

State of Hawai'i, Department of Health  
Developmental Disabilities Division (DDD)

# DATA FACTBOOK 2024

September 12, 2025



OEAIDD



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# Office of Evaluation and Analytics for Intellectual/Developmental Disabilities

State of Hawai'i, Department of Health Developmental Disabilities Division (DDD)  
Data Factbook 2024

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# Introduction

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The State of Hawai'i, Department of Health (DOH) Developmental Disabilities Division (DDD) serves people with intellectual and/or developmental disabilities (I/DD) who qualify for services. DDD oversees a statewide system of supports and services for eligible participants and uses Hawai'i's Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities (Medicaid I/DD Waiver) to provide a range of services and supports in the community through state and federal funding. In 2024, the University of Hawai'i, on behalf of its College of Social Sciences, Social Sciences Research Institute (SSRI) entered into a Memorandum of Agreement to establish the terms of agreement for SSRI researchers to develop and operate the Office of Evaluation and Analytics for Intellectual/Developmental Disabilities (OEAIID), which would be responsible for providing DDD research, evaluation, and analytics services.

The DDD Data Factbook 2024 provides a comprehensive summary of data pertaining to DDD participants and services with the intention of supporting internal and stakeholder decision making. This partnership aligns with DDD's strategic goal of improved efficiency and information technology that supports improved service to the community.

## Developmental Disabilities Division (DDD)

The mission of the DDD is to foster partnerships and provide quality person-centered and family-focused services and supports that promote self-determination. As outlined in their strategic plan, [\*Possibilities Now!\*](#)<sup>1</sup>, DDD works with self-advocates and other community stakeholders to support participants and their families to have full lives in the community.

DDD case managers support participants in their life goals through planning and coordination of services, using a person-centered approach. DDD considers a range of possible supports in a person's life, including relationship-based supports, technology, community resources, and eligibility-specific supports. Case managers help ensure that individuals with I/DD have opportunities to receive quality services in the most integrated settings, engage in community life, and control personal resources.

In 2022, DDD introduced a Provider Portal as a component of the DDD case management information technology (IT) solution, INSPIRE. This portal is designed to enhance efficiency and communication between DDD and service agencies by providing information on DDD participants. The portal is intended to support agency staff who perform duties such as submitting Adverse Event Reports (AER), recording Individual Plans, writing Quarterly Reports, and processing referrals.

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<sup>1</sup> State of Hawaii DOH-DDD Possibilities Now Strategic Plan

## Medicaid I/DD Waiver

**Medicaid** is a jointly funded, Federal-State health insurance program for people with limited income and resources who meet eligibility requirements. Hawai'i's state Medicaid program is called Med-QUEST. It is administered by the Department of Human Services, Med-QUEST Division (MQD), and is financed through the State of Hawai'i and the Federal Centers for Medicare and Medicaid Services (CMS).

Within the broader Medicaid framework, **the Medicaid I/DD Waiver** is authorized under Section 1915(c) of the Social Security Act to support services designed to implement creative person-centered alternatives to long-term institutionalized care for individuals with I/DD. Hawai'i's state Medicaid program is administered by the Department of Human Services, Med-QUEST Division (MQD), and is jointly funded by the State of Hawai'i and federal Centers for Medicare and Medicaid Services (CMS). These services are provided through the Medicaid I/DD Waiver.

MQD works in partnership with DDD, Medicaid I/DD Waiver participants, families, and stakeholders to design a waiver that meets the needs of Hawai'i residents with I/DD and their families. Individuals who are eligible for DDD services, are Medicaid-eligible and meet the level of care criteria can apply for the Medicaid I/DD Waiver. Once approved, services and supports are identified through a person-centered planning process with case managers who coordinate and assist individuals in accessing waiver services from qualified providers or through the Consumer-Directed Option.

## An Overview of our Methods

### Summary of DDD Participant Data Used for FY 2024 Analysis

#### Data Sources

The information in this factbook is based on two sources: case management records and Medicaid encounter claims for individuals served by DDD. Case management data are entered by DDD staff into an internal IT system called INSPIRE and are used to track the needs and activities of participants. Medicaid claims data (covering medical, pharmaceutical, and inpatient services) are made available to DDD and select partners through a data-sharing agreement with Med-QUEST. A more detailed description of the technical approach used to prepare data for this Data Factbook can be found in Appendix B.

#### What the Data Include

This analysis uses information about people who were enrolled in DDD services between July 1, 2023 and June 30, 2024 (Fiscal Year 2024 [FY24]), and who remained active until the conclusion of FY24. To understand their experiences and needs, we pulled together different types of case management records related to their enrollment, services, assessments, and other key events.

In the data factbook, we focused on the following areas:

#### *Applications to DDD*

We looked at people who applied for services during this year, including whether they were new to the program or already known, and what conditions were listed in their applications.

#### *Active Participants*

We looked at individuals who had at least one case with DDD that was active during FY24 . We excluded test records and non-production data.

#### *Assessments*

We included results from two types of assessments: *the Inventory for Client and Agency Planning (ICAP) and Supports Intensity Scale (SIS)*.

For each, we looked at recent scores and changes over time, including how many assessments each person had.

#### *Diagnoses*

We reviewed each person’s list of diagnoses to understand common medical or behavioral conditions.

#### *Services Authorized*

We included details about services that were approved for each person during the fiscal year, including service types, prospective service cost, and whether they were ongoing or one-time services.

## What to Keep in Mind About the Data

### Data Change Over Time

The case management data were acquired over a period of several months, from January to May of 2025. Each analysis is a ‘snapshot’ of the data at a moment in time. This could result in small inconsistencies in the data, as case dispositions and information are updated over time.

### Open or Missing Dates Could Add Ambiguity

Case starting and ending dates are not always available; if these are missing, the participant may still be incorrectly counted as active. Because we wanted to reduce the likelihood of incorrectly excluding individuals from the analysis, our data include individuals who may have been inactive if there was no dated evidence that their case was made inactive.

### Categories Depend on Internal Labels

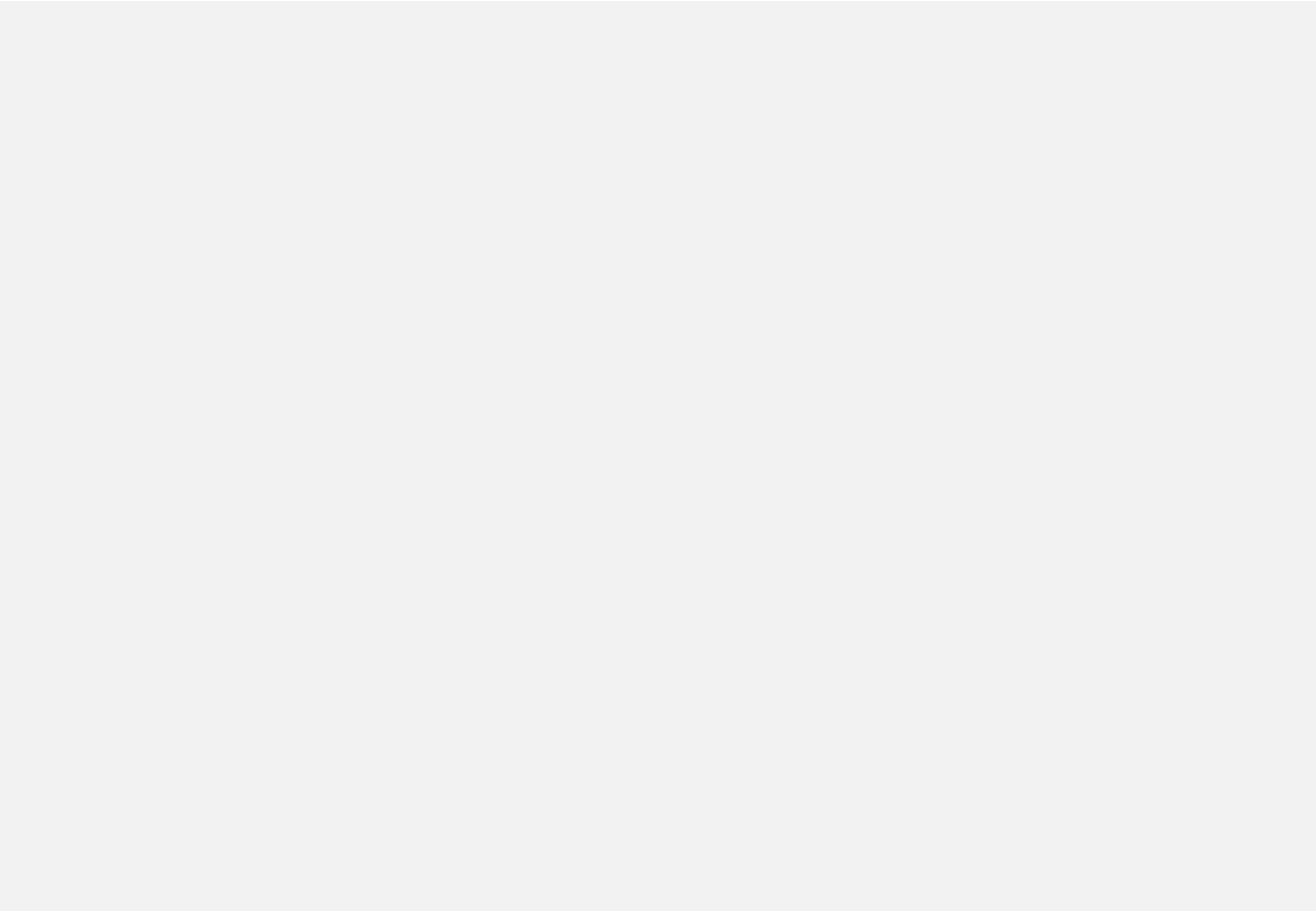
For some details (like service types or assessment responses), we rely on how values are labeled in the system. If those labels aren’t kept up to date, it might affect how data are grouped or understood. Some relevant information may be excluded if it was labeled using older rules, or not updated in accordance with current descriptions.

