
6	Office Equipment and Furniture ⓘ				
7	Depreciation (exclude facility and vehicles)				
8	Interest Expense (excluding mortgage)				
9	Other Taxes (exclude payroll taxes and personal income taxes) ⓘ				
10	Licensing/Certification/Accreditation Fees ⓘ				
11	Hiring Expenses (e.g., advertising; exclude staff costs) ⓘ				
12	Training Expense (e.g., fees and materials; exclude staff costs) ⓘ				
13	Insurance (exclude health, dental, workers' comp, auto insurance) ⓘ				
14	Information Technology Expense (e.g., computers and software) ⓘ				
15	Office Supplies ⓘ				
16	Advertising				
17	Dues and Subscriptions ⓘ				
18	Consulting - Legal/Accounting/Etc. ⓘ				
19	Allocated Corporate Office Overhead ⓘ				
20	[If Overhead is reported in Line 19, describe allocation methodology here]				
21	Other 1 (Input Description) ⓘ				
22	Other 2 (Input Description)				
23	Other 3 (Input Description)				
24	Other 4 (Input Description)				
25	Other 5 (Input Description)				
26	Total Non-Staff Expenses ⓘ	\$0	\$0	\$0	\$0

**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

List all staff who provide Program Support or billable I/DD services directly to individuals, including DSPs and professional staff.

Direct care staff who support or work only in non-I/DD programs do not need to be reported.

Report costs for the agency's most recently completed fiscal year.

Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
Ex.	Nurse	LVN/LPN	Associates Degree	Employee	Yes	10	4,160	\$62,300	\$14.98
1									
2									
3									
4									
5									
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**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

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Report costs for the agency's most recently completed fiscal year.

Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
24									
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

List all staff who provide Program Support or billable I/DD services directly to individuals, including DSPs and professional staff.

Direct care staff who support or work only in non-I/DD programs do not need to be reported.

Report costs for the agency's most recently completed fiscal year.

Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
49									
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare ⓘ	Federal and State Unemployment ⓘ	Workers' Comp. ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ	Total Cost of Payroll Taxes and Benefits ⓘ		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
Ex.	\$4,766	\$42	\$1,850	\$5,400	\$240	\$2,250	\$240	\$14,788	25%	40	20	0%	100%
1													
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare	Federal and State Unemployment	Workers' Comp.	Health Insurance	Other Insurance	Retirement	Other Benefits	Total Cost of Payroll Taxes and Benefits		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare	Federal and State Unemployment	Workers' Comp.	Health Insurance	Other Insurance	Retirement	Other Benefits	Total Cost of Payroll Taxes and Benefits		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
49													
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Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

Report the time distribution for the agency's most recently completed fiscal year

Line	Job Titles ⓘ	Support Coordination	Support Facilitation	Supports Broker	Residential Habilitation	Non-Congregate Residential Supports	Shared Living Arrangements	Community-Based Supports	Natural Supports Training	Respite	Overnight Shared Supports	Day Program	Professional Services	Transportation	Job Assessment and Development	Job Coaching	Job Retention	Prevocational Training	All Other Services and Activities ⓘ	
Ex.	Caregiver							95%												5%
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**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

Report the time distribution for the agency's most recently completed fiscal year

Line	Job Titles ⓘ	Support Coordination	Support Facilitation	Supports Broker	Residential Habilitation	Non-Congregate Residential Supports	Shared Living Arrangements	Community-Based Supports	Natural Supports Training	Respite	Overnight Shared Supports	Day Program	Professional Services	Transportation	Job Assessment and Development	Job Coaching	Job Retention	Prevocational Training	All Other Services and Activities ⓘ	
25																				
26																				
27																				
28																				
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Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

Report the time distribution for the agency's most recently completed fiscal year

Line	Job Titles ⓘ	Support Coordination	Support Facilitation	Supports Broker	Residential Habilitation	Non-Congregate Residential Supports	Shared Living Arrangements	Community-Based Supports	Natural Supports Training	Respite	Overnight Shared Supports	Day Program	Professional Services	Transportation	Job Assessment and Development	Job Coaching	Job Retention	Prevocational Training	All Other Services and Activities ⓘ	
50																				
51																				
52																				
53																				
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Fringe Benefits for Direct Care Staff (see p. 6 of the instructions and click the ⓘ icons for directions)

Report data for the agency's most recently completed fiscal year

Line	Factor	Example	Full-Time ⓘ	Part-Time
Staffing				
1	No. of DCSs providing I/DD program services employed by the agency as of the last day of the reported fiscal year ⓘ	30		
Holidays ⓘ				
2	Did your organization offer holiday pay to DCSs during the reported fiscal year?	Yes		
3	Of the staff listed on Line 1, number who were eligible for holiday pay as of the last day of the reported fiscal year	22		
4	Average number of annual holidays (<i>days, not hours</i>) that eligible staff received during the reported fiscal year	10		
Paid Time Off (PTO, Vacation and Sick Time)				
5	Did your organization offer paid time off in addition to holidays to direct care staff during the reported fiscal year?	Yes		
6	Of the staff listed on Line 1, number who were eligible for paid time off as of the last day of the reported fiscal year	18		
7	Average number of paid time off days (<i>days, not hours</i>) that eligible staff received during the reported fiscal year	10		
Health Insurance				
8	Did your organization offer health insurance to direct care staff during the reported fiscal year?	Yes		
9	Of the staff listed on Line 1, number who were <i>eligible</i> for health insurance as of the last day of the reported fiscal year	15		
10	Of the eligible staff listed on Line 9, number who <i>received</i> health insurance from your organization as of the last day of the reported fiscal year ⓘ	10		
11	Organization's total health insurance expense in the last month of the reported fiscal year for the staff listed on Line 10	\$4,080		
12	Calculated average monthly cost per participating employee ⓘ	\$408		
Other Benefits				
13	Did your organization offer any other benefits (e.g., retirement, dental, etc.) to direct care staff during the reported fiscal year?	No		
14	[If yes, please specify the benefit(s) here]			
15	Of the staff listed on Line 1, number who were <i>eligible</i> for these benefits as of the last day of the reported fiscal year ⓘ	-		
16	Of the eligible staff listed on Line 15, number who <i>received</i> these other benefits from your organization as of the last day of the reported fiscal year ⓘ	-		
17	Organization's cost for providing these benefits in the last month of the reported fiscal year for the staff listed on Line 16	-		
18	Calculated average monthly cost per participating employee ⓘ			
State Unemployment Insurance and Workers' Compensation ⓘ				
19A	If your organization made Rhode Island state unemployment insurance payments based on a percentage of wages, report your organization's <i>Employment Security</i> tax rate for the reported fiscal year ⓘ	1.10%		
19B	If your organization made Rhode Island state unemployment insurance payments based on a percentage of wages, report your organization's <i>Job Development</i> tax rate for the reported fiscal year ⓘ	0.21%		
20	If your organization paid actual costs ("payments in lieu of contributions") of state unemployment insurance benefits claimed by former employees, organization's total UI payments during reported fiscal year ⓘ			
21	Avg. workers' compensation rate for direct care staff as of the last day of the reported fiscal year (per \$100 in wages paid) ⓘ	\$1.89		



Support Coordination

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload</i>		
1	Number of individuals receiving Support Coordination services from your organization	300	
2	Average caseload of a support coordinator (for a full-time equivalent staff person)	35	
3	Average number of annual contacts per individual for:		
3a	Individuals in Tier A	12	
3b	Individuals in Tier B	15	
3c	Individuals in Tier C	18	
3d	Individuals in Tier D	24	
3e	Individuals in Tier E	30	
3f	Individuals in with L6 modifier	15	
4	Percentage of individuals within Tier with a L9 modifier for supplemental funding needs above tier		
4a	Individuals in Tier A	0%	
4b	Individuals in Tier B	5%	
4c	Individuals in Tier C	5%	
4d	Individuals in Tier D	15%	
4e	Individuals in Tier E	20%	



Support Coordination

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Staffing Pattern for a 'typical' week for a support coordinator. Input the number of hours per week for the following:</i>			
5	Total hours worked and paid for in a week	40.00	
6	Providing defined Support Coordination services	20.00	
7	Time spent on face-to-face contacts with individuals	3.50	
8	Time spent on telephonic/remote contacts with individuals	1.50	
9	Time 'lost' due to missed appointments	1.00	
10	Time transporting individuals served	2.50	
11	Travel time between individuals served	4.00	
12	Recordkeeping (do not include documentation during the course of service provision)	4.00	
13	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	3.50	
14	Other activities [type description here]	0.00	
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 16)	Yes	Yes
18	Total miles driven per week per support coordinator for travel between individuals and transporting individuals	25	

- ⓘ
- ⓘ
- ⓘ
- ⓘ
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- ⓘ
- ⓘ
- ⓘ

Support Facilitation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	Agency Caseload		
1	Number of individuals receiving Support Facilitation services from your organization	300	
2	Average caseload of a support facilitator (for a full-time equivalent staff person)	35	
3	Average number of annual contacts per individual for:		
3a	Individuals in Tier A	12	
3b	Individuals in Tier B	15	
3c	Individuals in Tier C	18	
3d	Individuals in Tier D	24	
3e	Individuals in Tier E	30	
4	Percentage of individuals within Tier with a L9 modifier for supplemental funding needs above tier		
4a	Individuals in Tier A	0%	
4b	Individuals in Tier B	5%	
4c	Individuals in Tier C	5%	
4d	Individuals in Tier D	15%	
4e	Individuals in Tier E	20%	
5	Number of workers providing services through Self-Directed model services within your organization	50	
	Staffing Pattern for a 'typical' week for a support facilitator. Input the number of hours per week for the following:		
6	Total hours worked and paid for in a week	40.00	
7	Providing defined Support Facilitation services	20.00	
8	Time spent on face-to-face contacts with individuals	3.50	
9	Time spent on telephonic/remote contacts with individuals	1.50	
10	Time 'lost' due to missed appointments	1.00	
11	Time transporting individuals served	2.50	
12	Travel time between individuals served	4.00	
13	Recordkeeping (do not include documentation during the course of service provision)	4.00	
14	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	3.50	
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Other activities [type description here]	0.00	
18	Has all time been allocated? (Total hours from Line 6 should equal sum of Lines 7 - 17)	Yes	Yes
19	Total miles driven per week per support coordinator for travel between individuals and transporting individuals	25	

Supports Broker

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
Agency Caseload and Service Design			
1	Number of individuals receiving Supports Broker services from your organization	50	
2	Average caseload of a supports broker (for a full-time equivalent staff person)	25	
3	Average number of hours to complete an initial (first) plan	4.00	
4	Average number of hours to complete a renewal plan	2.50	
Staffing Pattern for a 'typical' week for a supports broker. Input the number of hours per week for the following:			
5	Total hours worked and paid for in a week	35.00	
6	Providing Supports Broker services [Line 3 * Line 4]	10.00	
7	Providing other direct (face-to-face) services	19.00	
8	Travel time between individuals	1.75	
9	Recordkeeping (do not include documentation during the course of service provision)	2.00	
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	2.00	
11	Time lost to missed appointments	0.25	
12	Other activities [type description here]	0.00	
13	Other activities [type description here]	0.00	
14	Other activities [type description here]	0.00	
15	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 14)	Yes	Yes
16	Average miles driven per week per DSP to travel between service encounters	35	
17	Average miles driven per week per DSP to transport individuals	35	

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Residential Habilitation - Group Home Settings
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
Agency Caseload			
1	Number of individuals receiving Residential Habilitation (Group Home) services from your organization	25	
2	Number of homes providing Residential Habilitation (Group Home) services within your organization	7	
3	Average number of absences per individual/per year (annualized)	11	
4	Are staff working overnight shifts permitted to sleep?	Yes	
5	If yes, does your organization pay a "sleep-time" differential?	Yes	
Activities Outside of the Home			
6	Of the individuals reported on Line 1, number regularly participating in activities (paid or unpaid) outside of the home without Residential Habilitation staff (e.g., Day, Employment, School)	23	
7	For individuals participating in outside activities, average scheduled hours per week	25	
8	For individuals participating in outside activities, average number of hours per week they participate	21	
9	Average number of hours per week that no staff are in the home because all residents are away from the home	15	
Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:			
10	Total hours worked and paid for in a week	40.00	
11	Providing Residential Habilitation services	31.50	
12	Providing other direct (face-to-face) services	8.00	
13	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
14	Other activities [type description here]	0.00	
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Has all time been allocated? (Total hours from Line 10 should equal sum of Lines 11 - 16)	Yes	Yes

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Home				
Location				
1	Home ID	1845 N Main ⓘ		
2	Effective Home Capacity	4 ⓘ		
3	Occupancy Rate	97.2% ⓘ		
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a	Tier B	N	0.0	2.0
4b	Tier C	Y	4.0	0.0
4c	Tier C	N	2.0	2.0
4d	Tier D	N	0.0	4.0
4e				
4f				
4g				
4h				
4i				
4j				
Residence Staffing Schedule				
5	# of DSP's Assigned to Home			10 ⓘ
	Staffing Hours by Day	Awake Hours	Asleep Hours	
6a	Sunday	58.0	0.0	
6b	Monday	50.0	0.0	
6c	Tuesday	50.0	0.0	
6d	Wednesday	50.0	0.0	
6e	Thursday	50.0	0.0	
6f	Friday	50.0	0.0	
6g	Saturday	58.0	0.0	

Home #1				
Location				
1	Home ID			
2	Effective Home Capacity			
3	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Residence Staffing Schedule				
5	# of DSP's Assigned to Home			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Home #2				
Location				
1	Home ID			
2	Effective Home Capacity			
3	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Residence Staffing Schedule				
5	# of DSP's Assigned to Home			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Home			Home #1			Home #2		
Location			Location			Location		
1	Home ID	1845 N Main	ⓘ	Home ID		ⓘ	Home ID	
2	Effective Home Capacity	4	ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity	
Vehicles for Site			Vehicles for Site			Vehicles for Site		
		Input			Input			Input
7	# of vehicles	1	ⓘ	# of vehicles		ⓘ	# of vehicles	
8	Size of vehicle in terms of passengers	7	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers	
9	Purchase cost	\$42,500	ⓘ	Purchase cost		ⓘ	Purchase cost	
10	Mo. lease cost			Mo. lease cost			Mo. lease cost	
11	Annual mileage for agency vehicles	15,000	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles	
12	Annual mileage for staff-owned vehicles	250	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles	

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Home #3					Home #4					Home #5							
<i>Location</i>					<i>Location</i>					<i>Location</i>							
1	ⓘ	Home ID			ⓘ	Home ID			ⓘ	Home ID							
2	ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity							
3	ⓘ	Occupancy Rate			ⓘ	Occupancy Rate			ⓘ	Occupancy Rate							
Resident Information					Resident Information					Resident Information							
		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
Residence Staffing Schedule					Residence Staffing Schedule					Residence Staffing Schedule							
5	ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home							
	ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours			Staffing Hours by Day	Awake Hours	Asleep Hours			Staffing Hours by Day	Awake Hours	Asleep Hours		
6a		Sunday						Sunday									
6b		Monday						Monday									
6c		Tuesday						Tuesday									
6d		Wednesday						Wednesday									
6e		Thursday						Thursday									
6f		Friday						Friday									
6g		Saturday						Saturday									

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

	Home #3		Home #4		Home #5	
	Location		Location		Location	
1 ⓘ	Home ID		ⓘ Home ID		ⓘ Home ID	
2 ⓘ	Effective Home Capacity		ⓘ Effective Home Capacity		ⓘ Effective Home Capacity	
	Vehicles for Site		Vehicles for Site		Vehicles for Site	
		Input		Input		Input
7 ⓘ	# of vehicles		ⓘ # of vehicles		ⓘ # of vehicles	
8 ⓘ	Size of vehicle in terms of passengers		ⓘ Size of vehicle in terms of passengers		ⓘ Size of vehicle in terms of passengers	
9 ⓘ	Purchase cost		ⓘ Purchase cost		ⓘ Purchase cost	
10	Mo. lease cost		Mo. lease cost		Mo. lease cost	
11 ⓘ	Annual mileage for agency vehicles		ⓘ Annual mileage for agency vehicles		ⓘ Annual mileage for agency vehicles	
12 ⓘ	Annual mileage for staff-owned vehicles		ⓘ Annual mileage for staff-owned vehicles		ⓘ Annual mileage for staff-owned vehicles	

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Home #6					Home #7					Home #8							
<i>Location</i>					<i>Location</i>					<i>Location</i>							
1	ⓘ	Home ID			ⓘ	Home ID			ⓘ	Home ID							
2	ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity							
3	ⓘ	Occupancy Rate			ⓘ	Occupancy Rate			ⓘ	Occupancy Rate							
<i>Resident Information</i>					<i>Resident Information</i>					<i>Resident Information</i>							
		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>							
5	ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home							
	ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours		ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours		ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours
6a		Sunday						Sunday						Sunday			
6b		Monday						Monday						Monday			
6c		Tuesday						Tuesday						Tuesday			
6d		Wednesday						Wednesday						Wednesday			
6e		Thursday						Thursday						Thursday			
6f		Friday						Friday						Friday			
6g		Saturday						Saturday						Saturday			

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

		Home #6		Home #7		Home #8			
		Location		Location		Location			
1	ⓘ	Home ID		ⓘ	Home ID		ⓘ	Home ID	
2	ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity	
		Vehicles for Site		Vehicles for Site		Vehicles for Site			
			Input		Input		Input		
7	ⓘ	# of vehicles		ⓘ	# of vehicles		ⓘ	# of vehicles	
8	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers	
9	ⓘ	Purchase cost		ⓘ	Purchase cost		ⓘ	Purchase cost	
10		Mo. lease cost			Mo. lease cost			Mo. lease cost	
11	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles	
12	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles	

Non-Congregate Residential Habilitation
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload</i>			
1	Number of Non-Congregate Residential Habilitation sites operated by your agency as of the last day of the reporting fiscal year	3	
2	Number of individuals receiving Non-Congregate Residential Habilitation services from your agency as of the last day of the reporting fiscal year	12	
3	Are staff working overnight shifts permitted to sleep?	No	
4	If yes, does your organization pay a "sleep-time" differential?	No	
5	Does your organization provide coverage through the use of on-call staffing?	Yes	
6	If yes, annual cost of on-call payments for the Non-Congregate Residential Habilitation program	\$5,000	
7	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]		
<i>Activities Outside of the Home</i>			
8	Of the individuals reported on Line 4, number regularly participating in activities (paid or unpaid) outside of the home without staff (e.g., Day, Employment, School)	23	
9	For individuals participating in outside activities, average scheduled hours per week	25	
10	For individuals participating in outside activities, average number of hours per week they participate	21	
11	Average number of hours per week that no staff are in the home because all residents are away from the home	15	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
12	Total hours worked and paid for in a week	40.00	
13	Providing Non-Congregate Residential Habilitation services	31.50	
14	Providing other direct (face-to-face) services	8.00	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
16	Other activities [type description here]	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 18)	Yes	Yes



Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Site				
Location				
1	Site ID	4201 N Central		
2	Site Capacity	4		
3	Occupancy Rate	97.2%		
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a	Tier B	N	0.0	2.0
4b	Tier C	N	4.0	0.0
4c	Tier C	N	2.0	2.0
4d	Tier D	Y	0.0	4.0
4e				
4f				
4g				
4h				
4i				
4j				
Staffing Schedule				
5	# of DSP's Assigned to Site			5
	Staffing Hours by Day	Awake Hours	Asleep Hours	
6a	Sunday	27.0	0.0	
6b	Monday	25.0	0.0	
6c	Tuesday	25.0	0.0	
6d	Wednesday	25.0	0.0	
6e	Thursday	25.0	0.0	
6f	Friday	25.0	0.0	
6g	Saturday	27.0	0.0	

Site #1				
Location				
ⓘ	Site ID			
ⓘ	Site Capacity			
ⓘ	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Staffing Schedule				
ⓘ	# of DSP's Assigned to Site			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Site #2				
Location				
ⓘ	Site ID			
ⓘ	Site Capacity			
ⓘ	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Staffing Schedule				
ⓘ	# of DSP's Assigned to Site			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Site			Site #1			Site #2		
Location			Location			Location		
1	Site ID	4201 N Central	ⓘ	Site ID		ⓘ	Site ID	
2	Site Capacity	4	ⓘ	Site Capacity		ⓘ	Site Capacity	
Vehicles for Site			Vehicles for Site			Vehicles for Site		
		Input			Input			Input
7	# of vehicles	1	ⓘ	# of vehicles		ⓘ	# of vehicles	
8	Size of vehicle in terms of passengers	4	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers	
9	Purchase cost	\$28,900	ⓘ	Purchase cost		ⓘ	Purchase cost	
10	Mo. lease cost			Mo. lease cost			Mo. lease cost	
11	Annual mileage for agency vehicles	8,500	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles	
12	Annual mileage for staff-owned vehicles	0	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles	

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

Site #3					Site #4					Site #5							
Location					Location					Location							
1	i	Site ID				i	Site ID				i	Site ID					
2	i	Site Capacity				i	Site Capacity				i	Site Capacity					
3	i	Occupancy Rate				i	Occupancy Rate				i	Occupancy Rate					
Resident Information					Resident Information					Resident Information							
	i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
Staffing Schedule					Staffing Schedule					Staffing Schedule							
5	i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site					
	i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours
6a		Sunday						Sunday						Sunday			
6b		Monday						Monday						Monday			
6c		Tuesday						Tuesday						Tuesday			
6d		Wednesday						Wednesday						Wednesday			
6e		Thursday						Thursday						Thursday			
6f		Friday						Friday						Friday			
6g		Saturday						Saturday						Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

		Site #3		Site #4		Site #5		
		Location		Location		Location		
1	i	Site ID		i	Site ID		i	Site ID
2	i	Site Capacity		i	Site Capacity		i	Site Capacity
		Vehicles for Site		Vehicles for Site		Vehicles for Site		
			Input		Input		Input	
7	i	# of vehicles		i	# of vehicles		i	# of vehicles
8	i	Size of vehicle in terms of passengers		i	Size of vehicle in terms of passengers		i	Size of vehicle in terms of passengers
9	i	Purchase cost		i	Purchase cost		i	Purchase cost
10		Mo. lease cost			Mo. lease cost			Mo. lease cost
11	i	Annual mileage for agency vehicles		i	Annual mileage for agency vehicles		i	Annual mileage for agency vehicles
12	i	Annual mileage for staff-owned vehicles		i	Annual mileage for staff-owned vehicles		i	Annual mileage for staff-owned vehicles

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

Site #6					Site #7					Site #8					
		Location					Location					Location			
1	i	Site ID			i		Site ID			i		Site ID			
2	i	Site Capacity			i		Site Capacity			i		Site Capacity			
3	i	Occupancy Rate			i		Occupancy Rate			i		Occupancy Rate			
	i	Resident Information			i		Resident Information			i		Resident Information			
		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a															
4b															
4c															
4d															
4e															
4f															
4g															
4h															
4i															
4j															
		Staffing Schedule					Staffing Schedule					Staffing Schedule			
5	i	# of DSP's Assigned to Site			i		# of DSP's Assigned to Site			i		# of DSP's Assigned to Site			
	i	Staffing Hours by Day		Awake Hours	Asleep Hours		Staffing Hours by Day		Awake Hours	Asleep Hours		Staffing Hours by Day		Awake Hours	Asleep Hours
6a		Sunday					Sunday					Sunday			
6b		Monday					Monday					Monday			
6c		Tuesday					Tuesday					Tuesday			
6d		Wednesday					Wednesday					Wednesday			
6e		Thursday					Thursday					Thursday			
6f		Friday					Friday					Friday			
6g		Saturday					Saturday					Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

	Site #6		Site #7		Site #8	
	Location		Location		Location	
1	i	Site ID	i	Site ID	i	Site ID
2	i	Site Capacity	i	Site Capacity	i	Site Capacity
	Vehicles for Site		Vehicles for Site		Vehicles for Site	
		Input		Input		Input
7	i	# of vehicles	i	# of vehicles	i	# of vehicles
8	i	Size of vehicle in terms of passengers	i	Size of vehicle in terms of passengers	i	Size of vehicle in terms of passengers
9	i	Purchase cost	i	Purchase cost	i	Purchase cost
10		Mo. lease cost		Mo. lease cost		Mo. lease cost
11	i	Annual mileage for agency vehicles	i	Annual mileage for agency vehicles	i	Annual mileage for agency vehicles
12	i	Annual mileage for staff-owned vehicles	i	Annual mileage for staff-owned vehicles	i	Annual mileage for staff-owned vehicles

Shared Living Arrangement
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Provider Characteristics</i>		
1	Number of years that your organization has been supporting Shared Living arrangements	2.5	
2	Number of homes contracting with your agency to provide Shared Living services as of the last day of the reported fiscal year	12	
3	Number of individuals receiving Shared Living services through your organization as of the last day of the reported fiscal year	42	
	<i>Recruitment, Certification, Placement, and Initial Training</i>		
4	Total staff hours required to recruit, train, and certify a homes during the reported fiscal year	225	
5	Average number of days a home is certified, prior to an arrangement	90	
6	Total number of homes certified within during the reported fiscal year	5	
7	Number of your organization's homes that received <i>initial</i> approval in the reported fiscal year	3	ⓘ
8	Typical number of years a home contracts with your organization	8	
	<i>Monitoring, Training, and Supports for Subcontracted Family Homes</i>		
9	Average caseload (number of individuals) per agency monitoring staff	60	ⓘ
10	Average number of monitoring on-site contacts per home per year	12	ⓘ
11	Average number of monitoring remote contacts per home per year	6	ⓘ
12	Average miles driven per week per agency monitoring staff	60	
13	Does your organization provide formal, ongoing training to homes?	Yes	
14	Average number of annual training hours delivered to homes	12	ⓘ
15	Are training hours typically delivered by the same staff person who monitor the home?	Yes	
16	Percentage of training hours that home providers receive with a group of other providers	60%	ⓘ
17	As applicable, average number of participants in a group training session	6	
18	Of the homes reported on Line 2, number for which your agency regularly provides in-home staffing support	1	ⓘ
19	If your agency regularly provides in-home staffing support, average number of hours provided per home per week	24	

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
Ex.	Tier B	10.00	0.00	15.00	No	4/15/2021	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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20							
21							
22							
23							
24							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
25							
26							
27							
28							
29							
30							
31							
32							
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38							
39							
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42							
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47							
48							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
49							
50							
51							
52							
53							
54							
55							
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68							
69							
70							
71							
72							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							

Community-Based Supports
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload and Service Design</i>		
1	Number of individuals who received Community-Based Support services from your organization during the reported fiscal year	100	
2	Average number of Community-Based Support hours provided per week per individual	6.00	
3	Average number of Community-Based Support service encounters per week per DSP	11	
4	Average length - in hours - of a Community-Based Support service encounter	3.00	
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>		
5	Total hours worked and paid for in a week	40.00	
6	Providing Community-Based Support services [Line 3 * Line 4]	33.00	
7	Providing other billable services	0.00	
8	Travel time between participants	4.50	
9	Recordkeeping (do not include documentation during the course of service provision)	1.50	
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
11	Other activities [type description here]	0.00	
12	Other activities [type description here]	0.00	
13	Other activities [type description here]	0.00	
14	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 13)	Yes	Yes
15	Average miles driven per week per DSP to travel between service encounters	65	
16	Average miles driven per week per DSP transporting individuals	20	

- ⓘ
- ⓘ
- ⓘ
- ⓘ
- ⓘ
- ⓘ
- ⓘ
- ⓘ
- ⓘ

Natural Supports

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input by Qualification		ⓘ
			Standard	Professional	
<i>Agency Caseload and Service Design</i>					
1	Number of individuals who received Natural Supports services from your organization during the reported fiscal year	80			ⓘ
2	Average number of Natural Supports service encounters per week per DSP	10			ⓘ
3	Average length - in hours - of a Natural Supports service encounter	1.00			ⓘ
<i>Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:</i>					
4	Total hours worked and paid for in a week	40.00			ⓘ
5	Providing Natural Supports services [Line 3 * Line 4]	10.00			ⓘ
6	Providing other billable services	20.00			ⓘ
7	Participating in ISP meetings	1.00			ⓘ
8	Travel time between participants	5.00			ⓘ
9	Recordkeeping (do not include documentation during the course of service provision)	1.75			ⓘ
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00			ⓘ
11	Time lost to missed appointments	1.25			ⓘ
12	Other activities [type description here]	0.00			ⓘ
13	Other activities [type description here]	0.00			ⓘ
14	Other activities [type description here]	0.00			ⓘ
15	Has all time been allocated? (Total hours from Line 4 should equal sum of Lines 5 - 14)	Yes	Yes	Yes	ⓘ
16	Average miles driven per week per DSP to travel between service encounters	60			

Respite

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload and Service Design</i>			
1	Number of individuals who received Respite services from your organization during the reported fiscal year	100	
2	Average number of Respite service encounters per week per DSP	6	
Percentage of service encounters occurring in:			
3a	The individual's family/own home	70%	
3b	Within the caregiver's home	25%	
3c	Site-based location (e.g., Day Program, SLA, Group Home "respite bed")	5%	
4	For services provided at site-based locations [Line 6], are services provided by existing staff (attached to the residential or day program) or is an external respite worker brought in?	Existing	
Percentage of service encounters with duration of:			
5a	4.00 Hours or less	25%	
5b	4.01 - 8.00 Hours	50%	
5c	8.01 Hours or more	25%	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
6	Total hours worked and paid for in a week	35.00	
7	Providing Respite services	32.00	
8	Providing other billable services	0.00	
9	Travel time between participants	1.00	
10	Recordkeeping (do not include documentation during the course of service provision)	1.00	
11	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
12	Other activities [type description here]	0.00	
13	Other activities [type description here]	0.00	
14	Other activities [type description here]	0.00	
15	Has all time been allocated? (Total hours from Line 6 should equal sum of Lines 7 - 14)	Yes	Yes
16	Average miles driven per week per DSP to travel between service encounters	50	

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Site #1	Input - Site #2	Input - Site #3
	<i>Agency Caseload</i>				
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year	3			
2	On-call staffing:				
3	Are on-call staff required to be physically present?	No			
4	Annual cost of on-call payments for the Overnight Shared Supports program	\$6,250			
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]				

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Site #4	Input - Site #5	Input - Site #6	Input - Site #7
	<i>Agency Caseload</i>				
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year				
2	On-call staffing:				
3	Are on-call staff required to be physically present?				
4	Annual cost of on-call payments for the Overnight Shared Supports program				
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]				

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Site #8	Input - Site #9	Input - Site #10 ⓘ
	<i>Agency Caseload</i>			
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year			
2	On-call staffing:			
3	Are on-call staff required to be physically present?			
4	Annual cost of on-call payments for the Overnight Shared Supports program			
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]			

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year	30			
2	Number of hours per week that a typical individual receives center-based services	24.0			
3	Number of hours per week that a typical individual receives services in the community	6.0			
Average number of individuals receiving Day Program services per staff					
4a	When providing Day Program services in the center/facility	4.0			
4b	When providing Day Program services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	2			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	1			
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals	32,000			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	308			
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes	75%			
11	Percent of miles reported on Line 8 associated with 'in-program' transportation	25%			
12	Typical vehicle size (in terms of passengers)	4			
13	Average useful life (in miles) of vehicles before disposal	125,000			
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$38,000			
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6	\$375			
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services	5			
18	Average number of hours per week that the site is open to provide services	40			
19	Total approximate square footage for the site	500			
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
21	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
22	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
23	Total annual cost of utilities/ telecommunications for the site	\$1,420			
24	Approximate operating cost per square foot (including rent)	\$16.84			
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
25	Total hours worked and paid for in a week	35.00			
26	Providing Day Program services	20.00			
27	Providing other billable services	12.00			
28	Transporting participants to/from program	0.75			
29	Participating in ISP meetings	0.50			
30	Recordkeeping (do not include documentation during the course of service provision)	0.75			
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
32	Program development	0.00			
33	Program preparation/ set-up/ clean-up	0.50			
34	Other activities [type description here]	0.00			
35	Other activities [type description here]	0.00			
36	Other activities [type description here]	0.00			
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
Agency Caseload and Service Design (report data based upon individual sites)					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year				
2	Number of hours per week that a typical individual receives center-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the center/facility				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	Approximate operating cost per square foot (including rent)				
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
25	Total hours worked and paid for in a week				
26	Providing Day Program services				
27	Providing other billable services				
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Agency Caseload and Service Design (report data based upon individual sites)					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year				ⓘ
2	Number of hours per week that a typical individual receives center-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Day Program services per staff				ⓘ
4a	When providing Day Program services in the center/facility				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				ⓘ

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				ⓘ
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				ⓘ
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	Approximate operating cost per square foot (including rent)				ⓘ
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				ⓘ
25	Total hours worked and paid for in a week				
26	Providing Day Program services				
27	Providing other billable services				ⓘ
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				ⓘ
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				ⓘ
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				ⓘ
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	ⓘ

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A	8			
1b	Tier B	11			
1c	Tier C	5			
1d	Tier D	3			
1e	Tier E	1			
2	Number of hours per week that a typical individual receives home-based services	24.0			
3	Number of hours per week that a typical individual receives services in the community	6.0			
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the home	4.0			
4b	When providing Day Program services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	1			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	1			
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision	8,500			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	163			
10	Typical vehicle size (in terms of passengers)	4			
11	Average useful life (in miles) of vehicles before disposal	125,000			
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$42,500			
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services	0			

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
15	Total hours worked and paid for in a week	35.00			
16	Providing Day Program services	20.00			
17	Providing other billable services	12.00			
18	Participating in ISP meetings	0.50			
19	Recordkeeping (do not include documentation during the course of service provision)	0.75			
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
21	Program development	0.00			
22	Program preparation/ set-up/ clean-up	0.50			
23	Other activities [type description here]	0.00			
24	Other activities [type description here]	0.00			
25	Other activities [type description here]	0.00			
26	Has all time been allocated? (Total hours from Line 15 should equal sum of Lines 16 - 25)	No	Yes	Yes	Yes

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives home-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the home				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Typical vehicle size (in terms of passengers)				
11	Average useful life (in miles) of vehicles before disposal				
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services				

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
15	Total hours worked and paid for in a week				
16	Providing Day Program services				
17	Providing other billable services				
18	Participating in ISP meetings				
19	Recordkeeping (do not include documentation during the course of service provision)				
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
21	Program development				
22	Program preparation/ set-up/ clean-up				
23	Other activities [type description here]				
24	Other activities [type description here]				
25	Other activities [type description here]				
26	Has all time been allocated? (Total hours from Line 15 should equal sum of Lines 16 - 25)	Yes	Yes	Yes	Yes

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				ⓘ
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives home-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Day Program services per staff				ⓘ
4a	When providing Day Program services in the home				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision				ⓘ
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Typical vehicle size (in terms of passengers)				
11	Average useful life (in miles) of vehicles before disposal				
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services				ⓘ

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
15	Total hours worked and paid for in a week				ⓘ
16	Providing Day Program services				
17	Providing other billable services				ⓘ
18	Participating in ISP meetings				
19	Recordkeeping (do not include documentation during the course of service provision)				ⓘ
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				ⓘ
21	Program development				
22	Program preparation/ set-up/ clean-up				
23	Other activities [type description here]				ⓘ
24	Other activities [type description here]				
25	Other activities [type description here]				
26	Has all time been allocated? (Total hours from Line 15 should equal sum of Lines 16 - 25)	Yes	Yes	Yes	ⓘ

Professional Services
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input	
	Agency Caseload and Service Design			
1	Number of individuals who received Professional services from your organization during the reported fiscal year	20		ⓘ
2	Average number of service encounters per week per professional staff	3		
3	Average length - in hours - of a service encounter	1.50		
	Staffing Pattern for a 'typical' week for a professional staff. Input the number of hours per week for the following:			ⓘ
4	Total hours worked and paid for in a week	40.00		
5	Providing Professional services [Line 2 * Line 3]	4.50		ⓘ
6	Providing other billable services	25.00		ⓘ
7	Performing 'collateral contacts' (e.g., speaking with a DSP regarding a specific participant)	2.00		
8	Participating in ISP meetings, functional assessment meetings or plan development	0.50		
9	Developing a support plan on behalf of individuals	1.50		
10	Providing consultation or training on how to implement support plan	1.50		
11	Travel time between participants	2.00		
12	Time lost to missed appointments	1.50		ⓘ
13	Recordkeeping (do not include documentation during the course of service provision)	1.00		ⓘ
14	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		ⓘ
15	Other activities [type description here]	0.00		ⓘ
16	Other activities [type description here]	0.00		
17	Other activities [type description here]	0.00		
18	Has all time been allocated? (Total hours from Line 4 should equal sum of Lines 5 - 17)	Yes	Yes	ⓘ
19	Average miles driven per week per professional staff to travel between individuals encounters	25		

Transportation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals who received Transportation services from your organization during the reported fiscal year	24	
2	Number of individuals requiring lift-equipped transportation services (for non-ambulatory supports)	1	
3	Average number of one-way routes completed per vehicle per week	10	
4	Average time (in hours) to complete a one-way route (i.e., time from first pick-up to final drop-off)	1.5	
5	Average number of individuals transported on a one-way route	6	
	Of the one-way routes completed by your organization, estimated percentage based on number of individuals transported		
6a	1 Individual	20%	
6b	2 Individuals	30%	
6c	3 Individuals	30%	
6d	4 Individuals	10%	
6e	5 Individuals	0%	
6f	6 (or more) Individuals	10%	
7	Does your agency utilize dedicated staff (e.g., drivers) to provide Transportation services?	No	
8	Percentage of one-way trips utilizing a Transportation Assistant	15%	
9	Average mileage traveled per vehicle per week	550	
	Vehicles		
10	Number of vehicles owned/leased by your organization used to provide Non-Medical Transportation services	8	
11	Of the vehicles reported on Line 10, number that are modified to accommodate non-ambulatory svcs	3	
12	Average useful life (in miles) of vehicles before disposal	100,000	
13	Typical vehicle size (in terms of passengers)	6	
14	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$50,000	
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$350	
16	As applicable, average monthly mileage reimbursement for staff-owned vehicles reported on Line 10	\$1,500	



Transportation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:		
17	Total hours worked and paid for in a week	40.00	
18	Providing Transportation services (with an individual in the vehicle)	15.00	
19	Providing other billable services	21.00	
20	Travel time between individuals	3.50	
21	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
22	Other activities [type description here]	0.00	
23	Other activities [type description here]	0.00	
24	Other activities [type description here]	0.00	
25	Has all time been allocated? (Total hours from Line 17 should equal sum of Lines 18 - 24)	Yes	Yes

Job Assessment and Development
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload and Service Design</i>		
1	Number of individuals who received Job Assessment and Development services from your organization during the reported fiscal year	80	
2	Number of individuals who were received an employment assessment in the reported fiscal year	15	
3	Average number of staff hours to complete an assessment	8.00	
4	Number of individuals who were placed in employment in the reported fiscal year	25	
5	Of the individuals placed in employment reported on Line 2, number that retained the job for at least 60 days	15	
6	Average number of staff hours to successfully place an individual	65.00	
7	Number of individuals who received Job Assessment and Development services, but did not obtain employment in the reported fiscal year	55	
8	For individuals who received Job Assessment and Development services but did not obtain employment, average number of staff hours invested	15.00	
	<i>Staffing Pattern for a 'typical' week for a DSP. Input the number of hours per week for the following:</i>		
9	Total hours worked and paid for in a week	40.00	
10	Providing direct, face-to-face Job Assessment and Development services	15.00	
11	Providing other billable services	8.00	
12	Working on assessment without the individual present	4.00	
13	Performing 'collateral contacts' (e.g., making a telephone call to an employer regarding a specific participant)	4.50	
14	Performing general Job Assessment and Development activities that are not participant-specific	2.00	
15	Participating in ISP meetings	0.50	
16	Travel time between participants	3.00	
17	Recordkeeping (do not include documentation during the course of service provision)	1.75	
18	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
19	Time lost to missed appointments	0.25	
20	Other activities [type description here]	0.00	
21	Other activities [type description here]	0.00	
22	Other activities [type description here]	0.00	
23	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 22)	Yes	Yes
24	Average miles driven per week per DSP to travel between participant encounters	90	

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Job Coaching (including Job Retention)

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload and Service Design</i>		
1	Number of individuals who received Job Coaching services from your organization during the reported fiscal year	80	
	Of the number of individuals who received Job Coaching, estimate the percentage of service hours:		
2a	Provided as individual service (1:1 ratio)	50%	
2b	Provided as a group service for 2 individuals (1:2 ratio)	20%	
2c	Provided as a group service for 3 individuals (1:3 ratio)	20%	
2d	Provided as a group service for 4 individuals (1:4 ratio)	5%	
2e	Provided as a group service for 5 individuals (1:5 ratio)	5%	
2f	Provided as a group service for 6 individuals (1:6 ratio)	0%	
3	Average caseload per job coach (per full-time equivalent position)	3	
4	Average number of hours worked per week for individuals receiving Job Coaching services	15	
5	Average hours of Job Coaching support per week, per individual	9	
6	Average hourly wage for individuals receiving Job Coaching services	\$8.75	
7	Number of individuals who received Job Retention services from your organization during the reported fiscal year	5	
	Of the individuals receiving Job Retention, provider the average number of hour of direct support provided, by Tier		
8a	Tier A	2.0	
8b	Tier B	2.0	
8c	Tier C	3.0	
8d	Tier D	0.0	
8e	Tier E	0.0	



Job Coaching (including Job Retention)

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:		
8	Total hours worked and paid for in a week	40.00	
9	Providing billable Job Coaching services	27.00	
10	Providing other billable services	0.00	
11	Performing 'collateral contacts' (e.g., making a telephone call to an employer regarding a specific individual)	3.00	
12	Participating in ISP meetings	1.00	
13	Travel time between individuals	5.50	
14	Recordkeeping (do not include documentation during the course of service provision)	1.00	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.50	
16	Time lost to missed appointments	1.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 8 should equal sum of Lines 9 - 19)	Yes	Yes
21	Average miles driven per week per DSP to travel between individual encounters	90	
22	Average miles driven per week per DSP to transport individuals receiving services	25	

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Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A	8			
1b	Tier B	11			
1c	Tier C	5			
1d	Tier D	3			
1e	Tier E	1			
2	Number of hours per week that a typical individual receives center-based services	28.0			
3	Number of hours per week that a typical individual receives services in the community	2.0			
	Average number of individuals receiving Prevocational Training services per staff				
4a	When providing Prevocational Training services in the center/facility	5.0			
4b	When providing Prevocational Training services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	1			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	0			
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals	32,000			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	615			
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes	75%			
11	Percent of miles reported on Line 8 associated with 'in-program' transportation	25%			
12	Typical vehicle size (in terms of passengers)	4			
13	Average useful life (in miles) of vehicles before disposal	125,000			
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$38,000			
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6	\$375			
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	500			

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
<i>Sites at Which Services Are Provided</i>					
17	Average number of days per week that the site is open to provide services	5			
18	Average number of hours per week that the site is open to provide services	40			
19	Total approximate square footage for the site	500			
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
21	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
22	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
23	Total annual cost of utilities/ telecommunications for the site	\$1,420			
24	Approximate operating cost per square foot (including rent)	\$16.84			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
25	Total hours worked and paid for in a week	37.00			
26	Providing Prevocational Training services	30.00			
27	Providing other direct (face-to-face) services	0.00			
28	Transporting participants to/from program	2.00			
29	Participating in ISP meetings	1.00			
30	Recordkeeping (do not include documentation during the course of service provision)	1.50			
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
32	Program development	1.00			
33	Program preparation/ set-up/ clean-up	1.00			
34	Other activities [type description here]	0.00			
35	Other activities [type description here]	0.00			
36	Other activities [type description here]	0.00			
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives center-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Prevocational Training services per staff				
4a	When providing Prevocational Training services in the center/facility				
4b	When providing Prevocational Training services in the community				
5	Average attendance rate for individuals receiving services				
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
<i>Sites at Which Services Are Provided</i>					
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	Approximate operating cost per square foot (including rent)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
25	Total hours worked and paid for in a week				
26	Providing Prevocational Training services				
27	Providing other direct (face-to-face) services				
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				ⓘ
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives center-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Prevocational Training services per staff				ⓘ
4a	When providing Prevocational Training services in the center/facility				
4b	When providing Prevocational Training services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				ⓘ

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Sites at Which Services Are Provided					
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				ⓘ
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				ⓘ
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	Approximate operating cost per square foot (including rent)				ⓘ
Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:					
25	Total hours worked and paid for in a week				ⓘ
26	Providing Prevocational Training services				
27	Providing other direct (face-to-face) services				ⓘ
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				ⓘ
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				ⓘ
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				ⓘ
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	ⓘ

COVID-19 Costs and Impact (click the ⓘ icons for directions)

Line	Input		
<i>Report additional expenses incurred as a result of your agency's response to the COVID-19 pandemic. ⓘ</i>			
		Expense to Date ⓘ	One-Time Expense
			Ongoing Expense
1	[Enter expense description]		<input type="checkbox"/>
2	[Enter expense description]		<input type="checkbox"/>
3	[Enter expense description]		<input type="checkbox"/>
4	[Enter expense description]		<input type="checkbox"/>
5	[Enter expense description]		<input type="checkbox"/>
6	[Enter expense description]		<input type="checkbox"/>
<i>Describe any programmatic and operational impacts the COVID-19 pandemic has had on the organization. ⓘ</i>			
7	[Enter description of impact or action taken]		
8	[Enter description of impact or action taken]		
9	[Enter description of impact or action taken]		
10	[Enter description of impact or action taken]		
11	[Enter description of impact or action taken]		
12	[Enter description of impact or action taken]		

Attachment 2
Provider Survey
Instructions

Attachment 2: Provider Survey Instructions

Rhode Island Department of Behavior Healthcare,
Developmental Disabilities and Hospitals

**New Rate and Payment Options Study
Provider Survey**

Provider Survey Instructions

April 22, 2022

– distributed by –

BURNS & ASSOCIATES

A Division of Health Management Associates

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INTRODUCTION

The Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals (BHDDH) is in the process of reviewing payment rates and policies for services for individuals with intellectual and developmental disabilities. Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this rate study.

The following services are included in the rate study:

- Support Coordination
- Residential Habilitation
- Non-Congregate Residential Supports
- Shared Living Arrangements
- Community-Based Supports
- Overnight Shared Supports
- Natural Supports Training
- Respite
- Professional Services
- Support Facilitation
- Supports Broker
- Day Program
- Prevocational Training
- Job Assessment and Development
- Job Coaching
- Job Retention
- Transportation


As part of the rate study, HMA-Burns has developed a survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers to complete the survey.

The survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the rate study.

Data collected through this survey will be used solely for the purpose of evaluating provider payment rates for the services listed above. Only aggregated data will be reported; no provider-specific information will be published.

Assistance with the Survey

B&A recognizes that the survey can be complicated, and has established several resources to assist agencies in completing the survey:

- Guidance for many questions is embedded in the survey itself. Within the survey, select the “” icons to access more detailed instructions.
- These instructions supplement the embedded directions and should be reviewed before completing the survey.
- B&A has recorded a webinar to provide a detailed walk-through of the survey instrument. The webinar can be accessed through the web page established for this project at <https://www.burnshealthpolicy.com/rhodeislandrate-pmtoptions/>. All providers are encouraged to listen to the instructional webinar.
- Providers may contact Steven Abele with B&A at any time during the survey period at sabele@healthmanagement.com or (602) 466-9841 for assistance or questions.

Overview of the Survey

The survey is a Microsoft Excel file compatible with Excel 2010 and newer versions. Broadly, it is designed to collect information in six primary areas:

- Wages and Benefits of Administration and Program Support Staff
- Direct Support Staff Wages, Turnover, and Training
- Allocation of Direct Support Staff Work Hours
- Benefits for Direct Support Staff
- Non-Staff Operating Costs
- Service-Specific Productivity and Other Factors

All providers should complete the forms related to Administrative and Program Support Staff; Direct Support Staff Wages, Turnover, and Training; Allocation of Direct Support Staff Hours; and Direct Support Staff Benefits; and Non-Staff Operating Costs. Each individual service has its own Productivity and Other Factors form. Agencies should only complete the forms for the services they provided during the fiscal year in which survey information is being reported.

Throughout the survey, fields in which users may report data are shaded in light green. Examples are shaded in grey. Dark green fields are automatically calculated based upon other responses.

Completing and Submitting the Survey

All reported revenue and cost data should reflect providers' most recently completed fiscal year. The staffing pattern sections should reflect current operations.

Recognizing the significant disruption caused by the COVID-19 pandemic, the survey includes a form to report the impacts that the pandemic has had on operating expenses, services, participants, and other areas. Information reported on this form can include all expenses and impacts since the onset of the COVID-19 pandemic through the fiscal year reported.

When saving the survey, add your agency's name to the beginning of the file name; e.g., "ABC Agency BHDDH Rate Study Provider Survey".

The deadline for submitting completed surveys is May 31, 2022. Submit completed surveys to Barry Smith at bsmith@healthmanagement.com.

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field blank. Similarly, if there is any schedule that your agency cannot complete, that form may be left blank. Even if a submitted survey is incomplete, the information that your agency is able to provide will be considered as part of the analysis of survey responses.

If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey. You may also submit any other documentation that you would like considered as part of this study.

DEFINITIONS

Direct Care Staff

The survey uses the general term “direct care staff” to refer to any staff person that provides direct services to individuals. This term is meant to encompass all service-providing staff, including both direct support professionals and clinical staff such as psychologists and nurses.

Administration, Program Support, and Direct Care

The survey asks providers to differentiate between direct care, program support, and administrative costs. There are not always clear distinctions between these categories and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- | | |
|-----------------|---|
| Direct Support | Includes the payroll costs of direct care staff, which include staff employed or contracted by the agency to provide direct services. Direct care expenses also include transportation expenses for individuals served, the physical space in which programs are delivered (e.g., the room in which a day program is operated), and program materials and supplies (e.g., art supplies). |
| Program Support | Includes expenses that are neither direct care nor administrative. Such activities are program-specific, but cannot be attributed to an individual participant. Examples include the payroll costs for staff responsible for training direct care staff, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support. |
| Administration | Includes expenses associated with the operation of your organization and which benefit the entire organization. Employees who are typically considered administrative include executive management, finance/accounting, information technology, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative. |

‘ADMIN STAFF’ – ADMINISTRATIVE STAFF – SALARY AND BENEFIT COSTS

This is one of two forms that collect wage and benefit data for agency staff. This form is used to report information regarding the staff responsible for the administrative and program support functions of your organization while the second form collects information related to direct care staff. Direct care staff performing activities that are not direct care or billable, but that are related to their caseload (e.g., completing incident reports or attending planning meetings) are *not* considered administrative or program support so, in general, these staff should not be listed on this form.

For the purposes of the survey, the staff who provide recruitment, monitoring, and training to shared living arrangements are considered direct care staff and should be reported on the Direct Care Wages form.

- | | |
|-----------|--|
| Job Title | Enter the job title for each administrative or program support employee.

If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Time Allocation columns).

Any staff for whom no time/costs are allocated to your organization’s I/DD program do not need to be reported. |
|-----------|--|

Actual Wages	<p>Report the wages (inclusive of salary, bonuses, and any other cash compensation) paid to the individual(s) included in each job title during the reported fiscal year.</p> <p>Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the actual wages they earned and not their annualized salary).</p> <p>Do not include reimbursement of expenses such as mileage.</p>
Actual Cost of Payroll Taxes and Benefits	<p>Report the cost to your organization during the reported fiscal year for payroll taxes (Social Security and Medicare, federal and state unemployment insurance, workers' compensation) and benefits such as health, dental, vision, and life insurance; retirement contributions; and other optional benefits for the staff within each job title.</p> <p>Only report costs paid by your organization. Exclude employee costs such as their share of health insurance premiums or retirement contributions. Similarly, if a benefit is available but an employee opts not to participate, no cost should be reported.</p>
Time Allocation	<p>For the employee(s) listed on each line, allocate their time using the nine columns provided. The total across the columns should equal 100 percent.</p> <ul style="list-style-type: none">• The first three columns relate to time spent on your agency's I/DD programs, divided between administrative, program support, and direct support functions. Although this sheet is only intended to capture information regarding administrative and program support staff, the direct support column has been included because these staff, particularly in smaller agencies, may provide direct support at times.• The next three columns relate to time spent on all other programs, also divided between administrative, program support, and direct support functions. These columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs. For example, an executive director may lead an agency that provides both I/DD and behavioral health services so only a portion of their time (and cost) should be allocated to the I/DD program.• The next three columns relate to time associated with SSI/SSDI revenues (or other room and board related revenues), also divided between administrative, program support, and direct support functions. As above, these columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs.• The last three columns relate to time associated with Investments/Grants/Fund Raising/Donation revenues, also divided between administrative, program support, and direct support functions. As above, these columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs.

If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee's time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related to the I/DD programs, 25 percent of that employee's time would be allocated to direct support, administration, and/ or program support of the I/DD programs, as appropriate, with the remaining 75 percent reported in the All Other Programs column. If a time study is not feasible for your organization, contact HMA-Burns to discuss other potential allocation methodologies.

'OTHER EXPENSES' – GENERAL EXPENSES OTHER THAN STAFF SALARY AND BENEFITS

This sheet collects information for all non-wage and benefit expenses.

Expense Categories For each category of expense, report the total expense for your agency's most recently completed fiscal year. Lines 21 through 25 are available to report expenses that do not fit well into the provided categories.

It is understood that there may be some differences regarding how agencies categorize their expenses. Agencies are not required to report an amount for each listed expense and should use the categories that are closest to their own accounting classifications. For example, an agency's accounting system may combine advertisement expenses for job postings with other advertising expenses. In this case, the agency can report its total advertisement expense on Line 16 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 11.

PROGRAM SUPPORT & DIRECT CARE STAFF COSTS

The survey includes three forms to collect information regarding program support and direct care staff.

'Program Support & Direct Care Staff' - Wages, Turnover, and Training

This form collects information regarding the wages paid to your agency's direct care and program support staff, including staff employed or contracted by your agency to provide direct care. Providers do not need to list staff who do not provide or support I/DD program services (e.g., staff who only provide mental health services do not need to be reported).

Under the Job Title column, individuals sharing a job title (e.g., "Caregiver") can be grouped on the same line, but must be reported on separate lines if individuals within a job title have different certification/ licensure or educational requirements (e.g., registered nurses and licensed practical nurses should not be combined as a single "nurse" job title), have different employment classifications (i.e., employee or contractor), or have a mix of supervisory and non-supervisory responsibilities.

'Program Support & Direct Care Staff'– Allocation of Work Hours by Service

This form seeks to allocate the work time of the staff reported on the Program Support & Direct Care Staff form. To complete this form, informed judgement will be necessary to estimate staff time over the course of the reported fiscal year.

The job titles listed on the Program Support & Direct Care Staff form are automatically transferred to this form. For the staff in each job title, report the percentage of their time spent on the service listed in each column during the reported fiscal year. For the listed services, consider both direct service time and

associated activities (e.g., time spent traveling between individuals), and program support. The final column covers all other services and activities, such as other, non-I/DD programs provided by your agency.

Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave). Zeroes do not need to be reported. The total allocation of time across the columns should equal 100 percent. If it does not, an error message will appear to the right of the table.

‘Direct Care Benefits’ – Fringe Benefits for Direct Care Staff

This worksheet requests information regarding the benefits available to direct care staff. Consider only direct care staff when completing this worksheet.

There are separate columns for full-time and part-time direct care staff. For the purposes of the survey, full-time is defined as 30 hours per week.

‘STAFFING PATTERN’ SECTIONS

Many of the service-specific worksheets include a section that requests information regarding the ‘Staffing Pattern’ for a typical week for a direct care staff. These sections should reflect staff’s current experience.

To complete this section, report the total number of hours that a direct care staff works in a typical week in the first line of the section. Then, in the remaining lines, report the activities in which they are engaged. The sum of hours for all reported activities must be equal to the total number of work hours reported on the first line of the section.

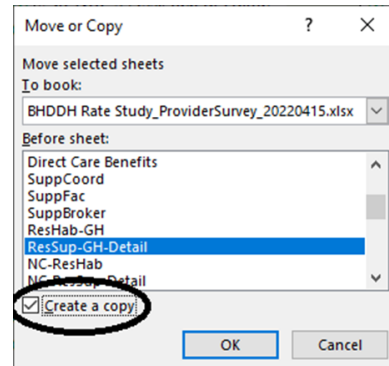
As necessary, there are ‘Other activities’ lines that can be used for responsibilities not provided on the predefined list. Do not use these lines to report hours associated with training, holidays, or paid time off as this information is collected elsewhere in the survey.

It is understood that the number of hours that a direct care staff works and how they spend their time may vary from week-to-week. To complete this section, informed judgement will be necessary to consider these variations and determine what constitutes a ‘typical’ week. This could be done for example, by considering how much time a direct care staff spends on each of these activities over the course of a year and then dividing that total by 52. For example, most direct care staff probably do not participate in an Individual Support Plan (ISP) meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a direct support staff spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

RESIDENTIAL HABILITATION – GROUP HOME SETTINGS; HOME DETAILS

NON-CONGREGATE RESIDENTIAL HABILITATION; HOME DETAILS

These worksheets request information related to the individuals residing in each residence as well as the staffing schedule and vehicles assigned to each residence. The survey includes room for eight locations. If your organization operates more than eight homes, make additional copies of the worksheet by right clicking on the tab named, for example, “ResSup-GH-Detail,” selecting “Move or Copy” from the menu, then checking the box for “Create a copy” as seen in the screen capture to the right.



Line 3 The occupancy rate represents the percentage of days in the year all beds were assigned and occupied. The example below describes how occupancy rate should be calculated using a 4-bed home, where each bed was available for occupancy every day of the year.

	Days with Placement*	Days Available
Bed #1	365	365
Bed #2	365	365
Bed #3 [New placement during year]	93	365
Bed #4 [Individual left during the year]	<u>311</u>	<u>365</u>
Totals	1,134	1,460

Occupancy Rate
 (days with placement divided by days available) **77.7%**

* Includes days in which placed residents were absent (e.g., due to hospitalizations or out-of-home family visitations)

Lines 6a-6g Record the number of scheduled staffing hours for each day of the week. As an example, consider the following schedule for a Monday:

- 12:00 AM – 6:00 AM one overnight staff (1 staff * 6 hours = **6 hours**)
- 6:00 AM – 8:00 AM two staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 2 hours = **4 hours**)
- 8:00 AM – 3:00 PM no staffing as residents are participating in day activities
- 3:00 PM – 5:00 PM one staff as residents are returning home (1 staff * 2 hours = **2 hours**)
- 5:00 PM – 10:00 PM two staff to fix dinner, assist with chores, etc. (2 staff * 5 hours = **10 hours**)
- 10:00 PM – 12:00 AM one overnight staff (1 staff * 2 hours = **2 hours**)

In this example, **24 total hours** would be reported for Monday.

SHARED LIVING ARRANGEMENT; HOME AND PARTICIPANT DETAILS

OVERNIGHT SHARED SUPPORTS; PRODUCTIVITY AND OTHER FACTORS

DAY PROGRAM; PRODUCTIVITY AND OTHER FACTORS

HOME-BASED DAY PROGRAM; PRODUCTIVITY AND OTHER FACTORS

PREVOCATIONAL TRAINING; PRODUCTIVITY AND OTHER FACTORS

These sheets collect information related to individual sites/programs offered by your organization. As with the instructions provided with the Home Details above, copies of these tabs may be made and inserted into the survey allowing data for additional site/programs to be reported.

Attachment 3
Provider Survey
Analysis

Attachment 3: Provider Survey Analysis

New Rate and Payment Options

Provider Survey Analysis

- prepared for -

Rhode Island Department of Behavioral Healthcare, Developmental
Disabilities and Hospitals

- prepared by -

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October 7, 2022

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

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New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Survey Participation

	Response Rate by Provider with FY2021 Claims			Response Rate by Spending		
	Count	Respondents	Response Rate	Total FY2021 Claims	Claims with Response	Response Rate
Totals	35	24	69%	\$228,028,361	\$196,537,427	86%
<i>Residential Support Services</i>						
Community Residence Supports	26	20	77%	\$101,834,945	\$86,580,485	85%
Non-congregate Residential Supports	8	8	100%	\$3,459,081	\$3,459,081	100%
Shared Living Arrangement	16	13	81%	\$15,375,136	\$12,268,523	80%
Access to Overnight Shared Supports	10	9	90%	\$887,402	\$871,933	98%
<i>Day Supports</i>						
Day Program (center and community based)	32	23	72%	\$51,607,534	\$44,400,032	86%
Day Program (Home-Based)	11	10	91%	\$1,960,417	\$1,938,984	99%
Professional Supports in Day Program	26	20	77%	\$2,383,949	\$1,994,652	84%
Day Activity Transportation	30	22	73%	\$4,635,373	\$3,906,733	84%
<i>Employment Supports</i>						
Prevocational Training	12	10	83%	\$156,994	\$147,900	94%
Job Development / Assessment	19	15	79%	\$2,272,312	\$2,231,971	98%
Job Coaching and Retention	24	20	83%	\$1,705,947	\$1,530,875	90%
<i>Community-Based Supports and Other Home-Based Services</i>						
Community Based Supports	28	21	75%	\$31,293,062	\$28,731,415	92%
Natural Supports	2	2	100%	\$96,641	\$96,641	100%
Respite	20	16	80%	\$3,066,638	\$1,871,112	61%
<i>Support Coordination and Facilitation</i>						
Support Coordination	33	23	70%	\$5,332,857	\$4,547,017	85%
Support Facilitation	6	6	100%	\$1,960,074	\$1,960,074	100%

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Administration and Program Support Costs

Admin. (All Respondents)	Admin. (Respondents <50%)	Prog. Support (All Respondents)	Prog. Support (Respondents <50%)
---------------------------------	-------------------------------------	--	--

Summary

Count of Providers	17	15	10	10
Median Rate	13.5%	12.2%	21.4%	21.4%
Weighted Average Rate	10.8%	10.8%	16.9%	16.9%

Program Revenues	\$148,599,217	\$148,349,916	\$114,515,370	\$114,515,370
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Detail by Expenditure Category

Salaries	\$6,533,039	\$6,434,767	\$6,022,330	\$6,022,330
Payroll Taxes and Benefits	\$1,742,004	\$1,703,856	\$1,878,469	\$1,878,469
Subtotal - Staffing Costs	\$8,275,043	\$8,138,623	\$7,900,799	\$7,900,799
Benefits Rate	26.7%	26.5%	31.2%	31.2%

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Administration and Program Support Costs

	Admin. (All Respondents)	Admin. (Respondents <50%)	Prog. Support (All Respondents)	Prog. Support (Respondents <50%)
<i>Other Operating Costs</i>				
Administrative Facility Rent/Mortgage/Depreciation	\$777,062	\$774,119	\$279,519	\$279,519
Facility Janitorial/Landscaping/Repairs/Etc.	\$390,655	\$390,655	\$273,229	\$273,229
Utilities/Telecommunications/Etc.	\$286,813	\$281,505	\$209,503	\$209,503
Travel, Vehicle	\$263,060	\$260,850	\$903,974	\$903,974
Travel, Air, Lodging, Per Diem	\$8,444	\$8,444	\$0	\$0
Office Equipment and Furniture	\$94,028	\$94,028	\$127,127	\$127,127
Depreciation	\$309,818	\$305,563	\$455,111	\$455,111
Interest Expense (excluding mortgage)	\$79,433	\$78,731	\$13,978	\$13,978
Other Taxes	\$59,821	\$59,821	\$40,493	\$40,493
Licensing/Certification/Accreditation Fees	\$6,789	\$6,780	\$3,577	\$3,577
Hiring Expenses	\$41,697	\$41,697	\$79,145	\$79,145
Training Expense	\$92,726	\$90,926	\$19,188	\$19,188
Insurance	\$276,346	\$274,115	\$592,303	\$592,303
Information Technology Expense	\$585,329	\$584,529	\$276,052	\$276,052
Office Supplies	\$225,451	\$224,704	\$285,900	\$285,900
Advertising	\$6,561	\$6,561	\$5,820	\$5,820
Dues and Subscriptions	\$166,799	\$164,853	\$69,822	\$69,822
Consulting - Legal/Accounting/Etc.	\$2,348,383	\$2,348,383	\$1,184,253	\$1,184,253
Allocated Corporate Office Overhead	\$566,501	\$566,501	\$343,104	\$343,104
Other	\$1,251,963	\$1,247,496	\$2,141,280	\$2,141,280
Subtotal - Other Operating Costs	\$7,837,677	\$7,810,257	\$7,303,377	\$7,303,377
Grand Total	\$16,112,720	\$15,948,881	\$15,204,176	\$15,204,176

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Direct Care Worker Wages

	All Employees							Employees Excluding Supervisors					
	Surveys	Reported Work Hours	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers¹	Weighted Avg. w/o Outliers¹	Reported Work Hours	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers¹	Weighted Avg. w/o Outliers¹
Support Facilitation	3	18,713	\$21.73	\$21.73	\$17.77	\$17.57	\$17.57	15,083	\$16.39	\$16.39	\$16.39	\$16.64	\$16.64
Supports Broker	0	0						0					
Residential Habilitation	9	1,065,525	\$19.19	\$17.90	\$17.84	\$17.95	\$17.94	850,903	\$18.50	\$17.05	\$17.21	\$17.21	\$17.21
Non-Congregate Residential Supports	4	202,092	\$20.11	\$20.11	\$18.69	\$18.64	\$18.64	160,216	\$19.57	\$19.57	\$17.83	\$18.15	\$18.15
Shared Living Arrangements	3	3,604	\$19.09	\$19.09	\$19.03	\$17.81	\$17.81	154	\$23.82	\$23.82	\$23.82	\$24.98	\$24.98
Community-Based Supports	12	267,910	\$18.31	\$17.50	\$17.07	\$17.62	\$17.57	205,190	\$18.75	\$16.86	\$16.90	\$17.09	\$16.99
Natural Supports Training	4	3,882	\$26.29	\$26.29	\$24.48	\$35.06	\$35.06	3,744	\$35.45	\$35.45	\$35.45	\$35.45	\$35.45
Respite	1	13	\$20.48	\$20.48	\$20.48	\$20.48	\$20.48	13	\$20.48	\$20.48	\$20.48	\$20.48	\$20.48
Overnight Shared Supports	2	4,979	\$17.01	\$17.01	\$17.01	\$18.48	\$18.48	4,380	\$16.39	\$16.39	\$16.39	\$17.32	\$17.32
Day Program	9	319,282	\$17.39	\$16.97	\$17.30	\$17.27	\$17.27	269,192	\$17.82	\$16.49	\$16.56	\$16.72	\$16.72
Professional Services	8	19,069	\$32.44	\$31.00	\$33.00	\$32.91	\$31.63	11,322	\$31.05	\$31.05	\$31.58	\$26.96	\$26.96
Transportation	9	52,088	\$17.24	\$16.72	\$16.84	\$17.07	\$17.04	47,956	\$16.99	\$16.43	\$16.84	\$16.55	\$16.51
Job Assessment and Development	7	17,585	\$19.88	\$19.88	\$19.98	\$18.32	\$18.32	16,811	\$19.72	\$19.72	\$19.07	\$18.16	\$18.16
Job Coaching	9	40,010	\$19.49	\$18.14	\$16.94	\$16.98	\$16.84	38,703	\$18.10	\$17.24	\$16.71	\$16.78	\$16.77
Job Retention	6	1,832	\$22.31	\$22.31	\$22.13	\$21.82	\$21.82	1,046	\$20.68	\$20.68	\$21.25	\$21.58	\$21.58
Prevocational Training	4	11,986	\$21.08	\$21.08	\$21.47	\$17.87	\$17.87	11,478	\$20.93	\$20.93	\$21.19	\$17.74	\$17.74

¹Weighted averages are weighted by reported direct care worker hours.

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Direct Care Contractor Wages

All Contractors						
Surveys	Reported Work Hours	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers ¹	Weighted Avg. w/o Outliers ¹

Non-Congregate Residential Supports	1	4,516	\$26.41	\$26.41	\$26.41	\$26.41	\$26.41
Day Program	1	29	\$36.02	\$36.02	\$36.02	\$36.02	\$36.02
Professional Services	2	2,101	\$54.28	\$54.28	\$54.28	\$58.27	\$58.27

¹Weighted averages are weighted by reported direct care worker hours.

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Annual Turnover Rate for Direct Care Workers

	Surveys	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers ¹	Weighted Avg. w/o Outliers ¹
Support Facilitation	3	2%	2%	0%	6%	6%
Supports Broker	0					
Residential Habilitation	9	26%	26%	31%	32%	32%
Non-Congregate Residential Supports	4	26%	26%	23%	33%	33%
Shared Living Arrangements	3	41%	41%	22%	23%	23%
Community-Based Supports	12	31%	34%	31%	34%	34%
Natural Supports Training	4	0%	0%	0%	0%	0%
Respite	1	100%	100%	100%	100%	100%
Overnight Shared Supports	2	44%	44%	44%	55%	55%
Day Program	9	26%	26%	23%	34%	34%
Professional Services	8	18%	18%	12%	25%	25%
Transportation	9	31%	31%	32%	38%	38%
Job Assessment and Development	7	10%	10%	0%	24%	24%
Job Coaching	9	13%	13%	0%	21%	21%
Job Retention	6	1%	0%	0%	1%	0%
Prevocational Training	4	10%	10%	3%	28%	28%

¹Weighted averages are weighted by reported direct care worker hours.

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Annual Training Hours for Direct Care Workers

	Training Hours in the First Year						Training Hours after the First Year						Est. Annual Training Hours Based on				
	Surveys	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers ¹	Weighted Avg. w/o Outliers ¹	Surveys	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers ¹	Weighted Avg. w/o Outliers ¹	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers ¹	Weighted Avg. w/o Outliers ¹
Support Facilitation	3	67	67	61	61	61	3	35	35	35	35	35	37	37	37	37	37
Residential Habilitation	9	60	60	60	44	44	9	26	26	26	23	23	37	37	37	29	29
Non-Congregate Residential Supports	4	77	77	71	104	104	4	26	26	27	26	26	43	43	41	51	51
Shared Living Arrangements	3	58	58	60	80	80	3	36	36	35	40	40	41	41	41	49	49
Community-Based Supports	12	67	54	60	60	44	12	28	28	27	25	25	41	37	38	37	32
Natural Supports Training	4	43	43	48	13	13	4	25	25	33	2	2	25	25	33	2	2
Respite	1	60	60	60	60	60	1	35	35	35	35	35	60	60	60	60	60
Overnight Shared Supports	2	60	60	60	62	62	2	19	19	19	12	12	41	41	41	40	40
Day Program	9	58	58	60	51	51	8	28	30	29	24	26	38	40	40	33	35
Professional Services	7	48	48	60	42	43	7	25	28	30	14	22	30	33	37	21	27
Transportation	9	50	50	40	61	61	8	28	28	29	24	25	37	37	33	39	39
Job Assessment and Development	7	65	52	57	66	60	7	33	33	32	32	32	40	37	38	40	39
Job Coaching	9	63	54	58	77	68	9	32	32	32	32	32	39	37	37	41	40
Job Retention	6	79	79	69	77	77	6	33	33	31	33	33	33	33	31	33	33
Prevocational Training	4	70	70	51	67	67	4	32	32	31	30	30	43	43	37	41	41
All Other Services and Activities	7	70	55	65	41	37	7	31	31	32	26	26	44	39	43	31	29

¹Weighted averages are weighted by reported direct care worker hours.

