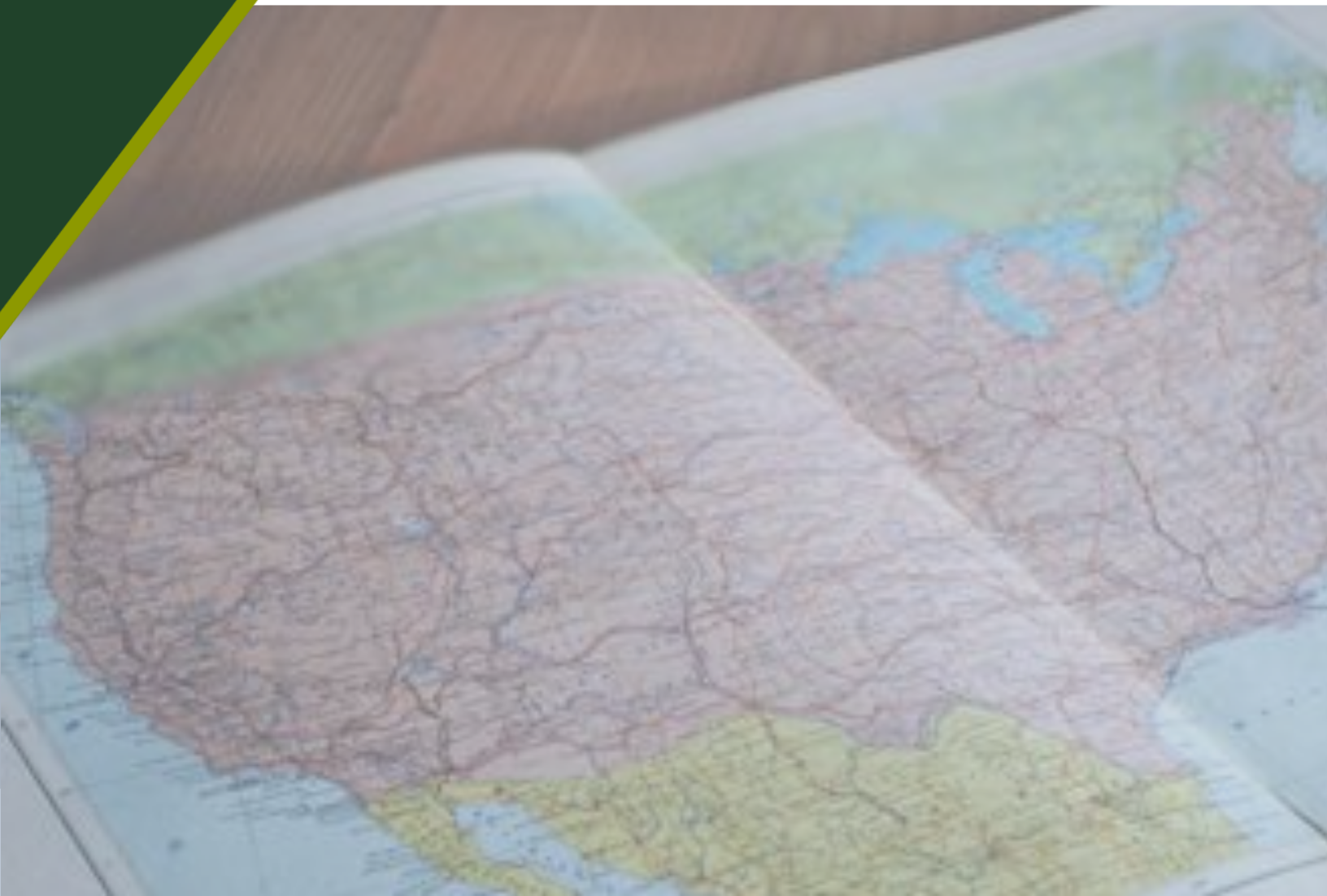# Budget Methodology Proposal

Minnesota Waiver Reimagine Project
Study 2, Task 3.6

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# EXECUTIVE SUMMARY

## Background

HSRI is under contract with the Minnesota Department of Human Services (DHS), Disability Services Division (DSD) to complete two studies. The first will determine potential options for reconfiguring four Medicaid Home and Community Based Services (HCBS) waivers associated with people with disabilities. The second will determine a unified individual budgeting model for the proposed reconfiguration, both for individuals utilizing regular waiver services and those self-directing services through the Consumer-Directed Community Supports (CDCS) service.

The project team is working with DSD and the Methodology Review Team (MRT) to develop the budget methodology for Study 2. This paper fulfills Study 2, requirements pertaining to task 3.6 and includes a proposal for the methods HSRI will follow to develop a proposed budget methodology for DSD.

