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Memorandum

To:	Cynthia L. Yee-Wallace, Office of the Idaho Attorney General
From:	John Agosta
Date:	July 10, 2016
RE:	Establishing a "personal supports budget" framework in Idaho

Staff at the Office of the Idaho Attorney General requested that Human Services Research Institute (HSRI) prepare a scope of work for the Department of Health and Welfare (DHW) to illustrate the steps that must be completed to design and implement means for assigning personal supports budgets[1] to adults with intellectual and developmental disabilities (IDD) receiving Medicaid home and Community Based Services (HCBS). What follows is: (a) a general overview of what such an initiative entails, (b) a description of the several tasks involved, (c) a brief explanation of cost considerations, and (d) a summary description of the staff resources HSRI would apply to the initiative.

When reviewing these tasks, consider that the overall approach to establishing a supports framework is described, but that embedded within these tasks are numerous decision points that will require the attention of Department leadership. In this regard, at issue are the respective roles that Department and HSRI staff will play to complete each task. We expect further discussion to address this issue so that particulars associated with each task could be refined and the cost of the associated work determined.

Overview of Work to Establish Personal Supports Budgets

Without question, appropriately supporting people with IDD requires a substantial financial commitment. Individuals with IDD have disabilities that are life-long that often require day-to-day services and supports. IDD services are among the costliest long-term services, and jurisdictions make varying choices regarding what services will be made available to whom and at what cost.

Yet, *how* services are delivered is just as important as *what* is offered. People with IDD want to live their lives in the community, just like everyone else. They also want control over their lives.

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[1] The term "resource allocation" is often used to describe work whereby systematic means are used to assign individualized targeted allocations. The term is accurate insofar as it describes an output to a particular process, i.e., resources are allocated, but focuses perspective on policy makers and their primary intention – to allocate resources. HSRI prefers to focus perspective throughout this work on service recipients. From this perspective, each person is assigned a *personal supports budget* over which they will exercise some degree of authority to select the services they need. There are operational nuances to this general approach that limit the individual's authority over his or her budget, but HSRI finds that the phrase "personal supports budget" better frames the overall intention to suggest that the approach carries benefits for service recipients that are consistent with the principles of self-determination. The challenge throughout is to assure that the system changes finally enacted deliver on this promise.

Establishing a "Personal Supports Budget" Framework

Based in great measure on these demands, emerging changes in systems of support for people with IDD are part of a continuing evolution that began decades ago. Along the way, terms like *normalization, dignity of risk, inclusion, participation* and *natural supports* served as rallying points to push along further change. More recently, the concept of *self-determination* has taken root, carrying with it a desire for finding ways to offer individual service recipients authority over what supports they receive, how they are received, and from whom.

In this era, policy makers wanting to restructure systems to promote fiscal discipline and efficiency must also seek to embed opportunities for self-direction within new practices. At the core of such systems is a personal supports budget that the individual may apply within the bounds of an approved service plan to secure needed supports. In essence, this is a *prospectively-determined* amount of funds that a jurisdiction makes available to a participant. Implicit in this definition are two key concepts: the *jurisdiction determines the budget amount* for each individual, and that information is provided to the participant *prospectively,* i.e. the individual is told what amount will be allocated *before* developing a service plan, rather than after the plan is completed. The allocated amount is often fixed, though a range may be specified. Participants may think of this as a "pre-approved" allocation. In addition, an *exceptions review* process for addressing extraordinary needs that exceed initial allocations must also be made available.

An objective assessment of support needs is an important part of the process because it provides information about the kinds of long-term help people need. This information is used to assign an individual their supports budget that can be spent on services to meet those needs. This is accomplished by assigning each person to a *support level* that is aligned with the intensity of the individual's needs. A support level corresponds to a budget amount.

In this work, it is essential that the assessment measure used to evaluate support need must have documented validity for this purpose, and must also be accurate and reliable. This not only suggests selecting a tool with known psychometric properties, but also ensuring that assessors are trained and qualified to administer objective assessments.

Assessing individual support need, however, is but one element involved with setting supports budgets, and so contributing to desired systems change. Because the ultimate result is that individuals apply these budgets to select the services they need to yield the outcomes they prefer, several other tasks must also be completed to achieve this end. Given this broader context, this work must also take into account at least the following:

- The policy ideals and intentions of policy makers;

- The service array that individuals might access, and the associated rate reimbursement schedule for services in the array;

- Means for individuals to develop person-centered support plans that take into account the supports budget, and other potential resources as well;

- Establishing new policies, procedures, and in some circumstances, administrative rules for governing the implementation of new practices, including those to assure that service recipients are properly notified of their supports budget, and advised of how

they may request special considerations (e.g., seek a re-assessment), or appeal particular actions;

- <u>Means for compiling and reviewing the data</u> generated given implementation of a supports budget framework so that the Department may make data-based decisions regarding allocating its resources going forward; and

- Means applied throughout the process to <u>engage stakeholders</u> to keep them informed of the changes planned, the policy decisions made, and to gather feedback to guide the effort.

In addition, it is not unusual in this process for states to revise their Medicaid strategy, and so <u>amend their Home and Community Based Services (HCBS) waiver agreement</u> with the Center on Medicare and Medicaid Services (CMS). Such action depends on the decisions made by the Department regarding changes it seeks within the service array, rates and other operational aspects of the waiver.

Tasks Associated with Establishing a Supports Budget Framework

Given the many complementing activities that must be undertaken to establish a supports budget framework, we divided the proposed tasks into six groups:

1. **Set the Foundation**: These tasks establish the fundamental intentions of the work and its guiding principles. In addition, DHW must decide if systems adjustments will be undertaken, such as to alter the service array or reimbursement rates, and what, if anything must be done, to seek approval from CMS to alter the state's Home and Community Based Services waiver agreement.

   <u>Task 1</u>: Convene an inaugural meeting with Department staff.

   <u>Task 2</u>: *(if needed)* Revise the service array and associated service definitions.

   <u>Task 3</u>: *(if needed)* Review present reimbursement rates and make changes.

2. **Gather Necessary Information**: These tasks refer to the several activities that must be completed to gather data to establish a roster of service recipients, identify the support needs of each person, and document their past service use and expenditures.

   <u>Task 4</u>: Select a tool to assess individual support needs.

   <u>Task 5</u>: Ensure that means are in place to gather and store data pertaining to supports needs and other project-related data.

   <u>Task 6</u>: Train and certify assessors as qualified to conduct an assessment.

   <u>Task 7</u>: Complete support needs assessments.

   <u>Task 8</u>: Compile a roster of service recipients.

   <u>Task 9</u>: Gather expenditure data per person by service.

   <u>Task 10</u>: Analyze support needs and historical expenditure data.

3. **Establish Personal Support Budgets**: These tasks refer to those associated with applying the data that was gathered previously to establish a framework for assigning each person a supports budget, given their support level and type of residence.

   Task 11: Assign service recipients to support levels based on assessment.

   Task 12: Establish and validate service mixes by support level and living setting.

   Task 13: Establish framework for assigning supports budgets by support level and residence type.

4. **Develop Complementing Infrastructure:** These tasks relate to building the necessary supporting structure to ensure that the personal supports budget framework can be implemented successfully.

   Task 14: Conduct a Systems Impact Study of the prospective changes pertaining to the HCBS waiver and Information Management.

   Task 15: Finalize individualized supports budget policies, including the exceptions review protocol, re-assessment application review, and appeals points.

   Task 16: Review and modify the supports planning protocol to include a prospective personal supports budget within the planning process.

   Task 17: Provide training to case managers and others.

   Task 18: Prepare complementing materials.

5. **Communicate with Stakeholders**: Communicating with stakeholders throughout the process will help to support successful implementation and reduce anxiety around the change. This task will also allow the state to receive feedback preemptively and discover any areas where adjustments or changes may be necessary.

   Task 19: Establish and implement a communications plan to assure stakeholder engagement.

6. **Implement and Evaluate the Framework:** These tasks relate to the final steps in this process— implementing and evaluating your personal support budget system once all the groundwork has been laid.

   Task 20: Establish an implementation plan and execute it.

   Task 21: Establish and initiate evaluation plan.

When reviewing this task list we emphasize that:

▸ Many decision points are embedded within these tasks, and as DHW decides on how it wants to proceed, the activities associated with particular tasks will take shape. For instance, what DHW decides regarding the composition of its service array and rates of reimbursement will dictate what additional activities may, or may not, be required to settle on these foundational elements. Likewise, what tool DHW selects to assess support needs will influence later activities pertaining to training assessors, gathering

data, storing data, and assigning individuals to support levels. As a result, the tasks shown below illustrate what must be done overall, but many tasks will need to be unbundled, and specific activities decided upon.

