

CPNRI/APPROACH GROUP

COURT SUPPORT ANALYSIS V6C

26 APRIL 2021

1. Introduction

In 2014, Rhode Island entered into a court-approved Consent Decree intended to fundamentally transform the system of care for adults with Intellectual and Development Disabilities. On March 16, 2021 the Court issued a Clarifying Order addressing “the requirements imposed on the State by the Consent Decree and directing the State to take certain actions to achieve compliance with the Consent Decree. On April 27, 2021 the Court will hold a status meeting with concerned parties to assess the extent to which the “identified fiscal and capacity issues are being addressed and the extent to which the State and Providers have reached mutual agreement.”

In preparation for the April 27 meeting, the Community Provider Network of Rhode Island (CPNRI) asked the Approach Group to undertake certain analyses to help better understand conditions currently impacting the I/DD provider community, particularly with respect to workforce challenges and their impacts on services provided.

To do this, this report reviews findings from the state I/DD care system review conducted by NESCSO pertaining to the period just prior to the onset of COVID, focusing on workforce needs and to the amounts of services provided in relation to the amounts of services authorized. We then report on results of an April 2021 survey of member providers of CPNRI. The April 2021 provider survey looked at pre- and post-COVID periods, focusing primarily on workforce and on the volume of day supports provided. Although for a variety of reasons the data sources and methods for the two studies differ, in combination they provide a view of the system and system changes needed that is not otherwise available.

It is clear that in the pre-COVID period there were already significant challenges in recruiting and maintaining a stable and competitive direct service provider (DSP) workforce. It is also clear that there was a sizable disparity between the volume of services authorized to individuals and the volume of services actually provided, particularly for services provided for those living in community settings. As would be expected, in the period following the onset of COVID those problems appeared to worsen. As a consequence, the I/DD system in the post-COVID period appears to face heightened challenges in advancing toward what would be considered a Consent-Decree-compliant system.

As a beginning premise, a stable and skilled workforce is a necessary precondition to meeting the needs of the I/DD population and achieving compliance with the Consent Decree. With this as a basis, the third section of this report considers approaches to estimating the number of DSP FTEs above those presently in place that would be necessary to be able to provide a full range of authorized day supports for Rhode Island’s I/DD population. This section provides both (a) a methodological approach to addressing the question and (b) a high-level estimate of the number of additional DSP FTEs that would be required to more fully meet day support service needs.

This estimation approach has limits as there are many significant factors, e.g., service model, staffing ratios, service location, other community-based services beyond day supports such as employment supports, and others. Nonetheless, this provides a way to begin to look at the scale of the problem.

In aggregate, this report provides a look at current critical issues in the I/DD system—particularly as they are affected by DSP staffing levels—and points toward potential guideposts and metrics for consideration in informing and assessing strategies for system improvements and progress toward Consent Decree compliance.

2. Court Order and Background to April 27, 2021 Status Meeting

To provide additional context to the April 27, 2021 meeting, this section notes some key elements of the March 16, 2021 Clarifying Order.¹

- “...the Consent Decree provides that “the State...will ensure that it **supports and maintains a sufficient capacity to deliver Supported and Integrated Day Services to individuals** (with I/DD), including qualified supported employment providers and integrated day providers...””
- The State of Rhode Island is directed to **develop a three-year budget strategy identifying systemic actions to achieve compliance** with the Consent Decree.
- The State is directed to address issues raised in the Court Monitor’s Fiscal Analysis² and seeks “**annual investment that supports and maintains sufficient Provider capacity and a stable workforce over each of the next three years.**”
- The State of Rhode Island is “**to propose and negotiate with stakeholders in the development of the three-year budget strategy**...the final negotiated strategy may deploy different tactics for compliance with the Consent Decree that drive system change and improve outcomes for consumers.”
- “The State of Rhode Island **will report progress** in developing this three-year budget proposal to the Court Monitor on **April 30, 2021, May 31, 2021, and June 30, 2021**. The Court will hold a status hearing in April 2021 to publicly assess the extent to which the State and Providers have reached mutual agreement.”

