Consent Decree Fiscal Analysis
Planning for the Remaining Years of the Consent Decree
November, 2020

Introduction

The intent of this analysis is to assess the funding needed to achieve the employment and integrated community activity benchmarks of the Consent Decree and to make recommendations re: revisions of the fiscal assumptions on which services and supports are based. This is in response to Judge McConnell's direction to the Monitor during the July 30, 2020 hearing.

Several sources were consulted in preparing this analysis:

- The NESCO Report;
- State data;
- Projected actual cost of providing employment and community supports from six provider agencies;
- Discussion with families;
- Detailed analysis as requested from the Approach Group (i.e., the consultants primarily responsible for the NESCO Report;
- Other national sources.

Executive Summary and Recommendations

Substantial compliance for the adult populations targeted in the Consent Decree is rooted in the outcomes defined in Consent Decree Section IV (Outcomes), Section V (Supported Employment Services and Supports) and Section VI (Community Activities and Integrated Day Services). The Consent Decree identifies other factors pertinent to substantial compliance. These include Provider Capacity (Section XI) and Funding (Section XIV).

Several reports have documented the fragile fiscal nature of the Developmental Disability System in RI. The NESCO Final Report for BHDDH[1] documented multiple factors that impact service delivery for adults with IDD in Rhode Island including issues with the Direct Support Professional (DSP) workforce crisis, adequacy of rates, administrative processes and costs and needed revenues. The NESCO Memo on the RI provider organization[2] further documented the overall fiscal instability of the provider system and concludes that these agencies are "fragile and profoundly undercapitalized". The Court Monitor's Report[3] further documents that staffing and fiscal issues continue to be two of the main concerns raised by stakeholder groups involved in Consent Decree implementation. Awareness of the state budget deficit resulting from the COVID pandemic significantly complicates any fiscal analysis and any decision-making about budget planning.

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[1] NESCO Final Report, System and Payment Methodology and Rates, A Quantitative and Qualitative Review; July, 2020.

[2] NESCO Memo Re: Fiscal Health of Developmental Disabilities Service System; January, 2020

[3] Monitor Report in Response to February 3, 2020 Court Order; October, 2020

Following this executive summary, this analysis provides (a) a description of the Consent Decree populations by residential setting and by Tier Supports currently received; (b) actual costs as projected by provider organizations; (c) a projective model detailing the assumptions on which rates and budgets could be based; (d) an illustration summarizing the fiscal impact if these assumptions were applied during the remaining three years of the Consent Decree; and (e) conclusions and recommendations.

There are five recommendations. The rationale for these recommendations is provided in Section E (Conclusions and Recommendations).

1) Recommendation 1 - The State will develop a three-year budget strategy for FY 2022, 2023, 2024 that will stabilize the Developmental Disability system and provide sufficient funds to implement the Consent Decree. (*Consent Decree Section XI, XIV).* This three-year plan should address the assumptions detailed in this analysis. This three-year plan should be developed jointly with provider organizations and should align with the plans developed by each provider agency for developing and implementing expanded models for increasing individualized employment opportunities and community lives as described in Sections IV, V, VI of the Consent Decree. The core components of this three-year plan should be reviewed by the Court prior to the final approval of the FY 2022 state budget.

2) Recommendation 2 – By April 30, 2021 the State will identify possible sources 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 guidance for members of the Consent Decree population and provider organizations 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. (*Consent Decree Section XI, XIV).*

3) Recommendation 3 – The State will provide increased fiscal support for the development of comprehensive person-centered plans that include career development and community activity in integrated settings. This should begin in FY 2022.

4) Recommendation 4 – Aligned with the July 30, 2020 Court Order and, as referenced in the State's October 31, 2020 report on administrative and fiscal barriers, the State should complete a comprehensive review and revision of the entire fiscal and reimbursement system.

5) Recommendation 5 – Beginning in Spring, 2021 the state should include IDD services and programs in semi-annual caseload estimating conferences.

A. Description of the Consent Decree Populations by Residential Setting and by Tier Supports Currently Received

The focus of this analysis is (a) the Consent Decree target populations[4] and (b) the Consent Decree focus on employment and integrated community activities, not on residential or other services.