▸ Each task listed will have associated with it divisions of labor involving staff from DHW, HSRI, and potential third parties. It will be necessary to consider each task, and decide on what entities, and staff, will be assigned responsibility for which activities. In turn, these decisions will influence the pace of the work and its cost. Regardless of these eventual agreements, it is essential that DHW assign to the work a "project manager" to oversee the work and ensure that DHW staff follow through on the activities the Department must complete.

▸ The tasks are sequenced from beginning to end, as shown in the accompanying graphic. Particular tasks or activities within a task may be undertaken simultaneously. Moreover, as shown, some tasks, such as "communication with stakeholders" will have associated activities that extend throughout the project.

1. **Tasks to Set the Foundation (Tasks 1-3)**

   Task 1: Convene an inaugural meeting with Department staff.

   An inaugural two-day meeting in Boise will be held involving leadership within the Department and other state agencies as warranted to discuss the proposed project tasks. The agenda for the meeting should include discussion on at least these topics:

   • The Department's strategic system goals and guiding principles;

   • The general logistics of the project including preferred timelines;

   • The division of labor between DHW, HSRI, and potential third parties, including how the project will be managed within DHW;

   • The major operational decisions that have been or must be made;

   • Key stakeholders and planned communication with these stakeholders;

   • The present service array and rate schedule, with emphasis on deciding on if the Department will take further action to adjust either.

     ▸ We recognize that the Department may elect to maintain its present service array and rate schedules. Note that without service and rate adjustments, assumptions made later regarding anticipated service use by support level will be tied to the historical service menu and rates. This result may not be preferred by the Department. Based on the initial analyses shown below in Tasks 2-3, the Department may decide on altering service definitions, or adding/subtracting services from its array. These analyses may also lead the Department to decide on a rates study to adjust its current service reimbursement schedule. It is imperative that these decisions be made early on for two reasons. First, changes

Establishing a "Personal Supports Budget" Framework

Tentative Project Task Sequence -- Start Through Rollout *(Idaho DHW 7/11/16)*

Start   **Roll Out**

Set the Foundation
1 Convene meeting with Department staff   ■■■◆
2 *(if needed)* Revise service array   ■■■■■■◆
3 *(if needed)* Review/revise reimbursement rates   ■■■■■■■■■■■■■■■■■■■■■■■◆

Gather Necessary Information
4   Select a tool to assess individual support needs   ■■■■■◆
5   Set means to gather and store data   ■■■■■■■■■■■◆
6   Train and endorse assessors   ■■■■■■■■➔➔
7   Complete support needs assessment   ■■■■■■■■■■■■■■➔➔
8   Compile a roster of service recipients   ■■■■■■■➔➔
9   Receive expenditure data   ■■■■■◆
10 Analyze support needs and expenditure data   ■■■■■■■■➔➔

Establish Personal Support Budgets
11 Assign service recipients to support levels   ■■■■■■■■■■■■■■➔➔
12 Establish and validate service mixes   ■■■■■■◆
13 Establish framework for assigning supports budgets   ■■■■■◆

Develop Complementing Infrastructure
14 Conduct Systems Impact Study (HCBS waiver amend)   ■■■■■■■■■■■■➔➔
15 Finalize individualized supports budget policies   ■■■■■■■■■■■■■■◆
16 Review and modify the supports planning protocol   ■■■■■■■■■■■■■■◆
17 Provide training to case managers   ■■■■■■■■➔➔
18 Finalize complementing materials   ■■■■■◆

Communicate with Stakeholders
19 Establish and implement a communications plan   ■■■■■■■■■■■➔➔

Implement and Evaluate the Framework
20 Establish an implementation plan and execute it   ■■■■■■■■■■■■■■➔➔
21 Establish and initiate evaluation plan   ■■■■■■■■■■■■■■➔➔

■ Denotes project activity   ➔➔ Denotes project activity continues   ◆ Denotes project task completed

to the service array or rates work will add expense to the project and must be worked into the task array or rates work will add expense to the project and must be worked into the task list. Second, decisions to alter the service array or rates will require additional work for DHW to amend its HCBS waiver (See Task 14).

The Department may rely on the HSRI team to take the lead on many tasks. Still, it will require significant collaboration with Idaho staff to be successful.

HSRI will take the lead to work with the Department to finalize an agenda, and establish logistics to convene this two-day meeting. Afterwards, HSRI will prepare a revised scope of work to illustrate what work will be performed, by whom.

Task 2: (If needed) Review the present service array and make changes.

The purpose of this task is to review what services the DHW offers, how these services are defined, and then decide whether any particular service definition will be adjusted or if any services will be added to the array. DHW staff may be satisfied overall with the current array, however, pausing to consider potential changes to the array given the Department's policy intentions is advisable. For this task, we will complete the following activities:

2.1. Work with Department staff to compile a list of services and associated service definitions currently in place. We anticipate that this information may be easily gathered from review of the state's HCBS waiver.

2.2. Analyze service definitions in relation to overall system direction, policy goals, and supports budget model development. This analysis should include a determination of whether current service definitions are sufficiently narrowly defined to allow the Department to more closely align rates with the actual cost of service delivery.

In addition, HSRI will identify services that DHW may not currently offer but have been found to facilitate independence in the community for people with IDD. Most popularly, states consider changes to strengthen the supports offered to individuals living home with family, promote employment outcomes, and enhance opportunities that complement Medicaid financed services with alternative "natural supports" (e.g., peer support, community guides, exchange networks).

Providing a comprehensive array of services with clear definitions allows jurisdictions to improve their control over the supports actually delivered while further aligning service systems with support needs and identified policy goals.

2.3. DHW decides on whether it will adjust or expand its service array, and if so, does so. Given completion of the previous activities, DHW will decide on what changes, if any, it will make to its service array. If changes are sought, additional work is required to finalize definitions and/or prepare new service definitions.

Task 3: (If needed) Review present reimbursement rates and make changes.

The purpose of this task is to review current service reimbursement rates with DHW and decide if further study and subsequent adjustments are warranted. In addition, if new

services are added to the array, rates for these services will need to be decided on. Again, DHW staff may be satisfied with the present rate schedule. Still, pausing here to consider adjustments is advisable. Any number of cost drivers may be discussed, such as the unit of service, vacancy factors, if any, that are embedded in particular rates, assumptions regarding staff development costs or productivity, staff benefits, or administrative overhead. In addition, for some services, such as community residences or selected day services, payment tiers may be established to align with relative individual support levels. Given such consideration, DHW may seek to adjust rates to ensure that rates are fair, sufficient, and in sync with its policy intentions. To complete this task, we will complete the following activities:

3.1. Work with Department staff to compile the rate schedule related to the existing service array. We anticipate that this information may be easily gathered from review of the state's HCBS waiver or other local sources.

3.2. Analyze the rates by service and the assumptions embedded within each rate. Project staff will work with DHW to unbundle each rate to understand the assumptions embedded within each rate (e.g., vacancy rate, staff development, administrative overhead). Further, staff will contrast the rates in Idaho with rates applied elsewhere for similar services. Afterwards, staff will present its findings to DHW so that it may decide on its next steps.

3.3. DHW decides on whether it will adjust its service reimbursement rates, and if so, proceeds. Given completion of the previous activities, DHW will decide on what changes, if any, it will make to its rate schedule. In addition to the review of the present schedule undertaken in Activity 3.2, if DHW decides to complete rate work, it generally involves:

- Reviewing background materials that include waiver applications, service definitions and standards, and provider manuals. Other materials will likely include any documentation that explains how the current rates were established, and provider audit reports.

- Meeting with providers to acquire feedback throughout the activity. An integral factor in the success of a rate-setting project is gaining buy-in from the provider community. Providers should be engaged throughout the project and should be given meaningful opportunities to participate.

- Designing, deploying, collecting, and analyzing a provider survey. A major source of the data that will inform any changes to provider rates will be a provider survey. The team will design a Microsoft Excel-based survey, which all providers will be invited to complete. The survey will be 'in the field' for four-to-six weeks.

- Conducting research on independent data sources (primarily wage levels) and conducting any required special studies, research, or analysis to further develop factors to populate the independent cost models. This will include review of BLS statistics, but also may involve review of such factors as the density of service recipients in various parts of the State, comparisons of utilization patterns in different regions, and distances between providers and service recipients. Other

special studies may include focus groups of providers of certain services to discuss specific issues or detailed analysis of service definitions and rates in comparison states.

- Proposing values for the cost components in each of the rate models per service. Specifically, the team will build the rates for each service by proposing specific wages and benefit packages for direct care workers, productivity adjustments to account for non-billable activities, administrative and program support allowances, and other service-specific factors, which may include mileage, group sizes, supplies, and other costs.