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Certification and Education Levels Among Professional Staff and Other Employees

	Certification/ Licensure						Education					
	RN	LVN/LPN	Psycho- logist	Therapist (OT/ PT/ SLP)	Other	Not Reported	High School/ GED	Associates Degree	Bachelors Degree	Masters Degree	PhD	Not Reported
Support Facilitation	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	95.9%	0.4%	3.7%	0.0%	0.0%	0.0%
Residential Habilitation	0.0%	0.0%	0.0%	0.0%	14.1%	85.9%	93.0%	0.0%	0.3%	0.1%	0.0%	6.6%
Non-Congregate Residential Supports	0.1%	0.0%	0.0%	0.0%	2.2%	97.7%	2.6%	0.1%	0.1%	0.0%	0.0%	97.2%
Overnight Shared Supports	0.0%	0.0%	0.0%	0.0%	92.8%	7.2%	99.2%	0.0%	0.0%	0.8%	0.0%	0.0%
Shared Living Arrangements	2.9%	0.0%	0.0%	0.0%	0.5%	96.6%	81.3%	0.0%	18.7%	0.0%	0.0%	0.0%
Community-Based Supports	0.2%	0.0%	0.0%	0.0%	10.2%	89.6%	72.4%	0.1%	3.2%	0.0%	0.0%	24.3%
Respite	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Day Program	0.0%	0.0%	0.0%	0.0%	14.5%	85.5%	89.3%	0.7%	0.8%	0.1%	0.0%	9.1%
Prevocational Training	0.0%	0.0%	0.0%	0.0%	6.5%	93.5%	82.9%	2.7%	5.3%	0.7%	0.0%	8.3%
Job Assessment and Development	0.0%	0.0%	0.0%	0.0%	4.0%	96.0%	72.4%	17.1%	3.8%	0.0%	0.0%	6.7%
Job Coaching	0.0%	0.0%	0.0%	0.0%	2.9%	97.1%	77.1%	9.5%	2.0%	0.2%	0.0%	11.3%
Job Retention	0.0%	0.0%	0.0%	0.0%	38.5%	61.5%	27.8%	13.3%	32.9%	4.8%	0.0%	21.3%
Transportation	0.2%	0.1%	0.0%	0.0%	31.5%	68.2%	75.5%	0.6%	0.7%	0.2%	0.0%	22.9%
Natural Supports Training	0.0%	0.0%	0.0%	0.0%	96.7%	3.3%	1.8%	0.0%	98.2%	0.0%	0.0%	0.0%
Professional Services	34.5%	10.3%	8.8%	0.8%	5.9%	39.7%	0.0%	10.3%	36.0%	16.7%	0.2%	36.8%

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Benefits for Direct Care Workers

	Full-Time	Part-Time
# of Responding Providers	20	19
# of Reported Staff	1,392	646

Benefit	Access to Benefit				Eligibility among Agencies that Offer Benefit										Benefit Level Among Staff Receiving Benefit²					Effective Benefit Level³
	Responding Agencies	# of Agencies that Offer	% of Agencies that Offer	% of Staff who Have Access	% of Staff Eligible					% of Staff Participating					Average (Mean) with Outliers	Average (Mean) without Outliers	Median	Weighted Average with Outliers	Weighted Average without Outliers	
					Average (Mean) with Outliers	Average (Mean) without Outliers	Median	Weighted Average with Outliers	Weighted Average without Outliers	Average (Mean) with Outliers	Average (Mean) without Outliers	Median	Weighted Average with Outliers	Weighted Average without Outliers						
Full-Time																				
Holidays	20	19	95%	94%	96%	100%	100%	85%	100%						14.4	10.5	10.0	14.2	10.4	9.8
Paid Time Off	20	19	95%	100%	100%	100%	100%	100%	100%						187.0	16.0	14.0	15.4	15.4	15.4
Health Insurance	20	20	100%	100%	98%	100%	100%	100%	100%	64%	66%	62%	63%	63%	\$2,297	\$1,077	\$1,078	\$1,496	\$874	\$554
Other Benefits	20	19	95%	95%	98%	99%	100%	100%	100%	74%	77%	72%	72%	72%	\$227	\$192	\$161	\$138	\$138	\$94
Part-Time																				
Holidays	19	14	74%	86%	74%	80%	100%	67%	67%						12.5	10.3	10.0	12.0	10.4	6.0
Paid Time Off	19	16	84%	91%	85%	95%	100%	62%	94%						36.8	10.1	10.0	11.0	11.0	9.3
Health Insurance	19	8	42%	52%	50%	50%	42%	40%	40%	12%	12%	9%	12%	12%	\$552	\$552	\$506	\$525	\$525	\$34
Other Benefits	17	11	65%	77%	82%	93%	100%	79%	79%	48%	48%	41%	34%	34%	\$233	\$233	\$132	\$71	\$71	\$19
Worker's Compensation (amount per \$100 wages)															\$3.75	\$3.54	\$3.89	\$4.41	\$4.12	
Employment Security Tax Rate															1.3%	1.3%	1.2%	1.0%	1.0%	
Job Development Tax Rate															3.2%	0.2%	0.2%	0.2%	0.2%	

¹Weighted averages are weighted using total hours calculated from Fiscal Year 2022 survey data

²Holidays and paid time off are annual amounts; health insurance and other benefits are monthly amounts

³Effective benefit level is calculated by multiplying weighted average benefit level without outliers by "% of Staff who Have Access" and "% of Staff Participating"(weighted average without outliers)

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Support Facilitation

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	4					
Number of individuals receiving Support Facilitation services	243					
Number of workers providing services through Self-Directed model services	184					

Service Design

Number of contacts per individual per year						
Individuals in Tier A		8.5	8.5	8.5	9.5	9.5
Individuals in Tier B		16.0	16.0	16.0	16.6	16.6
Individuals in Tier C		25.7	25.7	30.0	39.7	39.7
Individuals in Tier D		19.0	19.0	19.0	21.0	21.0
Individuals in Tier E		10.3	10.3	11.0	13.6	13.6
Percentage of individuals within Tier with a L9 modifier for supplemental funding needs						
Individuals in Tier A		0.0%	0.0%	0.0%	0.0%	0.0%
Individuals in Tier B		1.0%	1.0%	1.0%	1.3%	1.3%
Individuals in Tier C		4.0%	4.0%	1.0%	2.7%	2.7%
Individuals in Tier D		0.5%	0.5%	0.5%	0.6%	0.6%
Individuals in Tier E		21.4%	21.4%	21.4%	0.0%	0.0%

Caseload

Caseload per full-time equivalent care facilitator		43	43	50	53	53
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Mileage (scaled to a 40-hour workweek)

Miles driven per week per sup. facilitator to travel between service encounters and transporting individuals		1.0	1.0	1.0	1.3	1.3
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Support Facilitation

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Staffing Pattern (scaled to a 40-hour workweek)

	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Providing billable Support Facilitation services	15.4	15.4	22.9	22.5	22.5
Time spent on face-to-face contacts with individuals	8.6	8.6	2.1	1.3	1.3
Time spent on telephonic/remote contacts with individuals	5.7	5.7	7.9	8.3	8.3
Time 'lost' due to missed appointments	0.3	0.3	0.4	0.3	0.3
Time transporting individuals served	2.5	2.5	0.0	0.0	0.0
Travel time between individuals served	0.2	0.2	0.0	0.1	0.1
Recordkeeping	4.3	4.3	5.6	4.8	4.8
'Employer time'	1.1	1.1	1.0	1.2	1.2
Other activities	2.0	2.0	0.0	1.5	1.5
Total	40.0	40.0	40.0	40.0	40.0

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Residential Habilitation - Group Home

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	17					
Number of individuals receiving Residential Habilitation (Group Home) services	913					
<i>Absences and Overnight Staff</i>						
Number of absences per individual/per year		294	20	12	655	18
Percent of providers with overnight shift staff permitted to sleep	24%					
Percent of providers permitting overnight staff to sleep that pay a 'sleep time' differential	100%					
<i>Activities Outside of the Home</i>						
Percent of individuals regularly participating in activities (paid or unpaid) outside of the home without Residential Habilitation staff		54%	54%	58%	40%	40%
For individuals participating in outside activities, average scheduled hours per week		21.0	21.0	21.5	16.9	16.9
For individuals participating in outside activities, average number of hours per week they participate		20.6	20.6	21.5	16.6	16.6
Average number of hours per week that no staff are in the home because all residents are away from the home		13.8	13.8	12.0	13.0	13.0
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>						
Providing billable Residential Habilitation services		32.6	33.7	34.0	31.0	33.1
Time spent on face-to-face contacts with individuals		6.2	5.3	5.0	8.0	5.8
'Employer time'		1.0	1.0	1.0	1.0	1.1
Other activities		0.1	0.0	0.0	0.1	0.0
Total		40.0	40.0	40.0	40.0	40.0

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Residential Habilitation Detail

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Agency Caseload

Responding Providers	15					
Number of reported homes across all providers	194					
Average occupancy rate		90.8%	93.7%	98.1%	90.7%	93.8%

**%
Homes**

Weekly Home Staffing Hours by Home Size

<i>Three Bedrooms and Fewer</i>	32					
Total Staff Hours		214.3	208.1	193.8	213.1	206.4
Awake Hours		212.1	205.8	190.0	210.5	203.7
Asleep Hours		70.0	70.0	70.0	70.0	70.0
<i>Four and Five-Bedroom Homes</i>	108					
Total Staff Hours		293.6	285.3	276.3	301.5	292.2
Awake Hours		286.1	278.6	272.0	293.2	284.0
Asleep Hours		63.6	56.6	70.0	64.7	58.3
<i>Six and Seven-Bedroom Homes</i>	11					
Total Staff Hours		427.6	427.6	413.0	422.2	422.2
Awake Hours		399.6	399.6	371.0	390.6	390.6
Asleep Hours		51.3	51.3	56.0	52.0	52.0
<i>Eight and Nine-Bedroom Homes</i>	7					
Total Staff Hours		370.7	370.7	324.5	374.1	374.1
Awake Hours		334.5	334.5	298.5	335.2	335.2
Asleep Hours		54.3	54.3	56.0	54.3	54.3

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Residential Habilitation Detail

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Weekly RN/ Psychologist Hours by Tier (adjacent column is percentage of individuals with hours)

<i>Weekly RN Hours</i>						
Tier A	33.3%	3.5	3.5	3.5	3.5	3.5
Tier B	20.4%	1.9	1.2	1.0	1.8	1.2
Tier C	16.4%	3.2	2.6	3.0	3.2	2.6
Tier D	24.7%	13.0	4.1	2.5	12.3	4.1
Tier E	16.8%	12.7	5.3	4.0	12.1	5.5
<i>Weekly Psychologist Hours</i>						
Tier A	33.3%	2.0	2.0	2.0	2.0	2.0
Tier B	18.4%	1.7	0.8	1.0	1.6	0.7
Tier C	13.9%	2.2	1.8	1.3	2.1	1.7
Tier D	18.3%	2.1	1.5	1.0	2.1	1.6
Tier E	15.0%	4.3	3.2	2.5	4.4	3.2

Vehicle Details

Vehicles assigned to the home		1.5	1.3	1.0	1.5	1.4
Average size of vehicle in terms of passengers		7.9	7.1	7.0	8.0	7.1
Purchase cost		\$38,316	\$37,290	\$35,000	\$37,153	\$36,150
Monthly lease cost		\$749	\$634	\$632	\$812	\$666
Annual mileage for agency-operated vehicles per home		20,575	17,762	12,300	22,548	18,962
Annual mileage for staff-owned vehicles per home		1,710	1,202	763	1,822	1,271

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Non-Congregate Residential Habilitation

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	9					
Number of individuals receiving Non-Congregate Residential Habilitation services	19					

Activities Outside of the Home

Percent of individuals regularly participating in activities (paid or unpaid) outside of the home w/o Res. Hab. staff		37%	37%	20%	23%	23%
For individuals participating in outside activities, average scheduled hours per week		11.3	11.3	6.0	10.5	10.5
For individuals participating in outside activities, average number of hours per week they participate		10.2	10.2	5.0	9.8	9.8
Average number of hours per week that no staff are in the home because all residents are away from the home		2.6	0.0	0.0	0.0	0.0

Agency Caseload

Number of individuals per home		2.1	2.1	2.0	1.8	1.8
Percent of Providers with overnight shift staff permitted to sleep	11.1%					
Percent of providers permitting overnight staff to sleep that pay a 'sleep time' differential	100.0%					
Percent of providers providing coverage through the use of on-call staffing	44.4%					
Annual cost of on-call payments		\$4,143	\$4,143	\$5,035	\$5,167	\$5,167

Staffing Pattern (scaled to a 40-hour workweek)

Providing billable Non-Congregate Residential Habilitation services		33.0	33.3	33.9	34.3	34.6
Time spent on face-to-face contacts with individuals		5.9	5.9	5.1	4.8	4.8
'Employer time'		1.0	0.8	1.0	0.6	0.6
Other activities		0.2	0.1	0.0	0.4	0.0
Total		40.0	40.0	40.0	40.0	40.0

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Non-Congregate Residential Habilitation Detail

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Agency Caseload

Responding Providers	10					
Number of reported homes across all providers	41					
Average occupancy rate		86.0%	89.9%	100.0%	91.7%	96.4%

		%				
	Homes					
<i>One-Bedroom Homes</i>	24					
Total Staff Hours		55.8	50.8	25.0	105.3	98.4
Awake Hours		55.8	50.8	25.0	105.3	98.4
Asleep Hours		-	-	-	-	-
<i>Two-Bedroom Homes</i>	10					
Total Staff Hours		123.2	123.2	138.0	162.1	162.1
Awake Hours		121.2	121.2	137.5	162.1	162.1
Asleep Hours		20.0	20.0	20.0	-	-
<i>Three-Bedroom Homes</i>	3					
Total Staff Hours		-	-	-	-	-
Awake Hours		-	-	-	-	-
Asleep Hours		-	-	-	-	-
<i>Four-Bedroom Homes</i>	1					
Total Staff Hours		195.0	195.0	195.0	195.0	195.0
Awake Hours		195.0	195.0	195.0	195.0	195.0
Asleep Hours		-	-	-	-	-
<i>Six Bedroom Homes</i>	1					
Total Staff Hours		182.0	182.0	182.0	182.0	182.0
Awake Hours		182.0	182.0	182.0	182.0	182.0
Asleep Hours		-	-	-	-	-
<i>Seven Bedroom Homes</i>	2					
Total Staff Hours		308.5	308.5	308.5	462.0	462.0
Awake Hours		308.5	308.5	308.5	462.0	462.0
Asleep Hours		-	-	-	-	-

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Non-Congregate Residential Habilitation Detail

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Weekly RN/ Psychologist Hours by Tier (adjacent column is percentage of individuals with hours)

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
<i>Weekly RN Hours</i>						
Tier A	12.5%	2.0	2.0	2.0	-	-
Tier B	6.7%	1.1	1.1	0.5	1.5	1.5
Tier C	4.2%	1.4	1.4	1.0	1.2	1.2
Tier D	8.3%	1.6	1.3	1.0	1.1	1.1
Tier E	7.1%	1.5	1.5	1.5	1.3	1.3
<i>Weekly Psychologist Hours</i>						
Tier A	12.5%	-	-	-	-	-
Tier B	6.7%	1.0	1.0	1.0	1.0	1.0
Tier C	4.2%	0.8	0.8	0.5	0.5	0.5
Tier D	8.3%	0.5	0.5	0.5	0.5	0.5
Tier E	7.1%	1.8	1.8	2.0	2.2	2.2

Vehicle Details

Vehicles assigned to the home		1.0	1.0	1.0	1.0	1.0
Average size of vehicle in terms of passengers		6.4	6.3	6.0	6.5	6.4
Purchase cost		\$43,929	\$46,456	\$52,000	\$43,309	\$46,032
Monthly lease cost		-	-	-	-	-
Annual mileage for agency-operated vehicles per home		2,253	1,916	1,000	2,452	2,097
Annual mileage for staff-owned vehicles per home		950	391	285	357	357

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Shared Living Arrangement

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	13					
Number of individuals receiving Shared Living Arrangement services	320					
<i>Provider Characteristics</i>						
Years agency has been supporting Shared Living arrangements		13	11	12	18	12
Number of contracted homes per agency		23	13	16	70	19
Number of individuals per home		1.1	1.1	1.0	1.1	1.1
<i>Recruitment, Certification, Placement, and Initial Training</i>						
Staff hours required to recruit, train, and certify a home		132	94	100	257	87
Number of days a home is certified, prior to an arrangement		95	75	90	166	65
Number of years a home contracts with provider agencies		7.6	7.6	8.5	6.3	6.3
<i>Monitoring, Training, and Supports for Subcontracted Family Homes</i>						
Caseload (number of individuals) per agency monitoring staff		12	10	10	15	14
Number of monitoring on-site contacts per home per year		38	15	15	46	19
Number of monitoring remote contacts per home per year		59	39	24	87	64
Miles driven per week per agency monitoring staff		631	152	50	912	313
Percentage of responding providers that provide formal, ongoing training to homes	85%					
Percentage of providers reporting training is delivered by staff who monitor the home	91%					
Number of annual training hours delivered to homes		21	14	12	17	8
Percentage of training hours that home providers receive in a group		34%	34%	30%	21%	21%
Number of participants in a group training session		3.3	3.3	3.5	4.5	4.5
Percentage of homes for which your agency regularly provides in-home staffing support		6%	0%	0%	1%	0%
Number of hours of agency-provided in-home staffing per home per week		12.0	12.0	12.0	12.0	12.0

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Shared Living Arrangement - Additional Details

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	13					
Number of individuals receiving Shared Living Arrangement services	340					

Provider Characteristics

Percentage of individuals receiving transportation to day programs from SLA provider	27%					
Average years participants lived in home - All Participants		6.5	6.2	6.3	6.9	6.6
Tier A		5.7	5.7	5.6	4.8	4.8
Tier B		6.3	6.0	6.4	6.3	6.0
Tier C		6.3	5.9	5.7	6.3	5.9
Tier D		7.1	7.3	7.8	9.8	10.0
Tier E		7.3	6.6	6.6	7.4	6.7
Average annual days absent - All Participants		54	19	0	41	15
Tier A		75	49	0	29	19
Tier B		44	12	0	42	11
Tier C		67	26	0	64	25
Tier D		52	28	1	23	14
Tier E		22	7	0	20	7

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Shared Living Arrangement - Additional Details

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Home Supports

Tier A - Total Individuals	23					
Monthly RN Hours		0.1	0.0	0.0	0.2	0.0
Monthly Psychologist Hours		0.4	0.2	0.0	0.4	0.2
Monthly Respite Hours		25.2	18.5	15.1	25.0	18.6
Tier B - Total Individuals	70					
Monthly RN Hours		0.0	0.0	0.0	0.0	0.0
Monthly Psychologist Hours		0.6	0.3	0.0	0.6	0.3
Monthly Respite Hours		28.1	26.7	17.3	27.8	26.4
Tier C - Total Individuals	130					
Monthly RN Hours		0.0	0.0	0.0	0.0	0.0
Monthly Psychologist Hours		0.3	0.2	0.0	0.3	0.2
Monthly Respite Hours		46.3	45.1	25.0	45.3	44.1
Tier D - Total Individuals	34					
Monthly RN Hours		0.5	0.0	0.0	0.5	0.0
Monthly Psychologist Hours		0.5	0.2	0.0	0.5	0.2
Monthly Respite Hours		70.7	55.9	55.0	69.1	54.6
Tier E - Total Individuals	69					
Monthly RN Hours		0.1	0.0	0.0	0.1	0.0
Monthly Psychologist Hours		0.7	0.5	0.0	0.7	0.5
Monthly Respite Hours		76.8	43.9	25.0	74.4	43.1

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Shared Living Arrangement - Additional Details

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Unknown Tier - Total Individuals	14					
Monthly RN Hours		0.0	0.0	0.0	0.0	0.0
Monthly Psychologist Hours		0.7	0.4	0.0	0.7	0.4
Monthly Respite Hours		35.4	28.3	22.5	35.4	28.3

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Community-Based Supports

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	23					
Number of individuals receiving Community-Based Supports	806					
<i>Agency Caseload</i>						
Number of Community-Based Support hours provided per week per individual		13.2	12.2	14.8	10.7	10.7
Number of Community-Based Support service encounters per week per DSP		7.7	7.4	5.5	8.7	7.9
Length - in hours - of a Community-Based Support service encounter		3.8	3.7	4.0	3.4	3.4
<i>Mileage (scaled to a 40-hour workweek)</i>						
Miles driven per week per DSP to travel between service encounters		24	13	15	14	11
Miles driven per week per DSP transporting individuals		42	36	37	73	49
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>						
Providing Community-Based Support services		28.7	31.0	36.7	33.7	34.0
Providing other billable services		6.3	5.4	0.0	1.8	1.6
Travel time between participants		2.1	1.7	1.3	3.0	2.9
Recordkeeping		1.3	1.0	0.9	0.7	0.7
'Employer time'		1.0	0.8	1.2	0.7	0.7
Other activities		0.6	0.1	0.0	0.1	0.0
Total		40.0	40.0	40.0	40.0	40.0

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Natural Supports - Standard

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	1					
Number of individuals receiving Natural Support services	20					
<i>Agency Caseload</i>						
Number of Natural Supports service encounters per week per DSP		10.0	10.0	10.0	10.0	10.0
Length - in hours - of a Natural Supports service encounter		1.0	1.0	1.0	1.0	1.0
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>						
Providing Community-Based Support services		10.0	10.0	10.0	10.0	10.0
Providing other billable services		30.0	30.0	30.0	30.0	30.0
Travel time between participants		0.0	0.0	0.0	0.0	0.0
Recordkeeping		0.0	0.0	0.0	0.0	0.0
'Employer time'		0.0	0.0	0.0	0.0	0.0
Other activities		0.0	0.0	0.0	0.0	0.0
Total		40.0	40.0	40.0	40.0	40.0
<i>Mileage (scaled to a 40-hour workweek)</i>						
Miles driven per week per DSP to travel between service encounters		-	-	-	-	-

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Respite

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	3					
Number of individuals receiving Respite services	132					

Agency Caseload

Number of Respite service encounters per week per DSP		4.8	4.8	2.3	4.4	4.4
Percentage of service encounters occurring in:						
The individual's family/own home		55.1%	55.1%	55.1%	79.3%	79.3%
Within the caregiver's home		42.4%	42.4%	42.4%	20.6%	20.6%
Site-based location (e.g., Day Program, SLA, Group Home "respite bed")		2.4%	2.4%	2.4%	0.1%	0.1%
Percentage of service encounters with durations of:						
4.00 Hours or less		30.0%	30.0%	30.0%	30.0%	30.0%
4.01 - 8.00 Hours		40.0%	40.0%	40.0%	40.0%	40.0%
8.01 Hours or more		30.0%	30.0%	30.0%	30.0%	30.0%

Staffing Pattern (scaled to a 40-hour workweek)

Providing Respite services		34.0	34.0	34.0	34.0	34.0
Providing other billable services		0.0	0.0	0.0	0.0	0.0
Travel time between participants		1.0	1.0	1.0	1.0	1.0
Recordkeeping		3.0	3.0	3.0	3.0	3.0
'Employer time'		2.0	2.0	2.0	2.0	2.0
Other activities		0.0	0.0	0.0	0.0	0.0
Total		40.0	40.0	40.0	40.0	40.0

Mileage (scaled to a 40-hour workweek)

Miles driven per week per DSP to travel between service encounters		-	-	-	-	-
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Overnight Shared Support

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	8					
Number of individuals receiving Overnight Shared Supports services	131					
<i>On-Call Staffing</i>						
Percent of responding providers requiring on-call staff to be physically present	75%					
Annual cost of on-call payments per individual served		\$12,297	\$12,297	\$12,422	\$10,160	\$10,160

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Day Program (Center and Community-Based)

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	18					
Number of individuals receiving Day Program services	1,324					

Agency Caseload

Number of individuals receiving Day Program services per site	13.8	10.1	5.5	35.2	17.4
Number of hours per week that a typical individual receives center-based services	12.8	12.2	10.0	15.4	15.1
Number of hours per week that a typical individual receives services in the community	26.0	27.7	30.0	20.3	26.1
Average number of individuals receiving Day Program services per staff:					
When providing Day Program services in the center/facility	2.6	2.3	2.0	2.7	2.6
When providing Day Program services in the community	2.3	1.9	2.0	2.3	2.2
Attendance rate for individuals receiving services	90%	92%	95%	89%	90%

Vehicles

Total # of agency-owned and -leased vehicles per reported site	3.8	2.4	2.0	8.3	4.2
Percent of vehicles per site that accommodate non-ambulatory individuals	61.6%	61.6%	50.0%	39.3%	39.3%
Weekly miles per site, per vehicle traveled on behalf of individuals	170.7	170.7	140.0	146.4	146.4
Percent of miles associated with transporting individuals to/from their homes	38.6%	38.6%	25.0%	50.7%	50.7%
Percent of miles associated with 'in-program' transportation	61.4%	61.4%	75.0%	49.3%	49.3%
Typical vehicle size (in terms of passengers)	6.5	6.4	7.0	6.5	6.0
Average useful life (in miles) of vehicles before disposal	133,636	128,438	130,000	145,129	144,181
Average purchase price of vehicles	\$27,815	\$25,416	\$28,000	\$25,118	\$24,775
Average monthly lease price of agency-leased vehicles	\$547	\$547	\$470	\$569	\$569
Mileage per year per individual used to transport individuals in staff-owned vehicles	188	86	33	202	179

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Day Program (Center and Community-Based)

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Facility Space Cost

Operating cost per square foot (including rent) per individual served	\$2.02	\$1.90	\$1.08	\$0.76	\$0.73
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Staffing Pattern (scaled to a 40-hour workweek)

Providing Day Program services	35.0	36.5	36.7	32.9	35.4
Providing other billable services	1.0	0.5	0.0	2.4	1.1
Transporting participants to/from program	1.1	0.9	0.6	2.3	1.7
Participating in ISP meetings	0.2	0.2	0.0	0.2	0.1
Recordkeeping	0.8	0.5	0.9	1.0	0.9
Employer time	1.2	1.0	1.2	0.6	0.5
Program development	0.1	0.0	0.0	0.0	0.0
Program preparation/ set-up/ clean-up	0.5	0.3	0.6	0.3	0.2
Other activities	0.1	0.0	0.0	0.2	0.0
Total	40.0	40.0	40.0	40.0	40.0

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Home-Based Day Program

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	5					
Number of individuals receiving Home-Based Day Program services	181					

Agency Caseload

Number of individuals receiving Home-Based Day Program services by Tier						
Tier A	0					
Tier B	6					
Tier C	90					
Tier D	39					
Tier E	46					
Number of hours per week that a typical individual receives home-based services		22.3	22.3	24.0	14.2	14.2
Number of hours per week that a typical individual receives services in the community		15.0	15.0	18.0	11.6	11.6
Number of individuals receiving Day Program services per staff:						
When providing Day Program services in the home		1.5	1.5	1.5	1.6	1.6
When providing Day Program services in the community		1.2	1.1	1.0	1.3	1.1
Attendance rate for individuals receiving services		97%	97%	98%	97%	97%

Vehicles

Number of agency-owned and -leased vehicles per reported site		2.1	1.5	2.0	1.5	1.5
Number that accommodate non-ambulatory individuals		85.0%	85.0%	100.0%	87.5%	87.5%
Average number of miles per vehicle per week		294.3	294.3	253.8	328.2	328.2
Typical vehicle size (in terms of passengers)		8.7	8.7	8.0	8.9	8.9
Useful life (in miles) of vehicles before disposal		108,889	106,875	105,000	107,682	105,000
Purchase price of agency-owned vehicles		\$41,180	\$45,078	\$50,800	\$45,025	\$45,025
Monthly lease price of agency-leased vehicles		\$756	\$756	\$880	\$797	\$797
Mileage per year per individual used to transport individuals in staff-owned vehicles		456	456	211	456	456

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Home-Based Day Program

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Staffing Pattern (scaled to a 40-hour workweek)

Providing Home-Based Day Program services	30.0	30.0	37.5	37.2	37.2
Providing other billable services	8.7	8.7	1.4	1.3	1.3
Participating in ISP meetings	0.4	0.4	0.6	0.3	0.3
Recordkeeping	0.5	0.5	0.6	0.5	0.5
Employer time	0.2	0.2	0.0	0.3	0.3
Program development	0.0	0.0	0.0	0.0	0.0
Program preparation/ set-up/ clean-up	0.2	0.2	0.0	0.3	0.3
Other activities	0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0

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Professional Services

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	19					
Number of individuals receiving Professional services	1,807					
<i>Agency Caseload</i>						
Number of service encounters per week per professional staff		14.9	14.9	12.0	21.2	21.2
Length - in hours - of a service encounter		1.1	1.1	1.0	1.0	1.0
<i>Mileage (scaled to a 40-hour workweek)</i>						
Miles driven per week per Professional Staff to travel between service encounters		50.9	38.8	38.8	70.8	59.0
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>						
Providing Professional services		15.3	16.8	23.9	19.8	20.6
Providing other billable services		7.3	6.3	0.7	5.7	5.7
Performing 'collateral contacts		4.1	4.5	3.5	3.0	3.2
Participating in ISP meetings, functional assessment meetings or plan development		2.3	2.5	2.2	2.2	2.3
Developing a support plan on behalf of individuals		2.8	2.5	3.3	2.7	2.4
Providing consultation or training on how to implement support plan		2.1	2.4	2.0	1.9	1.9
Travel time between participants		1.9	1.6	1.5	2.1	1.9
Time lost to missed appointments		0.6	0.3	0.0	0.2	0.2
Recordkeeping		2.6	2.4	1.6	1.5	1.1
'Employer time'		0.9	0.8	1.3	0.7	0.5
Other activities		0.2	0.0	0.0	0.1	0.1
Total		40.0	40.0	40.0	40.0	40.0

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Transportation Services

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	21					
Number of individuals receiving Transportation services	1,740					
Percentage of individuals requiring lift-equipped transportation services (for non-ambulatory supports)	12.6%					

Agency Caseload and Service Design

Number of one-way routes completed per vehicle per week		16	14	11	20	15
Time (in hours) to complete a one-way route (i.e., time from first pick-up to final drop-off)		1.2	1.2	1.0	1.2	1.3
Number of individuals transported on a one-way route		3.1	3.1	3.0	3.2	3.2
Percentage of one-way routes transporting:						
1 Individual		31.3%	28.9%	37.5%	34.1%	32.4%
2 Individuals		25.2%	26.7%	35.7%	26.1%	29.5%
3 Individuals		16.2%	15.7%	17.9%	12.7%	14.5%
4 Individuals		10.9%	10.0%	8.9%	8.9%	8.7%
5 Individuals		6.2%	4.9%	0.0%	8.9%	4.2%
6 (or more) Individuals		10.3%	13.8%	0.0%	9.3%	10.6%
Percentage of one-way trips utilizing a Transportation Assistant		10.4%	6.5%	0.0%	10.9%	5.4%
Mileage traveled per vehicle per week		263	234	250	189	188

Vehicles

Number of vehicles owned/leased and used to provide Non-Medical Transportation services		21	15	16	34	23
Number of vehicles that are modified to accommodate non-ambulatory svcs		8	5	6	12	6
Useful life (in miles) of vehicles before disposal		158,529	149,688	150,000	151,947	145,527
Typical vehicle size (in terms of passengers)		7	7	6	8	7
Purchase price of agency-owned vehicles		\$36,860	\$39,093	\$40,000	\$31,359	\$34,799
Monthly lease price of agency-leased vehicles		\$565	\$565	\$510	\$540	\$540
Monthly mileage reimbursement for staff-owned vehicles per individual served		\$42	\$42	\$31	\$35	\$35

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Transportation Services

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Staffing Pattern (scaled to a 40-hour workweek)

Providing Transportation services (with an individual in the vehicle)	14.6	15.0	12.3	13.4	13.9
Providing other billable services	22.0	22.6	26.1	22.9	23.7
Travel time between individuals	1.6	1.6	1.0	1.8	1.9
Employer time	0.9	0.6	0.5	0.5	0.5
Other activities	0.9	0.1	0.0	1.4	0.0
Total	40.0	40.0	40.0	40.0	40.0

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Job Assessment and Development

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	15					
Number of individuals receiving Job Assessment and Development services	401					
Number of individuals who received an employment assessment in the reported year	159					
Number of individuals served who were placed in employment in the reported year	69					

Agency Caseload and Service Design

Number of staff hours to complete an assessment	21	16	7	11	6
Of the individuals placed in employment, percentage that retained the job for at least 60 days	76%	83%	100%	82%	82%
Number of staff hours to successfully place an individual	55	44	40	79	75
Percentage of individuals who received Job Assessment and Development services, but did not obtain employment in the reported fiscal year	40%	40%	31%	28%	28%
For individuals who received Job Assessment and Development services but did not obtain employment, average number of staff hours invested	64	64	40	98	98

Mileage (scaled to a 40-hour workweek)

Miles driven per week per DSP to travel between service encounters	169.0	138.2	151.0	138.5	120.9
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Staffing Pattern (scaled to a 40-hour workweek)

Providing direct, face-to-face Job Assessment and Development services	16.5	19.3	19.4	17.9	18.4
Providing other billable services	6.2	4.7	5.1	5.7	5.9
Working on assessment without the individual present	2.4	2.8	2.9	1.5	1.5
Performing 'collateral contacts'	3.7	3.5	3.5	1.7	1.6
Performing general Job Assessment and Development activities that are not participant-	2.9	2.6	2.3	3.5	3.6
Participating in ISP meetings	0.9	0.9	1.1	1.0	1.0
Travel time between participants	2.1	1.7	1.7	2.9	2.9
Recordkeeping	1.8	2.1	2.3	2.3	2.4
Employer time	1.4	1.4	1.1	2.0	1.9
Time lost to missed appointments	0.7	0.6	0.4	1.0	0.9
Other activities	1.3	0.5	0.0	0.6	0.0
Total	40.0	40.0	40.0	40.0	40.0

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Job Coaching (Including Job Retention)

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	18					
Number of individuals receiving Job Coaching services	300					
Number of individuals who received Job Retention services from responding providers	227					

Agency Caseload and Service Design

Proportion of service hours delivered at the following staffing ratios:						
Provided as individual service (1:1 ratio)		71.9%	87.5%	100.0%	40.0%	67.6%
Provided as a group service for 2 individuals (1:2 ratio)		11.1%	6.5%	0.0%	32.6%	15.6%
Provided as a group service for 3 individuals (1:3 ratio)		7.4%	6.0%	0.0%	16.0%	16.7%
Provided as a group service for 4 individuals (1:4 ratio)		0.0%	0.0%	0.0%	0.0%	0.0%
Provided as a group service for 5 individuals (1:5 ratio)		5.9%	0.0%	0.0%	7.8%	0.0%
Provided as a group service for 6 individuals (1:6 ratio)		3.6%	0.0%	0.0%	3.6%	0.0%
Caseload per job coach (per full-time equivalent position)		6.4	4.9	4.0	4.6	3.7
Number of hours worked per week for individuals receiving Job Coaching services		13.3	12.3	12.0	13.3	13.0
Hours of Job Coaching support per week, per individual		10.3	9.2	10.0	11.6	10.4
Hourly wage for individuals receiving Job Coaching services		\$12.80	\$12.61	\$12.63	\$13.46	\$13.07
Number of hours of direct support for job retention, by Tier						
Tier A		6.1	4.4	3.5	10.7	8.2
Tier B		6.3	4.5	3.0	11.1	6.8
Tier C		5.0	4.0	4.0	6.6	4.2
Tier D		3.0	3.0	3.0	3.0	3.0
Tier E		3.7	3.7	2.0	7.2	7.2

Mileage (scaled to a 40-hour workweek)

Miles driven per week per DSP to travel between service encounters		41.6	41.6	25.0	52.0	52.0
Miles driven per week per DSP transporting individuals		78.8	29.5	25.0	92.9	39.0

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Job Coaching (Including Job Retention)

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Staffing Pattern (scaled to a 40-hour workweek)

	Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Providing billable Job Coaching services	19.0	21.8	25.1	23.8	24.6
Providing other billable services	7.9	7.4	6.7	5.7	5.8
Performing 'collateral contacts'	1.7	1.5	1.4	1.2	1.0
Participating in ISP meetings	0.8	0.7	0.6	0.6	0.3
Travel time between individuals guessed	2.5	2.9	2.9	3.5	3.6
Recordkeeping	2.3	2.2	1.6	2.8	2.7
Employer time	1.2	1.2	1.3	1.6	1.3
Time lost to missed appointments	0.6	0.5	0.3	0.3	0.3
Other activities	3.9	1.8	0.0	0.4	0.4
Total	40.0	40.0	40.0	40.0	40.0

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Prevocational Training

		Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
Responding providers	7					
Number of individuals receiving Prevocational Training services	146					

Agency Caseload and Service Design

Number of individuals receiving Prevocational Training Services by Tier						
Tier A	24					
Tier B	47					
Tier C	69					
Tier D	11					
Tier E	21					
Number of hours per week that a typical individual receives center-based services		10.3	10.3	8.0	15.6	15.6
Number of hours per week that a typical individual receives services in the community		7.8	5.3	6.8	6.6	6.6
Average number of individuals receiving Prevocational Training Services per staff:						
When providing Prevocational Training services in the center/facility		3.8	3.8	2.0	2.1	2.1
When providing Prevocational Training services in the community		4.5	4.5	2.0	2.9	2.9
Attendance rate for individuals receiving services		88.5%	88.5%	87.5%	88.6%	88.6%

Vehicles

Total # of agency-owned and -leased vehicles per reported site		9.5	9.5	9.5	15.0	15.0
Percent of vehicles that accommodate non-ambulatory individuals		20%	20%	20%	40%	40%
Number of miles per vehicle per week		181.1	181.1	181.1	146.2	146.2
Percent of miles associated with transporting individuals to/from their homes		59.5%	59.5%	59.5%	80.0%	80.0%
Percent of miles associated with 'in-program' transportation		40.5%	40.5%	40.5%	20.0%	20.0%
Typical vehicle size (in terms of passengers)		6.5	6.5	6.5	6.0	6.0
Useful life (in miles) of vehicles before disposal		250,000	250,000	250,000	200,000	200,000
Purchase price of agency-owned vehicles		\$34,000	\$34,000	\$34,000	\$40,000	\$40,000
Monthly lease price of agency-leased vehicles		\$275	\$275	\$275	\$550	\$550
Mileage per year per individual used to transport individuals in staff-owned vehicles		384	384	45	253	253

New Rate and Payment Options - Provider Survey Analysis
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Prevocational Training

Average w/ Outliers	Average w/o Outliers	Median	Weighted Avg. w/ Outliers	Weighted Avg. w/ Outliers
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Facility Space Cost

Operating cost per square foot (including rent) per individual served	\$8.53	\$8.53	\$0.36	\$22.03	\$22.03
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Staffing Pattern (scaled to a 40-hour workweek)

Providing Prevocational Training services	10.5	10.6	18.5	7.0	7.1
Providing other direct (face-to-face) services	13.6	13.7	13.5	26.7	26.9
Transporting participants to/from program	0.3	0.0	0.0	0.2	0.0
Participating in ISP meetings	0.4	0.4	0.0	0.2	0.2
Recordkeeping	1.2	1.2	4.3	1.8	1.8
Employer time	0.5	0.5	0.0	0.3	0.3
Program development	5.6	5.7	3.7	1.0	1.0
Program preparation/ set-up/ clean-up	1.4	1.4	0.0	0.4	0.4
Other activities	6.4	6.5	0.0	2.5	2.5
Total	40.0	40.0	40.0	40.0	40.0

Attachment 4
Individual and Family
Survey Results

Attachment 4: Individual and Family Survey Results



INDIVIDUAL AND FAMILY SURVEY FINDINGS

SEPTEMBER 2, 2022

Introduction

In July 2022, the Rhode Island Division of Developmental Disabilities (DDD) established a goal to obtain information from individuals who receive services through DDD and their family members about the services received today and what services individuals would like to see DDD offer in the future.

An electronic survey (attached as Appendix A) was made available using the Qualtrics survey platform beginning on June 30, 2022. Information collected through July 26, 2022 is included in this analysis and summary. Invitations to take part in this survey were distributed through email listservs and through announcements in two concurrent DD News notices. DDD received sixty-one (61) responses to this survey. Seven (7) respondents were service recipients, and fifty-four (54) respondents were family members of service recipients.

Approach

Analysis of the survey responses was conducted using a qualitative approach. Qualitative research and analysis aim to provide an in-depth, detailed, and information rich understanding of a topic.¹ Qualitative analysis provides detailed description as well as classification or quantification of some aspects of the findings for ease of interpretation. By using a qualitative approach, we will develop a better understanding of individuals' and families' priorities for covered services.

As with any approach, the qualitative approach has limitations. Perhaps most notably is that findings from qualitative analysis lack statistical probabilistic generalizability. Instead, the qualitative approach seeks to identify themes and key elements in the context of a specific inquiry using a variety of analytic techniques to summarize findings in ways that can be informative about the larger population.² While specific numbers and percentages should not be generalized to the overall population, the themes presented in the findings should be considered generalizable to some unknown proportion of the population.

¹ Snape, D. & Spencer, L. (2007). The Foundations of Qualitative Research. In J. Ritchie & J. Lewis (Eds.) *Qualitative Research Practice* (2nd ed., pp. 1 – 23). Sage Publications.

² Ayres, L., Kavanaugh, K., and Knafel, K.A. (2003). Within-Case and Across-Case Approaches to Qualitative Data Analysis. *Qualitative Health Research*, 13(6), 871-883.

Survey Findings

Overview

Overall, more respondents were satisfied (than not) with the amount and uses of funding and liked the opportunity to self-direct services. Half of respondents felt like they had the information and resources necessary to self-direct services, while the other half indicated they needed additional support. Most respondents provided feedback about what they liked and did not like about the current services, and many provided additional constructive comments about program administration, individualized budgets and other programmatic changes they would like to see in the future. This feedback is reflected in the findings below.

Key Finding #1

Respondents have concerns about finding, recruiting, and retaining well-trained direct support staff.

In response to every question except one (*What do you like about your services?*), respondents identified concerns about finding, recruiting, and/or retaining well-trained direct support staff. Most respondents (who identified this concern) commented that they had difficulty finding qualified direct support staff. In particular, some respondents noted difficulty finding behavior consultation providers, technology assessment providers, and employment support providers. Many respondents identified low wages as a contributing factor to their inability to recruit and retain well trained direct support staff. Several family members of individuals who self-direct their services in Tiers D and E suggested they would like to be able to use their funding to increase direct support staff compensation. Finally, several respondents indicated they would like to be allowed to use their funding to pay for training opportunities for direct support staff.

Key Finding #2

While respondents like certain aspects of their current services, they would still like to see changes to the service array in the future.

When asked – *What do you like about your current services?* – some respondents praised group home supports because they felt services in group homes were individualized and responsive to behavioral needs, and that staff in group homes were committed to individuals' well-being. Similarly, another respondent liked that residential supports are flexible and tailored to individual's needs. Still others noted that they like being able to access telephonic and virtual supports during the pandemic.

Some respondents like the current day services, employment supports and transportation services, but others suggested these services could be improved. Respondents would like to see day programs be more individualized and offer more opportunities for:

- socialization with peers;
- a wide variety of recreational activities and events;
- social activities specifically for adults over age 30; and
- social activities in community on nights and weekends.

Regarding employment supports, respondents would like to see more opportunities for job development and volunteering to gain work experience. Respondents also wanted increased access to transportation in all parts of the state.

Individuals in the self-direction program would like the ability to use their funding to:

- participate in social clubs;
- access group services;
- hire parents as caregiver;
- purchase gym memberships; and
- purchase phone, computer, and internet service.

Finally, respondents recommended that the overall service array should offer access to:

- online courses and supports after the public health emergency ends;
- broader transportation services and vehicle modifications;
- speech, communication and interpreter services;
- increased limits on respite services;
- overnight respite services;
- mental health supports; and
- person-centered planning facilitation.

Key Finding #3

Individuals felt information and resources should be more accessible using plain language and easy to navigate websites.

An individual receiving services stated that “[a]ccess to resources needs to be more consumer friendly by being written in terms that everyone can understand.” Respondents highlighted a need for clearer explanations of available benefits, explanations of DDD program processes, and policies about ways individuals can use self-direction budgets.

To improve individuals’ and family members’ understanding of the program, respondents suggested that information be presented on easy to navigate websites. More specifically, respondents indicated a need for a centralized source for information about self-direction.

Other Notable Findings

- When asked if funding was adequate to meet individuals’ needs, several respondents indicated that funding was only adequate because the individuals lived with family and/or had other substantial natural supports.
- One respondent suggested that DDD establish a “pool” of self-direction direct support staff willing to fill-in when an individual’s staff is temporarily unable to provide supports (e.g., when staff is out sick or last-minute cancellations).
- Regarding individualized budgets, one respondent expressed concern about the difference in budget amounts at the same tier between individuals who self-direct their services and individuals who receive agency services.

- Respondents felt like case workers were over-extended with high caseloads, and as a result case workers are not able to provide the level of highly-involved assistance needed by some individuals.
- One respondent suggested simplifying the plan approval and plan amendment processes.
- Respondents indicated that the program could do more to support unpaid caregivers. They suggested establishing a helpline staffed by trained professionals to respond to questions from parents and other unpaid caregivers. Additionally, they suggested more training opportunities for natural supports.
- One respondent suggested providing life planning supports for individuals in the program. They suggested providing educational opportunities to learn about transitioning from school to adulthood, residential options for adults, guardianship, supplemental security income (SSI), career development, impact of employment on SSI, medication management, bereavement counseling upon death of a parent, and transitioning to retirement.

Conclusion

The survey findings discussed above reflect the feedback and comments received from recipients of DDD program services and their family members about services received today and what services individuals would like to see DDD offer in the future. At a high-level, respondents expressed concern about finding, recruiting, and retaining well-trained direct support staff, made valuable recommendations for future changes to the service array, and emphasized the importance of easy access to plain language information about the program.

Through their positive and constructive comments, respondents expressed overall support for the DDD, and the future of the program.

Appendix A



The state of Rhode Island is interested in hearing about what is working well and what could be improved about the services you receive through DDD¹. This survey includes questions both about the services you receive today and what services you would like to see DDD offer in the future (i.e., the service array). Before answering questions about the DDD service array you may want to view to following presentation: [link here](#).

Your participation is voluntary, and the information you provide will not be connected to your name or impact your services directly. We are collecting information to inform how to make services better for everyone receiving them.

Thank you for taking the time to answer these questions. If you have any questions or concerns about this survey, please contact: [HSRI contact].

This survey is for individuals who receive services through the Rhode Island Division of Developmental Disabilities (DDD).

1. Am I responding to this survey on behalf of:
 - Myself
 - A family member or person I am a guardian for
 - Someone else (please specify)

2. What kind of living setting do you live in/What kind of living setting does the person live in?
 - Living with relative
 - Apartment of house
 - Group home (24 hour)
 - Shared living arrangement (SLA)
 - Other (please specify): _____
 - I don't know

¹ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals (DBHDDH) Division of Developmental Disabilities (DDD) is working on evaluating and developing a new rate and payment model for Medicaid Home and Community Based services for people with intellectual and developmental disabilities. DDD contracted with Burns & Associates, a division of Health Management Associates (HMA), along with their subcontractors, Human Services Research Institute (HSRI), to assist with this project.

3. What tier are you assigned to/what tier is the person assigned to?
- Tier A
 - Tier B
 - Tier C
 - Tier D
 - Tier E
 - I don't know
4. Do you receive self-directed services or traditional services/Does the person receive self-directed services or traditional services?
- Self-directed services (You chose a fiscal intermediary, write a plan, become an employer, recruit and hire your own employees, and decide what supports are needed and how best to spend their plan dollars.)
 - Agency services (You and your family chose a provider agency. The agency hires and trains employees, and then provides services on your needs and funding level.)
 - Both
 - Unsure

If Self-Direction/Both:

5. Are you happy with the ways you [/your individual] can use your funding? Please explain your answer. If you are not happy, tell us how you would like to use your funding.
6. Do you feel that the funding the individual receives is enough to meet your [/their] needs? Please explain your answer.
7. Do you have the information and resources you need to self-direct services, such as managing the budget, finding and hiring staff, etc. This help could come from the fiscal intermediary, a DDD social case worker, a plan writer, or others. Please explain your answer.

If Agency/Both:

8. What kinds of DDD funded services have you [/the individual] received in the past year? Select all that apply:
 - Group home/SLA
 - In-home services
 - Supported employment
 - Day program
 - Transportation
 - Technology
 - Other
9. What do you like about your current services?
10. What don't you like about your current services?

All respondents:

11. Is there anything else you would want DDD to know about the services they offer (e.g., things you would change about the available services)?

Attachment 5
Presentation of Draft
Rate Models

Attachment 5: Presentation of Draft Rate Models



BURNS & ASSOCIATES

A DIVISION OF
HEALTH MANAGEMENT ASSOCIATES

Rate and Payment Options Study Proposed Rates

- prepared for -

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Revised October 14, 2022



■ Purpose of Presentation

- + Provide overview of *initial* recommendations from the rate and payment options study
 - + Public comments will be considered before recommendations are finalized
- + Ensure stakeholders understand the materials, data sources, calculations, and resulting recommendations so that they may review and offer comments
 - + HMA-Burns available throughout the public comment period to respond to any technical questions that stakeholders need addressed to provide comments
- + Encourage participation in the public comment process
 - + Comments regarding the recommendations should be submitted in writing to allow for the consolidation and review of all feedback

■ Agenda

- + Project Background
- + Assessments and Individual Budgets Recommendations
- + Rate Study Process
- + Rate Study Recommendations
- + Next Steps



PROJECT BACKGROUND

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding-000206

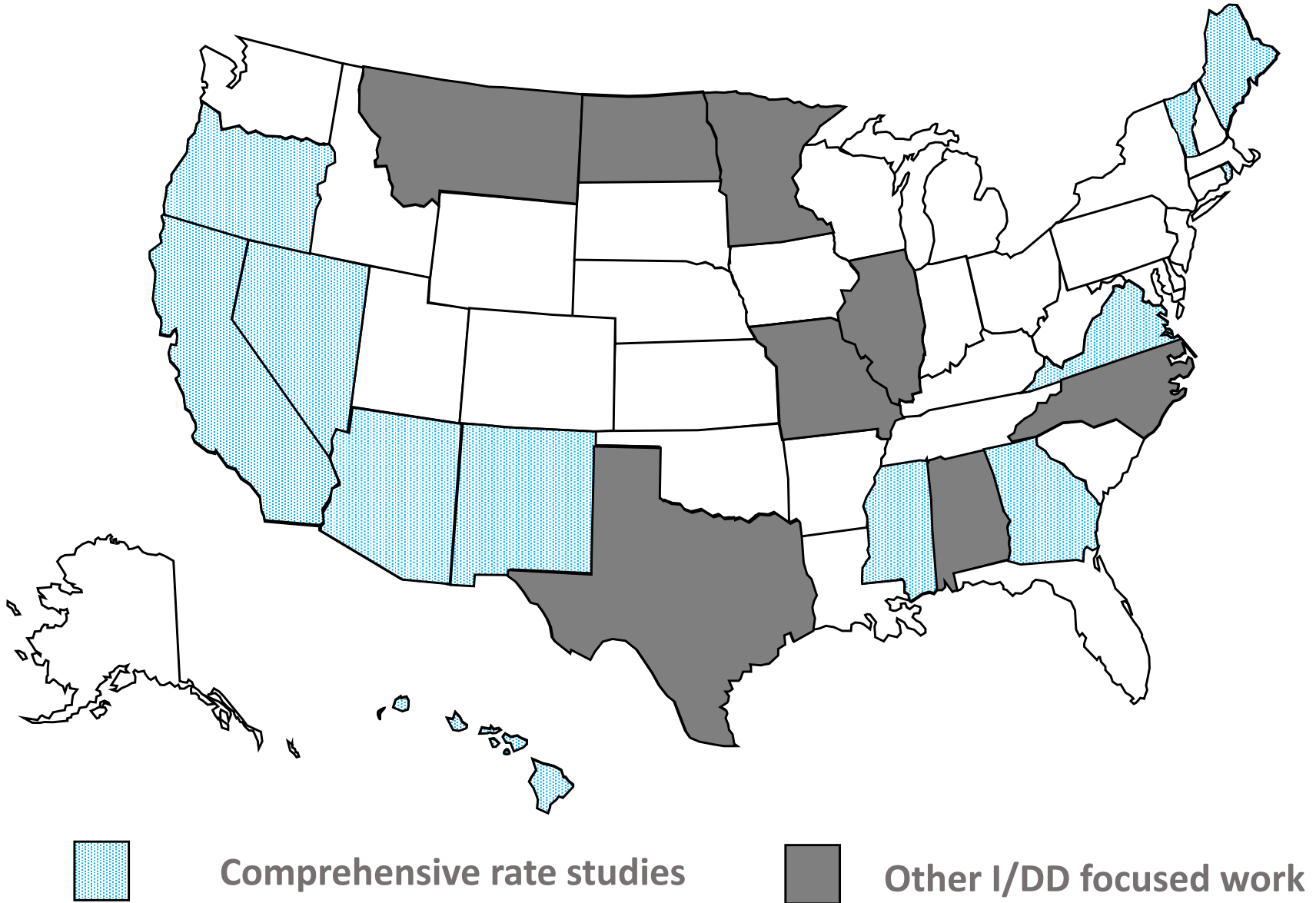
Background

- + BHDDH is conducting a comprehensive review of the system of supports for individuals with intellectual and developmental disabilities (I/DD)
 - + Covered services and requirements for each service
 - + Provider reimbursement, including billing policies, units, and rates
 - + Individual budget limits, including assessment, budget limit amounts, and policies for planning and managing budgets
- + Builds on previous system reforms and studies
 - + 2010-2013 – Project Sustainability, which included transition from bundled monthly payments to fee-for-service and the adoption of a standardized and normed tool (Supports Intensity Scale, SIS) to assess individual needs
 - + 2014 – Consent Decree with the U.S. Department of Justice to provide integrated employment and day services
 - + 2018 – Legislative study on provider rates and staff turnover
 - + 2020 – Evaluation of rate methodologies
- + BHDDH contracted with Burns & Associates division of HMA to assist with this study

Overview of Burns & Associates, a Division of Health Management Associates

- + Health policy consultants specializing in assisting state Medicaid agencies and related departments (developmental disabilities and behavioral health authorities)
 - + Consulted in approximately 30 states since its founding in 2006
 - + Acquired by Health Management Associates in September 2020
- + Experience in the intellectual and developmental disabilities field
 - + Policy development, including service standards and billing rules
 - + Rate-setting
 - + Using assessment instruments to inform individualized budgets
 - + Program operations, including performing fiscal analyses and developing implementation approaches
- + Primary consultant on BHDDH's Project Sustainability initiative

Burns & Associates' I/DD Experience



Burns & Associates' I/DD Experience

+ Results and status of HMA-Burns' rate study projects

State	Implementation Status	Fiscal Impact and Funding Status
Rhode Island	Implementation began in 2011	Proposed rates not implemented (Legislature imposed reductions requiring rates to be scaled back)
New Mexico	Implementation began in 2013	(\$10 million), funds were retained in the system
Arizona	Rates adopted in 2015	\$188 million (not fully funded; about \$50 million added in the years after the study)
Virginia	Implementation began in 2022*	\$358 million, fully funded
Oregon	Implementation occurring in phases between 2016 and July 2022	\$195 million, fully funded
Georgia	Implementation began in 2017*	\$74 million, fully funded
Hawaii	Implementation began in 2021*	\$26 million, half of the proposed increases were funded
Mississippi	Implementation began in 2017	\$20 million, fully funded
California	Implementation occurring in phases between January 2020 and July 2024	\$2.3 billion, fully funded
Maine	Implementation began in 2021*	\$2.5 million, fully funded
Nevada	Implementation under consideration	\$38.2 million
Vermont	Rate study still in process	N/A
*Implementation status based on most recent HMA-Burns' rate study		

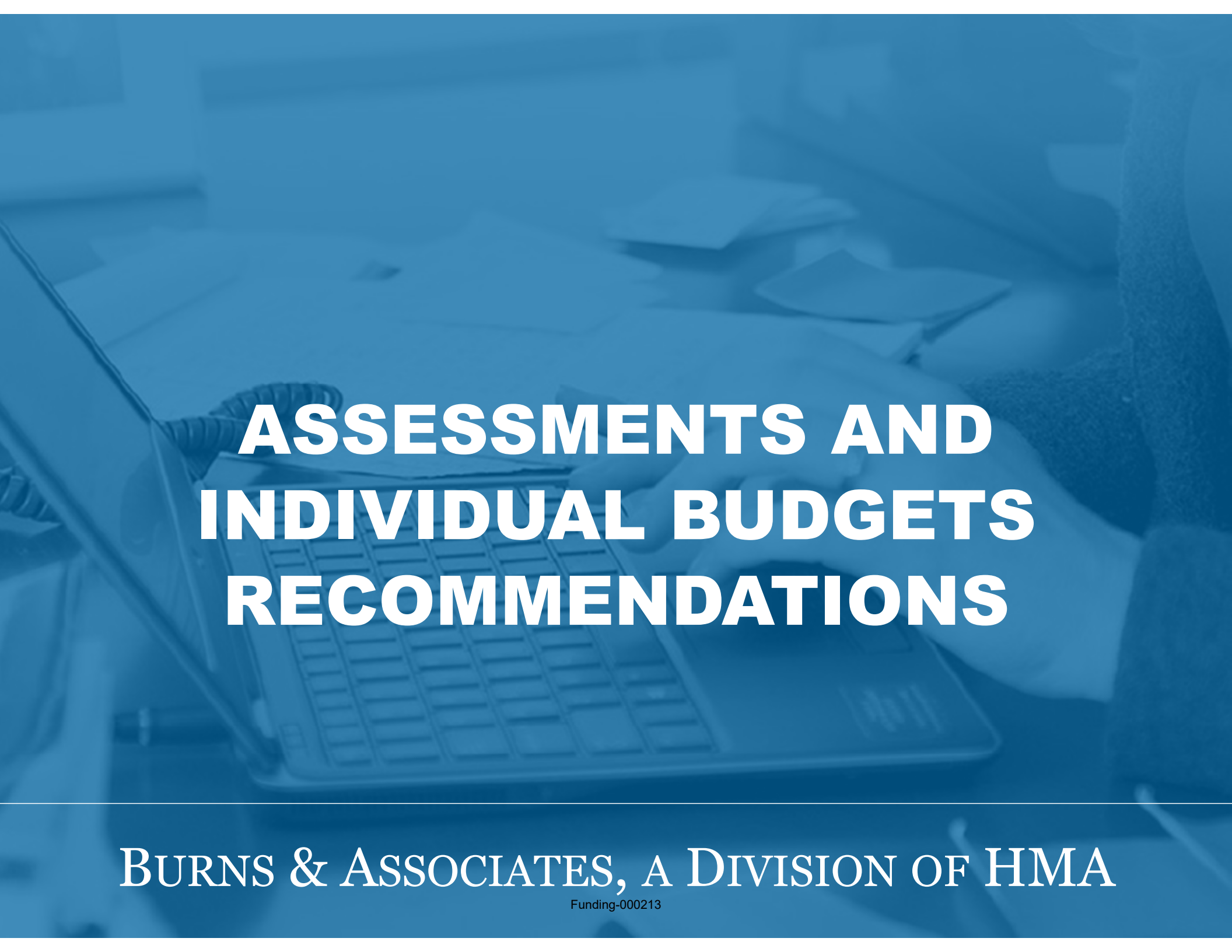
■ Summary of 2010-11 Rate Study

- + Goals of previous rate study
 - + Transition from bundled payments to fee-for-service rates
 - + Align payment with individuals' assessed needs

- + Proposed rates published in May 2011
 - + Before the rates could be implemented, the Legislature cut the program's budget by \$16 million due to historic declines in state revenues
 - + BHDDH directed Burns to reduce the proposed rates by about 18 percent to conform to the reduced budget
 - + Until the July 2021 rate increases, many payments remained below what Burns proposed in 2011

Overview of Human Services Research Institute

- + HMA-Burns team includes HSRI as a subcontractor
- + National nonprofit, tax-exempt corporation founded in 1976
- + Works to improve supports for people with disabilities and other underserved populations
- + Experience in the intellectual and developmental disabilities field
 - + Supporting system redesigns, including service design
 - + Engaging self-advocates and families
 - + Adopting person-centered practices
 - + Using needs assessments to inform individualized budgets



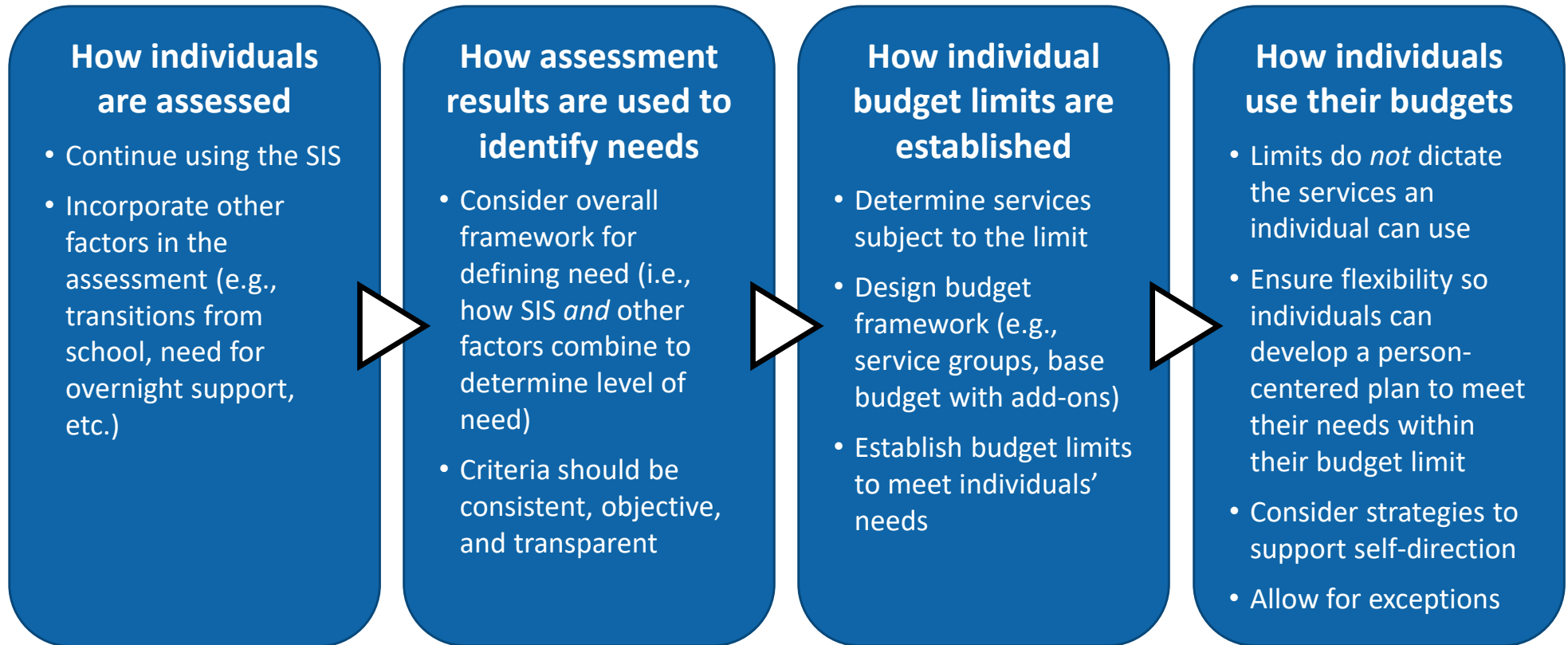
ASSESSMENTS AND INDIVIDUAL BUDGETS RECOMMENDATIONS

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding-000213

Individual Budget Limits – Overview

- + Review of individual budget limits considers the *entire* process, from assessment to assignment of a budget limit to development of a person-centered plan



- + These elements must be considered in combination (e.g., cannot make decisions related to individual budget limit amounts without defining assessment criteria)

■ Individual Budget Limits – Postponement of Evaluation

- + The evaluation of the assessment framework is postponed to 2023 due to forthcoming changes in the Supports Intensity Scale for Adults (SIS-A)
 - + In February 2022, the American Association on Intellectual and Developmental Disabilities (AAIDD, publishers of the SIS-A) announced that the second edition of the SIS-A will be released in early 2023
 - + The revision incorporates a number of updates including minor rewording and reordering of some questions, expansion of the medical and behavioral sections, and changes to scoring
 - + Although the SIS-A will *not* be the only consideration in the assessment of individuals' needs, it will be part of the framework
- + Stakeholder input will be considered throughout the evaluation
 - + Further outreach regarding current strengths and challenges
 - + A validation process involving external stakeholders to review all aspects of the assessment and individual budget limits frameworks
 - + A comment process to provide feedback on the proposed frameworks

■ Assessing Individuals

- + Individuals will continue to be assessed using the SIS-A
 - + Offers a tested and structured tool to gather insights into the types and amounts of supports that individuals need to perform various activities of daily living
 - + Also collects some data on medical and behavioral conditions and supports

- + Based on stakeholder feedback, the SIS-A will be supplemented with other assessment questions to gather information not covered by the SIS-A as well as issues related to how individual needs are met
 - + Potential examples
 - + Life transitions (such as aging out of high school)
 - + Communication needs (such as being deaf or hard of hearing)
 - + Availability of unpaid supports and related issues (such as aging caregivers)
 - + Sleep-related issues

Using Assessment Results

- + Once an individual is assessed (using both the SIS-A and supplemental assessment questions), the results will be translated to a framework that defines their needs
- + Second edition of the SIS-A provides an opportunity to revisit how the results are used
 - + Number of levels of need (or whether to maintain levels)
 - + Criteria (which sections are used and what scoring thresholds are established)
- + Other assessment questions will be integrated into the criteria used to define individual needs in a structured and consistent manner
 - + For example, could directly influence the assignment of levels
 - + Or, could be used to create an 'add-on' to an individual budget limit (for example, someone might be assigned to a base budget based on their level of need, but receive additional funding to meet their needs during a transitional period)

■ Establishing Individual Budget Limits and Managing Budgets

- + After developing a framework for using assessment results to determine individual needs, individual budget limits will be established to meet those needs
 - + Considerations
 - + Services subject to the budget limits (and which services are billed in addition to the budget limits)
 - + Types and amounts of supports assumed to meet typical needs, including how these assumptions vary based on individual differences
- + Individual budget limits provide a planning ceiling, but do not prescribe any specific set of services
 - + Considerations
 - + Ability to manage to an overall budget, rather than individual components
 - + Impacts on individuals who choose to self-direct some or all services
 - + Exceptions process when individuals need more support than included in their individual budget limit

Evaluation of Assessment Framework

- + Given the significant changes being considered, a thorough and inclusive process will be required to review the assessment and budgeting framework

Administer SIS-A, 2nd ed. assessments with supplemental assessment questions

*Cannot begin until
January 2023*

Analyze assessment results to establish initial assessment criteria used to inform individual budget limits

*Likely to require at least
6 months of assessments*

Create individual budget limits based on usage patterns, review of individuals' assessments, and stakeholder input

Conduct record review to evaluate draft framework (assessment criteria, individual budget limits, etc.)

