

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

DATA FACTBOOK

FISCAL YEAR 2025

April 7, 2026



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 2025

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Table of Contents

Acknowledgements.....	ii
Table of Contents.....	iii
List of Tables	iv
Introduction	1
Developmental Disabilities Division (DDD).....	1
Medicaid I/DD Waiver	2
An Overview of our Methods	2
Summary of DDD Participant Data Used for FY 2025 Analysis	2
What to Keep in Mind About the Data.....	3
Data Privacy and Security.....	4
Part I. Who did the Developmental Disabilities Division Serve?	5
Part II. What Conditions were DDD Participants Diagnosed with?.....	12
Part III. What was the Status of Developmental Disabilities Division Participants?	19
Part IV. What Services did the Developmental Disabilities Division Authorize?.....	24
Appendix A: Definitions	28
Appendix B: Data Extraction Methodology	33

List of Tables

Table 1 DDD Applications FY25	7
Table 2 DDD Participants FY25.....	7
Table 3 DDD Participants: Sex at Birth FY25.....	8
Table 4 DDD Participants: Gender Identity FY25.....	8
Table 5 DDD Participants: Age Groups FY25	8
Table 6 DDD Participants: Race/Ethnicity FY25.....	9
Table 7 DDD Participants: CMU, County, and Island FY25.....	9
Table 8 DDD Participants: Ethnicity FY25	10
Table 9 DDD Participants (Ps) Case Management Unit and Island by Age Groups FY25	11
Table 10 DDD Participants' Prevalence of Diagnoses (duplicated) FY25	14
Table 11 DDD Participants' Diagnosis Classification Combinations FY25	17
Table 12 Overlap between DD/ID Diagnoses Groups and MH Diagnoses Groups - N (% of total Participants) FY25	18
Table 13 DDD Participants' FY25 Supports Intensity Scale-Adult (SIS-A) Seven Level Framework Score	21
Table 14 DDD Participants' FY25 SIS-A Support Needs Index and Subscale Scores	21
Table 15 DDD Participants Living Arrangements FY25	21
Table 16 DDD Participants by Age: Living Arrangement FY25	22
Table 17 DDD Adult (Age 16-64) Participants: Employment Status FY25	22
Table 18 DDD Adult Participants Preventative Health Care FY25.....	22
Table 19 DDD Participants Inventory for Client and Agency Planning (ICAP) Scores FY25	23
Table 20 Authorized Services FY25	26
Table 21 DDD Authorized Service Categories FY25	26
Table 22 DDD Number of Services Authorized per Participant FY25.....	26
Table 23 DDD Authorized Funding Source FY25.....	27
Table 24 DDD Authorized Service Classifications FY25.....	27
Table 25 Final Data Set Fields: Participants.....	35
Table 26 Output Fields: ICAP Assessment Data.....	37
Table 27 Output Fields: SIS Assessment Data	37
Table 28 Output Fields: Service Authorizations	38
Table 29 Output Fields: Applications Joins and Data Enrichment	39
Table 30 Output Fields: Applications Outputs Fields and Aggregation	39
Table 31 Output Fields: Diagnosis.....	40
Table 32 Output Fields: New Enrollments Main Query Incident Table Filter	41
Table 33 Output Fields: Enrollment Filters Applied.....	41

Introduction

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 2025 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)

DDD supports participants and their families to have full lives in the community. DDD works with self-advocates and other community stakeholders to improve services to support participants and their families to engage in community living¹.

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.

¹ See *About the Developmental Disabilities Division (DDD)* <https://health.hawaii.gov/ddd/about/>

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 2025 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, 2024 and June 30, 2025 (Fiscal Year 2025 [FY25]), and who were enrolled in DDD case management at any time during FY25. 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 FY25. 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 November 2025 to February 2026. 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.

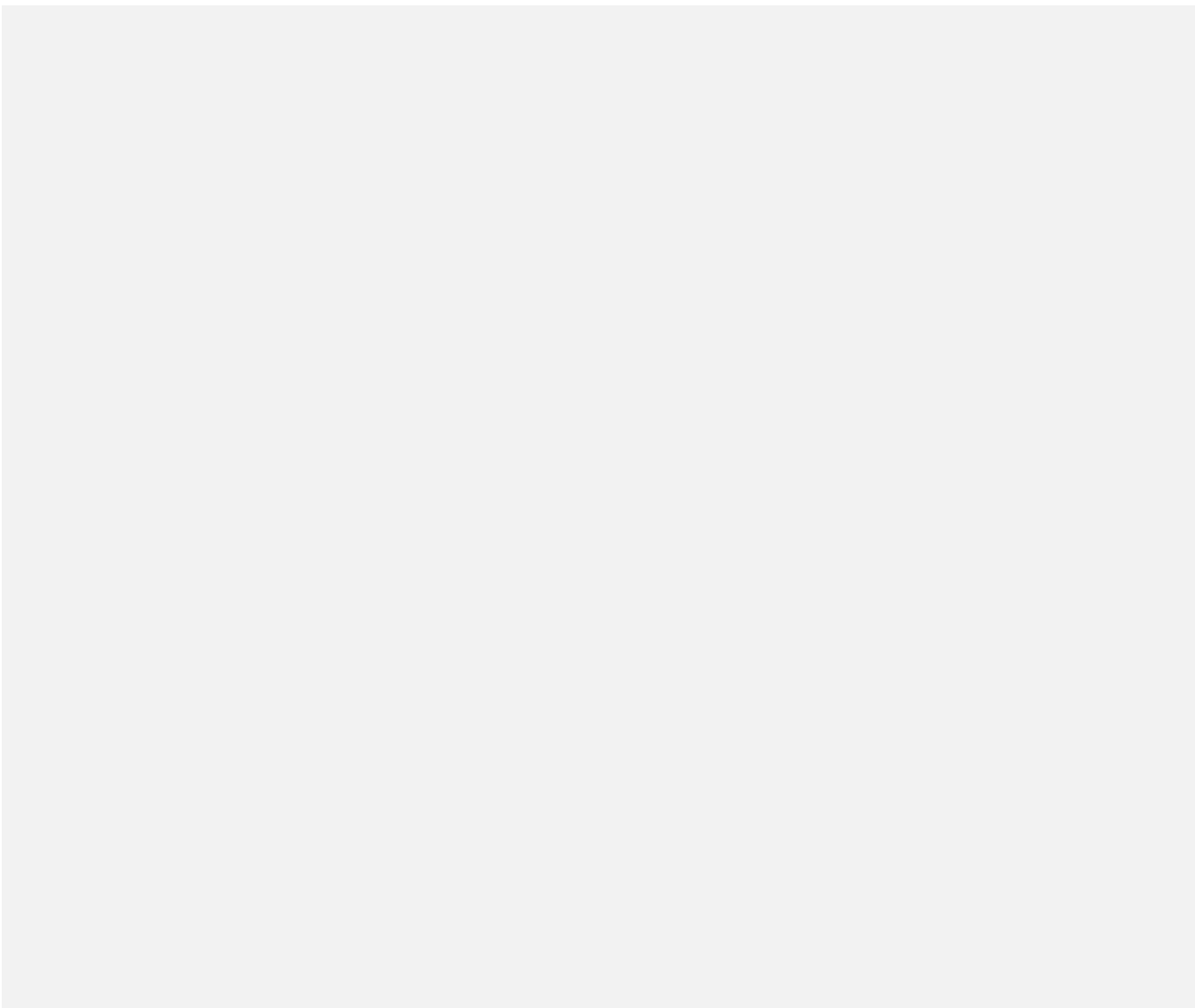
Data Are Structured for Administration, Not Analysis