- Presenting resulting draft rate structures and rate models to DHW. This presentation will outline the rate-related concerns previously identified during the rate study process, and outline how the rate structures attempt to address these issues. Additional accompanying documentation will compare the assumptions for each rate model to the provider survey results as well as any other source materials (e.g., BLS wages). Feedback from DHW will be used to revise the rate models.

- These revised rate models will then be shared with the providers and other stakeholders. This release of draft rate models will commence a 30-day public comment period. The team will establish a dedicated email address to accept comments. The team will compile all feedback, identify the unique comments, and produce a document that provides a written response to each comment and indicates whether any change to the rate model(s) was made as a result.

- Following the public comment period, the rate structures and rate models will be finalized. Finalized rates will serve as the basis for pricing the supports budget framework as well as estimating overall fiscal impacts.

2. **Tasks to Gather Necessary Information (Tasks 4-10)**

Task 4: Select a tool to assess individual support needs.

The purpose of this task is for DHW to select a tool or tools to assess individual support needs. While supports needs assessment is just one element of many within a supports budget framework, it is among the most essential. Without accurate and reliable assessments of support need, the entire framework is jeopardized.

In advance of considering what assessment tool the Department might select, staff should re-affirm the driving rationale and function for assessment. We presume, for instance, that the Department seeks a tool to assess support needs with two additional applications: (a) to inform supports planning, and (b) to help align individual support need with the type and amount of services a particular person would typically use (i.e., to build personal support budgets). One these intentions are affirmed; the task is completed through the following activities:

4.1. DHW decides on its tool selection process. Various means might be applied to select a tool. For instance, to advise its decision DHW leadership might name a small group of staff,

form a committee of stakeholders, or settle on some other group composition. Aside from the group's composition, DHW must settle on the process that will be applied to select the tool, including nominating tools for review, the review criteria, and the process for rating tools. We anticipate that DHW will name a small group to review assessment options available and seek its recommendation.

Regardless of its process, the criteria that should be applied are the same. The tool selected must cover areas such as:

- Be valid for assessing support need across essential life domains. This includes covering domains such as:

  - *Activities of Daily Living (ADLs)* – ADLs include skills such as bathing, maintaining personal hygiene, dressing, mobility inside and outside the home, transferring, using the toilet, and communicating with others.

  - *Instrumental Activities of Daily Living (IADLs)* – IADLs are an additional set of life functions necessary for maintaining a person's immediate environment.

  - *Cognition/Memory* –Areas to explore include noted difficulties in areas of attention/concentration, learning, perception, task completion, awareness, communication, decision-making, memory, planning or problem-solving.

  - *Medical Conditions/Diagnoses* – Medical conditions that affect an individual's daily functioning.

  - *Challenging Behavior* –Characterized as those behaviors that are: self-injurious, hurtful to others, destructive to property, disruptive, unusual or repetitive, socially offensive, uncooperative or withdrawn, or inattentive.

- The tool must query for sufficient *Background Information* to identify who was assessed by tying individual demographic information to the assessment.

- Result in scores that are consistently accurate and reliable. To ensure that the instrument does indeed test what it purports to test (validity), and does so regardless of the interviewer/rater/respondent (reliability), it is critical that the assessment tool have documented validity and reliability. This standardization is imperative as results must be compiled and used to contrast support need across a population. To further ensure accuracy and reliability, the tool's creators should be amenable to, and ideally provide support for, training of those conducting the assessments.

- Be scored in measureable ways to distinguish relative need, low to high, across targeted domains and among those assessed.

- Be constructed in ways to promote easy automation of data entry, aggregation, and scoring. Automating the survey/interview protocol can potentially reduce data entry errors, and facilitate interview protocols. Data automation is also critical for collection across sites, sharing of data, and analysis of data. Some tools have pre-

designated vendors to provide this service while others require the state to find and hire their own vendor for this process after procuring the tool itself.

- Be <u>affordable</u>. A tool may have great appeal in terms of its capacity for assessing support need, but the range of costs for using the tool must be taken into account. This includes costs for using the tool (e.g., licensing fees or royalties, copies, user manuals, scoring sheets), training assessors, and collecting and securely storing results on an electronic platform for analyses).

4.2. Identify tools for review. DHW will identify the tools it will review. Numerous instruments exist for assessing support needs, with varying strengths and shortcomings[2]. All cover the general topic of support need, but do so in different ways, and with varying documented psychometric testing. A handful of these tools have been used to establish supports budgets, or are moving in that direction. Below is a list of seven tools that have been used, or contemplated for use, in establishing support budgets:

- The Inventory for Client and Agency planning (ICAP) – used in varying ways to allocate resources in at least Texas, South Dakota, and Mississippi (being developed). http://icaptool.com/

- The interRAI suite- used in various applications dependent on the specific tool and end-use. This tool can be used to create resource utilization groups that can be associated with budgets. The interRAI suite consists of tools that measure a wide spectrum of support needs, including for individuals with IDD. (http://www.interrai.org).

- The Health Risk Screening Tool (HRST) – a web-based instrument developed to detect health related issues in vulnerable populations. This tool screens for health risks associated with a wide variety of disabilities, including developmental disabilities, physical disabilities, disabilities associated with aging and many other conditions. http://hrstonline.com/

- Functional Screen - used in Wisconsin to assess program eligibility for its managed care program, Family Care, and to set supports budgets within the state's self-directed service option called IRIS. https://www.dhs.wisconsin.gov/functionalscreen/index.htm

- Questionnaire for Situational Information (QSI) - used in Florida within its iBudget initiative. http://apd.myflorida.com/brochures/qsi-and-you-brochure.pdf

- Level of Need (LON) measure – now retired in Connecticut, though still may be used in the District of Columbia.

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[2] Taylor, B., Aiken, F. & Agosta, J. (2015) *Analysis of instruments to assess support needs of people with intellectual and developmental disabilities.* Tualatin OR: Human Services Research Institute (for the CO Department of Human Services).

- Supports Intensity Scale – though it is understood that DHW is not interested in this tool, the Supports Intensity Scale is nonetheless the most popularly used tool, given that at least 20 states and three Canadian provinces are using the scale, with several applying results to help build support budgets. https://aaidd.org/sis

4.3. Facilitate meetings of the selection group so that it may rate tools. The selection group that DHW convenes will review the nominated tools, consider the applications DHW anticipates, and rate the tools. HSRI will advise this group's deliberations only insofar that it will ensure that the tools ultimately sent forward to DHW leadership will provide the data needed to form support levels and eventually build supports budgets.

4.4. DHW selects the assessment tool. Given the ratings generated by the selection group, DHW will select the assessment instrument that will be used. Selecting a tool and following through with all associated requirements for applying it is a crucial decision for Department policymakers to make. Aside from cost considerations, the choice made will affect many other aspects of the project.

Task 5: Ensure that means are in place to gather and store data pertaining to supports needs and other project-related data.

The purpose of this task is to ensure that appropriate electronic accommodations have been made to ensure that the data collected may be compiled, secured, and utilized to complete the project's objectives. In brief, this requires secure computer server space to host the following types of information for each service recipient: (a) identifying information, including demographics, (b) acuity data related to the individual's support needs assessment, and (c) historical service use and expenditure data. Further, the platform should include, or be compatible with, a safe means for DHW and HSRI to exchange data, such as through a secure file transfer protocol (FTP) site.

With such information securely stored and accessible, HSRI can develop and execute the analyses necessary to: (a) keep DHW informed of the progress being made on assessments, (b) make data-based decisions regarding the work, and (c) assign individuals to support levels and corresponding personal supports budgets. Overall, completing this task successfully is essential to the work.

Regardless of the instrument DHW selects, a means must be established to gather and make available to HSRI these results. The ease in doing so is dependent on the tool that is selected and the accommodations for data gathering and compilation associated with the tool. If the tool selected does not come with associated data collection software, DHW will need to devise a means for electronically collecting and compiling such data. HSRI must have access to assessment results.

One initial activity is proposed:

5.1: Complete a Business Associate Agreement between the Department and HSRI. This agreement will allow the Department to send to HSRI data pertaining to its service recipients, and allow for access to support needs data. Most often, states have a protocol for establishing this agreement and secure means for data transfer.

Task 6: Train and certify assessors as qualified to conduct an assessment.