### Data Are Structured for Administration, Not Analysis

The case management data are primarily designed to support DDD staff in tracking and managing client cases. As a result, they may not always align neatly with analytical needs. We rely on our understanding of DDD policies and procedures to interpret the data meaningfully, but this can present challenges due to the administrative focus of the system's structure.

### Data Privacy and Security

Some personally identifiable information (PII) and protected health information (PHI) were made available to us to prepare this factbook. All data were deidentified to reduce privacy risk, and only the minimum necessary PHI was retained. These data were stored in encrypted, restricted-access environments maintained by OEAIDD. Questions about data access or use may be directed to the project's Principal Investigator John (Jack) Barile at [barile@hawaii.edu](mailto:barile@hawaii.edu).



# Part I. Who did the Developmental Disabilities Division Serve?

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# DDD Enrollment at a Glance



3332  
Active  
Participants

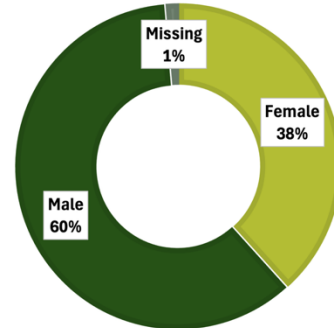


1276  
Female  
Participants



2012  
Male  
Participants

**% DDD PARTICIPANTS BY SEX AT BIRTH**



682  
0-21 YRS

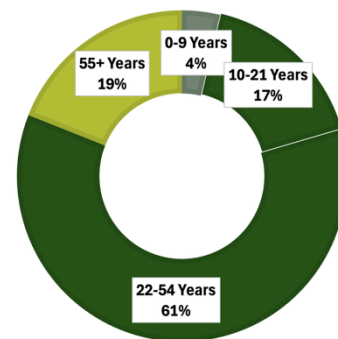


2017  
22-54 YRS



633  
55+ YRS

**% DDD PARTICIPANTS BY AGE GROUP**



**LOCATION OF DDD CASE MANAGEMENT UNITS**



**NUMBER OF DDD PARTICIPANTS BY COUNTY**

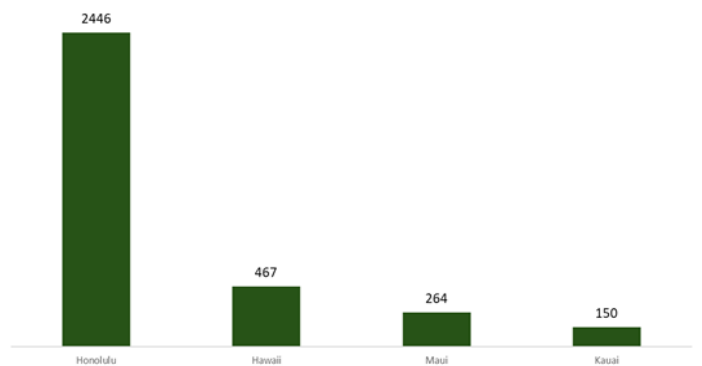


Table 1 DDD Applications FY24

Applications	Number of Applications	% (Out of Applications)
Received in FY24	201	100.00%
Enrolled in FY24	132	65.67%
Not Enrolled in FY24	69	34.33%

Table 2 DDD Participants FY24

Participants	Number of Participants	% (out of total Participants)
Active	3332	100.00%
Continuing Participant*	3174	95.26%
with New Admissions**	144	4.32%
with Repeat Admissions***	14	0.42%
Discharged in FY24****	134	

*Note.* See Methodology section for description of population scope. \*Participant was also active in FY23. \*\*These are participants who have an a) application in FY24, b) it was their first application, and c) match the active participant selection criteria. \*\*\* Case active in FY24 and date enrolled in FY24 AND customer ID exists in case which was enrolled prior to FY24. \*\*\*\* Case marked as "inactive" during FY24.

Table 3 DDD Participants: Sex at Birth FY24

Sex at Birth	Number of Participants	% (out of total Participants)
Female	1276	38.30%
Male	2012	60.38%
Not Reported	44	1.32%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 4 DDD Participants: Gender Identity FY24

Gender Identity	Number of Participants	% (out of total Participants)
Woman	1276	38.30%
Man	2016	60.50%
Not Reported	40	1.20%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 5 DDD Participants: Age Groups FY24

Age Groups	Number of Participants	% (out of total Participants)
0-9 Years	124	3.72%
10-21 Years	558	16.75%
22-54 Years	2017	60.53%
55+ Years	633	19.00%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 6 DDD Participants: Race/Ethnicity FY24

Race/Ethnicity	Number of Participants	% (out of total Participants)
Asian	1187	35.62%
Black or African-American	18	0.54%
Hispanic or Latino/a	41	1.23%
Native Hawaiian or Pacific Islander	449	13.48%
White	454	13.63%
Other Race	427	12.85%
Multiracial	399	11.97%
Not Reported	356	10.68%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 7 DDD Participants: CMU, County, and Island FY24

Case Management Unit	Number of Participants	% (out of total Participants)
City & County of Honolulu	2446	73.41%
CMU1 (Diamond Head Health Center)	368	11.04%
CMU2 (Kakuhihewa Building)	270	8.10%
CMU3 (Kakuhihewa Building)	269	8.07%
CMU4 (Windward Health Center)	303	9.09%
CMU5 (Waimano Hale Complex)	303	9.09%
CMU6 (Waimano Hale Complex)	328	9.84%
CMU7 (Waimano Hale Complex)	284	8.52%
CMU8 (Waimano Hale Complex)	321	9.63%
County of Hawaii	467	14.02%
CMU9 (Hilo)	308	9.24%
CMU10 (Kona)	105	3.15%
CMU11 (Waimea)	54	1.62%
County of Maui	264	7.92%
CMU12 (Maui)	230	6.90%
CMU13 (Molokai)	34	1.02%
CMU14 (Lanai)	0	0.00%
County of Kauai	150	4.50%
CMU15 (Kauai)	150	4.50%
No CMU Assigned	**	**
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Note. \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

Table 8 DDD Participants: Ethnicity FY24

Ethnicity	Number of Participants	% (out of total Participants)
American Indian or Alaska Native	15	0.45%
Asian	1341	40.25%
Asian Indian	**	**
Chinese	225	6.75%
Filipino	520	15.61%
Japanese	446	13.39%
Korean	60	1.80%
Vietnamese	29	0.87%
Other Asian	57	1.71%
Black or African-American	35	1.05%
Hispanic or Latina/o	67	2.01%
Cuban	0	0.00%
Mexican	13	0.39%
Puerto Rican	40	1.20%
Other Hispanic - Latino/a	14	0.42%
Native Hawaiian or Pacific Islander	490	14.71%
Guamanian or Chamorro	**	**
Micronesian	30	0.90%
Native Hawaiian	378	11.34%
Samoaan	58	1.74%
Other Pacific Islander	18	0.54%
White	561	16.84%
White or Caucasian	469	14.08%
Portuguese	92	2.76%
Other Ethnicity	372	11.16%
Not Reported	1183	35.50%