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.



Part I. Who did the Developmental Disabilities Division Serve?

DDD Enrollment at a Glance



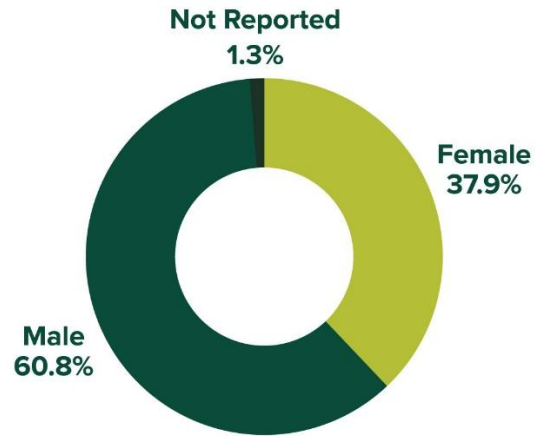
3525
Total Participants



1337
Female
Participants



2142
Male
Participants



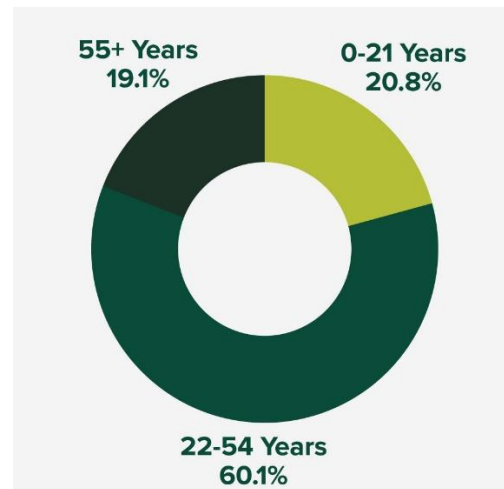
732
0-21 YRS



2120
22-54 YRS



673
55+ YRS



LOCATION OF DDD CASE MANAGEMENT UNITS



DDD PARTICIPANTS BY COUNTY

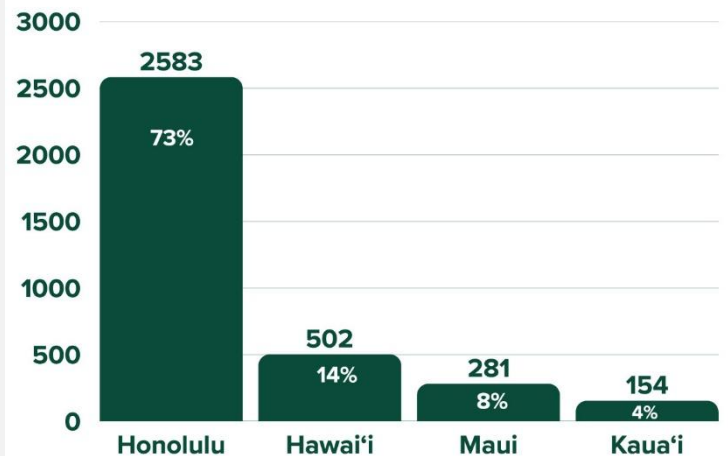


Table 1 DDD Applications FY25

Applications	Number Of Ps	% (Out of Total Applicants)
Total Number of Applicants in FY25	197	100.00%
Applicants Enrolled in FY25	125	63.45%
Enrolled Applicants New to DDD	28	14.21%
Enrolled Applicants Previously Enrolled in DDD*	97	49.24%
Applicants Not Enrolled in FY25**	72	36.55%

Note. * “Enrolled Applicants Previously Enrolled in DDD” are cases active in FY25 and date enrolled in FY25 AND customer ID exists in case which was enrolled prior to FY25. ** "Not enrolled" does not necessarily indicate ineligibility; for example, the application may not have been processed in FY25.

Table 2 DDD Participants FY25

Active Ps	Number of Ps	% (Out of Total Ps)
Remained Active throughout FY25	3323	94.27%
Discharged during FY25	149	4.23%
Deceased	44	1.25%
Customer Choice / Voluntary Discharge	30	0.85%
Ineligible for DDD Services	**	**
Moved out of State	36	1.02%
Non-participation / No Response	16	0.45%
Whereabouts Unknown	11	0.31%
Other	**	**
Missing	53	1.50%
Grand Total	3525	100.00%

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. Original names in source: Customer Choice / Voluntary Discharge = Customer chose a nursing facility or ICF/IID or Customer requested termination from DDD; Ineligible for DDD Services = Does not meet HAR DD eligibility criteria, No eligible condition, or No longer meets level of care (LOC); Non-Participation / No response = Did not sign or consent to action plans or No response.