Fiscal supports are currently organized by Tier (A through E) and type of residence (Living with Family, Living Independently, 24 Hour Residential, Shared Living Arrangement). Individuals can also document the need for additional funds through the L9 process. The following table documents the number of Consent Decree Population members receiving each Tier support.[5]

	Tier A	Tier B	Tier C	Tier D	Tier E	Total	
Living with Family	153	293	337	117	60	**960**	**37.6%**
Living Independently	106	94	65	19	21	**305**	**11.9%**
24 Hour Residential	2	63	390	213	326	**994**	**39%**
Shared Living	11	55	118	22	53	**259**	**10.1%**
Total	**272**	**505**	**910**	**371**	**460**		
	10.7%	**19.8%**	**35.7%**	**14.6%**	**18%**		

Additionally, 24 Consent Decree population members are in nursing homes or assisted living facilities, 5 are in psychiatric hospitals and 1 is out of state.

It is also important to note that 13% of Consent Decree population members self-direct, 83% are supported by agencies.

Because the focus of the Consent Decree is on employment and community activity in integrated settings, this analysis will focus exclusively on three services as listed in the current tier packages – (a) Day Program, (b) Transportation and (c) Professional Services. The following table provides the annual amount of funding for this package of three services modified by the utilization rates as documented by the Approach Group consultants.[6]

	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Family	12,230	11,297	18,426	36,131	38,293
Living Independently	9,715	11,695	19,819	45,187	43,601
24 Hour Residential	13,286	16,664	24,499	40,941	54,449
Shared Living	8,855	16,293	22,464	41,647	49,165

Actual expenditures (based on utilization rates) are different than the published tier allocations. State budgeting is based on utilization rates; thus, those are the funding amounts used as baseline in this analysis. Utilization rates represent the percentage of each contract that is actually expended. The Approach Group consultants who developed the NESCO Report and some of the analyses in this analysis documented these utilization rates. Several of the stakeholders with

[4] The Consent Decree target populations[4] is only a portion of the total population of adults supported by the Division of Developmental Disabilities (2548 individuals are members of the Consent Decree Target Population– approximately 3779 total population[4])

[5] Census data from BHDDH

[6] FY 2020 Quarter 2 Tier Allocations x 4 quarters x utilization rate

whom the Monitor discussed the actual cost of services strongly recommended that State budgeting be based on 100% of allocations and allow for flexibility within allocations. The Monitor agrees with that recommendation.

	Tier A	Tier B	Tier C	Tier D	Tier E
Living with Family	.8893	.8000	.8197	.8271	.7028
Living Independently	.7064	.8282	.8816	1.0344	.8002
24 Hour Residential	.9661	1.1801	1.0898	.9372	.9993
Shared Living	.6156	1.1045	.9270	.8843	.8491

Individuals Living with Family or Living Independently receive additional funding for "community based services" – these are community supports other than supported employment or day programs. Individuals in 24 Hour Residential or Shared Living do not receive separate allocations for community-based services – the assumption is that these supports are embedded into the residential allocations.

Additionally, individuals can request additional funding through the L9 appeals process – this process requires documentation of additional needs as the basis for increasing individual funding. The provider agencies that provided fiscal data documented a wide range of L9 funding. The agency percent of individuals receiving L9 funding ranged from 5.6% to 19%. The majority of those individuals received Tier C, D or E supports. Providers (and families) emphasized that, if funding rates were closer to actual costs, the L9 process would be needed significantly less frequently. The L9 process is one of the items being reviewed through the Court Order re: Fiscal Issues and Administrative Barriers (July, 2020)

B. Actual Costs as Projected by Provider Organizations

Six provider agencies were asked to project what would be the average actual cost for providing **30 hours weekly of 1:1 supports for individuals** that would meld employment and community activity in integrated settings. Agency projections included direct support staff wages, job developer salary, supervisor salary, benefits and other employee related expenses, transportation expenses, expenses for space and utilities, professional services and administration. Recognizing the uniqueness of each agency, the projections ranged from a low of $51,713 to a high of $75,003. The average was $66,689.