Update overall framework as needed, draft policies and procedures, solicit stakeholder input

Review of Individual Budget Limits

- + Assessment results and individual budgets are inextricably linked
 - + Currently, assessment results both determine the rate paid for certain services and the assumptions of the types and amounts of services used to calculate typical budgets
 - + Comprehensive review of current budgets will be conducted as part of the development of a new assessment framework in 2023

- + Four adjustments to the existing design and administration of individual budgets are recommended in the interim to address concerns raised by stakeholders
 - + Move employment supports outside of budget limits
 - + Establish predictable community-based supports and center-based supports costs (currently labeled 'day programs')
 - + Increase ability to flexibly allocate dollars across services
 - + Update budgets to reflect revised rates

■ Move Employment Supports Outside of Budget Limits

- + Stakeholders expressed concerns about the use of employment supports quickly consuming individuals' budgets due to higher rates for these services
- + Current budgets assume that individuals receive a mix of shared center-based and community-based day program services
 - + When used, employment supports are charged against this budget allocation
 - + However, employment supports are substantially more costly (on an hour-by-hour basis) than these services
 - + As a result, if an individual chooses to access employment supports, they can afford fewer hours of service than individuals choosing day programs
- + To support Employment First goals, it is recommended that employment supports be available without budget limits
 - + That is, an individual can receive employment supports *in addition to* their existing budget amounts
 - + Allows individuals to pursue employment knowing they will have access to the supports they need to be successful in their jobs without having to give up other needed services

■ Establish Predictable Community-Based and Center-Based Support Costs

- + Rates for community-based and center-based services are tiered with higher rates for services with more intensive staffing (lower staffing ratios)
- + Current budgets are based on an individual's assigned tier, but actual billing is based on the program's staffing ratio, which the individual has no control over
 - + If an individual is in a program with a more staffing intensive ratio than assumed in their budget, they will not be able to access as many hours of support as assumed in their budget
 - + Since individuals generally do not know the ratio that their program will bill, they do not know how many hours of service their budget will be able to afford
- + As part of the rate recommendations discussed later, it is proposed that billing be based on an individual's assigned tier regardless of the program's actual staffing ratio
 - + For example, providers would bill the same rate for everyone assigned to Tier A rather than the current practice of billing based on ratio regardless of assigned tier
 - + This change would ensure an individual and all of their providers know exactly how many hours of support an individual is able to access

■ Increase Ability to Flexibly Allocate Dollars Across Services

- + Stakeholders expressed a need for greater flexibility within the individual budgets
- + Currently, individual budgets are actually a combination of several 'sub-budgets' that cover different groups of services
 - + For example, the individual budgets for individuals living in an apartment or house include allotments for Case Management, Community-Based Support, Overnight Support, Day Program, Transportation, and Professional Services
- + Propose that most sub-budgets be rolled together, allowing individuals to manage to an overall budget by choosing the services that best meet their unique needs
 - + Would apply to Community-Based Supports, Day Program, Transportation, Overnight Shared Supports, and Respite
 - + Would exclude services with a fixed cost that must be accounted for
 - + Group Home and Shared Living Arrangement (an individual cannot choose to use fewer days of support)
 - + Case Management
 - + Professional Services (which should be available as needed)

■ Update Budgets to Reflect Revised Rates

- + Budgets are established by multiplying the assumed amounts of services that an individual will receive by the rates for those services
 - + Thus, when rates change, budgets need to be updated to ensure that individuals are able to access the same amount of service
 - + These updates are consistent with BHDDH's current practices when rates change



RATE STUDY PROCESS

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding-000225

Summary of Approach

- + Comprehensive study of provider payment rates as well as billing policies and units
 - + Process involved consideration of service requirements, stakeholder input, and benchmark cost data from multiple sources to develop detailed and transparent rate models
 - + Rate models developed independent of budgetary considerations (cost impact will be considered as part of implementation planning)
- + Goals
 - + **Fairly account for providers' costs.** Rates aim to reflect the direct and indirect costs providers incur to deliver services consistent with the state's requirements and individuals' service plans
 - + **Support programmatic goals.** Rates should further the program's goals such as supporting individuals' independence and community engagement
 - + **Provide flexibility.** Rates should be consistent with flexible service delivery
 - + **Reduce administrative burden.** The rate study considered opportunities to reduce administrative complexity while maintaining accountability
- + Given the postponement in reviewing the assessment framework, proposed rates reflect current tier assignments (that is, no changes to the existing five-tier model)

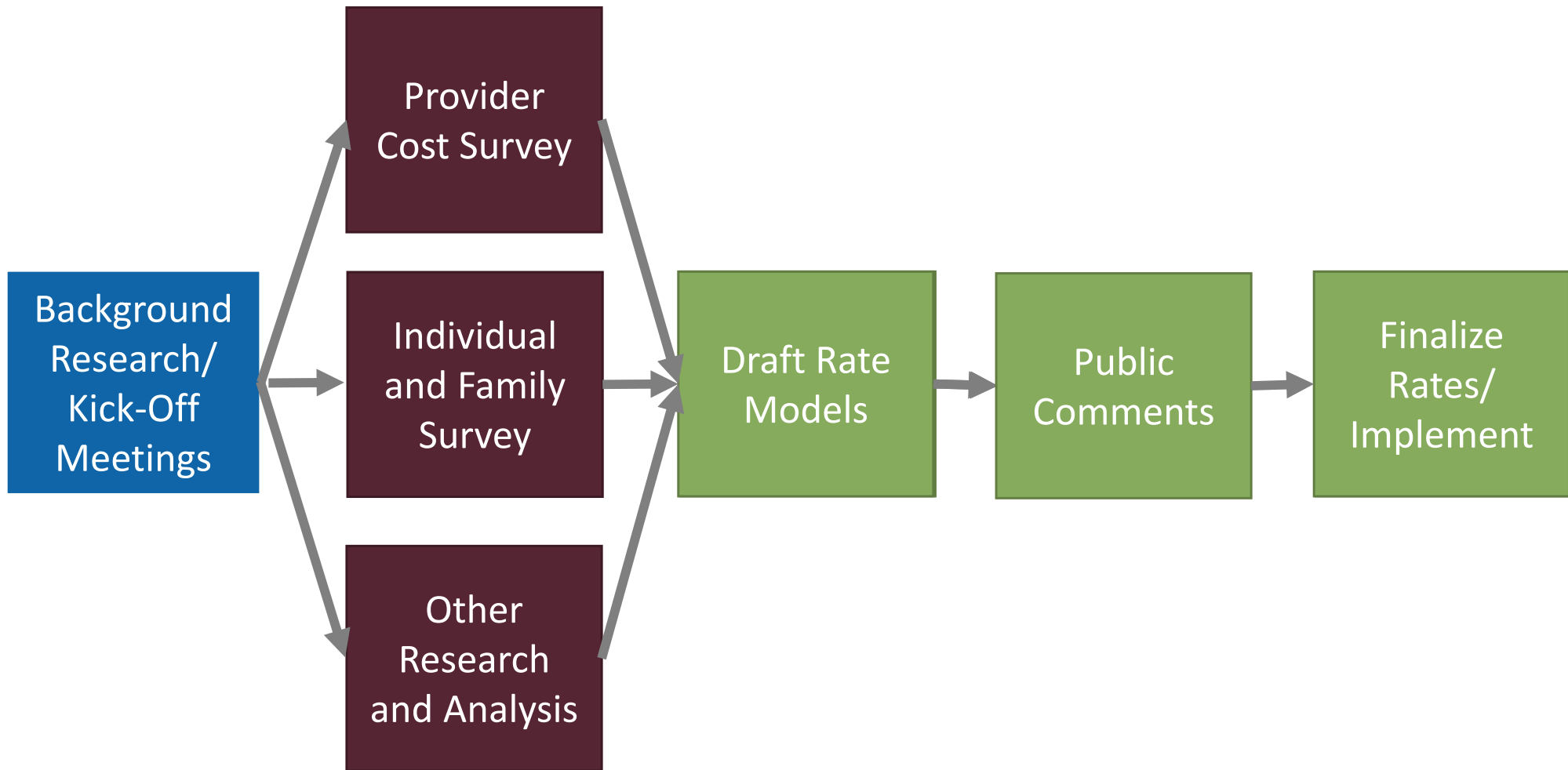
■ Summary and Goals of Independent Rate Model Approach

- + Rate models should reflect the reasonable costs providers incur to deliver services consistent with the state's requirements and individuals' service plans
- + Consider data from multiple sources rather than depending on any single source
 - + Policies, rules, and standards
 - + Provider and stakeholder input (e.g., provider survey, public comments)
 - + Published sources (e.g., BLS wage data, IRS mileage rates)
 - + Special studies (e.g., benchmarking rates to other states' programs)

■ Benefits of Independent Rate Model Approach

- + Transparency
 - + Models detail the factors, values, and calculations that produce the final rate
- + Ability to advance policy goals/objectives
 - + For example, improving direct care staff salaries or benefits, reducing staff-to-client ratios, incentivizing community-based services, etc.
- + Efficiency in maintaining rates
 - + Models can be scaled and adjusted over time to account for inflation or changes to specific cost factors (e.g., IRS mileage rate)

Rate Study Process



■ Background Research and Kick-Off Meetings

- + “When you’ve seen one I/DD system...you’ve seen one I/DD system”

- + Comprehensive review of the state’s service array
 - + Review of state and federal requirements (e.g., Rhode Island’s consent decree, CMS’ final rule on community integration)
 - + Review of billing units and appropriate limitations
 - + Identify opportunities to improve existing services
 - + Consider new services to address gaps in the system of supports

- + Meet with stakeholders to discuss opinions on current services and rates and potential opportunities for improvement

■ Provider Survey

- + Design and administration of survey to collect data regarding costs and service delivery issues (e.g., direct care staff productivity, staffing ratios, and mileage)
 - + Presented draft instrument to providers for feedback to ensure completeness and understandability
 - + Results inform, but do not dictate, rate model assumptions
- + Technical assistance
 - + Written instructions
 - + Recorded webinar to walk-through the survey
 - + Dedicated contact for questions
- + Analysis of survey results
 - + Received surveys from 24 of 35 providers that accounted for 86 percent of services delivered in fiscal year 2021
 - + Performed desk reviews of submitted surveys
 - + Performed statistical analysis

■ Individual and Family Survey

- + Short online survey to collect insights from service recipients and family members
 - + Are you happy with the ways you can use your funding?
 - + Do you feel the funding is enough to meet your needs?
 - + Do you have the information and resources needed to self-direct services?
 - + What do you like about your current services?

- + Received 61 responses
 - + 7 service recipients
 - + 54 family members

■ Individual and Family Survey (cont.)

- + Overall, more respondents were satisfied (than not) with the amount and uses of funding and liked the opportunity to self-direct services
- + Respondents have concerns about finding, recruiting, and retaining well-trained direct support staff and identified several needs
 - + More assistance finding providers
 - + Increased compensation for direct support staff
 - + More training opportunities for direct support staff and natural supports
- + Respondents expressed several desires for the service array
 - + More opportunities for social interaction with peers and community
 - + Opportunities to continue using online courses/supports after public health emergency ends
 - + Broader transportation services and vehicle modifications
- + Individuals felt information and resources should be more accessible using plain language and easy to navigate websites

■ Other Research and Analysis – Stakeholder Discussions

- + Provider meetings
 - + February 2022 – Introductory meeting to provide overview
 - + March 2022 – Review and discussion of provider survey design
 - + August 2022 – Four listening sessions for providers to offer targeted input
 - + Fiscal Intermediary
 - + Shared Living
 - + Day/Employment
 - + Group Homes
- + Individual and family members meetings
 - + May 2022 – Introductory meeting and listening session
 - + June 2022 – Follow up meeting and listening session
 - + August 2022 – General listening session on current concerns and issues

Other Research and Analysis – Benchmark Data

- + Individual costs
 - + Rhode Island specific wage data from Bureau of Labor Statistics and wage inflation data from Bureau of Economic Analysis
 - + Rhode Island specific health insurance data from the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey (MEPS)
 - + Internal Revenue Services' standard mileage rate

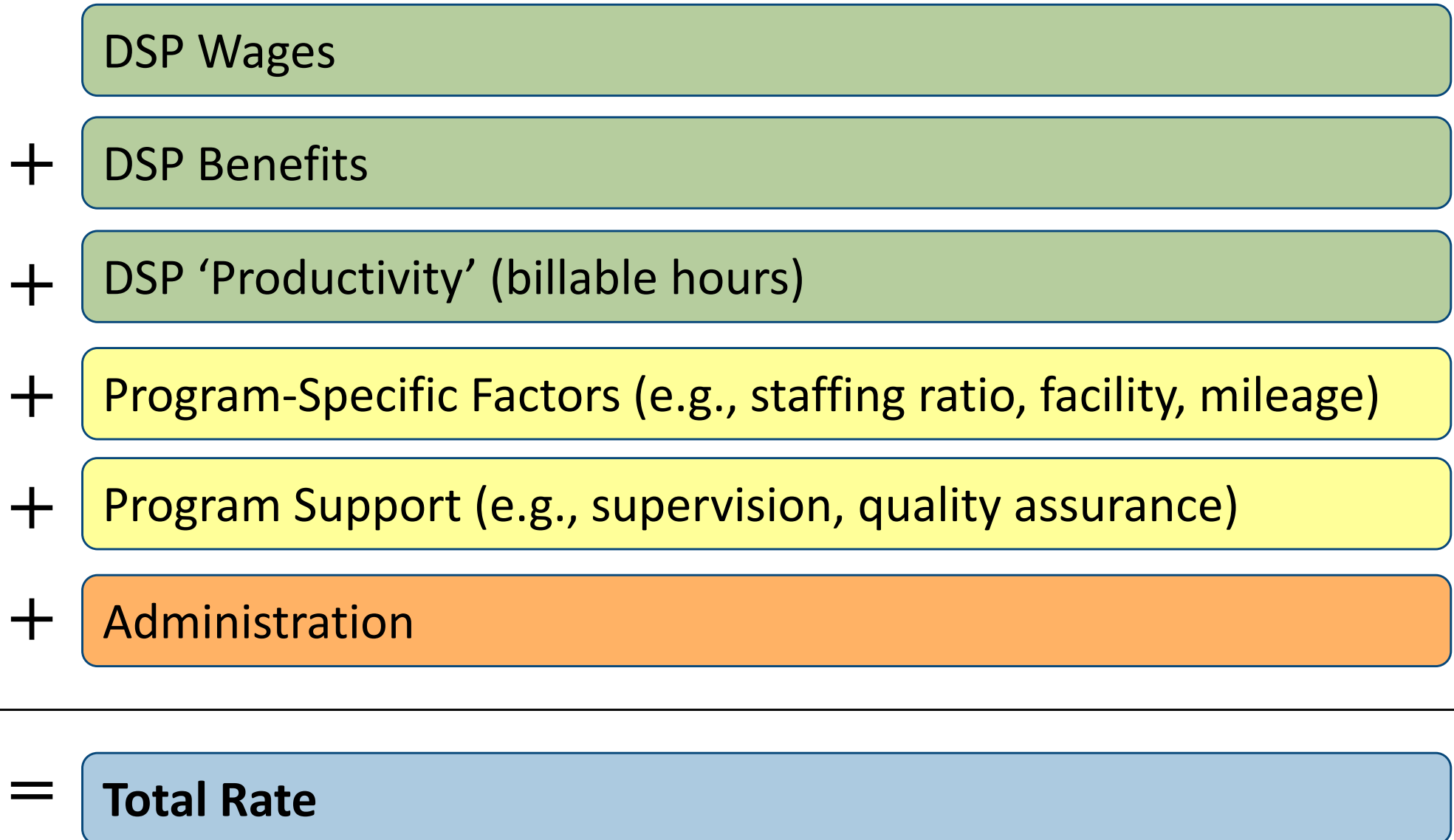
- + Benchmarking against comparable services in other states
 - + Payment rates
 - + Service requirements

Draft Rate Model Development

- + Determine rate model 'variants' (that is, a single service may have multiple rates to account for various differences)
 - + Individuals' levels of need (affecting staffing levels, staff qualifications, etc.)
 - + Service setting (e.g., facility or community-based)
 - + Staff qualifications and training (e.g., RNs and LPNs)

- + Develop rate model structures and populate with detailed service and cost assumptions (e.g., staff wages and benefits, staffing levels, transportation, etc.)
 - + Consider results of research and analysis
 - + Assumptions are not mandates (i.e., a provider does not have to pay the wage assumed in the rate)

Draft Rate Model Structure



Public Comments

- + Post rate models and supporting materials online
 - + Present to providers and stakeholders
 - + Record webinar to explain the proposals
- + Accept written comments
- + Review and summarize comments

Finalize Rate Models and Implement

- + Revise rate models based on public comments as warranted
- + Provide implementation support as necessary
 - + Estimate fiscal impact and provide support in state budget process
 - + Create briefing materials
 - + Develop phase-in plan as needed
 - + Provide support with 1115 waiver amendments

A person's hands are shown typing on a laptop keyboard. The image is overlaid with a semi-transparent blue filter. The text "RATE STUDY RECOMMENDATIONS" is centered over the image in a bold, white, sans-serif font.

RATE STUDY RECOMMENDATIONS

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding-000240

Summary of Results

- + Overall, proposed rates would increase provider revenues by 20 to 25 percent compared to current (fiscal year 2023) rates
 - + These increases are in addition to the substantial rate increases – generally 30 to 35 percent – granted during the last two fiscal years
 - + Rate increases vary by service with the largest increases associated with services that have not been adjusted in recent years
 - + A very small handful of proposed rates for individual services are lower than current rates (but higher than the rates in place prior to the recent increases)
- + Propose to eliminate a few services, with the supports consolidated in other services
 - + Support Coordination (internal coordination costs bundled into program support function in other rates)
 - + Home-Based Day Programs (covered by increased staffing in residential models; there will continue to be a process to request additional staff hours)
 - + Job Retention (replaced with new model that pay providers based on individuals' work hours)

Summary of Results (cont.)

- + Propose to establish a few new services
 - + Supervised Living (provides a shared residential model that is less intensive than group homes; would replace some existing Non-Congregate Residential models)
 - + Enhanced Shared Living Arrangement (accounts for instances when the home provider is responsible for an individual's total care)
 - + Remote Supports (offers an option to increase individuals' independence outside of full-time residential services)
 - + Companion Room and Board (accommodates living arrangements where an individual has a live-in roommate who provides formal (paid) or informal support)
 - + Workplace Assistance (provides personal care in the workplace when an individual does not need supports from a job coach)
 - + Peer Supports and Family-to-Family Training (connects individuals to others with lived experience to help navigate systems of care)

■ Wage Assumptions – Bureau of Labor Statistics Data

- + Appendix A of the rate model packet
- + Rhode Island wage data published by the Bureau of Labor Statistics used as the starting point for establishing market-based wage assumptions
 - + *Comprehensive*. Wage levels are published for more than 800 occupations based on data from 1.2 million establishments representing 57% of the employment in the United States
 - + *Cross-industry*. It is not limited to a single industry so estimates for a given occupation are representative of the overall labor market
 - + *Regularly updated*. Released once per year – in late March for the previous May (so most recent data published in March 2022 reflects May 2021 survey data)
 - + *State- (and local-) specific*. Data is published for individual states and sub-state regions ('metropolitan statistical areas')

■ Wage Assumptions – Accounting for Wage Growth

- + BLS wage data is inflated to January 2024 (the midpoint of the potential first full fiscal year of implementation) based on two considerations
 - + Increasing statewide minimum wage
 - + General wage inflation
- + Consideration of statewide minimum wage
 - + Rate study does not consider direct support to be a minimum wage job, but the wages for direct support professionals are impacted as the minimum wage increases
 - + Minimum wage increasing from \$11.50 per hour in May 2021 to \$14.00 in January 2024
 - + HMA-Burns has developed and tested a formula to predict the impact that a rising minimum wage will have on current wages accounting for both spillover (rising minimum wage impacts extend to lower-income workers already earning more than a minimum) and compression (minimum wage impacts decline as the beginning wage increases)

■ Wage Assumptions – Accounting for Wage Growth (cont.)

- + Consideration of general wage growth
 - + Using data from the Bureau of Economic Analysis for net earnings growth in Rhode Island
 - + Assume 14.37 percent based on 12 months at 8.0 percent (most recent annual figure) and remaining months at 3.5 percent (ten-year average)

- + Each BLS wage value is increased by the greater of the estimated impact of the increasing minimum wage or the general wage inflation amount
 - + Wages are further adjusted to comply with the commitment to support a starting DSP wage assumption of \$20 per hour

Wage Assumptions – Crosswalking BLS Occupations to BHDDH Services

- + For each service, BLS occupations are chosen to represent staff qualifications
 - + For some services, there is a direct match between the staff providing services and a specific BLS occupation (e.g., the BLS has a classification for registered nurses that can be used for nursing services)
 - + For other services, there is not a one-to-one match
 - + For example, the BLS combines direct support professionals with staff in other industries in the home health and personal care aide classification
 - + This classification may not represent the varied roles of DSPs so the rate models construct a weighted average of multiple BLS classifications

BLS Standard Occupational Classification	Weighting	Median Wage (Adjusted)
31-1120 Home Health & Personal Care Aides	70%	\$16.12
31-1131 Nursing Assistant	10%	\$20.40
31-1133 Psychiatric Aides	10%	\$25.41
39-9032 Recreation Workers	10%	\$16.64
Weighted Average Wage		\$17.53

■ Wage Assumptions – DSP Wage Floor

- + An action plan agreed to between the state and the Court overseeing the consent decree, commits BHDDH to supporting a starting DSP wage of \$20 per hour
- + To determine an average wage based on a \$20 starting wage (a wage ‘floor’), the rate study makes an assumption regarding the range of wages
 - + According to the BLS data for home health and personal care aides (the job classification to which DSPs are assigned), the difference between the 10th and 90th percentile wages (the lowest and highest published estimates) is \$4.28
 - + The rate models add one-half of that amount (\$2.14) to the wage floor to establish an average DSP wage assumption of \$22.14
- + Any wage assumption below \$22.14 based on the standard methodology described above is increased to this amount to comply with the action plan
 - + HMA-Burns recently completed a study of DSP wage assumptions in 26 states’ rate studies and the proposed DSP wage in the Rhode Island models will be the highest of any state (no other state is above \$20)

Wage Assumptions – Comparison to Provider Survey Results

- + Wage assumptions included in the rate models are substantially higher than wages reported through the provider survey

Service	Provider Survey ¹ (No. of Surveys)	Proposed Rate Models	Percentage Difference
Residential Habilitation	\$17.94 (9)	\$22.14	23%
Community-Based Supports	\$17.57 (12)	\$22.14	26%
Day Program	\$17.27 (9)	\$22.14	28%
Transportation	\$17.04 (9)	\$22.14	30%
Job Assessment and Development	\$18.32 (7)	\$33.34	82%
Job Coaching	\$16.84 (9)	\$33.16	97%
Job Retention	\$21.82 (6)	\$33.16	52%
Support Facilitation	\$17.57 (3)	\$27.54	57%

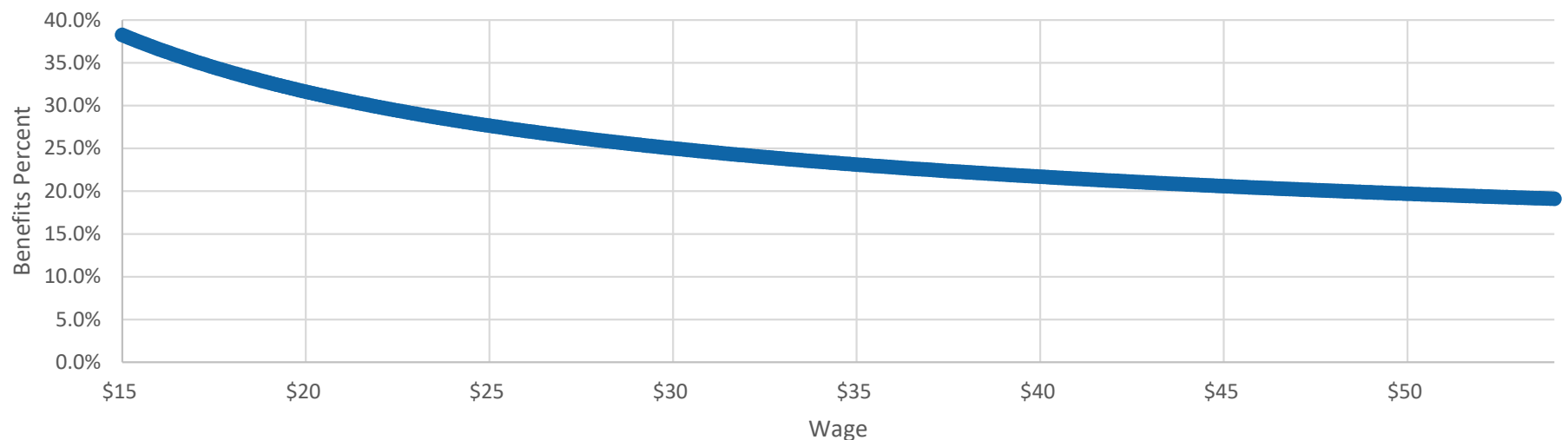
¹ Based on the calculated weighted average without outliers among employees, excluding employees reported as having supervisory responsibilities and contractors.

■ Payroll Tax and Fringe Benefit Assumptions

- + Benefit assumptions for direct care staff
 - + 25 paid days off per year (holiday, vacation, and sick leave)
 - + \$561.38 per month for health insurance
 - + Based on an assumed employer cost for a mix of employee only, employee plus-one, and family coverage options (take-up rate, mix of plans, and employer share of costs based on Rhode Island specific data from U.S. DHHS' Medical Expenditure Panel Survey)
 - + \$100.00 per month for other benefits (e.g., retirement, dental, etc.)
- + Payroll taxes
 - + Social Security and Medicare payroll
 - + Unemployment Insurance
 - + Federal tax at 0.60 percent on first \$7,000 in wages
 - + Employment Security tax at 0.98 percent (new employer rate in 2022) on first \$24,600 in wages
 - + Job Development Fund tax at 0.21 percent on first \$24,600 in wages
- + Workers' compensation rate of 4.09 percent

Payroll Tax and Fringe Benefit Assumptions (cont.)

- + Benefit assumptions are translated to benefit rates by wage level
 - + Rate models include the same benefit assumptions for all direct care staff
 - + Paid time off is treated as a productivity adjustment (reduction in billable hours) rather than calculated as part of the benefit rate
 - + Since certain benefit assumptions are fixed, the benefit rate declines as the wage increases
 - + For example, the \$521.45 assumed for health insurance represents a larger percentage of the wage of someone making \$15.00 per hour than for someone earning \$50.00 per hour
- + Benefit rate assumed in rate models, by wage level (excludes paid time off)



■ Productivity Assumptions

- + Productivity adjustments are intended to recognize costs associated with direct care workers' non-billable responsibilities
 - + Ensures providers are compensated for activities that they cannot bill directly, such as the time direct support staff spend in training or traveling between service encounters
 - + Example
 - + An employee earning \$15 per hour (wages and benefits) and working 40 hours per week earns \$600 per week
 - + However, if the employer can only bill for 30 hours per week, a productivity adjustment of 1.33 is required (work hours divided by billable hours)
 - + Thus, the agency must be able to bill \$20 per service hour (\$15 multiplied by 1.33) to cover the cost of wages and benefits

■ Productivity Assumptions (cont.)

- + Assumptions are detailed within the rate model packet
- + Standard assumptions
 - + All services include 200 annual hours for paid time off (25 days as noted in the benefits assumptions section, an average of 3.85 hours per week)
 - + All rate models include 40 annual hours for training (0.77 hours per week)
 - + Most services include 1.00 hour per week for supervision and employer time
- + Other productivity adjustments included in each rate model and the assumed amount of time spent on each are more variable across services
 - + Time spent on travel between service encounters
 - + Individual planning meetings
 - + Program set-up/ clean-up
 - + Recordkeeping and reporting
 - + Missed appointments
 - + Employer network development

■ Administration and Program Support

- + Rate models include funding for agency administration and program support expenses
- + Program support funds activities that are program-specific, but not billable
 - + Functions include supervision, training, program development and oversight, quality monitoring, and coordination of care activities
 - + Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), insurance, etc.
- + Administration funds activities that are not program-specific
 - + Examples include executive management, accounting, human resources
 - + Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), information technology costs, consulting expenses, etc.

■ Administration and Program Operations (cont.)

- + Program support funded as a fixed daily amount to account for differences in individual and group services and in high-cost and low-cost services
 - + Services generally provided on a one-to-one basis are funded at \$30 per day per direct care worker while group services are funded at \$60 per day
- + According to the provider survey, program support equals about 14 percent of provider revenues
 - + Overall, the rate models increase program support funding to about 20 percent of provider revenues (based on fiscal year 2021 rates) to account for several factors
 - + To accommodate the elimination of the Support Coordination service as part of the transition to conflict-free case management although providers will retain some responsibilities such as coordination of services with other providers (Support Coordination equaled about 2.3 percent of provider revenues in fiscal year 2021)
 - + To account for increases in wages and other expenses
 - + To support investment in program infrastructure

■ Administration and Program Operations (cont.)

- + Rate models include 10 percent of the total rate for administration

- + Although the administrative *rate* is less than the 10.8 percent reported in the provider survey, administrative *funding* is increased because the 10 percent administrative rate applies to a larger spending base
 - + Using a current rate of \$100 rate as an example
 - + Current administrative costs would be \$10.80 ($\$100 \times 10.8\%$)
 - + The proposed rates represent an overall increase of about 20 percent so the \$100 rate would become \$120 and funded administrative costs would be \$12.00 ($\$120 \times 10\%$)
 - + The overall 11 percent increase in administrative funding (the \$1.20 increase compared to the current \$10.80 cost total) is intended to account for increases in wages and other expenses

■ Group Homes – Bases of Rates

- + Proposed rates vary by home size
 - + Separate rates for homes with 3 or fewer residents, 4 or 5 residents, and 6 or more residents
 - + Home size based upon licensed capacity
 - + *Accounts for providers' costs.* Per-person costs are higher in smaller homes due to the need to cover certain fixed costs (e.g., base staffing)
 - + *Supports programmatic goals.* Smaller homes can offer more home-like, individualized services

- + Proposed rates continue to vary based on assessed need
 - + *Accounts for providers' costs.* People with greater support needs generally require more intensive staffing

■ Group Homes – Staffing Assumptions

- + Rates based on staffing assumptions that vary based on home size and level of need (see Appendix D of the rate model packet)
 - + Models distinguish between ‘peak’ daytime hours, non-‘peak’ daytime hours and overnight hours
 - + Non-peak hours assume that most residents will spend some time engaged in paid or unpaid activities away from the home
 - + Individuals may have different schedules so all staffing models allow for 24-hour staffing
 - + *Provides flexibility.* With all staffing models covering 24-hour staffing, each individual’s schedule should reflect their person-centered goals without an expectation that all individuals spend the same 30 hours per week away from the home
 - + Since all staffing models provide sufficient funding for 24-hour staffing, the In-Home Day Program service would be eliminated

Group Homes – Staffing Assumptions (cont.)

- + Staffing models produce the assumed amount of staffing that each resident contributes to the home based on their level of need
 - + Staffing models are not intended to be prescriptive and actual staffing plans are expected to meet the needs of the home and its residents
 - + Example for 4 and 5 bed homes

	Tier A	Tier B	Tier C	Tier D	Tier E
<i>Base Staff Hours</i>					
Hours in a Week	168.0	168.0	168.0	168.0	168.0
'Peak' Daytime Hours	82.0	82.0	82.0	82.0	82.0
Non-'Peak' Daytime Hours	30.0	30.0	30.0	30.0	30.0
Overnight Hours	56.0	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	2	2	2	2
Number of Staff on Shift During Non-'Peak' Daytime Hours	1	1	1	2	2
Number of Staff on Shift During Overnight Hours	1	1	1	2	2
Total Base Staff Hours	168.0	250.0	250.0	336.0	336.0
<i>'Floating' Staff Hours</i>					
Floating FTE per Week	1.00	0.00	1.00	0.00	1.00
Total Floating Staff Hours	40.0	0.0	40.0	0.0	40.0
Total Hours per Home per Week	208.0	250.0	290.0	336.0	376.0
Hours per Resident per Week	46.2	55.6	64.4	74.7	83.6

■ Group Homes – Exceptions to Staffing Assumptions

- + A separate 'customizable' model will be used when an individual requires more staffing support than assumed in their assigned rate
 - + Since staffing supports are shared, providers will need to demonstrate both individual need and that they are delivering the total amount of staffing in the home for which they are funded across all residents
 - + Increase in funding is limited to more staffing based on demonstrated need and an approved staffing plan

■ Group Homes – Rates for Specialized Homes

- + A ‘customizable’ model will be used to support the development of homes designed to meet individuals’ specialized needs (e.g., high behavioral needs, autism spectrum disorder, etc.)
 - + Model allows for the determination of the type of staff providing care (DSPs, certified nursing assistants, registered behavior technicians, licensed practical nurses, registered nurses, board certified behavior analysts) and the number of staffing hours provided by each
 - + Other costs (e.g., program support and administration) remain fixed, consistent with assumptions in standard group home models
 - + *Supports programmatic goals.* Allows for the development of homes to meet identified community needs
 - + *Provides flexibility.* Recognizes that each specialized home will be different and that not all future needs can be identified today

Group Home – Proposed Rates

Service and Variation		Billing Unit	Current Rate ¹	Proposed Rate ²	% Change
Tier A	3 or Fewer Bed Homes	Day	\$181.91	\$361.94	99%
	4 or 5 Bed Homes	Day		\$304.52	67%
	6 or More Bed Homes	Day		\$278.11	53%
Tier B	3 or Fewer Bed Homes	Day	\$181.91	\$399.54	120%
	4 or 5 Bed Homes	Day		\$357.28	96%
	6 or More Bed Homes	Day		\$315.15	73%
Tier C	3 or Fewer Bed Homes	Day	\$256.89	\$436.58	70%
	4 or 5 Bed Homes	Day		\$406.66	58%
	6 or More Bed Homes	Day		\$358.37	40%
Tier D	3 or Fewer Bed Homes	Day	\$414.29	\$511.77	24%
	4 or 5 Bed Homes	Day		\$464.46	12%
	6 or More Bed Homes	Day		\$395.96	(4%)
Tier E	3 or Fewer Bed Homes	Day	\$464.32	\$590.35	27%
	4 or 5 Bed Homes	Day		\$514.41	11%
	6 or More Bed Homes	Day		\$435.24	(6%)

¹Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

²Does not include the impact of additional billing for unbundled professional services

■ Supervised Living – Bases of Rates

- + ***New service*** to replace *some* existing Non-Congregate Residential models and *some* Overnight Supports models to encourage further development of a residential option that is less intensive than a group home and offers greater independence
 - + Allows individuals who do not live together to share staffing support (for example, in an apartment complex with individuals in different units)
 - + Staff must be onsite during waking hours when residents are present
 - + Amount of direct support will vary by individual based on their need
 - + Overnight staff may be onsite and awake, or asleep/ on-call and available to respond within 5 minutes based on the needs of the residents
 - + Separate rates based on overnight staffing
 - + ***Supports programmatic goals.*** Fills an identified gap in services for individuals who do not need the level of supervision provided in a group home, but need greater access to supports than available through intermittent Community-Based Supports
- + Existing Non-Congregate Residential models that do not include onsite coverage during waking hours will transition to Community-Based Supports

■ Supervised Living – Staffing Assumptions

- + Rates based on staffing assumptions that vary based on level of need (see Appendix E of the rate model packet)
 - + Like the Group Home rates, Supervised Living rate models distinguish between ‘peak’ daytime hours, non-‘peak’ daytime hours and overnight hours
 - + Non-peak hours assume that most residents will spend some time engaged in paid or unpaid activities away from the home
 - + Individuals may have different schedules so all staffing models allow for 24-hour staffing
- + Staffing models produce assumed amount of staffing that each resident contributes to the home based on their level of need
 - + *Accounts for providers’ costs.* People with greater support needs generally require more intensive staffing
- + Additionally, a separate ‘customizable’ model will be used when an individual requires more staffing support than assumed in their assigned rate
 - + Increase in funding is limited to more staffing based on demonstrated need and an approved staffing plan

Supervised Living – Proposed Rates

Service and Variation		Billing Unit	Current Rate ¹	Proposed Rate ²	% Change
Tier A	Awake Overnight	Day	\$181.91	\$254.75	40%
	Asleep/ On-Call Overnight	Day		\$198.03	9%
Tier B	Awake Overnight	Day	\$181.91	\$304.64	67%
	Asleep/ On-Call Overnight	Day		\$247.92	36%
Tier C	Awake Overnight	Day	\$256.89	\$357.05	39%
	Asleep/ On-Call Overnight	Day		\$300.29	17%
Tier D	Awake Overnight	Day	\$414.29	\$406.88	(2%)
	Asleep/ On-Call Overnight	Day		\$350.18	(15%)
Tier E	Awake Overnight	Day	\$464.32	\$444.31	(4%)
	Asleep/ On-Call Overnight	Day		\$387.60	(17%)

¹Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

²Does not include the impact of additional billing for unbundled professional services

■ Shared Living Arrangement – Bases of Rates

- + Proposed rates continue to vary based on assessed need
 - + Rates vary based on differences in intensity of agency oversight (monitor caseload) and payment to home provider
 - + *Accounts for providers' costs.* People with greater support needs generally require more intensive supervision
- + Recruitment costs are incorporated in the rate and are amortized over time based on billing after placement
 - + As with other services, there is no pre-service billing
- + Propose to standardize agency oversight standards by requiring a monthly home visit regardless of tier
- + Consistent with current practices, Respite is directly billable so these costs are not bundled into the Shared Living Arrangement rate models

■ Shared Living Arrangement – Payment to Home Providers

- + Assumed payment to the home provider (single largest component of rate)
 - + Current rate assumptions are unchanged since originally established
 - + Proposal significantly increases assumed payments based on length of time without an adjustment and a review of other states' assumptions
- + In addition to the standard model, proposal adds rates for models where the Shared Living home provider is responsible for the total care of the individual (that is, the individual does not receive other paid or unpaid day or employment services)
 - + Rate models assume 20 percent increase in the payment to the home provider
 - + This enhanced service will require additional oversight

Shared Living Arrangement – Proposed Rates

Service and Variation		Billing Unit	Current Rate ¹	Proposed Rate	% Change
Tier A	Standard	Day	\$76.24	\$147.08	93%
	Enhanced	Day		\$203.41	167%
Tier B	Standard	Day	\$93.04	\$164.77	77%
	Enhanced	Day		\$224.63	141%
Tier C	Standard	Day	\$118.13	\$187.27	59%
	Enhanced	Day		\$250.67	112%
Tier D	Standard	Day	\$141.51	\$209.77	48%
	Enhanced	Day		\$296.04	109%
Tier E	Standard	Day	\$141.51	\$227.46	61%
	Enhanced	Day		\$317.26	124%

¹Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

■ Residential Services – Professional Supports

- + Individualized professional services are ‘unbundled’ from the 24-hour residential services (Group Homes, Supervised Living, Shared Living Arrangement) and will be separately billable as they are for individuals living in their family home
 - + *Accounts for providers’ costs.* The level of professional services needed will vary by individual and will not necessarily be tied to assessed support need
- + Generalized professional services (e.g., clinical oversight) are part of the program support and administrative allowances

■ Residential Services – 344-Day Billing Year

- + Daily rates for 24-hour residential services (Group Homes, Supervised Living, Shared Living Arrangement) are based on a 344-day billing year
 - + Allows a provider to earn a full year of revenue after billing 344 days thereby holding providers harmless for up to 21 absences per year
 - + Since providers are paid for a full year of services after 344 days, they are limited to 344 billing days during a member's plan year
 - + *Accounts for providers' costs.* Pays providers (indirectly) for up to 21 absences recognizing that most costs are fixed in the short-term
- + Rate calculations
 - + Based on assumptions related to wages, staffing, etc., model calculates per member, per week cost
 - + Model then divides weekly cost by 7 to create daily cost, multiplies by 365 to set annual cost, and divides by 344 days to account for occasional absences
 - + Rates based on a 344-day billing year are about 6.1 percent higher than rates based on a 365-day year

■ Respite – Bases for Billing

- + Propose adding multi-person rates when Respite is shared by a group of individuals (for example, siblings)
- + Threshold for billing daily rate increased to 16 hours
 - + *Accounts for providers' costs.* Funding the first 16 hours of support per day based on full DSP wage and benefit costs ensures that providers can pay comply with state and federal labor laws

Respite – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Hourly, 1:1	15 Min.	\$7.71	\$11.17	45%
Hourly, 1:2	15 Min.		\$6.32	
Hourly, 1:3	15 Min.		\$4.28	
Daily, 1:1	Day	\$277.56	\$696.53	151%
Daily, 1:2	Day		\$370.00	
Daily, 1:3	Day		\$248.39	

Remote Monitoring – Overview

- + New service that covers support provided by staff at a remote location
 - + Assumed to be a shared support (that is, one remote staff person provides oversight of multiple individuals)
 - + Available to individuals who are not in a full-time residential program such as a Group Home or Shared Living Arrangement
 - + Individual interactions with support staff may be scheduled, on-demand, or in response to an alert
 - + Replaces some Overnight Supports models
 - + *Supports programmatic goals.* Service model supports individuals' independence
- + Service components
 - + Equipment, which can vary based on the needs and preferences of the individual
 - + Monitoring time to cover the cost of the remote staff person
 - + In-person response when needed

Remote Monitoring – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Monitoring	15 Min.	-	\$2.62	-
In-Person Response	15 Min.	-	\$12.24	-

■ Companion Room and Board – Overview

- + New service to cover the cost of room and board of a companion/ roommate living with the individual
 - + Companion may or may not provide direct support (which would be authorized as Community-Based Supports)
 - + 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
 - + *Supports programmatic goals.* Service model supports individuals' independence

■ Community-Based Supports and Center-Based Supports – Description

- + Community-Based Supports offer flexible, person-centered services to support individuals in their homes and communities
 - + *Reduces administrative burden.* Consolidates existing Community-Based Supports and Community-Based Day Program services
 - + Services in the community available to individuals regardless of any residential service they receive
 - + Not subject to any time of day restrictions
 - + *Provides flexibility.* Services in the home can be used to support individuals in a variety of settings (living in their family home, living in a home purchased by their family, sharing supports with a roommate with disabilities)
 - + Services in the home cannot be billed for individuals receiving a residential service paid on a per diem basis (Group Home, Supervised Living, Shared Living Arrangement)
- + Includes both shared service models and one-to-one services

■ Community-Based Supports and Center-Based Supports – Description (cont.)

- + Center-Based Supports offer flexible, person-centered services delivered in a provider's facility
 - + Allows for the development of programs to meet specific needs (such as a program tailored for older persons or individuals with autism)
 - + Not subject to any time of day restrictions

■ Community-Based Supports and Center-Based Supports – Bases of Rates

- + Proposed rates continue to vary by location of service
 - + Programs that are community-based except for the use of a central ‘hub’ space used to meet individuals’ personal care needs and/or for meals can bill all support hours at the community rate (including time spent at the hub)
 - + *Supports programmatic goals.* Higher rates for community-based supports are intended to encourage more integrated services
- + Service definition will be expanded as needed to cover supports currently provided and billed under Prevocational Services
 - + *Reduces administrative burden.* Consolidation of services reduces the need to separately plan and track the use of these services

Community-Based Supports and Center-Based Supports – Bases of Rates (cont.)

- + Proposed rates for group services continue to vary based on assessed need
 - + Each tier is associated with an assumed staffing ratio

Service	Tier A	Tier B	Tier C	Tier D	Tier E
Center-Based Supports	1:5	1:5	1:4	1:3	2:5
Community-Based Supports	1:3	1:3	2:5	1:2	2:3

- + Assumed staffing ratios better reflect current programs and reduce the range across tiers since most programs include individuals with a range of needs
 - + *Accounts for providers' costs.* Individuals with greater support needs generally require more intensive staffing
- + As noted earlier, services will be billed based on an individual's assigned tier rather than the ratio being provided at a given time
 - + Programs must be staffed to meet the lowest assumed ratio (1:5 in the community and 1:3 at a center) regardless of the individuals served
 - + *Reduces administrative burden.* Providers will not have to track ratios (other than meeting than the minimum requirement)
- + In addition to group rates, there would continue to be a one-to-one rate for community-based services

■ Community-Based Supports and Center-Based Supports – Bases of Rates (cont.)

- + Proposal continues billing in 15-minute increments
 - + *Provides flexibility.* Allows individuals to mix and match services and providers
 - + *Supports programmatic goals.* Allows for targeted higher rates for community-based supports to encourage mixed programs (those that have both center-based and community-based activities) to spend more time in the community

- + Rate models include an absence factor
 - + *Accounts for providers' costs.* Rate models recognize that providers' costs for group services are generally fixed regardless of whether a given individual misses a day or attends a partial day

Community-Based Supports and Center-Based Supports – Proposed Rates

Service and Variation		Billing Unit	Current Rate	Proposed Rate	% Change
Tier A	Center-Based	15 Min.	\$1.38	\$3.30	139%
	Community-Based	15 Min.	\$2.01	\$5.57	177%
Tier B	Center-Based	15 Min.	\$1.59	\$3.30	108%
	Community-Based	15 Min.	\$2.01	\$5.57	177%
Tier C	Center-Based	15 Min.	\$2.26	\$4.00	77%
	Community-Based	15 Min.	\$4.67	\$6.58	41%
Tier D	Center-Based	15 Min.	\$3.45	\$5.21	51%
	Community-Based	15 Min.	\$9.56	\$8.05	(16%)
Tier E	Center-Based	15 Min.	\$9.47	\$6.15	(35%)
	Community-Based	15 Min.	\$9.56	\$10.64	11%
1:1	Community-Based	15 Min.	\$9.47	\$12.24	29%

■ Job Discovery and Job Development – Overview

- + Discovery and development activities are currently covered under a single service definition (Job Assessment and Development)
 - + Proposal would establish two separate services to better specify the goals of each
- + Job Discovery – includes engaging an individual in self-discovery as well as consultation with other people in the individual’s life to develop employment goals or a career plan for the individual
 - + Will be limited to 40 hours per plan year
- + Job Development – includes activities to assist individuals in securing employment consistent with their career plan (as applicable), 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)
 - + Will be limited to 200 hours per plan year
 - + Rate model includes a productivity assumption for general employer development to permit job developers to establish a network of employers willing to hire people with disabilities

Job Discovery and Job Development – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Job Discovery	Hour	\$60.18	\$69.96	16%
Job Development			\$78.40	30%

■ Job Coaching – Bases of Rates

- + Services cover supports provided to individuals to reinforce job-related skills with specific focus on the individual's ability to maintain employment
- + Propose to reimburse providers based on the number of hours that an individual works rather than the number of hours of support provided
 - + Would replace current monthly Job Retention and 15-minute Job Coaching rates
 - + Rates would be tiered based on two factors
 - + Level of need (assigned tier) – based on the assumption that individuals with greater needs will need more supports to maintain employment
 - + Length of time on the job – rates would be higher during the first six months on the job as the job coach helps the individual acclimate
 - + **Supports programmatic goals.** Consistent with Employment First goals, incentivizes providers to work with individuals to increase their work hours (when appropriate) and to fade unnecessary supports
- + This reimbursement model requires assumptions related to the ratio of individuals' work hours and the amount of support they receive
 - + This data is not yet available so implementation of the rates will be delayed until it can be collected

■ Personal Care in the Workplace

- + New service for individuals who do not need job coaching, but require assistance with personal care needs in the workplace
- + Service is intended to leverage current job coach workforce (that is, rather than providing personal care assistance, job coaches will be able to focus on assisting individuals who need employment supports)
- + Proposed rate is equal to Community Supports rate, but will use a different billing code to allow for tracking and reporting of workplace-based supports

Job Coaching and Personal Care in the Workplace – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Job Coaching	15 Min.	\$9.69	TBD ¹	-
Personal Care in the Workplace	15 Min.	-	\$12.15	-

¹Actual rates will depend on assumed ratio of total worked hours to support hours received, but the rate prior to that adjustment is \$17.67 per 15 minutes

Group Supported Employment – Overview

- + No significant changes proposed for Group Supported Employment
 - + Billing would continue to be based on the staffing ratio

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Group Employment, 1:2	15 Min.	\$5.57	\$8.48	52%
Group Employment, 1:3	15 Min.	\$3.88	\$5.75	48%
Group Employment, 1:4	15 Min.	\$3.03	\$4.38	45%
Group Employment, 1:5	15 Min.	\$2.52	\$3.56	41%
Group Employment, 1:6	15 Min.	\$2.18	\$2.99	37%

■ Transportation - Bases of Rates

- + Service to transport an individual between their home and their job, community-based support, or center-based support
- + Rather than rate tiers, proposed rates vary based on the number of individuals transported on a one-way trip
 - + Separate rates for transporting one individual, two or three individuals, and four or more individuals
 - + *Accounts for providers' costs.* Rate models recognize that, similar to other shared services, providers' per-person costs vary based on the number of individuals served (for example, a higher per-person rate is needed for a trip with one individual than for a trip with multiple individuals)
- + Transportation billing alternative rules would remain the same to support extended travel needs and alternative modes (such as using ride share services)

Transportation – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Tiers A-C	One-Way Trip	\$10.62	-	
Tiers D-E	One-Way Trip	\$18.64	-	
Individual Trip	One-Way Trip	-	\$35.46	
2-3 Person Trip	One-Way Trip	-	\$25.05	
4+ Person Trip	One-Way Trip	-	\$14.92	

Peer Supports and Family-to-Family Supports – Overview

- + Stakeholders noted that navigating the service delivery system can be complicated for individuals with I/DD and their families
 - + To complement support available through case management and agency providers, the study proposes to establish new Peer Supports and Family-to-Family Training services
 - + Would allow individuals and family members with lived experience and who have been trained to assist others in enhancing the quality of life of other individuals with I/DD
 - + *Supports programmatic goals.* Adds supports to facilitate the sharing of information across individuals receiving services and their families, with the intent of improving outcomes and satisfaction
- + Rate model assumes that individuals and families providing services do this work part time, which impacts benefit and productivity assumptions

Peer Supports and Family-to-Family Supports – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Peer Supports	15 Min.	-	\$11.65	-
Family-to-Family Training	15 Min.	-	\$11.18	-

Professional Services – Bases of Rates

- + Consolidates multiple existing services for supports provided by licensed practitioners
 - + Professional Services while at Day Program
 - + Community-Based Supports by Professional Staff
 - + Natural Supports Training by Professional Staff
 - + Natural Support Training by other staff (labeled the “standard” rate) will be billable as Community-Based Supports
 - + Professional Staff hours currently bundled into residential rates
 - + *Supports programmatic goals.* Ensures that individuals have access to the professional-level services they need regardless of their living arrangement or the other services they receive

- + Providers will be able to bill for both direct supports and certain “on-behalf of” activities such as participation in assessments and planning meetings, care plan development, and training paid and unpaid caregivers to support the individual

■ Professional Services – Bases of Rates (cont.)

- + Proposed rates vary by practitioner
 - + Psychiatrist
 - + Psychologist (also cover board certified behavior analyst, BCBA)
 - + Physical therapist/ occupational therapist/ speech-language pathologist
 - + Registered nurse
 - + Licensed social worker
 - + Licensed mental health counselor/ licensed marriage and family therapist
 - + Interpreter
- + Proposed rates vary by location (office/ clinic/ telehealth, and home/ community)
- + *Accounts for providers' costs.* Rate models recognize that the cost to employ (or contract with) a psychiatrist is much greater than the cost of a licensed mental health counselor and that community-based services are more costly than office-based services due to travel expenses and lower productivity

Professional Services – Proposed Rates

Service and Variation		Billing Unit	Current Rate ¹	Proposed Rate	% Change
Psychiatrist	Office/ Telehealth	15 Min.	\$13.13	\$60.78	363%
	Home/ Community	15 Min.		\$72.30	451%
Psychologist/ BCBA	Office/ Telehealth	15 Min.	\$13.13	\$19.90	52%
	Home/ Community	15 Min.		\$24.22	84%
Registered Nurse	Office/ Telehealth	15 Min.	\$13.13	\$19.76	50%
	Home/ Community	15 Min.		\$24.07	83%
Therapist (OT/ PT/ SLP)	Office/ Telehealth	15 Min.	\$13.13	\$23.40	78%
	Home/ Community	15 Min.		\$28.34	116%
Licensed Social Worker	Office/ Telehealth	15 Min.	\$13.13	\$19.76	50%
	Home/ Community	15 Min.		\$24.06	83%
Lic. Counselor/ LMFT	Office/ Telehealth	15 Min.	\$13.13	\$15.80	20%
	Home/ Community	15 Min.		\$19.40	48%
Interpreter	Office/ Telehealth	15 Min.	\$13.13	\$13.41	2%
	Home/ Community	15 Min.		\$16.60	26%

¹Displaying current rates for Community-Based Professional Support and Day Program; current Natural Supports Training rates are lower (so the percentage changes will be larger)

■ Vehicle Modifications – Overview

- + New service to pay for adaptations or alterations to a privately-owned vehicle that is the individual's primary means of transportation and for any equipment needed to make the vehicle accessible to the individual
 - + Requires prior approval from BHDDH
 - + May not be used to purchase a vehicle or for general repairs or maintenance
 - + Not available for vehicles owned or leased by a service provider
- + Would be limited to \$15,000 every five years (equal to the most common limit in states that offer this service)
- + *Supports programmatic goals.* Responds to stakeholder feedback and eliminates a barrier to community access for individuals who live independently or with natural supports and need an adapted vehicle

■ Support Facilitation and Fiscal Intermediary – Overview

- + Current Support Facilitation service covers both information and assistance with self-direction and fiscal intermediary services
 - + Rates for current service are tiered
- + Propose separate services and rates for Support Facilitation and Fiscal Intermediary
 - + Support Facilitation provides information and assistance for self-direction (assisting with selecting staff, developing a schedule, etc.)
 - + Fiscal Intermediary provides payroll services
- + *Accounts for providers' costs.* All individuals who self-direct need Fiscal Intermediary services, but not all participants require Support Facilitation; those who do need Support Facilitation require varying levels of support, which may not be related to their assessed tier

Support Facilitation and Fiscal Intermediary – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Support Facilitation	15 Min.	-	\$15.87	-
Fiscal Intermediary	Month	-	\$150.18	-



NEXT STEPS

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding-000297

Public Comments

- + Draft recommendations are published for public comment at <https://www.burnshealthpolicy.com/rhodeislandratestudy/>
 - + Webinar will be recorded to walk-through recommendations

- + Written comments should be submitted to bsmith@healthmanagement.com will be accepted until October 24

- + All comments will be reviewed and summarized
 - + Consolidated document of comments and responses will be published

- + Revise rate models based on public comments as warranted

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Attachment 6
Addendum to
Presentation of Draft
Rate Models

Attachment 6: Addendum to Presentation of Draft Rate Models



BURNS & ASSOCIATES
A DIVISION OF
HEALTH MANAGEMENT ASSOCIATES

**Rate and Payment Options Study
Public Comment Addendum**

- prepared for -

**Rhode Island Department of
Behavioral Healthcare,
Developmental Disabilities and
Hospitals**

January 13, 2023



■ Purpose of Presentation

- + Provide overview of the changes to *initial* recommendations from the rate and payment options study
 - + In consideration of Public comments received, changes have been incorporated into the Rate Models
 - + This packet denotes the specific changes in assumptions and/or methodology incorporated into the rate models
 - + All changes noted, would be as compared to the version previously provided October 14, 2022



RATE MODEL CHANGES

BURNS & ASSOCIATES, A DIVISION OF HMA

Funding: 000303

Summary of Results

- + Overall, proposed rates continue to provide for an increase to provider revenues by 20 to 25 percent compared to current (fiscal year 2023) rates
 - + These increases are in addition to the substantial rate increases – generally 30 to 35 percent – granted during the last two fiscal years
 - + Rate increases vary by service with the largest increases associated with services that have not been adjusted in recent years
 - + A very small handful of proposed rates for individual services are lower than current rates (but higher than the rates in place prior to the recent increases)

■ Payroll Tax and Fringe Benefit Assumptions

- + Benefit assumptions for direct care staff
 - + \$619.05 per month for health insurance
 - + Based on an assumed employer cost for a mix of employee only, employee plus-one, and family coverage options (take-up rate, mix of plans, and employer share of costs based on Rhode Island specific data from U.S. DHHS' Medical Expenditure Panel Survey)
 - + An additional adjustment to inflate costs from 2021 to 2024 was incorporated. Adjustments of 2%, 6% and 6% (per year) were compounded to the prior assumption
 - + This change will have the effect of increasing the ERE contribution percentage for all services

■ Group Homes – Bases of Rates

- + Proposed rates **will not** vary by home size
 - + Single rate for homes developed

- + Professional services will remain ‘bundled’ within the 24-hour Group Home services and will not be separately billable

■ Shared Living Arrangement – Payment to Home Providers

- + In addition to the standard model, proposal adds rates for models where the Shared Living home provider is responsible for the total care of the individual (that is, the individual does not receive other paid or unpaid day or employment services)
 - + For Tiers A, B and C
 - + Rate models assume 35 percent increase in the payment to the home provider
 - + For Tiers D and E
 - + Rate models assume 70 percent increase in the payment to the home provider
- + This enhanced rate previously included an allowance for Respite, which has been removed to align with the standard model

■ Community-Based Supports and Center-Based Supports – Bases of Rates

- + While in the proposed methodology, each tier is associated with an assumed staffing ratio, there will not be any requirements on the programs to maintain a pre-defined staffing ratio
- + In addition to the group rates, a one-to-one rate for center-based services has been added to the rate schedule

■ Respite – Bases of Rates

- + The approach to the rate for Respite, Daily has been altered from the proposed rates
 - + Rates for multiple individuals (1:2 and 1:3) have been eliminated
 - + The 1:1 rate has been set to be equivalent to the Enhanced SLA, Tier E rate to comport with the general use of the service
 - + Further, the Respite, Daily rate will only be billed when more than nine (9) hours of services are provided

■ Job Discovery and Job Development – Overview

- + For Job Discovery
 - + The title has been amended to Discovery

■ Job Coaching – Bases of Rates

- + To account for additional responsibilities within the Therap program, an additional 0.50 hours per week have been added to the non-billable activities for Job Coaching under the Recordkeeping and Reporting category
- + Reimbursement to providers will continue to be based on the number of hours of support provided

■ Transportation - Bases of Rates

- + Rates based upon the number of individuals transported on a one-way trip have been eliminated.
- + A single rate for all transportation billings is now included

■ Professional Services – Bases of Rates

- + Additional licensed categories have been added to the proposed rates
 - + BCABA
 - + Licensed practical nurse
- + As with other categories these proposed rates vary by location (office/ clinic/ telehealth, and home/ community)

■ Support Facilitation and Fiscal Intermediary – Overview

- + The proposal related to the Fiscal Intermediary has been retracted.
 - + BHDDH will continue to reimburse for these services under the current structure using the current Support Facilitation rate structure
 - + The expectations of this service will likely be impacted by the implementation of Conflict Free Case Management thus precipitating the withdrawal of the proposed rate

- + Current Supports Brokerage service covers both information and assistance with self-direction and fiscal intermediary services
 - + The proposal to revise the service name to Support Facilitation has been withdrawn and the current name of Supports Brokerage has been retained

Attachment 7
Response to Public
Comments

Attachment 7: Responses to Public Comments

RATE AND PAYMENT OPTIONS STUDY

RESPONSES TO PUBLIC COMMENTS

— PREPARED FOR —

RHODE ISLAND DEPARTMENT OF
BEHAVIORAL HEALTHCARE, DEVELOPMENTAL
DISABILITIES AND HOSPITALS

— PREPARED BY —

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BACKGROUND AND SUMMARY

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) oversees the system of supports for approximately 4,000 Rhode Islanders with intellectual and developmental disabilities (I/DD). This system includes home and community-based services (HCBS) delivered by a network of 35 private providers. These services include residential supports (including services provided in individuals' own homes and family homes, shared living arrangements, and group homes), community-based and center-based supports that offer meaningful day activities, and employment supports. BHDDH is leading a significant systems-change initiative focused on strengthening the service delivery system for individuals with I/DD, including:

- A review of the array of available services and the definitions and standards for each service
- A study of provider payment rates as well as billing policies
- An evaluation of the tools and processes used to assess individual needs and how these assessments translate to individual funding allocations ('tier packages')

BHDDH contracted with Burns & Associates, a division of Health Management Associates (HMA-Burns) to provide technical assistance and support throughout this project.

Work related to assessments and individual budgets has been delayed due to changes to the adult version of the Supports Intensity Scale (SIS-A) announced by the assessment's author, the American Association on Intellectual and Developmental Disabilities (AAIDD) after this project began. Rhode Island uses the SIS-A to assess individual needs and expects to continue to use it as one part of the assessment process so the changes in the assessment instrument must be evaluated before additional changes to assessments and individual budgets can be considered. The revised version of the SIS-A should be available in early 2023.

Despite the pause in the evaluation of assessments and budgets, the reviews of the service array and provider payment rates have continued. HMA-Burns released its initial proposals during two online meetings held on September 28th and 29th. These presentations were recorded and posted online along with supporting materials, including draft rate models that detail the specific assumptions regarding the costs providers face in the delivery of each service, such as direct support workers' wages, benefits, and billable time; travel; agency overhead; and program operations costs. In the subsequent weeks, HMA-Burns noted a formula error primarily affecting rate models for new services. Revisions to the draft rate models and related materials were published on October 14, 2022.

Interested parties were invited to submit written comments on the draft recommendations. The comment period ran until October 24, 2022, but comments submitted after the deadline were also considered.

HMA-Burns received comments from caregivers, advocates, providers, and other stakeholders. These comments have been summarized and categorized, and written responses to each comment were developed.

A number of changes to the rate models have been made in response to the public comments, including:

- Increasing assumed health insurance costs.
- Withdrawing the recommendation to establish Group Homes rates that vary based on the size of the home.
- Withdrawing the recommendation to 'unbundle' Professional Services from the rate models for residential services.
- Increasing the assumed payment to home providers in the Enhanced Shared Living Arrangement rate models.

- Unbundling Respite services from the Enhanced Shared Living Arrangement rate models.
- Withdrawing the rate model for Daily Respite and instead tying the rate to the Tier E rate for Enhanced Shared Living Arrangement.
- Withdrawing the proposal to establish maximum staffing ratios for Community-Based Supports and Center-Based Supports.
- Developing a one-to-one rate for Center-Based Supports.
- Increasing the annual limit on Discovery services.
- Revising the productivity assumptions to add more recordkeeping time for Job Coaching services.
- Establishing a single rate model for Transportation services.
- Adding rates for Professional Services provided by licensed practical nurses and board certified assistant behavior analysts
- Withdrawing proposed rates changes for Fiscal Intermediary (Support Facilitation) services.

The remainder of this document provides responses to each comment.

ASSESSMENTS AND INDIVIDUAL BUDGETS

1. Several commenters asked questions or offered feedback regarding how individual needs are assessed, including:

- ***Several commenters asked questions regarding how the adult version of the Supports Intensity Scale (SIS-A) is used to assess individuals' needs, with one suggesting that the criteria should include additional sections of the SIS-A.***
- ***Several commenters emphasized the need for the assessment process to include information beyond what is collected by the SIS-A such as needs related to life transitions, aging, and communication needs.***
- ***One commenter expressed concerns about BHDDH staff conducting the assessment.***
- ***Several commenters stated that changes to assessment practices should include opportunities for further input.***
- ***One commenter asked what impacts in terms of funding and time are anticipated based on the forthcoming changes to the SIS-A.***
- ***One commenter asked about the timing of changes to the assessment framework, particularly given the current five-year assessment cycle. Another commenter suggested that the SIS-A should be administered every three years.***

A key element of this study is an evaluation of the assessment framework for assessing individual needs and tying assessment results to individual budgets and tiered payment rates for certain services.

Currently, BHDDH assesses individuals with the adult version of the Supports Intensity Scale (SIS-A) with supplemental questions related to extraordinary behavioral and medical needs. Assessment results are used to assign individuals to one of seven levels that are consolidated into five tiers. BHDDH intends to continue to use the nationally normed SIS-A – which remains the instrument used by more states than any other to assess the needs of individuals with intellectual and developmental disabilities – as one of the components of the overall assessment process. In early 2022 – after this

study began – the American Association on Intellectual and Developmental Disabilities (AAIDD) announced a number of forthcoming changes to the SIS-A, including:

- Re-norming the subsections of the Support Needs Index (SNI) as well as the overall SNI (which has been renamed the Support Needs for Life Activities, SNLA)
- Adding the protection and advocacy scale to the SNLA (this section had not previously been normed)
- Adding six items to the medical support needs section and one item to the behavior support needs section
- Rewording some items and changing the order of items within some sections to improve the clarity and flow of the assessment
- Making changes to the demographic section

These changes are not expected to increase the length of a SIS-A interview, but directly impact the scoring of several of the sections used to assign individuals to a level of need. It will therefore be necessary to change the criteria used to assign levels, but the analyses to support these changes cannot begin until BHDDH has assessment results conducted with the revised SIS-A for at least a sample of individuals. As a result, the review of assessment and budgeting frameworks has been delayed. Ultimately, this review will consider the issues raised by the commenters.

The review will include consideration of the additional information to supplement SIS-A results when determining individual need. As noted, the assessment process already includes supplemental questions related to extraordinary medical and behavioral needs, but it is expected that additional questions or individual characteristics will be added to the assessment. The review will additionally consider what information from the SIS-A (including which sections are considered) and supplemental sources will be used to categorize individual needs.

This study, coupled with the renorming of the SIS-A, provides an opportunity for a comprehensive review of all aspects of the processes and practices used to assess individuals and establish funding levels. This study will include an evaluation of existing processes, identification of alternative approaches, and testing of any potential changes. Given the significance of the potential changes to the assessment and budgeting framework and the importance to individuals' lives, the evaluation will include opportunities for broad stakeholder feedback.

This evaluation is anticipated to occur in 2023, but the timing of the implementation of any potential changes to assessment and budgeting processes is not yet known as it will depend in part on the particulars of recommended changes.

- 2. One commenter made several suggestions related to the assessment process, recommending that everyone have an independent facilitator to provide assistance, a comprehensive person-centered plan should be developed, and the assessment should include an evaluation of individual outcomes.***

While some of this feedback may be part of conflict-free case management as discussed in the response to comment 34, BHDDH will consider these suggestions as it reviews the processes for assessing individual needs, relating budgets to these needs, and planning the use of these budget.

- 3. Several commenters asked questions or offered feedback regarding how individual budgets are established, including:***
 - ***Several commenters emphasized the need for flexibility and facilitating person-centered individual lives.***

- ***One commenter asked whether budgets will be similar to the current budget structure that includes 20 tier packages based on an individual's assessment and their residential setting.***
- ***One commenter stated that changes to individual budgets should be implemented by July 1, 2023.***

The level of supports that individuals can access are informed by their assessed needs and their residential placement. There are a total of 20 individual budgets (referred to as tier packages) based on five assessment levels and four residential settings (living with a relative, living in their own home or apartment, living in a shared living arrangement, or living in a 24-hour residential placement, such as a group home). This framework is intended to support an equitable approach to providing access to supports. That is, similarly situated individuals should have access to similar supports.

As discussed in the response to comment 1, individuals' needs are assessed using the Supports Intensity Scale for adults (SIS-A) and the instrument's author is releasing an updated version that, among other changes, revises the scoring of the SIS-A. Since individual budgets will continue to be informed by assessed needs, an evaluation of potential changes to the budgeting framework must follow changes to the assessment framework. As a result, changes to individual budgets will not be implemented by July 2023.

As with the assessment framework, BHDDH intends to conduct a comprehensive evaluation of individual budgets. This will include consideration of whether to maintain a tier-based framework, how to align service-level assumptions with assessed needs, which services should be subject to a budget limit and which should be authorized in addition to a budget limit, and other factors. These decisions have not yet been made. Comments received to this point will be considered as part of the evaluation and there will be additional opportunities for stakeholder input as options are identified and considered.

4. *One commenter asked whether there will be any changes to the service levels assumed in the current tier packages.*

As described in the response to comment 3, BHDDH intends to conduct a comprehensive evaluation to how individuals are assessed and how budgets are established. However, this evaluation has been delayed due to forthcoming changes to the Supports Intensity Scale. As a result, no changes to the assumptions regarding the amounts of services included in the current tier packages have been recommended at this time. As described in the response to comment 5, it has been recommended that employment supports be managed outside of the tier packages and that the existing tier packages be repriced at the recommended rates so that individuals are able to access the same level of support.

5. *Several commenters provided suggestions related to the existing tier packages, including:*

- ***Several commenters expressed support for the recommendation to remove employment supports from the individual budget limits. One commenter asked how the proposal will encourage greater participation in employment. Another commenter cautioned that employment supports should not become a "limitless bank of funds".***
- ***Other commenters suggested that other services, such as Supports Brokerage, Professional Services, Vehicle Modifications, and Transportation, be similarly managed outside of individual budget limits.***
- ***One commenter asked whether the tier packages will include a predefined mix of Center-Based Supports and Community-Based Supports. Another commenter stated that the tier packages should assume that individuals receive 30 hours of Community-Based Supports***

per week rather than the current assumptions that assume a mix of Center-Based Supports and Community-Based Supports.

- ***One commenter asked how the recommended rate increases will impact existing tier packages.***

As discussed in the response to comment 3, consideration of potential changes to individual budgets have been delayed due to forthcoming changes to the Supports Intensity Scale. However, the study has offered several recommendations for interim changes to current tier packages:

1. Move employment supports outside of the tier packages so that these higher-cost services are not in competition with other services (that is, individuals can receive employment supports without the spending on these services ‘counting’ against their tier package). BHDDH appreciates the support for this recommendation and acknowledges that additional strategies will be needed to improve employment outcomes. Given the limited use of employment supports currently and the fact that Job Coaching will be limited to the hours that an individual works, BHDDH does not believe a limit on these services is needed at this time.

Although not stated in the presentation of proposed rates, the rate study recommends that approved Vehicle Modifications be in addition to the services funded through an individual’s tier package. BHDDH will consider suggestions related to other services as part of the evaluation of individual budgets.

2. Bill for Community-Based Support and Center-Based Support services (currently termed Day Programs) based on an individual’s assigned tier rather than the staffing ratio of the program in which they receive services. This recommendation reduces the administrative burden of continually tracking staffing ratios and increases the predictability in the amount of support that an individual can receive because they will know how much will be billed for each unit of service.
 3. Combine several individual components of the tier packages for the purposes of planning. In particular, amounts assumed for Community-Based Supports, Day Programs, Transportation, Overnight Shared Supports, and Respite would be treated as a single budget.
 4. Reprice the tier packages to account for the proposed changes in payment rates. This is consistent with BHDDH’s current practices and ensures that individuals are able to receive the same level of support assumed in the tier packages.
6. ***Several commenters expressed concern about the lack “parity” among residential options because the tier packages include different levels of funding based on residential setting. One of these commenters emphasized that fewer dollars are available to individuals who living with family or in their home compared to those who live in a provider-controlled settings. Another one of these commenters stated there is no residential support for individuals who live with their family.***

As noted in the response to comment 3, the current tier packages consider an individual’s residential setting, with different budgets based on whether an individual lives with a relative, in their own home or apartment, in a shared living arrangement, or in a 24-hour residential placement such as a group home. Each tier package includes funding for residential support (for individuals who live with their family, the service is Community-Based Support).

As additionally described in the response to comment 3, consideration of potential changes to individual budgets have been delayed due to forthcoming changes to the Supports Intensity Scale. This input will be considered as part of the evaluation of potential changes to individual budgets, but it is noted that there are significant differences in funding requirements across settings. For example,

funding for individuals in group homes must provide for 24-hour support while this will not necessarily be true for individuals who live with family. Similarly, some services, such as Group Homes and Supportive Living programs, generally rely on employees earning an hourly wage and benefits while Shared Living Arrangement home providers are not employees, but instead receive stipends that are generally exempt from income taxes.

7. ***One commenter asked how the rate study addresses the issue of individuals who self-direct services competing with agencies for direct support professionals when individuals who self-direct receive the same tier packages but must typically pay higher wages.***

As the commenter notes, individuals who choose to self-direct services receive the same tier package as individuals who do not. As discussed in the response to comment 3, the evaluation of how individual budgets are established and managed has been delayed due to forthcoming changes in the Supports Intensity Scale, which is used to assess individual needs and assign tier packages. This evaluation will include consideration of how to support individuals who self-direct services. It is noted, though, that individuals who self-direct services do not have the same cost structure as agencies (that is, they do not employ administrative or support staff) giving them more flexibility in the use of their tier package funding.

8. ***One commenter stated that it would reduce the administrative burden on providers if purchase orders only be amended when circumstances change rather than annually.***

Federal regulations require that person-centered service plans must be reviewed at least every 12 months (42 CFR § 441.725). That said, BHDDH is willing to work with stakeholders to consider strategies to streamline the purchase order process in the event that there are not changes to the service plan.