## Methodology Development Proposal Overview

What follows is proposal of the work that we will engage in to develop the budget methodology. This proposal includes these nine tasks:

1. Involve stakeholders
2. Develop preliminary levels
3. Develop level descriptions
4. Collect data on level membership via survey
5. Analyze level membership data
6. Determine level framework criteria
7. Develop model service mixes
8. Conduct record review
9. Recommend recalibration methodology

After these tasks are described, concluding sections are offered to illustrate considerations that must be taken into account and next steps.

# METHODOLOGY DEVELOPMENT PROPOSAL

DHS seeks to implement an individual budget methodology. Work to develop this methodology is ongoing and is expected to be completed in August 2018. What follows is a detailed proposal to inform the development of the methodology. Tasks included in this proposal may change as development is underway, but we will inform DHS of any changes deemed necessary. We will also discuss with DHS the capacity and timing of the tasks outlined.

We expect that the proposal outlined below will be the only methodology developed. We do not anticipate creating separate models for each of the four waivers, Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Development Disabilities (DD) waivers, considered in this project. There are several reasons to support the development of single budget model.

- There is work underway to reconfigure the existing four waivers, meaning that these four waivers may merge and include multiple target populations—that is the populations currently included among four waivers—in a single waiver. In this case, a single budget methodology could unite the reconfiguration process.
- DHS has engaged in expansive efforts to simplify and unify the system; creating a single budget methodology observes and expands this movement.
- Individuals across waivers currently have access to nearly the same set of services and are using the same rates framework, though personal factors may impact the rates. Using a single budget methodology that attempts to account for the range of people who currently receive services from low to high support needs should be able to support all individuals to receive what they need.
- Providing higher or lower budgets to individuals who otherwise have access to the same services and rates may create strife for service users and does not promote equity across service recipients.

Throughout the work completed in this proposal, we will revisit this decision to assess whether it should continue to drive our work. If at any point we find evidence that doing so will adversely impact individuals on any current waiver, we will conduct additional analysis to determine if there are any explainable differences and discuss with DHS how to proceed. With this information in mind, we present a proposal for unified budget methodology that can be adaptable to any reconfiguration of waivers.

## Proposal

The proposal included below has nine tasks to develop a budget framework. The tasks are displayed in the figure to the left.

We propose a process that considers multiple data sources, including MnCHOICES data, expert opinion, and service recipient records. The budget methodology will involve the analysis of data at three stages. First, we will analyze MnCHOICES data to develop scales, determine items to include in later analysis, and determine preliminary levels. After developing data-driven level descriptions, we will collect additional data from experts in the field to analyze the relationship between MnCHOICES data and level assignment. This review will inform improvements to the preliminary level framework. Finally, we will collect data during a record review process to determine whether individual service recipient records support the level assignment framework as determined by previous analyses. This section details the nine tasks we propose for developing a budget framework.

## Task 1: Involve Stakeholders

Stakeholders have been vital to the work performed to date and have provided much of the context for our current understanding of the service system. Through activities completed to date, stakeholders have also helped us to consider how to move forward in the development of the budget methodology.

Since stakeholders have been so instrumental in the work to date, we plan to continue to find ways to involve them. As a result, throughout the proposal, we suggest a significant involvement in the process from stakeholders and field experts. Their involvement will lend credibility to the final budget methodology and provide us invaluable feedback.

Yet, while in the proposal we identify when stakeholder or expert involvement is recommended, we do not specify exact number or roles of individuals in stakeholder and expert roles. In this regard, we appreciate that some of the tasks we propose for these individuals are time-consuming and difficult. Therefore, we will work with DHS to determine the best composition of participants for the tasks in each step and how these individuals may be utilized. We may, for instance, stagger invitations across stakeholders and experts or ask for commitment/interest in all tasks up front. We may also consider the possibility of payment or incentives for participation (e.g., meals during meetings, gift cards, transportation assistance, and/or day care assistance).

After this proposal has been approved by DHS, we plan to share the proposal with the stakeholder group. We will provide information about how we intend to complete the work of the proposal. We will allow time for stakeholders to ask questions and to generally discuss the approach, and we will ask for feedback on our process.

We will lead a presentation and an activity to walk the stakeholder group through the remaining steps in the proposal. The activity may involve a shortened example version of the level membership survey, where stakeholders read and discuss a service recipient profile and determine group membership. We will then discuss how such results will be aggregated to determine level framework criteria. In addition, or alternatively, depending on time and DHS preference, we may lead an activity on developing model service mixes, were we show examples of past utilization and potential service mixes and ask groups to discuss how they would build a model service mix.

Feedback from the stakeholder meeting will be incorporated into the methodology development plan as deemed appropriate by DSD and HSRI.