The Community Provider Network of RI recently released a document, *A System in Crisis*, which projected **needed funding increases for the complete RI system**. Increasing direct support staff salaries to $15.50 would require an additional $44,058,942 (an increase of 16.4%). Increasing direct support staff salaries to $17.50 would require an additional $79,764,818 (an increase of 29.7%). Increasing direct support staff salaries to $20 would require an additional $124,527,154 (an increase of 46.4%). The CPNRI document further projects that providing 1:1 community-based services to the entire population of adults supported through DD funds would require an additional $158,761,880 (an increase of 59.1%). This would support 20 hours for all in Tiers A and B and 32 hours in Tiers C, D and E. Note – these figures include both state and federal revenues and represent supports to ALL adults, not just the Consent Decree populations.

C. Projective Model - Assumptions on which Rates and Budgets Should be Based

Based on discussion with several consultants, with selected providers and with families, the following assumptions were selected to be the basis for fiscal analysis. The Approach Group was contracted (based on the information gathered for the NESCO Report) to develop projections re: the actual cost of providing 30 hours weekly of supports for the remaining 3.5 fiscal years of the Consent Decree. Consultants were asked to analyze the impact of the selected assumptions. The following table summarizes the recommendations of stakeholders and the Approach Group re: the assumptions on which rates and budgets should be built.

Assumption	Rationale
Increasing the average hourly rate for direct support staff from a baseline of $13.18 to $$17.50 as quickly as possible and to $20[7] by FY2024...and increases for other related staff – supervisors, support coordinators, job developers, professional staff[8] Proportional to the direct support staff increases. Although this analysis focuses only on the remaining years of the Consent Decree, for year 4 and beyond, when the state's minimum wage is increased, the direct support staff hourly wage should also increase by a proportional amount.	Increasing direct support staff hourly wage has been a focus of providers, families, advocates and the Project Sustainability legislative commission. Increasing the hourly rate to $15 has been a goal described by several provider and advocacy organizations. Other documents project additional increases in subsequent years. Provider leadership stresses the importance of recognizing that increases in direct support staff wages necessitate proportional increases in other staff positions – e.g., supervisory staff, job developers, etc.
Providing a minimum of 12 hours of weekly employment and community supports for those in Tier A, 15 hours of weekly employment and community supports for those in Tier B, 20 hours of weekly employment and community supports for those in Tier C and 30 hours of weekly employment and community supports for those in Tiers D and E. Eliminate the 60/40 employment/community split should be eliminated and replaced by a consistent community rate.	The Consent Decree calls for 40 hours of employment and integrated community activity supports. Adults receiving Tier A, B, C supports currently receive less than 40 hours. To provide supports at that level, the system has relied on providing services in groups, often in segregated settings. To address the shift to person-centered community-based services as well as to address the requirements of the Home and Community-Based Services (HCBS) Rule and the Consent Decree, the system (State, Providers, Families) needs to develop new models for providing services and supports. E.g., the *Charting the Life Course* model (referenced in several national studies and in the NESCO Report) emphasizes the value of developing personal networks of

[7] Given the impact of COVID, there is strong belief that increasing hourly wage to $20 should be done as soon as fiscally possible.

[8] Provider organizations stress the importance of providing rate increases proportional to the increases for direct support staff to supervisors and other related personnel. The rate build-up and the projected numbers in the subsequent sections of this analysis include proportional increases for these personnel.

	supports, the increased use of technology as a support, the identification and use of other sources in addition to waiver and other DD funds. The State (both legislative and executive branches) need to make a decision re: how many hours of service state appropriations actually support and to clearly communicate those decisions to consumers and families. The hours projected in this analysis are **NOT** intended to be hard recommendations, but represent an increase for Tiers A, B, C and approximately what is currently provided in Tiers D and E….and assume that other State and community resources will be utilized to supplement waiver-based services. It should be noted that the Tier packages provide an additional 5 hours per week of "community-based services" for Tier A, 10 hours for Tier B, 20 hours for Tier C and 30 hours for Tiers D and E for individuals living with family and an additional 10 hours per week of "community-based services" for Tier A, 20 hours for Tier B, 30 hours for Tier C and 40 hours for Tiers D and E individuals living independently. "Community-based services" are not separated for those in 24 hour Residential or Shared Living, but are embedded in residential rates. Combined with the "day program" hours these "community-based services" provide additional community time.
Reconfigured Employment[9] and Day Activities[10]	The Burns and Associates model was used as the basis for the rate buildup. The footnote provides the details.
Budgeting at actual cost of service rather than the utilization rates cited above.	As the State moves towards annual authorizations, the other decision that needs to be made is whether the State budget will be based on flexible 100% utilization of all funds or more rigid categorical utilization rates. The analysis in this summary is based on current utilization rates…because that is what the State uses for budgeting purposes.