RATE STUDY PROCESS

9. ***Several commenters expressed appreciation for the rate study process, including the involvement of various stakeholders and stated that the recommendations will help address longstanding structural rate issues that have reduced capacity and restricted program flexibilities while potentially strengthening the provider workforce. Other commenters were critical of the process, stating that information was not provided timely to all stakeholders, that there was not enough opportunity for comment during public presentations, that Excel-based versions of the rate model were not published, that materials were only available in English, and that the comment period was not long enough.***

BHDDH appreciates the support for the rate study process, but recognizes that not everyone is satisfied with either the process or recommendations. HMA-Burns did provide Excel-based versions of the several rate models when requested. These examples provided adequate information to understand all of the rate calculations, but a separate file inclusive of all services was later developed and shared. Additionally, BHDDH and HMA-Burns provided extensions to the deadline for comments when requested.

BHDDH remains committed to involving stakeholders in the implementation of the service- and rate-related recommendations and the review of assessment and individual budgeting frameworks as discussed in the responses to comments 1 and 3. BHDDH will consider this feedback when developing strategies for stakeholder engagement.

10. One commenter stated that all comments received should be published as received rather than being reflected only in a summarized format.

The actual comments that were submitted are not being published by BHDDH or HMA-Burns as commenters were not told that their comments would be released publicly. Every effort has been made to accurately summarize the spirit of comments within this document.

11. One commenter raised concern with the use of provider survey results in the development of rate models, particularly given the impact of the pandemic. This commenter also suggested that the statement that providers participating in the survey account for 86 percent of services provided is misleading. Another commenter expressed concern that the rate models did not rely on costs reported by providers.

A key element of the rate study was the development and administration of a survey to collect information regarding providers' program design and costs. The public presentation of results reported both the number of providers that submitted a survey (24 of 35, or 69 percent) and the percentage of services delivered by responding providers (86 percent).

Although the rate study considered survey results when developing rate models, this was not the sole source of information. The rate study considered other, independent data sources so that the rates reflect market-based costs. For example, wage assumptions for direct care staff considered Rhode Island specific data from the Bureau of Labor Statistics while health insurance cost assumptions relied on Rhode Island specific data from the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey. In both of these examples, the independent data sources result in higher cost assumptions than reported through the provider survey.

The results of the provider survey analysis have been published, allowing for comparison between reported costs and rate model models assumptions; additionally, the public presentation of rate models included comparisons of key costs drivers.

12. Several commenters expressed disappointment in the low number of responses received for the individual and family surveys and expressed concern about drawing conclusions from the surveys. One commenter requested that the specific results of the individual and family survey be released. Commenters offered recommendations to improve the response rate for future survey efforts.

BHDDH included a notice of the survey in two newsletters and asked several advocacy groups to share the link to the survey, but the response rate (7 individuals receiving services and 54 family members) was lower than hoped. A report summarizing the results of the individual and family survey is attached to the report summarizing rate study recommendations. In addition to the Individual and Family Survey, online meetings were held with family representatives in May 2022, June 2022, and August 2022. Additionally, like all stakeholders, individuals and family members were welcome to submit public comments.

Individual and family input will be particularly important to the comprehensive evaluation of assessment and individual budget frameworks discussed in the responses to comments 1 and 3 so BHDDH looks forward to collaborating with interested stakeholders to improve engagement.

13. Several commenters expressed concerns that the rate study would increase administrative burdens associated with tracking and billing for new services. One commenter expressed disappointment that the rate study did not adequately change the system delivery and payment structure because of the continued use of fee-for-service rates.

The rate study sought to balance a number of considerations, including:

- *Fairly account for providers' costs.* Rates aim to reflect the direct and indirect costs providers incur to deliver services consistent with the state's requirements and individuals' service plans.
- *Support programmatic goals.* Rates should further the program's goals such as supporting individuals' independence and community engagement.
- *Provide flexibility.* Rates should be consistent with flexible service delivery.
- *Comply with applicable payment requirements.* Federal Medicaid funds pay for the majority of service costs so payment rates must comply with federal law that states that payment rates must be "consistent with efficiency, economy, and quality of care".
- *Reduce administrative burden.* When practical, rates should minimize administrative requirements while maintaining accountability.
- *Allow for regular updates.* Payment rates should be designed to permit regular consideration of whether they continue to reflect providers' costs.

These objectives can, at times, be in conflict so the development of payment rates and procedures sought a balance. For example, a single bundled payment to providers might be the most administratively simple, but may not reflect differences in costs (such as more intensive supports for individuals with more significant needs) or comply with federal requirements that generally discourage bundled payments.

Thus, while administrative burden was one consideration, it was not the only concern. Several proposals are intended, in part, to reduce administrative burden, including consolidation of Home-Based Day Program costs into Group Home rate models (as discussed in the response to comment 43); requiring that billing for group Community-Based Supports and Center-Based Supports be based on an individual's assigned tier rather than a program's staffing ratio (as discussed in the response to comment 5), which will reduce the need for constant monitoring of staffing ratios; and creating a single Transportation rate (as discussed in the response to comment 81). In response to public comments, other proposals were withdrawn based, in part, on feedback that it would add to the administrative burden, including Group Home rates that vary based on home size and the unbundling of Professional Services from Group Home services.

Some remaining recommendations will admittedly add to administrative work, including billing for Professional Services based on the provider's qualifications and billing for new services that an agency chooses to offer. However, these recommendations support other goals, including aligning payments with providers' costs and covering a comprehensive array of services based on stakeholder input.

Overall, the rate study recommendations, including primarily fee-for-service rates, intend to reasonably balance the various considerations outlined above.

14. *One commenter suggested that some form of bundled rates be established to replace many of the billing codes. The commenter further suggested that providers be permitted to bill for one-twelfth of the budget each month, but they would be required to track the amount of support they provide.*

The federal Centers for Medicare and Medicaid Services (CMS) generally does not support such "bundled" arrangements. For example, the Instructions, Technical Guide and Review Criteria that CMS issues for Section 1915(c) waiver applications states:

42 CFR §441.301(b)(4) also provides that "multiple services that are generally considered to be separate services may not be consolidated under a single definition." The chief reasons why

services may not be “bundled” are to: (a) ensure that waiver participants can exercise free choice of provider for each service and (b) ensure that participants have access to the full range of waiver services. Bundling means the combining of disparate services with distinct purposes (e.g., personal care and environmental modifications) under a single definition and providing that the combined services will be furnished by a single provider entity (e.g., one provider would furnish both personal care and environmental modifications) that is paid one rate for the provision of the combined services.

Additionally, this approach can limit or complicate individuals’ choice in providers. For example, an individual may choose to receive different services from different providers so there would not be a single bundled payment. Finally, BHDDH believes that payments should be tied to the level of services actually delivered rather than the services included in the individualized service plan.

15. Several commenters expressed concerns related to the impacts of the rate recommendations, including:

- ***One commenter stated that the rate study does not promote individualized community-based services and instead over-emphasized facility-based services.***
- ***One commenter stated that the rate study does not incentivize one-to-one services rather than shared supports.***
- ***One commenter state that the rate study does not promote or incentivize person-centeredness or community integration.***
- ***One commenter stated that the rate study did not provide sufficient strategies to support self-direction or reduce the administrative burdens on those who self-direct.***

The rate study aimed to establish payment rates that reflect the reasonable rates providers incur to deliver the services made available to individuals with intellectual and developmental disabilities in Rhode Island. This includes both community-based and center-based services as well as individual and shared services. Payment rates for community-based services are higher than those for center-based services and one-to-one services have higher rates than group services, but an array of services is available because different individuals have different needs.

Rates are only one factor in promoting the types of services advocated by the commenters. Achieving these goals also includes the processes for establishing individual budgets, the quality of case management, and a network of providers willing to offer more progressive services. Work on these other elements continue. For example, BHDDH will be conducting a comprehensive review of assessment and budgeting frameworks as discussed in the responses to comments 1 and 3 and Rhode Island is in the process of transitioning to conflict-free case management as discussed in the response to comment 34.

16. One commenter stated that the rate study does not promote a system of value-based payment methodologies. Another commenter asked whether consideration was given to increasing payment rates for providers that have been accredited.

Due to the lack of agreed-upon standards, data management and reporting infrastructure, and inadequate funding value-based payment models in home and community-based services programs have historically been limited. The rate study emphasizes the development of rates that reflect market realities, which should be a prerequisite prior to decreasing or increasing payments based on quality measures. That said, although the rate study does not include recommendations that reduce or

increase provider reimbursement based on performance measures, it does include several elements that tie payment to the values of the service delivery system, including:

- The rate study recommends significant investment in direct support professionals, incorporating wage assumptions that would make DSPs in Rhode Island amongst the best-paid in the country. As demonstrated by the number of CMS measures that relate to the support provided by staff, DSPs are a primary determinant of service quality.
- The rate study proposes the establishment of new services, including Supported Living, Remote Monitoring, and Companion Room and Board, to support individuals in the least restrictive environment, a key value expressed by stakeholders.
- The rate study continues the current practice of paying higher rates for services provided in the community rather than in a center-based environment, reflecting the goal of delivering integrated services. These rates affirm the state's commitment to supporting individuals as they build and maintain relationships and gain independence in their communities.
- The rate study proposes the creation of Peer Supports and Family-to-Family Supports, which are designed to create additional pathways to accessing the community.
- The rate study proposes an outcome-based model for supported employment services wherein the provider is paid based on the number of hours that the individual works regardless of the number of hours of direct support provided. Through this model, the provider is incentivized both to maximize the number of hours that an individual works and to fade direct support over time.

The rate study did not recommend enhanced payments for accredited providers as accreditation is not necessarily tied to individual outcomes.

17. One commenter noted the need for additional information related to how and when the recommendations will be implemented.

In general, the recommendations related to payment rates are intended to be implemented on July 1, 2023 subject to available funding. For services that involve only a change to the payment rate, the implementation is expected to be straightforward. For services with additional changes (such as the development of differentiated Professional Services rates based on staff qualifications) and new services, more effort will be required. Additionally, some recommendations involve changes to service definitions and/or changes to billing requirements. BHDDH must also evaluate the impacts of all recommendations to ensure compliance with maintenance of effort requirements established by the federal American Rescue Plan Act.

BHDDH intends to work with providers and other stakeholders on implementation planning to determine what can be implemented as of July 1, 2023 and what may require more time.

18. One commenter asked whether there was anything that prevents BHDDH or the legislature from adjusting rate model assumptions, such as wages and productivity. Another commenter noted the need to regularly update the rate models to account for future cost increases.

The detailed rate models are designed to allow for changes over time. This could include increases to reflect rising costs or decreases to reduce costs. Regardless of the reason for (or direction of) the change, the use of detailed rate models allows for a public accounting of the changes in comparison to what was included in the original iteration.

The recommended rate models are intended to reflect estimated expenses for the first year of anticipated implementation (that is, fiscal year 2024). As noted by the commenter, costs generally increase over time so the rate models would need to be updated to account for these increases.

The rate models include detailed assumptions related to specific cost drivers – many of which rely on regularly published data sources – allowing for regular reviews of their adequacy. For example, as discussed in the response to comment 22, the rate models rely on data reported by the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey to set health insurance cost assumptions for direct care staff. DHHS publishes this data every year, allowing BHDDH and stakeholders to determine how well the assumed health insurance costs reflect current market conditions. Increases to provider payment rates will generally require new funding and will therefore need to be considered as part of the overall state budget process.

19. *One commenter stated that the rate study should include a review of rates for institution-based services.*

Rates for institutional services are not within the scope of this project.

MULTIPLE SERVICES

20. *Several commenters expressed support for the recommended new services, but noted the need for additional information about how the services could be accessed and which would be subject to individuals' budget limits (tier packages). One commenter stated that several services only relabel existing services.*

The rate study recommends adding coverage for several services, including:

- Supportive Living
- Remote Supports
- Companion Room and Board
- Personal Care in the Workplace
- Peer Supports
- Family to Family Training
- Vehicle Modifications

As the commenter observes, some of these services represent updates to existing services (for example, Supportive Living is expected to replace some current Non-Congregate Residential programs), but the proposals are intended to refine and clarify service standards.

As with other services, these services will be offered to individuals as part of the person-centered planning process. At this time, it is recommended that these services would be available as part of individuals' tier packages, with the exception of Vehicle Modifications. However, as noted in the response to comment 3, the comprehensive evaluation of individuals budgets will include consideration of which services are part of any budget limit so this may change in the future.

21. *One commenter asked how rate exceptions will be handled.*

As is currently true, Group Home services are expected to account for the large majority of exceptions. The process for establishing rate exceptions for these services is described in the response to comment 45. There will be a similar process for Supportive Living services.

The rate study assumes that the number of rate assumptions, which are separate from budget exceptions, for other services will be reduced. For example, the establishment of a single rate for Transportation services means that there will no longer be exceptions and the formalization of Enhanced Shared Living Arrangement rates will eliminate the need for exceptions for these models.

At this time, exceptions related to budget levels will follow current procedures. These processes will be considered as part of the evaluation of individual budgets described in the response to comment 3.

Wage Assumptions

22. *One commenter stated that the rate model wage assumptions rely on Bureau of Labor Statistics data from 2019 and asked how using dated information affects assumed wages.*

The rate model wage assumptions are based on projected January 2024 wage levels.

As noted by the commenters, the rate model wage assumptions first consider data from the Bureau of Labor Statistics (BLS). The BLS reports wage information on an annual basis, with data published each March and reflecting the preceding May. The rate study uses the most currently available BLS data, the May 2021 dataset published in March 2022. Recognizing that wages increase over time and that recent wage growth has been greater than historic trends, the rate study applied an inflationary factor to develop wage estimates for January 2024 (the midpoint of the first full fiscal year during which the rate recommendations could potentially be implemented).

Data from the United States Department of Commerce's Bureau of Economic Analysis (BEA) was used to estimate wage inflation. According to the BEA as of August 2022, net earnings in Rhode Island increased 8.0 percent between 2020 and 2021 while the ten-year compound annual growth rate was 3.5 percent. HMA-Burns increased BLS wage estimates by 8.0 percent for twelve months and then applied an annual growth rate of 3.5 percent for 20 months – a total of 14.37 percent over 32 months – to project wages for January 2024.

23. *One commenter stated that the mix of Bureau of Labor Statistics occupations used to construct a composite wage for direct support professionals does not adequately reflect the responsibilities of DSPs.*

The Bureau of Labor Statistics (BLS) reports wage data for more than 800 occupations. For many services, there is a direct relationship between the qualifications for staff delivering direct care and one of the BLS' occupational classifications. For example, there is a BLS classification for registered nurses, which the rate study uses in the rate model for Professional Services delivered by a registered nurse. For several other services, the rate study uses a weighted average of multiple BLS classifications.

The BLS classifies direct support professionals (DSPs) as home health and personal care aides. However, using that occupation alone may not fully account for the varied responsibilities of DSPs and will produce low wage assumptions because DSPs and other staff in the home health and personal care aides classification tend to earn relatively low wages. The rate study therefore creates a composite of multiple BLS classifications to establish wage assumptions for DSPs. Since DSPs are categorized as home health and personal care aides in the BLS data and the description of the

occupation describes many of the responsibilities of DSPs, the heaviest weighting – 70 percent – is applied to this occupation. Additionally, the rate study applies a 10 percent weight to three other BLS classifications: nursing assistants (to reflect supports associated with medical needs), psychiatric aides (to reflect assistance in managing behaviors), and recreation workers (to reflect assistance in accessing the community).

This weighting of occupations produces a composite wage of \$17.53 per hour, which is consistent with DSP wages reported in the provider survey. However, as discussed in the response to comment 24, the rate models do not use this BLS-based approach, but include a \$22.14 per hour wage assumption for DSPs based on BHDDH’s agreement to support rates that assume a \$20 per hour starting wage.

24. One commenter expressed support for the increase in the assumed wage for direct support professionals. This commenter also asked how the wage assumption was developed and how it accounts for wage compression. Finally, the commenter offered alternative approaches to establishing the wage assumption. Two commenters suggested that wage assumptions vary based on staff qualifications, such as additional training or a credential.

In 2021, BHDDH agreed to an Action Plan to continue reform efforts. Among other provisions, the Action Plan commits to increasing provider payment rates to support a starting wage for direct support professionals of \$18 per hour in fiscal year 2023 and \$20 per hour in fiscal year 2024. Since the Action Plan specifies that the rates must support a *starting* wage of \$20 per hour rather than an *average* wage, the rate study had to develop an assumption for an average wage given a \$20 starting wage.

The rate study considered various data sources to inform this methodology. The Staff Stability Survey administered by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) collects data from service providers regarding DSPs, including starting and average wages. According to the 2020 survey (the most recent available publication), the minimum average hourly wage reported by Rhode Island providers was \$13.23 per hour while the average wage was \$13.80 and the median wage was \$14.00. This data suggests the difference between the starting and average hourly wages could be less than \$1.00, although only five Rhode Island providers participated in the survey. Bureau of Labor Statistics (BLS) wage data similarly suggests a modest difference between starting and average wages. According to the BLS, the 10th percentile wage for home health and personal care aides (the occupation to which the BLS assigns DSPs, as discussed in the response to comment 23) was \$13.73 per hour while the median wage was \$14.09.

Overall, the Staff Stability Survey and the BLS data demonstrate substantial wage compression at the lower end of the DSP wage scale. However, recognizing the importance of graduated pay to support recruitment, retention, and job satisfaction, the rate study established a methodology that would produce a larger spread of wages. Specifically, the rate study measured the difference between the 10th and 90th percentile wages (\$13.73 and \$18.01, respectively, the lowest and highest values reported by the BLS) for home health and personal care aides and added one-half of that amount (\$2.14) to the \$20.00 wage floor established by the Action Plan. Thus, the rate models include an assumed average wage of \$22.14 per hour for DSPs. As noted in the response to comment 23, this result is substantially greater than the DSP wage produced based on a composite of multiple BLS occupational classifications. The result is also much higher than the state-by-state average reported in the Staff Stability Survey. Of the 27 states that participated in the 2020 survey, the highest average wage was \$16.15 in Connecticut.

One commenter suggested alternative approaches to estimating an average wage based on a \$20 starting wage that would produce higher wage assumptions. However, based on the data described above, the rate study adequately accounts for wage compression across DSPs and maintains the assumed DSP wage assumption. The commenter suggested that future adjustments be based on a percentage difference between the starting and average wages. For example, if the assumed starting wage were to increase to \$22.00 per hour, the average wage could be calculated by adding 10.7 percent (\$2.14 divided by \$20.00) to the new starting wage assumption rather than again adding \$2.14. This is an approach that could be considered in future adjustments to wage assumptions.

Although the rate study does not include specific assumptions related to different wage levels based on staff qualifications, the rate models do assume that some staff will earn less than the amount assumed in the rate models and others will earn more. This offers providers the flexibility to establish their own internal compensation guidelines, which could include higher wages for more highly qualified staff.

The increase in program support funding described in the response to comment 31 also provides flexibility to increase compensation for other program support staff.

Benefit Assumptions

25. Several commenters asked how the benefits rate was calculated.

The benefits rates are derived from the assumed benefits package detailed in Appendix B of the rate model packet. The rate model includes the following:

- 7.65 percent of wages for Social Security and Medicare payroll taxes (the benefit rate calculations also account for the cap on the wages subject to the Social Security tax and the additional Medicare tax on high-income earners, but these adjustments apply only to the Professional Services rate model for psychiatrists)
- 0.60 percent of the first \$7,000 in wages for the federal unemployment insurance tax
- 0.98 percent of the first \$24,600 in wages for the state employment security tax
- 0.21 percent of the first \$24,600 in wages for the Job Development Tax Fund
- 4.09 percent of wages for workers' compensation
- \$619.05 per employee per month for health insurance
- \$100.00 per employee per month for other discretionary benefits

The assumed cost of health insurance reflects the increase discussed in the response to comment 26. Additionally, the benefits package includes 25 days of paid leave (the combination of holidays, vacation, and sick leave), but this benefit is incorporated as a productivity adjustment in the rate models rather than as part of the benefits rate discussed in this response.

Overall, the benefit assumptions are somewhat greater than the benefits reported in the reported survey for full-time staff. When considering that providers reported nearly one-third of their staff work part-time and received much more modest benefits, the rate model assumptions – which assume nearly all staff work full-time and have access to comprehensive benefits – represent a substantial increase over reported current benefits.

The rate models convert the benefit assumptions to a benefit rate. Since the rate models assume that all staff have access to the same benefits package, the benefit rate varies based on the assumed wage

because, for example, the assumed annual \$7,429 annual cost of health insurance represent a smaller percentage of the wages of an employee earning \$40 per hour than an employee earning \$24 per hour. For direct support professionals earning the \$22.14 assumed in the rate models, the benefits package translates to a benefits rate of 31.20 percent. If a lower wage was assumed, the benefits rate would be higher; for example, the benefits rate based on an \$18 per hour wage assumption would be 35.68 percent.

- 26. Several commenters objected to the assumptions related to health insurance in the benefits package for direct care staff. Commenters stated that the assumptions do not reflect costs in Rhode Island and are lower than providers' costs, do not adequately account for increasing costs, and assumes that providers only offer employee-only plans. One commenter also asked whether the assumptions account for state-operated programs (Rhode Island Community Living and Supports, RICLAS).**

The health insurance assumptions were derived from Rhode Island-specific data for private sector employers published as part of the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey (MEPS). Health insurance costs for state employees were not considered as part of the development of the rate model assumptions.

Appendix B of the rate model packet details the assumptions related to overall employee participation rates, the mix of health insurance plan types (employee-only, employee plus-one, and family plans), and the employer cost per participating employee in each plan type. In response to comments, a larger inflationary adjustment – totaling 14.6 percent – was applied to inflate the 2021 cost data to 2024. With this change, the rate models include \$619 per employee per month for health insurance, which is the weighted average of nonparticipating staff and the assumed mix of plan types for participating employees. Without the inflationary adjustment, the assumed monthly cost would be \$540 per employee per month, slightly less than the \$554 reported through the provider survey for full-time staff. However, as noted in the response to comment 25, nearly one-third of the workforce works part-time and providers reported a cost of \$34 per employee per month for these staff (since so few part-time workers have access to or participate in employer-sponsored health insurance). When considering the overall workforce, the rate models provide a substantial premium over reported current costs.

- 27. Two commenters stated that dental insurance was not included in the assumed benefits package.**

As noted by the commenters, the benefits package does not include a specific assumption related to dental insurance. Instead, as noted in the response to comment 25, the models include \$100 per employee per month for other discretionary benefits, which could include dental or life insurance, a retirement plan, or other optional benefits. This level of funding is slightly greater than the \$94 per employee per month expense reported through the provider survey for all discretionary benefits for full-time staff. However, as noted in the response to comment 25, nearly one-third of the workforce works part-time and providers reported a cost of \$19 per employee per month for these staff. When considering the overall workforce, the rate models provide a substantial premium over reported current costs.

- 28. One commenter stated that the assumed state unemployment insurance tax rate does reflect providers' actual costs.**

As discussed in the response to comment 25, the rate models assume a state unemployment insurance tax rate of 0.98 percent, which is equal to the rate assigned to new employers in 2022. This rate is the same as the weighted average reported through the provider survey.

Productivity Assumptions

29. One commenter requested more detail on the productivity calculation included in the rate models.

Productivity factors account for the time that direct care workers spend on non-billable activities. Appendix C of the rate model packet details productivity assumptions. As shown in Appendix C, the assumptions are first made about the amount of time a direct care worker spends on various activities during an average workweek. These figures are then adjusted for training and paid time off, which are activities often concentrated in a specific period (for example, employees are more likely to take several days or a week off rather than taking a few hours of paid leave every week).

These productivity assumptions are then translated to a productivity factor, which (for most services) is calculated by dividing a 40-hour workweek by the assumed number of billable hours. The productivity factor is used to inflate wage and benefit costs to spread costs associated with non-billable tasks over the direct care worker's billable time. Productivity-related assumptions primarily relied on information gathered through the provider survey, but also considered rate models developed for I/DD services in other states and input from BHDDH staff.

30. Two commenters suggested that the time staff spend receiving training be a separately billable activity. These commenters also suggested that the training assumptions are too low.

The rate models indirectly pay providers for the time that direct care staff spend in training through a productivity adjustment as described in the response to comment 29. Specifically, the rate models include a productivity factor of 40 hours of training per direct care worker per year. This reflects a weighted average across all direct care staff, recognizing employees receive more training in their first year of employment and less in subsequent years. This total is consistent with provider survey results.

Allowing separate billing for training time would allow for more transparency into the time that staff spend in training and ensure that providers that invest more time in staff training receive more funding. However, the rate study continues to recommend that training be bundled into all rate models for several reasons. First, separate billing for training would require significant effort to define training that does and does not qualify for billing (for example, training on a provider's internal procedures would likely not be billable). Second, tracking and billing for training time would add a new administrative burden for providers. Third, since a significant amount of training would likely not be participant-specific, this time would not be eligible for Medicaid service dollars, which would increase state costs.

If training were removed from the service rate models, the rates for these services would be reduced so providers' total revenues would not increase unless their staff spend more than 40 hours per year in qualifying training.

Program Support and Administration Assumptions

31. One commenter asked how the program support cost assumptions were developed and what costs were included. The commenter listed a variety of expenses that providers incur, including technology and upfront work before individuals begin receiving services.

The rate models include funding for both program support and administrative functions. Program support includes activities related to specific programs, but that are not direct care, including supervision, program development, and quality assurance.

In general, the rate models include \$30 per individual per day for residential services, \$30 per direct care staff per day for services usually provided on a one-to-one basis, and \$60 per direct care staff per day for services usually provided to groups of individuals. Using fixed daily amounts rather than a percentage of the total rate is intended to fairly compensate both individual and group services, and high-cost and low-cost services. For comparative purposes, these amounts were translated to a percentage of provider revenues based on fiscal year 2021 payment rates. On this basis, the program support assumptions equate to about 20 percent of provider revenues. In comparison, the provider survey found that program support was equal to about 14 percent of provider revenues (also based on fiscal year 2021 payment rates).

This significant increase in program support funding is intended to account for increasing costs and to allow for investment in program infrastructure, including compensation for program staff. Additionally, as discussed in the response to comment 35, the additional funding accommodates the elimination of the Support Coordination service as part of the transition to conflict-free case management, by incorporating these costs into the program support allowance for other services.

32. *One commenter objected to incorporating the cost of frontline supervision in the program support allowance in the rate models rather than as a specific set of assumptions. The commenter also asked whether the rate models provide for raises for supervisors.*

As noted in the response to comment 31, the rate models include funding for program support activities, including frontline supervision. Similar to how there is a single factor for administrative costs rather than detailing assumptions for individual positions, the broader program support assumption recognizes that providers have different internal operations related to supervision in terms of qualifications, spans of control, and whether supervisors have other responsibilities. As additionally discussed in the response to comment 31, the program support assumptions represent a significant increase over providers' current costs, which include supervision. This increase provides opportunities for investment in a variety of areas, including supervisor compensation, particularly as wages for direct support professionals increase as discussed in the response to comment 24.

33. *Two commenters suggested the 10 percent administrative rate was too low, and asked how it was established and how it compared to the rate models developed as part of Project Sustainability. One of these commenters listed a variety of expenses that providers incur, including staff (noting both program staff such as program directors, residential directors, house managers as well as administrative employees such as finance and human resources staff), office space, and information technology.*

The rate models include funding for both program support and administrative functions. The 10 percent of the total rates included for administration is intended to account for expenses associated with general tasks associated with the overall operation of the administration such as executive leadership, finance, and human resources. It is not intended to cover program support such as the program directors and residential directors noted by the commenter.

The assumed administrative rate was derived primarily based on data reported through the provider survey. Providers reported an average administrative rate of 10.8 percent. However, because payment rates are increasing an average of 20 percent, the rate model assumption represents an increase in administrative funding. For example, assuming a current rate of \$100, a 10.8 percent administrative rate translates to \$10.80 in administrative funding; if this rate increases to \$120, a 10.0 percent administrative rate produces \$12.00 in administrative funding. The approximately 11 percent increase in administrative funding (from \$10.80 to \$12.00 in the example) is intended to accommodate general cost growth.

The rate models established as part of the Project Sustainability also included a 10 percent administrative rate. BHDDH has not published updated rate models as rates have been increased in recent years, but if it assumed that the current rate models continue to include 10 percent for administration, the recommended rate models represent a 60 percent increase in administrative funding since 2017 since the recommended rates for most services are about 60 percent higher than those in effect in 2017.

To ensure the reasonableness of the administrative cost assumption, the rate study considered the level of administrative funding (not administrative rates) included in other states' rate models for a few representative services (group homes, in-home services, and day programs). This comparison found that the administrative funding in the recommended rates are generally in the top half to top third of other states' rate model assumptions.

SUPPORT COORDINATION

34. *Several commenters asked questions related to Rhode Island's federally mandated transition to conflict-free case management. Questions covered both programmatic issues (how to ensure that case managers have sufficient time to understand the needs of individuals) and financial issues (how the cost of case management will affect individual budgets).*

As noted by the commenters, Rhode Island is in the process of instituting conflict-free case management. This process is being led by the Executive Office of Health and Human Services (EOHHS) so questions related to service requirements and payment rates for case management providers are outside of the scope of this rate study.

As discussed in the response to comment 35, recognizing that providers will retain some supports related to the existing Support Coordination, such as internal coordination activities, the program support allowances in other rate models were increased.

The current tier packages include a specific category for Support Coordination such that the cost of this service does not affect the amount of funding available for other services. As discussed in the response to comment 3, recommendations related to how funding levels are established for individuals have been delayed due to forthcoming changes in the Supports Intensity Scale, but the cost of conflict-free case management will not be a factor in the determination of the amount of other services that an individual can receive.

35. *One commenter asked how the rate models accommodate costs related to supports covered by the current Support Coordination service that will not transition to new conflict-free case management providers. Another commenter stated that the rate models eliminate all funding related to Support Coordination.*

The existing Support Coordination service covers traditional case management functions, including those responsibilities outlined in the BHDDH Billing Policy Manual: assisting in the development of individualized service plans (ISPs), ongoing monitoring of services, and modifying ISPs as needed. However, some providers have noted payments associated with this service all cover other functions that are not part of traditional case management, such as internal service coordination.

Only one agency may provide case management services to an individual so the rate study recommends the elimination of Support Coordination once conflict-free case management is implemented. Although a number of functions currently covered by Support Coordination will become the responsibility of the new conflict-free case management providers, current providers will retain some responsibilities such as internal coordination activities. Due to the challenge in asking

providers to detail the costs associated with each individual task funded through Support Coordination and because conflict-free case management standards have not been finalized, the rate study did not attempt to quantify the division of these expenses. Instead, the rate study included a substantial increase in the program support allowance to continue to fund these supports.

As discussed in the response to comment 31, providers reported program support expenses equal to about 14 percent of their revenues, generally covering fiscal year 2021. That year, Support Coordination equaled about 2.3 percent of provider revenues. As additionally noted in the response to comment 31, the program support assumptions equate to about 20 percent of provider revenues based on fiscal year 2021 rates. Even if current providers' responsibilities do not change with conflict-free case management (which will not be the case), the program support assumptions ensure that any loss in Support Coordination revenue can be offset by increased payments for other services.

RESIDENTIAL SERVICES GENERALLY

36. One commenter offered support for the recommended additions to the array of residential supports.

The rate study recommends the addition or refinement of several services to ensure an array of residential supports in addition to existing Group Home, Shared Living Arrangement, and Community-Based Supports (for individuals living in their own home or family home):

- *Supportive Living*, which would be a residential living option that is less intensive and offers greater independence than a group home. In this model, individuals live in their own homes and share staffing supports provided by the agency that owns or controls the housing. It is anticipated that many existing Non-Congregate Residential Support programs would transition to this service.
- *Remote Supports*, which allow individuals to receive support from staff who are at a centralized location rather than physically present with the individual. It is anticipated that many existing Overnight Shared Supports services would transition to this service.
- *Companion Room and Board* to cover the cost of room and board of a companion/ roommate living with an eligible individual.

37. Several commenters asked for clarification on the 344-day billing limitation associated with Group Home, Supportive Living, and Shared Living Arrangement services, including:

- *Several commenters suggested that providers will not be paid for a full year of service.*
- *Several commenters noted that most individuals are not absent from their home 21 days per year.*
- *One commenter asked why the Shared Living rate model assumes that the daily payment to the home provider is based on a 365-day year. Additionally, clarification on the rationale for the limitation as well as why providers do not receive a full year of reimbursement were expressed.*
- *One commenter asked whether BHDDH will provide vacancy support to group home providers referring residents to Shared Living Arrangements.*

The rate models for Group Home, Supportive Living, and Shared Living Arrangement services all account for the total annual cost of care based on 365 days of service. All assumptions, including Group Home staffing and Shared Living Arrangement home provider payments, assume 365 days of services.

However, recognizing that providers' short-term costs are fixed even when an individual is absent, the rate models divide this annual (365-day) cost over 344 billable days. The result is a payment rate that is 6.1 percent higher than it would be if the total cost were spread over 365 billing. This ensures that a provider is fully paid for a full year (365 days) of support as long as the individual is in the home for at least 344 days. In short, providers are paid for a full year of care as long as the individual is absent for 21 or fewer days per year. The large majority of residents are in their home for more than 344 days per year, but this standard was selected to minimize the number of individuals for whom the provider forgoes revenue. That is, if the standard were based on the average number of absences, providers would forgo revenue on half of the population. Since providers are paid for a full year of service once they have billed 344 days, billing for an individual will be limited to 344 days during their plan year.

The rate models for residential services do not include any separate proposal for "vacancy support."

GROUP HOMES AND IN-HOME DAY PROGRAMS

- 38. *One commenter asked for clarification on the Group Home rates, including whether the higher rates are related to the incorporation of Support Coordination and In-Home Day Program costs. Further, the commentors stated that the proposed rates incentivize services to individuals in assigned to Tiers A, B, and C compared to individuals assigned to Tiers D and E. One commenter objected to any reduction in payment rates for individuals assigned to Tiers D and E.***

The recommended rates are a function of the assumptions detailed in the rate models. Key drivers of the increased rates included higher assumed wages for direct support professionals, increases in program support funding (which is partly related to the elimination of Support Coordination when conflict-free case management is implemented), and elimination of the assumption that homes are unstaffed for 30 hours per week (which is related to the recommendation to eliminate In-Home Day Programs as discussed in the response to comment 43).

With the changes to the proposed rate models (including the increase in assumed health insurance costs discussed in the response to comment 26, bundling of Professional Services into the Group Home rates discussed in the response to comment 49, and the withdrawal of the proposal to pay different rates based on the size of the home discussed in the response to comment 39), all Group Home rates are increasing, including Tier D and E. The magnitude of the increases, however, vary across the rate tiers. The rate models are not intended to incentivize or disincentivize supports for individuals in any particular tier. As with all services, the rate models intend to reflect the reasonable costs of service delivery. The rate models for the lower tiers are increasing by higher percentages because the rate study determined that the current rates for the higher tiers are more adequate (or less inadequate) than the rates for the lower tiers. Additionally, the elimination of the assumption that homes are unstaffed for 30 hours per week has a larger impact on the lower tiers because this represents a larger percentage increase in staffed hours compared to the higher tiers.

- 39. *Several commenters objected to the establishment of rates that vary based on the size of a group home. Specific concerns included additional complication associated with billing based on home size and a potential reduction in group home capacity. One commenter expressed support for higher rates for smaller group homes.***

The rate study proposed the establishment of rates that vary according to home size with higher rates paid for individuals in smaller homes. The recommendation was intended to recognize that there are certain minimum staffing requirements for a home regardless of size so per-person costs are higher in smaller homes (because these and other baseline costs are spread over fewer individuals).

In response to comments, this proposal has been withdrawn. Consistent with the current fee schedule, rates will be the same regardless of home size, but will continue to be tiered based on individual need.

- 40. One commenter requested clarification on the staffing assumptions included in the rate models, asking whether these hours include only direct support professionals or also include managers providing direct support, whether the fact that providers are not required to staff to the levels assumed in the rate models could lead to understaffing or overstaffing of the homes, and why some models include “floating” staff hours and others do not. Another commenter expressed concern that the rate models assume less staffing during some periods of the day.**

The staffing hours are based on the overall assumptions outlined in Appendix D, which are then translated to per-person amounts. With the withdrawal of the proposal to vary rates based on the size of the home, this staffing model has been simplified. It now includes one ‘base’ staff person 24 hours per day, seven days per week. Then, beginning with Tier B, one additional full-time equivalent staff person is added for each subsequent tier (that is, Tier B includes one full-time equivalent staff over the base staffing, Tier C includes two full-time equivalent staff, etc.). Overall staffing levels are consistent with reporting through the provider survey.

The rate models assume these hours are provided by direct support professionals, but it is acknowledged that some providers may choose to cover shifts with supervisory staff. More broadly, the staffing assumptions are only meant to represent one potential approach to staffing a home (particularly because most homes will serve a mix of individuals). As with all rate model assumptions, the staffing model is not meant to be prescriptive and homes should be staffed to meet the needs of residents.

- 41. One commenter objected to the characterization of group home staff providing “care” to individuals and was concerned that this impacted the staffing levels assumed in the rate models. This commenter also objected to the characterization of people “choosing” to live in a group home stating that individuals reside in group homes not out of choice, but because they need the level of support provided in these settings.**

Any use of the term care was not intended to reflect any change to the supports that staff provide in group homes, which are defined in the Billing Policy Manual as “Adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development... [and] personal care and protective oversight and supervision.” Staffing assumptions, which are consistent with reported current staffing levels, are intended to reflect the supports described in the service definition.

Additionally, the rate study referenced choice in the sense that the system of supports should cover an array of service options to allow individuals to make decisions regarding those services that best meet their needs.

- 42. Several commenters asked for clarification on where the cost and time related to supervisory staff and/or the group home manager.**

The rate models do not make specific assumptions regarding supervisory hours. However, as with the rate models do for other services, the Group Home rate models include this expense in the program support allowance discussed in the response to comment 31 and the administrative allowance discussed in the response to comment 33. It is expected that providers have different operating models, some may have supervisors that only provide management and no direct care, others may have supervisors that are part of the direct support hours provided, and still others may have supervisors that have both programmatic and administrative responsibilities.

43. Several commenters asked for clarification regarding the elimination of Home-Based Day Programs. Specific questions included how much In-Home Day Program support has been included in the Group Home rate models, how one-to-one support needs are accommodated, and whether there will be separate billing for Community-Based Supports and Center-Based Supports.

The rate models do not include a specific assumption related to In-Home Day Programs supports delivered in a group home. Instead, recognizing that individuals in group homes should be able to access community supports on their own schedule – rather than assuming that all individuals are away from the home during the same hours – the Group Home rate models assume that homes are staffed 24 hours per day (although, as noted in the response to comment 40, these assumptions are not mandates and 24-hour staffing is not required if there are times when no residents are in the home). The specific staffing assumptions are detailed in Appendix D of the rate model packet. Since the models provide for around-the-clock staffing, including during traditional ‘day program’ hours, and to avoid duplicative billing for the same staff hours, the rate study recommends the elimination of the Home-Based Day Program service.

Importantly, this recommendation does not seek to eliminate existing supports, but incorporates these staff hours into the Group Home rates. Further, as discussed in the response to comment 45, there will be a process for providers to request additional funding if a home requires more staffing than assumed in the rate models.

44. Several commenters asked for clarification on the level of funding included in the Group Home rate models for support coordination, stating this information is needed to compare the current and recommended rates.

As discussed in the response to comment 35, the rate study recommends the elimination of the existing Support Coordination services when conflict-free case management is implemented. The response to comment 31 notes that the rate study substantially increases program support funding for other services to recognize that current providers will retain some responsibilities that they fund through Support Coordination revenues, but does not quantify the amount of existing Support Coordination revenues associated with case management versus other tasks.

In terms of comparing rates, each provider is in the best position to quantify the impact for their organization. The rate study clearly shows the difference between the current and recommended Group Home rates, but only the providers know the proportion of their Support Coordination revenues that are associated with the operation of their Group Homes. With this information, providers can add amounts to their existing Group Home revenues and compare the total to the amount that would be earned based on the new Group Home rates.

45. One commenter requested additional clarification regarding the established of customized rates for Group Home services. The commenter asked whether it is equivalent to the current “L9” process.

The rate study uses the term ‘customized rate’ to describe the approach to establishing rate exceptions for homes that require more staffing than assumed in the rate models. In short, instead of ‘promoting’ an individual to a higher tier as currently occurs for most exceptions, this process envisions the replacement of the staffing assumptions in the rate model with a higher staffing level proposed by the provider and approved by BHDDH.

For example, a four-person home with one person each assigned to Tiers B, C, D, and E would be funded for 268 staff hours. If the provider believes that an individual requires more support than assumed in their rate, the provider would submit a justification and staffing schedule demonstrating the need for more staff hours than assumed in the home (to avoid duplicating payment for a service).

If approved, this alternative staffing level would be input into the rate model to determine the new rate for the individual(s).

46. *Two providers expressed concern that an individual would be forced to reside in a specialized group home. One commenter asked how the rates for such homes would be established.*

The rate study recommends the development of a framework to establish rates for group homes specifically designed to meet a need. For example, a home could be established for individuals who are deaf or hard of hearing. Such homes are only meant to provide an additional option for individuals who choose such a home. No one would be forced to move to one of these homes.

Recognizing that there will likely be unique costs to operate these settings and each will look different, a framework would be established to build rates for these homes. This framework would primarily consider difference in staff wages and staffing levels while other factors (such as mileage or the benefits package for direct care workers) would be the same as for standard rate models. Continuing the example of a home for individuals who are deaf or hard of hearing, the provider may need to hire staff who are conversant in American Sign Language. Employees with this skill will likely require a higher salary so the direct support professional wage assumption in the rate model would be augmented with a wage premium. Or, a medically-focused home may require one full-time registered nurse and an onsite licensed practical nurse at all times. These costs would not be covered by the rates for standard group homes so the use of a customized rate ensures that these homes will be viable.

47. *One commenter asked how the rate models account for vehicle-related transportation costs.*

The rate models use the Internal Revenue Service's 2022 standard rate of \$0.625 per mile. The standard mileage rate incorporates all vehicle-related expenses, including acquisition and depreciation, registration, maintenance and repairs, gasoline, and insurance.

48. *One commenter asked whether the mileage assumptions included in the Group Home rate models are too low as providers shift to more person-centered services.*

The mileage assumptions in the rate model are consistent with provider survey results. It is already expected that providers are delivering person-centered services so it is not clear that more travel will be required in the future, but providers can monitor this factor and report whether there is a significant increase.

49. *Two commenters asked questions related to the proposal to unbundle professional supports from the Group Home payment rates, primarily relating to the level of Professional Services to which individuals would be entitled. Commenters also expressed concern related to the additional administrative work to separately track and bill for Professional Services.*

As noted by the commenters, the rate study proposed unbundling Professional Services from the Group Home rates and allowing providers to bill for these services directly. However, after further consideration, this recommendation was withdrawn and professional supports will continue to be bundled into the Group Home rates. The rate models have been updated to allocate one hour of registered nursing support per individual per week for all tiers except for Tier D, which includes two hours. Additionally, the Tier E rate model includes an allocation of one hour per individual per week for psychologist support. These assumptions are meant to be averages and it is expected that some individuals will require more support and other will require less (or no) support.

50. *One commenter asked whether Group Home providers will be able to continue to bill for Center-Based Day Programs.*

The rate study did not propose any changes to who may receive Center-Based Day Programs (now titled Center-Based Supports) or which providers may deliver them. As discussed in the response to comment 43, the rate study does propose to eliminate the Home-Based Day Program service because the Group Home rate models provide funding for 24-hour supports, but individuals receiving Group Home services may continue to access Center-Based Supports and these programs can be operated by the Group Home provider.

51. *One commenter asked how the rate models account for costs associated with the capital expenses of group homes.*

The rate study does not include any recommendations related to changing funding for room and board expenses. In almost all circumstances, federal law prohibits the use of Medicaid funding for room and board costs, so the rate models do not include these costs. Rather, these expenses are intended to be covered by the federal benefits that individuals receive such as Social Security Income.

SHARED LIVING

52. *One commenter expressed support for the increased Shared Living Arrangement rates, but noted that the rates continue to be less than those for Group Homes and Supportive Living.*

BHDDH appreciates the support for the increased Shared Living Arrangement (SLA) rates, which have not received meaningful adjustments in many years. The rates for SLA are less than those of for Group Homes and Supportive Living because they are based on different service delivery models. Group Homes and Supportive Living settings are generally staffed around-the-clock by employees who do not live in the home and who earn a wage and have employee benefits. SLA services are provided by a contractor living in their own home and being paid a stipend that is typically tax free. Due to these differences, most states and systems (such as child welfare) pay different rates for foster home models and staffed models.

53. *Several commenters stated that individuals in Shared Living Arrangements should have access to Respite. One commenter asked why Respite was bundled into the Enhanced SLA rates, but not the standard SLA rates.*

The current tier packages for individuals in Shared Living Arrangements (SLA) includes a separate line item for Respite services and a review of claims data demonstrates that Respite services are separately billed. Consistent with these practices, the standard SLA rate models did not include respite hours. The proposed Enhanced SLA rate models, however, did include a bundled component for respite hours. To maintain consistency with current practices across both standard and enhanced services, the respite hours in the Enhanced SLA rates have been removed. Providers will be able to separately bill for Respite services pursuant to the limits in the applicable tier package for individuals in Enhanced SLAs just as they can for individuals in standard SLAs.

54. *One commenter asked several questions related to other services available to individuals in Shared Living Arrangements, including Center-Based Supports, Community-Based Supports, Transportation, Professional Services,*

The rate study did not recommend change the services available to individuals who reside in standard Shared Living Arrangements.

Individuals in standard SLAs will continue to be able to access both Center-Based Supports and Community-Based Supports. Consistent with the purpose of Enhanced SLAs – providing additional support to home providers when the individuals they support do not receive other paid supports – individuals receiving Enhanced SLA will not be able to access Center-Based Supports or Community-Based Supports.

No changes to Transportation and Professional Services are recommended at this time. The current tier packages for SLA include line items for both of these supports and they would also be available to individuals receiving Enhanced SLA.

The intent of the Enhanced Shared Living service is to provide for an incentivized rate for family homes that provide a ‘whole life’ care model. Under the ‘whole life’ model, the individual does not seek to avail themselves of other supports and desires to spend more time in the family environment. The service is only available to those individuals that do not intend to seek other paid supports. If the individual does intend to seek out these other supports, the standard Shared Living Arrangement service is available for their living situation.

55. *Several commenters asked for clarification related to Enhanced Shared Living Arrangement services. One commenter asked whether it is the same as “whole life” SLA and asked why individuals receiving Enhanced SLA would not be able to access employment supports. Another commenter stated that there should be more rigorous monitoring of Enhanced SLA.*

As part of its response to the Covid-19 pandemic, BHDDH created a process to increase payments to Shared Living Arrangement (SLA) home providers who provided additional support due to day program closures. In some documents, this was referred to “whole life” services. The rate study recommends formalizing this version of SLA through the establishment of Enhanced SLA. The service would be available to individuals who are not receiving other paid supports such as Center-Based Supports, Community-Based Supports, or employment services. The rate models for Enhanced SLA include a higher assumed payment to the home provider since they are providing more support compared to individuals who do receive other paid services. The rate study recommended an increase in SLA agencies’ oversight of their home providers by requiring at least monthly home visits for all SLA placements.

56. *Several commenters objected to the proposed rates for Enhanced Shared Living Arrangements, particularly the assumed payment to the home provider. Some of these commenters stated that the additional payment to the home provider should be equal to the value of the Day Program component of an individual’s tier package.*

Currently, when individuals do not receive external supports such as day program or employment services, BHDDH may authorize an enhanced rate that adds the value of an individual’s tier package for Day Program to the payment to the home provider. However, the Day Program rate models are based on a much different service model in which employees generally provide care to a group of individuals.

As noted in the response to comment 55, the rate study proposed the establishment of specific rate models for Enhanced Shared Living Arrangement services, including a 20 percent increase in the assumed payment to the home provider. In response to public comments, the assumed payment to the home provider was further increased. Specifically, the rate model now increases the assumed payment to the home provider by 35 percent for Tiers A, B, and C to reflect the additional hours of supervision they will provide. Assuming 56 hours of sleep time per week, there are 112 hours awake hours. If an individual participates in day activities 30 hours per week, the home provider is delivering 82 hours of supervision per week. Increasing this 82 hour baseline by 30 hours for individuals who do not

receive other supports is an increase of 36.6 percent. Due to the more intensive needs of individuals in Tiers D and E, the assumed home payment for these tiers is increased by 70 percent.

57. *One commenter suggested the development of payment rates for emergency Shared Living Arrangements, Noting that the service is not Respite.*

The rate study does not include a recommendation for a new emergency Shared Living Arrangement service. The Daily Respite rate continues to be available for emergency placements when appropriate and this rate has been set equal to the Tier E rate Enhanced SLA, which is the highest SLA rate.

COMPANION ROOM AND BOARD

58. *Several commenters offered support for the proposed creation of a Companion Room and Board service. One commenter expressed concern about “pay[ing] people for friendship” and stated the service could lead to emotional and mental abuse.*

The Companion Room and Board service is intended to provide another residential option for individuals that offers a high degree of independence. BHDDH appreciates the concerns raised by the commenter, but notes that the service will be delivered through a provider agency responsible for ensuring an appropriate match between the companion and individual receiving service and providing ongoing oversight.

SUPPORTIVE LIVING (SUPERVISED LIVING)

59. *Two commenters expressed concerns related to the proposed Supportive Living service. One commenter shared negative experiences with the service. The other commenter objected to the assumption that the typical site as four-and-a-half placements.*

As noted in the response to comment 20, the rate study recommends the establishment of Supportive Living to provide a residential living option that is less intensive and offers greater independence than a group home. In this model, individuals live in their own homes and share staffing supports provided by the agency that owns or controls the housing. It is anticipated that many existing Non-Congregate Residential Supports programs would transition to this service.

These programs will serve varying numbers of individuals, but it is expected that most will serve four or five individuals, as is currently true for Group Homes. The staffing assumptions are therefore divided by 4.5 individuals to develop a per-person amounts (as is now true for Group Homes with the withdrawal of the proposal to differentiate rates based on home size). There will obviously not be any settings that actually serve 4.5 individuals, but the rates are on a per-person basis so funded staff hours will reflect the actual number of residents served at the site. Further, the staffing assumptions are not prescriptive and providers will be expected to staff their programs at the level appropriate to meet the needs of the individuals they serve.

REMOTE SUPPORTS

60. *One commenter expressed support for the establishment of Remote Supports, but asked how the privacy of participants would be ensured in delivering such services.*

BHDDH appreciates the support for the recommended addition of Remote Supports, and agrees that individuals' privacy must be respected. Individuals would have to agree to the service, which could be provided through a number of different systems, including 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. In all cases, the system must protect the privacy of individuals and Remote Supports cannot be provided in private living areas like bathrooms or bedrooms. Finally, 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.

61. *One commenter asked whether Remote Supports is replacing Overnight Shared Supports. The commenter also asked how the rates for Remote Supports compared to those of Overnight Shared Supports.*

The rate study anticipates that many of the current Overnight Shared Supports services will transition to Remote Supports, but a final determination will require a review of each current program.

The comparison of rates will depend on the number of hours of Remote Supports that an individual needs. While Overnight Shared Supports is reimbursed on a per diem basis (that is, according to a fixed daily rate), Remote Supports would be billed in 15-minute increments since individuals may need access to Remote Supports for different periods of time. In general, though, Overnight Shared Supports that transition to Remote Supports would likely receive a substantial increase in funding. For example, if an individual requires eight hours of Remote Supports to cover overnight hours, payment would be \$84.48 compared to the current Overnight Shared Supports rate of \$28.94. If an individual receives at least three hours of Remote Support per day, their provider would earn more than the current Overnight Shared Supports rate.

62. *One commenter asked about the basis of the payment rate (for example, whether it is per-person, per staff, etc.).*

The recommended payment rate for Remote Supports would be billed per individual per 15-minutes. The rate model assumes there is one Remote Supports worker for every four individuals supported, but providers' actual models may include more or fewer individuals per worker.

63. *One commenter asked whether Rhode Island's state Medicaid plan needs to be amended to allow for the provision of Remote Supports.*

At this time, it is believed that current service definitions in the state Medicaid plan are broad enough to cover Remote Supports.

RESPITE

64. *One commenter asked why Respite is not covered on a 24-hour basis. Another commenter suggested that the proposed payment rate for Daily Respite was too high.*

The proposed rate model for Daily Respite service assumed that services were provided by an employee and assumed that services were provided for a 24-hour period with 16 hours compensated (and the remaining 8 hours being uncompensated sleep time). In responses to comments, the proposed rate model has been withdrawn and, instead, Daily Respite will be reimbursed at the Tier E rate for Enhanced Shared Living Arrangement services. Additionally, the rate study now recommends maintaining the current threshold that requires the daily rate to be billed when more than nine consecutive hours of support are provided.

COMMUNITY-BASED SUPPORTS AND CENTER-BASED SUPPORTS

65. Several commenters objected to payment rates based on 15-minute units, arguing that it maintains the burden on providers to track and bill for the services they provide. Commenters suggested that providers bill by the hour, half-day, or day.

Although most states – including Rhode Island – use 15-minute units for their community-based and center-based day services, there are several other states that reimburse on a day or part-day basis. The rate study acknowledges that it requires more effort to bill in 15-minute increments than for a larger unit of service. However, administrative simplification is only one goal of this evaluation. The rate study recommends the continuation of 15-minute billing for several reasons:

- BHDDH seeks to move the system away from the concept of a traditional ‘day program’ that is only available during daytime hours Monday through Friday. Supports should be available based on an individual’s schedule, meaning that what constitutes a ‘day’ will vary from one individual to the next.
- Individuals should have the flexibility to mix and match services and providers. For example, an individual may want to participate in only a few hours of Community-Based Supports because they also work for a few hours. 15-minute rates support this flexibility as individuals can choose how much or how little support to receive.
- 15-minute units are best able to provide greater funding to providers that deliver more community-based supports than center-based supports. The rate study recommends continuation of rates that vary by setting, meaning that providers who provide more community-based services earn more than those delivering more center-based services. Daily rates often result in providers being paid the same rate regardless of the amount of time spent in the community.

Although the rate study does recommend the continuation of 15-minute billing, it also recommends the elimination of billing based on staffing ratio as discussed in the response to comment 5, which will eliminate the need for providers to track ratios throughout the day.

66. Two commenters objected to any reduction in rates, noting that the recommended rates for Community-Based Supports for Tiers D and E, and Center-Based Supports for Tier E are less than current rates.

The current rate models assume that Community-Based Supports for Tiers D and E and Center-Based Supports for Tier E are always provided on a one-to-one basis. The rate models assume that there may be instances when individuals in these tiers may be appropriately served in a small group. For example, the rate model for Tier E Community-Based Supports assumes that three individuals can be supported by two staff.

The rate study originally proposed a one-to-one rate for Community-Based Supports. In response to comments, a one-to-one rate model was developed for Center-Based Supports. These services will be available to individuals in Tier E (and any other tier) who require one-to-one support and the rates are higher than the current Tier E rates.

67. One commenter noted that the amount of funding per DSP declines as the Tier increases.

The rate models assume the same wages and benefits packages for direct support professionals across all rate tiers (since most programs will likely serve a mix of individuals). All rate model cost assumptions are equal to or greater for higher tiers than for lower tiers. That is, providers are paid more for supporting individuals with greater needs.

The commenter compares the revenue per DSP staff hour and accurately notes that the revenue per staff hour declines as the tier increases. This, however, is simply a reflection that the rate models include costs other than DSP wages and benefits. For example, there is a greater total facility cost for a larger group (that is, it takes more space to serve a group of four participants than a group with three participants). The rate models assume larger groups at the lower tiers so the result is a larger facility cost on a per staff hour basis at these lower tiers.

68. Several commenters asked how the rate structure will incentivize more integrated services.

The rate study recommends higher rates for Community-Based Supports than for Center-Based Supports. The size of the premium varies by tier, but the Community-Based Supports rates are all at least 55 percent greater than the corresponding Center-Based Supports rates. This premium is intended to support the provision of more supports in the community, which are more likely to occur in integrated settings.

69. One commenter stated there are separate rates for community-based, center-based, and facility-based services and requested definitions for each.

Consistent with current payment structure for Day Program rates, the rate study recommends separate rates for Community-Based Supports and Center-Based Supports. The rate study does not include recommended changes to the definition of community-based supports and center-based supports except that programs that are entirely community-based except for the use of a central ‘hub’ space used to meet individual’s personal care needs and/or for meals would be able to bill the time spent at the hub at the Community-Based Supports rates. There are not separate rates recommended for center-based and facility-based services, but the rate study uses those terms interchangeably.

70. Several commenters expressed concerns related to staffing ratio assumptions in the rate models for Community-Based Supports and Center-Based Supports. One commenter asked whether the rate reflect the staff ratios included in the presentation of the proposed rate models. This commenter also objected to ratios in some models that are based on groups of direct support professionals (for example, a two-to-three staffing ratio). Finally, this commenter stated that the ratios do not provide flexibility in individual plans.

The development of rates for shared services such as Community-Based Supports and Center-Based Supports requires that assumptions be made regarding staffing levels. In other words, a rate model cannot make an assumption related to the cost of the direct support professional to support an individual without making an assumption regarding the number of individuals across whom that cost will be spread. The rates are a function of the assumed staffing ratios documented within the rate models.

However, these ratios are not intended to be prescriptive. To promote flexibility in the design of tailored programs, providers will not be required to deliver the level of staffing funded in the rate models. There will be no minimum staffing standards and providers can deliver the level of staffing deemed appropriate to meet participants’ needs within each program.

Some of the rate models do assume two direct support professionals (DSPs) serve a group of individuals, but this will not be a requirement. For example, the Tier C rate model for Community-Based Supports assume a staffing ratio of two direct support professionals for five individuals (or a 1:2.5 ratio). Since these ratios will not be enforced, providers could, for example, serve one group of individuals at a one-to-three ratio and serve another group at a one-to-two ratio. Further, most programs likely serve a mix of individuals across a mix of tiers so the staffing ratios assumed for each tier are intended to provide funding to support a level of staffing appropriate for the overall program.

- 71. One commenter expressed both support for the recommendation that billing for group Community-Based Supports and Center-Based Supports be based on an individual's assigned tier regardless of the staffing ratio in the program in which the individual is served and concern that this recommendation will be disadvantageous to providers because they will not be able to bill a more intensive tier when an individual is absent.**

As discussed in the response to comment 5, the rate study recommends that billing for group Community-Based Supports and Center-Based Supports be based on an individual's assigned tier rather than the program's staffing ratio. This recommendation is intended to reduce providers' administrative work and to increase predictability for individuals in the management of their budgets.

The expected result is that there will be times when providers will be billing a rate based on more intensive staffing than they are providing and, as noted by the commenter, there will be time when providers will be billing a rate based on less intensive staffing they are providing. The rate study includes two features designed to ensure providers receive adequate funding to support their programs. First, the rate models include an absence factor that increases the rates to account for times when a provider cannot bill because an individual is absent from the program. Second, as discussed in the response to comment 70, there will be no minimum staffing requirements. This structure should provide enough flexibility to design and staff their programs based on the needs of individuals served and typical attendance levels.

- 72. Several commenters noted that Tier E rates for Community-Based Supports and Center-Based Supports previously assumed one-to-one supports whereas the proposed rate models assume shared services. Several commenters asked when individuals would be able to access the one-to-one Community-Based Supports rates. One commenter noted there was no one-to-one rate for Center-Based Supports**

For Community-Based Supports, the rate study recommends the establishment of both shared and one-to-one rates. This includes the development of group rates for individuals assigned to Tiers D and E. The intent is to provide both individual and shared options to all individuals regardless of level of need. The rate study does not recommend limiting the one-to-one service to individuals in any specific tier(s) or to require any special approval process for one-to-one services.

In response to comments, a one-to-one rate model for Center-Based Supports was developed. Like Community-Based Supports, this gives all individuals a choice between one-to-one and group services.

As is currently true, one-to-one services have higher rates than shared services so there will be a tradeoff (fewer hours) within the existing tier packages when individuals opt to receive one-to-one services. When individual budgets are evaluated as discussed in the response to comment 3, the potential inclusion of one-to-one supports will be considered.

- 73. One commenter noted differences between the rate model structures for individual and group (tiered) Community-Based Supports.**

The primary difference between the rate models for individual and group Community-Based Supports obviously relates to staffing assumptions (that is, whether services are provided one-to-one or to a group). Additionally, the group rates include a facility component because it is anticipated that many of these services will be part of a program that also includes center-based activities. Including the facility cost in the community rates ensures that these costs are covered even a portion of the program is delivered in the community.

74. *One commenter asked for clarification regarding the mileage built into the rates for Community-Based Supports and whether providers delivering Community-Based Supports are able to bill for Transportation services.*

The mileage included in the rate models for Community-Based Supports are intended to account for ‘in-program’ transportation, that is, transportation costs related to transporting individuals between community settings. Consistent with current practices, Community-Based Support providers will be able to bill for Transportation services associated with transporting individuals to and from their homes.

75. *One commenter asked for clarification on the amount of Professional Services assumed for individuals in Community-Based Support and Center-Based Support programs.*

As discussed in the response to comment 3, the evaluation of existing tier packages has been delayed due to forthcoming changes in the Supports Intensity Scale. As a result, no changes to the assumptions of the number of hours of Professional Services while in Day Programs (now Community-Based Supports and Center-Based Supports) incorporated in the current tier packages have been proposed at this time.

As discussed in the response to comment 88, the rate study recommends Professional Services rates that differ based on the qualifications of the employee delivering supports. For the purposes of pricing the hours assumed in the tier packages, it is recommended using the rates for registered nurses since this is the most common qualification of staff providing Professional Services and is one of the higher rates. Providers, however, would bill based on the actual services they deliver.

EMPLOYMENT SERVICES

76. *One commenter objected to 15-minute billing rates for Discovery and Job Development rather than hourly.*

Consistent with current practices for Job Coaching (through which Discovery and Job Developmental activities may currently be provided), the rate study recommends a 15-minute billing unit for these services.

77. *Several commenters requested the rationale for limits on Discovery and Job Development services and how this is consistent with the recommendations to allow individuals to access employment supports outside of the tier package limits. One commenter suggested that the proposed limit on Discovery services was too low.*

As discussed in the response to comment 5, the rate study recommends that employment services – including Discovery and Job Development – not be subject to the budget limits established by the tier packages. This recommendation is intended to eliminate the need for individuals to choose between employment supports and other, less costly services. However, the rate study does recommend limits on the amount of Discovery and Job Development that an individual can receive as these are intended to be short-term services with a specified goal.

In response to public comments, the recommended limit on Discovery services has been increased to 60 hours. The recommended limit for Job Development services remains 200 hours. Both limits apply to an individual’s plan year, that is the period of time covered by their individualized service plan.

- 78. One commenter stated that the Job Coaching rate will decline over time. This commenter also asked whether providers will bill based on the hours that an individual works or the amount of support provided.**

The rate study proposes to shift to a payment model wherein the provider is paid based on the number of hours that an individual works regardless of the number of hours of Job Coaching support provided. This approach incentivizes working with individuals to increase the number of hours they work while fading unnecessary supports. Ultimately, rates would be tiered based on two factors: an individual's assessment-based tier (with higher rates for individuals with greater needs) and length of time on the job (with the expectation that fewer supports are necessary as individuals gain more experience in the job).

The rates will be based on the typical ratio of individuals' work hours to the amount of support they receive. These assumptions must be based on actual data so implementation of this model will be delayed until that data is collected, which will also allow for more time to discuss outcome-based models with stakeholders. Until that transition, providers will bill based on the actual supports they provide with no differentiation in rate based on an individual's assessed tier or length of time on the job.

- 79. One commenter suggested that more recordkeeping time is required for employment services. This commenter also asked how the Job Development rate model accounted for time that job developers spend networking with employers.**

In response to this comment, the amount of recordkeeping in the Job Coaching rate was increased to 2.50 hour in a typical week (prior to adjustments for training and paid time off), or 30 minutes per day. The Job Development rate models include 3.75 hours per typical week (prior to adjustments for training and paid time off), or 45 minutes per day based on findings from the provider survey and rate models developed in other states.

TRANSPORTATION

- 80. One commenter expressed support for the proposed Transportation rate. Another commenter asked whether the rate model represent a one-way or round trip.**

Consistent with current policies, the Transportation rate applies to a one-way trip from the individual's residence (or the immediate vicinity thereof) to the individual's regular activity (e.g., community support, employment) or from the activity back to the individual's residence. The service may be billed when transporting an individual to their Community-Based Supports, Center-Based Supports, employment, or activity that is not connected to a paid service (such as transporting someone to their place of worship when no other services are provided).

- 81. Several commenters objected to the proposal to base Transportation rates based on the number of individuals transported.**

The rate study proposed Transportation rates that varied by ridership to recognize that one-to-one supports are generally more expensive than shared supports on a per-person basis. In response to public comments, this proposal has been withdrawn. Instead, a single Transportation rate has been developed to cover all trips.

- 82. Several commenters suggested that the assumptions related to loading and unloading time as well as the typical length of a trip (10 miles) were inadequate.**

The original proposal assumed an average of ten miles per trip when a single individual is transported. As part of the revision to create a single rate regardless of the number of individuals transported as discussed in the response to comment, the single recommended rate model now assumes 15 miles per trip.

The rate model assumes two minutes per individual for loading and unloading time. Commenters did not offer alternative data and this assumption remains unchanged. As with all rate model assumptions this is meant to be an average and it is likely that some individuals will require considerably less time while others will require more.

83. *One commenter asked whether there is a limit on the number of one-way trips.*

The current tier packages include 512 trips per year. As discussed in the response to comment 3, recommendations related to changes to the tier packages have been delayed due to the forthcoming changes to the Supports Intensity Scale. However, as discussed in the response to comment 5, the rate study does recommend that the allotment for Transportation be combined with other allotments (including Day Program and Community-Based Supports), which would provide the ability for individuals to access more transportation albeit with the tradeoff of accessing fewer other services.

84. *One commenter noted the need for transportation options other than the Rhode Island Public Transit Authority.*

Although the rate study does not include any recommendations related to new transportation options, it is noted that the current rules related to Transportation Billing Alternative do provide the ability to access options such as a taxi or ride share.

PEER SUPPORTS AND FAMILY-TO-FAMILY TRAINING

85. *Several commenters expressed support for the new Peer Supports and Family-to-Family Training services. Commenters also noted that additional information related to service requirements is needed.*

BHDDH appreciates the support for the recommended Peer Supports and Family-to-Family Training services, which are intended to allow individuals with lived experience and training to mentor others, helping individuals to navigate the service delivery system and identify community resources. Proposed service standards, including requirements for staff delivering services, will be available soon.

86. *One commenter suggested that Peer Supports and Family-to-Family Training be funded outside of an individual's tier package.*

At this time, the rate study assumes this service will be subject to the limits established in individuals' tier packages. However, the comprehensive evaluation of individual budgets described in the response to comment 3 will provide an opportunity to review which services will and will not be included in any changes to the individual budgeting framework.

87. *One commenter objected to the assumption that peers and family members providing the service will work part-time and will therefore have a reduced benefits package.*

Individuals who use this service are expected to use a modest amount of support over a limited period of time. Additionally, in other states that cover similar services, utilization is typically low. As a result, it is anticipated that the peers and family members who provide this service will typically not

work a regular, full-time schedule. However, the use of the service will be monitored and the rate models can be adjusted if it is determined that staff do typically work full-time.

PROFESSIONAL SUPPORTS

88. *One commenter stated that billing based on staff qualification will result in a significant administrative burden for providers.*

The rate study recommends Professional Services rates that vary based on the qualification of the staff providing services in order to recognize differences in the cost of employing different types of licensed employees. This is commonplace in Medicaid reimbursement, including in Rhode Island (e.g., Medicaid does not pay the same rates for RNs and LPNs). The psychologist rate does not differentiate between those with or without a PhD.

Since providers will know the qualification of their staff providing Professional Services, this recommendation should not represent a significant burden on providers to bill appropriately.

89. *One commenter asked for clarity on the definition of “community” as it relates to these services.*

The rate study recommended different rates based upon the location of the service with higher rates for services delivered in the community to account for travel expenses and related lower productivity. The clinic-based rates would apply to services provided in the clinic/ office/ facility where the service provider works. Community-based services refer to locations in the general community where services may be provided such as the person’s home, parks, libraries, and other community settings.

FINANCIAL MANAGEMENT SERVICES (FISCAL INTERMEDIARY) AND SUPPORTS BROKERAGE

90. *Several commenters expressed concerns related to the draft rates for Financial Management Services, noting that the proposed rate is lower than current payment rates, which have not changed in many years. Commenters stated that agencies providing Support Facilitation do not deliver the supports described in the service definition in the BHDDH Billing Policy Manual other than the fiscal intermediary function (counseling, facilitation, and assistance related to the development of the individualized service plan and assisting the individual in securing and employing their staff) so the agencies would not be able to separately bill for these supports. Commenters suggested alternative payment rates or changes to the payment model.*

In response to public comments and recognizing that the implementation of conflict-free case management will likely impact the expectations of FMS providers, the proposed rate for Financial Management Services (Fiscal Intermediary) has been withdrawn. The rate study instead recommends that payment rates be reevaluated once the conflict-free case management requirements have been finalized. The rate study does recommend changing the title of the current Support Facilitation service to Financial Management Services and limiting the service definition to fiscal intermediary functions.

91. *One commenter asked whether there would be a limit on the amount of Support Facilitation that could be provided.*

The rate study proposed the development of a rate model and service definition for Support Facilitation that consolidated the Supports Brokerage service and the portions of the current Support Facilitation that do not relate to fiscal intermediary functions such as assisting in the development of the individualized service plan and in securing staff. However, as discussed in the response to comment 90, commenters stated that existing Support Facilitation providers are

not delivering supports other than the fiscal intermediary functions. In response, the proposed changes to payment rates and billing policies for the current Support Facilitation function have been withdrawn. As a result, the rate model that was developed for Support Facilitation will apply only to the Supports Brokerage service, which will be continued under that same title. No changes are proposed to current policies related to how individuals choose how much Supports Brokerage services to access.

VEHICLE MODIFICATIONS

92. One commenter asked whether the vehicle modification benefit can be accessed by Shared Living Agency home providers.

The vehicle modification benefit will only be available for vehicles owned by the individual or a family member with whom the individual lives or has consistent and ongoing contact. Vehicles owned by providers, including Shared Living Arrangement home providers, will not be eligible.

SELF-DIRECTED GOODS AND SERVICES

93. One commenter asked whether any changes have been proposed for Self-Directed Goods and Services and emphasized the value of these funds to individuals who self-direct services.

The rate study has not offered any recommendations related to Self-Directed Goods and Services at this time, but intends to consider the role of this service as part of the larger review of individual budgets as discussed in the response to comment 3.