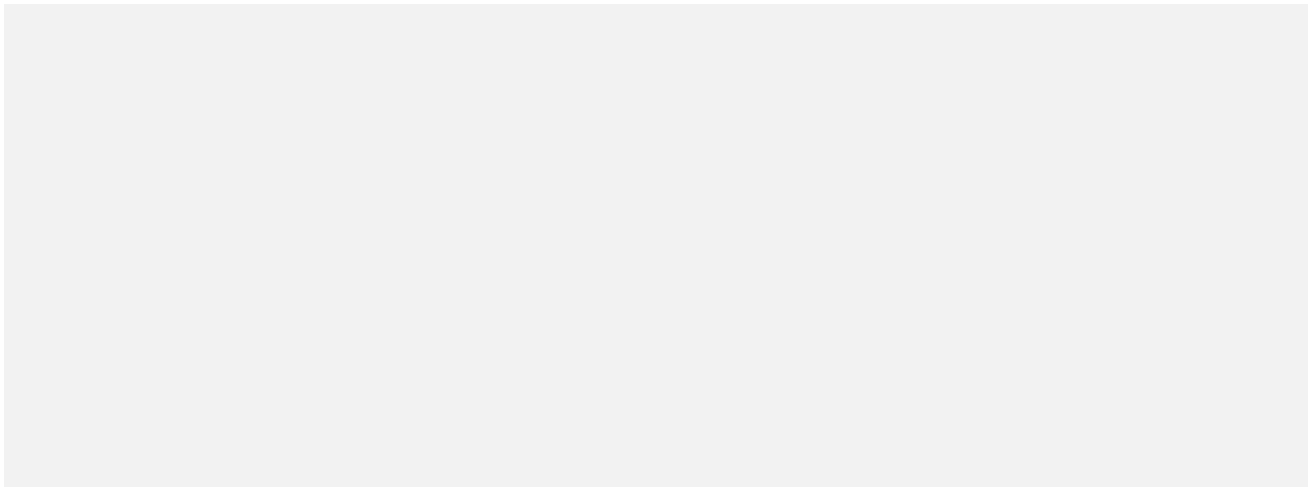


Table 3 DDD Participants: Sex at Birth FY25

Sex at Birth	Number of Ps	% (Out of Total Ps)
Female	1337	37.93%
Male	2142	60.77%
Not Reported	46	1.30%
Grand Total	3525	100.00%

Table 4 DDD Participants: Gender Identity FY25

Gender Identity	Number of Ps	% (Out of Total Ps)
Woman	1337	37.93%
Man	2148	60.94%
Other Gender Identity	19	0.54%
Not Reported	21	0.60%
Grand Total	3525	100.00%

Table 5 DDD Participants: Age Groups FY25

Age Groups	Number of Ps	% (Out of Total Ps)
0-9 Years	149	4.23%
10-21 Years	583	16.54%
22-54 Years	2120	60.14%
55+ Years	673	19.09%
Grand Total	3525	100.00%

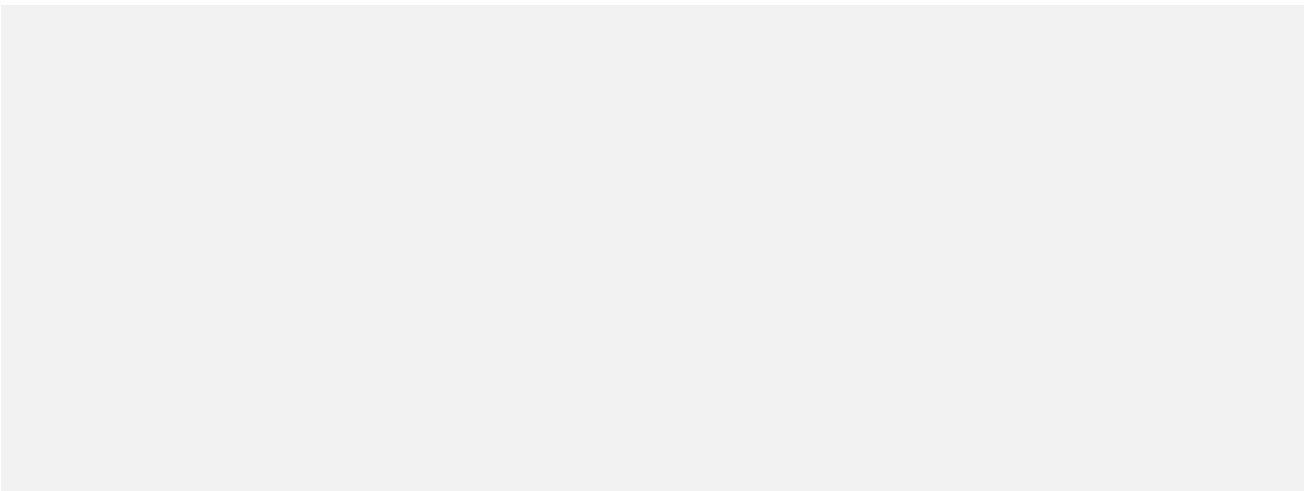


Table 6 DDD Participants: Race/Ethnicity FY25

Race/Ethnicity	Number of Ps	% (Out of Total Ps)
American Indian or Alaska Native	**	**
Asian	1244	35.29%
Black or African American	20	0.57%
Hispanic or Latina/o	44	1.25%
Native Hawaiian or Other Pacific Islander	478	13.56%
White	490	13.90%
Other Race	450	12.77%
Multiracial	432	12.26%
Not Reported	366	10.38%
Grand Total	3525	100.00%

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 7 DDD Participants: CMU, County, and Island FY25