The Court Order provides guidance for areas of focus for strategies “**to achieve a Consent Decree Compliant system shall include but will not be limited to**, specific plans to:

- Address **the problem of low compensation and high turnover** that prevents maintaining a stable and competitive workforce and sufficient Provider capacity to provide supported employment services and integrated day services to individuals with intellectual and developmental disabilities.
- Establish mechanisms to support and address:
 - Development of **individualized service plans** and individualized budgets that promote access to individualized employment and day and other community activities in integrated settings
 - Adequate transportation
 - Technology acquisition
 - Transition to a community-based model

¹ United States District Court for the District of Rhode Island. Clarifying Court Order issued March 16, 2021.

² Consent Decree Fiscal Analysis

Planning for the Remaining Years of the Consent Decree November, 2020 Case 1:13-cv-00442-JJM-PAS Document 70 Filed 11/30/20

November, 2020. Case 1:13-cv-00442-JJM-PAS Document 70 Filed 11/30/20

Effective State strategy will be focused on addressing recognized needs that guide needed actions and provide a basis for assessing compliance.

3. Approach: Pre-COVID, Impact of COVID, DSP Workforce Considerations

Recent work by NESCSO in the period immediately preceding the onset of the COVID pandemic identified significant challenges related to DSP workforce and to the ability of the system of care to meet the identified needs of the I/DD population. The COVID pandemic had a significant additional impact on the system.

This report is structured as follows:

- **Immediate Pre-COVID Period** - What were prevailing conditions and needs at the time that COVID hit?
- **Impact of COVID** - What has been the impact of COVID on the system? (Providing comparisons between provider reports pertaining to the October – December 2019 period and the October – December 2020 period)
- **DSP Workforce Considerations** — Approaches to estimating the need for sufficient DSP workforce FTEs.

4. Immediate Pre-COVID Period

The report by NESCSO provides baseline information of the state of the system into 2019.

Workforce – Turnover Rates and Vacancy Rates

Recruitment and retention of DSP staff is fundamental to the ability to meet service needs. In 2017 the President’s Committee for People with Intellectual Disabilities deemed DSP shortages to be the number one issue facing I/DD systems across the country. DSP shortages and high turnover impact providers’ abilities to accept additional clients, to provide the full range of authorized and needed services, to ensure the quality and consistency of services, and to provide individualized and community-based integration services, and to maintain fiscal stability

In September - October of 2019 NESCSO conducted a survey of I/DD service providers in Rhode Island. Eighteen of thirty-six potential providers responded. During the April 1, 2018 – March 31, 2019 period those responding accounted for 83% of MMIS claims payments for all I/DD services for persons using an agency-based service pathway (i.e. not including self-directed and not including RICLAS).

- They reported turnover rates ranging from 19% to 58%. All but two reported rates of 25% or higher.
 - The average turnover rates across all reporting providers was 36%

- The average reported vacancy rate was 18.6%, representing 547 unfilled positions.³

Based on this same provider survey in 2019, for 58.9% of DSPs the hourly wage was \$13.99 or less; for 76.5% it was \$14.99 or less. According to a study by the Department of Urban Studies and Planning at the Massachusetts Institute of Technology the living wage estimate for Rhode Island in 2018 for a family with one adult and two children was \$31.04.⁴ The current base wage figure used for DSP rate calculations in Rhode Island is \$13.18.

Instability and lack of professional preparedness in a DSP workforce with high rates of turnover place additional workplace demands on remaining agency staff. Supervisory staff are needed to be redeployed to cover service gaps, overtime costs are incurred, and they drive high recruitment and training costs for inexperienced staff. In 2017, ANCOR reported on a survey of reasons DSPs leave employment. Reported results for leaving include:

Inadequate pay	88.5%
Difficulties/stress of work performed	66.9%

Workforce challenges are identified both by national publications and by Rhode Island providers as major contributors to difficulties and stress in performing the work

Disparities in Level of Correspondence Between the Funding Allocations and Actual Utilization

Workforce shortages will also impact the quantity and types of services provided. This appears particularly the case for community-based services.