## Task 2: Determine Preliminary Levels

Through work in Study 2, Task 2.4, we prepared preliminary levels to begin considering a potential level framework and as a lens to consider the differences among service recipients by key demographic features. In this task we will refine the preliminary level framework. Specifically, these steps will be completed:

1. Determine the MnCHOICES items that the level criteria will likely use
2. Determine the number of levels in the level framework
3. Group individuals into preliminary levels

Prior to beginning any analysis, we will list and discuss the initial decisions about data preparation with DSD. These data preparation decisions include dealing with various types of missing data. Missing data may result from skip patterns and so be managed differently than data missing for other reasons. Due to the analyses planned, some missing data may be replaced with imputed values, such as through a procedure called *full information maximum likelihood imputation*.  Here, a value is imputed statistically based on all other variables in the dataset.

In addition to missing data, we will notify DSD of any other areas in the dataset that we plan to change or transform. This step is crucial to understanding the dataset modifications prior to analysis, as it may have implications for data handling in the future (e.g., automatic recoding of skip pattern missing values).

### Step 1: Determine the MnCHOICES items that the level criteria will likely use

Once we have prepared the dataset for analysis, we will examine the items that may comprise overarching measures of support need for general support need, health support need, and psychosocial support need. While we may choose to include individual items later (e.g., diagnosis, specific supports for mental health or physical disabilities), these three areas will likely make up the most variance within the final criteria for support level. We may determine that scale scores for general support need, health, and psychosocial needs are appropriate for use in the level framework during this step. These analyses are necessary for psychometrically sound aggregation or data reduction of individual item scores into overarching scores of general support need, health support need, and psychosocial support need. By reducing MnCHOICES down to one overarching, latent variable of support need comprised of different dimensions of support need, we will have the ability to more effectively apply MnCHOICES data for level assignment. This also makes level assignment less susceptible to "gaming" by considering an overall score across many items rather than weighing individual items.

To determine the items for inclusion in overall scores and whether we may produce scale scores, we will first conduct exploratory factor analysis (EFA) on a stratified random sample of service recipients with MnCHOICES data using SPSS 20.0. The strata will include waiver and age group (children and adults). After exploring the items and skip patterns and discussing them with DSD, we may determine different or additional strata that are important to the analysis or may determine it necessary to conduct the analysis separately for children and adults or for CDCS and non-CDCS service recipients. The result of the EFA will be an understanding of the number of underlying dimensions in the data and how items relate, or whether they should be excluded from measures of support need.

## Analysis Terms

This simple key includes terms for some analyses we may conduct if deemed necessary and best suited for the data.

**Full information maximum likelihood** changes missing values to non-missing values using statistics to predict the most likely response based on the whole dataset

**Descriptive analysis** shows a general sense of the make-up of a group, such as average, frequency, or standard deviation

**Factor Analysis** identifies the underlying dimensions of a measurement, including relationships between items and whether any items do not relate to the underlying dimensions

**Latent Class Analysis** identifies the number of groups and composition of each group that best fit the data

**Regression Analysis** identifies significance, direction, and magnitude of relationships between one or more independent variable(s) and the dependent variable

Next, we will use another stratified random sample (from the population of individuals not included in the EFA) to conduct a confirmatory factor analysis (CFA) using MPlus 7.4. The CFA will show support for the structure of the support need measure(s) and inclusion of items for analysis. If the analysis supports good model fit, we will move forward with analysis considering a multi-dimensional measure of support need with the structure created with EFA and CFA findings.

If we do not find good model fit, we will return to the EFA findings and reconsider the structure of the CFA model. While many general support need items in MnCHOICES have uniform Likert scale response options, the health and psychosocial sections may pose a greater challenge for creating a sum scale measure. We will determine other options for analysis if factor analysis is deemed inappropriate for these items.

At the end of this step we will have the items that we will include in remaining analyses, and the composition of scores for overarching support need variables (e.g., general support need, health support need, and psychosocial support need). We will also have additional items that may contribute to the level framework identified and prepared for analysis.

### Step 2: Determine the number of levels in the level framework

Once we have determined the items for analysis, we will determine the best number of groups for the level framework. This task will take place using statistical analysis as well as consultation with DHS and the MRT to ensure practical soundness.

We will conduct a series of latent class analyses in MPlus 7.4 to inform the number of levels, items/scales used, and scores on items/scales that indicate group membership. Latent class analysis[1] (LCA) is a statistical analysis for identifying class (or group) membership among individuals. LCA uses measured data (i.e., MnCHOICES) to find groups of similar individuals. LCA tests whether the data support a pre-determined number of groups that exist in the data, and which individuals belong to each group.