Note. Duplicated ethnicity variable, Ps can indicate more than one; \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

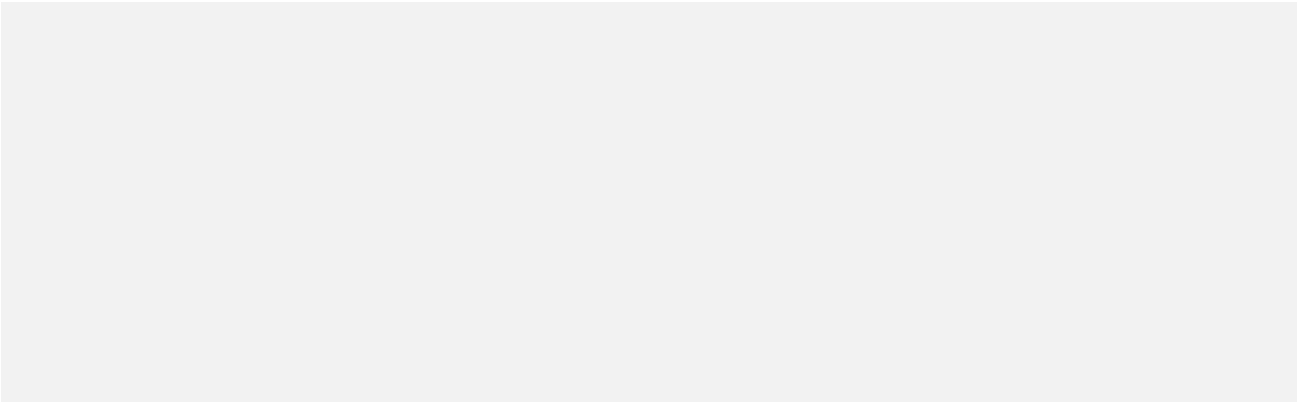


Table 9 DDD Participants Case Management Unit and Island by Age Groups FY24

Case Management Unit and Island	Number of Participants (0-9 Years)	% of Participants in County/CMU (0-9 Years)	Number of Participants (10-21 Years)	% of Participants in County/CMU (10-21 Years)	Number of Participants (22-54 Years)	% of Participants in County/CMU (22-54 Years)	Number of Participants (55+ Years)	% of Participants in County/CMU (55+ Years)	Grand Total
City & County of Honolulu	77	3.15%	398	16.27%	1436	58.71%	535	21.87%	2446
CMU1 (Diamond Head Health Center)	13	3.53%	82	22.28%	222	60.33%	51	13.86%	368
CMU2 (Kakuhihewa Building)	**	**	37	13.70%	173	64.07%	50	18.52%	270
CMU3 (Kakuhihewa Building)	**	**	37	13.75%	140	52.04%	83	30.86%	269
CMU4 (Windward Health Center)	**	**	48	15.84%	192	63.37%	53	17.49%	303
CMU5 (Waimano Hale Complex)	**	**	40	13.20%	164	54.13%	92	30.36%	303
CMU6 (Waimano Hale Complex)	**	**	51	15.55%	194	59.15%	73	22.26%	328
CMU7 (Waimano Hale Complex)	**	**	43	15.14%	162	57.04%	73	25.70%	284
CMU8 (Waimano Hale Complex)	12	3.74%	60	18.69%	189	58.88%	60	18.69%	321
County of Hawaii	20	4.28%	96	20.56%	304	65.10%	47	10.06%	467
CMU9 (Hilo)	11	3.57%	59	19.16%	201	65.26%	37	12.01%	308
CMU10 (Kona)	**	**	25	23.81%	67	63.81%	**	**	105
CMU11 (Waimea)	**	**	12	22.22%	36	66.67%	**	**	54
County of Maui	21	7.95%	41	15.53%	178	67.42%	24	9.09%	264
CMU12 (Maui)	18	7.83%	36	15.65%	157	68.26%	19	8.26%	230
CMU13 (Molokai)	**	**	**	**	21	61.76%	**	**	34
CMU14 (Lanai)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
County of Kauai	**	**	22	14.67%	98	65.33%	26	17.33%	150
CMU 15 (Kauai)	**	**	22	14.67%	98	65.33%	26	17.33%	150
No CMU assigned	**	**	**	**	**	**	**	**	5
<b>Grand Total</b>	<b>124</b>	<b>3.72%</b>	<b>558</b>	<b>16.75%</b>	<b>2017</b>	<b>60.53%</b>	<b>633</b>	<b>19.00%</b>	<b>3332</b>

Note. \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

## Part II. What Conditions were DDD Participants Diagnosed with?

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# DDD Participant Diagnosis at a Glance FY24

## DDD Participants' Prevalence of DD/ID Diagnoses (duplicated) FY24



84%

w/Intellectual Disability



36%

w/Autism



25%

w/Epilepsy



14%

w/Cerebral Palsy



6%

w/Other DD/ID

## DDD Participants' Prevalence of Most Common Mental Health Diagnoses (duplicated) FY24



10%

Anxiety, dissociative, stress-related, and other nonpsychotic mental disorders



8%

Mood (affective) disorders



7%

Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders



4%

Behavioral and emotional disorders

## DDD Participants frequently have more than one diagnoses.

DDD Participants frequently have Multiple DD/ID Diagnoses

- Among those with DD/ID diagnoses, the most common overlap is with Intellectual Disability.
- 23% of total participants have both Intellectual Disability and Autism Spectrum Disorder.
- 22% have both Intellectual Disability and Epilepsy.
- 12% have Intellectual Disability and Cerebral Palsy.

Approximately 26% of total participants have comorbid DD/ID and MH diagnoses

- 23% have both an Intellectual Disability and any MH diagnosis, with the most frequent overlap being Intellectual Disabilities and Anxiety disorders (9%).
- 10% have both Autism Spectrum Disorder and any MH diagnosis, with the most frequent overlap being Autism Spectrum Disorder and Anxiety disorders (5%).

Table 10 DDD Participants' Prevalence of Diagnoses<sup>2</sup> (duplicated) FY24

Diagnosis	ICD-10-CM Codes	Number of Participants	% of Total Participants	Average # of Dx per Participants	Range of # of Dx per Participants
All Diagnoses				5.39	1 - 74
Developmental Disability/Intellectual Disability (DD/ID)		3281	98.80%	1.87	0 - 18
Intellectual disability		2779	83.68%		
Intellectual disability (Mild)	F70	461	13.88%		
Intellectual disability (Moderate)	F71	1418	42.70%		
Intellectual disability (Severe)	F72	476	14.33%		
Intellectual disability (Profound)	F73	244	7.35%		
Unspecified/other intellectual disability	F78, F79	286	8.61%		
Autism (Pervasive developmental disorders)	F84	1196	36.01%		
Epilepsy	G40	834	25.11%		
Cerebral Palsy	G80	469	14.12%		
Other DD/ID		204	6.14%		
Mental Health		841	25.32%	0.43	0 - 9
Mental disorders due to known physiological conditions	F01-F09	90	2.71%		
Mental and behavioral disorders due to psychoactive substance use	F10-F19	11	0.33%		
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	F20-F29	231	6.96%		
Mood (affective) disorders	F30-39	278	8.37%		
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	F40-F48	341	10.27%		
Behavioral syndromes associated with physiological disturbances and physical factors	F50-F59	26	0.78%		
Disorders of adult personality and behavior	F60-F69	87	2.62%		
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (excluding ADHD & Tic)	F91-94, 96-98	125	3.76%		
Unspecified or other mental health		48	1.45%		
Other Comorbidities		2473	74.47%	3.10	0 - 65
Neurodevelopmental disorders (ADHD & Tic)	F90 & F95	324	9.76%		
Certain infectious and parasitic diseases	A00-B99	80	2.41%		
Neoplasms	C00-D49	45	1.36%		

<sup>2</sup> DDD will be proposing a new definition of DD in DD/ID to include neurodevelopmental conditions but it has not been submitted to legislature for approval yet.