Rhode Island’s P550 funding authorizations are intended to enable supports that will address an individual’s support needs. In this respect the funding allocations provide estimates of the mix of services required to meet those needs. While there will be real-life variations, it is reasonable to anticipate a fairly close correspondence between authorized services and the services actually received.

As part of its work, NESCSO examined the ratio of actual service utilization to authorizations, based on paid amount and authorized dollar amount for all I/DD services. The table below summarizes the ratios, by tier, for the agency-based population (not including self-direct or RICLAS). Overall, the data shows a “gap” of 17.6% or conversely a “service provision” ratio (utilization to authorizations) of 82.4%. The highest ratio is for Tier E, the lowest for Tier A.

³ NESCSO (New England States Consortium Systems Organization)RI-BHDDH – Division of Developmental Disabilities System and Payment Methodologies and Rates: A quantitative and Qualitative Review. July 2020) p. 12

⁴ Living Wage Calculation for Rhode Island. MITs Estimates of Living Wages, updated through December 31, 2018. Carey Anne Nadeau, Department of Urban Studies and Planning Massachusetts Institute of Technology, Cambridge, Massachusetts

Total Authorized and Paid Amounts For Agency Based Population (not incldg RICLAS or Self-Direct)			
Tier	auth amt	amt pd	
A	\$ 14,202,181	\$ 8,409,138	59.21%
B	\$ 27,644,317	\$ 19,506,204	70.56%
C	\$ 74,429,320	\$ 61,375,492	82.46%
D	\$ 42,284,080	\$ 36,192,026	85.59%
E	\$ 76,797,596	\$ 68,450,231	89.13%
Total	\$ 235,357,494	\$ 193,933,091	82.40%
Adapted from Table 4a and 4d in Quantitative Analysis Memo #6 - P550 Budget vs MMIS Expenditures, May 6, 2020.			

Notably, these ratios are heavily weighted by the more generally “fixed” expenditures for residential care. That is, for people living in group homes, the expenses associated with housing will constitute a relatively high proportion of costs, tilting the ratios upward.

For another look adjusting for costs of housing, NESCSO provided data on the utilization/authorization ratios for people receiving their services through agencies (i.e. not self-directed) while living in community-based settings. As seen in the table below, the utilization/authorization ratios were markedly lower.

**Total Authorized and Paid Amounts For Agency Based
Population Living in Community Settings (not incldg RICLAS
or Self-Direct)**

Shared Living

Tier	auth amt	amt pd	
A	\$ 1,103,131	\$ 856,205	77.62%
B	\$ 4,100,998	\$ 3,445,730	84.02%
C	\$ 9,894,261	\$ 8,275,326	83.64%
D	\$ 2,428,935	\$ 1,903,270	78.36%
E	\$ 7,628,305	\$ 6,141,065	80.50%
	\$ 25,155,630	\$ 20,621,596	81.98%

Independent Living

Tier	auth amt	amt pd	
A	\$ 6,605,178	\$ 3,930,178	59.50%
B	\$ 5,933,637	\$ 4,154,846	70.02%
C	\$ 4,507,572	\$ 3,287,010	72.92%
D	\$ 583,378	\$ 440,144	75.45%
E	\$ 1,050,753	\$ 652,039	62.05%
	\$ 18,680,518	\$ 12,464,217	66.72%

Living with Family

Tier	auth amt	amt pd	
A	\$ 5,816,125	\$ 3,069,907	52.78%
B	\$ 11,893,207	\$ 6,789,398	57.09%
C	\$ 17,407,973	\$ 10,377,472	59.61%
D	\$ 7,584,767	\$ 4,752,147	62.65%
E	\$ 4,585,079	\$ 2,674,138	58.32%
	\$ 47,287,151	\$ 27,663,062	58.50%