[9] Based on current usage, 21% of employment hours are allocated to pre-vocational activities, 20% to job development, 54% to job coaching and 5% to job retention.

[10] Using the Burns and Associates rate build up model as a basis for rate reconfiguration, the rate includes direct support staff wage, proportional wage increases for benefits and other employee related expenses, transportation costs, capital expenses, program expenses and an administrative fee.

Increasing benefits and other employee related expenses to 40% for direct support staff and 35% for other related staff.	Currently benefits and other employee related expenses are budgeted at 35% for direct support staff and 30% for other related staff. Agency projections of the costs of benefits in the mid-upper 40s for direct support staff. This analysis uses 40% and 35%. This represents an increase, but still less than actual costs.
Adding $1000 per year for acquisition of technology	Technology has been proven to be a significant source of support for targeted functions. This allows staff to be used for support functions that can only be provided by "people". Although tier funds can currently be used to acquire technology, doing so decreases the total funds available. Thus, the recommendation is that a modest per capita amount be added to each Tier package.
Doubling the transportation allocation An increased Medicaid rate for transportation should be requested from CMS; and, as recommended in the October, 2020 Monitor's report, additional transportation opportunities should be explored with RIPTA and any/all transportation options.	Limited transportation has been an ongoing issue. Accessing the community requires increased support for transportation. The transportation allocation in the Tier packages was originally intended to support transportation to and from a day program site. That limitation needs to be eliminated – flexibility to allow transportation allocations to be used as needed for any/all trips or transportation modalities should be the norm.
Increasing the allocation for professional services	Project Sustainability decreased funds available for professional services. The need for additional services has been well documented by families and providers. A modest increase begins to meet that need.
Increasing the administrative fee from 11% in FY 2022 to 12% in FY 2023 and 13% in FY 2024.	Administrative costs are currently 10%. A moderate increase in subsequent years is appropriate.

D. An Illustration Summarizing the Fiscal Impact if These Assumptions Were Applied During the Remaining Three Years of the Consent Decree

Using the package of day program, transportation and professional services allocations for each tier, the Approach Group used the utilization rates to determine impact (based on claims data). **As an example, the tables in Appendices A, B, C illustrate the impact of these assumptions for FY 2022, 2023, 2024.** For each type of residential setting and each tier there are five rows:[11]

- Approximate current expenditures with a direct support hourly wage of $13.18.
- Approximate expenditures if direct support hourly wage is increased to $15 in FY 2022, $17,50 in FY 2023 and $20 in FY 2024.
- Approximate expenditures if (in addition to the direct support hourly increase) the employment and day activity rate was reconfigured using the assumptions described on pages 3-5 and adding $1000 per person per year for technology acquisition.
- Approximate expenditures if (in addition to the wage increase, reconfigured employment and day activity rates and technology) the travel allocations were doubled.
- Approximate expenditures if (in addition to the wage increase, reconfigured employment and day activity rates, technology and transportation increases) the hours for professional services were increased by 50%.

The tables below uses the average[12] of the four settings to approximate the current average expenditures by Tier and the increased per member per year (PMPY) allocation needed **if all the assumptions are applied. Note – as stated earlier, these projections are based on utilization rates, not 100% of allocations (as preferred by stakeholders and the Monitor.**

	Tier A	Tier B	Tier C	Tier D	Tier E
Current Tier Expenditures	13,753	14,122	22,480	43,682	53,847
FY 2022 Allocation	21,858	26,764	32,145	69,913	72,342
Increase over Current	8,105	12,642	9,665	26,231	18,495

	Tier A	Tier B	Tier C	Tier D	Tier E
FY 2022 Allocation	21,858	26,764	32,145	69,913	72,342
FY 2023 Allocation	24,619	29,584	36,466	80,780	83,779
Increase over FY 2022	2,761	2,820	4,321	10,867	10,437