Attachment 8 Final Rate Models

Attachment 8: Final Rate Models

Rate and Payment Options Study

Final Rate Models

- prepared for -

Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals

- prepared by -

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New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

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New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Comparison of Final Rates to Current Published Rates

Service/Variation	Unit	Current Rate	Proposed Rate	Notes
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Group Home

Tier A	Day	\$181.91	\$293.79	Proposed rates are based on a 344-day billing year; current rates have been converted to a 344-day equivalent for comparative purposes.
Tier B	Day	\$181.91	\$350.56	
Tier C	Day	\$256.89	\$407.31	
Tier D	Day	\$414.29	\$472.96	
Tier E	Day	\$464.32	\$529.78	

Supportive Living

Tier A	Awake Overnight	Day	\$181.91	\$266.03	New service to replace some Non-Congregate Residential services (others will transition to Community-Based Supports).	
	Asleep/ On-Call Overnight	Day	\$181.91	\$208.52		
Tier B	Awake Overnight	Day	\$181.91	\$316.49		
	Asleep/ On-Call Overnight	Day	\$181.91	\$258.98		
Tier C	Awake Overnight	Day	\$256.89	\$369.50		Proposed rates are based on a 344-day billing year; current rates for Non-Congregate Residential have been converted to a 344-day equivalent for comparative purposes.
	Asleep/ On-Call Overnight	Day	\$256.89	\$311.94		
Tier D	Awake Overnight	Day	\$414.29	\$428.79		
	Asleep/ On-Call Overnight	Day	\$414.29	\$371.28		
Tier E	Awake Overnight	Day	\$464.32	\$466.71		
	Asleep/ On-Call Overnight	Day	\$464.32	\$409.20		

Shared Living Arrangement

Tier A, Standard	Day	\$76.24	\$147.26	Proposed rates are based on a 344-day billing year; current rates have been converted to a 344-day equivalent for comparative purposes.
Tier B, Standard	Day	\$93.04	\$164.95	
Tier C, Standard	Day	\$118.13	\$187.49	
Tier D, Standard	Day	\$141.51	\$210.02	
Tier E, Standard	Day	\$141.51	\$227.71	
Tier A, Enhanced	Day		\$178.21	
Tier B, Enhanced	Day		\$202.09	
Tier C, Enhanced	Day		\$230.81	
Tier D, Enhanced	Day		\$309.06	
Tier E, Enhanced	Day		\$339.12	

Remote Supports

Monitoring	15 Min.	-	\$2.64	New services.
In-Person Response	15 Min.	-	\$12.36	

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Comparison of Final Rates to Current Published Rates

Service/Variation	Unit	Current Rate	Proposed Rate	Notes
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Community-Based Supports (includes current Community-Based Supports and Community-Based Day Program)

Community-Based Supports, 1:1	15 Min.	\$9.47	\$12.36	
Community-Based Supports, 1:2	15 Min.	\$5.45	-	
Community-Based Supports, 1:3	15 Min.	\$3.79	-	Services currently billed under shared Community-Based Supports will transition to the tiered group rates.
Community-Based Supports, 1:4	15 Min.	\$2.96	-	
Community-Based Supports, 1:5	15 Min.	\$2.46	-	
Community-Based Supports, 1:6	15 Min.	\$2.13	-	
Community-Based Supports, Group, Tier A	15 Min.	\$2.01	\$5.61	
Community-Based Supports, Group, Tier B	15 Min.	\$2.01	\$5.61	
Community-Based Supports, Group, Tier C	15 Min.	\$4.67	\$6.63	
Community-Based Supports, Group, Tier D	15 Min.	\$9.56	\$8.12	
Community-Based Supports, Group, Tier E	15 Min.	\$9.56	\$10.72	

Center-Based Supports (current Center-Based Day Program)

Center-Based Supports, Individual	15 Min.		\$11.78	
Center-Based Supports, Tier A	15 Min.	\$1.38	\$3.33	
Center-Based Supports, Tier B	15 Min.	\$1.59	\$3.33	
Center-Based Supports, Tier C	15 Min.	\$2.26	\$4.04	
Center-Based Supports, Tier D	15 Min.	\$3.45	\$5.25	
Center-Based Supports, Tier E	15 Min.	\$9.47	\$6.20	

Home-Based Day Program

Home-Based Supports, Tier A	Day	\$1.38	-	With the increased staffing levels in the Group Home rate models, Home-Based Day Programs would be eliminated (there will be an exceptions process to increase Group Home staffing if appropriate).
Home-Based Supports, Tier B	Day	\$1.59	-	
Home-Based Supports, Tier C	Day	\$2.26	-	
Home-Based Supports, Tier D	Day	\$3.45	-	
Home-Based Supports, Tier E	Day	\$9.47	-	

Respite

Hourly, 1:1	15 Min.	\$7.71	\$11.28	Daily rate for use in cases of Emergency SLA placements, using the Enhanced Tier E SLA rate
Hourly, 1:2	15 Min.		\$6.37	
Hourly, 1:3	15 Min.		\$4.32	
Daily, 1:1	Day	\$277.56	\$339.12	

Discovery and Job Development

Discovery	15 Min.	\$15.05	\$17.61	Current hourly Development/ Assessment rate is reported as a 15-minute equivalent for comparability.
Job Development	15 Min.		\$19.73	

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Comparison of Final Rates to Current Published Rates

Service/Variation	Unit	Current Rate	Proposed Rate	Notes
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Job Coaching

Tier A	15 Min.		\$18.06	
Tier B	15 Min.		\$18.06	
Tier C	15 Min.	\$9.69	\$18.06	Current Job Coaching and Job Retention rates will be consolidated under a single reimbursement framework based on hours of support provided. The longer-term goal is to pay providers based on the number of hours worked by the individual being supported.
Tier D	15 Min.		\$18.06	
Tier E	15 Min.		\$18.06	
Job Retention, Tier A	Month	\$216.39	-	
Job Retention, Tier B	Month	\$299.88	-	
Job Retention, Tier C	Month	\$386.66	-	
Job Retention, Tier D	Month	\$580.00	-	
Job Retention, Tier E	Month	\$727.22	-	

Group Support Employment

Group Supported Employment, 1:2	15 Min.	\$5.57	\$8.53	
Group Supported Employment, 1:3	15 Min.	\$3.88	\$5.79	
Group Supported Employment, 1:4	15 Min.	\$3.03	\$4.41	
Group Supported Employment, 1:5	15 Min.	\$2.52	\$3.58	
Group Supported Employment, 1:6	15 Min.	\$2.18	\$3.01	

Personal Care in the Workplace

Personal Care in the Workplace	15 Min.	-	\$12.36	New service.
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Transportation

Tiers A-C	Trip	\$10.62	-	Current tiered rates would be replaced with rates based on the number of individuals transported.
Tiers D-E	Trip	\$18.64	-	
All Tiers	Trip	-	\$21.20	

Peer Supports and Family-to-Family Training

Peer Supports	15 Min.	-	\$11.65	New service.
Family to Family Training	15 Min.	-	\$11.18	New service.

New Rate and Payment Options - Final Rate Models
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Comparison of Final Rates to Current Published Rates

Service/Variation	Unit	Current Rate	Proposed Rate	Notes
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Professional Services

Psychologist/	Community	15 Min.		\$24.36	
BCBA	Office/ Telehealth	15 Min.		\$20.01	
Psychiatrist	Community	15 Min.		\$72.44	
	Office/ Telehealth	15 Min.		\$60.90	
Therapist	Community	15 Min.		\$28.48	
	Office/ Telehealth	15 Min.		\$23.51	
Registered Nurse	Community	15 Min.		\$24.20	
	Office/ Telehealth	15 Min.		\$19.88	
Licensed Social Worker	Community	15 Min.	\$13.13	\$24.20	Service incorporates current Natural Supports Training by Professional Staff and Professional Supports while at Day Program services.
	Office/ Telehealth	15 Min.		\$19.87	
Lic. Mental Hlth Couns./ LMFT	Community	15 Min.		\$19.54	
	Office/ Telehealth	15 Min.		\$15.91	
Interpreter	Community	15 Min.		\$16.73	
	Office/ Telehealth	15 Min.		\$13.53	
BCABA	Community	15 Min.		\$20.77	
	Office/ Telehealth	15 Min.		\$16.77	
Licensed Practical Nurse	Community	15 Min.		\$20.75	
	Office/ Telehealth	15 Min.		\$16.76	

Supports Brokerage

Supports Brokerage	15 Min.	\$12.50	\$15.99	
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Financial Management Services (Support Facilitation)

Tier A	Month	\$49.20	-	
Tier B	Month	\$49.20	-	
Tier C	Month	\$98.41	-	
Tier D	Month	\$197.88	-	
Tier E	Month	\$197.88	-	

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Group Homes

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		Day	Day	Day	Day	Day	
Direct Support Staff Wages and Benefits	- Direct Support Staff Hourly Wage	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	\$29.05	\$29.05	
	<i>Productivity Assumptions</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	34.50	34.50	34.50	34.50	34.50	
	Productivity Adjustment	1.16	1.16	1.16	1.16	1.16	
	Staff Cost After Productivity Adj. per Billable Hour	\$33.70	\$33.70	\$33.70	\$33.70	\$33.70	
	<i>Staffing (see Appendix D)</i>						
	- Staff Hours per Residence per Week	168.0	208.0	248.0	288.0	328.0	
	Allocated Staff Hours per Participant per Week	42.0	52.0	62.0	72.0	82.0	
	Weekly Staff Cost per Participant	\$1,415.40	\$1,752.40	\$2,089.40	\$2,426.40	\$2,763.40	
	Mileage	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
- Number of Miles per Home per Week		425	425	425	425	425	
Allocated Miles per Participant per Week		106	106	106	106	106	
Weekly Mileage Cost per Participant		\$66.25	\$66.25	\$66.25	\$66.25	\$66.25	
Professional Services	-Licensed Staff (RN) Wage	\$43.38	\$43.38	\$43.38	\$43.38	\$43.38	
	-Licensed Staff ERE	21.67%	21.67%	21.67%	21.67%	21.67%	
	Hourly Cost (wages + benefits)	\$52.78	\$52.78	\$52.78	\$52.78	\$52.78	
	Weekly Hours per Participant	1.0	1.0	1.0	2.0	1.0	
	-Licensed Staff (Psychologist) Wage	\$43.72	\$43.72	\$43.72	\$43.72	\$43.72	
	-Licensed Staff ERE	21.60%	21.60%	21.60%	21.60%	21.60%	
	Hourly Cost (wages + benefits)	\$53.16	\$53.16	\$53.16	\$53.16	\$53.16	
	Weekly Hours per Participant	0.0	0.0	0.0	0.0	1.0	
Weekly Cost per Participant	\$52.78	\$52.78	\$52.78	\$105.56	\$105.94		
Admin. and Program Support	Cost per Week Before Program Support and Administration	\$1,534.43	\$1,871.43	\$2,208.43	\$2,598.21	\$2,935.59	
	- Program Support Cost per Participant per Day	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
	Weekly Program Support Cost per Participant	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
	Weekly Administration Cost per Participant	\$193.83	\$231.27	\$268.71	\$312.02	\$349.51	
Total Cost per Participant per Week	\$1,938.26	\$2,312.70	\$2,687.14	\$3,120.23	\$3,495.10		
Total Cost per Participant per Day	\$276.89	\$330.39	\$383.88	\$445.75	\$499.30		
Rate per Day at 344 Days per Year	\$293.79	\$350.56	\$407.31	\$472.96	\$529.78		

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Supportive Living with Awake Overnight Staff

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		Day	Day	Day	Day	Day	
Direct Support Staff Wages and Benefits	- Direct Support Staff Hourly Wage	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	\$29.05	\$29.05	
	<i>Productivity Assumptions</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	34.50	34.50	34.50	34.50	34.50	
	Productivity Adjustment	1.16	1.16	1.16	1.16	1.16	
	Staff Cost After Productivity Adj. per Billable Hour	\$33.70	\$33.70	\$33.70	\$33.70	\$33.70	
	<i>Staffing (see Appendix E)</i>						
	- Staff Hours per Residence per Week	168.0	208.0	250.0	290.0	320.0	
	Allocated Staff Hours per Participant per Week	37.3	46.2	55.6	64.4	71.1	
	Weekly Staff Cost per Participant	\$1,258.02	\$1,557.61	\$1,872.37	\$2,171.63	\$2,396.41	
	Mileage	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
		- Number of Miles per Home per Week	425	425	425	425	425
Allocated Miles per Participant per Week		94	94	94	94	94	
Weekly Mileage Cost per Participant		\$58.75	\$58.75	\$58.75	\$58.75	\$58.75	
Professional Services	-Licensed Staff (RN) Wage	\$43.38	\$43.38	\$43.38	\$43.38	\$43.38	
	-Licensed Staff ERE	21.67%	21.67%	21.67%	21.67%	21.67%	
	Hourly Cost (wages + benefits)	\$52.78	\$52.78	\$52.78	\$52.78	\$52.78	
	Weekly Hours per Participant	1.0	1.0	1.0	2.0	1.0	
	-Licensed Staff (Psychologist) Wage	\$43.72	\$43.72	\$43.72	\$43.72	\$43.72	
	-Licensed Staff ERE	21.60%	21.60%	21.60%	21.60%	21.60%	
	Hourly Cost (wages + benefits)	\$53.16	\$53.16	\$53.16	\$53.16	\$53.16	
	Weekly Hours per Participant	0.0	0.0	0.0	0.0	1.0	
Weekly Cost per Participant	\$52.78	\$52.78	\$52.78	\$105.56	\$105.94		
Admin. and Program Support	Cost per Week Before Program Support and Administration	\$1,369.55	\$1,669.14	\$1,983.90	\$2,335.94	\$2,561.10	
	- Program Support Cost per Participant per Day	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
	Weekly Program Support Cost per Participant	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
	Weekly Administration Cost per Participant	\$175.51	\$208.79	\$243.77	\$282.88	\$307.90	
Total Cost per Participant per Week	\$1,755.06	\$2,087.93	\$2,437.67	\$2,828.82	\$3,079.00		
Total Cost per Participant per Day	\$250.72	\$298.28	\$348.24	\$404.12	\$439.86		
Rate per Day at 344 Days per Year	\$266.03	\$316.49	\$369.50	\$428.79	\$466.71		

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Supportive Living with Asleep/ On-Call Overnight Staff

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		Day	Day	Day	Day	Day	
Direct Support Staff Wages and Benefits	- Direct Support Staff Hourly Wage	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	\$29.05	\$29.05	
	<i>Productivity Assumptions</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	34.50	34.50	34.50	34.50	34.50	
	Productivity Adjustment	1.16	1.16	1.16	1.16	1.16	
	Staff Cost After Productivity Adj. per Billable Hour	\$33.70	\$33.70	\$33.70	\$33.70	\$33.70	
	<i>Staffing (see Appendix E)</i>						
	- Staff Hours per Residence per Week	112.0	152.0	194.0	234.0	264.0	
	Allocated Staff Hours per Participant per Week	24.9	33.8	43.1	52.0	58.7	
	Weekly Staff Cost per Participant	\$838.79	\$1,138.39	\$1,452.81	\$1,752.40	\$1,977.18	
Asleep/ On-Call Pay	- Daily Payment for Asleep/ On-Call Shift	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	
	Weekly Asleep/ On-Call Shift Payments	\$350.00	\$350.00	\$350.00	\$350.00	\$350.00	
	Weekly Asleep/ On-Call Shift Payment per Participant	\$77.78	\$77.78	\$77.78	\$77.78	\$77.78	
Mileage	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625	
	- Number of Miles per Home per Week	425	425	425	425	425	
	Allocated Miles per Participant per Week	94	94	94	94	94	
Weekly Mileage Cost per Participant	\$58.75	\$58.75	\$58.75	\$58.75	\$58.75		
Professional Services	-Licensed Staff (RN) Wage	\$43.38	\$43.38	\$43.38	\$43.38	\$43.38	
	-Licensed Staff ERE	21.67%	21.67%	21.67%	21.67%	21.67%	
	Hourly Cost (wages + benefits)	\$52.78	\$52.78	\$52.78	\$52.78	\$52.78	
	Weekly Hours per Participant	1.0	1.0	1.0	2.0	1.0	
	-Licensed Staff (Psychologist) Wage	\$43.72	\$43.72	\$43.72	\$43.72	\$43.72	
	-Licensed Staff ERE	21.60%	21.60%	21.60%	21.60%	21.60%	
	Hourly Cost (wages + benefits)	\$53.16	\$53.16	\$53.16	\$53.16	\$53.16	
Weekly Hours per Participant	0.0	0.0	0.0	0.0	1.0		
Weekly Cost per Participant	\$52.78	\$52.78	\$52.78	\$105.56	\$105.94		
Admin. and Program Support	Cost per Week Before Program Support and Administration	\$1,028.10	\$1,327.70	\$1,642.12	\$1,994.49	\$2,219.65	
	- Program Support Cost per Participant per Day	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
	Weekly Program Support Cost per Participant	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
Weekly Administration Cost per Participant	\$137.57	\$170.86	\$205.79	\$244.94	\$269.96		
Total Cost per Participant per Week	\$1,375.67	\$1,708.56	\$2,057.91	\$2,449.43	\$2,699.61		
Total Cost per Participant per Day	\$196.52	\$244.08	\$293.99	\$349.92	\$385.66		
Rate per Day at 344 Days per Year	\$208.52	\$258.98	\$311.94	\$371.28	\$409.20		

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Shared Living Arrangement

		Tier A	Tier B	Tier C	Tier D	Tier E
Unit of Service		Day	Day	Day	Day	Day
Recruitment	- Recruiter Hourly Wage	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
	- Employee Benefit Rate (as a percent of wages)	24.45%	24.45%	24.45%	24.45%	24.45%
	Annual Recruiter Cost (wages + benefits)	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07
	- Home Recruitments per Full-Time Recruiter per Year	12	12	12	12	12
	Recruiter Cost per Home Recruitment	\$7,314.84	\$7,314.84	\$7,314.84	\$7,314.84	\$7,314.84
	- Annual Home Recruiter Miles	3,900	3,900	3,900	3,900	3,900
	- Annual Home Recruiter Miles per Home	325	325	325	325	325
	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
	Home Recruiter Mileage Cost per Home	\$203.13	\$203.13	\$203.13	\$203.13	\$203.13
	- Number of Years that a Home Contracts with Agency	6.0	6.0	6.0	6.0	6.0
Amortized Annual Recruitment Cost per Participant	\$1,253.00	\$1,253.00	\$1,253.00	\$1,253.00	\$1,253.00	
Home Monitor	- Home Monitor Hourly Wage	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
	- Employee Benefit Rate (as a percent of wages)	24.45%	24.45%	24.45%	24.45%	24.45%
	Annual Home Monitor Cost (wages + benefits)	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07
	- Home Monitor Caseload	15	15	12	10	10
Annual Home Monitor Cost per Participant	\$5,851.87	\$5,851.87	\$7,314.84	\$8,777.81	\$8,777.81	
Home Monitor Mileage	- Annual Home Monitor Miles	3,900	3,900	3,900	3,900	3,900
	- Annual Home Monitor Miles per Home	260	260	325	390	390
	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
	Home Monitor Mileage Cost per Home	\$162.50	\$162.50	\$203.13	\$243.75	\$243.75
Home Payment	- Daily Payment to Home Provider per Participant	\$75.00	\$90.00	\$105.00	\$120.00	\$135.00
	Annual Payment per Participant	\$27,375.00	\$32,850.00	\$38,325.00	\$43,800.00	\$49,275.00
Admin. and Program Support	Annual Cost Before Program Support and Administration	\$34,642.37	\$40,117.37	\$47,095.97	\$54,074.56	\$59,549.56
	- Program Support Cost per Participant per Day	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
	Annual Program Support Cost per Participant	\$10,950.00	\$10,950.00	\$10,950.00	\$10,950.00	\$10,950.00
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%
Annual Administration Cost per Participant	\$5,065.82	\$5,674.15	\$6,449.55	\$7,224.95	\$7,833.28	
Total Cost per Participant per Year		\$50,658.19	\$56,741.52	\$64,495.52	\$72,249.51	\$78,332.84
Total Cost per Participant per Day		\$138.79	\$155.46	\$176.70	\$197.94	\$214.61
Rate per Day at 344 Days per Year		\$147.26	\$164.95	\$187.49	\$210.02	\$227.71

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Shared Living Arrangement, Enhanced

		Tier A	Tier B	Tier C	Tier D	Tier E
Unit of Service		Day	Day	Day	Day	Day
Recruitment	- Recruiter Hourly Wage	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
	- Employee Benefit Rate (as a percent of wages)	24.45%	24.45%	24.45%	24.45%	24.45%
	Annual Recruiter Cost (wages + benefits)	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07
	- Number of Home Recruitments per Recruiter per Year	12	12	12	12	12
	Recruiter Cost per Home Recruitment	\$7,314.84	\$7,314.84	\$7,314.84	\$7,314.84	\$7,314.84
	- Annual Home Recruiter Miles	3,900	3,900	3,900	3,900	3,900
	- Annual Home Recruiter Miles per Home	325	325	325	325	325
	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
	Home Recruiter Mileage Cost per Home	\$203.13	\$203.13	\$203.13	\$203.13	\$203.13
	- Number of Years that a Home Contracts with Agency	6.0	6.0	6.0	6.0	6.0
Amortized Annual Recruitment Cost per Participant	\$1,253.00	\$1,253.00	\$1,253.00	\$1,253.00	\$1,253.00	
Home Monitor	- Home Monitor Hourly Wage	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
	- Employee Benefit Rate (as a percent of wages)	24.45%	24.45%	24.45%	24.45%	24.45%
	Annual Home Monitor Cost (wages + benefits)	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07	\$87,778.07
	- Home Monitor Caseload	15	15	12	10	10
Annual Home Monitor Cost per Participant	\$5,851.87	\$5,851.87	\$7,314.84	\$8,777.81	\$8,777.81	
Home Monitor Mileage	- Annual Home Monitor Miles	3,900	3,900	3,900	3,900	3,900
	- Annual Home Monitor Miles per Home	260	260	325	390	390
	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625
	Home Monitor Mileage Cost per Home	\$162.50	\$162.50	\$203.13	\$243.75	\$243.75
Home Payment	- Daily Payment to Home Provider per Participant	\$101.25	\$121.50	\$141.75	\$204.00	\$229.50
	Annual Payment per Participant	\$36,956.25	\$44,347.50	\$51,738.75	\$74,460.00	\$83,767.50
Admin. and Program Support	Annual Cost Before Program Support and Administration	\$44,223.62	\$51,614.87	\$60,509.72	\$84,734.56	\$94,042.06
	- Program Support Cost per Participant per Day	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
	Annual Program Support Cost per Participant	\$10,950.00	\$10,950.00	\$10,950.00	\$10,950.00	\$10,950.00
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%
Annual Administration Cost per Participant	\$6,130.40	\$6,951.65	\$7,939.97	\$10,631.62	\$11,665.78	
Total Annual Cost per Participant		\$61,304.02	\$69,516.52	\$79,399.69	\$106,316.18	\$116,657.84
Total Cost per Participant per Day		\$167.96	\$190.46	\$217.53	\$291.28	\$319.61
Rate per Day at 344 Days per Year		\$178.21	\$202.09	\$230.81	\$309.06	\$339.12

New Rate and Payment Options - Final Rate Models
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Remote Supports, Monitoring

	Unit of Service	15 Min.
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14
	- Employee Benefit Rate (as a percent of wages)	31.20%
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05
	<i>Productivity Adjustments</i>	
	Total Hours	40.00
	- Supervision and Other Employer Time	0.88
	- Training	0.77
	- Paid Time Off	3.85
	"Billable" Hours	34.50
	Productivity Factor	1.16
	Staff Cost After Productivity Adj. per Billable Hour	\$33.70
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$33.70
	- Program Support Cost per Day	\$30.00
	Program Support Cost per Billable Hour	\$4.35
	- Administration Percent	10.0%
	Administration Cost per Billable Hour	\$4.23
	Cost per Billable Hour	\$42.28
	- Number of Members Monitored	4
	Total Cost per Billable Hour per Individual	\$10.57
	Rate per 15 Minutes per Individual	\$2.64

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Remote Supports, In-Person Response

	Unit of Service	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.21	
	- Recordkeeping and Reporting	0.88	
	- Individual Planning Meetings	0.22	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	31.19	
	Productivity Factor	1.28	
	Staff Cost After Productivity Adj. per Billable Hour	\$37.18	
Mileage	- Number of Miles Traveled per Week	125	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$78.13	
	Mileage Cost per Billable Hour	\$2.50	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$39.68	
	- Program Support Cost per Day	\$30.00	
	Program Support Cost per Billable Hour	\$4.81	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$4.94	
	Cost per Billable Hour	\$49.43	
	Rate per 15 Minutes	\$12.36	

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Community Based Supports, Individual

	Unit of Service	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.21	
	- Recordkeeping and Reporting	0.88	
	- Individual Planning Meetings	0.22	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	31.19	
	Productivity Factor	1.28	
	Staff Cost After Productivity Adj. per Billable Hour	\$37.18	
Mileage	- Number of Miles Traveled per Week	125	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$78.13	
	Mileage Cost per Billable Hour	\$2.50	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$39.68	
	- Program Support Cost per Day	\$30.00	
	Program Support Cost per Billable Hour	\$4.81	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$4.94	
	Cost per Billable Hour	\$49.43	
	Rate per 15 Minutes	\$12.36	

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Community-Based Supports, Group

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	15 Min.	
Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	\$29.05	\$29.05	
	<i>Productivity Adjustments</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Program Set-Up/ Clean-Up	1.11	1.11	1.11	1.11	1.11	
	- Recordkeeping and Reporting	1.33	1.33	1.33	0.88	0.88	
	- Individual Planning Meetings	0.44	0.44	0.22	0.22	0.22	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	31.62	31.62	31.84	32.29	32.29	
	Productivity Factor	1.27	1.27	1.26	1.24	1.24	
	Staffing Ratio						
	- Group Size (Participants per Direct Care Staff)	3.00	3.00	2.50	2.00	1.50	
	- Participant Attendance Rate	90%	90%	90%	90%	90%	
	- Adjusted Weighted Avg. of No. of Participants per Staff	2.70	2.70	2.25	1.80	1.35	
Staff Cost After Productivity Adj. per Billable Hour	\$13.66	\$13.66	\$16.27	\$20.01	\$26.68		
Attendance	- Annual Days of Program Support	250.0	250.0	250.0	250.0	250.0	
	- Annual Days of Participant Attendance	225.0	225.0	225.0	225.0	225.0	
	- Hours per Day of Participant Attendance	6.00	6.00	6.00	6.00	6.00	
	Hours per Year of Participant Attendance	1,350	1,350	1,350	1,350	1,350	
Facility	- Square Feet of Service Space per Participant	100	100	100	100	100	
	- Annual Cost per Square Foot	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	
	Annual Facility Cost per Participant	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Facility Cost per Participant per Billable Hour	\$1.11	\$1.11	\$1.11	\$1.11	\$1.11	
Mileage, In Program	Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625	
	- Number of Miles Traveled per Vehicle per Week	150	150	150	150	150	
	- Number of Participants per Vehicle	2.70	2.70	2.25	1.80	1.35	
	Allocated Miles per Participant per Week	55.6	55.6	66.7	83.3	111.1	
	Annual Mileage Cost/ Participant (at 250 days of operation)	\$1,737.50	\$1,737.50	\$2,084.38	\$2,603.13	\$3,471.88	
Mileage Cost per Participant per Billable Hour	\$1.29	\$1.29	\$1.54	\$1.93	\$2.57		
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$16.06	\$16.06	\$18.92	\$23.05	\$30.36	
	- Program Support Cost per Day	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	
	Program Support Cost per Participant per Billable Hour	\$4.12	\$4.12	\$4.94	\$6.17	\$8.23	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
	Administration Cost per Participant per Billable Hour	\$2.24	\$2.24	\$2.65	\$3.25	\$4.29	
Cost per Participant per Billable Hour	\$22.42	\$22.42	\$26.51	\$32.47	\$42.88		
Rate per 15 Minutes	\$5.61	\$5.61	\$6.63	\$8.12	\$10.72		

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Center-Based Supports, Individual

Unit of Service		15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Program Set-Up/ Clean-Up	1.11	
	- Recordkeeping and Reporting	1.33	
	- Individual Planning Meetings	0.22	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	31.84	
	Productivity Factor	1.26	
Staff Cost After Productivity Adj. per Billable Hour		\$36.60	
Attendance	- Annual Days of Program Support	250.0	
	- Annual Days of Participant Attendance	225.0	
	- Hours per Day of Participant Attendance	6.00	
	Hours per Year of Participant Attendance	1,350	
Facility	- Square Feet of Service Space per Participant	100	
	- Annual Cost per Square Foot	\$15.00	
	Annual Facility Cost per Participant	\$1,500.00	
	Facility Cost per Participant per Billable Hour	\$1.11	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$37.71	
	- Program Support Cost per Day	\$30.00	
	Program Support Cost per Billable Hour	\$4.71	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$4.71	
Cost per Billable Hour		\$47.13	
Rate per 15 Minutes		\$11.78	

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Center-Based Supports

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	15 Min.	
Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	\$29.05	\$29.05	
	<i>Productivity Adjustments</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Program Set-Up/ Clean-Up	1.11	1.11	1.11	1.11	1.11	
	- Recordkeeping and Reporting	2.21	2.21	1.77	1.33	1.33	
	- Individual Planning Meetings	0.44	0.44	0.44	0.44	0.22	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	30.74	30.74	31.18	31.62	31.84	
	Productivity Factor	1.30	1.30	1.28	1.27	1.26	
	Staffing Ratio						
	- Group Size (Participants per Direct Care Staff)	5.0	5.0	4.0	3.0	2.5	
	- Participant Attendance Rate	90%	90%	90%	90%	90%	
- Adjusted Weighted Avg. of No. of Participants per Staff	4.5	4.5	3.6	2.7	2.3		
Staff Cost After Productivity Adj. per Billable Hour	\$8.39	\$8.39	\$10.33	\$13.66	\$16.27		
Attendance	- Annual Days of Program Support	250.0	250.0	250.0	250.0	250.0	
	- Annual Days of Participant Attendance	225.0	225.0	225.0	225.0	225.0	
	- Hours per Day of Participant Attendance	6.00	6.00	6.00	6.00	6.00	
	Hours per Year of Participant Attendance	1,350	1,350	1,350	1,350	1,350	
Facility	- Square Feet of Service Space per Participant	100	100	100	100	100	
	- Annual Cost per Square Foot	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	
	Annual Facility Cost per Participant	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Facility Cost per Participant per Billable Hour	\$1.11	\$1.11	\$1.11	\$1.11	\$1.11	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$9.50	\$9.50	\$11.44	\$14.77	\$17.38	
	- Daily Program Support Costs	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	
	Program Support Cost per Billable Hour	\$2.47	\$2.47	\$3.09	\$4.12	\$4.94	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour	\$1.33	\$1.33	\$1.61	\$2.10	\$2.48		
Cost per Participant per Billable Hour	\$13.30	\$13.30	\$16.14	\$20.99	\$24.80		
Rate per 15 Minutes	\$3.33	\$3.33	\$4.04	\$5.25	\$6.20		

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Respite, Hourly

		1:1	1:2	1:3	
Unit of Service		15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	\$22.14	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	31.20%	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	\$29.05	\$29.05	
	<i>Productivity Adjustments</i>				
	Total Hours	40.00	40.00	40.00	
	- Travel Time Between Individuals	0.88	0.88	0.88	
	- Recordkeeping and Reporting	0.88	1.33	1.77	
	- Supervision and Other Employer Time	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	
	"Billable" Hours	32.74	32.29	31.85	
	Productivity Factor	1.22	1.24	1.26	
	Staff Cost After Productivity Adj. per Billable Hour	\$35.44	\$36.02	\$36.60	
Mileage	- Number of Miles Traveled per Week	30	30	30	
	- Amount per Mile	\$0.625	\$0.625	\$0.625	
	Weekly Mileage Cost	\$18.75	\$18.75	\$18.75	
	Mileage Cost per Billable Hour	\$0.57	\$0.58	\$0.59	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$36.01	\$36.60	\$37.19	
	- Program Support Funding per Day	\$30.00	\$60.00	\$60.00	
	Program Support Cost per Billable Hour	\$4.58	\$9.29	\$9.42	
	- Administration Percent	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour	\$4.51	\$5.10	\$5.18		
Cost per Billable Hour		\$45.10	\$50.99	\$51.79	
- Number of Individuals Served		1	2	3	
Rate per 15 Minutes per Participant		\$11.28	\$6.37	\$4.32	

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Discovery

Unit of Service		15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.34	
	- Employee Benefit Rate (as a percent of wages)	24.67%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.56	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.21	
	- Recordkeeping and Reporting	1.77	
	- Individual Planning Meetings	0.44	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	30.08	
	Productivity Factor	1.33	
Staff Cost After Productivity Adj. per Billable Hour		\$55.27	
Mileage	- Number of Miles Traveled per Week	150	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$93.75	
	Mileage Cost per Billable Hour	\$3.12	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$58.39	
	- Daily Program Support Costs	\$30.00	
	Program Support Cost per Billable Hour	\$4.99	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$7.04	
Cost per Billable Hour		\$70.42	
Rate per 15 Minutes		\$17.61	

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Job Development

Unit of Service		15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.34	
	- Employee Benefit Rate (as a percent of wages)	24.67%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.56	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.21	
	- Networking/ General Development Activities	3.32	
	- Recordkeeping and Reporting	1.77	
	- Individual Planning Meetings	0.44	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	26.76	
Productivity Factor	1.49		
Staff Cost After Productivity Adj. per Billable Hour		\$61.92	
Mileage	- Number of Miles Traveled per Week	150	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$93.75	
	Mileage Cost per Billable Hour	\$3.50	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$65.42	
	- Daily Program Support Costs	\$30.00	
	Program Support Cost per Billable Hour	\$5.61	
	- Administration Percent	10.0%	
Administration Cost per Billable Hour		\$7.89	
Cost per Billable Hour		\$78.92	
Rate per 15 Minutes		\$19.73	

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Job Coaching

		Tier A	Tier B	Tier C	Tier D	Tier E	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.16	\$33.16	\$33.16	\$33.16	\$33.16	
	- Employee Benefit Rate (as a percent of wages)	24.74%	24.74%	24.74%	24.74%	24.74%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	
	<i>Productivity Adjustments</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Travel Time Between Individuals	2.65	2.65	2.65	2.65	2.65	
	- Recordkeeping and Reporting	2.21	2.21	2.21	2.21	2.21	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Individual Planning Meetings	0.44	0.44	0.44	0.44	0.44	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	29.20	29.20	29.20	29.20	29.20	
	Productivity Factor	1.37	1.37	1.37	1.37	1.37	
	Staff Cost After Productivity Adj. per Billable Hour	\$56.66	\$56.66	\$56.66	\$56.66	\$56.66	
	Mileage	- Number of Miles Traveled per Week	150	150	150	150	150
- Amount per Mile		\$0.625	\$0.625	\$0.625	\$0.625	\$0.625	
Weekly Mileage Cost		\$93.75	\$93.75	\$93.75	\$93.75	\$93.75	
Mileage Cost per Billable Hour		\$3.21	\$3.21	\$3.21	\$3.21	\$3.21	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$59.87	\$59.87	\$59.87	\$59.87	\$59.87	
	- Daily Program Support Costs	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$5.14	\$5.14	\$5.14	\$5.14	\$5.14	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour	\$7.22	\$7.22	\$7.22	\$7.22	\$7.22		
Cost per Billable Hour		\$72.23	\$72.23	\$72.23	\$72.23	\$72.23	
Rate per 15 Minutes		\$18.06	\$18.06	\$18.06	\$18.06	\$18.06	

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Group Supported Employment

		1:2	1:3	1:4	1:5	1:6	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.16	\$33.16	\$33.16	\$33.16	\$33.16	
	- Employee Benefit Rate (as a percent of wages)	24.74%	24.74%	24.74%	24.74%	24.74%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	
	<i>Productivity Adjustments</i>						
	Total Hours	40.00	40.00	40.00	40.00	40.00	
	- Recordkeeping and Reporting	0.88	1.33	1.77	2.21	2.65	
	- Individual Planning Meetings	0.22	0.44	0.44	0.44	0.44	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	
	- Training	0.77	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	3.85	
	"Billable" Hours	33.40	32.73	32.29	31.85	31.41	
	Productivity Factor	1.20	1.22	1.24	1.26	1.27	
	Staff Cost After Productivity Adj. per Billable Hour	\$24.82	\$16.82	\$12.82	\$10.42	\$8.75	
Mileage, In Program	Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	\$0.625	
	- Number of Miles Traveled per Vehicle per Week	150	150	150	150	150	
	Allocated Miles per Participant per Week	75.0	50.0	37.5	30.0	25.0	
	Mileage Cost per Participant per Billable Hour	\$1.40	\$0.95	\$0.73	\$0.59	\$0.50	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$26.22	\$17.77	\$13.55	\$11.01	\$9.25	
	- Program Support Cost per Day	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	
	Program Support Cost per Participant per Billable Hour	\$4.49	\$3.06	\$2.32	\$1.88	\$1.59	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	10.0%	
	Administration Cost per Participant per Billable Hour	\$3.41	\$2.31	\$1.76	\$1.43	\$1.20	
Cost per Participant per Billable Hour	\$34.12	\$23.14	\$17.63	\$14.32	\$12.04		
Rate per 15 Minutes	\$8.53	\$5.79	\$4.41	\$3.58	\$3.01		

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Personal Care in the Workplace

	Unit of Service	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14	
	- Employee Benefit Rate (as a percent of wages)	31.20%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.21	
	- Recordkeeping and Reporting	0.88	
	- Individual Planning Meetings	0.22	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	31.19	
	Productivity Factor	1.28	
	Staff Cost After Productivity Adj. per Billable Hour	\$37.18	
Mileage	- Number of Miles Traveled per Week	125	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$78.13	
	Mileage Cost per Billable Hour	\$2.50	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$39.68	
	- Program Support Cost per Day	\$30.00	
	Program Support Cost per Billable Hour	\$4.81	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$4.94	
	Cost per Billable Hour	\$49.43	
	Rate per 15 Minutes	\$12.36	

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Transportation

	Unit of Service	Trip
Trip Details	- Number of Miles Traveled per Trip	15
	- Assumed Travel Speed (miles per Hour)	35
	- Minutes for Loading/Unloading per Participant	2
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14
	- Employee Benefit Rate (as a percent of wages)	31.20%
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$29.05
	<i>Productivity Adjustments</i>	
	Total Hours	40.00
	- Supervision and Other Employer Time	0.88
	- Training	0.77
	- Paid Time Off	3.85
	"Billable" Hours	34.50
	Productivity Factor	1.16
	Staff Cost After Productivity Adj. per Billable Hour	\$33.70
	Number of Staff Hours per Trip (based on trip details above)	0.53
	Staff Cost per Trip	\$17.86
Mileage	- Amount per Mile	\$0.625
	Mileage Cost per Trip	\$9.38
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$27.24
	- Program Support Costs per Day	\$60.00
	Program Support Cost per Trip (based on two trips per day)	\$30.00
	- Administration Percent	10.0%
	Administration Cost per Trip	\$6.36
	Cost per Trip	\$63.60
	- Number of Individuals Transported	3
	Rate per Participant per Trip	\$21.20

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Peer Supports

	Unit of Service	15-Min
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14
	- Employee Benefit Rate (as a percent of wages)	12.99%
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$25.02
	<i>Productivity Adjustments</i>	
	Total Hours	20.00
	- Supervision and Other Employer Time	1.08
	- Training	0.77
	- Paid Time Off	1.92
	"Billable" Hours	16.23
	Productivity Factor	1.23
	Staff Cost After Productivity Adj. per Billable Hour	\$30.77
Mileage	- Number of Miles Traveled per Week	50
	- Amount per Mile	\$0.625
	Weekly Mileage Cost	\$31.25
	Mileage Cost per Billable Hour	\$1.93
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$32.70
	- Daily Program Support Costs	\$30.00
	Program Support Cost per Billable Hour	\$9.24
	- Administration Percent	10.0%
	Administration Cost per Billable Hour	\$4.66
	Cost per Billable Hour	\$46.60
	Rate per 15 Minutes	\$11.65

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Family-to-Family Training

	Unit of Service	15-Min
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$22.14
	- Employee Benefit Rate (as a percent of wages)	12.99%
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$25.02
	<i>Productivity Adjustments</i>	
	Total Hours	20.00
	- Supervision and Other Employer Time	0.43
	- Training	0.77
	- Paid Time Off	1.92
	"Billable" Hours	16.88
	Productivity Factor	1.18
	Staff Cost After Productivity Adj. per Billable Hour	\$29.52
Mileage	- Number of Miles Traveled per Week	50
	- Amount per Mile	\$0.625
	Weekly Mileage Cost	\$31.25
	Mileage Cost per Billable Hour	\$1.85
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$31.37
	- Daily Program Support Costs	\$30.00
	Program Support Cost per Billable Hour	\$8.89
	- Administration Percent	10.0%
	Administration Cost per Billable Hour	\$4.47
	Cost per Billable Hour	\$44.73
	Rate per 15 Minutes	\$11.18

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Professional Services, Office/Telehealth

		Psych- ologist/ BCBA	Psych- iatrist	Therapist (OT/ PT/ SLP)	Registered Nurse	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$43.72	\$153.21	\$52.75	\$43.38	
	- Employee Benefit Rate (as a percent of wages)	21.60%	11.55%	19.91%	21.67%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$53.16	\$170.91	\$63.25	\$52.78	
	<i>Productivity Adjustments</i>					
	Total Hours	40.00	40.00	40.00	40.00	
	- Recordkeeping and Reporting	1.99	1.99	1.99	1.99	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	
	- Missed Appointments	0.44	0.44	0.44	0.44	
	- Training	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	
	"Billable" Hours	32.07	32.07	32.07	32.07	
	Productivity Factor	1.25	1.25	1.25	1.25	
	Staff Cost After Productivity Adj. per Billable Hour	\$66.45	\$213.64	\$79.06	\$65.98	
Office Space	- Square Feet of Office Space per Staff	100	100	100	100	
	- Annual Cost per Square Foot	\$15.00	\$15.00	\$15.00	\$15.00	
	Annual Office Space Cost per Staff	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Office Space Cost per Billable Hour	\$0.90	\$0.90	\$0.90	\$0.90	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$67.35	\$214.54	\$79.96	\$66.88	
	- Program Support Cost per Day	\$30.00	\$30.00	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$4.68	\$4.68	\$4.68	\$4.68	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour	\$8.00	\$24.36	\$9.40	\$7.95		
Cost per Billable Hour	\$80.03	\$243.58	\$94.04	\$79.51		
Rate per 15 Minutes	\$20.01	\$60.90	\$23.51	\$19.88		

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Professional Services, Office/Telehealth

		Licensed Social Worker	Lic. Mental Hlth Couns./ LMFT	Interpreter	
Unit of Service		15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$43.37	\$33.16	\$27.01	
	- Employee Benefit Rate (as a percent of wages)	21.68%	24.74%	27.69%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$52.77	\$41.36	\$34.49	
	<i>Productivity Adjustments</i>				
	Total Hours	40.00	40.00	40.00	
	- Recordkeeping and Reporting	1.99	1.99	1.99	
	- Supervision and Other Employer Time	0.88	0.88	0.88	
	- Missed Appointments	0.44	0.44	0.44	
	- Training	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	
	"Billable" Hours	32.07	32.07	32.07	
	Productivity Factor	1.25	1.25	1.25	
	Staff Cost After Productivity Adj. per Billable Hour		\$65.96	\$51.70	\$43.11
Office Space	- Square Feet of Office Space per Staff	100	100	100	
	- Annual Cost per Square Foot	\$15.00	\$15.00	\$15.00	
	Annual Office Space Cost per Staff	\$1,500.00	\$1,500.00	\$1,500.00	
	Office Space Cost per Billable Hour	\$0.90	\$0.90	\$0.90	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$66.86	\$52.60	\$44.01	
	- Program Support Cost per Day	\$30.00	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$4.68	\$4.68	\$4.68	
	- Administration Percent	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour		\$7.95	\$6.36	\$5.41	
Cost per Billable Hour		\$79.49	\$63.64	\$54.10	
Rate per 15 Minutes		\$19.87	\$15.91	\$13.53	

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Professional Services, Office/Telehealth

		BCABA	LPN	
	Unit of Service	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.16	\$33.12	
	- Employee Benefit Rate (as a percent of wages)	24.74%	24.75%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.36	\$41.32	
	<i>Productivity Adjustments</i>			
	Total Hours	40.00	40.00	
	- Recordkeeping and Reporting	1.99	1.99	
	- Supervision and Other Employer Time	1.77	1.77	
	- Missed Appointments	0.44	0.44	
	- Training	0.77	0.77	
	- Paid Time Off	3.85	3.85	
	"Billable" Hours	31.18	31.18	
	Productivity Factor	1.28	1.28	
	Staff Cost After Productivity Adj. per Billable Hour	\$52.94	\$52.89	
Office Space	- Square Feet of Office Space per Staff	100	100	
	- Annual Cost per Square Foot	\$15.00	\$15.00	
	Annual Office Space Cost per Staff	\$1,500.00	\$1,500.00	
	Office Space Cost per Billable Hour	\$0.93	\$0.93	
Clinical Supervision	- Hourly Supervisor Rate	\$43.72	\$43.38	
	- Supervisor Benefit Rate (as a percent of wages)	21.60%	21.67%	
	Weekly Hours of Supervision	1.0	1.0	
	Weekly Supervision Cost	\$53.16	\$52.78	
	Supervision Cost per Billable Hour	\$1.70	\$1.69	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$55.57	\$55.51	
	- Program Support Cost per Day	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$4.81	\$4.81	
	- Administration Percent	10.0%	10.0%	
Administration Cost per Billable Hour	\$6.71	\$6.70		
	Cost per Billable Hour	\$67.09	\$67.02	
	Rate per 15 Minutes	\$16.77	\$16.76	

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Professional Services, Community

		Psych- ologist/ BCBA	Psych- iatrist	Therapist (OT/ PT/ SLP)	Registered Nurse	
Unit of Service		15 Min.	15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$43.72	\$153.21	\$52.75	\$43.38	
	- Employee Benefit Rate (as a percent of wages)	21.60%	11.55%	19.91%	21.67%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$53.16	\$170.91	\$63.25	\$52.78	
	<i>Productivity Adjustments</i>					
	Total Hours	40.00	40.00	40.00	40.00	
	- Travel Time Between Individuals	5.09	5.09	5.09	5.09	
	- Recordkeeping and Reporting	1.77	1.77	1.77	1.77	
	- Supervision and Other Employer Time	0.88	0.88	0.88	0.88	
	- Missed Appointments	0.44	0.44	0.44	0.44	
	- Training	0.77	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	3.85	
	"Billable" Hours	27.20	27.20	27.20	27.20	
	Productivity Factor	1.47	1.47	1.47	1.47	
	Staff Cost After Productivity Adj. per Billable Hour	\$78.15	\$251.24	\$92.98	\$77.59	
Mileage	- Number of Miles Traveled per Week	175	175	175	175	
	- Amount per Mile	\$0.625	\$0.625	\$0.625	\$0.625	
	Weekly Mileage Cost	\$109.38	\$109.38	\$109.38	\$109.38	
	Mileage Cost per Billable Hour	\$4.02	\$4.02	\$4.02	\$4.02	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$82.17	\$255.26	\$97.00	\$81.61	
	- Program Support Cost per Day	\$30.00	\$30.00	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$5.51	\$5.51	\$5.51	\$5.51	
	- Administration Percent	10.0%	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour	\$9.74	\$28.97	\$11.39	\$9.68		
Cost per Billable Hour	\$97.42	\$289.74	\$113.90	\$96.80		
Rate per 15 Minutes	\$24.36	\$72.44	\$28.48	\$24.20		

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Professional Services, Community

		Licensed Social Worker	Lic. Mental Hlth Couns./ LMFT	Interpreter	
Unit of Service		15 Min.	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$43.37	\$33.16	\$27.01	
	- Employee Benefit Rate (as a percent of wages)	21.68%	24.74%	27.69%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$52.77	\$41.36	\$34.49	
	<i>Productivity Adjustments</i>				
	Total Hours	40.00	40.00	40.00	
	- Travel Time Between Individuals	5.09	5.09	5.09	
	- Recordkeeping and Reporting	1.77	1.77	1.77	
	- Supervision and Other Employer Time	0.88	0.88	0.88	
	- Missed Appointments	0.44	0.44	0.44	
	- Training	0.77	0.77	0.77	
	- Paid Time Off	3.85	3.85	3.85	
	"Billable" Hours	27.20	27.20	27.20	
	Productivity Factor	1.47	1.47	1.47	
Staff Cost After Productivity Adj. per Billable Hour		\$77.57	\$60.80	\$50.70	
Mileage	- Number of Miles Traveled per Week	175	175	175	
	- Amount per Mile	\$0.625	\$0.625	\$0.625	
	Weekly Mileage Cost	\$109.38	\$109.38	\$109.38	
	Mileage Cost per Billable Hour	\$4.02	\$4.02	\$4.02	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$81.59	\$64.82	\$54.72	
	- Program Support Cost per Day	\$30.00	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$5.51	\$5.51	\$5.51	
	- Administration Percent	10.0%	10.0%	10.0%	
Administration Cost per Billable Hour		\$9.68	\$7.81	\$6.69	
Cost per Billable Hour		\$96.78	\$78.14	\$66.92	
Rate per 15 Minutes		\$24.20	\$19.54	\$16.73	

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Professional Services, Community

		BCABA	LPN	
	Unit of Service	15 Min.	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Care Staff Hourly Wage	\$33.16	\$33.12	
	- Employee Benefit Rate (as a percent of wages)	24.74%	24.75%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$41.36	\$41.32	
	<i>Productivity Adjustments</i>			
	Total Hours	40.00	40.00	
	- Travel Time Between Individuals	5.09	5.09	
	- Recordkeeping and Reporting	1.77	1.77	
	- Supervision and Other Employer Time	1.77	1.77	
	- Missed Appointments	0.44	0.44	
	- Training	0.77	0.77	
	- Paid Time Off	3.85	3.85	
	"Billable" Hours	26.31	26.31	
	Productivity Factor	1.52	1.52	
	Staff Cost After Productivity Adj. per Billable Hour	\$62.87	\$62.81	
Mileage	- Number of Miles Traveled per Week	175	175	
	- Amount per Mile	\$0.625	\$0.625	
	Weekly Mileage Cost	\$109.38	\$109.38	
	Mileage Cost per Billable Hour	\$4.16	\$4.16	
Clinical Supervision	- Hourly Supervisor Rate	\$43.72	\$43.38	
	- Supervisor Benefit Rate (as a percent of wages)	21.60%	21.67%	
	Weekly Hours of Supervision	1.0	1.0	
	Weekly Supervision Cost	\$53.16	\$52.78	
	Supervision Cost per Billable Hour	\$2.02	\$2.01	
Admin. and Program Support	Cost per Hour Before Program Support and Administration	\$69.05	\$68.98	
	- Program Support Cost per Day	\$30.00	\$30.00	
	Program Support Cost per Billable Hour	\$5.70	\$5.70	
	- Administration Percent	10.0%	10.0%	
	Administration Cost per Billable Hour	\$8.31	\$8.30	
	Cost per Billable Hour	\$83.06	\$82.98	
	Rate per 15 Minutes	\$20.77	\$20.75	

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Supports Brokerage

	Unit of Service	15 Min.	
Direct Support Staff Wages and Benefits	- Direct Staff Hourly Wage	\$27.54	
	- Employee Benefit Rate (as % of wages)	27.39%	
	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$35.08	
	<i>Productivity Adjustments</i>		
	Total Hours	40.00	
	- Travel Time Between Individuals	2.65	
	- Recordkeeping and Reporting	3.32	
	- Supervision and Other Employer Time	0.88	
	- Training	0.77	
	- Paid Time Off	3.85	
	"Billable" Hours	28.53	
	Productivity Factor	1.40	
	Staff Cost After Productivity Adj. per Billable Hour	\$49.11	
Mileage	- Number of Miles Traveled per Month	100	
	- Amount per Mile	\$0.625	
	Weekly Mileage Cost	\$62.50	
	Mileage Cost per Billable Hour	\$2.19	
Office Space	- Square Feet of Office Space	100	
	- Annual Cost per Square Foot	\$15.00	
	Annual Cost of Office Space	\$1,500.00	
	Office Space Cost per Billable Hour	\$1.01	
Admin. and Program Support	Monthly Cost per Individual Before Admin. and Program Support	\$52.31	
	- Program Support Cost per Day	\$30.00	
	Program Support Cost per Billable Hour	\$5.26	
	- Administration Percent	10.0%	
	Administration Cost per Billable Hour	\$6.40	
	Cost per Billable Hour	\$63.97	
	Rate per 15 Minutes	\$15.99	

Rate and Payment Options Study

Appendices to Final Rate Models

- prepared for -

Rhode Island Department of Behavioral Healthcare,
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- prepared by -

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Appendix A: Wage Assumptions
Wage Data for Select BLS Job Classifications that Include Duties Related to HCBS

BLS Code and Title	Education and Training Requirement (per Bureau of Labor Statistics)			Bureau of Labor Statistics Wages (May 2021)				
	Typical Education	Related Experience	Typical on-the-job training	10th %-ile	25th %-ile	50th %-ile	75th %-ile	90th %-ile
11-9151 Social and community svc. mgr.	Bachelor's	Under 5 yrs	None	\$23.13	\$28.98	\$38.18	\$55.90	\$62.25
19-3033 Clinical and counseling psychologist	Not pub.	Not pub.	Not pub.	\$36.00	\$38.35	\$47.44	\$50.45	\$82.16
19-3034 School psychologist	Not pub.	Not pub.	Not pub.	\$29.33	\$37.16	\$38.23	\$47.77	\$50.31
21-1012 Edu./ guidance/ career counselor	Master's	None	None	\$18.60	\$22.87	\$29.46	\$36.96	\$47.34
21-1015 Rehabilitation counselor	Master's	None	None	\$17.59	\$17.59	\$28.84	\$36.74	\$46.40
21-1018 Subs. use/ behav. disorder/ mntl. hlth couns.	Bachelor's	None	None	\$15.38	\$22.75	\$28.99	\$36.55	\$46.99
21-1021 Child, family, and school social worker	Bachelor's	None	None	\$17.89	\$22.91	\$29.65	\$36.96	\$46.61
21-1022 Healthcare social worker	Master's	None	Intern/resident	\$24.01	\$30.52	\$37.92	\$38.93	\$39.16
21-1023 Mental health/ sub. abuse social worker	Master's	None	Intern/resident	\$22.93	\$28.73	\$36.74	\$37.23	\$38.72
21-1091 Health education specialist	Bachelor's	None	None	\$22.79	\$29.29	\$37.12	\$37.61	\$47.37
21-1093 Social and human service assistant	High school	None	Short-term OTJ	\$14.11	\$17.59	\$18.42	\$22.47	\$23.59
21-1094 Community health worker	High school	None	Short-term OTJ	\$14.71	\$18.60	\$24.08	\$36.84	\$46.61
25-2052 Special ed. teachers, kindergarten/ elem. 2/	Bachelor's	None	None	\$29.84	\$37.92	\$48.05	\$60.93	\$61.01
25-2057 Special ed. teacher, middle school 2/	Bachelor's	None	None	\$31.33	\$48.05	\$48.05	\$60.93	\$62.69
25-2058 Special ed. teachers, secondary school 2/	Bachelor's	None	None	\$29.84	\$39.79	\$48.46	\$61.01	\$61.01
25-9045 Teaching assts., except postsecondary 2/	Some college	None	None	\$15.10	\$17.91	\$18.81	\$23.54	\$29.68
27-3091 Interpreter/ translator	Bachelor's	None	None	\$18.45	\$18.80	\$23.62	\$25.92	\$37.52
29-1031 Dietitians and nutritionists	Bachelor's	None	Intern/resident	\$18.34	\$28.63	\$36.04	\$38.15	\$48.39
29-1122 Occupational therapist	Master's	None	None	\$30.14	\$37.38	\$46.09	\$48.19	\$59.80
29-1123 Physical therapist	Doctoral/prof	None	None	\$29.80	\$37.56	\$46.12	\$48.57	\$58.24
29-1127 Speech-language pathologist	Master's	None	Intern/resident	\$28.90	\$37.16	\$42.86	\$47.88	\$58.24
29-1141 Registered nurse	Bachelor's	None	None	\$29.49	\$36.27	\$37.93	\$45.85	\$48.87
29-1223 Psychiatrists	Doctoral/prof	None	Intern/resident	\$80.81	1/	1/	1/	1/
29-2061 Lic. practical/ lic. vocational nurse	Postsec award	None	None	\$22.72	\$28.07	\$28.96	\$29.25	\$36.80
31-1120 Home health and personal care aide	High school	None	Short-term OTJ	\$13.73	\$13.96	\$14.09	\$14.42	\$18.01
31-1131 Nursing assistant	Postsec award	None	None	\$14.23	\$14.40	\$17.84	\$18.09	\$22.22
31-1133 Psychiatric aide	High school	None	Short-term OTJ	\$17.59	\$18.01	\$22.22	\$22.73	\$22.82
31-2011 Occupational therapy assistant	Associate's	None	None	\$22.71	\$22.71	\$29.97	\$37.06	\$37.96
31-2021 Physical therapist assistant	Associate's	None	None	\$29.02	\$29.60	\$32.85	\$37.87	\$38.79
31-2022 Physical therapist aide	High school	None	Short-term OTJ	\$11.56	\$13.73	\$13.73	\$27.76	\$27.77
31-9092 Medical assistant	Postsec award	None	None	\$14.24	\$17.59	\$18.20	\$22.22	\$23.31
39-1022 First-line supervisor of pers. svc. workers	Not pub.	Not pub.	Not pub.	\$18.93	\$22.92	\$23.61	\$28.78	\$36.51
39-9032 Recreation worker	High school	None	Short-term OTJ	\$11.74	\$13.73	\$14.55	\$18.53	\$27.76
39-9041 Residential adviser	High school	None	Short-term OTJ	\$14.37	\$14.63	\$18.12	\$22.80	\$23.35
43-3031 Bookkeeping, accounting, and auditing clerk	Some college	None	Mod-term OTJ	\$14.25	\$18.37	\$22.88	\$27.83	\$29.82
53-3051 School bus driver	Not pub.	Not pub.	Not pub.	\$20.40	\$23.02	\$23.17	\$23.18	\$23.30

1/ The BLS does not publish wages that exceed \$100 per hour or \$208,000 per year.

2/ Only annual salaries are reported for teacher positions; hourly wages have been calculated based on a 1,600-hour work year.

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Appendix A: Wage Assumptions
BLS Wage Adjustments for Minimum Wage 'Spillover', Wage Inflation, and Direct Support Professional Wage Floor

Adjustment for Increasing Minimum Wage

Current minimum wage (as of May 2021 date for BLS dataset)	\$11.50
Future minimum wage (as of January 2024)	\$14.00
'Tipping point' at which formula does not produce an increase	\$18.06

Formula for Minimum Wage Adjustments

Current Wage	Dollar Amount from Previous 'Step'	Percentage of Dollar Amount from Previous Step 'Captured' as Part of Wage Increase	Dollar Amount from Previous Step 'Captured' as Part of Wage Increase	Revised Wage
\$11.50				\$14.00
\$11.51 - \$12.50	\$1.00	90%	\$0.90	\$14.01 - \$14.90
\$12.51 - \$13.50	\$1.00	80%	\$0.80	\$14.91 - \$15.70
\$13.51 - \$14.50	\$1.00	70%	\$0.70	\$15.71 - \$16.40
\$14.51 - \$15.50	\$1.00	60%	\$0.60	\$16.41 - \$17.00
\$15.51 - \$16.50	\$1.00	50%	\$0.50	\$17.01 - \$17.50
\$16.51 - \$17.50	\$1.00	40%	\$0.40	\$17.50 - \$17.90
\$17.51 - \$18.06	\$1.00	30%	\$0.30	\$17.90 - \$18.07

Adjustment of Wage Inflation

# of Months from May 2021 to May 2022	12
Inflation Amount for May 2021 to May 2022 ¹	8.0%
# of Months from May 2022 to January 2024	20
Annual Inflation Amount from May 2022 to January 2024 ²	3.5%
Total Inflation Factor	14.37%

¹ Annual growth rate for net earnings in Rhode Island for 2020 – 2021; Source: <https://apps.bea.gov/regional/bearfacts/action.cfm>

² Compound annual growth rate for net earnings in Rhode Island for 2011 – 2021; Source: <https://apps.bea.gov/regional/bearfacts/action.cfm>

Estimated Wages for Direct Care Staff, Under \$20 Wage Floor

Unadjusted BLS Wages for 31-1120 Home Health and Personal Care Aides	
10th Percentile	\$13.73
90th Percentile	\$18.01
Difference between 10th and 90th percentiles	\$4.28
Assumed Wage Floor	\$20.00
Est. Average Wage (based on 50% of difference between 10th and 90th percentiles)	\$22.14

Methodology

Minimum wage and wage inflation adjustments were applied to every BLS wage value and the higher of the two adjustments was adopted. Once wage assumptions were established for each service (see following slides), any wage below \$22.14 was increased to \$22.14.

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Appendix A: Wage Assumptions
BLS Wage Data With Greater of Minimum Wage or Inflation Adjustments

BLS Code and Title	Bureau of Labor Statistics Wages (May 2021 After Adjustment)				
	10th %-ile	25th %-ile	50th %-ile	75th %-ile	90th %-ile
11-9151 Social and community svc. mgr.	\$26.45	\$33.14	\$43.67	\$63.93	\$71.20
19-3033 Clinical and counseling psychologist	\$41.17	\$43.86	\$54.26	\$57.70	\$93.97
19-3034 School psychologist	\$33.54	\$42.50	\$43.72	\$54.63	\$57.54
21-1012 Edu./ guidance/ career counselor	\$21.27	\$26.16	\$33.69	\$42.27	\$54.14
21-1015 Rehabilitation counselor	\$20.12	\$20.12	\$32.98	\$42.02	\$53.07
21-1018 Subs. use/ behav. disorder/ mntl. hlth couns.	\$17.59	\$26.02	\$33.16	\$41.80	\$53.74
21-1021 Child, family, and school social worker	\$20.46	\$26.20	\$33.91	\$42.27	\$53.31
21-1022 Healthcare social worker	\$27.46	\$34.91	\$43.37	\$44.52	\$44.79
21-1023 Mental health/ sub. abuse social worker	\$26.23	\$32.86	\$42.02	\$42.58	\$44.28
21-1091 Health education specialist	\$26.06	\$33.50	\$42.45	\$43.01	\$54.18
21-1093 Social and human service assistant	\$16.14	\$20.12	\$21.07	\$25.70	\$26.98
21-1094 Community health worker	\$16.82	\$21.27	\$27.54	\$42.13	\$53.31
25-2052 Special ed. teachers, kindergarten/ elem. 2/	\$34.13	\$43.37	\$54.95	\$69.69	\$69.78
25-2057 Special ed. teacher, middle school 2/	\$35.83	\$54.95	\$54.95	\$69.69	\$71.70
25-2058 Special ed. teachers, secondary school 2/	\$34.13	\$45.51	\$55.42	\$69.78	\$69.78
25-9045 Teaching assts., except postsecondary 2/	\$17.27	\$20.48	\$21.51	\$26.92	\$33.95
27-3091 Interpreter/ translator	\$21.10	\$21.50	\$27.01	\$29.64	\$42.91
29-1031 Dietitians and nutritionists	\$20.98	\$32.74	\$41.22	\$43.63	\$55.34
29-1122 Occupational therapist	\$34.47	\$42.75	\$52.71	\$55.11	\$68.39
29-1123 Physical therapist	\$34.08	\$42.96	\$52.75	\$55.55	\$66.61
29-1127 Speech-language pathologist	\$33.05	\$42.50	\$49.02	\$54.76	\$66.61
29-1141 Registered nurse	\$33.73	\$41.48	\$43.38	\$52.44	\$55.89
29-1223 Psychiatrists	\$92.42	1/	1/	1/	1/
29-2061 Lic. practical/ lic. vocational nurse	\$25.98	\$32.10	\$33.12	\$33.45	\$42.09
31-1120 Home health and personal care aide	\$15.89	\$16.08	\$16.12	\$16.49	\$20.60
31-1131 Nursing assistant	\$16.27	\$16.47	\$20.40	\$20.69	\$25.41
31-1133 Psychiatric aide	\$20.12	\$20.60	\$25.41	\$26.00	\$26.10
31-2011 Occupational therapy assistant	\$25.97	\$25.97	\$34.28	\$42.39	\$43.41
31-2021 Physical therapist assistant	\$33.19	\$33.85	\$37.57	\$43.31	\$44.36
31-2022 Physical therapist aide	\$14.06	\$15.89	\$15.89	\$31.75	\$31.76
31-9092 Medical assistant	\$16.29	\$20.12	\$20.82	\$25.41	\$26.66
39-1022 First-line supervisor of pers. svc. workers	\$21.65	\$26.21	\$27.00	\$32.92	\$41.76
39-9032 Recreation worker	\$14.24	\$15.89	\$16.64	\$21.19	\$31.75
39-9041 Residential adviser	\$16.43	\$16.73	\$20.72	\$26.08	\$26.71
43-3031 Bookkeeping, accounting, and auditing clerk	\$16.30	\$21.01	\$26.17	\$31.83	\$34.11
53-3051 School bus driver	\$23.33	\$26.33	\$26.50	\$26.51	\$26.65

1/ The BLS does not publish wages that exceed \$100 per hour or \$208,000 per year.

2/ Only annual salaries are reported for teacher positions; hourly wages have been calculated based on a 1,600-hour work year.