We will conduct analyses to test the fit of a series of models using the items and scales determined appropriate in the previous step via EFA and CFA. The models will differ on the items included, number of groups (levels), and aggregation of items into sum scores. The purpose of testing a variety of models is to use this exploratory analysis to determine the best fit model across a variety of options.

We will conduct the LCA with a sample of service recipients with MnCHOICES data. As with the EFA and CFA, we will determine what strata are appropriate to use for the sample and/or whether the analysis should be repeated in different subpopulations of the data.

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[1]   Muthén, B. (2004). Latent variable analysis: Growth mixture modeling and related techniques for longitudinal data. In D. Kaplan (Ed.), Handbook of Quantitative Methodology for the Social Sciences (pp. 345–368). Newbury Park, CA: Sage.

Once we test various models with LCA, we will consider the best fit model using the following requirements for consideration for the preliminary level framework:

| | | |
|---|---|---|
| Model shows statistical fit and good entropy | Classes are statistically different from one another | Classes group individuals from low support need to high support need |
| Classes group individuals in a way that captures the complexity of the population | Classes distribute individuals among levels in practically-sized groups | Classes closely correspond to scores on support need variables |

## Statistical Fit and Entropy

The LCA will provide statistics about the model fit, including the chi-square test, Akaike Information Criterion (AIC), and Bayesian Information Criterion. These statistics provide information about whether the model may be supported statistically. The LCA will also provide information on entropy, a measure of classification certainty. That is, a higher entropy indicates that classes contain individuals that are more similar to one another within the class than in other classes. This model requirement provides the statistical grounding for the level framework.

## Differences Among Classes

Next, classes must be statistically different from one another. That is, a general linear modeling analysis must show statistically significance among classes. This model requirement provides support for grouping support levels based on MnCHOICES data, and justification for providing different rates and/or support budgets to each group.

## Low to High Support Need

LCA uses an iterative process to determine class membership to latent, or unmeasured, variables. Observed or measured variables are caused by unobserved or latent phenomena. Applied to this analysis, MnCHOICES measures support need. The LCA tests the patterns of interrelationships among observed variables (MnCHOICES items and scales) to understand, characterize, and classify the underlying latent variable (support need). We will test each model by forcing the variables included and the number of classes, and the LCA will determine fit and class membership. However, LCA does not use additional information on the desired group membership. LCA uses the measured data to form groups. Therefore, the classes may not logically group into low to high support need, but instead form classes composed of variations on the subscales in the analysis. The LCA may find the greatest statistical fit in a model containing groups that are differentiated by particular items or scales. For example, the greatest fit model may comprise one class having high ADL support needs and low IADL support needs, another class with both high ADL and IADL support needs, and a third class of individuals with both low ADL and IADL support

needs, with a range of other types of support need within each class. While the statistically significant fit of such groupings may be theoretically interesting, such a model is impractical for use in identifying general support needs. Therefore, such a model cannot be applied to the level framework. We considered only models that display support needs ranging from low to high for a level framework.

### Captures Complexity of Population

Even though classes must range from low need to high need, we must also consider the complexity of support needs across the service recipient population. Support needs may not be captured by low, medium, and high on a single continuum, but may be multidimensional considering how need varies by diagnosis, waiver, age, or other variables. The LCA will provide initial groups within the data, but we will use practical reasoning to determine which model (if any) captures the complexity of the service recipient population in a way that may be helpful for the purposes of budget allocation. That is, the findings may support low to high need for some subpopulations (e.g., those without mental health needs) but fewer or different qualities for other populations (e.g., those with mental health needs). We will use this opportunity for exploratory analysis to explore the possible models for the framework until we determine the best preliminary solution.

In addition to considering only the best fit model, we may choose to only include some items or sections of MnCHOICES in this analysis (or later remove them after analysis of some models) and make decisions on inclusion of other items or sections based on policy/practical rationale. For example, we may determine that one item in MnCHOICES is important for service mixes/budget such as hearing loss, but none of the LCA models adequately capture different levels of need related to hearing loss. We can remove hearing loss from the LCA and consider it a separate add-on variable to the preliminary level framework, to be analyzed more completely in later steps.

### Class Size in Proportion to Population

While this methodology uses a data-driven approach to determine a support level framework, practical limitations are considered throughout. In addition to only considering models with a practical number of support levels and whose levels correspond to increasing support need, we will also consider the practical implications of size of the classes. The LCA will assign class membership without regard to the proportion of individuals within classes. A model may have adequate statistical fit, but if classes are vastly disproportionate and do not correspond to what is known about the population's support needs, the model may be infeasible. For example, if the highest support level comprises an overwhelming percent of the population, the cost implications for a jurisdiction may be impractical. For this reason, we considered the proportion of class sizes when determining the final framework.