	Tier A	Tier B	Tier C	Tier D	Tier E
FY 2023 Allocation	24,619	29,584	36,466	80,780	83,779
FY 2024 Allocation	27,419	33,034	40,852	91,560	95,242
Increase over FY 2023	2,800	3,450	4,386	10,780	11,463

[11] The approximate expenditures presented in Appendices A-C come from the Approach Group consultants based on the information gathered for the NESCO Report.
[12] Projected combined total expenditures for each residential setting in each tier divided by total number of individuals in that tier (e.g., Tier A LWF total expenditures + LI total expenditures + 24 Hour Residential total expenditures + SLA total expenditures divided by total number receiving Tier A supports).

The table below summarizes the approximate total expenditures needed for each Tier each year and for each fiscal year remaining in the term of the Consent Decree **if all the assumptions described above are applied.** The largest increase would occur in the first year. Major systems changes require an initial investment.

	Population	FY 2022	FY 2023	FY 2024
Tier A	272	2,204,560	750,992	761,600
Tier B	505	6,384,210	1,424,100	1,742,250
Tier C	910	8,795,150	3,932,110	3,991,260
Tier D	371	9,731,701	4,031,657	3,999,380
Tier E	460	8,507,700	4,801,020	5,272,980
Totals		**35,623,321**	**14,939,879**	**15,767,570**

Note – the approximations in the appendices and in the above tables are NOT intended to be recommendations, but are intended to illustrate the assumptions on which reconfigured fiscal supports should be based and the potential fiscal impact of those assumptions. It should also be noted that Consent Decree population members comprise 67% of the total population of adult supported by the RI Developmental Disabilities system. Thus, applying these assumptions to the total population would require a greater amount of funds.

E. Conclusion and Recommendations

This analysis of the fiscal supports provided for adult members of the Consent Decree population reinforced the interconnectivity of the three themes highlighted in the Court Monitor's October Report. Simply said, community-based individualized supports cannot be provided if there are not sufficient quality staff to provide those services. Provider agencies cannot develop and implement new business models and new support models unless there are sufficient resources to support implementation. Inefficiencies in the determination of levels of need, the design and flexibility of individual budgets, complicated billing procedures further complicate the funding question. Thus, as described in the October Monitor's Report, the answer to the fiscal question is not simply "a number", but is rooted in a series of factors.

There is consensus around the need to transition supports from group models to more individualized supports and from center-based programs to community-based programs. The three obvious obstacles to this are (a) significant difficulty in recruiting and retaining direct support staff, (b) limited fiscal support to facilitate both staff recruitment and staff retention and (c) the complications that continue to result from COVID.

As stated earlier in this analysis, different stakeholder groups have different recommendations re: how much funding is needed to implement the Consent Decree. "The number" recommended by any entity will be determined by the assumptions on which that number is based. Some of the key questions are:

- How many hours of support should each adult receive? How is that level of need most efficiently and accurately determined?
- What should be the base hourly wage of direct support staff?
- Should salaries of other staff (e.g., supervisors, others) be increased proportionally to increases for direct support staff?
- What percent of benefits and other employee related expenses be included in a funding model?
- Why isn't annual state budgeting be based on 100% of appropriations rather the lower utilization rates?
- How much flexibility should be permitted within individual annual budgets?
- How much support for transportation is sufficient to facilitate fully integrated community lives?
- How much funding is needed to promote the acquisition and use of technology as a support strategy?
- How much flex funding should be provided to support incidental expenses – e.g., supplies needed by families, membership and admission fees for community activities? Should these incidental expenses be a separate budget line to ensure that funds are not used for other purposes?
- What does it cost to support development of quality comprehensive plans?

Recommendation 1 – The State will develop a three-year budget strategy for FY 2022, 2023, 2024 that will stabilize the system and provide sufficient funds to implement the Consent Decree. (*Consent Decree Section XI, XIV).* This three-year plan should address the assumptions detailed in this analysis. This three-year plan should be developed jointly with provider organizations and should align with the plans developed by each provider agency for developing and implementing expanded models for increasing individualized employment opportunities and community lives as described in Sections IV, V, VI of the Consent Decree.