Table 10 cont.

Diagnosis	ICD-10-CM Codes	Number of Participants	% of Total Participants	Average # of Dx per Participants	Range of # of Dx per Participants
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	175	5.27%		
Endocrine, nutritional and metabolic diseases	E00-E89	1015	30.56%		
Diseases of the nervous system (excluding Epilepsy and Cerebral Palsy)	G00-G99 (excluding G40s and G50s)	547	16.47%		
Diseases of the eye and adnexa or ear and mastoid process	H00-H95	549	16.53%		
Diseases of the circulatory system	I00-I99	576	17.34%		
Diseases of the respiratory system	J00-J99	472	14.21%		
Diseases of the digestive system	K00-K95	476	14.33%		
Diseases of the skin and subcutaneous tissue	L00-L99	274	8.25%		
Diseases of the musculoskeletal system and connective tissue	M00-M99	495	14.91%		
Diseases of the genitourinary system	N00-N99	256	7.71%		
Pregnancy, childbirth and the puerperium	O00-O9A	**	**		
Certain conditions originating in the perinatal period	P00-P96	93	2.80%		
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	798	24.03%		
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99 (excluding R44s & R45s)	825	24.84%		
Injury, poisoning and certain other consequences of external causes	S00-T88	91	2.74%		
Codes for special purposes and external causes of morbidity	U00-Y99	28	0.84%		
Factors influencing health status and contact with health services	Z00-Z99 (excluding Z91)	350	10.54%		

*Note.* This table presents the number and percent of people with at least one diagnosis indicated within each diagnosis category (row); The data is duplicated, meaning each participant can be represented multiple times in this table (i.e., if they have more than one diagnosis); \*\* = Suppressed per CMS Cell Size Suppression Policy; 11 participants were missing diagnosis information at the time these data were pulled and are, thus, not included in these analyses; Other DD/ID includes: Specific developmental disorders of speech and language (F80), Specific developmental disorders of scholastic skills (F81), Specific developmental disorder of motor function (F82), Unspecified/Other disorder of psychological development (F88, 89), and Traumatic brain injury (written in); Unspecified or Other Mental Health includes: Unspecified mental disorder (F99), Personal history self-harm/suicidal behavior (Z91), Symptoms and signs involving general sensations and perceptions (includes

hallucinations) (R44), and Symptoms and signs involving emotional state (includes suicidal ideation) (R45); Skewness and Kurtosis values for All Diagnoses, DD/ID, MH, and Other Comorbidities demonstrate these distributions are not normally distributed (i.e., there are outliers).

Table 11 DDD Participants' Diagnosis Classification Combinations FY24

Classification Combinations	Number of Participants	% of Participants
Combination of DD/ID and Other Com	1715	51.64%
All DD/ID	730	21.98%
Combination of DD/ID, MH, and Other Com	718	21.62%
Combination of DD/ID and MH	118	3.55%
All Other Com	35	1.05%
Combination of MH and Other Com	**	**
All MH	0	0.00%
Not Reported	11	0.33%
<b>Grand Total</b>	<b>3321</b>	<b>100.00%</b>

*Note.* This table shows the nonduplicated profiles of diagnosis combinations among DDD participants. For example, it shows that 52% of participants have a combination of DD/ID and Other Comorbidities diagnoses (no mental health diagnoses); DD/ID = developmental/intellectual disability; Other Com = other comorbidities; MH = mental health; Not Reported indicates participants with no diagnosis data attached to their case file at the time of the data pull; \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

Table 12 Overlap between DD/ID Diagnoses Groups and MH Diagnoses Groups - N (% of total Ps) FY24

Group	Diagnosis	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	DD/ID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	DD/ID - Intellectual dis.	2779 (83.7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	DD/ID - Autism	1196 (36.0)	773 (23.3)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4	DD/ID - Cerebral Palsy	469 (14.1)	401 (12.1)	46 (1.4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5	DD/ID - Epilepsy	834 (25.1)	742 (22.3)	248 (7.5)	228 (6.9)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	DD/ID - Other DDID	204 (6.1)	145 (4.4)	97 (2.9)	30 (0.9)	55 (1.7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7	MH	836 (25.2)	750 (22.6)	323 (9.7)	70 (2.1)	199 (6.0)	70 (2.1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8	MH - Physiological conditions	88 (2.6)	83 (2.5)	12 (0.4)	13 (0.4)	31 (0.9)	**	90 (2.7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	MH - Psychoact sub use	11 (0.3)	11 (0.3)	**	**	0 (0.0)	**	11 (0.3)	**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	MH - Non-mood psychotic dis.	231 (7.0)	223 (6.7)	63 (1.9)	**	47 (1.4)	**	231 (7.0)	21 (0.6)	**	N/A	N/A	N/A	N/A	N/A	N/A
11	MH - Mood	276 (8.3)	247 (7.4)	106 (3.2)	22 (0.7)	53 (1.6)	20 (0.6)	278 (8.4)	20 (0.6)	**	59 (1.8)	N/A	N/A	N/A	N/A	N/A
12	MH - Anxiety	340 (10.2)	284 (8.6)	177 (5.3)	24 (0.7)	70 (2.1)	40 (1.2)	341 (10.3)	25 (0.8)	**	50 (1.5)	86 (2.6)	N/A	N/A	N/A	N/A
13	MH - Beh synd - physio dist	26 (0.8)	17 (0.5)	15 (0.5)	**	**	**	26 (0.8)	**	**	**	**	**	N/A	N/A	N/A
14	MH - Adult pers.	87 (2.6)	80 (2.4)	41 (1.2)	**	20 (0.6)	**	87 (2.6)	**	**	30 (0.9)	28 (0.8)	24 (0.7)	**	N/A	N/A
15	MH - Beh emo, onset child	124 (3.7)	112 (3.4)	62 (1.9)	16 (0.5)	28 (0.8)	15 (0.5)	125 (3.8)	**	0 (0.0)	11 (0.3)	28 (0.8)	29 (0.9)	**	**	N/A
16	MH - Other MH	48 (1.4)	43 (1.3)	15 (0.5)	**	18 (0.5)	**	48 (1.4)	**	**	14 (0.4)	14 (0.5)	15 (0.5)	**	**	**

Note. The off-diagonal entries display the number of people who have at least one diagnosis within both of the diagnosis categories. The percentage of the total participant population that that number represents is in parentheses. For example, 836 people (25.2% of participants) have any DD/ID diagnosis and any MH diagnosis. DD/ID = developmental/intellectual disability; MH = mental health; \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

# Part III. What was the Status of Developmental Disabilities Division Participants?

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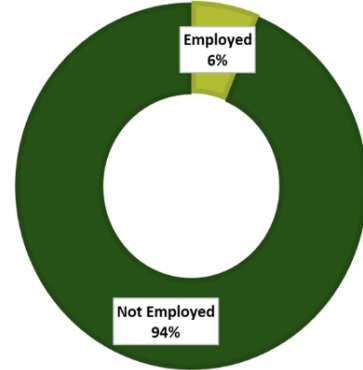
# DDD Participant Status at a Glance FY24

## NUMBER OF DDD PARTICIPANTS 16-64 BY EMPLOYMENT STATUS

170   
Employed

2,551   
Not Employed

## % OF DDD PARTICIPANTS 16-64 YRS OLD EMPLOYED



## NUMBER OF DDD PARTICIPANTS BY LIVING ARRANGEMENT

2,413   
Living with Family

754   
Licensed/Certified Setting

164   
Living Independently

## % OF DDD PARTICIPANTS BY LIVING ARRANGEMENT

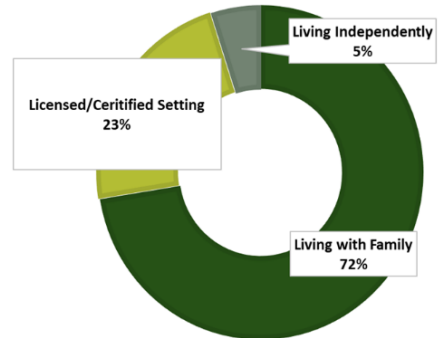


Table 13 DDD Participants FY24: Initial Supports Intensity Scale (SIS) Scores<sup>3</sup>