The purpose of this task is to further ensure that, no matter the tool the Department selects, all assessments are administered with fidelity to the instrument and the assessment protocols the state has developed. The number of individuals to train will depend on the tool selected, the pace at which the Departments wants to proceed, and the manner by which assessments will be completed. This task will require the following activities:

6.1 Determine which training models are available for the tool selected, and select the training technique that will be used. During Task 3, DHW will identify the training options available for the selected tool. Possible options include: all assessors receiving training directly from the tools developers, a train-the-trainer model, state developed training, or training provided by an outside third party. The Department will then need to select the relevant option which best meets its needs. Training must be sufficiently robust to ensure reliability and consistent administration of the tool, but not unmanageably expensive or time-consuming. Training will differ by instrument, but should at least include orientation to the tool, expectations around scoring, interview protocol, data integrity, and data storage. DHW should also consider incorporating training for assessors around the eventual use of the assessment tool to promote transparency with participants as they are assessed. Training should also be accompanied by some type of certification process to ensure all assessors meet a minimum standard of competency for administering the tool.

6.2: Decide who will conduct the interviews. Assessors could be independent contractors, a dedicated unit of state staff, case managers unaffiliated with the participant being assessed, etc. They simply must be objective third parties, to ensure no bias exists in the completion or scoring of the tool. The Department must decide upon who will conduct the assessments before associated actions to retain, train, and otherwise prepare these individuals to complete their work can be taken. Another important factor to consider is how many assessors will be necessary to meet the desired pace toward implementation.

HSRI's model requires that assessments be completed on the first cohort of individuals representing all service recipients (i.e., a "stratified representative group") before many other tasks can begin. Eventually, all service recipients will need to be assessed and the new system rolled in. Further, depending on the assessment tool chosen, there may be different recommendations regarding reassessment. For some tools, reassessment may occur annually, for others it may occur every three years. While completing the assessments on the first cohort is essential to many of the beginning tasks, all individuals must be assessed at some point before or within a well devised implementation. We presume that the state will introduce a supports budget to each service recipient with their new planning year, and so the roll out will affect approximately 1/12 of the population each month, totaling about 325 people per month (1/12 of 3,900 service recipients).

The table below shows three assessment completion scenarios necessary to assess the full population. Each carries implications regarding the pace and cost of data collection and assumes assessors do not have outside job responsibilities. The scenario chosen will affect how quickly data on the representative group will be selected and how quickly the work can

move forward. Such information will allow DHW to prepare for the number of assessors needed and detail the timeline for implementation in accordance with the pace of assessments completed.

Months to Complete 3,900 Assessments	Number per month	Number completed per week - month	Assessors needed
12 months	325	8 /week – 32 /month	10
18 months	217	8 /week – 32 /month	7
24 months	163	8 /week – 32 /month	5

Notes: 1. The number of service recipients, 3900, is estimated.
2. The number of assessments that may be completed in a week is estimated and depends on several factors (e.g., who the assessors are, where assessments take place).
3. It is preferable to have 1-2 more assessors available than the bare minimum shown to account for illnesses, people leaving for another job, and so on. Turnover will seriously affect the pace of the work.

6.3: Complete initial training for all assessors. Those individuals selected must successfully complete the training protocol and receive accompanying certification so assessments can begin.

6.4: Complete Supplemental Questions training for assessors (if necessary). HSRI typically requests that supplemental question training be provided to assessors so that they may ask additional questions, designed by HSRI, to gather specific detail about the amount of exceptional medical and/or behavioral support service users require. If these questions are necessary to supplement the assessment tool selected, HSRI will provide this training remotely via webinar.

Task 7: Complete support needs assessments.

A number of actions must be undertaken to assess the support needs of all adult HCBS waiver recipients, which we understand to total about 3,900 people. Activities include:

7.1. Select a representative group to target as the first cohort to be assessed. The purpose of this activity is to identify a representative group of service recipients to represent the whole population that will be assessed. This group is needed so that initial analyses may be undertaken to gain insight into the range of needs among those served, build support mixes per support level, conduct fiscal impact analyses, and establish support budgets.

To do so, we recommend a stratified random selection of service recipients. To create the strata, several criteria may be applied to establish mutually exclusive categories that could be randomly sampled, such as type of residence (e.g., with family, supported living, group home, host home). To establish these strata, HSRI will identify with DHD, the criteria for stratification. This will ensure that the group is representative, and that an adequate number of assessments will be completed for the development of levels of need and supports budget creation.

When determining size for each individual stratum, the population of the stratum will be considered along with a standard set of statistical assumptions. Confidence interval and

levels of at least 90 percent are advised. While each sample carries some risk of error, these statistics decrease the possibility of error to an acceptable level and allow us to infer our results to the larger population.

When possible, HSRI will seek to select individuals based on the month in which their service plan is renewed, choosing individuals that we anticipate will be among the first to participate in the new supports budgeting framework.

7.2: Establish means for scheduling and conducting assessments. Scheduling assessments will ensure that individuals are assessed in a timely manner, and that assessors target those individuals who will be assessed first. Some assessments require that the individuals participate in the interview, while most require that the assessor be knowledgeable about the individual's needs, or talk with others who are. In advance of any assessment, it must be scheduled so that participants have reasonable amounts of time to attend and that the interviewer will have ample time set aside to travel to the interview site. Scheduling may be done by interviewers themselves, though we find it preferable to retain a separate individual to schedule and track all interviews. DHW will need to decide how to manage scheduling.

7.3: Complete assessments and report findings. Trained assessors will complete assessments for each HCBS waiver recipient, starting first with those selected in the initial representative group. Inevitably, all service recipients will be assessed.

As assessments are completed, interviewers must report their findings according to the specifications of the assessment tool DHW selects. As noted above, depending on the tool, this could involve reporting the information through a tool-specific electronic platform or through a platform uniquely designed by DHW or a designated third party. Either way, the assessment findings must be transmitted to a secure hosting platform so that HSRI may access it.

Task 8: Compile a roster of service recipients

The purpose of this task is to construct a roster, which includes all of the individuals who currently receive services under the HCBS waiver, in order to align state expectations about members in service with assessment data. Specific elements which will be incorporated over time include at least the following:

- Identifying and demographic information for each individual (e.g., name, birth date, gender, ethnicity)
- Medicaid ID number,
- Social Security Number,
- Individual supports planning month,
- Name of case manager,
- Residence service type,
- Number of licensed beds in home (if community residence),
- Address,
- High school graduation status

To complete the task, two activities are planned:

8.1. Gather data and populate the roster. HSRI will provide a data specification template that includes all of the required data elements for the roster. HSRI will work with the Department to determine the precise format and source for these data elements.

8.2. Establish a web-based information Portal on HSRI servers to house roster data and link it to other data sources. HSRI currently manages such portals for several jurisdictions, and one for this project will be established. This will allow HSRI to track and compile information on the status of individuals who complete the supports needs assessment process and link this information to assessment and expenditure data. This Portal is essential for housing and maintaining the roster and expenditure information, and later, for implementing the applicable algorithm to make support level assignments and assign supports budgets.

Task 9: Receive expenditure data on service recipients from the Department

The purpose of this task is to collect and analyze available service expenditure data pertaining to each service recipient. This will require the following activities:

9.1: HSRI receives expenditure data from the Department. HSRI will work closely with the Department to gather relevant expenditure data. HSRI and Department staff will establish permission and protocols for receiving the data. HSRI will then submit a data request to specify the information that will be provided and the means of transfer.

We anticipate that these data will include:

- A numeric or other identifier for each individual in the system that is consistent with the identifier gathered to compile the roster. This may include the person's Medicaid identification number, social security number or other identifier. Note that this number must also match up with support needs assessment data.

- Birthdate of each service recipient.

- The most recent full fiscal year of expenditure data for each individual, including HCBS service utilization and costs per service (service billing codebook is also required).

- Each person's type of residence or community living setting.

- Information identifying the service provider supplying each service received by the individual.

Additional details will be provided in the data request. Once the data request has been sent, we will schedule a meeting to discuss any questions that may arise and/or adjustments that may need to be made.

9.2. Conduct an analysis of expenditure data. The data we receive from each jurisdiction is unique. Ideally, our analysis includes a summary view of service utilization by living situation and other relevant factors. This analysis is dependent on the type of data that we receive. As a result, our analysis of these data will be limited and guided by the nature of the information provided. Once the data have been assessed, we will be able to provide a more

detailed analysis plan. Completing this first analysis is essential to understanding the pattern of expenditures. The findings will help the Department to see what it must do to alter service delivery structures in advance of constructing a supports budget framework.

Task 10: Analyze support needs and historical expenditure data.

The purpose of this task is to provide the Department with a first view of its system, including: (a) the relative support needs of service recipients by support level, type of residence, and other variables, and (b) relationships between support needs and historical expenditures. These analyses will help Department staff and others to take stock of present service use patterns and greatly inform discussion over how to allocate resources, i.e., set supports budgets going forward.