### Correspond to Sum Score of General Support Need

The level framework must be transparent and comprehendible. For this reason, we require the most parsimonious model with clear and consistent criteria. While the

LCA and subsequent analyses will effectively group individuals into classes, those classes will not neatly correspond to cut-offs for items or scales. Instead, the analysis considers all variables to group individuals most similar to one another, which may mean slightly higher or lower scores on some of the items or scales than others within the group. We will use these groupings to inform what score on included items and scales best identify level membership. We will use the LCA findings to inform a level framework, not as a methodology for assigning levels.

Since we will use class membership to determine how items and scores may inform level membership, classes must closely correspond to a sum score of general support need. That is, after we determine the appropriate items and scales to include in the level framework, we determine the best way to combine scores. We will examine the combined scores by class membership to determine which scores are associated with each class. If classes do not correspond to specific groups of support need scores, the model cannot inform the level framework in a clear and consistent way. If the support need scores overlap between classes, other factors will be considered to determine the support need, including class size and relationships among levels and individual items. That is, we will examine items from individual assessments in the overlapping questionable ranges of scores to consider whether common specific needs seem more aligned with the lower level or the higher level that the individual may be assigned.

At the end of this step we will have findings from an LCA that assemble individuals into logical and statistically sound groups that we will use in the next step to inform levels.

### *Step 3: Group individuals into preliminary levels*

The LCA will indicate—based on the best fit model determined in the analysis—which class each person belongs to using MnCHOICES data. Since the analysis considers the range of scores possible for each person on the MnCHOICES items/scales separately rather than as one sum score, the classes do not form levels based on a sum score of the items/scales. For a framework that uses the items and scales sum totals, we must make adjustments to the class membership dictated by the LCA to make preliminary levels. Levels will be determined by using cut-off scores that most closely create levels that match the class membership from the LCA model. Note the distinction between *class* and *level* in this analysis: *class* is the group an individual is assigned to by the LCA, and *level* is the group an individual is assigned to in the framework we created based on the LCA class data.

Once we form preliminary levels, we will test to ensure they are statistically similar to the original groups and that the levels are statistically different from one another with general linear modeling. Lastly, we will generate descriptive statistics to understand the means, medians, ranges, standard deviations, and frequencies of MnCHOICES items by preliminary level. This step results in preliminary criteria for level assignment and descriptives for each preliminary level.

## Task 3: Develop Level Descriptions

After we have developed the preliminary levels, we will develop level descriptions. Rather than relying on the opinions of experts alone, we will use data and expert opinion to inform the level descriptions.

As described in Task 2, we will begin this step with the number of levels in the framework, preliminary criteria for assigning level, and descriptive statistics from MnCHOICES on each level. In this task, we present the descriptive statistics of each of the preliminary levels to an expert panel who will identify the characteristics that define each level that, once aggregated across all experts, will become the level descriptions.

### *Step 1: Organize an Expert Panel*

We will coordinate with DHS to compose an expert panel. The expert panel will include individuals in various aspects working in DHS and may include other entities. For example, DHS may wish to include members from the advocacy community or members from the University of Minnesota. The number of individuals who participate in the expert panel will be determined in coordination with DHS.

### Expert Panel

An expert panel will be used in key parts of the methodology to provide specialized input that will inform the methodology.

We expect that the expert panel will have significant experience working in, or otherwise involved the field and will support the initiative to implement a budget methodology overall, so as to be willing and enthusiastic in participating. The panel will need a range of expertise. Since we know that individuals with specific medical and behavioral needs often have higher costs associated with their support, we anticipate that the expert panel will include some individuals with expertise in extensive healthcare needs and significant behavioral needs. Since these budgets will be introduced across the existing four waivers—the BI, CAC, CADI, and DD waivers—It may be worthwhile to consider including experts who have expertise related to populations served under specific waivers. For example, DHS may want to include an expert in Brain Injury or an expert in Mental Illness. DHS can also give consideration to some of the experts suggested by the stakeholder group. The inclusion of a range of expertise will help to ensure that the definitions composed cover the broadest possible range of support needs.

### *Step 3: Provide Level Description Development Training*

Our team will lead this engagement with the expert panel. We will walk the panel through a process to develop the level descriptions. Currently we anticipate that we will start with a presentation of some of the descriptive statistics of MnCHOICES data

across preliminary levels. This will be followed by a training for completing an online worksheet describing the support needs of each group. We will end the training by answering questions and providing follow-up details, like the deadline for submitting level description feedback. We anticipate conducting the training in-person if possible, or via webinar, and allowing up to 1.5 weeks for the panel to submit worksheets online.