Initial Supports Intensity Scale (SIS)	Number of Participants	% of Total Eligible Participants	Average Score (SD)
SIS Level	2563	87.30%	3.55 (1.91)
1-Some/little support needs	291	9.91%	
2-Modest/moderate support needs	868	29.56%	
3-Little/moderate support needs; some behavioral support needs	79	2.69%	
4-Moderate/high support needs; potential behavioral challenges	719	24.49%	
5-High/maximum support needs; potential behavioral challenges	101	3.44%	
6-Significant medical support needs	235	8.00%	
7-Significant behavioral support needs	270	9.20%	
Not Reported	373	12.70%	
<b>Grand Total</b>	<b>2936</b>	<b>100.00%</b>	

Table 14 Supports Intensity Scale (SIS) Scores for DDD Participants FY24

Supports Intensity Scale (SIS) Scores	Number of Participants	% of Total Eligible Participants	Most Recent Average Score (SD)	Previous Average Score (SD)
SIS Score in FY24	451	15.36%	3.55 (1.91)	3.56 (1.9)
Subscale Score - Support Need Score	482	16.42%	30.17 (5.65)	
Subscale Score - Medical Score	482	16.42%	2.49 (3.38)	
Subscale Score - Behavior Score	482	16.42%	3.31 (3.75)	

<sup>3</sup> The SIS is the tool DDD is using to understand the kind of and the amount of supports people need, based on their individual circumstances, to be successful at home and in the community. It is an assessment tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) that measures the type and amount of support that a person with intellectual and/or developmental disabilities (I/DD) needs to be successful. The SIS is meant to be conducted every 3 years for every person 18 years and older receiving DDD services. Eligible participants are those 18 years or older (N = 2936), however, not all eligible participants are expected to have a SIS assessment each year.

Table 15 Supports Intensity Scale (SIS) Score Changes FY24

Change in SIS Score	Number of Participants	% of Total Eligible Participants
Increase from prior score	89	3.03%
Stayed the same	238	8.11%
Decrease from prior score	78	2.66%
No previous score available	46	1.57%

Table 16 DDD Participants Living Arrangements FY24

Living Arrangement	Number of Participants	% (out of total Participants)
Licensed/Certified Setting	754	22.63%
Living with Family	2413	72.42%
Living Independently	164	4.92%
Not Reported	1	0.03%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 17 DDD Participants by Age: Living Arrangement FY24

Living Arrangement	0-9 Years (N)	0-9 Years (%)	10-21 Years (N)	10-21 Years (%)	22-54 Years (N)	22-54 Years (%)	55+ Years (N)	55+ Years (%)	Grand Total
Licensed/Certified Setting	5	4.03%	15	2.69%	339	16.81%	395	62.40%	<b>754</b>
Living with Family	119	95.97%	541	96.95%	1577	78.19%	176	27.80%	<b>2413</b>
Living Independently	0	0.00%	**	**	101	5.01%	61	9.64%	<b>164</b>
Not Reported	0	0.00%	0	0.00%	0	0.00%	1	0.16%	<b>1</b>
<b>Grand Total</b>	<b>124</b>	<b>100.00%</b>	<b>558</b>	<b>100.00%</b>	<b>2017</b>	<b>100.00%</b>	<b>633</b>	<b>100.00%</b>	<b>3332</b>

Note. \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

Table 18 DDD Adult (Age 16-64) Participants: Employment Status FY24

Employment Status	Number of Participants	% (out of Ps age 16-64)
Employed	170	6.25%
Not Employed	2551	93.75%
<b>Grand Total</b>	<b>2721</b>	<b>100.00%</b>

Table 19 DDD Adult Participants Preventative Health Care FY24

Preventative Health Care	Number of Exams (duplicated)	Number of Participants	% of Eligible Participants
Physical exam	2600	1945	58.37%
Dental visit	1446	1164	34.93%
Vision test	804	633	19.00%
Mammogram	90	75	13.49%
Pap test	86	70	6.33%
Prostate exam	20	18	4.06%

Note. Eligible Participants for mammogram = women or sex unknown, 40 and older (N = 556); Eligible Participants for Pap test = women or sex unknown, 21 and older (N = 1105); Eligible Participants for prostate exam = men or sex unknown, 50 or older (N = 443).

Table 20 DDD Participants Inventory for Client and Agency Planning (ICAP) Scores FY24<sup>4</sup>

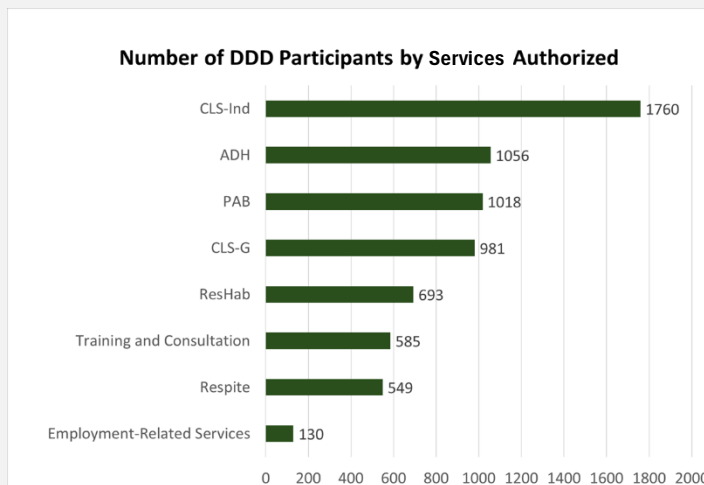
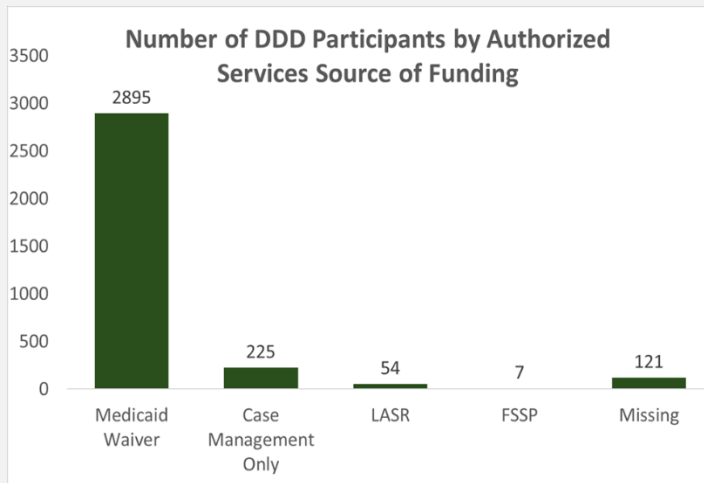
ICAP Score Type	Number of Participants	% of Total Participants	Most Recent Average Score (SD)	Previous Average Score (SD)
Service Score	2213	66.42%	43.28 (22.87)	42.63 (22.17)
Increased from prior score	678	20.35%		
Stayed the same	666	19.99%		
Decreased from prior score	829	24.88%		
Only one score available	40	1.20%		
Not Reported	1119	33.58%		
Maladaptive Behavior Score	2258	67.77%	-14.96 (14.95)	-14.61 (14.75)
Increase from prior score	611	18.34%		
Stayed the same	869	26.08%		
Decrease from prior score	736	22.09%		
Only one score available	42	1.26%		
Not Reported	1074	32.23%		

<sup>4</sup> The ICAP is a standardized assessment tool that helps to identify an individual's strengths and weaknesses in areas like self-care, communication, and behavior. The ICAP score, which ranges from 0 to 100, is used to determine the redetermination of eligibility, with higher scores indicating less need for assistance. The Maladaptive Behavior Score is a subscore of the ICAP. ICAP is meant to be assessed annually.

Part IV. What Services did the  
Developmental Disabilities  
Division Authorize?

# DDD Authorized Services at a Glance

The State of Hawai'i, Department of Health (DOH) Developmental Disabilities Division (DDD) oversees a statewide system of supports and services for eligible participants and uses Hawai'i's Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver to provide a range of services and supports in the community through state and federal funding.