3. **Tasks to Establish Support Budgets (Tasks 11-13)**

    Task 11: Assign service recipients to support levels based on assessment scores

As data related to supports needs are gathered, individuals are assigned to a support level. These levels are unique to HSRI's approach, and our understanding of how to align these levels with anticipated service use has evolved over years of experience.

HSRI often utilizes a seven level framework, labeled 1 through 7, aligned with relative support needs, low to high. However, the particular supports level framework that will be used in Idaho will depend on the tool that is selected.

It is worth noting that in this work, it is often prudent to utilize supplemental questions or other means to flag individuals who may have extraordinary medical or behavioral support needs. Doing so ensures that these people are identified early in the process and are given access to supports commensurate with their unique support needs. Failing to do so can result in such individuals being assigned to a support level that inadequately addresses their level of need, thereby requiring requests for exceptional review later or filing or grievances. Overall, it is preferable to flag and identify unique support needs earlier in the process rather than later.

A flagging protocol, however, requires that HSRI has means for alerting DHW to those that have been flagged, a verification protocol to confirm qualifying support need, and a means for logging the results of the verification so that HSRI may update the database to reflect the individual's extraordinary support need designation.

To complete the task, two activities will be completed:

11.1. Individuals not requiring verification are assigned support levels. Based on the decision criteria that are decided upon, given the selected assessment tool, individuals will be assigned to a support level. Support levels will be shared with the Department through a portal described in Task 8.

11.2. Individuals flagged for verification are verified and assigned a support level. Typically, HSRI coordinates with state staff to advise and facilitate verification of responses. This ordinarily involves reaching agreement about how individual responses requiring

verification will be identified and reviewed, and how the final results will be documented. In this instance, we understand that the Department may want HSRI to take a stronger role in the process, even leading it. This will need to be discussed and settled on to assure a smooth, timely, and conflict-free verification process. Verified individuals support levels will also be housed in a portal.

Task 12: Establish and validate service mixes by support level and living setting.

The purpose of this task is to reach agreement on what total amount of service may be utilized, by support level. The leveling framework provides an opportunity for policy makers to adjust funding levels based on policy goals and anticipated service usage of any altered or new services. While developing the budget guidelines, HSRI will work with the Department to consider the balance between achieving policy goals and minimizing disruption for service recipients. These expectations are then used to establish associated budget values for each level. Four activities are planned:

12.1. Examine historical utilization patterns by support level. To inform these budget calculations, HSRI first examines historical utilization patterns by level and service type as described within Task 6. Throughout the process, proposed service amounts for each support level will be compared to existing utilization patterns to determine impacts from the end user, provider, and systems perspective.

12.2. Work with the Department to establish service mixes. Next, HSRI will work with the Department to establish preferred service use expectations per level and residence type. The resulting service mixes or "packages" will be designed to meet the needs of individuals in each level. Note, however, that:

‣ These mixes will include "base services" that are commonly utilized by members within each support level. Unique supports, such as clinical therapies or one-time expenses (e.g., assistive technology, episodic behavioral consultation) are not accounted for within the "base budget" and are accommodated one-person-at-a-time within the planning process or during the year as warranted.

‣ Community residential services (e.g., group homes) may be included in the mix simply to show the availability of support 365 days per year, but individuals living in group homes will not be permitted to freely move resources from this service category to boost hours in another. These resources are advisably locked and reserved for the community residence provider.

The service packages are composed of assumptions related to service utilization in a number of categories, which may include clinical services, day services, residential services, respite, and transportation. Utilization assumptions will be based on both historic use patterns, adjustments to rates, and the Department's policy judgments. These assumptions will vary based upon level of need and other factors affecting budget such as residential placement and geography. Throughout the process, proposed service packages will be compared to existing utilization patterns to determine impacts from various perspectives.

12.3. Conduct an impact study of the recommended system changes. In this activity, the project team will estimate the fiscal impact of the prospective service mixes. This will be accomplished by considering the cost of each service package with regard to the number of people who will be assigned each package. Doing so allows the team to project the cost of implementing the service packages. Given these findings, DHW may choose to adjust packages to ensure they fall within the available department budget.

12.4 Conduct a pre-implementation review to validate service packages and other key aspects of the framework. After establishing these budget guidelines, we propose to apply the model to a number of individuals and utilize the input of selected informants in Idaho to see if the draft service packages will be sufficient for the individuals to access needed services.

For this purpose, HSRI developed a team-based review process and has used it effectively in other jurisdictions. In this process, four to five teams of experienced professionals (usually state staff, but may also include advocate representatives and providers) are established and spend one week conducting comprehensive case reviews of individuals receiving services. The number of individuals selected depends on the framework established and typically involves 120-200 individuals The process involves a systematic template that guides teams through a series of questions related to support needed, available services, and the level framework.

The project team will work with the Department leadership to:

- Identify teams to participate in the review.

- Provide consultation on preparation for the review, including guidance regarding the contents of each case record.

- Select service recipients whose case records will be reviewed.

- Finalize the template used within the review process and training materials.

- Meet with individuals participating in the pre-implementation review to outline the approach.

- Lead the on-site review process.

- Review results, produce report summarizing results and making recommendations for changes to the levels, service packages, and/or other elements of the framework.

A successful process will require a competent and well-regarded review team, complete case records, and each individual's supports budget level assignment. We have found this qualitative analysis to be a valuable method of identifying areas for improvement prior to implementation that adds confidence to the final supports budget model. In the past, this has also provided additional information about the service system. Case reviews have in the past revealed overutilization of one-to-one as opposed to shared supports, the extent to which natural supports are or are not used, and areas requiring increased training for case

Establishing a "Personal Supports Budget" Framework

managers. Once this review is complete, will have an opportunity to make final adjustments to the support budget model.

Task 13: Establish framework for assigning supports budgets by support level and residence type.

The purpose of this task is to establish a "Personal Supports Budget Table" that will illustrate an individual's personal support budget by support level and type of residence.

The cells within the table will be possible to populate once the service mixes developed through Task 12 are completed. It should be noted that:

Support Level	Home with Family	Supported Living	Host Home	Community Residence
1				
2				
3				
4				
5				
6				

- The supports budgets shown in the table will reflect a budget for "base" services only. These are services commonly utilized by individuals per support level. The table will not illustrate "add-on" services (e.g., clinical therapies) that may be allocated separately through the personal supports planning process or due to necessity during the year.

- The personal supports budgets may not always be shown as a fixed amount, but sometimes may illustrate a "budget band" or range. DHW will decide at a later date whether a fixed amount or "budget band" better meets the needs of their system.

- It is likely that for some services, such as group homes or community day facilities, the rates of reimbursement will be fixed. Meaning, these service providers will be paid predictable amounts so this portion of the budget will not fluctuate. Other parts of the budget, especially for those living home with family, may have more flexibility embedded, affording individual's greater leeway in how their dollars are spent. In a system where "budget bands" are utilized, it is possible to allow a wider budget range which overlaps to some degree level-to-level (see graphic on the right for a hypothetical example).

Overlapping supports budget bands by level.

Support Levels, Low to High
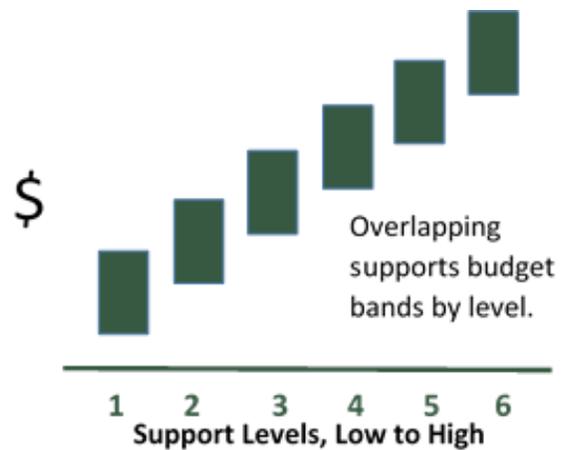
4. **Tasks to Develop Complementing Infrastructure (Tasks 14-18)**

Task 14. Conduct a systems impact study of the prospective changes pertaining to the HCBS waiver and IT management.

Establishing a "Personal Supports Budget" Framework

In this task, the impacts of the prospective system changes will be identified as well as the actions necessary to implement the changes. Specifically, the review will target: (a) waiver terms and conditions and (b) claims processing and other information technology requirements. The project team will carefully review each area and make recommendations regarding any changes that may be necessary.

14.1. Review the existing HCBS waiver agreement, identify potential changes that may be required to ensure compliance with CMS approved waiver. A waiver amendment will likely be necessary to accommodate level-based supports budgets, changes to provider rates, appeals policies, and other minor updates relevant to the implementation of a support budget framework. The project team will identify these areas and make specific recommendations, drawing on its experience as well as approved waivers in other jurisdictions.