Case Management Unit	Number of Ps	% (Out of Total Ps)
City & County of Honolulu	2583	73.28%
CMU1 (Diamond Head Health Center)	390	11.06%
CMU2 (Kakuhihewa Building)	281	7.97%
CMU3 (Kakuhihewa Building)	285	8.09%
CMU4 (Windward Health Center)	321	9.11%
CMU5 (Waimano Hale Complex)	325	9.22%
CMU6 (Waimano Hale Complex)	344	9.76%
CMU7 (Waimano Hale Complex)	296	8.40%
CMU8 (Waimano Hale Complex)	341	9.67%
County of Hawaii	502	14.24%
CMU9 (Hilo)	336	9.53%
CMU10 (Kona)	106	3.01%
CMU11 (Waimea)	60	1.70%
County of Maui	281	7.97%
CMU12 (Maui)	247	7.01%
CMU13 (Molokai)	32	0.91%
CMU14 (Lanai)	**	**
County of Kauai	154	4.37%
CMU15 (Kauai)	154	4.37%
No CMU Assigned	**	**
Grand Total	3525	100.00%

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 FY25

Ethnicity (duplicated)	Number of Ps	% (Out of Total Ps)
American Indian and Alaska Native	17	0.48%
Asian	1439	40.82%
Asian Indian	**	**
Burmese	**	**
Cambodian	**	**
Chinese	242	6.87%
Filipino	559	15.86%
Japanese	466	13.22%
Korean	67	1.90%
Laotian	**	**
Thai	**	**
Vietnamese	29	0.82%
Other Asian	59	1.67%
Black or African-American	40	1.13%
Hispanic or Latina/o	76	2.16%
Mexican	15	0.43%
Puerto Rican	47	1.33%
Other Hispanic - Latina/o	14	0.40%
Native Hawaiian or Pacific Islander	559	15.86%
Fijian	**	**
Guamanian or Chamorro	**	**
Marquesa/Marshall/Gilbert/Pnesian/PI	22	0.62%
Micronesian	31	0.88%
Native Hawaiian	404	11.46%
Samoan	63	1.79%
Tahitian	**	**
Tongan	**	**
Other Pacific Islander	19	0.54%
White	612	17.36%
Greek/Mediterranean	**	**
Portuguese	107	3.04%
White or Caucasian	504	14.30%
Other Ethnicity	341	9.67%
Arab, North African, Iran	**	**
Jamaican	**	**
Other	339	9.62%
Not Reported	1318	37.39%

Note. Duplicated ethnicity variable, participants 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 (Ps) Case Management Unit and Island by Age Groups FY25

Case Management Unit and Island	N Ps (0-9 Years)	% of Ps (0-9 Years)	N Ps (10-21 Years)	% of Ps (10-21 Years)	N Ps (22-54 Years)	% of Ps (22-54 Years)	Number Ps (55+ Years)	% of Ps (55+ Years)	Total Ps	% Total of Ps
City & County of Honolulu	91	2.58%	421	11.94%	1502	42.61%	569	16.14%	2583	73.28%
CMU1 (Diamond Head Health Center)	16	0.45%	84	2.38%	238	6.75%	52	1.48%	390	11.06%
CMU2 (Kakuhihewa Building)	14	0.40%	44	1.25%	173	4.91%	50	1.42%	281	7.97%
CMU3 (Kakuhihewa Building)	11	0.31%	38	1.08%	148	4.20%	88	2.50%	285	8.09%
CMU4 (Windward Health Center)	12	0.34%	49	1.39%	205	5.82%	55	1.56%	321	9.11%
CMU5 (Waimano Hale Complex)	**	**	45	1.28%	173	4.91%	100	2.84%	325	9.22%
CMU6 (Waimano Hale Complex)	**	0.28%	51	1.45%	206	5.84%	77	2.18%	344	9.76%
CMU7 (Waimano Hale Complex)	**	**	44	1.25%	162	4.60%	82	2.33%	296	8.40%
CMU8 (Waimano Hale Complex)	13	0.37%	66	1.87%	197	5.59%	65	1.84%	341	9.67%
County of Hawaii	28	0.79%	98	2.78%	323	9.16%	53	1.50%	502	14.24%
CMU9 (Hilo)	17	0.48%	64	1.82%	214	6.07%	41	1.16%	336	9.53%
CMU10 (Kona)	**	**	21	0.60%	72	2.04%	**	**	106	3.01%
CMU11 (Waimea)	**	**	13	0.37%	37	1.05%	**	**	60	1.70%
County of Maui	20	0.57%	42	1.19%	193	5.48%	26	0.74%	281	7.97%
CMU12 (Maui)	17	0.48%	38	1.08%	171	4.85%	21	0.60%	247	7.01%
CMU13 (Molokai)	**	**	**	**	20	0.57%	**	**	32	0.91%
CMU14 (Lanai)	0	0.00%	0	0.00%	**	**	0	0.00%	**	**
County of Kauai	**	**	22	0.62%	99	2.81%	25	0.71%	154	4.37%
CMU 15 (Kauai)	**	**	22	0.62%	99	2.81%	25	0.71%	154	4.37%
No CMU assigned	**	**	0	0.00%	**	**	0	0.00%	**	**
Grand Total	149	4.23%	583	16.54%	2120	60.14%	673	19.09%	3525	100.00%

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?

DDD Participant Diagnosis at a Glance FY25

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



83%

w/Intellectual Disability



38%

w/Autism



25%

w/Epilepsy



14%

w/Cerebral Palsy



8%

w/Other DD/ID

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



11%

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 diagnosis.

DDD participants frequently have multiple DD/ID diagnoses

- Among those with DD/ID diagnoses, the most common overlap is with Intellectual Disability.
- 24% 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 (6%).