ADH = Adult Day Health ; CLS-G = Community Learning Service-Group; CLS-Ind = Community Learning Service-Individual; PAB = Personal Assistance/ Habilitation; ResHab = Residential Habilitation

## DDD SERVICES QUICK FACTS

- **87%** participants' had services funded through Medicaid Waivers
- **69%** participants had services authorized
- **53%** participants were authorized Community Learning Service support
- **46%** participants were authorized Adult Day Health services

Table 21 Authorized Services FY24

DDD Authorized Services	Number of Participants	% (out of total Participants)
Any authorized services	2291	68.76%
No authorized services	1041	31.24%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Table 22 DDD Authorized Service Categories FY24

Authorized Service Categories	Number of Authorized Services	% (out of total services)	Number of Participants	% (out of total Participants with at least one authorized service)	% (out of total Participants)
Base paid services	10429	76.97%	2256	98.47%	67.71%
Add-on services	3121	23.03%	1116	48.71%	33.49%
<b>Grand Total</b>	<b>13550</b>	<b>100.00%</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

*Note.* Base paid services are the core, standard supports included in an individual's budget (e.g., adult day health, personal assistance/habilitation, community learning service-group, community learning service-individual), while add-on services are additional supports authorized individually to help meet Individualized Service Plan (ISP) goals (e.g., respite, private duty nursing, residential habilitation, training and consultation). Duplicated, meaning participants can be assigned both base paid and add-on services.

Table 23 DDD Number of Services Authorized per Participant FY24

Number of Services Authorized per Participant	Number of Participants	% (out of total Participants with at least one authorized service)
1-3	451	19.69%
4-6	1045	45.61%
7-9	539	23.53%
10+	256	11.17%
<b>Grand Total</b>	<b>2291</b>	<b>100.00%</b>

Table 24 DDD Authorized Funding Source FY24

Case Funding Source	Number of Participants	% (out of total Participants)
Case Management Only	225	6.75%
Waiver	2895	86.88%
LASR	54	1.62%
FSSP	**	**
Not Reported	121	3.63%
<b>Grand Total</b>	<b>3332</b>	<b>100.00%</b>

Note. LASR = Long-Term Adult Services and Resources; FSSP = Family Services and Supports Program. \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

Table 25 DDD Authorized Service Classifications FY24

Service Classification	Number of Services*	% (out of total services)	Number of Participants	% (out of total Participants with at least one authorized service)	% (out of total Participants)
ADH	2066	15.25%	1056	46.09%	31.69%
Chore	54	0.40%	30	1.31%	0.90%
CLS-G	1838	13.56%	981	42.82%	29.44%
CLS-Ind	3629	26.78%	1760	76.82%	52.82%
Community Navigator	0	0.00%	0	0.00%	0.00%
Employment-Related Services	251	1.85%	130	5.67%	3.90%
Non- Medical Transportation	**	**	**	**	**
Other Services	73	0.54%	42	1.83%	1.26%
PAB	2144	15.82%	1018	44.43%	30.55%
ResHab	1517	11.20%	693	30.25%	20.80%
Respite	1001	7.39%	549	23.96%	16.48%
Skilled Nursing	33	0.24%	17	0.74%	0.51%
Training and Consultation	910	6.72%	585	25.53%	17.56%
Waiver Emergency Services	33	0.24%	20	0.87%	0.60%
<b>Grand Total</b>	<b>13550</b>	<b>100.00%</b>	<b>2291</b>	<b>NA</b>	<b>NA</b>

Note. ADH = Adult Day Health; CLS-G = Community Learning Service-Group; CLS-I = Community Learning Service-Individual; PAB = Personal Assistance/ Habilitation; ResHab = Residential Habilitation \*Duplicated, meaning Ps can be authorized more than one service. Data on authorized services, not utilized services; \*\* = Suppressed per CMS Cell Size Suppression Policy. Counts between 1 and 10 and their corresponding percentages are not displayed to prevent possible re-identification.

# Appendix A: Definitions

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## Definitions<sup>5</sup>

**“Adult Day Health ” (ADH)** - Services provided in a program-based group setting to help participants become more independent. Services may include activities such as skills development, communication and interpersonal skills. Transportation to and from the ADH is included as part of ADH. ADH services and Community Learning Services (CLS) Group are a package of services that provide both program-based and community-based activities.

**“Case Management Unit”**- Within the Case Management Branch (CMB) there are multiple Case Management Units, often organized by geographic location (e.g., East Oahu, West Oahu, etc.).

**“Case Manager” (CM)** – Case Manager – change to “The case manager provides targeted case management services as defined in Hawai’i Administrative Rules (HAR) Title 17, 1738.

**“Centers for Medicare & Medicaid Services” (CMS)** – The federal entity authorized to administer and oversee Medicaid programs.

**“Chore”** - Services needed to maintain the home in a clean, sanitary and safe environment. Chore is available to participants living in their own home and are without natural (non-paid) supports or who are living with family but the members of the household are physically unable to perform the tasks.

**“Circle of Supports”** – The participant’s family, friends, and other persons identified by the participant as being important to the planning process. The Circle of Supports are defined in the Individualized Service Plan (ISP).

**“Claim”** –A legal document submitted to Medicaid or its fiscal agent for payment.

**“Community Learning Service-CLS-Group or CLS- Individual (CLS-Ind)”**- Services in the community to support the participant in improving access to the community through increasing skills, improving communication, developing and maintaining friendships, and gaining experience with the opportunities available in the community.

**“Community Navigator”**- Services emphasize, promote and coordinate the use of community resources and natural supports to address the participant’s needs in addition to paid services.

**“Developmental Disabilities”** – a severe, chronic disability of a person which, as defined by Hawai’i revised statute (HRS):

- 1) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2) is manifested before the person attains age twenty-two;

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<sup>5</sup> Source: State of Hawai’i Department of Health Developmental Disabilities Division (2021) 1915(c) Home and Community Based Services (HCBS) (2023) [Medicaid Waiver for Individuals With Intellectual and Developmental Disabilities Waiver Provider Standards Manual B](#)

- 3) is likely to continue indefinitely;
- 4) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
- 5) reflects the persons' need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine who has substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above, if the individual without services and supports, has high probability of meeting those criteria later in life.

**“Department of Health, Developmental Disabilities Division” (DOH-DDD)** – Responsible for developing, leading, administering, coordinating, monitoring, evaluating, and setting direction for a comprehensive system of supports and services for persons with developmental disabilities or intellect in compliance with HRS § 333.

**“Employment-Related Services”** -Services include Discovery & Career Planning and Individual Employment Supports. The intent of these services is to assist participants to prepare, obtain, and sustain paid employment in integrated jobs in the community at or above minimum wage.

**“Family Member”** – The biological, adoptive, step, in-law, or “hanai” father, mother, brother, sister, son or daughter, and grandfather or grandmother.

**“Family Services and Supports Program (FSSP)”** –FSSP is a State-funded program to help families support children and adults in the family home. FSSP funding is considered to be “last dollar”, which means that the services and supports that are identified by the individual are not covered through other funding sources such as the Medicaid I/DD Waiver, the individual’s medical insurance, or any other (government) funding source.

**“Individual Plan” (IP)** – A written plan that is developed by the provider within thirty (30) calendar days of the ISP and prior to implementation of services.

**“Individualized Service Plan” (ISP)** – The written plan developed through the person-centered planning process with the individual, family, friends, and other persons identified by the individual as being important to the planning process. The ISP shall be a written description of what is important to/for the person, how any issue of health or safety shall be addressed, and what needs to happen to support the person in their desired life.

**“Intellectual Disability”** – Significantly subaverage general intellectual functioning resulting in or associated with concurrent moderate, severe, or profound impairments in adaptive behavior and manifested during the developmental period in accordance with HRS § 333F-1.

**“Inventory for Client and Agency Planning (ICAP) Scores”** – A standardized assessment tool that helps to identify an individual's strengths and weaknesses in areas like self-care, communication, and behavior. The ICAP score, which ranges from 0 to 100, is used to determine the level of support an individual needs, with higher scores indicating less need for assistance; the Maladaptive Behavior Score is a subscore of the ICAP; ICAP is meant to be assessed annually.

**“Long-term Adult Services and Resources (LASR)”** – LASR is a State-funded program available for individuals 18 years and older, who are not eligible for Medicaid I/DD Waiver services but are eligible for DDD services.

**“Med-QUEST Division” (MQD)** – A DHS that is the state Medicaid agency for the State of Hawai‘i.

**“Non- Medical Transportation”** – Enables participants to gain access to waiver services that do not include transportation and other (non-waiver) community services, activities and resources, and support community living as specified in the ISP.