Total Community

Tier	auth amt	amt pd	
A	\$ 13,524,434	\$ 7,856,290	58.09%
B	\$ 21,927,842	\$ 14,389,974	65.62%
C	\$ 31,809,806	\$ 21,939,808	68.97%
D	\$ 10,597,080	\$ 7,095,561	66.96%
E	\$ 13,264,137	\$ 9,467,242	71.37%
	\$ 91,123,299	\$ 60,748,875	66.67%

From Table 4d in Quantitative Analysis Memo #6 - P550
Budget vs MMIS Expenditures, May 6, 2020. YE2019 03

Although a variety of factors may be at work here the results are highly suggestive of the impacts of workforce challenges on the provision of services in community settings. Non-residential services are highly dependent on DSP availability. By way of reference, expenditures for day supports, independent living/family supports, plus employment supports constitute 83% of total expenditures for this population.⁵

⁵ Ibid. NESCSO, p. 41

5. Impact During Period of COVID

During April 2021, CPNRI and the Approach Group conducted a survey of CPNRI providers. Twenty-two of twenty-four providers surveyed responded in sufficient time for their responses to be included here. Providers were asked a series of questions pertaining to workforce and to services provided in two periods. The two periods were:

- October 1, 2019 - December 31, 2019 (Q4 2019)
- October 1, 2020 - December 31, 2020 (Q4 2020)

These two quarters represent comparable periods in the course of the year so would not be impacted by seasonality. Rather, they provide a basis for pre- and post-COVID comparisons. Q4 2019 was fully a pre-COVID period. Q4 2020 was fully a period during the COVID pandemic.

5.1. Workforce

The table below summarizes survey results for several factors that consistently underscore a worsening DSP picture for Rhode Island’s I/DD providers.

Comparison of Workforce Related Factors, Q4 2020 vs. Q4 2019			
Indicators	Q4 2019	Q4 2020	Change from 2019 to 2020
Turnover Rate	30.3%	33.8%	11.6%
Vacancies/Open Positions	547	552	0.9%
Vacancy Rate (Vacancies/Total # of DSPs)	19.0%	21.7%	14.3%
Total Number of DSPs			
Full-Time	1,950	1,796	-7.9%
Part-Time	936	753	-19.6%
Total	2,886	2,549	-11.7%
Overtime Pay as % of DSP Wages	24.1%	25.6%	6.2%
Direct Support Hours Provided by Non-Direct Support Staff	119,767	194,608	62.5%

**Turnover rate= Annual employee separations/average number of employees during the same year*

- a. DSP Turnover Rates - At 33.8% in Q4 2020 the turnover rate poses a significant challenge to providing consistent and high-quality supports. The Q4 2020 figure is 11.6% higher than the comparable period in 2019.
- b. DSP Vacancy rates – Vacancy rates continue to be high, increasing to 21.7% in Q4 2020. More concretely, this figure represents a total of 552 positions that providers are seeking to fill.

Open positions point to current needs that this group of 22 I/DD providers are seeking to address for their organizations. Importantly, this is not the same as the total number of DSPs that would be required to fully meet the support needs of the I/DD population. The DSP FTE need would be considerably higher if it were to address the disparity observed in the NESCSO report between services

authorized and services provided. Similarly, additional DSP workforce capacity would be needed if the distribution of supports provided were to shift to a higher proportion of community-based services with smaller client to staff ratios (e.g. 1:1 or 2:1 rather than 10:1 or 5:1).