Changes to policies and procedures (See Task 15) will flow from the waiver changes. Areas which will likely require updates include: policies related to exceptions from the proposed supports budget framework, the individual support planning process, and updated points of appeal. While guidance varies as to when in the process appeal rights are mandated, it is clear that issuance of fair hearing rights is necessary at multiple points. The project team will work with DHW to establish policy and practice which meets its obligations.

14.2. Review claims processing and other information technology requirements. Another operational area that will likely require updates relates to claims processing and other automated systems. The project team will help to identify any need for changes like the addition of procedure code modifiers to accommodate new rate structures, or processes to incorporate support budgets into authorizations to ensure that claims remain within the budget. The project team will review information technology processes and make recommendations, but is not proposing to provide programming support.

Task 15: Finalize individualized supports budget policies, including the exceptions review protocol, re-assessment application review, and appeals procedures.

The purpose of this task is to work with DHW to form or revise the policies or administrative rules that must be put into place in advance of implementation. For instance, policy or rule may be required pertaining to:

- Describing of the supports budget framework, how it works, and how budget determinations are made.

- When and how a reassessment may be requested, the process by which a determination will be made, and the timeline for doing so. Associated forms must also be constructed and made available.

- Timelines for service recipients, including when assessments are planned, notification of supports budgets, and how budgets affect planning.

- An exceptions review process to allow for special consideration to meet specific individual needs.

- A service user's pathway for appealing actions taken by the state regarding the type and amount of services initially made available to them.

Overall, HSRI seeks to explore with the Department various adjustments to infrastructure that may be required, and support development of needed policies, associated forms, and protocols. Necessarily, this will also require communication with, and training for, affected DHW staff.

15.1. Identify with DHW the policies and operational rules that must be formed or revised. HSRI will facilitate discussion with DHW staff regarding what policies and rules, such as those noted above, that must be formed or revised.

15.2. Work with DHW to ensure that needed policies and administrative rules are established. HSRI will coordinate with the Department to prepare the necessary policies and rules, but also the associated forms and protocols.

15.3 Prepare an Operations Guide. This guide will be developed to document the policies and rules enacted by DHW to back the personal supports budget framework.

15.4. Provide training on the new policies and rules to selected DHW staff. Training will need to be provided to selected DHW staff consistent with the Operations Guide. This will include direct instruction regarding many topics in the guide, as well as participative learning through role-play and scenarios. We anticipate that such training will involve face-to-face instruction, but also use of distance learning strategies such as webinars.

Task 16:   Review and modify the supports planning protocol to include a prospective personal supports budget within the planning process.

One application associated with assessing support need involves using the information generated from the assessment to inform individual supports planning. In this regard, it should be understood that assessment results should not be used as a template to fashion support plans, but instead used to inform discussions pertaining to that plan.

This may be achieved in at least three ways. First, simply participating in an assessment will likely influence planning discussions because people may recall the questions asked and the responses that were given. Second, while people attending planning sessions often know the individual well, the assessment results establish benchmarks for support needs within the team across a great many topics. Finally, the assessment may require discussion on topics that may not be ordinarily covered during a planning session, and the results may carry over to the planning session. Examples include discussion on employment or relationships.

These potential benefits to assessing support needs may be overlooked (or assumed) by policy makers seeking to establish supports budgets based on assessment. Our experience suggests that later success in implementing the new funding models will be, in part, tied to how individuals and their families view the assessment and its utility. As a result, we advise that the Department take systematic action to assure that the assessment results are integrated into the service planning process.

The purpose of this task is to undertake actions so that this may be achieved. To succeed, these activities will be undertaken:

16.1. HSRI will work with the Department to understand the routine that is followed to develop an individual support plan. This includes understanding of the underlying intentions of the planning process, case manager responsibilities, and the mechanics of how the plan is compiled. Next, HSRI will identify and share with the Department particular points at which assessment information can be integrated into the planning process, and the Department will decide how the assessment results will be integrated. Finally, adjustments to the planning process will be decided upon and integrated into the supports planning process.

16.2. Establish an integrated supports planning calendar and budget calculator. Integrating the personal supports budget into the plan will likely involve developing a means to calculate the supports budget in real time in accordance with the services selected by the individual. Such a process will promote greater self-direction and understanding of how the supports budget is incorporated into the plan. HSRI is developing an Integrated Supports Planning Calendar tool. This web-based application provides a framework for guiding development of individual support plans that is based in person-centered LifeCourse[3] principles. It provides means for planners and participants to describe a typical week for the individual and the supports that will be needed, including both paid and unpaid supports. These supports may include:

- *Personal self-support* - when a person is on his or her own and without assistance from others.
- *Relational Supports* - for when the individual receives support from family or friends.
- *Paid eligibility specific* - IDD services that are provided to the individual through the supports budget and other services that are added on (e.g., personal assistance, day services, assistive technology).
- *Community based supports* - provided by community serving organizations, businesses, or other public services the person may use.
- *Technology based support*- for times when the individual can be supported by technology instead of staff supports.

Overall, the calendar will reveal supports budgets per person as part of the service planning process so that the impacts of planning decisions on supports budgets may be immediately viewed. This application would need to be fitted to circumstances in Idaho, including embedding the present service array, potential living options, and service packages into the calendar.

Task 17: Provide training to case managers.

Case managers play an essential role to the success of the project. For service recipients and their families, case managers will be perceived as the "face" of the initiative. Further, they will remain responsible for ensuring the health and safety of HCBS waiver recipients,

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[3]   http://supportstofamilies.org/resources/lifecourse-toolkit/

building support plans, and otherwise seeing to it that individuals receive the services they need. Given knowledge of prospective support budgets in advance of service planning, case managers will also have greater opportunity to help the individuals they support take greater charge of their lives.

In response to these challenges the purpose of this task is to ensure that case managers are prepared to help the project kick off smoothly, that individuals they serve are fully informed of the choices available to them, and that they can respond to changing conditions carefully and confidently.

17.1. Prepare case manager training materials. It is essential to prepare training and resource materials for case managers. One options is a case manager guide. This guide will be developed to be consistent with the "Operations Guide" and will include many of the same elements, however in simpler and more direct language. The following information will likely be included:

- Explaining the supports budgets to people with IDD and their families,
- Policies and procedures pertaining to re-assessment, exceptions review, and appeals,
- Preparedness for changes to the service planning process to account for the introduction of the supports budget,
- Strategies for managing changes in budgets,
- Promoting personal authority in using the supports budget and,
- Information pertaining to the integrated supports budget calendar.

17.2. Deliver planned training to case managers. Training should be delivered to case managers consistent with the Case Manager Guide. This will include direct instruction regarding the several topics in the guide, but also participative learning through discussion, role-playing, and scenarios. We anticipate that such training will involve face-to-face training, as well as use of distance learning strategies such as webinars.

Task 18: Prepare complementing materials.

The purpose of this task is to consider the sum of the changes DHW is planning, as described to this point with the Operations and Case Managers Guides and prepare a series of summary 1-3 page handouts that succinctly describe these changes. These summaries will: (a) provide DHW staff and case managers with quick reviews of the changes planned that will inevitably be consistently be used as "talking points" across the state, and (b) provide DHW with materials that it may send to service recipient and their families or others as needed. For instance, some of these materials may be included in informational packets sent families upon implementation.

18.1. Identify with DHW the summary handouts that will be prepared. HSRI will decide with DHW staff what summary sheets will be prepared.

*18.*2. Prepare the summary sheets. Summary sheets will be prepared related to the changes DHW plans, and the supporting policies and rules that will be enacted.

5. **Task to Communicate with Stakeholders (Task 19)**

    Task 19: Establish practices to assure stakeholder engagement.

    All understand the importance of good communication with stakeholders and the necessity of framing intentions and actions in ways to inform and garner support. As a result, the purpose of this task is to help DHW describe its effort effectively by framing it in positive ways to explain to stakeholders why these system changes are needed, what the change process entails, how new protocols will be implemented, and what effects are intended. In addition, the communications effort should also afford stakeholders opportunities to provide feedback so that policy decisions may be revised accordingly.

    Toward these ends the stakeholder engagement plan will require DHW to:

    - Develop and positively frame their **message** behind the goals and purpose for the system change and what the change process will entail.

    - **Distribute** information to stakeholders, including service recipients and their families, advocacy organizations, regional office staff, and providers, to describe and gather input about the changes DHW seeks.

    - Actively **engage** stakeholders to speak directly with constituency leaders, gain insight into the impact of the changes, problem-solve perceived issues, and build common cause among stakeholders consistent with the efforts.