How much funding is needed to stabilize the system and to meet the requirements of the Consent Decree depends on the program model and assumptions on which those projections are based. In developing this analysis, the Monitor had lengthy discussions with select provider organizations (including CFOs), with families, with the State and with Fiscal consultants. Quite simply, this analysis is a "judgement call" that attempts to illustrate the assumptions that should be included in fiscal planning. It is NOT intended to recommend "a number". If all the assumptions in this illustration were implemented by the State, an additional $35,623,321 would be needed in FY2022, an additional $14,939,879 in FY 2023 and additional $15,767,570 in FY 2024.

There are two recommendations in the Monitor's October Report that apply here.

By April 1, 2021 the State will 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. (*Consent Decree Section XI, XIV)*

The State will develop a three-year budget strategy for FY 2022, 2023, 2024 that will stabilize the system and provide sufficient funds to implement the Consent Decree. (*Consent Decree Section XI, XIV)*

These budget strategies will include sufficient funding for every agency to implement the enhanced models for providing services and supports referenced above with an agreed upon percentage of the adults they serve during each fiscal year. (*Consent Decree Section XI, XIV)*

Rather than recommend a specific funding number, it is the opinion of the Monitor that budget recommendations for the three fiscal years should be negotiated with provider agencies. To repeat, it is important to remember that 83% of the Consent Decree population is supported by agencies. However, the negotiated budget plan should also equitably include those individuals who self-direct their services or are in Shared Living Arrangements.

A three-year plan would encourage long term planning re: phasing in the funds needed for implementation with incremental **funding increases in each of the three years remaining in the Consent Decree**. The State's three-year budget plan must address the following:

- Increasing the number of "day program" hours for individuals receiving Tier A, B, C supports;
- Reconfiguring day program rates permanently to 100% community-based rate;

- Insuring that each individual has access to 100% of their individual funding allocations;
- Increasing direct support staff hourly wage to $20.00 by the beginning of FY 2024;
- Providing proportional increases to other related staff;
- More accurately reflect the cost of benefits and other employee related expenses;
- Increasing funding support for transportation – "you can't be part of the community if you can't get there";
- Increasing access to professional services;
- Providing per capita funding for acquisition of technology;
- Providing sufficient funding needed for developing high quality comprehensive plans, as defined earlier;
- Allowing flexibility within budget categories so that provider agencies and individuals who self-direct can address life changes without needing to go through an appeals process;
- Building individual budgets with the assumption of 100% utilization
- Aligning State budget requests with provider agency plans, as indicated below.

The Monitor's October Report calls for systemic change in how employment and community services are provided. **Each provider agency is being asked to develop a revised business and program model for providing services and supports….and to project the percentage of the people with whom they will implement the revised model during each of three fiscal years. The State's budget plan should address the costs of that phased in implementation.**

The completion of the three-year plan should align with the State timelines for submitting FY 2022 budget requests. The Monitor is aware that planning for FY 2022 is already in process, but is very aware of the urgency of need in the current system.

As stated earlier, the Consent Decree is focused on "day program" (i.e., employment supports and integrated community activity) funds. Any increases needed to implement the Consent Decree should not be balanced by decreases in residential or other funds.

Recommendation 2 - The State will identify possible sources 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 and provider organizations 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. (*Consent Decree Section XI, XIV)*

Another recommendation in the Monitor's October Report that apply here.

By April 1, 2021 the State will identify possible sources 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. (*Consent Decree Section XI, XIV)*

There are examples across the country in which waiver funds are braided with other public (e.g., housing supports, employment supports, broad-based human services) and private funding sources to supplement waiver funds. Although not specifically named in the Consent Decree, there are publicly funded programs and supports administered by other state agencies that can be used to support adults with IDD. Thus, other state agencies need to be engaged in identifying other funds that can be used to supplement waiver funds. Two specific examples:

- Leverage the resources and expertise of the RI Department of Labor and Training to support employment opportunities and training for individuals with IDD;
- Seeking an increased Medicaid rate for transportation from CMS and exploring additional transportation options with RIPTA and any/all transportation providers.