Table 10 DDD Participants' Prevalence of Diagnoses² (duplicated) FY25

Diagnosis (Dx) (Duplicated)	ICD-10-CM Codes	Number of Ps	% of Total Ps	Average # of Dx per Ps	Range of # of Dx per Ps
All Diagnoses				5.85	1 - 78
Developmental Disability/Intellectual Disability (DD/ID)		3480	99.00%	1.98	0 - 18
Intellectual Disability	-	2918	83.02%		
Intellectual Disability (Mild)	F70	484	13.77%		
Intellectual Disability (Moderate)	F71	1507	42.87%		
Intellectual Disability (Severe)	F72	503	14.31%		
Intellectual Disability (Profound)	F73	258	7.34%		
Unspecified/Other Intellectual Disability	F78, F79	324	9.22%		
Autism (Pervasive Developmental Disorders)	F84	1324	37.67%		
Epilepsy	G40	896	25.49%		
Cerebral Palsy	G80	510	14.51%		
Other DD/ID	-	266	7.57%		
Mental Health		921	26.20%	0.46	0 - 13
Mental Disorders Due to Known Physiological Conditions	F01-F09	103	2.93%		
Mental and Behavioral Disorders Due to Psychoactive Substance Use	F10-F19	13	0.37%		
Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders	F20-F29	254	7.23%		
Mood (Affective) Disorders	F30-39	300	8.53%		
Anxiety, Dissociative, Stress-Related, Somatoform and Other Nonpsychotic Mental Disorders	F40-F48	387	11.01%		
Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors	F50-F59	30	0.85%		
Disorders of Adult Personality and Behavior	F60-F69	100	2.84%		
Behavioral and Emotional Disorders with Onset Usually Occurring In Childhood and Adolescence (Excluding ADHD & Tic)	F91-94, 96-98	147	4.18%		
Unspecified or Other Mental Health	-	59	1.68%		

² 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 (Dx) (Duplicated)	ICD-10-CM Codes	Number of Ps	% of Total Participants Ps	Average # of Dx per Ps	Range of # of Dx per Ps
Other Comorbidities		2674	76.07%	3.55	0 - 69
Neurodevelopmental Disorders (ADHD & Tic)	F90 & F95	362	10.30%		
Certain Infectious and Parasitic Diseases	A00-B99	91	2.59%		
Neoplasms	C00-D49	44	1.25%		
Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism	D50-D89	202	5.75%		
Endocrine, Nutritional and Metabolic Diseases	E00-E89	1139	32.40%		
Diseases of the Nervous System (Excluding Epilepsy and Cerebral Palsy)	G00-G99 (excluding G40s and G50s)	606	17.24%		
Diseases of the Eye and Adnexa or Ear and Mastoid Process	H00-H95	597	16.98%		
Diseases of the Circulatory System	I00-I99	638	18.15%		
Diseases of the Respiratory System	J00-J99	524	14.91%		
Diseases of the Digestive System	K00-K95	526	14.96%		
Diseases of the Skin and Subcutaneous Tissue	L00-L99	299	8.51%		
Diseases of the Musculoskeletal System and Connective Tissue	M00-M99	553	15.73%		
Diseases of the Genitourinary System	N00-N99	287	8.17%		

Table 10 cont.

Diagnosis (Dx) (Duplicated)	ICD-10-CM Codes	Number Ps	% of Total Ps	Average # of Dx per Ps	Range of # of Dx per Ps
Pregnancy, Childbirth and the Puerperium	O00-O9A	**	**		
Certain Conditions Originating in the Perinatal Period	P00-P96	107	3.04%		
Congenital Malformations, Deformations and Chromosomal Abnormalities	Q00-Q99	869	24.72%		
Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	R00-R99 (excluding R44s & R45s)	930	26.46%		
Injury, Poisoning and Certain Other Consequences of External Causes	S00-T88	101	2.87%		
Codes For Special Purposes and External Causes of Morbidity	U00-Y99	29	0.83%		
Factors Influencing Health Status and Contact with Health Services	Z00-Z99 (excluding Z91)	409	11.64%		

Note. This table presents the number and percent of people with at least one diagnosis (Dx) 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; 45 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 FY25

Classification Combinations	Number of Ps	% of Ps
Combination of DD/ID and Other Com	1850	52.48%
Combination of DD/ID, MH, and Other Com	790	22.41%
All DD/ID	710	20.14%
Combination of DD/ID and MH	124	3.52%
All Other Com	26	0.74%
Combination of MH and Other Com	**	**
All MH	**	**
Not Reported	18	0.51%
Grand Total	3525	100.00%

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 Participants) FY25

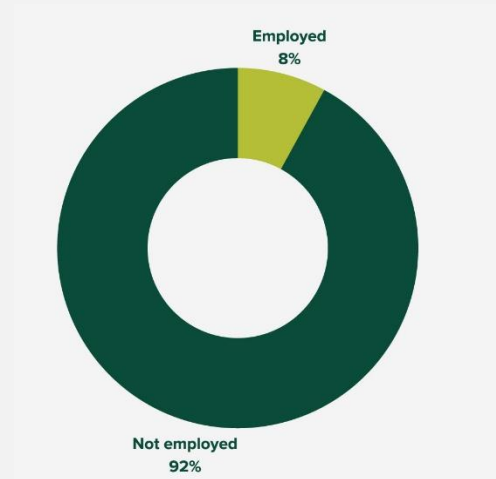
Diagnosis	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. DD/ID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. DD/ID - Intellectual dis.	2918 (83.0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. DD/ID - Autism	1324 (37.7)	853 (24.3)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. DD/ID - Cerebral Palsy	510 (14.5)	433 (12.3)	51 (1.5)	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	896 (25.5)	791 (22.5)	266 (7.6)	256 (7.3)	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	266 (7.6)	179 (5.1)	131 (3.7)	46 (1.3)	72 (2.0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. MH	914 (26.0)	812 (23.1)	378 (10.8)	80 (2.3)	218 (6.2)	86 (2.4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8. MH - Physiological conditions	101 (2.9)	92 (2.6)	19 (0.5)	13 (0.4)	36 (1.0)	8 (0.2)	103 (2.9)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9. MH - Psychoact sub use	12 (0.3)	12 (0.3)	**	**	**	**	**	**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10. MH - Non-mood psychotic dis.	254 (7.2)	240 (6.8)	78 (2.2)	13 (0.4)	48 (1.4)	13 (0.4)	254 (7.2)	23 (0.7)	**	N/A	N/A	N/A	N/A	N/A	N/A
11. MH - Mood	297 (8.4)	262 (7.5)	121 (3.4)	25 (0.7)	58 (1.7)	22 (0.6)	300 (8.5)	25 (0.7)	**	**	N/A	N/A	N/A	N/A	N/A
12. MH - Anxiety	385 (11.0)	321 (9.1)	206 (5.9)	30 (0.9)	83 (2.4)	47 (1.3)	387 (11.0)	32 (0.9)	**	60 (1.7)	104 (3.0)	N/A	N/A	N/A	N/A
13. MH - Beh synd - physio dist	30 (0.9)	21 (0.6)	18 (0.5)	**	**	10 (0.3)	30 (0.9)	**	**	**	**	**	**	N/A	N/A
14. MH - Adult pers.	100 (2.8)	91 (2.6)	47 (1.3)	**	26 (0.7)	**	100 (2.8)	**	**	36 (1.0)	30 (0.9)	29 (0.8)	**	N/A	N/A
15. MH - Beh emo, onset child	146 (4.2)	131 (3.7)	76 (2.2)	17 (0.5)	35 (1.0)	19 (0.5)	147 (4.2)	**	**	14 (0.4)	32 (0.9)	38 (1.1)	**	14 (0.4)	N/A
16. MH - Other MH	59 (1.7)	50 (1.4)	21 (0.6)	**	20 (0.6)	**	59 (1.7)	**	**	16 (0.5)	16 (0.5)	21 (0.6)	**	**	**