- c. Decline in Total Employed DSP Workforce – The total reported DSP workforce, full-time + part-time, declined by 11.7%.
- d. Overtime Pay as a Percent of DSP Wages – The need to pay DSP staff at overtime rates drives higher service unit costs for providers. Even during the pre-COVID period, overtime costs as a percent of DSP wages were at 24.1%; that percentage crept up to 25.6% in Q4 2020.
- e. Direct Support Hours Provided by Non-Direct Support Staff – In the absence of available DSP staff, non-DSP staff such as supervisors are called upon to staff shifts. Compared to Q4 2019, the number of support hours staffed by higher-cost, non-direct service staff increased by 62.5%. Such an increase points to the stresses within provider agencies in staffing to meet support needs.

5.2. Day Support Service Units

In the April 2021 survey providers were asked to report on the number of service units provided to I/DD clients by the client’s residential setting. Support services are billed in 15-minute units (T2021) by residential setting across tiers A – E. The billing codes reported on by providers in this survey are for day supports. Day supports are a subset of total service types and therefore do not provide a complete picture of services provided. The total number of service units is also affected by tier and associated staffing ratios. Nonetheless, total day-support service units represent an essential segment of overall services. Significant declines and shifts occurred in the provision of day supports from the Q4 2019 to the Q4 2020 period. The table below summarizes the results of the provider responses.

Day Support Service Units By Residential Setting			
Residential Setting	Q4 2020	Q4 2019	Change from 2019 to 2020
Living With Family	744,345	211,464	-71.6%
Independent Living	130,546	66,583	-49.0%
24 hr. Residential	1,097,575	1,348,875	22.9%
Shared Living Arrangement	176,288	75,584	-57.1%
Total	2,148,754	1,702,506	-20.8%

The table shows both (a) a significant decline in the total number of service units provided and (b) in the residential setting of the people served. Total service units declined by 20.8%. Impacts of COVID are highlighted by the significant reduction in services provided to people living in community-based settings. For example, support services to people living with families fell by 71.6%, and by 49% for people in Independent Living. At the same time there was a 22.9% increase in services to people living in 24-hour residential settings.

Both of these changes – reductions in total day support services and the shift away from community-based settings - present further challenges for the efforts to achieve the community-integrated system envisioned in the Consent Decree and Court Order. The system shortfalls that prevailed in the pre-COVID period have gotten more severe. Workforce supply and stability is an essential component of this.

An illustration of this is seen in the much-increased portion of reported hours of direct service provided by non-direct service staff in Q4 2020 compared with Q4 2019. Assuming that a service hour correlates with four 15-minute units, in Q4 2019 non-direct service staff would have provided 479,068 service units (119,767 hours x 4) or 22.3% of all day supports service units. This contrasts with 45.7% of day supports service units in Q4 2020 ((194,608 service hours x 4) divided by 1,702,506 support units, a considerably smaller number of day supports units than in 2019).

6. Potential Approach/Methodology for Estimating the Need for Additional DSP FTEs

Note that this analysis (through page 13) steps through the numerical analysis provided in the subsequent pages.

The purpose of this analysis is to consider and propose an approach to **A)** estimating the service capacity needs of Rhode Island's I/DD system, **B)** quantifying the pre-COVID gap in services being provided, and **C)** estimating the additional impact of COVID on that gap. This analysis further advances a proposed methodology for estimating **D)** the number of DSP FTEs above those presently in place that would be necessary to be able to provide a full range of authorized Day supports for Rhode Island's I/DD population.

As previously noted, this estimation approach has limits as there are many significant factors, e.g., service model, staffing ratios, service location, other community-based services beyond day supports, such as employment supports, and others. Nonetheless, this provides a way to begin to look at the scale of the challenge.

While this analysis is focused on Day Supports, it nevertheless presents a pathway for gaining an understanding of the service capacity needs and shortfalls of the system in its entirety. Day supports are allocated universally to all I/DD consumers and are an essential element of a consumer's authorization package, as well as a consumer's non-residential service utilization. Day supports are also, not coincidentally, central in the discussions around the Consent Decree.