The Monitor believes that it is important to identify any and all supplemental sources and has requested an April 30, 2021 date for completion of that task.

Recommendation 3 – The State will provide increased fiscal support for the **development of comprehensive person-centered plans** that include career development and community activity in integrated settings.

The cost of developing quality plans is not included in the expenditure illustrations in this analysis. The follow-up to the Person-Centered Thinking Facilitator Training[13] documented the importance of (a) the amount of time spent by the person and the facilitator in developing the plan and (b) the amount of time spent in identifying community opportunities through indepth community mapping. Respondents reported that plan development took between 10-20 hours. Additionally, since independent facilitators are expected to complete quarterly reviews, an additional 15-20 hours per year should be allocated for quarterly reviews. The current set fee for plan development and plan writing is not sufficient to address the needed hours. The State should propose a revised fee structure for plan development, plan writing and quarterly reviews that supports 30-40 hours of facilitator time.

Recommendation 4 - Aligned with the July 30, 2020 Court Order and, as referenced in the State's October 31, 2020 report on administrative and fiscal barriers, the State should **complete a comprehensive review and revision of the entire fiscal and reimbursement system.**

In completing this analysis, discussions with most stakeholders continued to reference the items listed in the July 30, 2020 Court Order. Five "task forces" are addressing the items listed in that order. Taken together, these items require a comprehensive revision of the entire fiscal and reimbursement system. The October 31, 2020 report from the State references that a proposal to accomplish this is in initial stages of development. There is recognition that the timeline for development and approval of this proposal and the timeline for implementation of the revisions will be different. The July 30, 2020 Court Order requires that the items listed be addressed by

[13] Sherlock Center; October, 2019.

June 31, 2021. The Monitor anticipates that the proposal for comprehensive fiscal review be completed and reviewed by that date.

It is the opinion of the Monitor that annual individual budgets designed from "the ground up" (i.e. designed by the individual, his/her family and his/her support team) within a defined range of funding categories will decrease the need for appeals and will more accurately and efficiently match the support needs of individuals. Individual budgets should not be based exclusively on the SIS-A, but should include the many factors that affect individual lives. Simply said, individuals and their families and their support teams are most knowledgeable about what each individual needs.

Furthermore, it is the opinion of the Monitor that eliminating the inefficient practices of quarterly authorizations, ratios and 15-minute billing units and developing a simplified system for billing and paperwork will decrease the fiscal impact on providers caused by these practices.

These issues should be addressed in the State's comprehensive revision of the entire fiscal and reimbursement system.

Recommendation 5 – Beginning in Spring, 2021 the state should **include IDD services and programs in biannual caseload estimating conferences**.

While "Article 28" data[14] is provided on an monthly basis, none of the data is included in the May/November Caseload Estimating Conferences. Including this data in the November Caseload Estimating Conference would require funding for the caseloads agreed to at the November Conference. Including this data in the May Caseload Estimating Conference would provide the General Assembly the most current data to include in any supplemental budget adjustments for the current fiscal year.

[14] Article 28 provides IDD caseload demographics and budget numbers.

Appendix A – FY 2022 Estimated Impact of Assumptions Per Person Per Year

Living with Family	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	12,230	11,297	18,426	36,131	38,293
DSP $15.00	13,831	12,796	21,232	42,477	45,533
DSP $15.00, Reconfigured Day and Employment, Technology	19,127	19,096	22,798	54,598	47,146
Above + Modified Transportation	23,673	23,185	26,989	61,788	54,015
Above + Modified Professional Services	24,038	23,513	27,324	63,624	55,574

Living Independently	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	9,715	11,695	19,819	45,187	43,601
DSP $15.00	10,987	13,248	22,837	53,123	51,843
DSP $15.00, Reconfigured Day and Employment, Technology	15,194	19,769	24,521	68,282	53,680
Above + Modified Transportation	18,805	24,003	29,028	77,274	61,501
Above + Modified Professional Services	19,095	24,342	29,389	79,569	63,277

24 Hour Residential	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	13,286	16,664	24,499	40,941	54,449
DSP $15.00	15,026	18,876	28,230	48,132	64,743
DSP $15.00, Reconfigured Day and Employment, Technology	20,780	28,169	30,312	61,867	67,037
Above + Modified Transportation	25,718	34,201	35,884	70,014	76,804
Above + Modified Professional Services	26,114	34,685	36,330	72,094	79,021