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, 914 people (26% 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?

DDD Participant Status at a Glance FY25

DDD PARTICIPANTS EMPLOYED AGES 16-64



DDD PARTICIPANTS LIVING ARRANGEMENTS

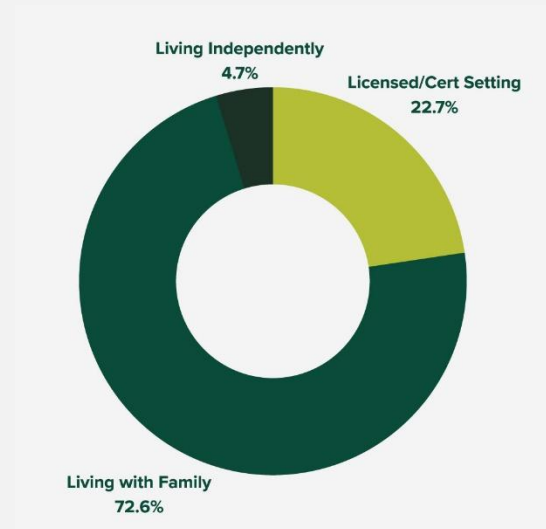
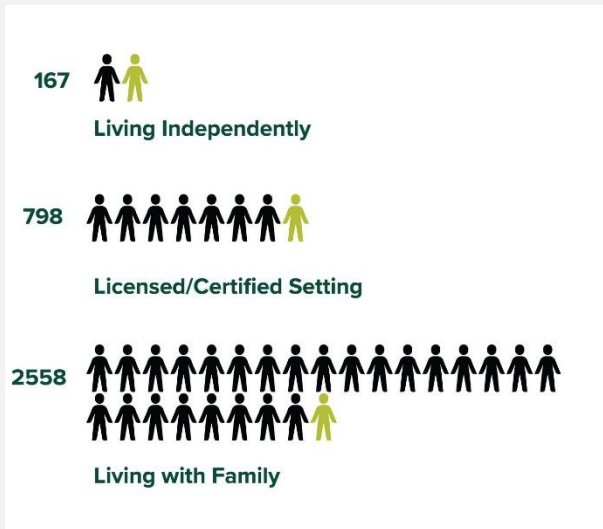


Table 13 DDD Participants' FY25 Supports Intensity Scale-Adult (SIS-A) Seven Level Framework Score

Most Recent Supports Intensity Scale-Adult (SIS-A) Framework Score	Number of Ps	% of Total Eligible Ps
Participants w/ Reported SIS Framework Score	2643	85.98%
1-Low General Support Need, No Medical or Behavioral Needs	301	9.79%
2-Moderate General Support Need, No Extraordinary Medical or Behavioral Needs	886	28.82%
3-Low to Moderate General Support Need with Moderate Behavioral Needs	84	2.73%
4-High Support Need, No Extraordinary Medical or Behavioral Needs	733	23.85%
5-Very High General Support Need, No Extraordinary Medical or Behavioral Needs	114	3.71%
6-Extraordinary Medical Support Need	245	7.97%
7-Extraordinary Behavioral Need	280	9.11%
Not Reported	431	14.02%
Grand Total	3074	100.00%

Note. Eligible participants are those 18 years or older (N = 3074). However, not all eligible participants are expected to have a SIS-A assessment each year. DDD uses the scores from the SIS-A to do 2 things: create the 7-level framework through which budget allocation is determined and to inform the support needs framework report used to guide service planning.

Table 14 DDD Participants' FY25 SIS-A Support Needs Index and Subscale Scores

Supports Intensity Scale-Adult (SIS-A) Scores (N= 2644)	Most Recent Average Score (SD)	Range
Support Needs Index	29.85 (5.71)	10-46
Behavior Needs Subscale Score	3.43 (3.69)	0-22
Medical Needs Subscale Score	2.21 (3.08)	0-24

Note. Numbers reflect that out of 2643 total "Reported" SIS-A levels participants, there were 2 participants with no subscale score records and out of 2644 total "Reported" Subscale score participants, there were 3 with no reports of SIS-A Seven Level Framework scores.

Table 15 DDD Participants Living Arrangements FY25

Living Arrangement	Number of Ps	% (out of total Ps)
Licensed/Certified Setting	798	22.64%
Living with Family	2558	72.57%
Living Independently	167	4.74%
Not Reported	**	**
Grand Total	3525	100.00%

Table 16 DDD Participants by Age: Living Arrangement FY25

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	**	**	13	0.37%	358	10.16%	423	12.00%	798
Living with Family	145	4.11%	569	16.14%	1653	46.89%	191	5.42%	2558
Living Independently	0	0.00%	**	**	108	3.06%	58	1.65%	167
Not Reported	0	0.00%	0	0.00%	**	**	**	**	**
Grand Total	149	4.23%	583	16.54%	2120	60.14%	673	19.09%	3525

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 17 DDD Adult (Age 16-64) Participants: Employment Status FY25

Employment Status	Number of Ps	% (out of Ps age 16-64)
Employed	223	7.85%
Not Employed	2577	90.74%
Not Reported	40	1.41%
Grand Total	2840	100.00%