### *Step 4: Collect feedback Using a Web-based Worksheet Data Collection*

The online worksheet will be available for the expert panel to complete individually once the training is complete. In addition to asking for identifying information to follow up on responses if needed, the worksheet will present data on each preliminary level then guide the expert through questions about the best way to describe individuals in the level. This worksheet will include the same question across all levels. The worksheet will ask questions to get the expert panel to consider the unique circumstances of individuals with support needs in each level and to use their professional judgement to discern the unique needs that comprise each level.

This worksheet will be similar to an activity that we lead during the May stakeholder meeting where groups discussed what individuals with various support needs may look like as a group. See Appendix A for a shortened version of that activity handout. However, unlike the stakeholder activity, this activity will involve creating descriptions based on aggregate descriptive data.

### *Step 5: Analyze Information Collected from the Online Worksheet*

We will analyze the data from the online worksheet and use the findings to compile draft level descriptions (one description per level) to present to DHS. We will also use stakeholder feedback and draw on our past experiences in other jurisdictions to write the level descriptions.

This step will result in data driven level descriptions for preliminary levels. As the criteria for levels are not finalized, the level descriptions may require later editing. However, our goal will be to draft level descriptions with corresponding levels that are practical and may be used in the future regardless of recalibration efforts or even implementation of a different assessment tool. The level framework and descriptions should—at this point—be robust enough to apply to the service recipient population regardless of assessed need. See Appendix B for level descriptions developed in another jurisdiction for an IDD waiver.

## Task 4: Conduct Level Membership Survey

Once we determine the preliminary level framework and finalize level descriptions, we propose to utilize an expert panel to test the framework.  Given a sample of service recipients, we will supply panel members with information about the framework and selected MnCHOICES assessment results on some number of people assigned to

them. Based on this information, panel members will assign individuals to a support level.

Now, we will be able to test the significance, direction, and magnitude of the relationship between level assignments made by the expert panel and the MnCHOICES data. Put another way, the expert panel level assignments will serve as dependent variable, allowing us to explore the relationship of MnCHOICES data with these level assignments. We expect that the analyses will help us to refine the level framework and the settle on the specific assessment criteria that will be used to assign individuals to a support level.

To complete this task, we will create a survey that presents service recipient profiles (based on MnCHOICES items) and asks: "based on the level descriptions, which level should each individual be assigned?" The survey will include additional items to probe at the rationale behind the expert's level assignments as well.

### Step 1: Compile Service Recipient Profiles

To conduct the survey, we will first create service recipient profiles from MnCHOICES data from a sample of service recipients. The sample will be representative across the spectrum of the population, including age group, region, waiver, support need, living setting, and/or other criteria determined as important for representation. We will determine the specific sample size and composition based on the preliminary level framework, since representation across those levels is most important for sample strata. The sample will include adequate representation from all levels. We will work with DSH to confirm the development of the sample so that the final number of individuals included in the sample is manageable given the time available for this task and the available of the expert panel.

Profiles will be de-identified and contain only information necessary for making a judgement about support needed. The information in the profile will clearly and succinctly summarize the support need of the individual across all domains of support need included in MnCHOICES. Though the profiles will not contain any personally identifiable information, we will also work with DHS to ensure that proper protocols of sharing MnCHOICES data are fulfilled.

### Step 2: Develop Level Membership Survey

As specified above, the survey will involve the expert participant reading a service recipient profile and answering up to 10 questions about the level of support needed (based on the provided level descriptions) and probing questions to help us understand and interpret their rationale for the level assignment.

We will structure the online survey so that it is logical and simple to complete. We do not anticipate each expert to review all service recipient profiles. Instead, we will randomly assign profiles to each expert so that each profile is reviewed once, and a number of profiles are reviewed more than once to test for interrater reliability. We will work with DHS to determine how best to coordinate the work of the expert panel,

since it may involve a significant commitment. If this commitment poses a challenge for DHS, we will coordinate means to entice participation (e.g., gift cards, stipends) or consider an alternate method for completing the survey.

### *Step 3: Train the Expert Panel to Complete the Survey*

As survey participation requires substantial time commitment and understanding of the task, we will conduct a required training for all participants. We may provide training in person or through a web-based platform. We will determine with DHS how best to distribute the survey, although an online survey in combination with emailed materials will likely be the most convenient method of data collection for survey participants and us.

Note that the expert panel for the level membership survey may be comprised of the same individuals as the panel in the previous task. DHS, however, may choose to ask different or additional individuals to engage in this step. We will work with DHS to strategize about the number and composition of expert panels across steps.

### *Step 4: Conduct the Survey*

After we have agreed with DHS on the number and composition of the expert panel we will conduct the survey. Since this requires substantial commitment and may be time intensive we will work with DHS to outline the specific schedule that the expert panel is to follow and will take all efforts to minimize the time commitment.