New Rate and Payment Options - Final Rate Models
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Appendix A: Wage Assumptions
Development of Job Requirements by Service
(Using BLS Job Codes)

BLS Code and Title		Group Home	Supportive Living	Shared Living Arrangement, Recruiter	Shared Living Arrangement, Monitor	Remote Supports	Remote Supports, In-Person Response	Community-Based Supports	Center-Based Supports	Respite	Discovery
11-9151	Social and community svc. mgr.										
19-3033	Clinical and counseling psychologist										
19-3034	School psychologist										
21-1012	Edu./ guidance/ career counselor										50%
21-1015	Rehabilitation counselor										50%
21-1018	Subs. use/ behav. disorder/ mntl. hlth couns.										
21-1021	Child, family, and school social worker			100%	100%						
21-1022	Healthcare social worker										
21-1023	Mental health/ sub. abuse social worker										
21-1091	Health education specialist										
21-1093	Social and human service assistant										
21-1094	Community health worker										
25-2052	Special ed. teachers, kindergarten/ elem. 1/										
25-2057	Special ed. teacher, middle school										
25-2058	Special ed. teachers, secondary school 1/										
25-9045	Teaching assts., except postsecondary 1/										
27-3091	Interpreter/ translator										
29-1031	Dietitians and nutritionists										
29-1122	Occupational therapist										
29-1123	Physical therapist										
29-1127	Speech-language pathologist										
29-1141	Registered nurse										
29-1223	Psychiatrists										
29-2061	Lic. practical/ lic. vocational nurse										
31-1120	Home health and personal care aide	70%	70%			70%	70%	70%	70%	70%	
31-1131	Nursing assistant	10%	10%			10%	10%	10%	10%	10%	
31-1133	Psychiatric aide	10%	10%			10%	10%	10%	10%	10%	
31-2011	Occupational therapy assistant										
31-2021	Physical therapist assistant										
31-2022	Physical therapist aide										
31-9092	Medical assistant										
39-1022	First-line supervisor of pers. svc. workers										
39-9032	Recreation worker	10%	10%			10%	10%	10%	10%	10%	
39-9041	Residential adviser										
43-3031	Bookkeeping, accounting, and auditing clerk										
53-3051	School bus driver										
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Appendix A: Wage Assumptions
Development of Job Requirements by Service
(Using BLS Job Codes)

BLS Code and Title		Job Development	Job Coaching	Group Supported Employment	Personal Care in the Workplace	Transportation	Peer Supports	Family-to-Family Training	Professional Services, Psychologist	Professional Services, BCABA	Professional Services, Psychiatrist
11-9151	Social and community svc. mgr.										
19-3033	Clinical and counseling psychologist										
19-3034	School psychologist								100%		
21-1012	Edu./ guidance/ career counselor	50%	25%	25%							
21-1015	Rehabilitation counselor	50%	75%	75%							
21-1018	Subs. use/ behav. disorder/ mntl. hlth couns.									100%	
21-1021	Child, family, and school social worker										
21-1022	Healthcare social worker										
21-1023	Mental health/ sub. abuse social worker										
21-1091	Health education specialist										
21-1093	Social and human service assistant										
21-1094	Community health worker										
25-2052	Special ed. teachers, kindergarten/ elem. 1/										
25-2057	Special ed. teacher, middle school										
25-2058	Special ed. teachers, secondary school 1/										
25-9045	Teaching assts., except postsecondary 1/										
27-3091	Interpreter/ translator										
29-1031	Dietitians and nutritionists										
29-1122	Occupational therapist										
29-1123	Physical therapist										
29-1127	Speech-language pathologist										
29-1141	Registered nurse										
29-1223	Psychiatrists										100%
29-2061	Lic. practical/ lic. vocational nurse										
31-1120	Home health and personal care aide				70%	70%	100%	100%			
31-1131	Nursing assistant				10%	10%					
31-1133	Psychiatric aide				10%	10%					
31-2011	Occupational therapy assistant										
31-2021	Physical therapist assistant										
31-2022	Physical therapist aide										
31-9092	Medical assistant										
39-1022	First-line supervisor of pers. svc. workers										
39-9032	Recreation worker				10%	10%					
39-9041	Residential adviser										
43-3031	Bookkeeping, accounting, and auditing clerk										
53-3051	School bus driver										
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Appendix A: Wage Assumptions
Development of Job Requirements by Service
(Using BLS Job Codes)

BLS Code and Title		Professional Services, Therapist (OT/ PT/ SLP)	Professional Services, Registered Nurse	Professional Services, Licensed Practical Nurse	Professional Services, Licensed Social Worker	Professional Services, Lic. Mental Health Counselor/ Lic. Marriage and Family Ther.	Professional Services, Interpreter	Supports Brokerage
11-9151	Social and community svc. mgr.							
19-3033	Clinical and counseling psychologist							
19-3034	School psychologist							
21-1012	Edu./ guidance/ career counselor							
21-1015	Rehabilitation counselor							
21-1018	Subs. use/ behav. disorder/ mntl. hlth couns.					100%		
21-1021	Child, family, and school social worker							
21-1022	Healthcare social worker				100%			
21-1023	Mental health/ sub. abuse social worker							
21-1091	Health education specialist							
21-1093	Social and human service assistant							
21-1094	Community health worker							100%
25-2052	Special ed. teachers, kindergarten/ elem. 1/							
25-2057	Special ed. teacher, middle school							
25-2058	Special ed. teachers, secondary school 1/							
25-9045	Teaching assts., except postsecondary 1/							
27-3091	Interpreter/ translator						100%	
29-1031	Dietitians and nutritionists							
29-1122	Occupational therapist							
29-1123	Physical therapist	100%						
29-1127	Speech-language pathologist							
29-1141	Registered nurse		100%					
29-1223	Psychiatrists							
29-2061	Lic. practical/ lic. vocational nurse			100%				
31-1120	Home health and personal care aide							
31-1131	Nursing assistant							
31-1133	Psychiatric aide							
31-2011	Occupational therapy assistant							
31-2021	Physical therapist assistant							
31-2022	Physical therapist aide							
31-9092	Medical assistant							
39-1022	First-line supervisor of pers. svc. workers							
39-9032	Recreation worker							
39-9041	Residential adviser							
43-3031	Bookkeeping, accounting, and auditing clerk							
53-3051	School bus driver							
		100%	100%	100%	100%	100%	100%	100%

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Appendix A: Wage Assumptions
Rate Model Wage Assumptions
(Using Adjusted BLS Wages and Job Requirement Assumptions)

Group Home	Supportive Living	Shared Living Arrangement, Recruiter	Shared Living Arrangement, Monitor	Remote Supports	Remote Supports, In-Person Response	Community-Based Supports	Center-Based Supports	Respite	Discovery
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Based on Statewide BLS

10th Percentile	\$16.19	\$16.19	\$20.46	\$20.46	\$16.19	\$16.19	\$16.19	\$16.19	\$16.19	\$20.70
25th Percentile	\$16.55	\$16.55	\$26.20	\$26.20	\$16.55	\$16.55	\$16.55	\$16.55	\$16.55	\$23.14
50th Percentile (Median)	\$17.53	\$17.53	\$33.91	\$33.91	\$17.53	\$17.53	\$17.53	\$17.53	\$17.53	\$33.34
75th Percentile	\$18.33	\$18.33	\$42.27	\$42.27	\$18.33	\$18.33	\$18.33	\$18.33	\$18.33	\$42.15
90th Percentile	\$22.75	\$22.75	\$53.31	\$53.31	\$22.75	\$22.75	\$22.75	\$22.75	\$22.75	\$53.61
Model Wage	\$22.14	\$22.14	\$33.91	\$33.91	\$22.14	\$22.14	\$22.14	\$22.14	\$22.14	\$33.34

- 1/ Rate model assumptions have been set at the median wage with the following exceptions:
- Any wage below \$22.14 was increased to \$22.14 to allow for a starting wage of \$20 per hour
 - The BLS does not publish medians above \$100, so the mean wage is used for psychiatrists

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Appendix A: Wage Assumptions
Rate Model Wage Assumptions
(Using Adjusted BLS Wages and Job Requirement Assumptions)

Job Development	Job Coaching	Group Supported Employment	Personal Care in the Workplace	Transportation	Peer Supports	Family-to-Family Training	Professional Services, Psychologist	Professional Services, BCABA	Professional Services, Psychiatrist
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Based on Statewide BLS

10th Percentile	\$20.70	\$20.41	\$20.41	\$16.19	\$16.19	\$15.89	\$15.89	\$33.54	\$17.59	\$92.42
25th Percentile	\$23.14	\$21.63	\$21.63	\$16.55	\$16.55	\$16.08	\$16.08	\$42.50	\$26.02	\$0.00
50th Percentile (Median)	\$33.34	\$33.16	\$33.16	\$17.53	\$17.53	\$16.12	\$16.12	\$43.72	\$33.16	\$0.00
75th Percentile	\$42.15	\$42.08	\$42.08	\$18.33	\$18.33	\$16.49	\$16.49	\$54.63	\$41.80	\$0.00
90th Percentile	\$53.61	\$53.34	\$53.34	\$22.75	\$22.75	\$20.60	\$20.60	\$57.54	\$53.74	\$0.00
Model Wage	\$33.34	\$33.16	\$33.16	\$22.14	\$22.14	\$22.14	\$22.14	\$43.72	\$33.16	\$153.21

- 1/ Rate model assumptions have been set at the median wage with the following exceptions:
- Any wage below \$22.14 was increased to \$22.14 to allow for a starting wage of \$20 per hour
 - The BLS does not publish medians above \$100, so the mean wage is used for psychiatrists

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Appendix A: Wage Assumptions
Rate Model Wage Assumptions
(Using Adjusted BLS Wages and Job Requirement Assumptions)

Professional Services, Therapist (OT/ PT/ SLP)	Professional Services, Registered Nurse	Professional Services, Licensed Practical Nurse	Professional Services, Licensed Social Worker	Professional Services, Lic. Mental Health Counselor/ Lic. Marriage and Family Ther.	Professional Services, Interpreter	Supports Brokerage
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Based on Statewide BLS

10th Percentile	\$34.08	\$33.73	\$25.98	\$27.46	\$17.59	\$21.10	\$16.82
25th Percentile	\$42.96	\$41.48	\$32.10	\$34.91	\$26.02	\$21.50	\$21.27
50th Percentile (Median)	\$52.75	\$43.38	\$33.12	\$43.37	\$33.16	\$27.01	\$27.54
75th Percentile	\$55.55	\$52.44	\$33.45	\$44.52	\$41.80	\$29.64	\$42.13
90th Percentile	\$66.61	\$55.89	\$42.09	\$44.79	\$53.74	\$42.91	\$53.31

Model Wage	\$52.75	\$43.38	\$33.12	\$43.37	\$33.16	\$27.01	\$27.54
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1/ Rate model assumptions have been set at the median wage with the following exceptions:

- Any wage below \$22.14 was increased to \$22.14 to allow for a starting wage of \$20 per hour
- The BLS does not publish medians above \$100, so the mean wage is used for psychiatrists

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Appendix B: Benefits Assumptions
Benefits Assumptions for Employees to Establish Benefit Rates

% of Employees with Access		% of Employees with Access Who Participate ('Take-Up Rate')		Benefit Level for Participating Employees		Effective Benefit Level (Accounts for Participation)	
BLS Data ¹	Rate Models	BLS Data ¹	Rate Models	BLS Data ¹	Rate Models	BLS Data ¹	Rate Models

Payroll Taxes

Social Security ²	-	100%	-	100%	-	6.20%	-	6.20%
Medicare ³	-	100%	-	100%	-	1.45%	-	1.45%
Federal UI ⁴	-	100%	-	100%	-	0.60%	-	0.60%
Employment Sec/State UI ^{4,5}	-	100%	-	100%	-	0.98%	-	0.98%
Job Dev Tax Fund ⁴	-	100%	-	100%	-	0.21%	-	0.21%
Workers' Compensation ⁶	-	100%	-	100%	-	4.09%	-	4.09%

Paid Time Off

Holidays	77%	100%	77%	100%	8.0	10.0	6.2	10.0
Vacation Leave	74%	100%	74%	100%		15.0		15.0
Sick Leave	84%		84%					
Total	-	-	-	-	8.0	25.0		25.0

Health Insurance⁷

Employee Only				39.5%	\$527.93	\$582.20		
Employee + One				10.9%		\$1,091.06		
Family				17.5%	\$1,309.59	\$1,543.76		
All Coverages	68%	100%	67%	67.9%				\$619.05

Other Benefits⁸

	-	100%	-	100%	-	\$100.00	-	\$100.00
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¹BLS' 2019 National Compensation Survey (https://www.bls.gov/ncs/ebs/benefits/2019/ownership_private.htm); data reported is for private employers in the New England region unless otherwise noted.

²Applies to the first \$147,00 in earnings.

³There is an additional 0.90% tax on earnings over \$200,000.

⁴Applies to first \$24,600 in wages.

⁵The rate models use the new employer tax rate in 2022.

⁶Based on the average reported for class 8835 (home/ public healthcare) in Rhode Island (see <http://classcodes.net/workers-compensation-rates-by-state/>).

⁷Based on the U.S. Department of Health and Human Services Medical Expenditure Panel Survey for 2021 (most recent available at publication at time of https://meps.ahrq.gov/data_files/publications/cb24/cb24.shtml#section3), which reports average monthly employer contributions in Rhode Island of \$508 for an employee-only plan, \$952 for employee-plus-one plans, and \$1,347 for family plans. Percent of employees receiving each coverage type assumes all staff are full-time and eligible for health insurance (see Tables II.B.3.b.(1).(a), II.C.4, II.D.4, and II.E.4). Inflationary factors have been included to reflect changes in premiums. Inflationary adjustments of 2%, 6% and 6% were used to reflect the changes up to 2024.

⁸BLS provides information for a variety of other benefits that cannot be combined.

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Appendix B: Benefits Assumptions
Benefit Rates by Wage Level Based on Benefits Assumptions

Hourly Wage	Full-Time Annual Salary	Effective Benefit Rate - Model Assumptions ^{1,2}	
		w/ PTO	w/o PTO
\$15.00	\$31,200	50.08%	40.47%
\$16.00	\$33,280	48.29%	38.67%
\$17.00	\$35,360	46.70%	37.09%
\$18.00	\$37,440	45.30%	35.68%
\$19.00	\$39,520	44.04%	34.42%
\$20.00	\$41,600	42.90%	33.29%
\$21.00	\$43,680	41.88%	32.26%
\$22.00	\$45,760	40.94%	31.33%
\$23.00	\$47,840	40.09%	30.48%
\$24.00	\$49,920	39.31%	29.70%
\$25.00	\$52,000	38.59%	28.98%
\$26.00	\$54,080	37.93%	28.31%
\$27.00	\$56,160	37.32%	27.70%
\$28.00	\$58,240	36.75%	27.13%
\$29.00	\$60,320	36.22%	26.60%
\$30.00	\$62,400	35.72%	26.10%
\$31.00	\$64,480	35.26%	25.64%
\$32.00	\$66,560	34.82%	25.21%
\$33.00	\$68,640	34.41%	24.80%
\$34.00	\$70,720	34.03%	24.41%
\$35.00	\$72,800	33.67%	24.05%
\$36.00	\$74,880	33.33%	23.71%
\$37.00	\$76,960	33.00%	23.39%
\$38.00	\$79,040	32.70%	23.08%
\$39.00	\$81,120	32.40%	22.79%
\$40.00	\$83,200	32.13%	22.51%
\$41.00	\$85,280	31.87%	22.25%
\$42.00	\$87,360	31.62%	22.00%
\$43.00	\$89,440	31.38%	21.76%
\$44.00	\$91,520	31.15%	21.53%
\$45.00	\$93,600	30.93%	21.32%
\$46.00	\$95,680	30.72%	21.11%
\$47.00	\$97,760	30.52%	20.91%
\$48.00	\$99,840	30.33%	20.72%
\$49.00	\$101,920	30.15%	20.53%
\$50.00	\$104,000	29.97%	20.36%
\$55.00	\$114,400	29.19%	19.58%
\$60.00	\$124,800	28.54%	18.92%
\$65.00	\$135,200	27.99%	18.37%
\$70.00	\$145,600	27.51%	17.90%
\$75.00	\$156,000	27.10%	17.49%
\$80.00	\$166,400	26.74%	17.13%
\$85.00	\$176,800	26.43%	16.81%
\$90.00	\$187,200	26.14%	16.53%
\$95.00	\$197,600	25.89%	16.28%
\$100.00	\$208,000	25.70%	16.08%

¹This table illustrates benefit rates in one dollar wage increments, but benefit rates in rate models are calculated to the penny.

²Benefit rates in rate models exclude paid time off, which is accounted for as a productivity assumption.

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Appendix C: Productivity Assumptions

Group Home	Supportive Living	Remote Supports	Remote Supports, In-Person Response	Community-Based Supports, Individual	Community-Based Supports, Group, Tier A	Community-Based Supports, Group, Tier B	Community-Based Supports, Group, Tier C	Community-Based Supports, Group, Tier D	Community-Based Supports, Group, Tier E
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Typical' Workweek Without Training and PTO

Direct services	39.00	39.00	39.00	35.25	35.25	35.75	35.75	36.00	36.50	36.50
Travel Time Between Individuals				2.50	2.50					
Program Set-Up/ Clean-Up						1.25	1.25	1.25	1.25	1.25
Networking/ General Development Activities										
Recordkeeping and Reporting				1.00	1.00	1.50	1.50	1.50	1.00	1.00
Supervision and Other Employer Time	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Missed Appointments										
Individual Planning Meetings				0.25	0.25	0.50	0.50	0.25	0.25	0.25
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Annual Hours for Training and PTO

Training	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Paid time off	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00

Avg. Workweek Adjusted for Training and PTO

Direct services	34.50	34.50	34.50	31.19	31.19	31.62	31.62	31.84	32.29	32.29
Travel Time Between Individuals				2.21	2.21					
Program Set-Up/ Clean-Up						1.11	1.11	1.11	1.11	1.11
Networking/ General Development Activities										
Recordkeeping and Reporting				0.88	0.88	1.33	1.33	1.33	0.88	0.88
Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Missed Appointments										
Individual Planning Meetings				0.22	0.22	0.44	0.44	0.22	0.22	0.22
Training	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
Paid time off	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Appendix C: Productivity Assumptions

Center-Based Supports, Individual	Center-Based Supports, Tier A	Center-Based Supports, Tier B	Center-Based Supports, Tier C	Center-Based Supports, Tier D	Center-Based Supports, Tier E	Respite, Hourly, 1:1	Respite, Hourly, 1:2	Respite, Hourly, 1:3	Respite, Daily, 1:1
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'Typical' Workweek Without Training and PTO

Direct services	36.00	34.75	34.75	35.25	35.75	36.00	37.00	36.50	36.00	38.00
Travel Time Between Individuals							1.00	1.00	1.00	0.50
Program Set-Up/ Clean-Up	1.25	1.25	1.25	1.25	1.25	1.25				
Networking/ General Development Activities										
Recordkeeping and Reporting	1.50	2.50	2.50	2.00	1.50	1.50	1.00	1.50	2.00	0.50
Supervision and Other Employer Time	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Missed Appointments										
Individual Planning Meetings	0.25	0.50	0.50	0.50	0.50	0.25				
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Annual Hours for Training and PTO

Training	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Paid time off	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00

Avg. Workweek Adjusted for Training and PTO

Direct services	31.84	30.74	30.74	31.18	31.62	31.84	32.74	32.29	31.85	33.62
Travel Time Between Individuals							0.88	0.88	0.88	0.44
Program Set-Up/ Clean-Up	1.11	1.11	1.11	1.11	1.11	1.11				
Networking/ General Development Activities										
Recordkeeping and Reporting	1.33	2.21	2.21	1.77	1.33	1.33	0.88	1.33	1.77	0.44
Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Missed Appointments										
Individual Planning Meetings	0.22	0.44	0.44	0.44	0.44	0.22				
Training	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
Paid time off	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Appendix C: Productivity Assumptions

Respite, Daily, 1:2	Respite, Daily, 1:3	Discovery	Job Development	Job Coaching	Group Supported Employment, 1:2	Group Supported Employment, 1:3	Group Supported Employment, 1:4	Group Supported Employment, 1:5	Group Supported Employment, 1:6
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'Typical' Workweek Without Training and PTO

Direct services	37.50	37.00	34.00	30.25	33.00	37.75	37.00	36.50	36.00	35.50
Travel Time Between Individuals	0.50	0.50	2.50	2.50	3.00					
Program Set-Up/ Clean-Up										
Networking/ General Development Activities				3.75						
Recordkeeping and Reporting	1.00	1.50	2.00	2.00	2.50	1.00	1.50	2.00	2.50	3.00
Supervision and Other Employer Time	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Missed Appointments										
Individual Planning Meetings			0.50	0.50	0.50	0.25	0.50	0.50	0.50	0.50
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Annual Hours for Training and PTO

Training	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Paid time off	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00

Avg. Workweek Adjusted for Training and PTO

Direct services	33.18	32.73	30.08	26.76	29.20	33.40	32.73	32.29	31.85	31.41
Travel Time Between Individuals	0.44	0.44	2.21	2.21	2.65					
Program Set-Up/ Clean-Up										
Networking/ General Development Activities				3.32						
Recordkeeping and Reporting	0.88	1.33	1.77	1.77	2.21	0.88	1.33	1.77	2.21	2.65
Supervision and Other Employer Time	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Missed Appointments										
Individual Planning Meetings			0.44	0.44	0.44	0.22	0.44	0.44	0.44	0.44
Training	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
Paid time off	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Appendix C: Productivity Assumptions

Personal Care in the Workplace									
Transportation									
Peer Supports									
Family-to-Family Training									
Professional Services, Office/Telehealth									
Professional Services, Office/Telehealth, BCABA/LPN									
Professional Services, Community									
Professional Services, Community, BCABA/LPN									
Supports Brokerage									

'Typical' Workweek Without Training and PTO

Direct services	35.50	39.00	18.75	19.50	36.25	35.25	30.75	29.75	32.25
Travel Time Between Individuals	2.50						5.75	5.75	3.00
Program Set-Up/ Clean-Up									
Networking/ General Development Activities									
Recordkeeping and Reporting	1.00				2.25	2.25	2.00	2.00	3.75
Supervision and Other Employer Time	1.00	1.00	1.25	0.50	1.00	2.00	1.00	2.00	1.00
Missed Appointments					0.50	0.50	0.50	0.50	
Individual Planning Meetings	0.25								
Total	40.00	40.00	20.00	20.00	40.00	40.00	40.00	40.00	40.00

Annual Hours for Training and PTO

Training	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Paid time off	200.00	200.00	100.00	100.00	200.00	200.00	200.00	200.00	200.00

Avg. Workweek Adjusted for Training and PTO

Direct services	31.41	34.50	16.23	16.88	32.07	31.18	27.20	26.31	28.53
Travel Time Between Individuals	2.21						5.09	5.09	2.65
Program Set-Up/ Clean-Up									
Networking/ General Development Activities									
Recordkeeping and Reporting	0.88				1.99	1.99	1.77	1.77	3.32
Supervision and Other Employer Time	0.88	0.88	1.08	0.43	0.88	1.77	0.88	1.77	0.88
Missed Appointments					0.44	0.44	0.44	0.44	
Individual Planning Meetings	0.22								
Training	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
Paid time off	3.85	3.85	1.92	1.92	3.85	3.85	3.85	3.85	3.85
Total	40.00	40.00	20.00	20.00	40.00	40.00	40.00	40.00	40.00

New Rate and Payment Options - Final Rate Models
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Appendix D: Group Home Staffing Assumptions

	Tier A	Tier B	Tier C	Tier D	Tier E
<i>Base Staff Hours</i>					
Hours in a Week	168.0	168.0	168.0	168.0	168.0
'Peak' Daytime Hours ¹	82.0	82.0	82.0	82.0	82.0
Non-'Peak' Daytime Hours	30.0	30.0	30.0	30.0	30.0
Overnight Hours	56.0	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	1	1	1	1
Number of Staff on Shift During Non-'Peak' Daytime Hours	1	1	1	1	1
Number of Staff on Shift During Overnight Hours	1	1	1	1	1
Total Base Staff Hours	168.0	168.0	168.0	168.0	168.0
<i>Additional Staff Hours²</i>					
Additional FTE per Week	0.00	1.00	2.00	3.00	4.00
Total Additional Staff Hours	0.0	40.0	80.0	120.0	160.0
Total Hours per Home per Week	168.0	208.0	248.0	288.0	328.0
Hours per Resident per Week (based on 4.5 residents)	42.0	52.0	62.0	72.0	82.0

¹'Peak' hours include times when most participants are likely to be at home (i.e., mornings, evenings, and weekends)

² Additional FTE hours are intended to provide additional staffing to supplement base staffing during specified times, to accommodate participants with minimal participation in activities outside of the home, to deliver one-to-one support, etc.

New Rate and Payment Options - Final Rate Models
prepared for Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Appendix E: Staffing Assumptions for Supervised Living with Awake Overnight Staff

Tier A	Tier B	Tier C	Tier D	Tier E
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With Awake Overnight Staff

Base Staff Hours

Hours in a Week	168.0	168.0	168.0	168.0	168.0
'Peak' Daytime Hours ¹	82.0	82.0	82.0	82.0	82.0
Non-'Peak' Daytime Hours	30.0	30.0	30.0	30.0	30.0
Overnight Hours	56.0	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	1	2	2	2
Number of Staff on Shift During Non-'Peak' Daytime Hours	1	1	1	1	2
Number of Staff on Shift During Overnight Hours	1	1	1	1	1
Total Base Staff Hours	168.0	168.0	250.0	250.0	280.0
<i>Additional Staff Hours²</i>					
Additional FTE per Week	0.00	1.00	0.00	1.00	1.00
Total Additional Staff Hours	0.0	40.0	0.0	40.0	40.0
Total Hours per Home per Week	168.0	208.0	250.0	290.0	320.0
Hours per Resident per Week (based on 4.5 residents)	37.3	46.2	55.6	64.4	71.1

With Asleep/ On-Call Overnight Staff

Base Staff Hours

Hours in a Week	168.0	168.0	168.0	168.0	168.0
'Peak' Daytime Hours ¹	82.0	82.0	82.0	82.0	82.0
Non-'Peak' Daytime Hours	30.0	30.0	30.0	30.0	30.0
Overnight Hours	56.0	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	1	2	2	2
Number of Staff on Shift During Non-'Peak' Daytime Hours	1	1	1	1	2
Number of Staff on Shift During Overnight Hours	0	0	0	0	0
Total Base Staff Hours	112.0	112.0	194.0	194.0	224.0
<i>Additional Staff Hours²</i>					
Additional FTE per Week	0.00	1.00	0.00	1.00	1.00
Total Additional Staff Hours	0.0	40.0	0.0	40.0	40.0
Total Hours per Home per Week	112.0	152.0	194.0	234.0	264.0
Hours per Resident per Week (based on 4.5 residents)	24.9	33.8	43.1	52.0	58.7

¹ 'Peak' hours include times when most participants are likely to be at home (i.e., mornings, evenings, and weekends)

² Additional FTE hours are intended to provide additional staffing to supplement base staffing during specified times, to accommodate participants with minimal participation in activities outside of the home, to deliver one-to-one support, etc.

**Draft Guide to
BHDDH Assessment
Process**



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

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.

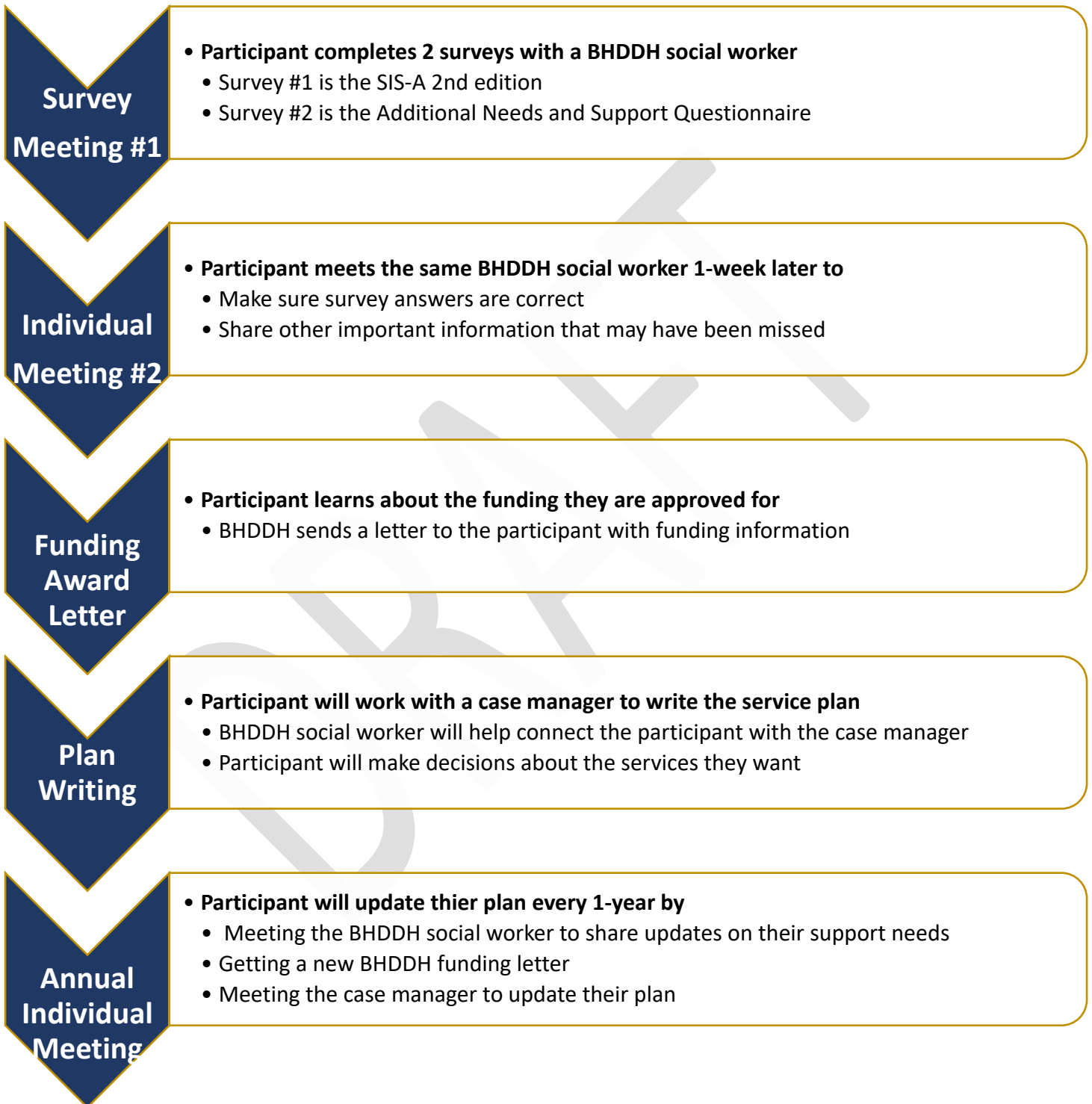
The participant will then be connected to a conflict free case manager. The case manager will work with the participant to write the service plan. The participant will make many decisions about their service plan like what services they want, how and where they want to get the services, and how often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



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.

DD Billing Manual

2023 - Draft



**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.

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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

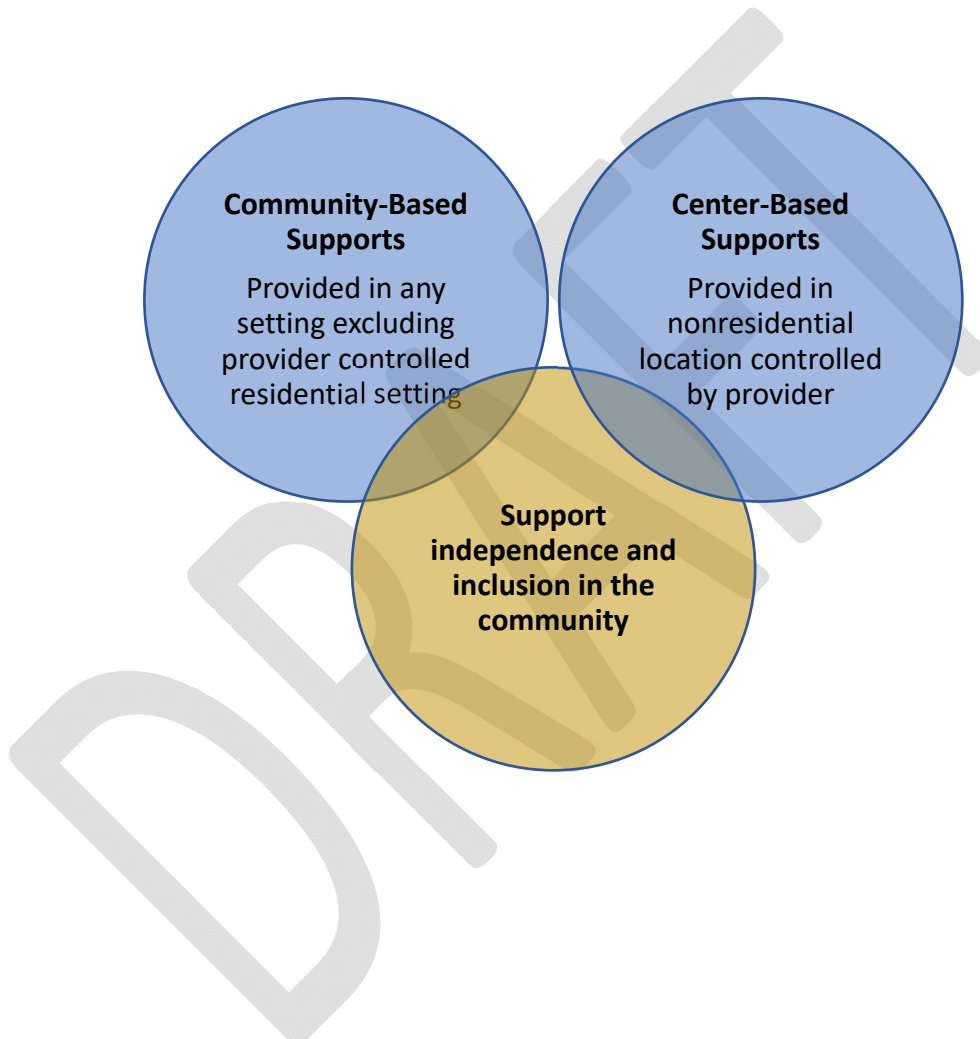
To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

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

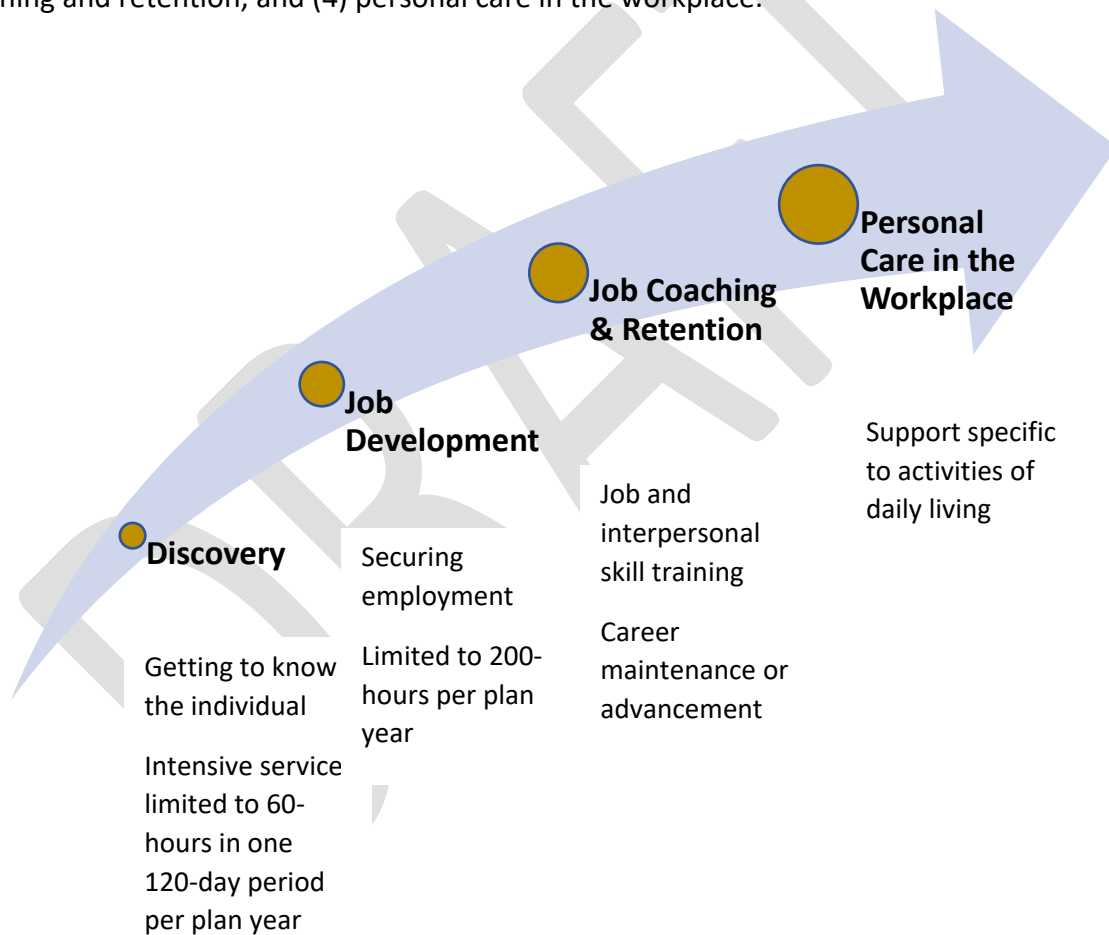
Tier	Billing Codes	Modifier	Service Allocation
1:1	TBD		
Tier A			
Tier B			
Tier C			
Tier D			
Tier E			
Supplemental Funding			

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

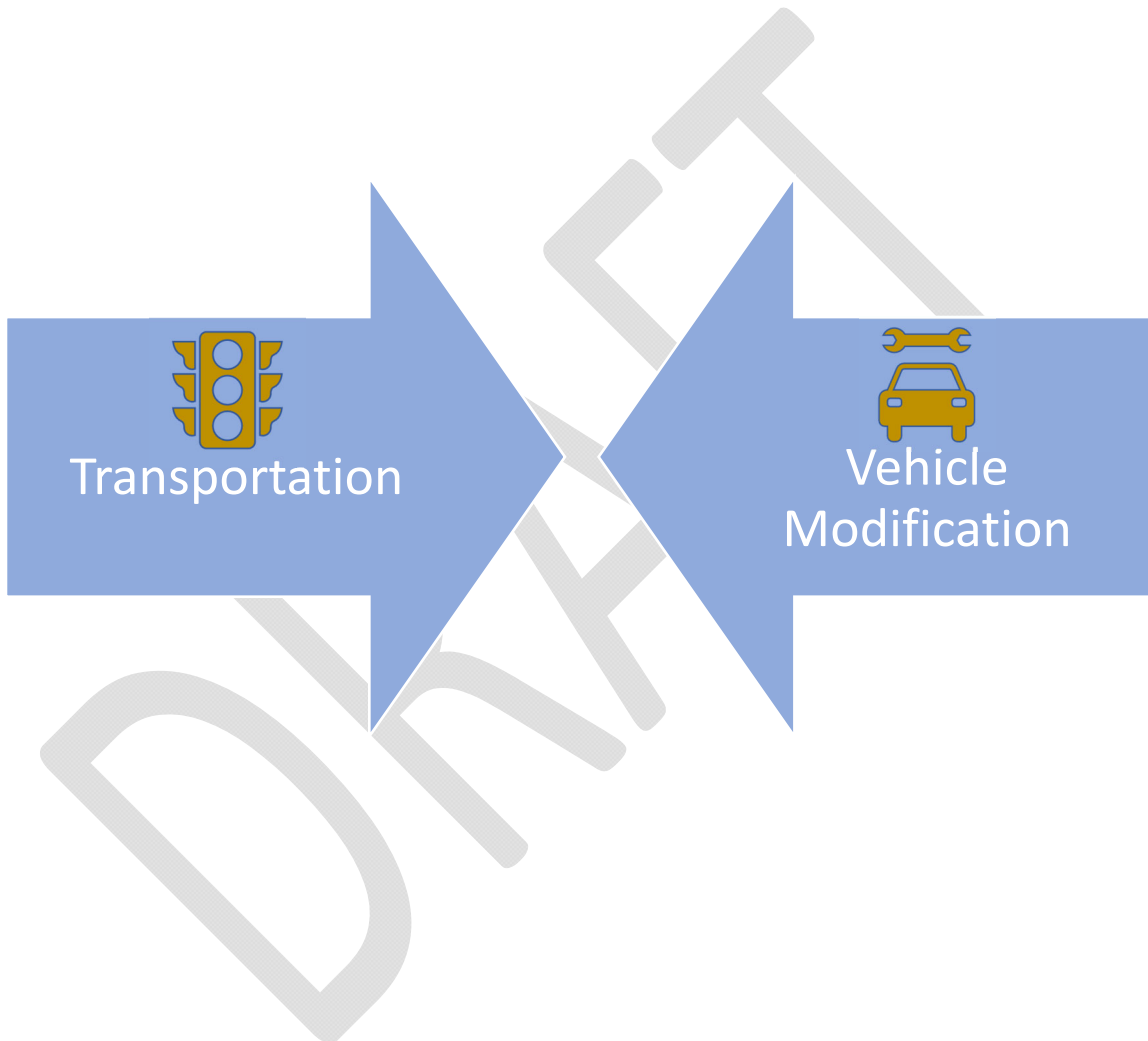
To access the annual rates, visit the BHDDH website under the “Forms, Policies, and Brochures” tab ([Financial Resources: Rate Table](#)).

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

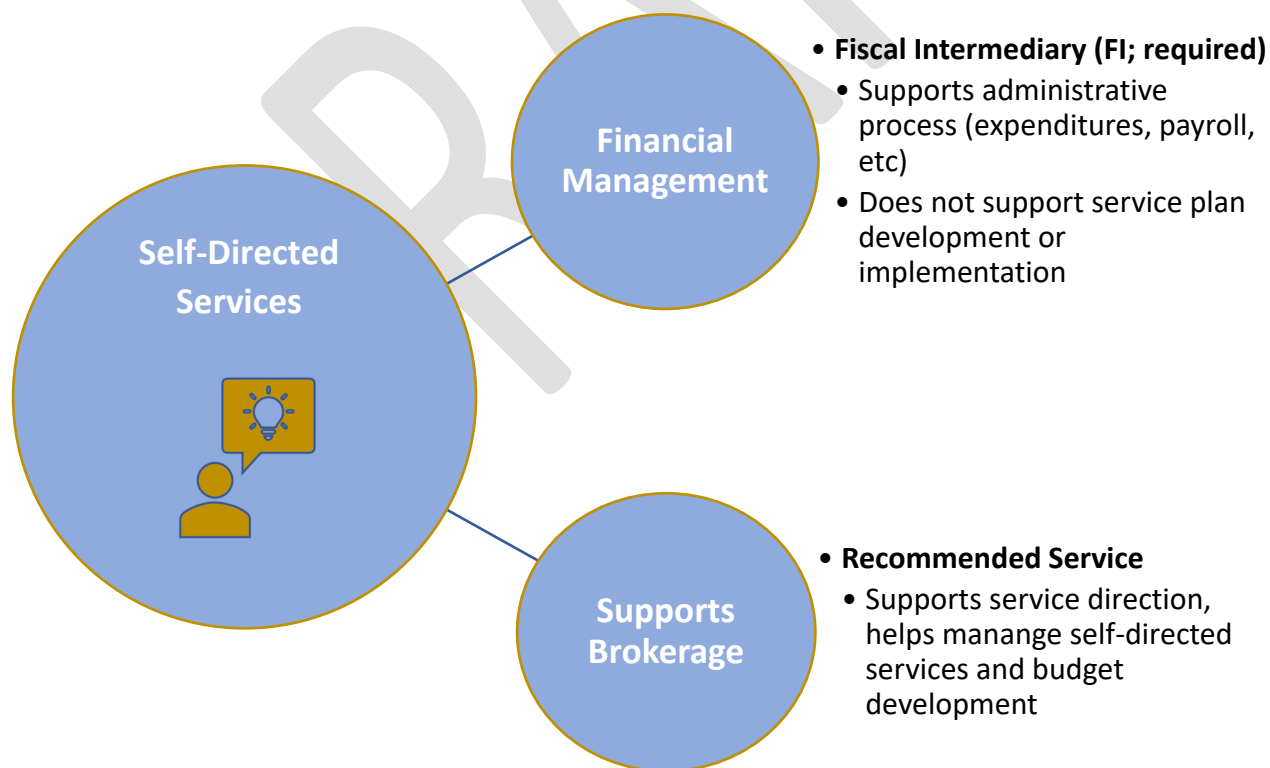
Billing Codes	Modifier	Service Allocation
TBD	N/a	Per service

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

DRAFT

OTHER SUPPORTS

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



Respite

Service Definition

- Direct support to individuals furnished on a short-term basis due to the absence of a caregiver or the need for relief of those persons who normally provide care for the individual
- Can be delivered in an individual’s home, a private place of residence or at the location of a respite care provider or in the community
- Responsibilities include:
 - Ensuring the individual’s routine is maintained to attend school, work, or other community activities/outings
 - Community outings shall be included, with transportation to and from outings

Included in Rate

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

Service Rates

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

Billing Codes

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

Remote Support

Service Definition

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

Included in Rate

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

Service Rates

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

Billing Codes

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

Peer Supports

Service Definition

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

Included in Rate

- New service; details TBD

Service Rates

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

Billing Codes

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

Family-to-Family Training

Service Definition

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

Included in Rate

- New service; details TBD

Service Rates

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

Billing Codes

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

Professional Services

Service Definition

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

Included in Rate

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

Service Rates

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

Billing Codes

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

Assistive Technology

Service Definition

- An item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of beneficiaries, optimize their health and, promote independence and self-care
- A service that directly assists an individual in the selection, acquisition, or use of an assistive technology device

Included in Rate

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

Service Rates

- Variable; dependent on equipment/service

Billing Codes

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

Home Modifications

Service Definition

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

Included in Rate

- Actual amount paid for modification

Service Rates

- Variable per service

Billing Codes

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

FUNDING & BILLING

Supplemental Funding

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

S106 (also referred to as L6):

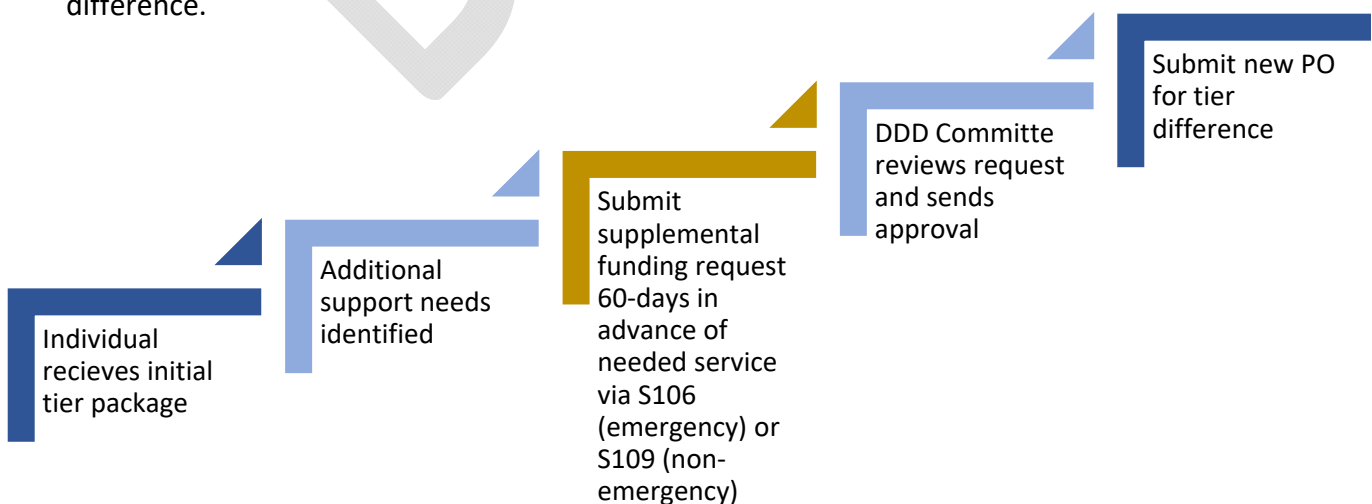
- An EMERGENCY/crisis in the individual's living situation
- Risk of losing living situation
- Risk of life-threatening incidents
- Repeated incidents relating to the individual's health and safety
- A new diagnosis of mid-stage organic brain syndromes
- A new diagnosis of serious mental health condition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

S109 (also referred to as L9):

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

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

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



Billing

Claim Requirements

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

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

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

Job Development: Employee timesheet, progress report

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

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

Assistive Technology: original receipts along with BHDDH approval

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

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

Recoupment of Claims

Recoupments may be requested by BHDDH for several different circumstances:

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

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

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

APPENDIX

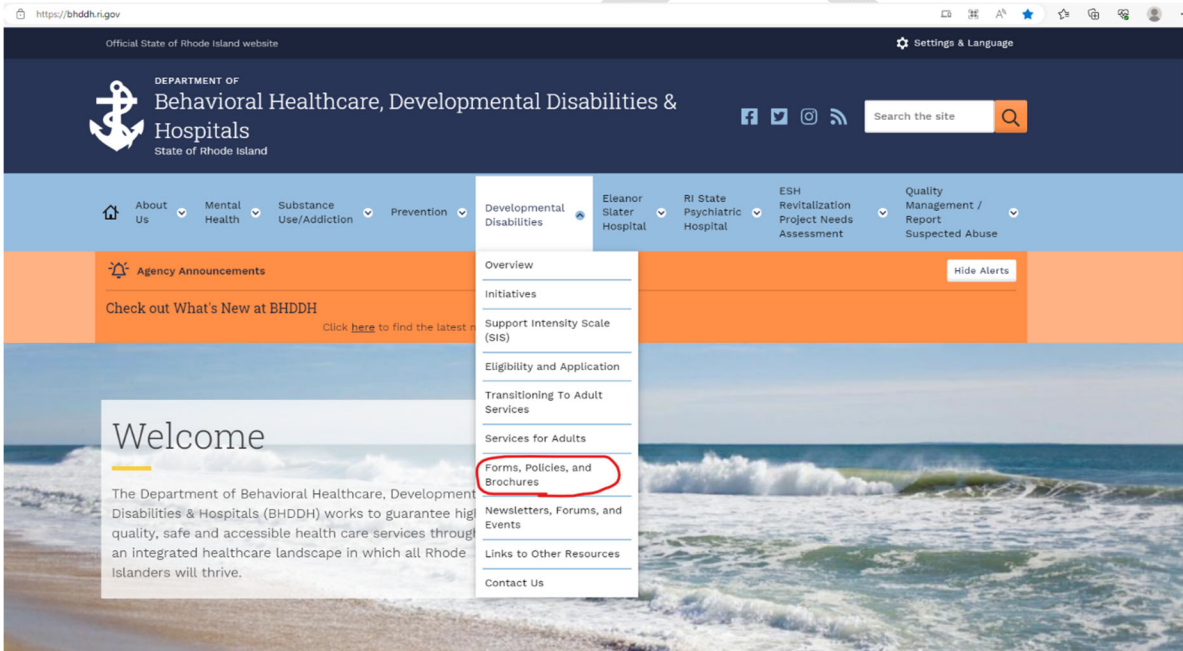
Final Rate Models

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

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

To navigate to the page, follow these instructions:

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



FAQs

1. What is a DDO?

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

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

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

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

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

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

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

5. Does the PO need to be signed?

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

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

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

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

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

8. Where are the forms located?

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

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

ANSWER: BHDDH.S109@bhddh.ri.gov

10. Can I backdate request for additional funding?

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

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

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

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

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

13. Can you bill less than 15 minutes?

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

Tier Package Summary with Comparison

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 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

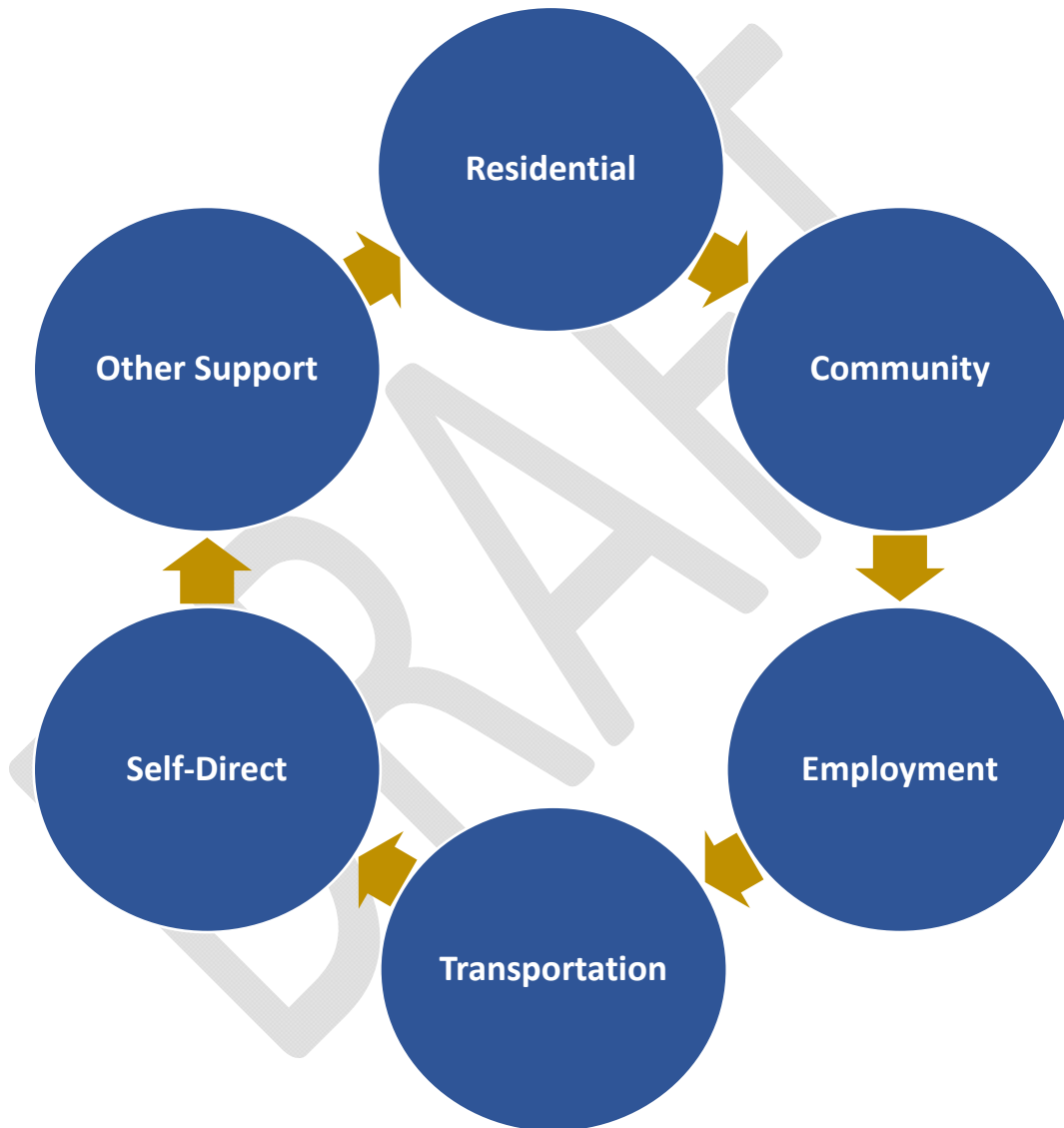
Pick an agency **and** FI to work with

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



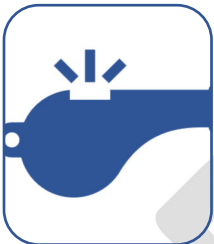
Discovery

- 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 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

Sufficient Funding Required Outcomes

The rate review implementation is underway. A series of meetings have been held with providers and will continue into August to answer questions and work out any issues as well as to develop clear guidance. A draft billing manual has been developed. The Division is working with Gainwell on changes needed in the MMIS for new services. Therap has been updated to reflect changes in rates and authorizations. The Division has asked providers to hold billing for July services until August 1 to allow time to test the changes, review authorizations, and work out the new HCPC codes with Gainwell.

Full implementation and funding of Rate Review recommendations. FY2024 budget request should include adequate funding for rate review recommendations and all other administrative and programmatic initiatives.

Materials (preferably in grid form) that specifically explains what will change (process and funding amounts) on July 1, 2023

See attached Draft Rate Change Table FY 24.

Step-by-step explanation of the work done be completed with the new SIS-A – specific timeline for completion.

See attached SIS-A Procedural Steps and Draft Guide to BHDDH Assessment Process (and other documents within Process section)

Materials (preferably in grid form) that explains what will change (process and funding amounts) when SIS work is completed.

See attached Draft Guide to BHDDH Assessment document.

Service Definitions

See attached BHDDH Service Definitions document.

Billing Manual – billing codes -rate amounts

See DD Billing Manual 2023 - Draft and Draft Rate Change Table FY 24

Technical guidance for providers

See Tier Package Summary with Comparison, DD Billing Manual 2023 - Draft, and Draft Rate Change Table FY24

Plain language guidance for individuals and families

See attached Draft Guide to Services – plain language and Draft RI Individual Budget Booklet.

Detailed schedule of roll-out – when each individual will experience the revised process (preferably aligned with ISP dates)

Each person will be able to submit an individual budget when doing their new ISP after July 1.

Materials documenting how rates will be updated annually.

BHDDH has created a position that will be filled in FY24 that will focus on managing the rate model and evaluating rates to inform caseload estimating.

BHDDH has proposed indexing the rates to inflation annually and to have a rebase every 5 years to ensure rates stay current.

Develop a guide that provide guidance re: braiding and blending of funding from ORS, BHDDH, DLT and any other source to increase employment and community outcomes.

Braiding and sequencing map

See Braiding & Sequencing ORS/BHDDH/DLT 3/21/23 and Braiding & Sequencing PowerPoint

Guidance (technical and plain language versions) explaining how to access funds.

See Braiding & Sequencing ORS/BHDDH/DLT 3/21/23 and Braiding & Sequencing PowerPoint

Strategies for increasing use of all funding sources.

There have been Information Sessions for Providers and those who Self-Direct to walk people through the Braiding and Sequencing PowerPoint. These sessions were taped by ORS. In August, RIPIN is hosting a webinar/panel discussion on Employment. ORS and DDD will be a part of the panel to discuss what funding people can access for Employment supports. Guidance documents were developed for youth in

transition to inform them about the funding available to them while still receiving school funded services (See Accessing Community and Employment Funding for Students). There will be a Targeted Employment Information session on June 29th. During this meeting information about different funding sources will be provided. Information about available funding will be presented during the Family Employment Awareness Trainings (FEAT) to encourage individuals to use the supports available to them to meet their employment goals. There will be ongoing efforts to ensure individuals are informed about the funding they can access.

Moreover, when CFCM is implemented the case managers will assist individuals with identifying other resources outside of their DDD authorized funding. Individuals who are newly eligible also have the opportunity to meet with a Person-Centered Options Counselor (PCOC). The advisor goes over what the individual support needs are and any other areas that need to be addressed.

Identify every possible source of state of public and private funding that could support the goals of the Consent Decree. The State will develop a document that describes how these funding sources can be braided to support the various functions of the Consent Decree. The State should develop a guide for members of the Consent Decree population that describes these additional sources of funding, their purposes, how they can be accessed and used to support the goals of individual person-centered plans.

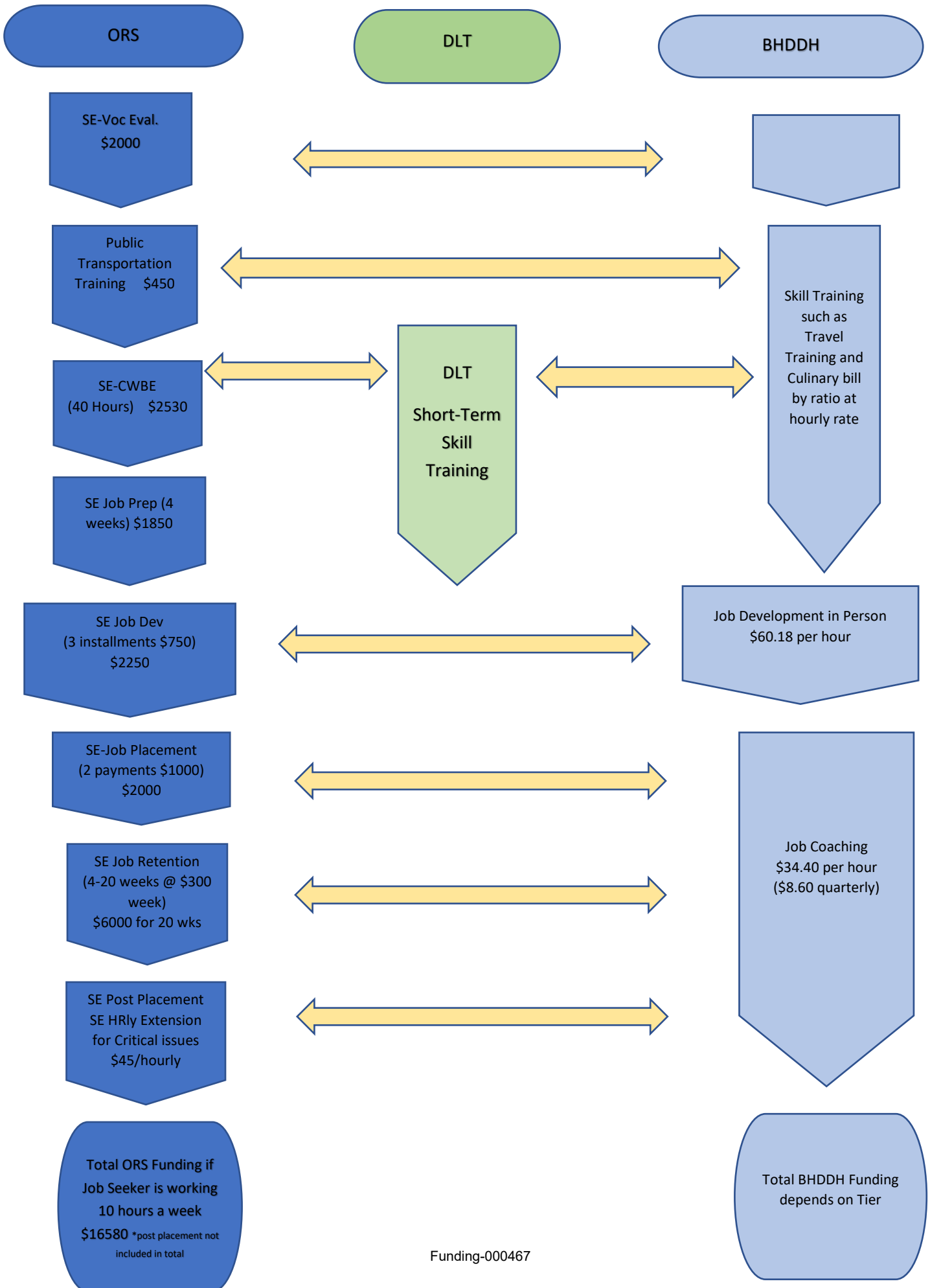
Materials listing in the required action.

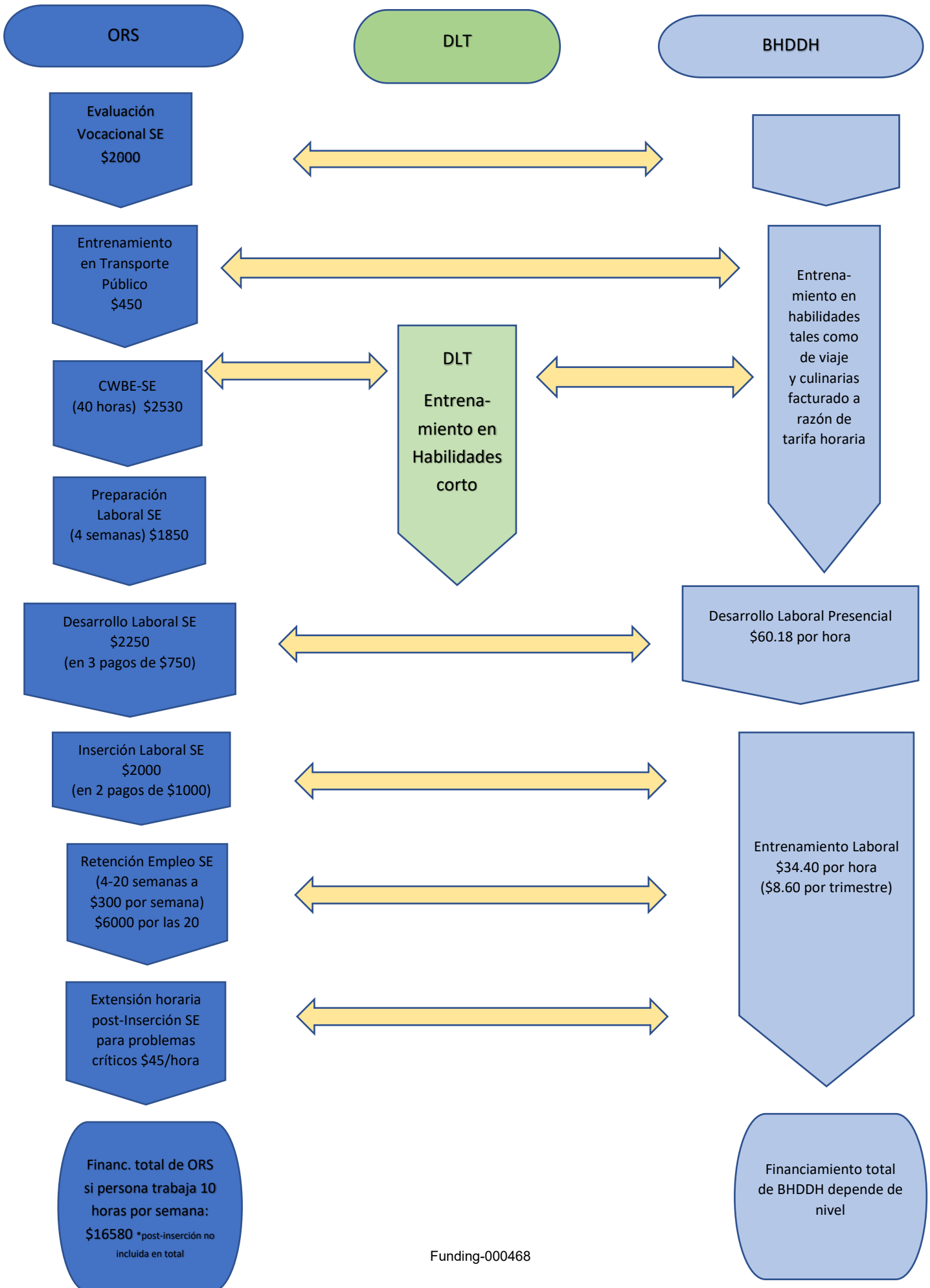
See attached Grant and Alternative Funding Resource List

Plan (with dates) for distribution and dissemination

Case managers will assist with identifying and accessing appropriate alternative/supplemental funding and services to support the individual in meeting their goals. The resource list will be shared with all case managers in BHDDH, DLT, ORS and with youth in transition during individual meetings and in resource packets and on websites.

**Braiding &
Sequencing
ORS/BHDDH/DLT
3.21.23 (English and
Spanish)**





**Braiding &
Sequencing
PowerPoint (English
and Spanish)**

Supported Employment Braiding and Sequencing of Funds

Karen Davis-ORS

Melanie Sbardella- ORS

Jay MacKay- BHDDH

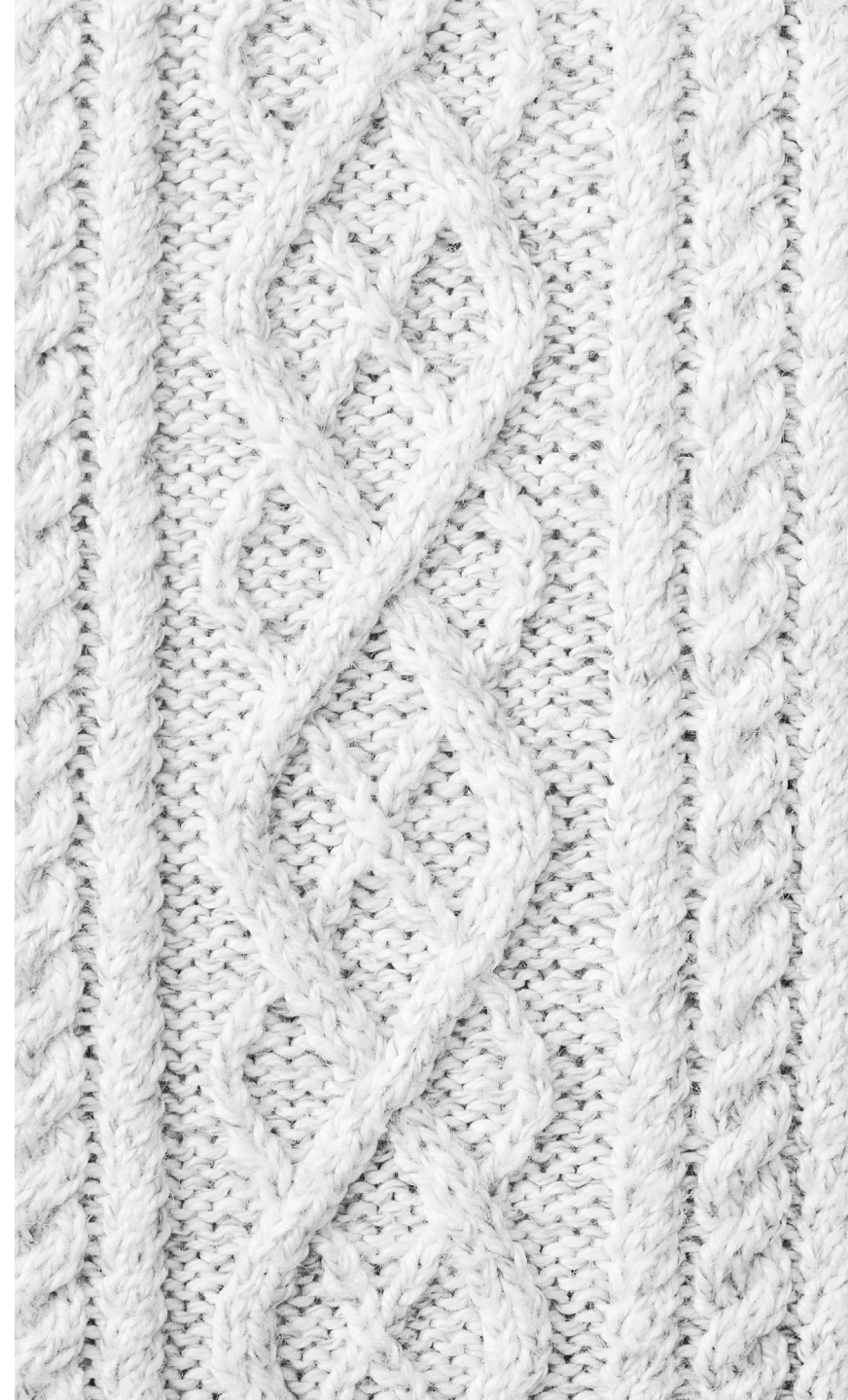
March 2023



Supported Employment Braiding and Sequencing Funding

Supported Employment Services are designed to assist individuals with the most significant disabilities, who have been found eligible for ORS, to find and keep a job in an integrated real work setting, and to earn at least prevailing minimum wage”.

– *ORS Supported Employment Fact Sheet 6/30/2022*



Braiding and Sequencing Definitions

Braiding: when multiple funding sources independently or at the same time provide specific services that support a job seeker with a disability in pursuing, obtaining, and maintaining CIE.

“Braiding occurs when multiple streams, separately and simultaneously, purchase and provide specific services that support an individual with a disability in pursuing, obtaining or maintaining CIE” -Lead Center WIOA Policy Development

Sequencing: occurs when many funding sources individually or in order provide specific services to support the job seeker in pursuing, obtaining, and maintaining CIE.

“Sequencing has proven to be an important, formative practice to coordinate resources and share responsibility and credit for individuals with disabilities achieving CIE” LEAD Center WIOA Policy Development



Sequencing of funding refers to the **weaving together of federal, state and private funding streams -- and the development of funding strategies -- to support high quality programs.**

ORS- Vocational Evaluation, Public Transportation Training, Community Based Work Experience, Job Preparation, Job Development, Job Placement, Job Retention, Time-Limited Job Coaching

BHDDH- Discovery, Skills Training, Job Development, Job Coaching

DLT- Skills Training

What are the supported employment options that are available to BHDDH/ORS Job Seekers?

Vocational Evaluation (ORS)

- Answers to Referral Questions and Background Information
- Summary of Community Experiences
- Observation and Findings
- Recommendations and Information about support needs and/or any job accommodations necessary
- Documentation Required:
- Vocational Rehabilitation Report- Invoice \$2000



Skills Training and Travel Training (ORS, BHDDH & DLT)

ORS

Public Transportation Training (\$450)

This service establishes that public transportation is appropriate for the individual depending upon the availability of RIPTA service for the desired location and travel destination. Some people may not be able to participate in this program due to lack of public transportation in their area, or the bus routes and schedules not meeting their transportation needs.

BHDDH

Travel Training (By Ratio at Hourly Rate)

Transportation is defined as transportation for an individual from his/her residence, or the immediate vicinity thereof, to and from the individual's program or place of employment.

Billing:

- Individuals are able to access up to 6 rides per day. Additional rides can be allocated in authorized funding.
- Transportation shall be billed under T2003 by modifier based on tier

DLT

Skills Training



Community Based Work Experience (ORS)

The Supported Employment CBWE, is a resource to job seekers to facilitate informed choice and can be used for a multitude of purposes:

- To try one or more diverse types of work in real jobs
- To explore careers through exposure to work
- To assess work habits, work tolerance, interpersonal skills, and behaviors
- To provide information about a specific cluster of occupations
- To identify on-the-job and off-the-job support needs
- To try out a specific job with the intent of employment
- Individual receives minimum wage for the number of hours at the CBWE
- Billing: 40 hours, \$2530 with Report

Job Preparation (ORS)



A service intended to prepare ORS clients for competitive integrated employment. This service consists of a four-week structured program (three hours, three days per week for a total of 36 hours) to address job- seeking skills, interviewing, appearance/hygiene, barriers to employment, interpersonal skills, resume development, and work history.

Billing: 4 weeks, \$1850, report included

Job Development (ORS and BHDDH)

ORS

- ORS funds Job Development service. The job seeker does not have to be present. Goal must be consistent with ORS Individualized Plan for Employment(IPE).
- ORS will fund Job Placement Services. The job must be consistent with goal on the ORS Individualized Plan for Employment(IPE). The placement can either be full-time or part-time (minimum of 10 hours per week) and must be a permanent position.
- ORS does not fund jobs that are Temporary or Seasonal.

Billing: 3 installments of \$750 (\$2250 total) with reports

BHDDH

BHDDH funds In-person Job Development

Billing: \$60.18 per hour.



Job Placement (ORS)

Billing: ORS pays \$2000 in two installments of \$1000.

- Payment 1 after 15 days of Employment
- Payment 2 after 30 days of Employment

During the first 4 weeks of placement a *Monthly Performance Review* Document will be completed to evaluate work performance at the work site and includes recommendations for supports. This report is expected every 30 days after that and can be submitted with Job Retention Invoices.