Shared Living Arrangement	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	8,855	16,293	22,464	41,647	49,165
DSP $15.00	10,080	18,572	25,975	49,337	58,782
DSP $15.00, Reconfigured Day and Employment, Technology	13,746	27,270	27,832	62,296	60,731
Above + Modified Transportation	16,893	32,916	32,801	69,983	69,030
Above + Modified Professional Services	17,398	33,821	33,598	73,908	72,799

Appendix B – FY 2023 Estimated Impact of Assumptions Per Person Per Year

Living with Family	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	12,230	11,297	18,426	36,131	38,293
DSP $17.50	15,447	14,289	24152	48,921	51,127
DSP $17.50, Reconfigured Day and Employment, Technology	21,702	21,729	26,043	63,274	53,755
Above + Modified Transportation	26,645	26,177	30,600	71,358	60,624
Above + Modified Professional Services	27,072	26,561	30,993	73,508	62,450

Living Independently	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	9,715	11,695	19,819	45,187	43,601
DSP $17.50	12,270	14,793	25,977	61,181	58,214
DSP $17.50, Reconfigured Day and Employment, Technology	17,239	22,496	28,011	79,131	61,205
Above + Modified Transportation	21,166	27,100	32,912	89,242	69,026
Above + Modified Professional Services	21,505	27,497	33,335	91,930	71,105

24 Hour Residential	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	13,286	16,664	24,499	40,941	54,449
DSP $17.50	16,781	21,078	32,112	55,434	72,698
DSP $17.50, Reconfigured Day and Employment, Technology	23,576	32,054	34,636	71,697	76,434
Above + Modified Transportation	28,947	38,614	40,685	80,858	86,201
Above + Modified Professional Services	29,411	39,180	41,207	83,294	88,798

Shared Living Arrangement	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	8,855	16,293	22,464	41,647	49,165
DSP $17.50	11,284	20,788	29,574	56,898	66,186
DSP $17.50, Reconfigured Day and Employment, Technology	15,614	31,061	31,816	72,243	69,361
Above + Modified Transportation	19,037	37,201	37,220	80.866	77,660
Above + Modified Professional Services	19,628	38,261	38,152	85,482	82,073

Appendix C – FY 2024 Estimated Impact of Assumptions Per Person Per Year

Living with Family	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	12,230	11,297	18,426	36,131	38,293
DSP $20.00	17,257	15,976	27,342	55,908	58,669
DSP $20.00, Reconfigured Day and Employment, Technology	24,313	24,401	29,334	72,095	61,248
Above + Modified Transportation	29,661	29,212	34,264	81,090	68,890
Above + Modified Professional Services	30,151	29,653	34,716	83,558	70,988

Living Independently	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	9,715	11,695	19,819	45,187	43,601
DSP $20.00	13,708	16,539	29,408	69,920	66,801
DSP $20, Reconfigured Day and Employment, Technology	19,314	25,262	31,551	90,164	69,737
Above + Modified Transportation	23,562	30,243	36,853	101,413	78,438
Above + Modified Professional Services	23,951	30,699	37,339	104,500	80,827

24 Hour Residential	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	13,286	16,664	24,499	40,941	54,449
DSP $20.00	18,747	23,566	36,353	63,351	83,422
DSP $20.00, Reconfigured Day and Employment, Technology	26,413	35,995	39,002	81,694	87,089
Above + Modified Transportation	32,224	43,092	45,557	91,885	97,955
Above + Modified Professional Services	32,756	43,742	46,157	94,683	100,938

Shared Living Arrangement	Tier A	Tier B	Tier C	Tier D	Tier E
Baseline – DSP $13.18	8,855	16,293	22,464	41,647	49,165
DSP $20.00	12,625	23,275	33,495	65,051	75,954
DSP $20.00, Reconfigured Day and Employment, Technology	17,510	34,908	35,858	82,357	79,070
Above + Modified Transportation	21,213	41,550	41,704	91,973	88,303
Above + Modified Professional Services	21,891	42,767	42,775	97,252	93,372