    - Create a learning community or *community of practice* where all can **learn together** about the changes underway, how new practices can be best implemented, and provide opportunities for stakeholders to support one another.

    HSRI has considered a variety of means related to the planned system changes that are designed to educate stakeholders, keep them informed of the subsequent implementation activities, and gather feedback. The following activities are planned:

    19.1. Develop products that are consistent the overall intentions DHW has regarding system redesign (i.e., its goals, driving principles, operational plans and activities). Developing consistent products ensures that all stakeholders understand the project and are prepared to act in accordance with the changes to come. This requires that DHW:

    - Develop a <u>standard aesthetic look</u> (format, color scheme, templates) to be used by staff for all materials produced (website design, brochures, fact sheets, articles, memos, etc.) pertaining to the changes.

    - Prepare <u>culturally competent printed media</u> made available and comprehensible in the native languages of the individuals receiving services, including <u>handouts</u> that can be used at meetings or presentations, <u>briefs</u> to propose and address frequently asked questions, a <u>brochure</u> that DHW may distribute on their efforts, and <u>PowerPoint presentations</u>.

    - Design (or re-design) of a series of <u>web pages</u> that can be integrated into the present DHW website. On these pages, visitors can learn about the effort, view and

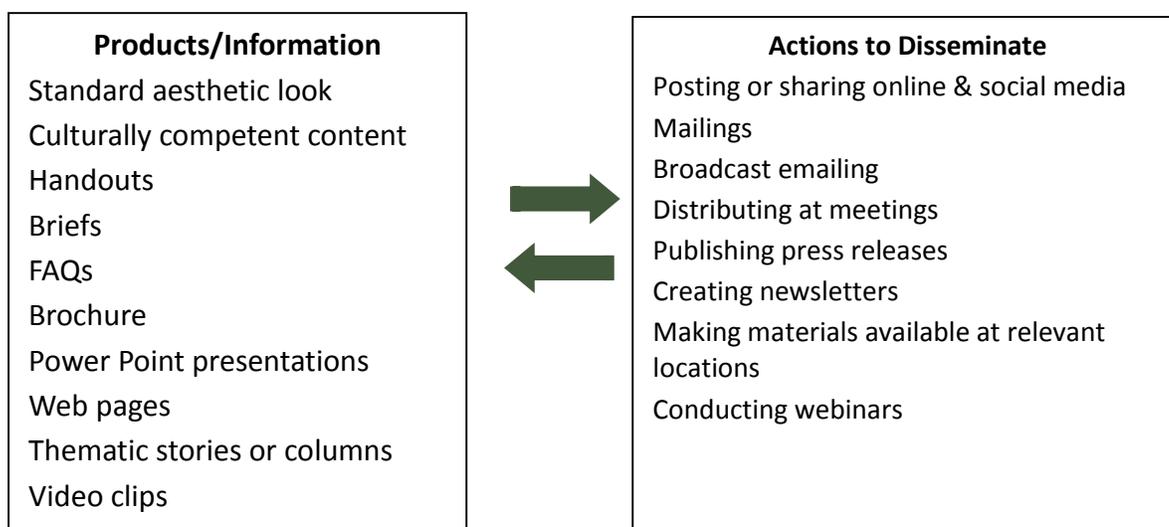download related materials, be directed to complementing resources and who to contact for more information.

- Prepare and distribute thematic stories or columns that DHW may insert into its newsletter and/or disseminate to other organizations to include in their newsletters.

- Links from DHW websites to video clips where viewers can learn about the system redesign (e.g., interviews of DHW staff, animated explanations of the redesign) uploaded on DHS' website and on social media.

19.2. Distribute materials. Individuals must be made aware of the changes to come, and how they will impact both their lives and work. This is achieved in a variety of ways including:

- Distributing printed materials by mailings, mass email, at meetings, press releases, display of materials in newsletters, having materials made available at selected locations (e.g., regional offices, provider association locations, and local advocacy group offices).

- Posting information and resources online (including meeting notices and minutes) at DHW's website and on social media.

- Convening public forums across the state to present information on the planned system redesign, answer questions, and seek feedback

- Conducting webinars to inform stakeholders about DHW's efforts.

The accompanying graphic illustrates the products that might be developed and the multiple means that might be applied to disseminate them.

Potential Product and Distribution

Products/Information		Actions to Disseminate
Standard aesthetic look		Posting or sharing online & social media
Culturally competent content		Mailings
Handouts		Broadcast emailing
Briefs	⟶	Distributing at meetings
FAQs	⟵	Publishing press releases
Brochure		Creating newsletters
Power Point presentations		Making materials available at relevant locations
Web pages		Conducting webinars
Thematic stories or columns		
Video clips		

19.3. Engage stakeholders directly with the systems changes. Building on the previous activities, stakeholders are engaged directly to gather their input, answer questions, and hear from those affected by the changes. In this regard, DHW may:

- Meet regularly with representatives of chief constituencies. The frequency of these meetings is negotiable depending on project pace and urgency of stakeholder participation, quarterly is advisable to start.

- Meet face-to-face with representatives of key advocacy and trade associations.

- Present at selected stakeholder meetings, such as quarterly or annual gatherings of advocacy groups or trade associations.

19.4. Establish learning communities to support and maintain mutual learning. Success in implementing a supports budget framework eventually requires new actions from all involved.

- *Individuals with IDD* will have greater control over the supports they receive, but also greater responsibility to make decisions about what is needed.

- Similarly, *families* of people with IDD will have greater opportunity and responsibility to make choices over the type and amount of services that are received, but also to build an array of unpaid supports around a loved one to promote community inclusion.

- *Case managers* will have greater opportunity to help the individuals take charge of their lives, but also responsibility to help create integrated supports plans that balance individual goals or aspirations with an assurance of health and well-being of the individual.

- *Providers* will need to reexamine their business models in light of a systems approach that emphasizes community inclusion and personal choice.

As a result, it is clear that DHW will enhance its chances for success by establishing *learning communities* for various stakeholders so that they are better prepared to take on their new roles. Most simply, a learning community is a group of people who share common values or beliefs, and are actively engaged in learning together from each other. In this instance, the "learning" is targeted at the successful implementation of the changes DHW plans. In addition, as groups of participants come together and share their experiences, their learning may be fed back to DHW leadership so that it may adjust the supports budget approach accordingly. Overall, this approach provides for a platform of mutual learning and systems improvement all around.

In the present context, HSRI acknowledges the potential for resistance among some stakeholders to the changes DHW seeks to make. Rather from shying from the challenges such resistance may present, establishing learning communities to provide positive opportunity for stakeholders to participate in the change offers a desirable alternative.

A popular way to begin is to take the measure of participants' expectations, positive or negative, of the proposed DHW changes including the opportunities seen and the topics participants want to cover. With such information, subsequent meetings of the learning communities may be planned and carried out.

6. Tasks to Implement and Evaluate the Framework (Tasks 20- 22)

Task 20: Establish an implementation plan and execute it.

The purpose of this task is to establish precisely how the how the supports budget framework will be rolled out. Building the plan includes the following activities.

20.1. Identify with DHW the particular decisions that must be made and the steps that must be taken. At a minimum, this will include:

- Deciding on whether to implement as of a certain date, and to immediately move everyone into the new model, or to phase individuals in based upon their annual plan date. We advise phasing in by each person annual plan date.

- Ensuring that individuals are assigned supports budgets prior to their planning meeting

- Deciding how individuals and their families will be notified of their supports budgets, but also how others will be notified (e.g., case managers, providers).

- Preparing letters of notification for individuals and their families, including means for populating these letters with appropriate information per person, and sending these letters when appropriate.

- Ensuring that letters are sent on time, and that service planning meetings are held as scheduled in accordance with the requirements of the HCBS waiver.

- Preparing case managers and DHW staff for responding to inquiries once these letters are sent.

- Outlining changes in roles for states staff and other stakeholders, as well as new roles associated with the project.

- Defining infrastructure adjustments that are required to manage a support budget framework.

- Detailing long-term responsibilities for managing the supports budget model.

20.2 Completing a readiness review in advance of roll-out. In advance of implementation, DHW staff and case managers need to be ready to implement the supports budget framework. Though many previously completed activities will have helped to prepare these individuals to participate in a successful roll out, DHW should conduct a readiness review to be sure that all relevant parties are prepared to implement.

To this end, a "Readiness Checklist" can be prepared and used to determine if the state is prepared to launch the supports budget framework. When needed, corrective plans will be prepared and enacted to ensure that DHW has a successful roll out.

20.3: Implement the plan. DHW will initiate the plan and begin rolling out the supports budget framework.