We will distribute the survey for a duration of approximately one and half weeks. During this time, we will available by e-mail to respond to questions about the survey and to offer technical assistance as needed. If any problems arise for the expert panel during this time, we will regroup or provide additional guidance as necessary. We may also offer several check-ins to allow the experts an avenue to discuss their efforts with other members from the expert panel.

At the conclusion we will collect all of the data generated, review the information for completeness, and reach out to participants if we have questions or require additional data.

## Task 5: Conduct Level Membership Survey Analysis

After survey data collection is complete, we will analyze the results in SPSS 20.0. We will conduct this analysis for three purposes:

1. Determine criteria in MnCHOICES that relate to levels, according to the expert panel
2. Determine differences in expert panel criteria and our preliminary level framework
3. Test interrater reliability of expert panel

This section describes the analyses for these purposes.

### *Step 1: Determine criteria in MnCHOICES that relate to level, according to expert panel*

Using level membership from the survey as the dependent variable, we will conduct regression (or other appropriate analysis) to determine which items or scales relate to level assignment. Once non-significant items/scales are removed, we will determine the specific criteria on each included item/scale that gets individuals into expert-assigned level. From this analysis, we will generate the level criteria as determined by the level membership survey.

### *Step 2: Determine differences in expert panel criteria and our preliminary level framework*

Once we establish the expert panel criteria, we will compare that framework to our preliminary level framework based solely on MnCHOICES data. If the frameworks are different, we will explore the differences, and determine which aspects of each framework are most suitable for the entire population. We will consider that the expert panel survey will be conducted with a considerably smaller sample than the MnCHOICES analysis but may benefit from expert review.

### *Step 3: Test interrater reliability of expert panel*

In addition to considering the smaller sample size, we will also consider differences among experts in responses to the level membership survey. We will calculate interrater reliability to statistically test for differences. Findings from this analysis will also inform whether and/or how adjustments to the framework may be made.

At the end of this step, we will have preliminary level criteria from our MnCHOICES analysis in addition to expert panel level criteria that may inform modifications to the preliminary level criteria in the next step.

## Task 6: Determine Level Framework Criteria

This task involves making any adjustments necessary to the preliminary level criteria based on findings from the level membership survey. If warranted, we will revisit the factor analyses and latent class analysis to ensure ongoing statistical soundness. If necessary, we will conduct these analyses again considering any new items, scales, or group membership criteria. If any decisions cannot be statistically supported, we will meet with DHS to present the issue(s) and determine the best route forward. Likely, any lack of statistical significance or model fit will be attributable to the complexity of the service recipient population, and necessary adjustments should be implemented with the attention to analyze later to evaluate the decision.

We will share the finalized level framework with DHS at this point.

## Task 7: Develop Model Service Mixes

Once we have established the final level framework, we will begin work to develop the model service mixes.

### *Step 1: Update the Service Mix Analysis*

First, we will update the service use analysis to account for the new levels. This will give us a wealth of information related to the services that individuals at each level have typically used in the past. We will be able to judge:

- The total budget for all included services by level
- The range of services that individuals in each level have used
- The average amount of services that individuals in each level have used
- The average rate for services that individuals in each level have used
- Differences in budgets by level
- Differences in service use by level
- Differences in rates by level

With this information we will be able to understand a typical service use pattern for each level, and to understand distinct differences by level. At this point, we will meet with DHS to confirm certain policy decisions that are required for the development of the budget methodology including:

- Finalizing the living settings
- Determining the budget divisions (e.g., age, living setting)
- Considering which services are included in the budget by level and other divisions
- Considering which services are excluded from the budget

This discussion will involve both a review of past service use and consideration of desired service use going forward.

### *Step 2: Build Service Mixes*

With specific decisions in place we will begin work with the expert panel to develop the service mixes. Again, this expert panel may be composed of members previously involved in the level description development or who participated in the survey, but may also involve new members.

We will review any divisions that will compose a unique budget cell (e.g., living setting, age, level—see Background and Methods) with this group to promote understanding among the group as to why the divisions are necessary. We will review and confirm the range of services that might possibly be included in the budget.

Next, we will work with the expert panel to review the updated expenditure analysis and consider the service needs of individuals in each level. We will engage in a structured conversation to jointly discuss the final level framework, the service use patterns by level, and the level descriptions. We have completed this work elsewhere and expect to have a robust conversation about the needs of individuals by level. We

will guide this group to consider each level description and to think about the types and amount of services that individuals at each level might need. This process will involve two interactive components.

*Discussion to establish service mixes:* We will begin walking through each service to determine how much of any given service is needed and reasonable by level. As each service is individually considered, adjustments may be made to the service mix to account for decisions elsewhere. Typically, this involves several iterations to determine the appropriate service mix for each level and division to create preliminary service mixes. Note that we may prepare a proposed service mix to help begin the conversation. After a few options have been considered we will engage in the second phase of the conversation.