The ensuing analysis is discussed in 4 distinct and interrelated steps or sections, first addressing the service capacity gaps, then estimating DSP FTE needs. The work completed by NESCSO provided analyses of the I/DD system for the experience period of April 1, 2018 through March 31, 2019. This period, thus, forms the baseline for this analysis, which is also a period unaffected by the COVID-19 pandemic.

A. Estimate the service capacity needs of the I/DD system for Day Supports for the agency-based consumers (i.e., not Self-Directed, not RICLAS).

The Burns & Associates (B&A) model, which the State uses to determine the service allocation packages for each consumer, indicates that all consumers are allocated 1,536 units (15-minute increments) of Day Supports per quarter, apportioned between community and center settings.

1,536 quarterly units equate to 6,144 units per consumer per year. For the 3,020 Agency-based average eligibles in the baseline period, the B&A model allocation initially suggests a capacity need for 18.5 million units of Day supports for this population. This allocation does not include supplemental L9 funding authorizations for additional supports and services, and thus may be below what may ultimately have been authorized.

Moreover, for the purposes of this analysis, a moderation factor of 80% is applied to the allocation, to account for real-life variations in the consumers' ability to use the entirety of their allocation and for incomplete information in the baseline utilization data, e.g., trading of Day supports for Employment supports. With this moderation factor, the adjusted suggested capacity need is for 14.8 million units of Day supports for this population, or an average of 4,915 units per consumer per year.

From this point forward the analysis will consider 14.8 million units as the estimated capacity need of the I/DD system for Day supports, for the baseline population.

B. Estimate the pre-existing service gap in the system, prior to the impact of COVID.

During the baseline period, 10.1 million units of Day supports were provided to this population, for an average of 3,343 annual units per consumer per year. The difference between the adjusted suggested average need for Day supports and the average supports provided is 1,572 units per consumer, or 4.75 million units in total for the population. This estimated gap of 4.75 million units represents 32% of the estimated capacity needs of the population.

Another way to look at the gap between the estimated need for supports and supports provided is in terms of hours per consumer which, at 4 units per hour, equates to 393 hours per consumer per year.

C. Estimate the impact of COVID on the baseline utilization of Day supports.

The statistics related to the utilization of units of Day supports reported by 22 CPNRI providers in the April 2021 survey were used as a basis to estimate the impact of COVID on the baseline population's utilization of Day supports. Unsurprisingly, COVID-related safety protocols around the provision of Day supports had a marked impact on different segments of the population, i.e., 24-hr. residential consumers vs. those living with family, as was noted earlier in this report.

The estimated impact of COVID on the baseline populations' experience suggests a reduction of 16% in total Day supports provided. The impact, of course, was experienced differently by different consumers, as noted earlier, with consumers living with family experiencing an average decrease of 72% in Day supports, while consumers in 24-hour residential settings seeing an average increase of 23% in Day supports.

The 16% decline in total Day supports being provided during COVID equates to 1.6 million units total, or 518 units (130 hours) per consumer, for a net total 8.5 million units of Day supports provided to the population. This decline further contributed to the service gap existing in the pre-COVID period, increasing that gap to 6.3 million units total, or 43% of the estimated service capacity need of the population. This service gap of 6.3 million units equates to 2,091 average units per consumer (out of 4,915 averaged units needed), or an average of 523 hours of supports not received per consumer.

In summary, at 8.5 million units, the present service delivery model is providing 58% of the 14.8 million units of Day supports that the system needs for the baseline population (note that rounding of some of the numbers contributes +/- 1% to the totals).

D. Estimate average DSP FTEs associated with Day supports capacity needs and Day supports provided.

To estimate DSP FTEs (Full-Time Equivalents), the staffing ratios associated with the various billing codes comprising community- and center-based Day supports, as utilized in the B&A model for the allocation of supports, were applied to the allocated units that define the capacity needs, to the utilization experience of the baseline period, and for the impact of COVID.