Job Retention and Supports(ORS and BHDDH)

- ORS can fund Job Retention up to 20 weeks. These services can be invoiced in 4 week increments with justification (provide rationale) included on the *Monthly Performance Review* document.
- \$300 per week and requires 2 face to face contacts a week.
- BHDDH Retention Services (check billing guide)



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Job Coaching (ORS and BHDDH)



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- ORS SE Hourly Extension in specific situations to address critical issues. This represents hourly support time with the individual and is authorized through VR Counselor if needed. Billed \$45 an hour.
- BHDDH In-person supports billed \$34.40 per hour (\$8.60 quarterly)

**ORS and BHDDH can not be billed for the same Job Coaching hours.*

Not everyone will need or must utilize all the vocational services that may be available. Therefore, Supported Employment Services will be customized for the Job Seeker. The next slides give examples of funding from ORS, BHDDH, and DLT as we braid and utilize sequential services for the job seeker to be employed.

Examples of Braiding and Sequencing

Implementation of Vocational Services

The individual services may begin with the Discovery phase via BHDDH. The ORS/DD team may recommend the job seeker participate in an ORS Vocational Evaluation. Once completed, travel training may be one of the services recommended for the job seeker as they move to a CBWE. ORS can provide Travel Training anytime during the vocational process. Once the individual completes the CBWE they may move to a four-week ORS Job Prep Class. Once Job Prep is completed, they begin the job development process, including braided funds from ORS and BHDDH during the job search. When job seekers find customized integrated employment, they receive ORS Job Placement services. After a month of Job Placement, they move to ORS Supported Employment Job Retention and Supports. At this time BHDDH Job Coaching services can all be utilized for funding extra hours not supported by ORS.

Examples of Braiding and Sequencing Continued

Job Development/Placement Services

The Job Seeker and Team meet to discuss if an individual is appropriate in seeking customized integrated employment without the services previously mentioned. For example, if the Job Seeker has a work history and is looking for a job similar to what they have done in the past, they will begin with Job Development Fees and then advance to Job Placement once a position is obtained. As stated in the first paragraph, ORS & BHDDH will proceed with braiding funds

Braiding and Sequencing Funding Documents Included with this Power Point Presentation



- Braiding and Sequencing Supported Employment Funding Map
- Supported Employment Braiding and Sequencing Document
- ORS Supported Employment Fee Schedule

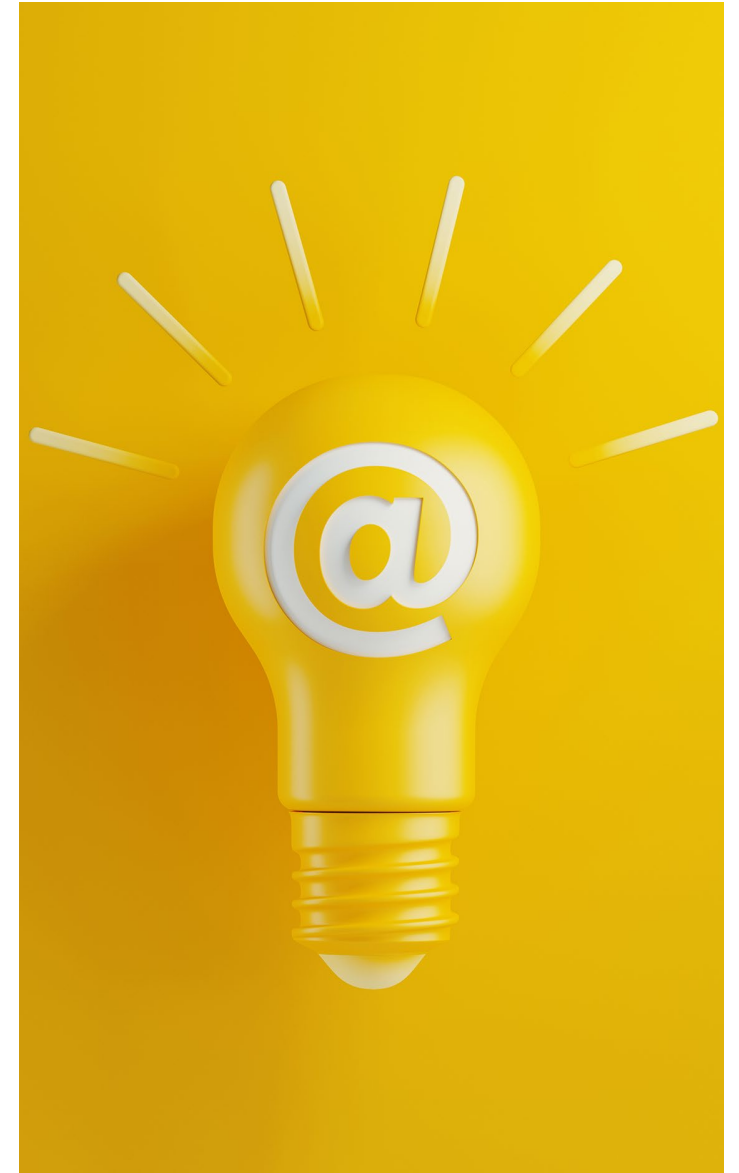
THANK YOU!

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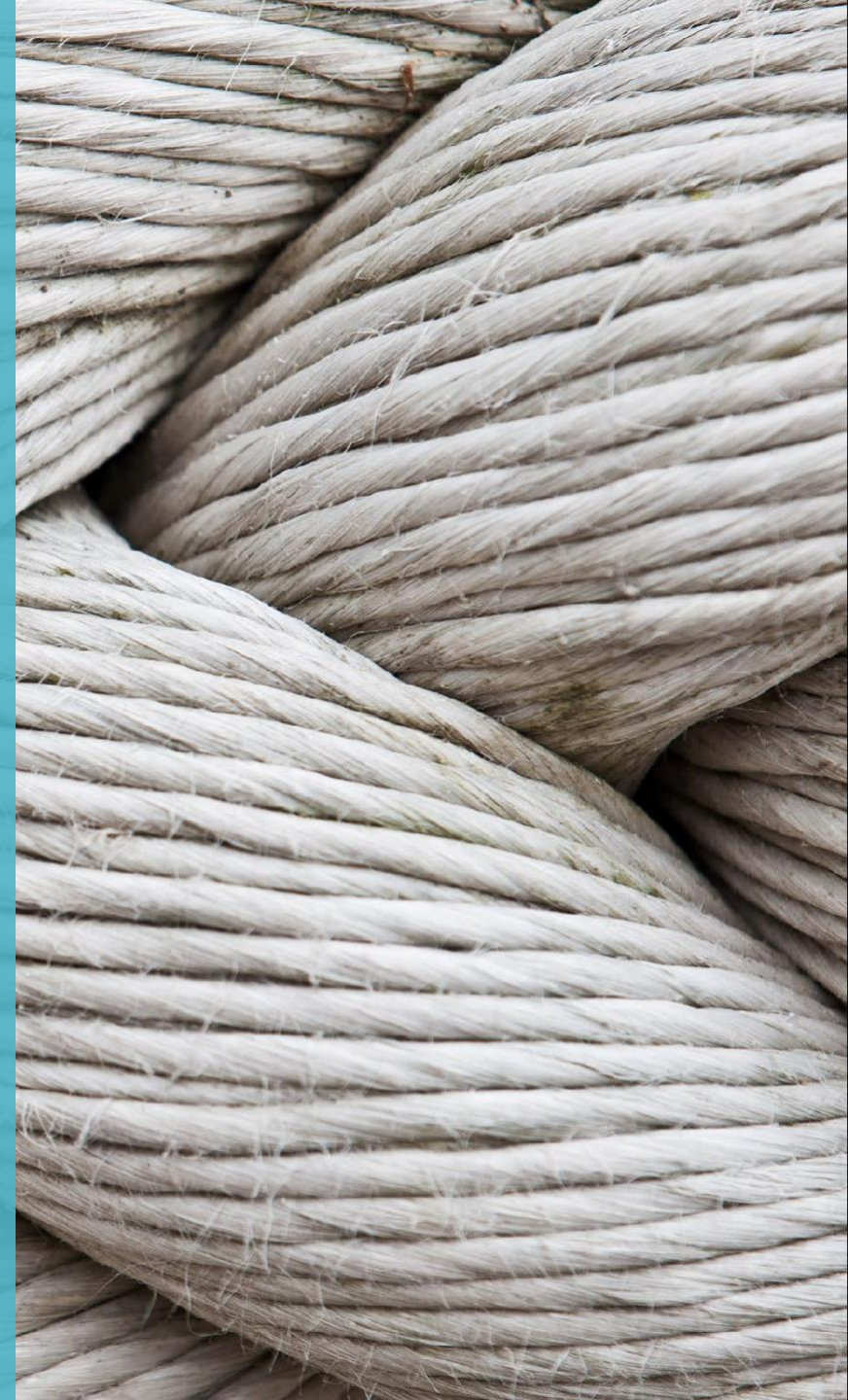
Entrelazado y secuenciación de fondos para empleo apoyado

Karen Davis - ORS

Melanie Sbardella - ORS

Jay MacKay - BHDDH

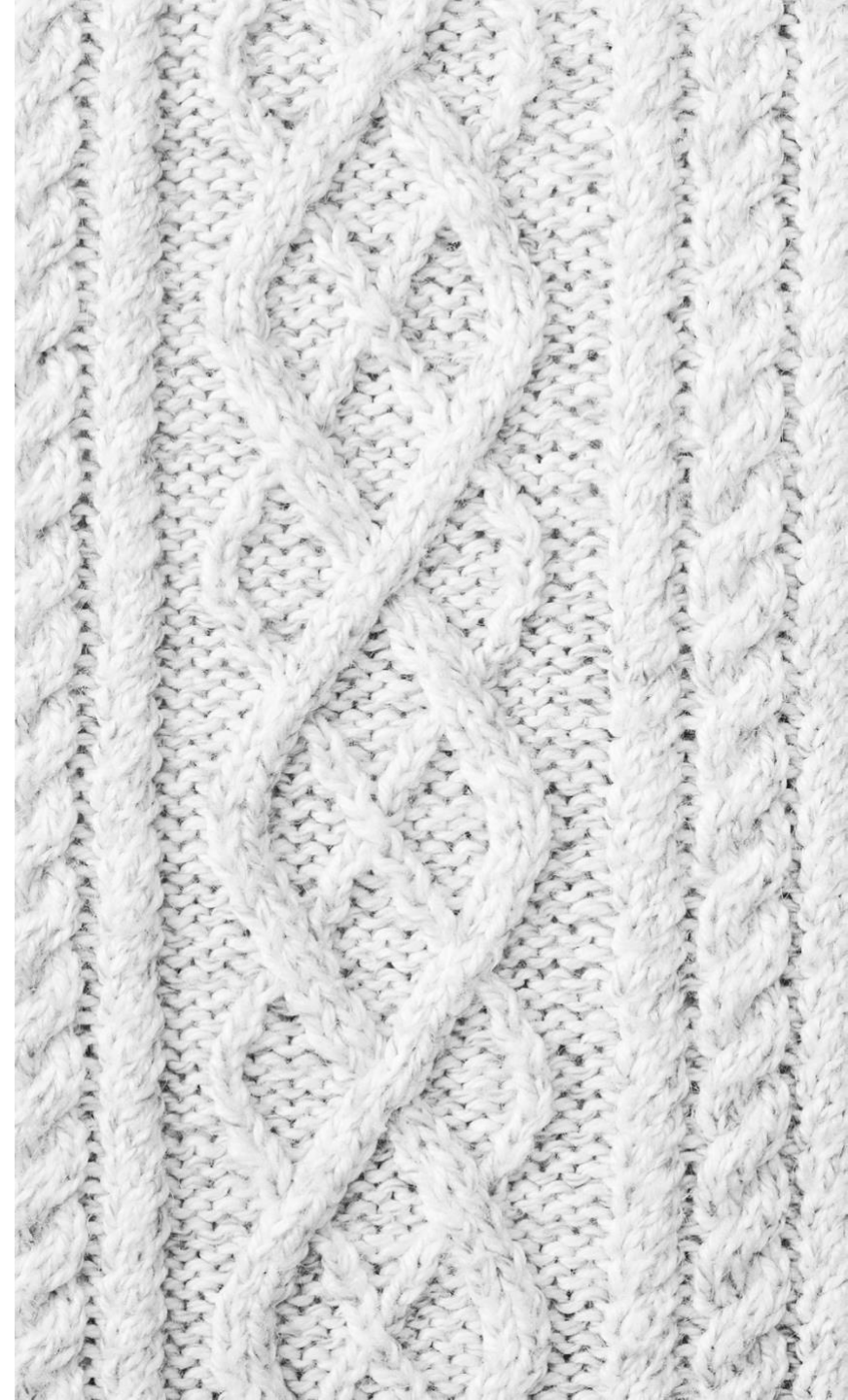
Marzo 2023



Entrelazado y secuenciación de fondos para empleo apoyado

Los Servicios de Empleo Apoyado están diseñados para ayudar a las personas elegibles para ORS más discapacitadas a encontrar y conservar un empleo en un entorno de trabajo real integrado, y ganar al menos el salario mínimo vigente”.

– *Hoja informativa de la ORS sobre el empleo apoyado 30/6/2022*



Definiciones de Entrelazado y Secuenciación

Entrelazado: cuando múltiples fuentes de fondos independiente o simultáneamente proveen servicios específicos de apoyo a personas con discapacidad para que busquen, obtengan y mantengan un empleo integrado competitivo (CIE).

“Se habla de entrelazado cuando múltiples fuentes, separada y simultáneamente, pagan y proveen servicios específicos para apoyar a personas con discapacidad a buscar, obtener o conservar un CIE” — Centro LEAD para desarrollo de políticas en torno a la Ley de Innovación y Oportunidad de la Fuerza Laboral (WIOA)

Secuenciación: cuando varias fuentes de fondos individualmente o en secuencia proveen servicios específicos de apoyo para buscar, obtener y conservar un empleo integrado competitivo (CIE).

“La secuenciación ha resultado ser una práctica formativa importante para coordinar recursos, y compartir la responsabilidad y mérito de que personas con discapacidad logren un CIE” — Centro LEAD para desarrollo de políticas en torno a la Ley de Innovación y Oportunidad de la Fuerza Laboral (WIOA)



La secuenciación de fondos se refiere al entrelazado de fuentes de financiamiento federal, estatal y privado, y desarrollo de estrategias de financiamiento, para apoyar programas de alta calidad.

Oficina de Servicios de Rehabilitación (ORS) – Evaluación Vocacional, Entrenamiento en Transporte Público, Experiencia Laboral Comunitaria, Preparación Laboral, Desarrollo Laboral, Inserción Laboral, Retención de Empleo, Entrenamiento Laboral por Tiempo Limitado

Departamento de Salud Conductual, Discapacidad del Desarrollo y Hospitales (BHDDH) – Identificación, Entrenamiento en Habilidades, Desarrollo Laboral, Entrenamiento Laboral

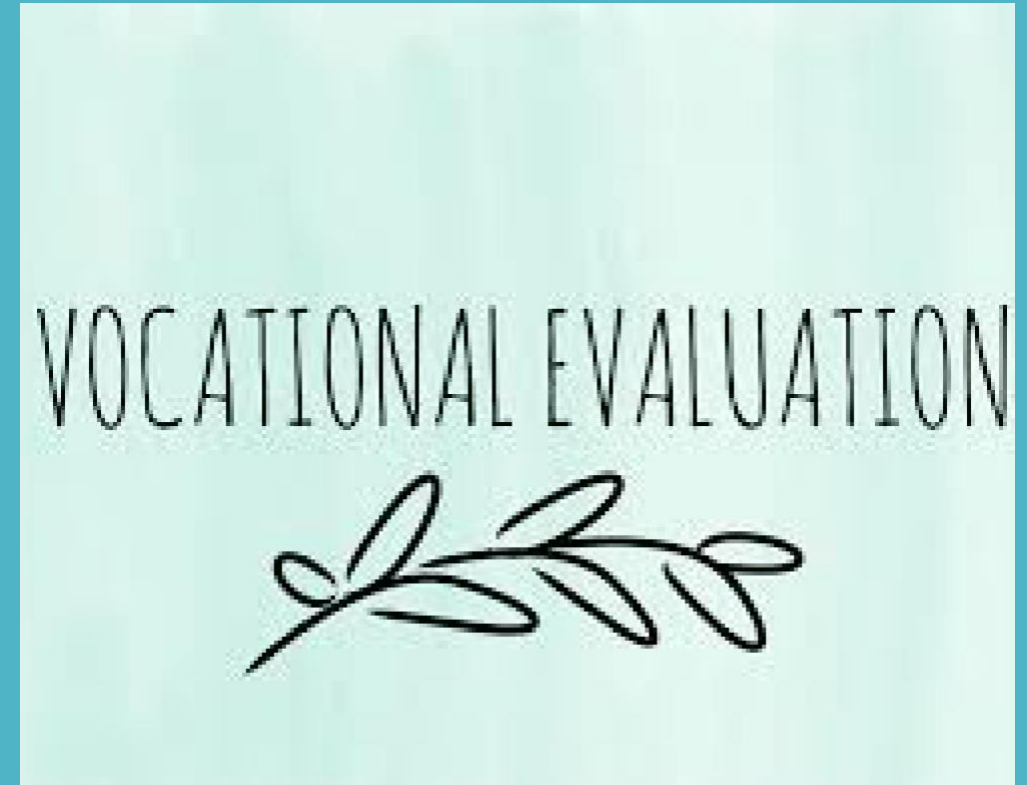
Departamento de Trabajo y Capacitación (DLT) – Entrenamiento en Habilidades

Ver el mapa de Entrelazado y Secuenciación de Fondos adjunto

¿Cuáles son las opciones de empleo apoyado para personas que buscan empleo a través del BHDDH o la ORS?

Evaluación Vocacional (ORS)

- Revisa el resultado de la identificación
- Responde preguntas de referencia e información de fondo
- Resumen de experiencias comunitarias
- Observación y hallazgos
- Recomendaciones e información sobre necesidades de apoyo o adaptaciones en el trabajo necesarias
- Documentación requerida:
- Informe de Rehabilitación Vocacional; importe de \$2000



Entrenamiento en Habilidades y Entrenamiento en Transporte (ORS, BHDDH y DLT)

ORS

Entrenamiento en Transporte Público (\$450)

El transporte público es adecuado para la persona si dispone de servicio de RIPTA para la ubicación y destino deseados. Algunas personas no pueden participar en este programa porque no hay transporte público en su zona, o porque las rutas y horarios de autobús no cubren sus necesidades de transporte.

BHDDH

Entrenamiento en Transporte (a razón de la tarifa horaria)

El transporte se define como el traslado de una persona desde su domicilio o inmediaciones hasta el programa o lugar de trabajo, y de vuelta.

Importe:

- Las personas pueden obtener hasta 6 viajes por día. Pueden asignarse fondos autorizados para viajes adicionales.
- El transporte se facturará según el código T2003 por modificador con base en el nivel.

Entrenamiento en Habilidades (a razón de la tarifa horaria)

DLT

Entrenamiento en Habilidades



Experiencia Laboral Comunitaria (ORS)

La Experiencia Laboral Comunitaria (CBWE) de Empleo Apoyado es un recurso para personas que buscan empleo, que facilita elegir de manera informada y sirve para:

- Probar distintos tipos de trabajo en verdaderos empleos.
- Explorar carreras mediante la exposición al trabajo.
- Evaluar hábitos de trabajo, tolerancia al trabajo, habilidades interpersonales y comportamientos.
- Informar sobre un conjunto específico de ocupaciones.
- Identificar las necesidades de apoyo dentro y fuera del trabajo.
- Probar un trabajo específico con intención laboral.
- La persona recibe el salario mínimo por las horas de CBWE
- Importe: 40 horas, \$2530 con informe

Preparación Laboral (ORS)



Un servicio para preparar a clientes de la ORS para empleo integrado competitivo. Este servicio consiste en un programa estructurado de cuatro semanas (tres horas, tres días por semana para un total de 36 horas), para abordar las habilidades de búsqueda de empleo, entrevista, apariencia e higiene, barreras de acceso al empleo, habilidades interpersonales, elaboración de CV y antecedentes laborales.

Importe: 4 semanas, \$1850, informe incluido

Desarrollo Laboral (ORS y BHDDH)

ORS

- La ORS financia el servicio de Desarrollo Laboral. La persona que busca empleo no tiene que estar presente. La meta debe ser compatible con el Plan de Empleo Individualizado (IPE) de la ORS.
- ORS financiará Servicios de Inserción Laboral. El empleo debe ser compatible con la meta en el Plan de Empleo Individualizado (IPE) de la ORS. El empleo puede ser de tiempo completo o medio tiempo (mínimo de 10 horas por semana) y permanente.
- La ORS no financia empleos temporales ni estacionales.

Importe: 3 pagos de \$750 (\$2250 en total) con informes

BHDDH

El BHDDH financia Desarrollo Laboral presencial

Importe: \$60.18 por hora.

Inserción Laboral (ORS)

Importe: ORS paga \$2000 en dos partes de \$1000.

- Pago 1 a los 15 días de empleo
- Pago 2 a los 30 días de empleo

Durante las primeras 4 semanas de empleo se hará un informe de evaluación del desempeño mensual en el lugar del trabajo, que incluye recomendaciones de apoyos. Se continuará haciendo informes cada 30 días, que podrán presentarse con facturas por retención de empleo.

Retención de Empleo y Apoyos (ORS y BHDDH)

- **ORS puede financiar retención de empleo por hasta 20 semanas. Estos servicios se pueden facturar con incrementos de cuatro semanas, con justificación incluida en el informe de evaluación del desempeño mensual.**
- **\$300 por semana y 2 contactos cara a cara por semana obligatorios.**
- **Servicios de Retención del BHDDH (ver la Guía de Importes)**



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Entrenamiento Laboral (ORS y BHDDH)



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- Extensión horaria de Empleo Apoyado de la ORS en situaciones específicas para responder a problemas críticos. Esto representa horas de apoyo para la persona y es autorizado a través de un orientador de rehabilitación vocacional si es necesario. Importe de \$45 la hora.
- Apoyos presenciales del BHDDH a \$34.40 por hora (\$8.60 trimestralmente)

**No se puede facturar a ORS y BHDDH por las mismas horas de entrenamiento laboral.*

No todos necesitarán o deberán usar todos los servicios vocacionales disponibles. Por lo tanto, los Servicios de Empleo Apoyado se personalizarán al solicitante de empleo. Las siguientes diapositivas brindan ejemplos de financiamiento de la ORS, BHDDH y DLT para el entrelazado y uso de servicios secuenciales para que la persona que busca empleo lo obtenga.

Ejemplos de Entrelazado y Secuenciación

Implementación de Servicios Vocacionales

Los servicios individuales pueden iniciar con la fase de Identificación vía el BHDDH. El equipo de la ORS/DD puede recomendar a la persona que busca empleo participar en una evaluación vocacional de la ORS. Después de completarse, se puede recomendar entrenamiento en transporte a la persona que busca empleo al pasar a experiencia laboral comunitaria (CBWE). La ORS puede proporcionar entrenamiento en transporte en cualquier momento durante el proceso vocacional. Una vez que la persona complete la CBWE, podrá pasar al curso de Preparación Laboral de cuatro semanas de la ORS. Después de eso, iniciará el proceso de desarrollo laboral, que incluye entrelazado de fondos de la ORS y el BHDDH durante la búsqueda de empleo. Cuando la persona encuentra un empleo integrado personalizado, recibe servicios de Inserción Laboral de la ORS. Después de un mes de Inserción Laboral, pasa a Retención de Empleo y Apoyos de la ORS, que es cuando se pueden usar todos los servicios de Entrenamiento Laboral del BHDDH para financiar horas adicionales no proporcionadas por la ORS. Funding-000500

Ejemplos de Entrelazado y Secuenciación (continuación)

Servicios de Desarrollo e Inserción Laborales

La persona que busca empleo y el equipo se reúnen para discutir si es apta para un empleo integrado personalizado sin los servicios anteriormente mencionados. Por ejemplo, si la persona que busca empleo tiene antecedentes laborales y quiere un empleo similar al que tuvo, iniciará con Honorarios de Desarrollo Laboral y pasará a Inserción Laboral cuando se obtenga un empleo. Como se dijo en el primer párrafo, la ORS y el BHDDH procederán con el entrelazado de fondos.

Documentos de Entrelazado y Secuenciación de Fondos adjuntos a esta presentación PowerPoint



- Mapa de Entrelazado y Secuenciación de Fondos para Empleo Apoyado
- Documento de Entrelazado y Secuenciación de Empleo Apoyado
- Lista de Honorarios de Empleo Apoyado de la ORS
- Planificación de Beneficios

¡GRACIAS!

Para más información, contacte:

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Jay MacKay- BHDDH
gerard.mackay@bhddh.ri.gov



ORS Supported Employment Packet



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

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

**ORS SUPPORTED EMPLOYMENT
SERVICES FACT SHEET**

The ORS Supported Employment Services are designed to assist individuals with the most significant disabilities, who have been found eligible for ORS, to find and keep a job in an integrated real work setting, and to earn at least the prevailing minimum wage. Individuals with significant disabilities often do not have opportunity to experience traditional competitive employment or have had that experience interrupted due to the severity of their disability. It is anticipated that the Supported Employment Program will identify, arrange, and coordinate the services and ensure access to the ongoing/intermittent supports needed by the individual to obtain and maintain employment.

The Supported Employment Services that may be enlisted to help an individual with a significant disability to move toward a goal of employment include:

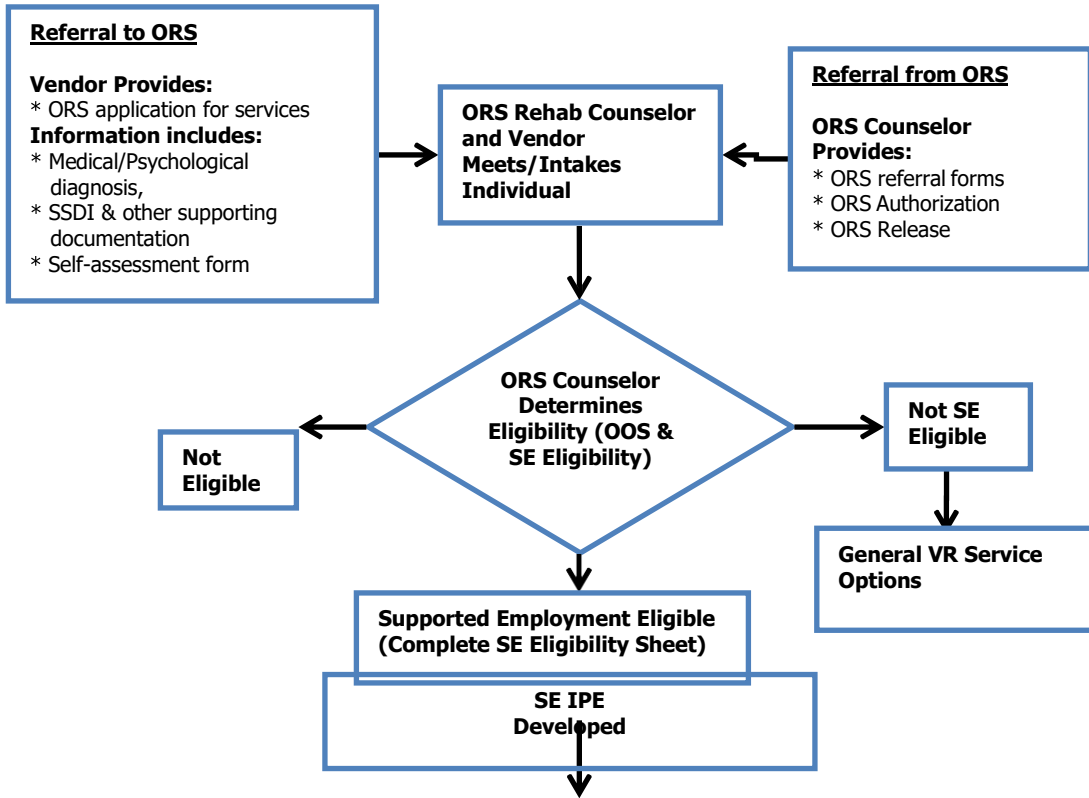
- An assessment or vocational evaluation to discover work interests, abilities, and preferences.
- An opportunity to try real work in an interest area to clarify goals and identify support needs.
- Job Preparation services provide an opportunity to learn about the work routine, expectations of a boss, the interview process and identifying individual barriers that may hinder employment success.
- Job development and placement services that help to get a job consistent with the career goal of the Individualized Plan for Employment (IPE).
- Job coaching and retention services that cluster supports that help the individual learn and keep the job. Supported Employment Services are available to assist in sustaining employment.

Key Components:

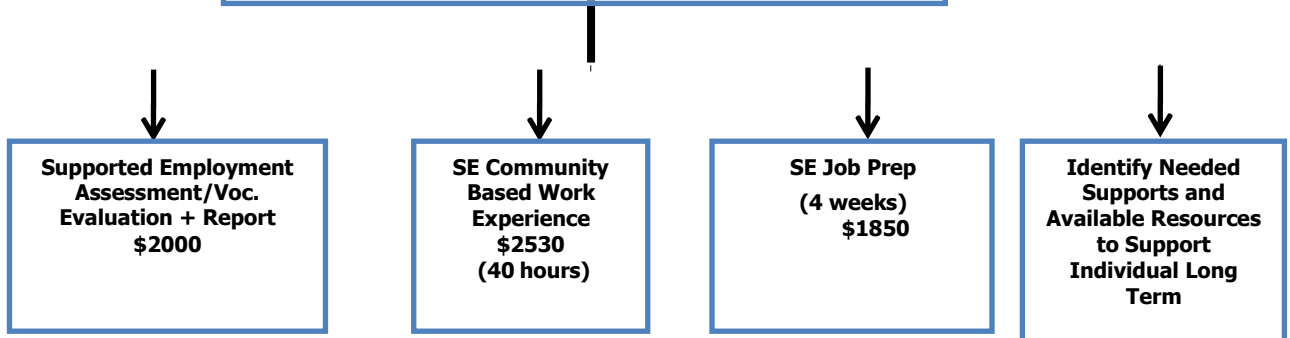
- ◆ **Supported Employment (SE)** assists individuals with the most significant disabilities who have been unsuccessful with traditional employment strategies and need ongoing supports to choose, find, and keep employment.
- ◆ SE is competitive employment (at or above minimum wage, with pay commensurate to a non-disabled worker performing the same tasks). Paycheck must come from employer not service provider. ORS has a standard that employment must be at least ten hours per week.
- ◆ Work must be in an integrated setting (person works and/or interacts with non-disabled population). Training occurs after placement.
- ◆ ORS provides intensive ongoing supports for a time-limited period. * Long-term ongoing supports are provided through other funding sources and include natural supports.

*On-going Supported Employment means services that are based on an assessment of employment stability and provision of specific services needed to maintain employment. These services must include at least twice monthly monitoring of the individual in supported employment either at the work site or off-site (based on individual preference). The IPE can be amended to identify any other service needed to ensure employment stability.

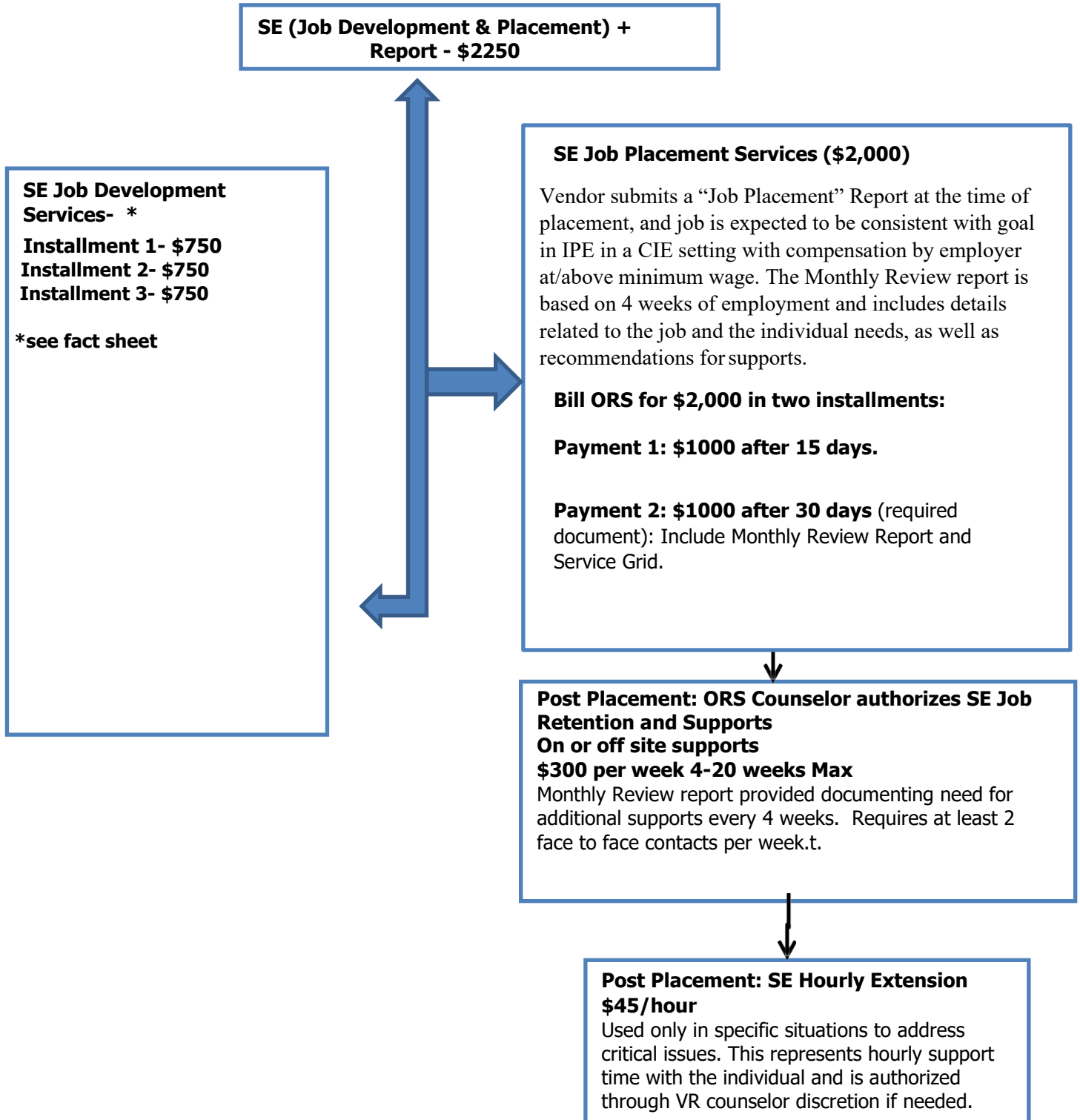
Supported Employment Preparation and Assessment Services for Adults



Menu of Services Predicated by Individualized Plan for Employment (All items must be approved by ORS Counselor)



Supported Employment Job Development/Placement Services for Adults





**DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)**

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

**Provider Agreement to
Provide On-Going Support Services**

_____ enters into an agreement to provide the On-Going Support Services
(Provider)

for _____, under his/her Individualized Plan for Employment (IPE) with the
(Individual)
Office of Rehabilitation Services.

The On-Going Support Services will be individualized and clearly defined to assist the above-named to maintain competitive community integrated employment.

It is understood that the Office of Rehabilitation Services will purchase the intensive time-limited on-going support services through fee for service and that the provider will continue with the extended on-going support provision or monitoring of the extended on-going support provision once the need for intensive services according to the IPE is completed.

It is understood that at a minimum the extended on-going support provision is two contacts with the individual employee per month, at the work site, and that individual requirements may include more support services than the minimum requirements.

It is understood that Extended Service Agreements may be monitored by the Office of Rehabilitation Services as part of program evaluation once the case is closed with the state agency.

(Provider Signature) (Date)

Copy given to Provider

(Counselor Signature) (Date)

Copy given to Customer



DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES

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

Supported Employment Vocational Evaluation Fact Sheet

PURPOSE:

SE Vocational Evaluation is an assessment of the employment capabilities of individuals with significant disabilities using skill, situational, work-based, and functional assessments, as well as a discovery process in order to provide recommendations for subsequent vocational rehabilitation services, support needs, skills training, or other appropriate services. The SE Vocational Evaluation also serves to enhance the participant's ability to make informed choices about work.

SE Vocational Evaluations (other than those for Educational Collaboratives and Transition Programs which have a specific form and format) have the same basic content and procedure:

- A Referral Form (ORS-902 - which should always be included and asks appropriate, relevant questions).
- Signed Release of Information Form (ORS-37) to support referral.
- The SE Vocational Evaluation Report Form (ORS-1102-SE).

The SE Vocational Evaluation is a 10 day evaluation – with some Interest and Discovery Assessments and an actual work experience in an integrated community setting (minimum 20 hours). This work assessment should accommodate individual needs and is expected to occur in a community-based, integrated work setting. Any variation to these requirements must be approved by ORS. The work assessment is intended to provide the customer and Rehabilitation Counselor with information about work performance and work behaviors. Information gathering about careers, training programs, and tours are not part of the Vocational Evaluation, and usage of facility-based setting is not acceptable.

The fee for the completed SE Vocational Evaluation is \$2000.00 and must include a skill assessment, work experience and a completed SE Vocational Evaluation Report to process any invoice. The invoice will be accompanied by a Vocational Evaluation report, following a conference with the individual, counselor, and agency representative.

SUMMARY:

The content of SE Vocational Evaluation report generally consists of:

- Answers to the Referral Questions, background information.
- Discovery findings.
- Summary of the community-based work experience.
- Observations/findings.
- Recommendations and Information about support needs and/or any job accommodations necessary.

RECOMMENDATIONS:

Recommendations will address individual's expressed interests, skills, and abilities, as well as occupational recommendations based on Discovery findings and evaluation information, and job availability in the area (LMI). Occupational information provided should include educational, aptitude, physical as well as any licensing requirements. (Sources for this information should be referenced. (i.e., Occupational Outlook Handbook (online); ONET; and DOT).

40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.222.3583 (Fax)
www.ors.ri.gov

Rev. 6/7/2023

Vocational Evaluation Report

CLIENT NAME: Click here to enter text. _____	AUTHORIZATION # _____
REPORT BY: Click here to enter text. _____	PHONE: Click here to enter text. _____
REPORT DATE: Click or tap to enter a date. _____	
ORS COUNSELOR: Click here to enter text. _____	

Dates of Reporting Period: _____ From: [Click or tap to enter a date.](#) To: [Click or tap to enter a date.](#)

VOCATIONAL INFORMATION OBTAINED TO DETERMINE JOB MATCH

Discovery Process Information

- Interest inventories (if completed): [Click here to enter text.](#)
- Family Supports: [Click here to enter text.](#)
- Job Shadow/Observations (if completed): [Click here to enter text.](#)
- Assistive technology (if necessary): [Click here to enter text.](#)
- Feedback from identified supports: [Click here to enter text.](#)
- Aptitude Testing (test name, results and administrator if completed):
[Click here to enter text.](#)

Stated Skills/Interests: [Click here to enter text.](#)

Stated Job Goal (**Match with sites**): [Click here to enter text.](#)

Sites approved by ORS counselor: Site 1 Date Approved: [Click here to enter text.](#)
Site 2 Date Approved: [Click here to enter text.](#)

CURRENT ASSESSMENT ACTIVITIES

WORK SITE 1

I. Worksite Experience in Community-Based Integrated Setting:

Work site name and address: [Click here to enter text.](#)

Work environment description: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Hours of Work: [Click here to enter text.](#)

II. Labor Market Evaluation O*NET <https://www.onetonline.org/find/>

Findings: [Click here to enter text.](#)

CURRENT VOCATIONAL PROFILE

INDIVIDUAL STYLES OF LEARNING JOB TASKS

- Job description: [Click here to enter text.](#)
- Job Tasks: [Click here to enter text.](#)
- Training supports required: [Click here to enter text.](#)
- Time spent on each task: [Click here to enter text.](#)
- Ability to ask for assistance when needed: [Click here to enter text.](#)
- Ability to complete job tasks: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS

- Amount of Supervision on task needed: [Click here to enter text.](#)
- Behavioral concerns: [Click here to enter text.](#)
- Stamina: [Click here to enter text.](#)
- Style of learning: [Click here to enter text.](#)
- Level of independence: [Click here to enter text.](#)
- Interpersonal Skills: [Click here to enter text.](#)
- Transportation: [Click here to enter text.](#)
- Other support needs: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

Interactions with Co-Workers and Supervisor

- Ability to take direction: [Click here to enter text.](#)
- Ability to handle redirection or correction: [Click here to enter text.](#)
- Appropriateness of social interactions: [Click here to enter text.](#)
- Communication with co-workers, supervisor and customers: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

WORK SITE 2

I. Worksite Experience in Community-Based Integrated Setting:

Work site name and address: [Click here to enter text.](#)

Work environment description: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Hours of Work: [Click here to enter text.](#)

I. Labor Market Evaluation O*NET <https://www.onetonline.org/find/>

Findings: [Click here to enter text.](#)

CURRENT VOCATIONAL PROFILE

INDIVIDUAL STYLES OF LEARNING JOB TASKS

- Job description: [Click here to enter text.](#)
- Job Tasks: [Click here to enter text.](#)
- Training supports required: [Click here to enter text.](#)
- Time spent on each task: [Click here to enter text.](#)
- Ability to ask for assistance when needed: [Click here to enter text.](#)
- Ability to complete job tasks: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS

- Amount of Supervision on task needed: [Click here to enter text.](#)
- Behavioral concerns: [Click here to enter text.](#)
- Stamina: [Click here to enter text.](#)
- Style of learning: [Click here to enter text.](#)
- Level of independence: [Click here to enter text.](#)
- Interpersonal Skills: [Click here to enter text.](#)
- Transportation: [Click here to enter text.](#)
- Other support needs: [Click here to enter text.](#)
-

Additional Information: [Click here to enter text.](#)

Interactions with Co-Workers and Supervisor

- Ability to take direction: [Click here to enter text.](#)
- Ability to handle redirection or correction: [Click here to enter text.](#)
- Appropriateness of social interactions: [Click here to enter text.](#)
- Communication with co-workers, supervisor and customers: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

Summary of Worksites

Recommendations for next steps based on report

- Include services needed: [Click here to enter text.](#)
- Further assessment needed (please document justification): [Click here to enter text.](#)
- Performance issues needing to be addressed: [Click here to enter text.](#)
- Readiness for job development and placement: [Click here to enter text.](#)
- Document any issues that were discussed with ORS counselor during evaluation: [Click here to enter text.](#)

Additional Information: [Click here to enter text.](#)

AGENCY LETTERHEAD

Job Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____



DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)

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

***Supported Employment
Community Based Work Experience (CBWE)***

PURPOSE OF SERVICE:

One of the best ways for adults in Supported Employment (SE) to learn about interests, abilities and preferences is to try out diverse types of work in real employment settings. A community-based work experience is an SE service provided by ORS to adults. The service occurs in an integrated competitive employment setting to provide vocationally-relevant planning information to and for the individual. The SE CBWE, a resource to adults in SE to facilitate informed choice, can be used for a multitude of purposes:

- To try one or more diverse types of work in real jobs
- To explore careers through exposure to work
- To assess work habits, work tolerance, interpersonal skills, and behaviors
- To provide information about a specific cluster of occupations
- To identify on-the-job and off-the-job support needs
- To try out a specific job with the intent of employment

PROGRAM ELEMENTS, FEE STRUCTURE, AND EXPECTATIONS SE CBWE ADULT:

The SE CBWE is authorized and funded at \$2,530 for a total of 40 hours at a work site and can be prorated based on actual hours worked at a rate of \$63.25 per hour. The rate is for up to 40 hours, ideally consisting of four hours per day, but adjustments can be made based on physical demands of job and tolerance of client. Any modifications to four-hour day requires approval of ORS Counselor. This fee covers all the supports the adult will need to complete the SE CBWE. The location of the SE CBWE must be in an **integrated work environment in a community-based business. Adults must be paid minimum wage for each hour of work by the provider** funded by ORS authorization.

At the conclusion of the SE CBWE, the provider is responsible for the following:

- Write a report based on the SE CBWE findings, observations, and client’s feedback.
- Schedule a meeting with ORS, the individual, and others, as appropriate, to review the SE CBWE and plan next steps.
- All parties including the client must sign the report after the review of the CBWE.

AGENCY LETTERHEAD

Community Based Work Experience (CBWE)

CLIENT NAME: [Click here to enter text.](#) _____ **AUTHORIZATION #** _____

REPORT WRITER: [Click here to enter text.](#) _____ **PHONE:** [Click here to enter text.](#)

REPORT DATE: Click or tap to enter a date.

ORS COUNSELOR: [Click here to enter text.](#)

No. of Days at Site: [Click here to enter text.](#)

Employer/Company: [Click here to enter text.](#) **No. of Hours per Day:** [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Dates of Participation: From: Click or tap to enter a date. To: Click or tap to enter a date.

List names of on-site evaluators, if different than presenter/writer: [Click here to enter text.](#)

1. Job Duties – (include as much detail as possible)

- List tasks individual is expected to complete: [Click here to enter text.](#)
- How many people work in proximity to individual? [Click here to enter text.](#)
- Does individual have contact with the public? [Click here to enter text.](#)
- Is area noisy? [Click here to enter text.](#) Describe: [Click here to enter text.](#)
- Is work area indoors? Outdoors? Combined? [Click here to enter text.](#)
- Is lifting involved If so, how many pounds? [Click here to enter text.](#)
- Is speed of performance an expectation? [Click here to enter text.](#)
- Describe expected rate of production. [Click here to enter text.](#)
- What equipment is required? (ex. stapler, copy machine, box cutter, tools, power equipment, stove, knives ...): [Click here to enter text.](#)
- Is special clothing required? (ex. hairnet, steel-toed boots, business attire, surgical mask, etc.) [Click here to enter text.](#)
- Does job require single step actions or multitask completion? [Click here to enter text.](#)

- Is problem solving needed? Describe: [Click here to enter text.](#)
 - Will individual be expected to move from one task to another? From one station to another, etc.? [Click here to enter text.](#)
-

2. **Job Performance Results** – *(include as much detail as possible)*

- Is individual doing the same job as others, or has the job been customized? If customized, describe accommodations: [Click here to enter text.](#)
 - How does the employer measure productivity/what are industry standards for entry level employees doing this job and for experienced employees? [Click here to enter text.](#)
 - What percentage of standard did the individual meet? [Click here to enter text.](#)
 - What tasks did they do well? Describe: [Click here to enter text.](#)
 - What tasks did they have difficulty with? Describe: [Click here to enter text.](#)
 - What accommodations were put in place (e.g. hand over hand, picture lists, written lists, verbal prompts, other cues, etc.)? [Click here to enter text.](#)
 - Were incentives used? [Click here to enter text.](#) Please describe in detail: [Click here to enter text.](#)
-

3. **Job Behavior Results** – *(include as much detail as possible)*

- Was client on time every day? [Click here to enter text.](#)
 - Did they arrive independently or require supports? [Click here to enter text.](#) Explain: [Click here to enter text.](#)
 - Did they return from breaks on time? [Click here to enter text.](#) Did they need prompts? [Click here to enter text.](#) If so, describe (e.g. phone alarm, verbal reminders) [Click here to enter text.](#)
 - When they finished a task, were they able to show initiative and move from one task to another? [Click here to enter text.](#) Explain: [Click here to enter text.](#)
 - Were they able to appropriately request help? [Click here to enter text.](#)
 - Were they dressed appropriately? [Click here to enter text.](#)
 - Did they exhibit proper hygiene? [Click here to enter text.](#)
 - Did they keep appropriate boundaries with coworkers? Describe any situations where they did not. [Click here to enter text.](#)
 - Did they take direction and redirection well? [Click here to enter text.](#) Describe their behavior with supervision. [Click here to enter text.](#)
 - Were they able to handle disruptions in routine? [Click here to enter text.](#)
 - Did they react appropriately to problems and corrections? Describe [Click here to enter text.](#)
-

4. **Employer Feedback** – *(include as much detail as possible)*

- Is this person ready for competitive, integrated employment? [Click here to enter text.](#)
- If not, what further information/steps are needed? [Click here to enter text.](#)

- What additional training would be needed? [Click here to enter text.](#)
 - Additional comments: [Click here to enter text.](#)
-

5. Needed Supports – (include as much detail as possible)

- Does individual need support with transportation? [Click here to enter text.](#) Describe. [Click here to enter text.](#)
 - Does individual need support with personal hygiene? [Click here to enter text.](#) Describe. [Click here to enter text.](#) Is long-term job coaching needed? [Click here to enter text.](#) Why? [Click here to enter text.](#)
 - How will coaching fade? [Click here to enter text.](#)
 - Does job need to be customized? [Click here to enter text.](#) How and why? [Click here to enter text.](#)
 - Is this an appropriate job goal? [Click here to enter text.](#) What supports would be needed for individual to be successful? [Click here to enter text.](#)
-

Summary of CBWE and Specific Recommendations
(answer referral questions)

- Answers to Referral questions(If not previously answered in report): [Click here to enter text.](#)
- Additional comments: [Click here to enter text.](#)
- Recommendations (Does individual need travel training? Vocational exploration? Skill development? Work readiness/job prep? Social skill development? Job training? Assisted technology? Other?): [Click here to enter text.](#)

Job Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____



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

40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX
TDD – 711 ~ Spanish (401) 462-7791
www.ors.ri.gov

***JOB PREPARATION /
SUPPORTED EMPLOYMENT JOB PREPARATION***

PURPOSE AND STRUCTURE OF SERVICE:

Job Preparation is a service intended to prepare ORS clients for competitive integrated employment. This service consists of a **four-week structured program (three hours, three days per week for a total of 36 hours)** to address job-seeking skills, interviewing, appearance/hygiene, barriers to employment, interpersonal skills, resume development, work-history issues, work habits, and work relationships replicating a work-routine structure. The Community Rehabilitation Provider (CRP) will be authorized **\$1,850**.

STEPS FOR IMPLEMENTATION:

1. ORS Rehabilitation Counselor discusses referral with client, facilitates a signed Release of Information, completes the ORS Referral Form, and generates an authorization for **Job Preparation: \$1,850**. Copies of each of these forms are placed in the client's file and a set of originals are forwarded to the vendor.
2. CRP meets with client to explain the procedures, schedule, and expectations of attendance.
3. At conclusion of program, the CRP generates a report using ORS approved format and schedules a meeting with client and ORS Rehabilitation Counselor to review participation, progress, and identify next steps.

Next steps can include job placement, community-based work experience, and/or skill training. In select situations, requiring ORS Rehabilitation Counselor approval, a second Job Preparation Services can be authorized.

4. CRP will bill for Job Preparation services provided at **\$1,850**. The invoice is pro-rated by a weekly amount—which is **\$462.50** per week.

Revised 12/16/2019

Agency Letterhead

Job Preparation Services Report

CLIENT NAME: Click here to enter text.	AUTHORIZATION # _____
SPECIALIST: Click here to enter text.	PHONE: Click here to enter text.
REPORT DATE: Click or tap to enter a date.	
ORS COUNSELOR: Click here to enter text.	

Dates of Participation: From: [Click or tap to enter a date.](#) To: [Click or tap to enter a date.](#)

Hours per Day: Choose an item.

Days per Week: Choose an item.

Please list and explain any absences: [Click here to enter text.](#)

I. Structured Program:

Areas Addressed	What support is required? Please click on dropdown menu to select your answer	State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)
<u>Job Seeking Skills</u> Create resume: Upload resume: Complete a paper application: Search internet for jobs: Use a variety of search engine sites: Complete online application: Create Cover Letter: Create Thank You letter:	 Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu	 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Areas Addressed	What support is required? Please click on dropdown menu to select your answer	State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)
<p>Client’s use of Voicemail/Social Media</p> <p>Check voicemail? Check email?</p> <p>Is email address appropriate? Is voicemail message appropriate? Is social media profile appropriate?</p> <p>Are social media privacy settings set?</p>	<p>Click here for dropdown menu Click here for dropdown menu</p> <p>Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu</p> <p>Click here for dropdown menu</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>
<p>Interviewing Skills</p> <p>Did the client:</p> <p>Complete a mock interview?</p> <p>Complete an interview in the community?</p> <p>Answer all interview questions appropriately?</p> <p>Did client use appropriate language?</p>	<p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>

Areas Addressed	Please click on dropdown menu to select your answer	State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)
<p><u>Appearance/Hygiene</u></p> <p>Does the client have interview clothing?</p> <p>Is appearance/hygiene work appropriate?</p> <p>Did client dress appropriately for interview?</p>	<p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>
<p><u>Barriers to Employment</u> <u>Does client have a</u></p> <p>Work history?</p> <p>Misdemeanor/Felony history?</p> <p>Reliable form of Transportation?</p> <p>Other barriers?</p>	<p><u>Is this a barrier?</u></p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p> <p>Click here for dropdown menu</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>
<p><u>Interpersonal Skills</u></p> <p>Needs Redirection?</p> <p>Gets along w/others?</p> <p><u>Communication:</u></p> <p>Is client:</p> <p>Able to speak coherently?</p> <p>Able to utilize scripts if needed?</p> <p>Are prompts required?</p> <p>Is communication business-appropriate?</p>	<p>Click here for dropdown box</p> <p>Click here for dropdown box</p> <p>Click here for dropdown box</p> <p>Click here for dropdown box</p> <p>Click here for dropdown box</p> <p>Click here for dropdown box</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>

Areas Addressed	Please click on dropdown menu to select your answer	State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)
<p><u>Classroom</u></p> <p>Did the client participate?</p> <p>Was client on time for class?</p> <p>Did the client stay for entire class?</p> <p>Did client overshare personal information?</p> <p>Did client miss any classes?</p> <p>Was client able to follow directions?</p> <p>Does client require assistive technology?</p> <p>Did client require one-on-one support?</p> <p>How many participants were in class?</p>	<p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p> <p>Click here for Dropdown box</p>	<p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>

Areas of Strength:	Click here to enter text.
Areas that Need improvement:	Click here to enter text.

II. Job Preparation Findings: (Please explain any barriers that remain and note what specific strategies will be implemented.)

[Click here to enter text.](#)

III. Recommendations: (Next steps toward employment goal. List next service needed based on performance and justification.)

Please be sure to attach copies of client's cover letter, resume, and thank-you letter.

Instructor Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____



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

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

Supported Employment
Job Development, Placement and Monthly
Performance Review Fact Sheet

PURPOSE: To provide SE clients assistance with Job Development and Job Placement (as well as SE Retention services, when needed) that are consistent with their specific job goal. This goal should be consistent with their strengths, abilities, preferences, and service needs.

The ORS Counselor works with clients who are job-ready and in need of SE Job Development services. These services are to be provided by CRPs **only** when ORS counselors have issued an authorization for development and placement services.

STEPS TO IMPLEMENTATION:

SE Job Development Services (\$2250) is for individual job development services. Goal must be consistent with ORS Individualized Plan for Employment (IPE). The placement can either be full-time or part time with a **minimum of 10 hours per week and must be a permanent position.**

When referring someone for Job Development Services, the ORS counselor will send to the vendor a referral form, signed release of information and an authorization for **\$2250.00**. The authorization will be broken down into three equal installments of **\$750.00** and will require the submission of specific reporting at each two-month installment, as outlined below.

Initial or First Installment

The initial or first installment is **\$750.00**. The ORS counselor does not approve the payment until the vendor has completed the following:

- Met with the individual and the counselor

Rev. 2/13/23

- Developed a resume
- Obtained a signed **Job Development Agreement Form**
- Submits to ORS **Job Development Performance Review** report outlining the services they plan to offer the customer over the next two months

Second Installment

After two months from the initial meeting between vendor, customer, and ORS, a second installment of **\$750.00** will be approved.

This installment is approved only if the ORS counselor is satisfied that the vendor has followed the agreed upon service plan that was developed at the initial meeting. This can be proven by the vendor submitting the following information:

- A **Job Development Log** including:
 - What businesses the individual applied and interviewed for.
 - How the vendor assisted the individual in the above.
- What businesses the vendor outreached to on behalf of the customer.
- A report outlining:
 - Individual's progress
 - Barriers that still exist that are hindering obtaining employment
 - Areas of improvement moving forward so that the individual can reach their employment goals

Prior to reimbursement, a meeting will be conducted with the individual, vendor, and ORS counselor to:

- Review the services that have taken place over the last two months
- Develop a plan for what services will take place moving forward

Third and Final Installment

A third and final installment of **\$750.00** will be approved after two months from the second installment.

Rev. 2/13/23

This installment is approved only if the ORS counselor is satisfied that the vendor has followed the agreed upon service plan that was developed at the second installment meeting. The vendor must submit the following information.

- A **Job Development Performance Review** report and **Job Development Log** outlining:
 - Individual's progress
 - Barriers that still exist that are hindering obtaining employment
 - Areas of improvement moving forward so that the individual can reach their employment goals
- A meeting will be conducted with the individual, vendor, and ORS counselor to Review the services that have taken place over the last two months.
- Develop a plan for what services will take place moving forward.



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

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

Job Development Agreement

Date: _____

Client - _____, ORS Vocational Rehabilitation Counselor -
_____, and Provider (Agency & Job Developer)
-

agree that the job goal is: _____ (ORS
Counselor fills in this goal). This goal will be the same as written in the IPE and is the
focus of the job search.

ORS VR Counselor needs to approve any change in job goals. If the IPE requires
amendment, the Provider will facilitate a meeting among all parties (the Client, ORS
Counselor, and Vendor) related to the proposed amendment.

Client-_____ agrees to participate fully in
their job search. Individual satisfaction with the job and services related to securing
the job is expected.

Job Developer/ORS Counselor will converse monthly to discuss progress
toward securing employment. Resume will be provided prior to the first initial
job development installment.

Job Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____

Job Development Performance Review

NON-SUPPORTED/SUPPORTED EMPLOYMENT- Complete every 60 days and submit after meeting with ORS counselor and client.

CLIENT NAME: [Click here to enter text.](#) **AUTHORIZATION #** [Click here to enter text.](#)

JOB DEVELOPER: [Click here to enter text.](#) **PHONE:** [Click here to enter text.](#)

REPORT DATE: [Click or tap to enter a date.](#)

ORS COUNSELOR: [Click here to enter text.](#)

Dates of Participation: From: [Click or tap to enter a date.](#) To: [Click or tap to enter a date.](#)

I. CORE SKILLS

1. Attendance: Choose an item.

Comments: [Click or tap here to enter text.](#)

2. Punctuality: Choose an item.

Comments: [Click or tap here to enter text.](#)

3. Appearance/Hygiene: Choose an item.

Comments: [Click or tap here to enter text.](#)

4. Concentration: Choose an item.

Comments: [Click or tap here to enter text.](#)

5. Participation/ Engagement: Choose an item.

Comments: [Click or tap here to enter text.](#)

Rev. 2/13/23

6. Ability to Accept Feedback: Choose an item.

Comments: Click or tap here to enter text.

7. Ability to complete Job Development activities independently: Choose an item.

Comments: Click or tap here to enter text.

8. Ability to Seek Out Assistance When Needed: Choose an item.

Comments: Click or tap here to enter text.

9. Ability to utilize Technology for Job Search:

Comments: Click or tap here to enter text.

II. ACTIVITIES COMPLETED IN LAST 60 DAYS

Activity	# Completed	Comments
Resume		
Cover Letter		
Application		
Mock Interviews		
Thank You Notes		
Job Search		
Interviews		

Other: Click or tap here to enter text.

III. Please Answer the Following Questions:

What has been accomplished during the last 60 days? What strengths have been identified?

Click or tap here to enter text.

What are the barriers to achieving successful employment?

Click or tap here to enter text.

What is the plan of action for the next 60 days?

Click or tap here to enter text.

Additional comments/concerns

Click or tap here to enter text.

Job Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____

SE Job Placement Services (\$2,000)

Bill ORS for \$2,000 in two installments:

1. Job Placement

Payment 1: \$1000 after 15 days employment.

Vendor submits a Job Placement Report at the time of placement. Job is expected to be in a competitive integrated employment setting with compensation by employer at/above minimum wage for at least 10 hours a week.

Payment 2: \$1000 on day 30

During the first four weeks of placement, the vendor is expected to conduct a **Monthly Performance Review**. The SE Monthly Performance Review is an evaluation of the client's work performance at the work site and includes recommendations for supports.

SE Job Retention Supports:

JR&S services can be authorized for up to 20 weeks at \$300 per week **at VR Counselor discretion**, to be authorized in **four-week increments with justification required for additional weeks at the end of each four-week period**. The vendor must provide rationale for additional retention. This should focus on the needs of the client as they progress towards hourly work goals and fading of supports whether supports take place on or off the job site. Services should lead to successful retention of the job. **Monthly Performance Review** reports are required. These are submitted with the SE Performance Review Service Grid, a copy of the client's paystub, and a bill.

Job Placement Report

(Job Placement Must Match Job Development Agreement Goal)

CLIENT NAME: [Click here to enter text.](#) **AUTHORIZATION #** [Enter text](#)

JOB DEVELOPER: [Click here to enter text.](#) **PHONE:** [Click here to enter text.](#)

REPORT DATE: [Click or tap to enter a date.](#)

ORS COUNSELOR: [Click here to enter text.](#)

Please be sure job meets ORS standards for competitive, integrated employment.

Company Name and Address: [Click or tap here to enter text.](#)

Job Title: [Click or tap here to enter text.](#)

Responsibilities: [Click or tap here to enter text..](#)

Start Date: [Click or tap here to enter text..](#) **Type of Employment:** [Choose an item.](#)

Hours per Week: [Choose an item.](#) **# of Days per Week** [Choose an item..](#)

Salary per Hour: [Click or tap here to enter text.](#)

Benefits: [Click or tap here to enter text.](#)

Has Benefits Counseling Been Discussed? [Choose an item.](#)

Please Explain: [Click or tap here to enter text.](#)

Additional Comments: [Click or tap here to enter text.](#)

AGENCY LETTERHEAD

Job Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____

AGENCY LETTERHEAD

Monthly Performance Review

SUPPORTED EMPLOYMENT- Complete every 30 days with justification for ongoing supports. **NON-SUPPORTED EMPLOYMENT-** Complete at 75 days and submit with invoice.

CLIENT NAME: [Click here to enter text.](#) _____ **AUTHORIZATION #** _____

JOB COACH/DEVELOPER: [Click here to enter text.](#) _____ **PHONE:** [Click here to enter text.](#) _____

REPORT DATE: [Click or tap to enter a date.](#) _____

ORS COUNSELOR: [Click here to enter text.](#) _____

Dates of Participation: From: [Click or tap to enter a date.](#) To: [Click or tap to enter a date.](#)

I. EMPLOYMENT DATA

Place of Employment: [Click here to enter text.](#) **Address:** [Click here to enter text.](#)

Hours per Week: Choose an item. **Pay per Hour :** [Click or tap here to enter text.](#)

Client's Desired Number of Hours: [Click or tap here to enter text.](#)

Reason for discrepancy, if applicable: [Click or tap here to enter text.](#)

Dates of Evaluation: [Click or tap here to enter text.](#)

II. EMPLOYMENT ON-SITE WORK EVALUATION

(Please comment on any areas where the **client scored less than 3**)

1. **Attendance:** Choose an item.
Comments: [Click or tap here to enter text.](#)
2. **Punctuality:** Choose an item..
Comments: [Click or tap here to enter text.](#)
3. **Appearance/Hygiene:** Choose an item.
Comments: [Click or tap here to enter text.](#)
4. **Concentration:** Choose an item.
Comments: [Click or tap here to enter text.](#)
5. **Effort on the Job:** Choose an item.
Comments: [Click or tap here to enter text.](#)

AGENCY LETTERHEAD

6. Ability to Accept Supervision: Choose an item.

Comments: Click or tap here to enter text.

7. Quality of Work: Choose an item.

Comments: Click or tap here to enter text.

8. Quantity of Work Produced: Choose an item.

Comments: Click or tap here to enter text.

9. Interaction with Supervisor: Choose an item..

Comments: Click or tap here to enter text.

10. Interaction with Coworkers: Choose an item.

Comments: Click or tap here to enter text.

11. Interaction with Customers: Choose an item.

Comments: Click or tap here to enter text.

12. Ability to Work Independently: Choose an item.

Comments: Click or tap here to enter text.

13. Willingness to Take on Additional Responsibilities: Choose an item.

Comments: Click or tap here to enter text.

14. Ability to Comply with Employer Policies and Procedures: Choose an item.

Comments: Click or tap here to enter text.

15. Problem-Solving Skills: Choose an item.

Comments: Click or tap here to enter text.

16. Ability to Seek Out Assistance When Needed: Choose an item.

Comments: Click or tap here to enter text.

III. Please Answer the Following Questions:

What is the anticipated amount of time that the client will require supports?

Click or tap here to enter text.

What supports are being provided on and off site?

Click or tap here to enter text.

How many hours is the client being supported?

Click or tap here to enter text.

What is the fading strategy for this client?

Click or tap here to enter text.

AGENCY LETTERHEAD

**Are you requesting additional Retention and Supports? Click here for dropdown menu
Why?**

Click or tap here to enter text.

Job Coach/ Developer Signature: _____

Date: _____

Client Signature: _____

Date: _____

ORS Counselor Report Received: _____

Date: _____

Click or tap to enter a date.			
Click or tap to enter a date.			
Click or tap to enter a date.			
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DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)

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

Time-Limited Job Coaching Fact Sheet

Time-Limited Job Coaching: This is a support service for individuals who may be able to find employment, but for some disability-related reason cannot maintain employment. The individual may need job coaching supports for more than the initial orientation to a job. This support may typically be provided for three months, but usually no longer than six months. Vendor submits an invoice to ORS for the pre-authorized services along with the Time-Limited Job Coaching Report Form. (\$45/hr.)

What a Job Coach will do:

Prior to the Job start

- Discuss the job duties and work environment with the client
- Discuss safety procedures with the client
- Coordinate transportation to and from job site.
- Communicate/teach specific work/social skills needed for employment.

On-Site:

- Introduce client to the employer and co-workers.
- Train client on job tasks or observe as the supervisor trains the member.
- Assists in training a supervisor or identified “natural support” in the work place.
- Observe how client interacts with co-workers and supervisors for later discussion with the client.
- Discuss productivity requirements with employer and develop a plan to help the individual meet these requirements.
- Observe the work culture of the environment so that you can help the client to fit in with co-workers.
- Discuss your observations with the client including constructive criticism such as timeliness of breaks, appropriate socialization, and personal hygiene.

- Identify and implement client's learning style (hand over hand, verbal, written, visual). Document kinds of prompts needed including verbal instruction, written lists, or providing encouragement as needed.
- Help the client to develop their own system for organizing and remembering the job tasks so that coaching can fade.
- Assist with mediation between coworkers and supervisors as needed; teach conflict-resolution skills.

Off-site:

- When meeting on the worksite is impossible due to company rules or client preference, schedule meetings with client prior or after work or during lunch breaks.
- Schedule office meetings with client and supervisor to discuss any work-related concerns, if possible.
- Coordinate activities with other team treatment providers, family members, or anyone else who will support the client's ability to keep the job.

Agency Letterhead

Time Limited Job Coaching Report

CLIENT NAME: Click here to enter text. _____	AUTHORIZATION # Click here to enter text. _____
JOB COACH: Click here to enter text. _____	PHONE: Click here to enter text. _____
REPORT DATE: Click or tap to enter a date.	
ORS COUNSELOR: Click here to enter text. _____	

Dates of Participation: Click or tap to enter a date.. **Final Report Date:** Click or tap to enter a date.

Prior to Job Start:

Areas Addressed	State specific support to be provided i.e. (task list, accommodations.)
Job Duties and Description	Click here to enter text.

Areas Addressed	State specific strategies to be implemented.
<p align="center"><u>Environment</u></p> <p>Noisy: Choose an item.</p> <p>Hot: Choose an item.</p> <p>Cold: Choose an item.</p> <p>Indoor: Choose an item.</p> <p>Outdoor: Choose an item.</p>	<p align="center"> Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. </p>
<p align="center"><u>Safety Procedures</u></p> <p>Is individual able to follow safety procedures?</p>	<p align="center">Click here to enter text.</p>
<p align="center">Transportation</p>	<p align="center">Click here to enter text.</p>

I. Off Site Supports:

Areas Addressed	What supports are required? State specific strategies to be implemented.
<p>Coordinate activities with other treatment providers, family, or others who will help the client keep the job</p>	<p align="center">Click here to enter text.</p>
<p>Meet with Client prior to work, at breaks, or after work</p>	<p align="center">Click here to enter text.</p>

Areas Addressed	What supports are required? State specific strategies to be implemented.	
Schedule office meetings to discuss any work-related concerns	Click here to enter text.	
Off- Site Job Supports	Click here to enter text.	
Natural Supports Identified	Click here to enter text.	
Transportation	Click here for drop down box	Click here to enter text.

II. On-Site Supports:

Areas Addressed	Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.
Introduction of client to employer, co-workers and layout of worksite on first day.	Click here to enter text.
Training of new job skills and tasks.	Click here to enter text.
Appropriate interactions between client and supervisors, coworkers (and the public if applicable).	Click here to enter text.

Rate of production.	Click here to enter text.
Areas Addressed	Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.
Fit of client to work environment/work culture.	Click here to enter text.
Client's learning style.	Click here to enter text.
Able to understand and follow safety procedures.	Click here to enter text.
Natural supports identified.	Click here to enter text.
Organization skills and job-task retention.	Click here to enter text.
Ability to handle constructive criticism, workplace conflict or frustration.	Click here to enter text.
Fading strategies.	Click here to enter text.
Additional Comments	Click here to enter text.

III. Summary: Overall Statement on Job Coaching involvement. (Include all dates of services and observations/interventions.)

[Click here to enter text.](#)

IV. Recommendations to assist client in maintaining this job and meeting or exceeding employer expectations. Please include employer feedback.

[Click here to enter text.](#)

Job Developer Signature: _____	Date: _____
Client Signature: _____	Date: _____
Authorized Representative: _____	Date: _____
ORS Counselor: _____	Date: _____

TRAVEL TRAINING

REPORT PROVIDED BY: [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

AGENCY (VENDOR) REPORTING: [Click here to enter text.](#)

SUBMITTED TO ORS COUNSELOR: [Click here to enter text.](#)

Authorization #: [Click here to enter text.](#)

Dates of Participation: [Click here to enter text.](#) - [Click here to enter text.](#)

Final Report Date: [Click here to enter text.](#)

Client Name: [Click here to enter text.](#)

Areas Addressed	Performance Findings
1. Provide identifying and emergency contact information, verbally or nonverbally	Click here to enter text.
2. Sequence Bus trip steps	Click here to enter text.
3. Independently take fixed route transit	Click here to enter text.
4. Track time and knowing how long it is reasonable to wait	Click here to enter text.
5. Learn to recognize basic signs as those used to mark the transit stops in the community	Click here to enter text.
6. Manage the simplest way to pay a fare by presenting a pass to driver	Click here to enter text.
7. Recognize landmarks for de-boarding and to use a signal (pulling cord) to indicate that he/she wants to stop	Click here to enter text.