20.4. Design and execute "Responsibilities Transfer Plan." As the project approaches roll out, DHW and HSRI will meet to: (a) assess what roles HSRI is playing within the context of managing or guiding the supports budget framework, (b) decide on a plan for transferring many, if not all, such responsibilities from HSRI to DHW.

HSRI acknowledges the strong role it may play in assisting DHW with this effort. But with time, DHW will advisably seek to minimize HSRI's role in favor of the role its own staff plays. DHW, for example, may seek to manage its own communications effort or training for case managers. Other functions, however, may stay with HSRI for an extended period, such as managing the information portal. This activity is meant to provide opportunity for DHW and HSRI to definitively plan on how the initiative is managed post-implementation.

Task 21: Establish and initiate evaluation plan

The purpose of this task is to evaluate the impact of the supports budget framework. . The evaluation will focus on the intention of the effort, which is to establish supports budgets in accordance with assessed support needs. Reviewing the information available, including spending patterns in the year after implementation, will help DHW to make data based decisions and sharpen its approach.

HSRI will have available a variety of information, including data per person related to the roster of service recipients, supports needs data, support level assignment, assigned support budget, and historical service use patterns. Moreover, as the supports budget framework rolls out, HSRI will be able to gather subsequent service use and spending data. This will allow the Department to view the framework across these data elements:

- Baseline usage and spending—The amount of services that individuals have used in the previous fiscal year. This information will be reflected in the individual's claims files.

- Authorized individual support budgets—This is the amount that is actually authorized after exceptions requests have been taken into account.

- Service used and actual expenditures—This is the amount of services that are actually used within an annual period and their cost.

As the data are collected, means must also be established to review these data, transforming the results into information that may inform subsequent decisions by DHW leadership. This requires a purposed analysis plan to:

- Determine differences across the data elements, past expenditures, the anticipated supports budgets, service requests, authorizations, and eventually actual spending.

- Review the variance between high and low service users by supports budget and determine whether the variance has tightened.

- Query for specific services that are frequently requested, but not accounted for within the service packages.

- Query by level for approved requests greater than the targeted amount allowable within the supports budget.

- Estimate the number of people who are likely to request an exceptional review based on exceptional needs.

For such an evaluation DHW will need to:

- Develop an operational plan for collecting and storing the data that is required across all five data elements.

- Develop an analysis plan consistent with the inquiries noted above, including report outputs desired by DHW leadership.

Cost Considerations

The preceding work plan includes a number of decision points and alternatives that DHW must choose between. Depending on the choices that the Department makes at any given point, the scope of the engagement will change, and sometimes significantly so. A key decision, for instance, pertains to what assessment too the Department selects. Similarly, as the nature of the information available for the project reveals itself, the amount of effort required to execute a task could also significantly change. As a result, we cannot propose a firm, fixed price for our services under the engagement.

To start, we recommend that HSRI be compensated for time and materials per task, albeit with agreement per task regarding the scope of work required and division of responsibility between HSRI and DHW. In this way the Department will know what resources to set aside with each group of tasks as the project moves along. As decisions are made the overall scope of work will grow clearer and improved cost estimates will be possible. At that time, it may be preferable to detail a more precise scope of work and associated budget.

Organizational Capacity and Staffing

The Human Services Research Institute will be primarily responsible for completing the above describe work. We do, however, team with staff at Burns & Associates to complete work associated with expenditure analyses. Each organization is described below along with associated staff profiles.

Human Services Research Institute

The Human Services Research Institute (www.hsri.org), a national non-profit, tax-exempt corporation, was founded in 1976 to improve the availability and quality of supports for children and adults with disabilities and other vulnerable populations. HSRI staff strongly support efforts to improve community-centered responses to human needs, leading to service approaches that are family and person-driven and most apt to result in increased independence and self-sufficiency among service recipients in the fields of developmental disabilities, mental health, physical disabilities and child welfare. HSRI has two geographic locations, one in

Cambridge, MA and the other in Tualatin, OR. The HSRI work for this project will be staffed and managed by the Tualatin office.

Much of HSRI's experience lies in providing specialty consultation services to policy makers and state agencies interested in establishing budget allocations for people with intellectual and developmental disabilities. Our work in this area across many jurisdictions in both the United States and Canada has honed our understanding of how to undertake this work. We are confident that with the support of state staff and analysts, the HSRI team can complete this review in a timely manner. HSRI assigns the following staff to the project, though it may assign others, including others serving in consulting roles from other organizations, as warranted:

- **John Agosta, Ph.D**. is a Vice President of HSRI and will serve as Project Director. John completed his doctorate in Rehabilitation Research at the University of Oregon, specializing in research methods and community supports for people with disabilities, and has worked with people with disabilities for nearly 40 years. Employed at HSRI since 1983, he has worked under contract with state and federal agencies on a variety of projects focusing on community integration for people with disabilities. He is a nationally recognized expert in topic areas such as family support, self-directed supports and community-based support systems for individuals with intellectual and developmental disabilities. Regarding resource allocation, he has been involved with nearly all efforts at HSRI surrounding this topic, including work in 10 states, including Georgia, and two Canadian provinces.

- **Jami Petner-Arrey, Ph.D.,** is a Policy Associate at HSRI. She conducts research and provides consultation services to help states develop individualized supports budgets. Prior to joining HSRI, Jami earned her doctorate in special education from the University of New Mexico with an emphasis on advocacy, social justice, and public policy.

- **Alena Vazquez, J.D., M.S.W**., is a Policy Analyst with HSRI. She works on projects that focus on strategic planning, home and community-based services, and systems redesign centered on establishing individualized supports budges for service recipients. Prior to joining HSRI, Alena worked at state protection and advocacy agencies Disability Rights Oregon and Equip for Equality, as a developmental disabilities support services personal agent in Oregon, and as an independent living specialist with a center for independent living in Iowa.

- **Yoshiko Kardell, M.S.W.**, is a Policy Associate with HSRI and will serve as Stakeholder Engagement Coordinator for this project. She has a graduate degree in Social Work from Portland State University and an undergraduate degree in Social Work from the University of Nebraska - Omaha. At HSRI, she coordinates projects related to strategic planning, self-advocacy, and supporting families with members with IDD. She has several years of experience working for people with disabilities including providing direct support and state level advocacy. Ms. Kardell enjoys working with self-advocates and families to ensure their view and input is part of the resource allocation planning.

- **Colleen Kidney, Ph.D**., is a Policy Associate at HSRI. She conducts research and evaluation related to establishing supports budgets. She earned her Ph.D. in Applied Community Psychology and Research Methodology from Portland State University. Specialty study areas included Structural Equation Modeling, Multiple Regression and Multivariate Methodology, Psychometrics, Research Design, and Survey Methodology.

- **Brittany Taylor, MSSW**, is a Policy Analyst with HSRI. Her work focuses on data collection and analysis as well as strategic planning in service systems for individuals with disabilities. Prior to joining HSRI, Brittany completed a master's of science in social work at Columbia University, where she focused her studies on social enterprise administration as a Management Fellow. She received her bachelor's degree in English from Reed College.

- **Megan Villwock, M.S.W., M.P.H.,** is a Research Analyst at HSRI. She provides data management and analysis support for a variety of projects related to establishing supports budgets, as well as an evaluation of Colorado's Title IV-E Waiver and a Regional Partnership Grant in Summit County, Ohio. Prior to joining HSRI, she completed a community health fellowship in Alaska, where she conducted an evaluation of the behavioral health system in the Matanuska-Susitna Borough. She has also designed and conducted several community-based research and evaluation projects in California and Michigan. Megan earned a Master of Public Health degree and a Master of Social Work degree from the University of Michigan. She also holds a Bachelor of Arts in psychology and anthropology from the University of Michigan.

Burns & Associates

Burns & Associates, Inc. (B&A) is a health care consulting firm that specializes in assisting state governments and private entities develop customized, innovative approaches to the financing and delivery of health care and human services (www.burnshealthpolicy.com). B&A's specialties include strategic planning, financial model development, evaluation and audit, rate setting, and support of operations of health care programs. B&A's principals have been involved in the full cycle of public programs in more than 20 states from conceptualization, financing, implementation, and subsequent evaluation. B&A assigns the following staff to the project, though it may assign others as warranted:

- **Stephen Pawlowski, M.B.A.** Stephen has more than ten years of experience in human services operations and financing, budget development, and government affairs and has been with B&A since 2009. One of his particular focuses during his time with B&A has been assisting states in restructuring their home and community based services programs for individuals with developmental disabilities, including rate-setting and the development of resource allocation systems that set individual budgets based on levels of need. Prior to joining B&A, Stephen was the Chief Financial Officer for the Arizona Department of Economic Security (DES), which, among other responsibilities, is responsible for Arizona's developmental disabilities programs.