Table 18 DDD Adult Participants Preventative Health Care FY25

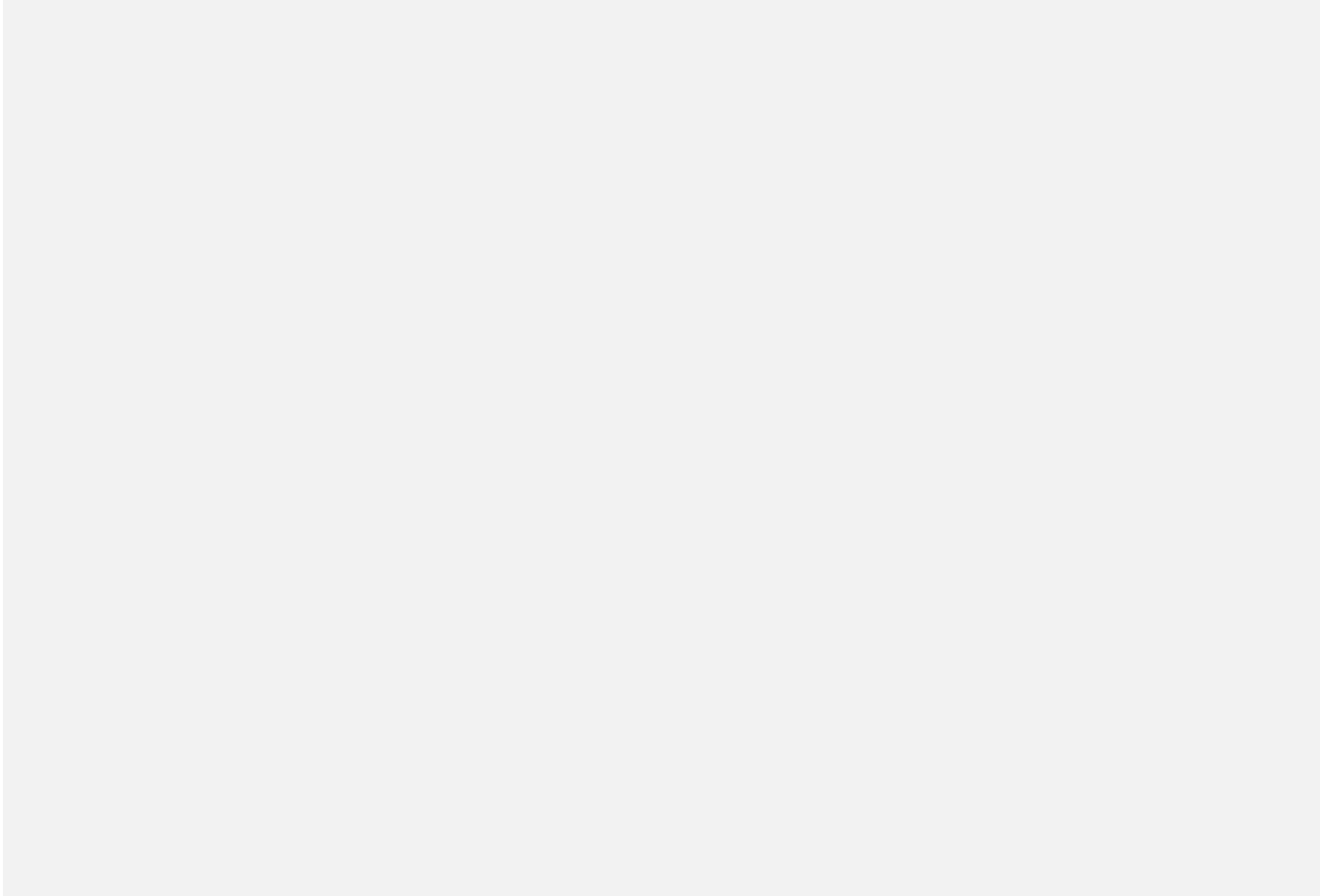
Preventative Health Care	Number of Exams (duplicated)	Number of Ps	% of Eligible Ps
Physical exam	2684	1980	56.17%
Dental visit	1570	1249	35.43%
Vision test	836	689	19.55%
Mammogram	124	99	17.16%
Pap test	85	62	5.35%
Prostate exam	16	12	2.56%

Note. Eligible Participants for mammogram = women or sex unknown, 40 and older (N = 577); Eligible Participants for Pap test = women or sex unknown, 21 and older (N = 1158); Eligible Participants for prostate exam = men or sex unknown, 50 or older (N = 469).

Table 19 DDD Participants Inventory for Client and Agency Planning (ICAP) Scores FY25³

Most Recent Inventory for Client and Agency Planning (ICAP) Scores	Number of Ps	% of Total Ps	Most Recent Average Score (SD)	Range
Service Score	3354	95.15%	42.94 (22.61)	-31 to 96
Maladaptive Behavior Score	3354	95.15%	-14.96 (14.95)	-74 to 78