8. Follow a route that requires some memory of directional turns and sequence of landmarks	Click here to enter text.
9. Tried routes independently	Click here to enter text.
10. Ability to find a place to sit or stand in a safe area	Click here to enter text.
11. Demonstrates knowledge of behavior that is safe, effective, and considerate towards other riders on the bus and at bus stop	Click here to enter text.
12. Recognizes potential danger	Click here to enter text.
13. Chose clothes that are appropriate for the weather, which could contribute to his or her safety	Click here to enter text.
14. Identify proper place to wait in relation to the bus stop sign	Click here to enter text.
15. Ability to cross the street, given various types of intersections and traffic patterns	Click here to enter text.
16. Recognize that a place is unfamiliar and he or she may become lost there	Click here to enter text.
17. Recognize that the bus is a safe place and the bus driver as a source of assistance	Click here to enter text.
18. Demonstrate safe-judgment in choosing a place to seek assistance	Click here to enter text.
19. If needed, the ability to seek assistance from a police officer in case a problem arises	Click here to enter text.
20. Identify a specific bus stop, and determine if new information about a second bus stop causes confusion	Click here to enter text.
21. Select one bus on the first leg of the trip, and	Click here to enter text.

select a	
different bus on the second leg of a trip (transfer)	
22. At second stop, identify boarding location of next pickup	Click here to enter text.
23. Sequence all steps when utilizing multiple buses to and from a specified location	Click here to enter text.

Evaluator's Comments: [Click here to enter text.](#)

Client: _____

Date: _____

Report Writer: _____

Date: _____

VR Counselor: _____

Date: _____

Attendance for Sessions on Braiding

Braiding and Sequencing ORS and BHDDH Funding Sessions

Presenters	Agency		
Melanie Sbardella	ORS		
Karen Davis	ORS		
Gerard McKay	BHDDH		
Attendance 3/21/23 @ 11am	Agency	Received PP, Map, DD billing, Alternative	Received recorded meeting
Monique Roque	Looking Upwards	yes	
Mary Anne Maciel	Spurwink	yes	
Christine Doval	West Bay Collaborative	yes	
Kenya	Work, Inc	yes	
Trisha Wagner	WOU	yes	
Adrienne Tipple	Perspectives	yes	
Casey Getchell	Perspectives	yes	
Christine Yankee	GWI	yes	
Courtney DiDonato	Work, Inc	yes	
Iraida Williams	Lazo	yes	
Cynthia Woodruff	ReFocus	yes	
Michael Amons	WOU	yes	
Erika Middleton	Avatar	yes	
Susan Raposo	West Bay RI	yes	
Graciela Pires	ORS	yes	
Joseph Murphy	ORS	yes	
KM Guisti	Fogarty	yes	
Hector Ranero	Work, Inc	yes	
Amber Wood	West Bay RI	yes	
Michael Montanaro	ORS	yes	
Attendance 3/23/23@ 2pm	Agency	Received PP, Map, DD billing, Alternative	Received recorded meeting
Abbi	Captioner	yes	
Kie O'Donnell	Fogarty	yes	
Kerry Walker	Warwick School Dept	yes	
Keith Santos	Fogarty	yes	
Nicole Crossett	ORS	yes	
Sandra Perez	ORS	yes	

Braiding and Sequencing ORS and BHDDH Funding Sessions

Kim Pinksaw	ORS	yes	
Kayleigh McCarthy	ORS	yes	
Amanda Marcaccio	ORS	yes	
Tara Buckler	ORS	yes	
Natalia Montoya	ORS	yes	
Linda Deschenes	ORS	yes	
Kelley Conti	ORS	yes	
Tristan Pennell	NRIC	yes	
Jessica Palumbo	ORS	yes	
Anaclariza Rivera	ORS	yes	
Maria Ponaparte	CD Coordinator	yes	yes
Jennifer Gouveia	BHDDH	yes	
Karen Russell	ORS	yes	
AnnMarie Folcarelli	ORS	yes	
Alicia Matthews	Pathways Strategic Teaching Center	yes	
Shayna Cogswell	ORS	yes	
Nina Lusignan	ORS	yes	
Claudia Lowe	RI Self-Direct Coalition	yes	
Sheila Coyne	RI Self-Direct Coalition	yes	
Jill Murphy	BHDDH	yes	
Avis Gunther-Rosenberg	ORS	yes	
Amy Stone	Pathways through Trudeau	yes	
Gina Albanese	ORS	yes	
Jeff Milette	ORS	yes	
Kathleen Jones	ORS	yes	
Kristen Livsey	ORS	yes	yes
Jane Cannata	ORS	yes	
Melodie Vincenty	ORS	yes	
Anthony Antosh	CD Monitor	yes	yes
Michael Montanaro	ORS	yes	
Name	Agency	Met or Email Correspondence or Reinforced PP after Presentations	Date
Charlotte Higham	Trudeau	Yes-In Person (Emailed docs on 3/28/2023)	4/21/2023
Joseph Ferragamo	Trudeau	Yes- In Person	4/21/2023
Robert Robillard	Project Friends	Yes- Email with documents	4/3/2023
Tracey Cunningham	AccessPoint	Yes- Email with documents	3/30/2023

Braiding and Sequencing ORS and BHDDH Funding Sessions

Andrea Rodrigues	Looking Upwards	Yes- Email with documents	3/29/2023
Liz Weidenhofer	Life Inc	Yes- Email with documents	3/29/2023

**Accessing Community
and Employment
Funding for Students**



Accessing DD Adult Service Funding for Community and/or Employment Supports While in School

Students age 18 and older determined eligible for services through the Division of Developmental Disabilities (DDD) who are receiving school funded services may be eligible to access Community and/or Employment Supports through BHDDH/DDD by following the steps below. Students wanting to access services may be in different steps of this process:

1. Submit application to BHDDH/Division of Developmental Disabilities (DDD) to determine Eligibility
 - a. Applications are found on the BHDDH website, <https://bhddh.ri.gov/developmental-disabilities/eligibility-and-application>
 - b. Applicants are notified via mail of the Eligibility Determination.

2. If eligible, contact Transition Coordinator to request services
 - a. Contact information for the Transition Coordinator is in the Eligibility Determination Letter.
 - b. The Transition Coordinator will review services requested with the individual, as well as services currently in place.

3. Completion of Supports Intensity Scale (SIS)
 - a. The SIS is a standardized assessment tool used to determine level of need. The level of need is associated with a funding level known as a Tier. Tier funding is used to purchase adult services.
 - b. If adult services are needed/desired, the SIS will be requested by the Transition Coordinator.
 - c. The SIS scheduler will reach out to the student's teacher and/or family members to schedule the SIS.

4. Assignment of a social caseworker
 - a. The Transition Coordinator will request assignment of a DDD social worker to assist with next steps.
 - b. The social caseworker will:
 - ✓ Work with the student to determine if they will continue to receive school funded services and/or ORS services for employment.
 - ✓ Review with the student employment services requested, as well as other services currently in place (PASS, HBTS, Respite, Nursing).
 - ✓ Review with the student steps necessary to access funding for services.

5. Complete Long-Term Service and Supports (LTSS) Waiver application
 - a. The DDD social caseworker will assist the individual to complete and submit this application. Individuals must be determined eligible to access Medicaid funding to pay for adult services.

6. Determine service model and submit Individualized Service Plan (ISP)
 - a. The DDD social caseworker will provide information on 2 models of adult service delivery – supports received through an agency and supports received through a self-directed model. It is possible to use both models of support at the same time.
 - b. The individual will meet with a plan writer to create and submit an ISP.

7. Services
 - a. When the ISP and LTSS application have been approved, services can begin.

Employment Funds

Employment Funding can be accessed in 2 ways:

- Standard Employment Funds are identified through the Tier Package and ISP budget.
- Targeted Employment Funds are requested through an application process, if needed after using your standard Funding.

School District and Office of Rehabilitative Services (ORS) funding for employment supports must be accessed first. BHDDH/DDD employment funds can be accessed and braided with ORS funding to pay for employment services the school district or ORS is not able to fund.

If the employment funding associated with the standard budget is not enough to cover needed employment supports, Targeted Employment Funding can be requested. To request this additional employment funding, please follow these steps:

1. Click link for Targeted Employment Funding Request Form on the BHDDH website under DD forms <https://forms.office.com/g/Q3gehFUFRQ>
 - a) Complete form and click submit
 - b) Complete Targeted Employment Plan and submit when the funding request is submitted. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2023-05/DD%20Targeted%20Employment%20Plan%20Form.docx>
 - c) Questions can be submitted to the Supported Employment email - BHDDH DD Supported Employment BHDDH.DDSupportedEmployment@bhddh.ri.gov

Grant and Alternative Funding

RI Grant and Alternative Funding Resources for Providers, and Individuals

Program Grants

Grant Makers RI-www.grantmakersri.org [grantmakersri.org]

National Council of Nonprofits-[National Council of Nonprofits](http://NationalCouncilofNonprofits.org)

Grants.Gov-[Home | GRANTS.GOV](http://Home.GRANTS.GOV)

Candid-<https://fconline.foundationcenter.org> [fconline.foundationcenter.org]

State of Rhode Island Grants Funding Management-

[Funding Opportunities - Find a Grant Opportunity in Rhode Island \(ri.gov\)](http://FundingOpportunities.ri.gov)

RI Foundation-[RI Foundation | Rhode Island Foundation](http://RIFoundation.org)

USA Grant Applications-[USA Grant Applications](http://USAGrantApplications.org)

Grants Reach

[https://signup.grantsreach.com/gr/disability/?utm_source=gr_AW-V2_62506334c94bf20018e20982&utm_medium=google&cid=62506334c94bf20018e20982&sr=AW-V2&s2=free stuff disabled people&s3=429499655&msclkid=fef180b552b2132a638ae34b198b66fd](https://signup.grantsreach.com/gr/disability/?utm_source=gr_AW-V2_62506334c94bf20018e20982&utm_medium=google&cid=62506334c94bf20018e20982&sr=AW-V2&s2=free+stuff+disabled+people&s3=429499655&msclkid=fef180b552b2132a638ae34b198b66fd)

The John E. Fogarty Foundation-[Grants | Fogarty Foundation](http://Grants.FogartyFoundation.org)

Assistive Technology Supports and Resources

RI ATAP

<https://ors.ri.gov/programs/assistive-technology-access-partnership-atap>

Adaptive Telephone Equipment Loan Program (ATEL)

<https://ors.ri.gov/programs/adaptive-telephone-equipment-loan-program-atel>

I Can Connect

<https://www.icanconnect.org/how-to-apply/rhode-island/>

Hamilton RCC-<https://hamiltonrelay.com/rhode-island/index.html>

Ocean State Center for Independent Living-<https://oscil.org/>

DLT Comprehensive Community Resource Guide

Comprehensive Support Service Directory

**MARCH 2023
EDITION**



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About this Document

The Comprehensive Support Service Directory is tool for career counselors and other workforce development network partners to locate and connect with support services and service providers throughout Rhode Island. The directory is designed to help staff locate a particular service or support based on a customer’s need. While not an exhaustive list of all providers or services, the Governor’s Workforce Board of Rhode Island hopes this directory assists career counselors in better serving their job seeker customers and helps provide a more complete picture of what services are available in the region.

The directory was developed in partnership with the United Way of Rhode Island 211 Service. This document is maintained electronically and will be periodically updated and revised on the Governor’s Workforce Board website at: <http://gwb.ri.gov/workforce-partner-resources>.



PLEASE HELP US KEEP THIS DIRECTORY UP TO DATE

While the State Workforce Development Board will strive to keep this document up to date and notify network partners of updates or re-issues; we ask that any staff who becomes aware of any change relating to the programs contained in this directory, please notify the Board by emailing: DLT.GWBINFO@DLT.RI.GOV . Thank you!

OTHER RESOURCES

<https://uwri.org/get-help-2-1-1/>

The United Way of Rhode Island 2-1-1 program is a free and confidential resource for assistance with housing, food, childcare—and other needs. Specialists are available for you 24-hours a day, 365 days a year.



Comprehensive Services – Community Action Programs/Agencies

Community Action Agencies/Programs help individuals and families make progress toward achieving self-sufficiency. These organizations are located throughout the state and offer a wide range of help and assistance. Typical services may include, but are not limited to:

- Homelessness prevention
- Fuel assistance
- Emergency food assistance
- Head Start, and early education and care programs
- Senior services and youth programs
- Workforce development, job training, and education
- Access to and training in information technology
- Asset formation, protection, and retention

A full list of Rhode Island’s CAP can be viewed at: <https://www.ricommunityaction.org/>

Blackstone Valley Community Action Program

32 Goff Avenue, Pawtucket, RI 02860

401-723-4520

www.bvcap.org

Communities Served: Pawtucket, Central Falls, Lincoln, Cumberland, Woonsocket

Community Action Partnership of Providence

518 Hartford Avenue, Providence, RI 02909

401-273-2000

www.cappri.org

Communities Served: Providence

Community Care Alliance

PO Box 1700, Woonsocket, RI 02895

401-235-7000

www.CommunityCareRI.org

Communities Served: Woonsocket

Comprehensive Community Action

311 Doric Avenue, Cranston, RI 02910

401-467-9610

www.comcap.org

Communities Served: Cranston, Foster, Scituate, Coventry

Eastbay Community Action - Lower Bay Region

19 Broadway, Newport, Rhode Island 02840

401- 847-7821

www.ebcap.org

Communities Served: Newport, Portsmouth, Tiverton, Middletown, Jamestown, Little Compton

Eastbay Community Action - Upper Bay Region

100 Bullocks Point Avenue, Riverside, RI 02915

401-437-1000

www.ebcap.org

Communities Served: East Providence, Warren, Bristol, Barrington

Tri-County Community Action Agency - Northern Region

1126 Hartford Avenue, Johnston, RI 02919

401-351-2750

www.tricountyri.org

Communities Served: North Providence, Johnston, North Smithfield, Smithfield, Burrillville, Glocester

Tri-County Community Action Agency - Southern Region

1935 Kingstown Road, Wakefield, RI 02879

401-789-3016

www.tricountyri.org

Communities Served: Exeter, Charlestown, Narragansett, Westerly, Hopkinton, North Kingstown, South Kingstown, Richmond, West Greenwich, New Shoreham

Westbay Community Action Partnership

224 Buttonwoods Avenue, Warwick, RI 02886-7558

401-732-4660

www.westbaycap.org

Communities Served: Warwick, West Warwick, East Greenwich



Child Care Assistance Program

Department of Human Services

<https://dhs.ri.gov/programs-and-services/child-care>

P.O. Box 8709, Cranston, RI 02920-8787

1-855-MY-RIDHS (697-4347)

Mon-Fri 8:30 AM – 3:30 PM

-  Childcare Subsidy
-  Financial Assistance

The CCAP can subsidize the cost of child care for families that are residents of Rhode Island. CCAP is available for children who are US citizens or legal residents and under age 13. The age can be extended to 18 if the child has special needs. CCAP is available to parents who are working 20 hours/week or participating in short-term training. CCAP is also available to parents who are enrolled in an Associate's or Bachelor's degree program at CCRI, RIC or URI and meet the minimum credit hours or credit hours combined with employment hours requirements. Income limits apply.

Children's Friend and Service

Children's Friend, contact

Malia Goodwin, Family Development Manager

(401) 752-7500 or by email at

mgoodwin@cfsri.org

-  Early Childhood
-  Early Learning
-  Education

Head Start services at Children's Friend contact

the enrollment team at (401) 752-7500 or email at

headstart@cfsri.org | <http://www.cfsri.org/>

153 Summer Street Providence, RI 02903

401-276-4300 email: info@cfsri.org

Early Head Start

- Early Head Start is a unique early childhood program that works in partnership with parents to make sure young children have the best possible start in life.
- Pregnant woman and/or expectant fathers
- Families with a child or children newborn to three years old
- Families must meet income guidelines

Head Start

- Head Start is a comprehensive child and family development program that promotes school readiness in low-income preschool children.
- Families living in Providence, Pawtucket, Central Falls, Cumberland and Lincoln
- Children ages 3 – 5 years of age.
- Children with disabilities.
- Homeless children.
- Families must meet income guidelines.



Comprehensive Community Action Childcare Program

Child Development Center (Atwood)
848 Atwood Avenue • Cranston • RI 02920
401.943.5160
Hours: Mon -Fri, 7:00 am - 5:30 pm

- Early Childhood
- Early Learning
- Education

Child Development Center (Pastore)
155 Gansett Avenue • Cranston • RI 02910
401.275.5808
Hours: Mon -Fri, 7:00 am - 5:30 pm

Child Development Center (Edgewood)
178 Norwood Avenue • Cranston • RI 02905
401.467.5196
Hours: Mon -Fri, 8:30 am - 2:30 pm

CCAP offers programs for children and their parents that focus on early childhood education and development, mental and physical health, safety, nutrition, family engagement, and parenting.

The Head Start program promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Childcare Provider Directory

<https://earlylearningprograms.dhs.ri.gov/>

- Locate a childcare provider in your area

A comprehensive list of Childcare Providers, including those approved for CCAP, can be found on the Consumer Website at the link above. Parents may also contact BrightStars at **401-739-6100** or **1-855-398-7605** to speak to a Referral Specialist who can help them to identify childcare providers in their area who are accepting new families.



NOTE: Many community organizations and nonprofits offer clothing assistance. Below are only a few locations based on each career center's location.

Clothing Collaborative, A Program of Dorcas International Institute of Rhode Island

<https://www.diiri.org/what-we-do/clothing-collaborative-1/>
125 Ernest Street
Providence, RI 02905
(401) 602-1273
ccdonation@diiri.org

Free or low-cost work and professional attire for low-income individuals who are completing job training, education programs, and/or seeking employment. Seasonal clothing and shoes for men and women as well as other such necessities including personal hygiene products are all readily available. Referral and appointment required.

Comprehensive Community Action Program

311 Doric Avenue
Cranston, RI 02910
(401) 467-9610

Clothing bank and professional attire.

Community Care Alliance

245 Main St.
Woonsocket, RI 02895
(401) 235-7000

Provides vouchers for clothing two times a year.



Department of Human Services – Office of Rehabilitative Services

Department of Human Services – Office of Rehabilitative Services

<http://www.ors.ri.gov/>


40 Fountain Street

Providence, RI 02903

401.421.7005 (V)

401.462-7791 (Espanol)

The Office of Rehabilitative Services assists people with physical, learning, or emotional disabilities to choose employment goals and find employment. The helps individuals prepare for work and works with them until they find and keep a job.

-  ➤ Employment counseling and guidance for disabled persons
- Employment supports
- Access to support services and programs


J Arthur Trudeau Memorial Center

<http://www.trudeaucenter.org/>

3445 Post Road Warwick RI 02886

401-739-2700

Provides services for about 1,200 children and adults with developmental disabilities and their families. Includes Early Intervention, home based children's services, respite care, family support, Supported Employment, Vocational and Job Placement and Evaluation Services for Adults, Day Habilitation Services, Residential and Community Living, and Recreation Services. Can also provide integrated child care and kindergarten services and services for elderly folks with developmental disabilities.

-  ➤ Early intervention programs
- Family supports
- Job training and support
- Day Programs
- Shared living programs

Rhode Island Community Living and Supports


<http://www.bhddh.ri.gov/riclas/index.php>

6 Harrington Road Cranston, RI 02920

(401) 462 – 2180 / (401) 462 – 2796

email: erin.perron@bhddh.ri.gov

RICLAS supports adult men and women in a variety of homes, apartments, and day support services throughout the state.

-  ➤ Direct Support services
- Nursing services
- Psychological services
- Social services
- Nutrition service



Rhode Island Governor's Commission on Disability

<http://www.gcd.ri.gov/>
41 Cherry Dale Court Cranston, RI 02920-3049
(401) 462 – 0100 | Fax: (401) 462 – 0106
Email: GCD.disabilities@gcd.ri.gov

- Advocacy
- Support
- Reporting of issues/concerns

The Commission's purpose is to ensure that all people with disabilities are afforded the opportunity to exercise all the rights and responsibilities accorded to citizens of Rhode Island and that each person with a disability is able to reach his/her maximum potential for independence, human development, productivity and self-sufficiency.

Social Security Administration

<https://www.ssa.gov/benefits/disability/>
1 Empire Street Providence, RI 02903
1 (800) 772 – 1213 / 1 (877) 401 – 0808
Mon – Fri 9:00AM – 4:00PM

- Income Supports
- Financial Assistance

Provides income for individuals and their families as partial replacement of earnings lost because of old age retirement, disability or death. Benefits and benefit amounts are dependent on contributions and past earnings of covered workers and their employers. Administers SSI program for persons 65 and over; 65 and under if blind or disabled.

TechACCESS of Rhode Island

<http://www.techaccess-ri.org/>
161 Comstock Parkway Cranston, RI 02921
(401) 463 – 0202
Fax: (401) 463 – 3433
Email: techaccess@techaccess-ri.org


- Assistive Technology
- Financial assistance by ORS referral

TechACCESS works with all ages and disabilities providing evaluation, consultation and training on assistive technology and augmentative communication. They also provide information and referral services and hands on demonstrations. The agency accepts some private insurances, as well as self-pay options. Financial assistance is available by Office of Rehabilitative Services referral..



The POINT- Rhode Island's Aging and Disability Resource Center


<https://uwri.org/get-help-2-1-1/the-point/>
50 Valley Street Providence RI 02909
(401) 462 – 4444
Mon, Wed & Fri 8:30 AM – 4:00 PM
Tue & Thu 8:30 AM – 8:00 PM
Sat 8:00 AM – 12:00 PM

-  ➤ Referral Information
- Guidance and Support
- Seniors, disabled adults, and their caregivers

Provides information, referrals, and help getting started with programs and services for seniors, adults with disabilities, and their caregivers, in partnership with United Way 211.

Ocean State Center for Independent Living


1944 Warwick Avenue Warwick RI, 02889
(401) 738 – 1013
<http://www.oscil.org/>
Mon – Fri 9:00 AM – 4:00 PM

-  ➤ Peer support
- Assistive Technology
- Independent living training
- Access to nursing care

Provides peer support, home access and assistive technology, independent living skills training, nursing home transition program, housing and advocacy. Information/referral for individuals who have a disability in order to enable them to achieve their fullest level of independence. Deaf services. Fosters community awareness and education through outreach programs. One to one peer support for visually impaired, deaf and amputees.

Paul V. Sherlock Center on Disabilities

Paul V. Sherlock Center on Disabilities- Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908-1991
<http://www.ric.edu/sherlockcenter/>
Voice: (401) 456-8072
TTY via RI Relay: 711 or (800) 745-5555
Spanish via RI Relay: 711 or (866) 355-9241

-  ➤ Early Childhood and Education
- Transition, Employment and Adult Life
- Low Incidence Disabilities
- Self-Determination
- Inclusion
- Workforce Development

The Sherlock Center partners with state and national agencies, schools, institutes of higher education and community providers to offer interdisciplinary pre-service and community education, technical assistance, service, research and information to promote membership of individuals with disabilities in school, work and the community.



Rhode Island Parent Information Network

<http://www.ripin.org/>
300 Jefferson Boulevard - Suite 300
Warwick, RI 02888
401-270-0101




➤ **Support for parents of special needs children in advocating at school, healthcare, elsewhere.**

RIPIN helps Rhode Islanders of all ages access and navigate: Special education and supports, healthcare and health insurance, and special services for children and young adults with disabilities. All RIPIN services are free, confidential, and multilingual.

Blackstone Valley Advocacy Center


<http://www.bvacri.org>
P. O. Box 5643 Pawtucket, RI 02860
401-723 – 3057

-  ➤ Counseling
- Support
- 24-hour hotline
- Housing assistance

BV Advocacy Center Domestic violence agency providing services to victims of abuse. Safe Home, 24-Hour Hotline, Court Program, Community Support Groups, Latina Advocacy Program, Transitional Housing Program, Community Awareness Programs, Delta Program, Safe Families Collaborative Project and the Elder Abuse Prevention Program. Handicapped-accessible.

Day One - Sexual Assault & Trauma Resource Center

<http://www.dayoneri.org>
100 Medway Street Providence, RI 02906
(401) 421 – 4100
Mon – Fri 9:00 AM – 5:00 PM




-  ➤ Counseling
- Support
- 24-hour hotline
- Legal assistance

Day One serves victims of sexual assault, domestic violence and other violent crimes. Day One is the only agency in Rhode Island that is specifically organized to deal with issues of sexual assault as a community concern. We provide treatment, intervention, education, advocacy, and prevention services to Rhode Islanders of all ages—from preschool children to elder adults. Additionally, we advocate for public policy initiatives and systemic changes that positively impact how Rhode Island families handle sexual abuse cases. Comprehensive services include: 24-hour Victims of Crime Helpline, Advocacy (including legal advocacy), Individual and group counseling, Professional training sessions, and Prevention education workshops.



Rhode Island Domestic Violence Hotline

<http://www.ricadv.org/en/>
1 (800) 494 – 8100

-  ➤ Emergency housing
-  ➤ Support and Counseling
-  ➤ Some legal services

Domestic violence shelters do not only offer safety emergency housing but they also offer support, counseling, advocacy, and some legal services as well.

Vantage Point, Inc


145 Washington St, West Warwick, RI 02893
(401) 615 – 0648

-  ➤ Support and Counseling

State certified Batterers Intervention Program

Bridgemark, Inc.


<http://www.bridgemark.org/>
2020 Elmwood Avenue
Warwick, RI 02888

-  ➤ Support and Counseling
- Domestic violence intervention
- Substance abuse counseling

Intervention and counseling in instance of substance-abuse related domestic violence.

Federal Hill House Association


<http://www.federalhillhouse.org/>
9 Courtland Street
Providence, RI 02909
(401) 421 – 4722

-  ➤ Emergency housing
- Support and Counseling
- Some legal services



Adoption Rhode Island


<http://adoptionri.org/>
290 West Exchange St., Suite 100
Providence, RI 02903
(401) 865 – 6000
Mon – Fri 9:00 AM – 4:30 PM
adoptionri@adoptionri.org

-  Find families for children in state care
- Provides support to children and families
- Support, training, and advocacy

Adoption Rhode Island is dedicated to finding families for children in state care and supporting the safety, permanency and well-being of all foster and adopted children and families. Adoption Rhode Island provides child, youth and family support services, mental health, education, training, advocacy and referrals.

BrightStars


<http://www.brightstars.org/>
535 Centerville Rd #301
Warwick, RI 02886
(401) 739 – 6100
Toll Free 1 (855) 398 – 7605
Mon – Fri 8:30 AM – 5:00 PM

-  Help parents find quality childcare, early learning
- Promote quality early learning throughout RI
- *See Childcare section for financial assistance*

Help families in Rhode Island access QUALITY child care, early learning, and school-age programs. Through our star rating system and professional development services, we help child care providers learn about best practices and apply them to the care children receive.

Children’s Friend

<http://www.cfsri.org/>
153 summer street Providence, RI 02903
(401) 276 – 4300 Email: info@cfsri.org

-  Help parents find quality childcare, early learning
- Promote quality early learning throughout RI
- *See Childcare section for financial assistance*

Provides child welfare, family support, mental health, counseling and child development services with centers in Providence, Pawtucket and Central Falls.



CareNet Pregnancy Center of Rhode Island

<http://harmonycareri.org/>
35 Greenwich St, Providence, RI 02907
(401) 941 – 4357
Mon 10:00 AM
Wed 12:00 PM – 8:00 PM
Thu 10:00 AM – 5:00 PM

- Assistance for unplanned pregnancies
- Free pregnancy tests
- Support programs
- Treatment options and counseling

Serves women and men facing unplanned pregnancies. All services are confidential and free of charge. Offers free pregnancy testing, referrals for free ultrasounds, options counseling, parenting support and programs for men and women who have had abortions in their past.

Childhood Lead Action Project

<http://www.lead safekids.org/>
1192 Westminster Street
Providence, RI 02909
(401) 785 – 1310

- Information about lead hazards
- Information about lead poisoning prevention resources
- Lead safety training

Childhood Lead Action Project works to eliminate childhood lead poisoning through education, parent support and advocacy. The project coordinates the Get the Lead Out Coalition (GLOC), a membership organization of environmental, housing, health, social service providers and advocates promoting public policy changes.





Department of Children, Youth and Families

http://www.dcyf.ri.gov/about_us.php
101 Friendship Street
Providence, RI 02903-3716
(401) 528 – 3502
Mon – Fri 8:30 AM – 4:30 PM



Connecting for Children & Families

<https://www.ccfcenter.org/>
46 Hope St, Woonsocket, RI 02895
(401) 766 – 3384
Mon – Fri 6:30 AM – 6:00 PM




-  Family supports
-  Education programs for children
-  Social services
-  Financial counseling

Focused on improving quality of family and community life in Woonsocket. Offers a wide range of family support initiatives, educational programs, and social services for inner-city children and their families that often reach our neighboring Northern Rhode Island towns and cities.

Department of Human Services (Children with Special Needs)




<http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/ChildrenwithSpecialNeeds.aspx>
Mon – Fri 8:00 AM – 3:30 PM

Children with Special Needs, Health/Medical Services, CEDARR Family Centers, Early Intervention Program, Katie Beckett

-  Early invention services
-  Medical/health services
-  Education and development

Family Service of RI

<https://www.familyserviceri.org/>
134 Thurbers Ave # 102, Providence, RI 02905
(401) 331 – 1350
Mon – Fri 8:00 AM – 5:00 PM

-  Early invention services
-  Help for troubled children/families
-  Parent education and counseling

Early Intervention, Healthy Families Rhode Island, Education, First Connections, Helping Troubled Kids, Helping Troubled Families, Helping Parents Help Their Kids, Foster Care & Adoption, AIDS Project RI, Client Rights and Responsibilities



J Arthur Trudeau Memorial Center

<http://www.trudeaucenter.org/>
3445 Post Road Warwick RI 02886
401-739-2700

Provides services for about 1,200 children and adults with developmental disabilities and their families. Includes Early Intervention, home based children's services, respite care, family support, Supported Employment, Vocational and Job Placement and Evaluation Services for Adults, Day Habilitation Services, Residential and Community Living, and Recreation Services. Can also provide integrated child care and kindergarten services and services for elderly folks with developmental disabilities.

- Early intervention programs
- Family supports
- Job training and support
- Day Programs
- Shared living programs

Rhode Island Family Guide

<https://www.rifamilyguide.com/>
P.O. Box 613, Wyoming, RI 02898
(401) 247-0850

Comprehensive information and options for RI families and people of all ages (infants through seniors) including child care, support services, adoption and foster care, immunizations and health care, addiction services, insurance, hospitals, nutrition/weight loss, pregnancy and woman's health, safety (home, bike, car, water), schools and education (nursery through college), emergency information, housing, senior services, plus all of the family fun, classes, and recreational opportunities throughout the state. Other RI Family Guide resources include the RI Summer Camp Guide (www.RISummerCampGuide.com) the RI Health and Wellness Guide (www.RIWellnessGuide.com) and the new website (www.StaySafeRhodeIsland.com), that includes emergency preparedness and Covid-19 information and resources.

- Comprehensive guide for a range of family and parent supports

Rhode Island Parent Information Network

<http://www.ripin.org/>
300 Jefferson Boulevard - Suite 300
Warwick, RI 02888
401-270-0101

RIPIN helps Rhode Islanders of all ages access and navigate: Special education and supports, healthcare and health insurance, and special services for children and young adults with disabilities. All RIPIN services are free, confidential, and multilingual.

- Support for parents of special needs children in advocating at school, healthcare, elsewhere.



Rhode Island Department of Education

<http://www.ride.ri.gov/>
255 Westminster St, Providence, RI 02903
(401) 222 – 4600

The Autism Project

<http://www.theautismproject.org/>
1516 Atwood Ave, Johnston, RI 02919
(401) 785 – 2666

A comprehensive system of care and resources that meet the needs of children and adults with autism and their families including education, health, vocational, career, and social and community needs.

- i** ➤ Assistance, guidance, support for children and adults with autism and their families
- Access to care and resources

Foster Forward

<http://www.fosterforward.net>
55 South Brow Street,
East Providence, RI 02914
(401) 438-3900 x105
Victoria.ferrara@fosterforward.net

Foster Forward serves: children and youth in and at-risk of child welfare and juvenile justice involvement; young adults who have prior child welfare involvement; young adults who are experiencing homelessness; and foster parents, kinship caregivers and mentors for foster youth. Foster Forward utilizes a positive youth development framework that is trauma informed. Foster Forward engages and supports participants who are homeless, pregnant/parenting and those who are English Language Learners. There are no minimum literacy or numeracy requirements for participation. Referrals for youth who are not working, not in school and who have not yet completed a high school diploma or GED are encouraged. Youth may be referred by a parent, guardian, case worker, social worker, or self-referral.

- i** ➤ Career preparation
- Academic assistance/ GED
- Barrier assistance and supports
- Access to care and resources



American Cancer Society - Southern New England Region

<https://www.cancer.org/>
931 Jefferson Boulevard Suite 3004
Warwick, RI 02886
1 (800) 277 – 2345
Mon – Fri 9:00 Am – 5:00 PM

- i** ➤ Financial Assistance and counseling
- Families facing cost of cancer treatment and care

Among other services, financial assistance and counseling for families facing the financial costs of cancer treatment and care.

American Red Cross of Rhode Island

<http://www.redcross.org/>
105 Gano Street Providence, RI 02906
(401) 831 - 7700
Mon – Fri 8:30 AM – 5:00 PM

- i** ➤ Financial Assistance and counseling
- Families whose hardship is a result of a natural disaster

Among other services, financial assistance, counseling, and guidance to support services for families whose hardship is brought about due to a natural disaster.

Capital Good Fund

333 Smith Street
Providence, RI 02908
Phone 877-456-0880
Fax 866-254-0219

- i** ➤ Affordable lending
- Financial coaching
- Low cost loans

Capital Good Fund is a nonprofit, certified Community Development Financial Institution offering small loans and personalized financial coaching to families in Rhode Island. Affordable loans designed to take the place of payday loans, buy-here-pay-here car financing, and rent-to-own pricing.



Episcopal Church of the Ascension

<http://www.ascensioncranston.org/>
 390 Pontiac Avenue
 Cranston, RI 02920
 (401) 461 – 5811
 Email: ascensioncranston@verizon.net



- Direct financial assistance
- Only when funds are available

Direct financial assistance during a hardship when funding is available.

McAuley House

<http://www.mcauleyri.org/>
 622 Elmwood Avenue
 Providence, RI 02907
 (401) 941 – 9013
 Fax: (401) 941 – 6862



- Direct financial assistance
- Rent assistance
- Prescription drug assistance
- Transportation assistance
- Only when funds are available

Assistance with a portion of a guest’s rent in times of financial difficulty. Prescription drug assistance for those without medical coverage and other help like transportation assistance.

Salvation Army

<https://easternusa.salvationarmy.org/southern-new-england/providence-rhode-island/>
 386 Broad Street Providence, RI 02907 (401) 831-1119



- Direct financial assistance
- Basic needs assistance
- Eligibility conditions apply

<https://easternusa.salvationarmy.org/southern-new-england/greater-pawtucket-rhode-island/>
 102 High Street Pawtucket, RI 02860 (401) 723-9533

<https://easternusa.salvationarmy.org/southern-new-england/newport-rhode-island/>
 51 Memorial Blvd. Newport, RI 02840 (401) 846-3234

Assistance including food, rental assistance, clothing, funds for paying utility and heating bills, and seasonal programs. Eligibility conditions apply.



The Jonnycake Center of Westerly


<http://jonnycake.org/>
23 Industrial Drive Westerly, RI 02891
(401) 377 – 8069
Mondays 12 – 3
Tuesdays, Wednesdays, Fridays and Saturdays 9 – 12
Thursdays 9 – 12 and 3 – 6

-  ➤ Basic needs assistance
- Thrift store
- Eligibility conditions apply

Access to social services and assistance programs. Food pantry. Thrift store.

The Tomorrow Fund


<http://tomorrowfund.org/>
593 Eddy Street Providence, RI 02903
(401) 444 – 8811
Fax: (401) 444 – 4542
Mon – Fri 9 AM – 5 PM

-  ➤ Emotional and financial support
- Children and families of children with cancer
- Hasbro Children’s Hospital

Provides emotional and financial support program for children with cancer, ages birth to 21, who are treated on The Tomorrow Fund Clinic at Hasbro Children’s Hospital.

Rhode Island Works (Department of Human Services)

<https://dhs.ri.gov/programs-and-services/ri-works-program>
P.O. Box 8709
Cranston, RI 02920-8787
1-855-MY-RIDHS (697-4347)
Mon-Fri 8:30 AM – 3:30 PM

-  ➤ Cash assistance
- Employment services
- Access to childcare assistance
- Transportation assistance

The Rhode Island Works (RIW) program provides stabilization and employment serves to Rhode Island families. RIW provides cash assistance to families who have little to no income and assets under \$5,000. With RIW; families receive cash assistance, access to the child care assistance program, and transportation assistance. Families must meet citizenship, residency and income requirements to be eligible.



Turning Around Ministries (TAM)

<http://www.tamri.org/contactus.html>

40 Dr. Marcus F. Wheatland Boulevard

Newport, RI 02840

(401) 846 – 8264

Monday, Tuesday, Thursday, and Friday 9am - 1pm
other times might be available by appointment.

- **Housing**
- **Food**
- **Clothing**
- **Referrals to a range of social services**

Faith-based community outreach program designed to offer after-care services to previously incarcerated persons who are returning to Newport County from the Rhode Island Adult Correctional Institution (ACI). Also help the homeless, as well as persons with legal/social issues.



Department of Human Services - Supplemental Nutritional Program

<http://www.dhs.ri.gov/Programs/SNAPApplyNow.php>
DHS Call Center: 1 (855) MY-RIDHD (1 – 855 – 697 – 4347)
P.O. Box 8709, Cranston, RI 02920-8787
Mon – Fri 8:30 AM – 3:30 PM



➤ Financial assistance to purchase food

Sign up for Supplemental Nutrition Assistance Program (formerly known as ‘food stamps’.)

SNAP Outreach Project

<https://dhs.ri.gov/programs-and-services/supplemental-nutrition-assistance-program-snap/snap-outreach-toolkit>
1 (866) 306 – 0270



➤ Financial assistance to purchase food

Provides additional information and assistance in signing up for Supplemental Nutrition Assistance Program (formerly known as ‘food stamps’.)

Rhode Island Community Food Bank (and local Food Banks)

<http://rifoodebank.org>
(401) 942 – MEAL (6325)
Email: contactus@rifoodebank.org
Mon – Fri 8:00 AM – 5:00 PM



➤ Food pantry
➤ Other support services available

Provides food assistance through a network of food pantries and meal sites throughout the state.

LOCAL FOOD PANTRY LOCATOR: <http://rifoodebank.org/find-food/>



Executive Office of Health & Human Services

<http://www.eohhs.ri.gov/>
 Hazard Building, 74 West Road, Cranston, RI 02920
 (401) 462 – 5274

Information and enrollment for Medicaid and other social services and programs.



- Medicaid enrollment
- Other social services

Health Source Rhode Island

<https://healthsourceri.com/>
 401 Wampanoag Trail, Riverside, RI 02915
 (855) 840 – 4774
 Mon – Fri 8:00 AM – 6:00 PM

Web resource that connects Rhode Islanders to a range of health insurance options, including no or low-cost insurance options based on income and eligibility.



- Assisted enrollment in range of health insurance options
- Low/No cost options based on eligibility

The POINT- Rhode Island's Aging and Disability Resource Center

<https://uwri.org/get-help-2-1-1/the-point/>
 50 Valley Street Providence RI 02909
 (401) 462 – 4444
 Mon, Wed & Fri 8:30 AM – 4:00 PM
 Tue & Thu 8:30 AM – 8:00 PM
 Sat 8:00 AM – 12:00 PM

Provides information, referrals, and help getting started with programs and services for seniors, adults with disabilities, and their caregivers, in partnership with United Way 211.




- Referral Information
- Guidance and Support
- Seniors, disabled adults, and their caregivers



Rhode Island Free Clinic


<http://www.rifreeclinic.org/>
655 Broad Street 3rd Floor
Providence, RI 02907
(401) 274 – 6347 x 314
Fax: (401) 274 – 6562

	<p>➤ No cost healthcare for individuals without insurance</p>
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Comprehensive medical, dental, and preventive health services for free to RI adults who do not have health insurance and cannot afford it. Care is provided through volunteer medical providers working with academic, medical, and community partners.

Clinica Esperanza – Hope Clinic

<http://www.aplacetobehealthy.org/>
60 Valley St, Suite 104
Providence, RI 02909
(401) 347 – 9093

	<p>➤ No cost healthcare for individuals without insurance</p> <p>➤ English and Spanish speaking providers available</p>
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Culturally attuned medical care to uninsured adults living in Rhode Island. English- and Spanish-speaking providers are always available.



Blackstone Valley Community Health Care

<http://www.bvchc.org/>
39 East Avenue Pawtucket, RI 02860
(401) 729 – 5239
Mon – Fri 8:00 AM – 5:00 PM
Sat 8:00 AM – 4:30 PM

High quality, low cost healthcare for patients in the community. Low-cost comprehensive, prevention-focused women’s health care

- Low cost primary and preventative healthcare
- Prenatal Intake, Perinatal & Postpartum Care
- Gynecological exams
- Pap smears
- Other women’s health services

Family Health Services of Cranston – CCAP

<http://comcap.org/services/health-dental>
1090 Cranston Street Cranston, RI 02920
(401) 943 – 1981
Mon & Tue 9:00 AM – 8:00 PM
Wed – Fri 9:00 AM – 5:00 PM
Alternating Sat 9:00 AM – 12:00 PM

High quality, low cost healthcare for patients in the community.

-  ➤ Low cost primary and preventative healthcare

Family Health Service of Coventry – CCAP

<http://comcap.org/services/health-dental>
191 MacArthur Boulevard
Coventry, RI 02816
Mon 9:00 AM – 6:00 PM
Tue 12:00 PM – 8:00 PM
Wed – Fri 9:00 AM – 5:00 PM
Sat 9:00 AM – 12:00 PM

High quality, low cost healthcare for patients in the community.

-  ➤ Low cost primary and preventative healthcare



Primary Care Partners Health Center, Warwick – CCAP

<http://comcap.org/services/health-dental>
2756 Post Road Suite 103
Warwick, RI 02886
(401) 384 – 6007
Mon Wed & Fri 9:00 AM – 5:00 PM
Tues & Thu 9:00 AM – 8:00 PM

 ➤ Low cost primary and preventative healthcare

High quality, low cost healthcare for patients in the community.


Thundermist Health Centers

<https://www.thundermisthealth.org>

450 Clinton Street
Woonsocket, RI 02895
401.767.4100

186 Providence Street,
West Warwick, RI 02893
401.615.2800

1 River St
Wakefield, RI 02879
401.783.0523


 ➤ Quality healthcare for the whole family

High-quality, low-cost healthcare for patients serving three communities -- Woonsocket, West Warwick, and South County




Amos House (assistance with dental care)

<http://www.amoshouse.com/>
460 Pine Street
Providence, RI 02907
(401) 272 – 0220
Email: info@amoshouse.com

 > Low cost dental care services


Blackstone Valley Community Health Care

<http://www.bvchc.org/>
39 East Avenue
Pawtucket, RI 02860
(401) 729 – 5239
Mon – Fri 8:00 AM – 5:00 PM
Sat 8:00 AM – 4:30 PM

 > Low cost dental care services

Dental Hygiene Clinic – CCRI (\$20.00 fee for service)

<https://www.ccri.edu/dental/clinic/>
Open during school year (September to May)
(401) 333 – 7250
Mon – Fri 7:30 AM – 5:00 PM
Tue & Thu 7:30 AM – 8:00 PM

 > Low cost dental care services

EBCAP Dental center


<https://www.ebcap.org/HealthDental/DentalServices/tabid/469/Default.aspx>
19 Broadway
Newport, RI 02840
(401) 845 – 0564
Mon & Wed – Fri 8:00 AM – 5:00 PM
Tue 8:00 AM – 8:00 PM

 > Low cost dental care services



Everett C. Wilcox Health Center – CCAP

<http://comcap.org/services/health-dental>
226 Buttonwoods Avenue
Warwick, RI 02886
Mon & Fri 8:00 AM – 5:00 PM
Tue & Wed 8:00 AM – 6:30 PM
Thu 8:00 AM – 8:00 PM
(401) 732 – 9090

 ➤ Low cost dental care services

Family Health Services of Cranston – CCAP

<http://comcap.org/services/health-dental>
1090 Cranston Street
Cranston, RI 02920
(401) 942 – 4867
Mon Tue & Thu 8:00 AM – 8:00 PM
Wed 8:00 AM – 6:00 PM Fri 8:00 AM – 5:00 PM

 ➤ Low cost dental care services

Providence Community Health Centers Dental Clinic

<http://www.providencechc.org/Locations/PCHC-Dental-Clinic>
335 R Prairie Avenue 3rd Floor,
Providence, RI 02905

(401) 444 – 0430
Mon Wed & Fri 8:00 AM – 5:00 PM
Tue & Thu 8:00 AM – 7:00 PM Sat 8:00 AM – 2:00 PM

 ➤ Low cost dental care services



Thundermist Health Centers

<https://www.thundermisthealth.org>

25 John A. Cummings Way, 3rd and 4th Floor
Woonsocket, RI 02895
401.767.4161

1219 Main St
West Warwick, RI 02893
401.615.2804

1 River St
Wakefield, RI 02879
401.783.5646

Providence Specialty Dental - Specialty care for the dental needs of people living with HIV and individuals who identify as trans.

557 Broad Street
Providence, RI, 02907
401.235.6838

High-quality, low-cost dental care for patients serving three communities -- Woonsocket, West Warwick, and South County





	➤ Low cost dental care services
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BHLink



<http://www.BHLINK.org>
401-414-LINK (5465)

BHLINK provides immediate counseling, treatment, and recovery services, as well as connections to long-term treatment options - 24 hours a day, 7 days a week.

-  ➤ Counseling
-  ➤ Psychiatric consultation services
-  ➤ Connections to Treatment and Recovery programs
-  ➤ Crisis Response

Family Health Services of Cranston – CCAP

<http://comcap.org/services/health-dental>
1090 Cranston Street
Cranston, RI 02920
(401) 467 – 9610

-  ➤ Low cost mental health services counseling
-  ➤ Licensed clinical social workers


Thundermist Health Centers

<https://www.thundermisthealth.org>

450 Clinton Street
Woonsocket, RI 02895
401.767.4100

186 Providence Street,
West Warwick, RI 02893
401.615.2800

1 River St
Wakefield, RI 02879
401.783.0523

-  ➤ Low cost mental and behavioral health services counseling

High-quality, low-cost behavioral health care for patients serving three communities -- Woonsocket, West Warwick, and South County.



The Providence Center

www.providencecenter.org

528-530 North Main Street
Providence, RI 02904
401-276-4020

520 Hope Street
Providence, RI 02906
401-276-4155

135 Prairie Avenue
Providence, RI 02903
401-415-8844



Low cost mental and behavioral health services counseling

Low cost behavioral health services – both mental health and substance use disorder

Community Care Alliance

<https://www.communitycareri.org/Home.aspx>

55 John A. Cummings Way,
Woonsocket RI 02895
(401)-235-7000

Provides Health Home Services (medical care coordination, health education, RN assessments, and wellness activities), emergency/crisis intervention and stabilization, psychiatric and medication management, home and community based case management supports with all activities of daily living, coping skills development and symptom monitoring, supported employment, psychotherapy and co-occurring treatment.



Low cost mental and behavioral health services counseling



Amos House


<http://www.amoshouse.com/>

460 Pine Street

Providence, RI 02907

(401) 272 – 0220

Email: info@amoshouse.com

-  > Eye exams
- > Eyeglasses

Assistance with eye exam and eye eyeglasses.

Blackstone Valley Community Health Care

<http://www.bvchc.org/>


39 East Avenue

Pawtucket, RI 02860

(401) 729 – 5239

Mon – Fri 8:00 AM – 5:00 PM

Sat 8:00 AM – 4:30 PM

-  > Low cost eyecare services




RIHousing

www.rihousing.com
 44 Washington Street
 Providence, RI

(401) 457 – 1234

RIHousing provides low-interest loans, grants, education and assistance to help Rhode Islanders find, rent, buy, build and keep a good home.


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 - First-time homebuyer loans and services
 - Homebuyer education
 - Homeowner Assistance, including the HelpCenter and tax lien assistance
 - Renter Programs
 - Family self-sufficiency

RIHousing: Rental Resource Guide

www.rihousing.com/renters/

Rental Programs and Assistance
 Deeply Subsidized Apartments
 Rent Restricted Homes
 Public Housing Authorities
 Emergency Shelters
 Other services

A guide to affordable rental housing options in Rhode Island containing information on rental assistance programs, affordable housing listings, and tips to save you time. If interested in the Housing Choice Voucher Program, please visit www.waitlistcentralRI.com and select “applicant login” to create an account and apply.

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 - Property listings and local resources for renters

SouthCoast Fair Housing


<http://southcoastfairhousing.org/>

1005 Main Street, Suite 1210
 Pawtucket, RI 02860

(401) 285 – 2550 TTY: 1 (800) 439 – 2370 and for Spanish 1 (866) 930 - 9592

Other languages are accessible as well.

Accessible entrance please use 999 Main Street

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 - Investigate potential housing discrimination

SCFH works to eliminate housing discrimination by providing direct client services, education about fair housing, and investigating potential housing discrimination.



Homeowners at risk of Foreclosure

RIHousing Help Center

www.rihousing.com/homeowner-assistance/

(401) 457 – 1130

Counseling services to all RI Homeowners struggling to make their mortgage payments. Mortgage Counselor works with the homeowner and their lender to review and identify available options to avoid foreclosure. Options may include:

- loan modifications
- work-out agreements
- repayment plans and/or referral to legal services

DARE

<http://www.daretowin.org/>

340 Lockwood St.

Providence, RI 02907

(401) 351 – 6960

Community organization formed to address the issue of foreclosure including:

- Canvassing homes scheduled for foreclosure.
- Making sure homeowners and renters facing foreclosure know their rights and understand the foreclosure process.
- Organizing to keep families in their homes.
- Advocacy



Amos House


<http://www.amoshouse.com/>

460 Pine Street

Providence, RI 02907

(401) 272 – 0220

Email: info@amoshouse.com

-  ➤ Shelter
- Support services
- Emergency Shelter
- Soup Kitchen


Amos House is a leading social service agency in Rhode Island, managing the largest soup kitchen in the state, providing social services to over 15,000 people a year and housing nearly 165 men, women and children a night. More than 500 adults have graduated from its training programs.

Crossroads Rhode Island

<http://www.crossroadsri.org/>

160 Broad St., Providence, RI 02903

(401) 521 - 2255 Email: information@crossroadsri.org

-  ➤ Housing
- Support services
- Education and employment services
- Emergency Shelter
- Domestic Violence Support

Crossroads Rhode Island is the largest provider of housing and services to the homeless in Rhode Island, helping homeless or at-risk individuals and families secure stable housing by engaging them in a range of services, including housing, emergency shelter, case management, referrals and education and employment programs.


Rhode Island Coalition to End Homelessness

<http://www.rhomeless.org/>

1070 Main Street Suite 304 Pawtucket, RI 02860

(401) 721 – 5685 Fax: (401) 721 – 5688

Email: info@rhomeless.org

-  ➤ Family / emergency shelter

Coordinated Entry System

All individuals and families seeking shelter or housing diversion services or are facing homelessness in the next 14 days should contact the Coordinated Entry System

Phone Number: (401) 277-4316

Languages: English, Spanish, Portuguese & Haitian Creole

Monday - Friday: 9AM–9PM

Weekends & Holidays: 2PM–9PM



Rhode Island Coalition to End Homelessness – Street Sheets

RI Street Sheets

For those experiencing homelessness or housing insecurity the Rhode Island Street Sheets provide comprehensive listings (separated by geographic locations) for meal sites, shelter, legal aid and other emergency services. www.rhomeless.org/help

Information that changes regularly due to COVID-19 protocols (such as meal sites) can be found at www.rhomeless.org/community-resources

House of Hope Community Development Corporation

<http://thehouseofhopecdc.org/>

3188 Post Road
Warwick, RI 02886
(401) 463 – 3324

-  ➤ Emergency housing
- Support and Counseling

House of Hope Community Development Corporation is a non-profit in Warwick, Rhode Island, with a mission to prevent and end homelessness in the state and end the personal and social trauma of homelessness.

Community Care Alliance

<https://www.communitycareri.org/ProgramsServices/Housing/WoonsocketShelter.aspx>

Woonsocket Shelter

176 Sayles St.
Woonsocket, RI 02895
(401)-767-0866

-  ➤ Emergency housing
- Support and Counseling

Emergency shelter for families with children, or single women only. They provide case management as well as links to other Community Care Alliance services (financial literacy, employment training, early childhood services, basic needs assistance etc.)



Capital Good Fund

<https://capitalgoodfund.org/en/>
 333 Smith Street
 Providence, RI 02908
 Phone 866-584-3651
 Fax 866-254-0219

i ➤ Loans for costs associated with citizenship

The Capital Good Fund is a nonprofit financial institution that, among other services, provides Citizenship Loans that lend money to pay for the costs associated with citizenship. Also offers Financial Coaching.

Catholic Immigration Network, Inc.

<https://cliniclegal.org/>
 National Office
 8757 Georgia Avenue, Suite 850
 Silver Spring, MD 20910
 (301) 565 – 4800
 Fax: (301) 565 – 4824

i ➤ Legal services for indigent and low-income immigrants

CLINIC offers legal services to indigent and low-income immigrants. CLINIC and its member agencies serve vulnerable and low-income immigrants without reference to their race, religion, gender, ethnic group or distinguishing characteristics.

Dorcas International Institute of Rhode Island

<http://www.diiri.org/>
 645 Elmwood Ave., Providence, RI 02907
 401-784-8600

i ➤ Resettlement Services
 ➤ Adult Education & Training
 ➤ Employment Services
 ➤ Translation & Interpretation
 ➤ Clothing & Basic Needs


Dorcas International’s Citizenship & Immigration Services team provides advice and low-cost representation for citizenship and immigration processes. The team is trained to handle a wide variety of immigration matters, including naturalization, permanent residence applications, family petitions, temporary protected status, deferred action, unlawful presence waivers, asylum, deportation defense, and legal services for victims of crime. We also provide outreach on immigration matters to clients and communities throughout Rhode Island regarding the availability of low-cost services by DOJ accredited agencies as well as the dangers of using the services of Notarios and other practitioners engaged in unlawful practice of immigration law.



Diocese of Providence - Immigration and Refugee Services

<https://dioceseofprovidence.org/immigration-refugee-services>

1 Cathedral Square
Providence, RI 02903
(401) 278-2530

	➤ Comprehensive immigration and citizenship services
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Services: Provides assistance in the following immigration procedures (list is not all inclusive):

- Application for Naturalization
- Application for permanent residency
- Family visa petitions and visa lottery
- Religious worker petitions
- Political asylum application
- Employment authorization and renewal applications
- TPS registration and renewal for certain countries
- Citizenship preparation classes
- General immigration consultations
- Representation before Immigration/Naturalization Service
- Representation before Immigration court


Roger Williams University Law Clinic

<https://law.rwu.edu/faculty/deborah-gonzalez>

Ten Metacom Avenue
Bristol, RI 02809

Deborah Gonzalez (401) 254 – 4887 / (401) 254 – 4500

Email: dgonzalez@rwu.edu

	➤ Legal services for detained immigrants
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An immigration clinic for detained immigrants.

United States Immigration and Naturalization Service

<https://www.uscis.gov/>

National Customer Service 1 (800) 375 – 5283

People with disabilities: (TTY) 1 (800) 767 – 1833 (VRS) 1 (877) 709 – 5797



American Civil Liberties Union of Rhode Island


<http://www.riaclu.org>
128 Dorrance St., Ste. 400,
Providence, RI 02903
(401) 831 – 7171 Email: info@riaclu.org

-  ➤ Civil rights
-  ➤ Civil liberties
-  ➤ No cost legal assistance

The ACLU provides legal assistance on cases that involve violations of civil liberties and civil rights guaranteed by the Constitution and related laws, such as rights to due process, equal protection, religious freedom, privacy, speech, association, and rights to be free from unreasonable searches and seizures and from cruel and unusual punishment. Please be advised, as a nonprofit organization with limited resources, the ACLU is only able to provide assistance in a small number of cases.

Rhode Island Bar Association





<https://www.ribar.com/default.aspx>
41 Sharpe Drive
Cranston, RI 02920
(401) 421 – 5740
Email: info@ribar.com

-  ➤ Reduced free referrals available to income-eligible clients

RIBA provides referrals to attorneys who will to discuss legal problems. Reduced fee referrals are available to income eligible clients. All clients qualify for free half hour consultation, any other fees for additional legal services subject to arrangement between client and attorney.

Center for Justice

<https://centerforjustice.org>
1 Empire Plaza, Suite 410
Providence, RI 02903
(401) 491-1101

-  ➤ Legal services for low income individuals
-  ➤ Housing and tenant issues
-  ➤ Utility shutoff issues
-  ➤ Labor and wage issues

Center for Justice provides free civil legal assistance to low-income Rhode Islanders, engages in key impact litigation affecting the rights and wellbeing of thousands across the State, and conducts legislative and policy advocacy on behalf of communities.



Rhode Island Disability Law Center


<http://www.ridlc.org/>
275 Westminster Street, Suite 401,
Providence, RI 02903-3434
(401) 831 – 3150 Fax: (401) 274 – 5568
Mon – Fri 9:00 AM – 5:00 PM

 Legal service and advocacy services for persons with developmental disabilities

RIDLC provides advocacy services for persons with developmental disabilities, persons labeled mentally ill and other persons with disabilities. Legal rights information provided as necessary. Accessible office; can travel to clients. Information and referral services provided if case cannot be accepted for individual representation.

Rhode Island Legal Services

<http://www.rils.org/>
56 Pine Street 4th Floor
Providence, RI 02903
(401) 271 – 2652 Email: ncararra@rils.org

 Comprehensive legal services for low and moderate-income individuals

Newport Office
50 Washington
Newport, RI 02840
(401) 846 – 2264 Email: ncararra@rils.org

A non-profit law firm representing clients in matters involving public benefits, health, welfare, family law, domestic violence, education, consumer, tax and employment law matters. RILS is a major provider of free civil legal assistance to low income clients in the State of Rhode Island. A client centered program that seeks to expand its outreach through a collaborative approach to building a "justice community". The agency concentrates on the types of cases that tend to stabilize the family unit in a safe environment. Services range from advice and counsel to direct representation in complex litigation.



American Civil Liberties Union of Rhode Island

<http://www.riaclu.org>
128 Dorrance St., Ste. 400,
Providence, RI 02903
(401) 831 – 7171 Email: info@riaclu.org

- Offender rights
- Civil rights
- Conditions of confinement

Legal services related to offender rights and conditions of confinement.

Anchor Recovery Community Center

<http://www.anchorrecovery.org/>
249 Main St., Pawtucket, RI 02860
(401) 721 – 5100 Email: Info@AnchorRecovery.org

- Support for individuals in substance abuse recovery

The Anchor Recovery Community Centers are a safe, supportive environment for people in all stages of recovery.

Caritas Women’s Program

<http://www.211ri.org/find/Details.aspx?OrgId=32216>
166 Pawtucket Ave. Pawtucket, RI 02860
(401) 722 – 4644 Email: jberry@gatewayhealth.org

- Support for women in substance abuse recovery

Independent non-profit treatment agency for adult women before joining the Caritas organization in 1998. Located in Pawtucket, Eastman House is a 90 day, 18-bed residential treatment facility for adult women. It serves nearly 90 high-risk women and their families each year.



Crossroads Rhode Island

<http://www.crossroadsri.org/>
160 Broad St., Providence, RI 02903
(401) 521 - 2255 Email: information@crossroadsri.org

Crossroads Rhode Island is the largest provider of housing and services to the homeless in Rhode Island, helping homeless or at-risk individuals and families secure stable housing by engaging them in a range of services, including housing, emergency shelter, case management, referrals and education and employment programs.

- **Housing**
- **Support services**
- **Education and employment services**
- **Emergency Shelter**
- **Domestic Violence Support**

Justice Assistance

<http://justiceassistance.org/>
1540 Pontiac Avenue, Cranston, RI 02920
(401) 781-7000 Fax: (401)781-1062

The Justice Assistance mission is to strengthen the community by providing a mix of services to assist the state's justice system in a way that builds the capacity for individuals to live safe, productive lives. The organization's three primary goals are:



1. To help the victim navigate all phases of the justice system that results in a positive outcome.
2. To help the defendant successfully exit the justice system by facilitating a quick and complete satisfaction of the court order.
3. To provide research and development for community related program improvements.

- **Counseling and referral services for justice-involved individuals**
- **Diversion services for first offenders**
- **Assistance with court-ordered restitution and victim services**
- **Comprehensive Offender Resource and Employment Service (CORES)**
- **Affordable housing services**



Norfolk House


<http://www.gatewayhealth.org/substance.asp>
58 Hamlet Ave.
Woonsocket, RI 02895
(401) 765 – 4040 Email: dtestoni@gatewayhealth.org

-  Support for individuals in substance abuse recovery
-  Focus on individuals re-entering from prison

Norfolk House is a transitional recovery home for women without children. Residents must be substance free, have completed some form of treatment or re-entering the community from prison, and be committed to their recovery. The length of stay is limited to two years.

Northern Western Community Reentry


<http://www.communitycareri.org/Home.aspx>
Community Care Alliance, P.O. Box 1700,
Woonsocket, RI 02895
(401) 235 – 7129
Email: JDavis@CommunityCareRI.org

-  Comprehensive re-entry services, case management

90 days pre-release and 60 days post release, Regional Reentry Resource Coordinators work with the inmates to assist in obtaining documents (e.g., State ID, Social Security Card), assist with appointments for (e.g., mental health treatment, drug treatment, HIV/AIDS, education, employment, legal assistance), provide information for (e.g., independent living arrangements, residential substance abuse treatment) and work closely with probation and parole, family members, service providers and local agencies.

Open Doors

<http://www.opendoorsri.org/>
485 Plainfield St., Providence, RI 02909
(401) 781 – 5808 Email: admin@opendoorsri.org
Mon – Thu 9:00 AM – 4:00 PM



-  Comprehensive re-entry services, case management for ex-offenders and families

OpenDoors is a non-profit located in the Silver Lake Neighborhood of Providence that provides assistance to those that have been touched by the criminal justice system. OpenDoors case managers and employment experts can help them navigate the difficult waters of making better choices and putting the past behind.



Recovery Net


<https://providencecenter.org/>
528 North Main St.
Providence, RI 02904
(401) 528 – 0123 Email: rpritchard@provctr.org

-  Support for individuals in mental health or substance abuse recovery
-  Comprehensive re-entry services, case management for ex-offenders and families

Recovery Net is a 12-month post-release program designed to meet the needs of men and women who have mental health and substance abuse problems and are re-entering the community from the Rhode Island Department of Corrections. The Providence Center provides programming on location at the Rhode Island Adult Correctional Institute that helps inmates learn new skills and behaviors that support their recovery from substance abuse and helps them to avoid future criminal behavior.

RI Communities for Addiction Recovery Efforts, Inc.


<http://ricares.org/>
134 Matthewson St,
Providence, RI, 02903
(401) 475 – 2960 Email: info@ricares.org

-  Peer-based education advocacy and support for substance abuse recovery

RICARES is a grassroots effort focused on creating a socially just community for all Rhode Islanders impacted by alcohol and other substance use disorder(s). We certify recovery housing, provide certified peer recovery specialists, advocate and educate. We connect community partners and people in recovery to present opportunities for engagement and to challenge stigma. RICARES envisions a Rhode Island where recovery is a normal lifestyle and our communities provide accessible, affordable support services to support recovery practices.

Rhode Islanders Sponsoring Education

<http://www.riseonline.org/>
Mailing Address: Physical address (appointment only)
11 S Angell St. #394 One Richmond Square
Providence, RI 02906 122C Lower Level
(401) 421 – 2010 Providence, RI 02906
Email: kdellagrotta@riseonline.org

-  Scholarships and mentoring for children of current or ex-offenders

RISE provides scholarships and mentoring to children of currently and formerly incarcerated parents to break the cycle of poverty, crime and addiction that too often threatens them.



The Salvation Army – Providence Adult Rehabilitation Center (ARC)

<https://providencearc.salvationarmy.org/providencearc/>
201 Pitman St., Providence, RI 02906
(401) 421 – 5270



- Spiritual social, and emotional support, guidance and counseling to adults re-entering society

The Salvation Army’s Adult Rehabilitation Centers (ARCs) provide spiritual, social, and emotional assistance for men and women who have lost the ability to cope with their problems and provide for themselves. A seven-phase program provides residents with the opportunity to regain self-respect and acquire the moral and spiritual principles of conduct and responsible work habits that will enable them to re-enter society as productive members.

Turning Around Ministries (TAM)

<http://www.tamri.org/contactus.html>
40 Dr. Marcus F. Wheatland Boulevard
Newport, RI 02840
(401) 846 – 8264
Monday, Tuesday, Thursday, and Friday 9am - 1pm
other times might be available by appointment.



- Housing
- Food
- Clothing
- Referrals to a range of social services

Faith-based community outreach program designed to offer after-care services to previously incarcerated persons who are returning to Newport County from the Rhode Island Adult Correctional Institution (ACI). Also help the homeless, as well as persons with legal/social issues.



BHLink

<http://www.BHLINK.org>
401-414-LINK (5465)

BHLINK provides immediate counseling, treatment, and recovery services, as well as connections to long-term treatment options - 24 hours a day, 7 days a week.

- Counseling
- Psychiatric consultation services
- Connections to Treatment and Recovery programs
- Crisis Response

For Locating Treatment Options:

Addiction Recovery Institute
<http://www.methadone.com/>

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
<http://www.bhddh.ri.gov/SA/application.php>

Substance Abuse and Mental Health Leadership Council of RI
<https://www.sumhlc.org/>

The Providence Center

www.providencecenter.org

528-530 North Main Street
Providence, RI 02904
401-276-4020

520 Hope Street
Providence, RI 02906
401-276-4155

135 Prairie Avenue
Providence, RI 02903
401-415-8844



- Low cost mental and behavioral health services counseling

Low cost behavioral health services – both mental health and substance use disorder



Recovery Net


<https://providencecenter.org/>
 528 North Main St.
 Providence, RI 02904
 (401) 528 – 0123 Email: rpritchard@provctr.org

-  Support for individuals in mental health or substance abuse recovery
-  Comprehensive re-entry services, case management for ex-offenders and families

Recovery Net is a 12-month post-release program designed to meet the needs of men and women who have mental health and substance abuse problems and are re-entering the community from the Rhode Island Department of Corrections. The Providence Center provides programming on location at the Rhode Island Adult Correctional Institute that helps inmates learn new skills and behaviors that support their recovery from substance abuse and helps them to avoid future criminal behavior.

Rhode Island Communities for Addiction Recovery Efforts, Inc.

<http://ricares.org/>
 243 Main St., Pawtucket, RI 02860
 (401) 475 – 2960 Email: info@ricares.org

-  Peer-based education advocacy and support for substance abuse recovery

RICARES is the Recovery Community Organization (RCO) in the State of Rhode Island. RCOs are independent, non-profit organizations that are led and governed by people in recovery, their family members, friends, and allies. While each RCO is attentive to the needs of the community in which they function, all of us focus on the core purposes of education, advocacy, and peer based recovery support.

Community Care Alliance

<https://www.communitycareri.org/ProgramsServices/MentalHealthAddictions.aspx>

Safe, affordable recovery housing options for men 18 and older who are seeking supportive services and housing. Individual and group treatment available. Intensive and general outpatient program for men and women available.

Provides recovery-focused programming within a setting that offers consistency and the opportunity for creative expression.

A drop-in center that provides sober activities for people in recovery, peer support, groups and monthly events.



Medical Transportation Management

www.eohhs.ri.gov/Consumer/TransportationServices.aspx
1 (855) 330-9131

- Transportation for Medicaid beneficiaries and individuals over 60 to medical appointments
- Eligibility conditions apply

Transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation for medical appointments and certain designated services. Medicaid beneficiaries who can use public transportation or can access rides from family and friends should do that first.

Rhode Island Public Transportation

<https://www.ripta.com/>
Schedule Information: (401) 781-9400
Customer Service: (401) 784-9500 ext. 2012

- Purchase tickets, passes
- View transit schedule
- View transit maps

Rhode Island's public transit provider.

Rhode Island Public Transportation – Van Pool

<https://www.ripta.com/vanpool>
401-784-9575
Commuter@ripta.com

- Commuter group provided a van by Enterprise to use for work-related travel
- Some conditions apply

Subsidized van pool program.

The Ride Program

www.ripta.com/ride-1
Information: (401) 4619760
Customer Support (401) 781-9400




- Transportation for disabled individuals
- Transportation for elderly individuals
- Eligibility conditions apply

The Ride program provides transportation for individuals with disabilities and seniors based on eligibility requirements of several state programs. Certification for each program is required and is performed by the agency that funds the program. Reservations are required.



Office of Veterans Affairs



<http://www.vets.ri.gov/>
(401) 921-2119

-  ➤ Access to benefits
-  ➤ Access to services
-  ➤ Guidance and advocacy

Rhode Island’s state office for veteran matters. Provides access to support services, employment, education, family services, and more

Operation Stand Down - RI


<http://osdri.org/>
401-383-4730

-  ➤ Comprehensive services and supports for veterans and their families
-  ➤ Focus on serving homeless veterans

Operation Stand Down Rhode Island's mission is to help veterans secure stable housing and employment as well as other assistance according to individual needs. Comprehensive Services for veterans and their families. Particular focus on homeless veterans

Providence Veterans Hospital


<https://www.providence.va.gov/>
1-844-MyVA311

-  ➤ Comprehensive healthcare and services for Rhode Island veterans

Providence VA Medical Center provides health care services to Veterans throughout Rhode Island and Eastern Massachusetts.

Veterans Inc.

<http://www.veteransinc.org/>
(800) 482-2565

-  ➤ Comprehensive services and supports for veterans and their families

Veterans Inc. mission is to help our veterans regain self-sufficiency through wrap-around services including housing, employment and training, case management, food security, health and wellness, and family support programs. Services for veterans in all New England states



Governor's Workforce Board
Rhode Island
strategy • policy • funding • action