**“Personal Assistance/Habilitation (PAB)”** – A range of assistance or training to enable participants to acquire, retain, or improve in skills related to living in the family home or their own home. PAB services may include assistance and training with activities of daily living such as bathing or dressing, independent living skills such as laundry or cooking, communication and interpersonal skills. A different service, Community Learning Services (CLS), is used in the community.

**“Participant”** – An individual who meets the Medicaid I/DD Waiver eligibility criteria and who has been admitted into the program. A participant may also be referred to as a "recipient" of Medicaid services and has been determined eligible for DOH-DDD services.

**“Person-Centered Planning”** – The planning process, developed and lead by the participant with assistance from the circle of supports, that centers around the participant in the development of the ISP.

**“Private Duty Nursing (PDN)”** – Services determined medically necessary to support an adult (21 years of age and older) with substantial, complex, and continuous nursing and health management support needs, within the scope of the State’s Nurse Practice Act.

**“Provider”** – An agency, company, or individual that has entered into a written Provider Agreement with DHS-MQD to provide services under the Medicaid I/DD Waiver to participants as described in the Waiver Standards Manual.

**“Residential Habilitation (ResHab)”** - Provide care, supervision, and skills training to individuals with physical or intellectual developmental disabilities living in non-institutional settings, such as licensed or certified homes.

**“Respite”** – Services provided in a licensed/certified home setting and the surrounding community that support participants with the acquisition of, retention of, or improvement in skills related to living in the community.

**“Supports Intensity Scale (SIS) Score”** – The SIS is the tool DDD is using to understand the kind of supports people need, based on their individual circumstances, to be successful at home and in the community. It is an assessment tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) that measures the type and amount of support that a person with intellectual and/or developmental disabilities (I/DD) needs to be successful; the SIS is meant to be conducted every 3 years for every person 16 years and older receiving DDD services.

**“Training and Consultation (T&C)”** – “Assist participants, families, caregivers, service supervisors and direct support workers in implementing the goals, objectives, and outcomes developed in the person-centered planning process and included in the ISP. The service may include evaluation and assessment; initial and/or ongoing training and/or technical assistance to implement the goals, objectives, and outcomes; and supportive counseling to strengthen families.

**“Waiver Emergency Service – Out-of-Home-Stabilization (OHS)”**- emergency out-of-home placement of adult participants in need of intensive intervention to avoid institutionalization or more restrictive placement in order to return to the current or new living situation once stable. The is a short-term, temporary service.

**“Waiver Emergency Service—Out-of-Home Stabilization”**- Service provides emergency out-of-home placement of adult participants in need of intensive intervention to avoid institutionalization or more restrictive placement and to return to the current or a new living situation once stable. The Crisis Shelter/OHS is located at a site operated by the provider. This is a short-term, temporary service.

# Appendix B: Data Extraction Methodology

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## HIDOH- DDD Data Factbook: Data Extraction Methodology

This document outlines the structured methodologies used to extract and prepare data related to individuals engaged with the Developmental Disabilities Division (DDD) during the fiscal year spanning July 1, 2023 through June 30, 2024 (FY24 ). Each section documents the query logic and design principles used to retrieve specific types of data from the INSPIRE case management system, Medicaid claims data, and supporting relational datasets.

The extracted datasets support internal monitoring, performance evaluation, and service planning efforts by enabling analysis of participant demographics, diagnoses, service utilization, application outcomes, incident and adverse event reporting, and longitudinal assessments (ICAP and SIS).

Across all sections, a consistent population filter is applied: only individuals with qualifying DDD cases—based on case status, date activity, and division membership—are included in the scope of analysis. Common data quality steps such as deduplication, code normalization (via joins to reference tables), and strict date range enforcement ensure uniformity and integrity across data domains.

This methodology is organized into domain-specific sections, including:

- **Participant Case Information:** demographic, diagnostic, and enrollment status
- **Adverse Events:** claims-based and manually reported incidents
- **Assessment Data:** ICAP and SIS assessments and score tracking
- **Service Authorizations:** approved services, units, costs, and classification
- **Applications:** applicant diagnoses and application status
- **Diagnoses:** active medical diagnoses during the reporting period
- **New Enrollments:** first-time entries into DDD within FY24

Each section specifies its own relevant source tables, filtering criteria, key fields, and any assumptions or business rules applied during query development. The intent is to provide transparency and reproducibility for all FY24 data extracts used in operational and analytical reporting.

### Participant Case Information

This dataset was generated using structured query logic (SQL) against the Dynamics 365 (D365) customer relationship management database (INSPIRE). The purpose of the query is to retrieve demographic, diagnostic, and case management information for participants engaged with the Developmental Disabilities Division (DDD) within a specified fiscal timeframe (FY24 ). The methodology for extracting the dataset is as follows:

#### Population Scope

All data extracts that select for the population of individuals with cases active during FY24 were prepared using the following population scope:

- Division Filter: Only cases associated with the Developmental Disabilities Division are included.
- Case Status: Includes both active and specific closed case statuses, including those reflecting discharge and clinical eligibility. A list of internal status codes defines these values.
- Case Dates: Start Date must be on or before **June 30, 2024**, or NULL. End Date must be on or after **July 1, 2023**, or NULL.
- Case State: Cases must have statecode = 0, indicating they are currently active in the CRM system.
- Exclusions: Cases from the test business unit are excluded. Cases with names/titles containing DDDTEST are excluded.
- Source Tables and Joins
- The query uses multiple **Common Table Expressions (CTEs)** and joins to assemble the dataset:
- **Funding Source Mapping** Extracts distinct pairs of funding source ID and human-readable labels from Case Funding Source table.
- **Diagnosis Aggregation** Aggregates **primary diagnoses** for each participant, forming a single string of diagnoses per individual. Also counts the number of primary diagnoses per individual. Only active diagnosis records are included.
- **Gender Mapping** Transforms encoded values for **gender at birth** and **gender identity** into M, F, or U based on the last digit of stored codes. Sources data from the Account table.

Table 26 Final Data Set Fields: Participants

Field	Description
accountid	Unique identifier for the participant
age	Age of the participant
case_start_date / case_end_date	Start and end dates for the case
gender_birth / gender_identity	Derived gender values from encoded fields
primary_diagnoses	Comma-separated list of primary diagnoses
count_primary_dx	Count of primary diagnoses
race / ethnicity	Descriptive race and ethnicity fields
owning_business_unit	Name of the business unit owning the case
fundingsource	Label for the case's funding source
case_status	Human-readable status label (via stringmap)
division	Division name (via stringmap)
sislevel	SIS (Supports Intensity Scale) level, if present
employment_status	Binary indicator for current employment (1 = yes, 0 = no)
living_arrangement	Descriptive label for living arrangement (via stringmap)

## Data Quality and Constraints

- **Data Normalization:** Joins to the stringmap table ensure that internal codes (for division, statuscode, living\_arrangement) are translated into readable values.
- **Data Deduplication:** Use of DISTINCT in the funding source CTE prevents duplication due to redundant joins.
- **Business Logic Encoding:** Employment and gender are derived from encoded numeric values and normalized for clarity.
- **Business Rules and Assumptions** Funding source and diagnosis are many-to-one relationships but are simplified via aggregation. All cases are assumed to be associated with a single Case Management Unit at any point in time. Diagnoses and employment may be duplicated across case timelines, but only relevant to active or qualifying time windows.

## Assessment Data

This section describes two separate queries that track assessment outcomes for individuals with an active DDD case during the **fiscal year July 1, 2023 – June 30, 2024**. The two tracked assessments—**ICAP and SIS**—are retrieved from structured assessment data in the DDD systems and used to observe longitudinal changes in support needs. Both queries rely on the same filtered population of individuals with qualifying active cases during the reporting period.

- **Population Scope** A temporary table of cases identified as active (see *Population Scope* in the Case Information methodology) was created to filter assessments by customer ID. This ensures that only ICAP and SIS assessments from customers with qualifying cases are included in the results.
- **ICAP Assessment Query Logic** This query retrieves ICAP assessment records for all active participants, enabling both current score analysis and historical comparison via LAG logic. Key Features:
  - Filters assessment records to those explicitly marked as ICAP using `rsmhhs_primaryfield = 'ICAP'`.
  - Only includes records with completed or active status (ends in '1').
  - Assesses two scoring domains: service score and maladaptive behavior score.
  - Uses `LAG(...)` to retrieve each customer's previous score and assessment date.
  - Uses `COUNT(...) OVER (...)` to calculate total ICAP assessments per person.