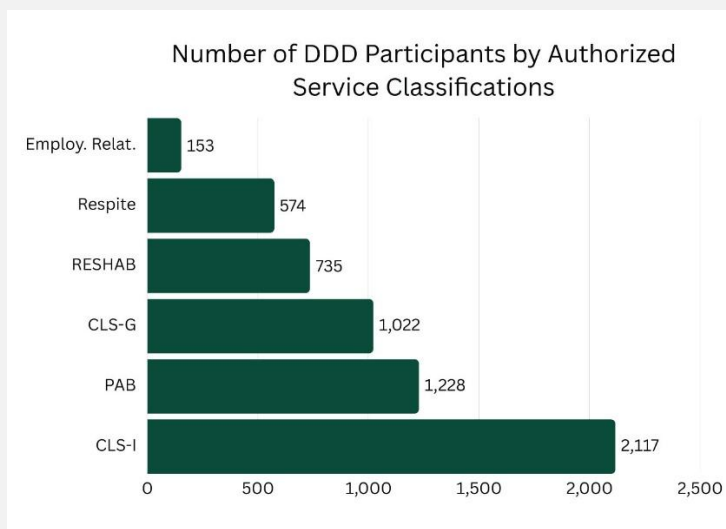
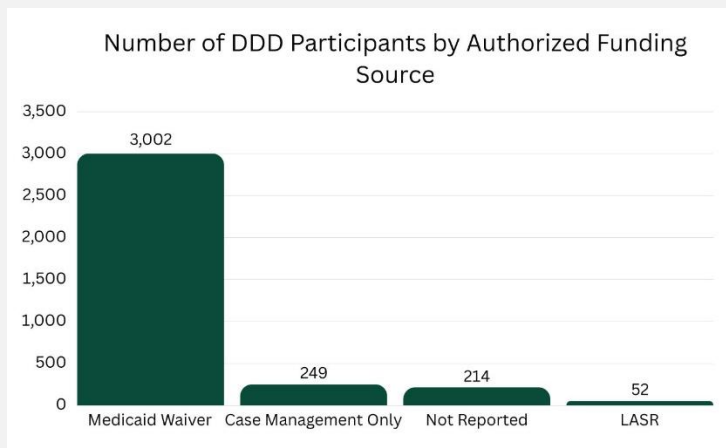
Note. The ICAP is a standardized assessment tool that helps to identify an individual's strengths and weaknesses in areas like self-care, communication, and behavior. The ICAP score, which ranges from 0 to 100, is used to guide service planning during the participant's Individual Service Planning process, and in annual re-eligibility determinations for the Hawaii Medicaid 1915(c) HCBS Waiver. 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 Participant Services at a Glance FY25

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 an individual's home community through state and federal funding.



DDD SERVICES QUICK FACTS

- 79% of participants had at least one authorized service
- 85% of participants had services funded through Medicaid Waivers
- 60% of participants were authorized Community Learning Service (Individual) support
- 29% of participants were authorized Community Learning Service (Group) support
- 30% of participants were authorized Adult Day Health Services

Table 20 Authorized Services FY25

DDD Authorized Services	Number of Ps	% (Out of Total Ps)
Any Authorized Services	2792	79.21%
No Authorized Services	733	20.79%
Grand Total	3525	100.00%

Table 21 DDD Authorized Service Categories FY25

Authorized Service Categories	Number of Authorized Services	% (out of total services)	Number of Ps	% (out of total Ps with at least one authorized service)	% (Out of Total Ps)
Base Paid Services	6716	80.23%	2728	97.71%	77.39%
Add-On Services	1655	19.77%	1100	39.40%	31.21%
Grand Total	8371	100.00%	NA	NA	NA

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 22 DDD Number of Services Authorized per Participant FY25

Number of Services Authorized per Participant	Number of Ps	% (out of total Ps with at least one authorized service)
1-3	1959	70.16%
4-6	734	26.29%
7-9	84	3.01%
10+	15	0.54%
Grand Total	2792	100.00%

Table 23 DDD Authorized Funding Source FY25

Case Funding Source	Number of Ps	% (Out of Total Ps)
Case Management Only	249	7.06%
Medicaid Waiver	3002	85.16%
LASR	52	1.48%
FSSP	**	**
Not Reported	214	6.07%
Grand Total	3525	100.00%

Note. LASR = Long-Term Adult Services and Resources, contracted service for long term adult supports 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 24 DDD Authorized Service Classifications FY25

Service Classification	Number of Services*	% (out of total services)	Number of Ps	% (out of total Ps with at least one authorized service)	% (Out of Total Ps)
ADH	1211	14.47%	1068	38.25%	30.30%
Chore	41	0.49%	36	1.29%	1.02%
CLS-G	1172	14.00%	1022	36.60%	28.99%
CLS-I	2469	29.49%	2117	75.82%	60.06%
Community Navigator	**	**	**	**	**
Employment-Related Services	208	2.48%	153	5.48%	4.34%
Non- Medical Transportation	0.00	0.00%	0.00	0.00%	0.00%
Other Services	44	0.53%	40	1.43%	1.13%
PAB	1426	17.04%	1228	43.98%	34.84%
ResHab	887	10.60%	735	26.33%	20.85%
Respite	634	7.57%	574	20.56%	16.28%
Skilled Nursing	26	0.31%	19	0.68%	0.54%
Training and Consultation	234	2.80%	182	6.52%	5.16%
Waiver Emergency Services	14	0.17%	12	0.43%	0.34%
Not Reported	**	**	**	**	**
Grand Total	8371	100.00%	NA	NA	NA

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 Participants 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

Definitions⁴

“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;

⁴ 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-Adult Version (SIS-A)[®] Score (Second Edition)” – The SIS-A 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

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, 2024 through June 30, 2025 (FY25). 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 FY25

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 FY25 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 (FY25). 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 FY25 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, 2025**, or NULL. End Date must be on or after **July 1, 2024**, 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 25 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, 2024 – June 30, 2025**. 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 26 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, 2024, and June 30, 2025, are included.
- **SIS Assessment Query Logic** This query retrieves SIS assessment records completed within FY25, 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 27 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 FY25 , with relevant metadata for each service authorization. These 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 28 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 FY25**

Applications

This query compiles diagnosis and metadata details for **DDD applications initiated between July 1, 2024, and June 30, 2025**, 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 FY25. Applications incomplete by June 30, 2024 were included.
- The query filters for: Applications with Application Start Date between **July 1, 2024 and June 30, 2025**.
- 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 29 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 primary diagnosis (via rsmhhs_dddprimarydiagnosisid).
diagnosis (2)	Pulls all other diagnoses 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 30 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 FY25 , 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 31 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 most recent date first , allowing isolation of the latest diagnosis.

New Enrollments

This query identifies participants who enrolled in DDD for the first time during FY25 (between July 1, 2024 and June 30, 2025), excluding anyone with a prior enrollment record. Individuals enrolled for the first time during FY25 were identified through enrollment dates and applications submitted to DDD.

- **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 FY25** , and who had no enrollments prior to July 1, 2024.

Table 32 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 33 Output Fields: Enrollment Filters Applied

Filter	Effect
rsmhhs_dateenrolled between '2024-07-01' and '2025-06-30'	Limits to FY25 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 earlier case enrolled before FY25 .