For the adjusted B&A model allocation of 14.8 million total units of Day supports (4,915 units per consumer), the current staffing ratios associated with the billing codes in the B&A model suggest a capacity need for 2,845 DSP FTEs to provide the needed Day supports to the baseline population. The supports would be provided at a range of consumer-to-staff ratios including a ratio of 10 to 1 at a center for a Tier A consumer, to a ratio of 1:1 for a tier E consumer. This analysis did not consider the Court Monitor's recommendations of lowering the staffing ratios. Thus, for the State's current service delivery model, including a 60/40 distribution of Day supports in the community and center, respectively, the system would need 2,845 DSP FTEs. Note that FTEs are not synonymous with vacant positions, e.g., a single FTE could be comprised of 1 full-time or 2 part-time positions under some circumstances; conversely, in other circumstances, 3 FTEs could be comprised of 2 full-time positions each working overtime.

The utilization experience in the baseline period indicates that a total of 2,088 DSP FTEs provided the 10.1 million units of Day supports for the baseline population. The suggested gap in the workforce, then, is 757 DSP FTEs.

The estimated impact of COVID on the baseline experience indicates that a total of 1,764 DSP FTEs provided the 8.5 million units of Day supports for the baseline population. The impact of COVID was a further erosion in the workforce by a loss of 324 DSP FTEs, bringing the current estimated gap in the workforce to 1,081. Another way to view these estimates is that the pre-existing workforce gap, pre-COVID, was 757 DSP FTEs; COVID has added to that gap by another 324 DSP FTEs.

The State instituted temporary changes in the billing for Day support as a result of COVID restrictions, the impact of which on DSPs, including increased overtime and non-DSP positions filling DSP roles, is not yet fully understood. To avoid the potential effects of this unknown on the imputed FTEs, the average number of annual units per FTE from the pre-COVID period was applied to the COVID period utilization estimates to estimate the FTEs for the COVID-period utilization.

In summary, at 1,764 DSP FTEs, the present service delivery model is functioning at 62% of the 2,845 DSP FTEs needed to fully provide the needed Day supports for this population.

As stated at the beginning of this section, this analysis presents an approach to estimating the service capacity needs of the system, quantifying the pre-existing gap in the services being provided, and the worsening impact of COVID on that pre-existing gap. It also advances a proposed methodology for estimating the number of DSP FTEs above those presently in place that would be necessary to be able to provide a full range of authorized Day supports for Rhode Island's I/DD population. It is important to note that this analysis focuses on DSP employment and wage rates as a path to Rhode Island's achieving a Consent-Decree compliant I/DD system, though there may be others.

While Day supports are a subset of the total basket of services and supports allocated and authorized for each I/DD consumer, there are, nonetheless, a large segment of non-residential supports, also a key consideration for compliance with the Consent Decree.

A.

Baseline B&A Allocation of Community- & Center- Based Day Supports & Implied Capacity Needs for Agency-Based Consumers

B&A Model Day Supports Allocation
Total Units (15-min) of Day Supports per Consumer per Quarter = 1,536
Total Units (15-min) of Day Supports per Consumer per Year = 6,144

Baseline Period = 12-Month Ending March 2019

Baseline Period Agency-Based Average Eligibles ¹ = 3,020.07

Estimated system-wide Annual Day Supports units as per B&A allocation = 18,555,310 ²

Moderating factor = 80% ³

Adjusted system-wide Annual Day Supports units Needed as per B&A allocation = 14,844,248

B.

Baseline Utilization of Community- & Center- Based Day Supports, and Implied Service Capacity Gap for Agency-Based Consumers

Total Estimated Annual Day Supports Units Provided for the Baseline Period ⁴ = 10,095,452

Implied Services & Supports Capacity Gap vis-à-vis Needs Expressed by the Adjusted B&A Model Allocation = (4,748,796)
32%

C.