Table 27 Output Fields: ICAP Assessment Data

Field	Description
rsmhhs_customerid	Person who completed the ICAP
icap_service_score	Current ICAP service score
previous_icap_service_score	Prior service score
icap_maladaptive_score	Current maladaptive score
previous_icap_maladaptive_score	Prior maladaptive score
rsmhhs_assessmentcompleteddate	Date of current ICAP
previous_icap_assessment_date	Date of prior ICAP
ICAP_assessment_record_count	Total ICAP assessments per individual

- **Date Filtering:** Only assessments with completion dates between July 1, 2023, and June 30, 2024, are included.
- **SIS Assessment Query Logic** This query retrieves SIS assessment records completed within FY24 , including longitudinal SIS levels and key survey-based support needs data. Includes the participant’s current SIS level and prior level via LAG(...). Uses COUNT(...) OVER (...) to compute total SIS assessments per person. Retrieves structured SIS response fields and free-text notes related to behavioral and medical needs.

Table 28 Output Fields: SIS Assessment Data

Field	Description
rsmhhs_customerid	Customer ID tied to SIS assessment
rsmhhs_sislevel	Current SIS level at time of assessment
previous_sis_score	SIS level from prior assessment
sis_assessmentcount	Number of SIS assessments per person
support_need_sum_abe	Support needs in behavior/engagement domains
medical_score_1a	Medical support need score
behavior_score_1b	Behavioral support need score
medical_notes / behavioral_notes	Free-text notes from SIS survey
sis_status	Status label of SIS assessment
rsmhhs_assessmentcompleteddate	Date of SIS assessment

## Service Authorizations

This section describes the methods used to extract data on **approved service authorizations** for individuals with active cases during FY24 , with relevant metadata for each service authorization. This data are drawn from the INSPIRE case management system.

- **Population Scope** A temporary table of cases identified as active (see *Population Scope* in the Case Information methodology) was created to filter assessments by customer ID. This ensures that only ICAP and SIS assessments from participants with qualifying cases are included in the results.
- **Source Tables** Information about services and service authorizations were drawn primarily from the Service Authorization table with supporting information from a catalog of services and their costs hosted in auxiliary tables This includes:
  - Service name, classification, and type
  - Units and unit cost
  - Consumer-directed status
  - Authorization dates and approval status

Table 29 Output Fields: Service Authorizations

Field	Description
rsmhhs_customerid	Person receiving the service
servicename	Primary name of service (from rsmhhs_service)
serviceclassification	Translated name via sClass
rsmhhs_isconsumerdirected	Boolean flag for consumer-directed service
rsmhhs_isonetimerecurrence	Indicates if service is one-time
service_auth_type	'Emergency' or 'Regular service' based on rsmhhs_serviceauthorizationtype
service_category	'Paid Base Service' or 'Add On Service' from rsmhhs_servicecategory
rsmhhs_authorizedunits	Number of units authorized for the service
unit_of_service	Human-readable unit of service (from sUnit)
service_rate_type	Island grouping ('Big Island', 'All other islands') from rsmhhs_serviceratetype
rsmhhs_serviceunitcost	Cost per unit of service
rsmhhs_dateapproved	Date the service was approved
rsmhhs_serviceauthorizationstartdate / enddate	Range over which the authorization applies

**Conditions / Filters:** Only includes services that are **Approved** Only includes services **active at some point in FY24**

## Applications

This query compiles diagnosis and metadata details for **DDD applications initiated between July 1, 2023, and June 30, 2024**, focusing on applications created, accepted and denied, as well as the associated diagnoses intended to qualify the applicant for DDD services.

- **Population Scope** The population of interest in this data include any applications initiated during FY24 . Applications incomplete by June 30, 2024 were included.
- The query filters for: Applications with Application Start Date between **July 1, 2023 and June 30, 2024**.
- Applications from the Developmental Disabilities Division (that is, excluding applications to other Hawaii Department of Human Services divisions)
- **Source Table** The primary table driving the query is the **application table**, which tracks formal applications for DDD services. Additional contextual information was pulled from associated account tables and diagnosis tables.
- **Joins and Data Enrichment** Several LEFT JOINS enrich each application with corresponding descriptive values:

Table 30 Output Fields: Applications Joins and Data Enrichment

Table	Join Purpose
stringmap	Translates the application status code into a readable label. Also provides labels for existing vs. new applicant.
account	Links the application to the applicant’s account/participant record.
diagnosis (1)	Links to the account’s <b>primary diagnosis</b> (via rsmhhs_dddprimarydiagnosisid).
diagnosis (2)	Pulls <b>all other diagnoses</b> associated with the applicant’s account (via dx2.rsmhhs_customerid = ac.accountid).

The dual join to the diagnosis allows comparison between the **listed primary diagnosis** and the **set of all documented diagnoses**, enabling a richer view of the applicant's diagnostic profile.

Table 31 Output Fields: Applications Outputs Fields and Aggregation

Field	Description
string_agg(dx2.rsmhhs_primaryfield, ',')	Concatenated list of all diagnoses recorded for the applicant.
rsmhhs_existingcustomer	Indicator whether the application is from an existing or new participant.
rsmhhs_applicationstatus	Application status.
rsmhhs_customerid	Unique identifier for the applicant's account.

Grouping is performed by customerId, existingcustomer, and applicationstatus, allowing aggregation of diagnoses per applicant while retaining distinct combinations of participant type and application status.

## Diagnoses

This query retrieves and ranks all **active diagnosis records** for participants with DDD program involvement in FY24 , using a combination of window functions for counting and sequencing

- **Population Scope** A temporary table of cases identified as active (see Population Scope in the Case Information methodology) was created to filter adverse events by customer ID. This ensures that **only diagnoses from participants with qualifying cases** are included in the results.
- **Source Table** A master diagnosis table was used to determine the list of medical diagnoses an individual has been assigned over their case history. All diagnoses are assigned a status of active/inactive, and only ‘active’ records were used in our analysis. Certain qualifying diagnoses are identified as ‘Primary Diagnoses.’ However, whether a diagnosis was considered primary was not used in our analysis.

Table 32 Output Fields: Diagnosis

Field	Description
rsmhhs_customerid	The person/account receiving the diagnosis.
rsmhhs_primary	Indicator if diagnosis is marked as primary.
rsmhhs_primaryfield	Diagnosis code, label, or descriptor.
count(...) over (partition by rsmhhs_customerid)	Total number of diagnoses per participant.
row_number(...)	Orders diagnosis entries per participant by <b>most recent date first</b> , allowing isolation of the latest diagnosis.

## New Enrollments

This query identifies participants who enrolled in DDD for the **first time** during FY24 (between July 1, 2023 and June 30, 2024), excluding anyone with a prior enrollment record.

- **Population Scope** A temporary table of cases identified as active (see Population Scope in the Case Information methodology) was created to filter adverse events by customer ID. Whether an individual was considered to be a new enrollee was based on a) the number of cases associated with the participant, and b) the date the first enrollment began. This ensures that **only enrollments from individuals with qualifying cases** are included in the results.
- **Main Query: Incident Table Filter** This SELECT returns fields from the D365.incident table for DDD participants **whose earliest known enrollment date is within FY24** , and who had no enrollments prior to July 1, 2023.

Table 33 Output Fields: New Enrollments Main Query Incident Table Filter

Column	Description
ic.rsmhhs_dateenrolled	Date the participant was enrolled.
ic.customerid	DDD participant ID.
ic.rsmhhs_datedisenrolled	Case closure date (if applicable).
sc.value	Human-readable string for case statuscode.
count(*) over (partition by ic.customerid)	Number of incident records per participant (helpful for checking multiple enrollments).

Table 34 Output Fields: Enrollment Filters Applied

Filter	Effect
rsmhhs_dateenrolled between '2023-07-01' and '2024-06-30'	Limits to FY24 enrollment events.
ic.rsmhhs_division = 100000001	Filters to DDD division only.
statecode = 0	Keeps only active cases.
ic.customerid NOT IN (...)	Excludes anyone who had an <b>earlier case enrolled before FY24</b> .