Estimated Impact of COVID-19 on Baseline utilization of Day Supports, and Implied Service Capacity Gap for Agency-Based Consumers

Estimated Impact of COVID ⁵ on Baseline Units Provided

Estimated COVID-Period ⁶ Annual Day Supports units = 8,529,648

Implied COVID-related reductions in Services & Supports from Baseline Period Experience = (1,565,805)
-16%

Implied COVID-Period Services & Supports Capacity Gap vis-à-vis Adjusted B&A Model Allocation = (6,314,600)
43%

D.

**Estimated DSP FTE Capacity Needs vs. Provided, Imputed From Units for
Community- & Center-Based Day Supports and Billing Code Staffing Ratios, as
Per the B&A Model**

Imputed Systemwide DSP FTE Need to Provide Day Supports (per Adjusted B&A Model Allocation) =	2,845
Imputed DSP FTEs Providing Day Supports in the Baseline Period =	2,088
Estimated Day Supports DSP FTE Gap (pre-COVID) =	(757)
Imputed DSP FTEs Providing Day Supports in the COVID Period ⁷ =	1,764
Estimated Day Supports DSP FTE Gap with the Impact of COVID on DSP FTEs ⁷ =	(1,081)

Notes:

¹ Average eligible reflects average number of months a consumer is eligible for BHDDH services during a 12-month period. Enrollment excludes Self-Directed and RICLAS

² Systemwide annual units of community- and center-based Day supports reflect the Burns & Associates (B&A) model for funding allocation for said Day supports. It does not include any individualized service requests changes nor any supplemental funding for support and services

³ This adjustment factor is an estimate, made to moderate the allocation derived from the B&A model for potential unknowns and missing data in the baseline experience, e.g. employment supports. The selected factor is for discussion purposes as to its appropriateness and desired level

⁴ The baseline period is from the 12 months ending March 2019 analyses previously reported in the NESCSO work

⁵ CPNRI providers were surveyed in April 2021 for employment-related information and data pertaining to community- and center-based Day supports for the quarterly periods of October 2019 - December 2019 and October 2020 - December 2020, to measure the year-over-year changes due to the impact of COVID-19 on the provision of community- and center-based Day supports

⁶ Surveyed provider results were assumed to reflect the impact of COVID-19 on the system experience

⁷ The State temporarily modified its billing policies regarding community- and center-based Day supports due to COVID-19 safety protocols. The impact of these policy changes on the utilization statistics reported in the April 2021 provider survey are not yet known

⁷ The State temporarily modified its billing policies regarding community- and center-based Day supports due to COVID-19 safety protocols. The impact of these policy changes on the utilization statistics reported in the April 2021 provider survey are not yet known. For this reason, the DSP FTEs for the COVID period were imputed using the average annual units per FTE in the pre-COVID baseline experience

⁸ Hypothesis of reduction in average turnover rate given a wage rate increase is based on the literature referenced in this report

⁹ The Vacancy to Turnover ratio can be used to estimate the number of FTEs retained as a result of the reduction in turnover, with a corresponding increase in the number of active FTEs

Limitations:

1. This analysis is focused on Community - and Center-Based Day supports as a way to illustrate an approach to estimating service gaps in supports and services that may have existed in the pre-COVID period, as well as the potential impact of COVID on the provision of Day supports and services. The estimated service gaps are based on the allocation determined by the B&A Model, and it does not consider authorizations that may include additional funding for supports and services

2. The baseline utilization data for the pre-COVID period does not include Employment Supports. To the extent that utilization changes reported in the April 2021 CPNRI providers survey include Day Supports utilization for consumers who were previously in supported employment, the estimated impact of COVID-19 on the provision of community- and center-based Day Supports may be understated because of the additional Day supports provided to those consumers who were previously employed.

3. The State has temporarily modified its billing policies regarding Day supports due to COVID-19 safety protocol. It is not clear what the impact of the policy changes are on the utilization statistics reported in the April 2021 provider survey