*Data-based Review:* In the second phase of this discussion, we will use analysis to apply decisions. We will apply an actual or average rate, per service per level to determine the specific amount of services that the expert panel decided upon per level. As we apply these, we will be able to review the impact of various decisions, including reviewing the number of individuals whose budget will rise or fall. This may, in turn, lead to adjustments to the initial service mixes that were developed in phase 1 of the discussion. Our intent in this phase is to finalize the service mix, that will later be examined during record review.

From this discussion we will be able to detail the services and rates included in each service mix. By using an average rate of service and multiplying by the units of services in the service mix, we will be able to compute the final budget for each level. We may compute budget ranges by either accounting for the range or rates paid for each service, by adding a fixed dollar value above and below the amount, by computing a percent above and below, or by computing a percent of historical spending above and below the service mix. See Appendix C for an example of a service mix.

Ideally, this conversation is undertaken in a face-to face meeting, although alternative arrangements can be made. After the budget or range is developed for each level and division (e.g., adults and children), the final service mixes and budgets will be provided to DHS. At this point, fiscal analysis will begin, though it will not conclude until after the record review process is complete.

## Task 8: Record Review

The final data collection activity will incorporate a new data source, service recipient records, to determine whether the level framework accurately assigns individuals to levels and whether the model service mixes adequately meet the needs of individuals. The results will likely confirm that the level framework, level descriptions, and service mixes seem to fit the needs of service recipients. The process adds another layer of data collection and empirical support for the budget methodology. We have implemented record reviews in six jurisdictions, finding the experience invaluable for

validating the work. The record review seeks to determine the support needs of individuals, ascertain whether they are assigned to the right level, and determine whether the model service mixes for each level are adequate. The record review has four overarching aims:

Determine the amount of support each person needs as indicated in their record

Determine whether people assigned to the same level have similar support needs

Determine the relative support need of individuals assigned to each level

Determine that the model service mixes and budgets meet the needs of individuals in each level
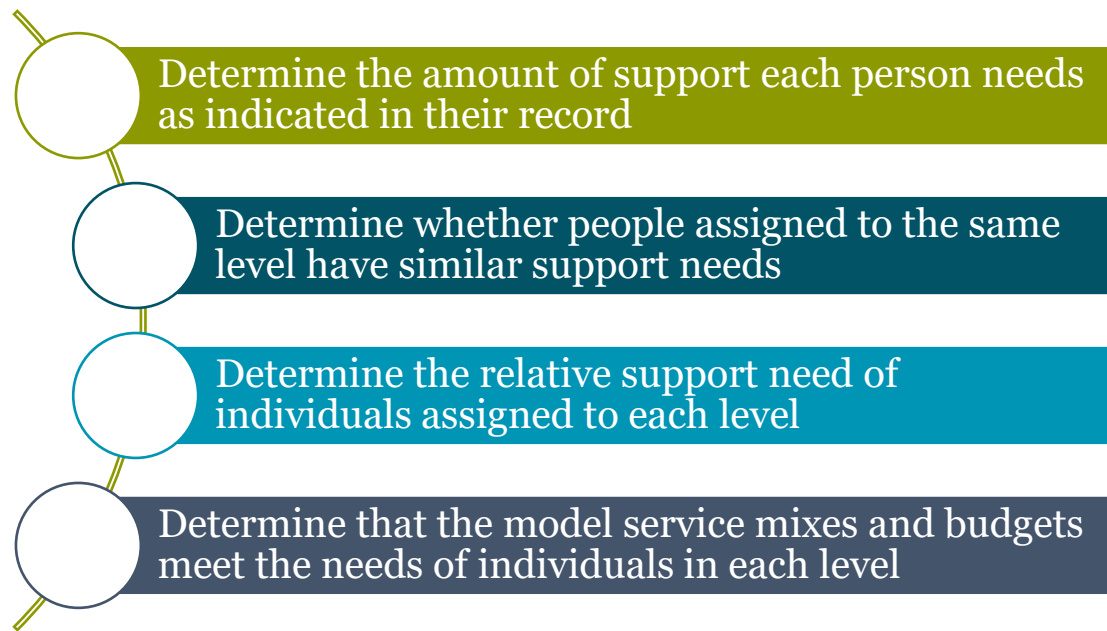
The record review will take place in-person for 3 to 5 full days, depending on the number of levels in the final level framework. During these days, we will train a group of up to 30 individuals to conduct the record reviews, then break into small teams to review records. We will lead and manage the onsite review with the assistance of DHS staff.

The following figure displays the process.

HSRI creates a sample → County and state staff pull and copy records → State staff invite record reviewers → Reviewers meet and complete record review forms → HSRI compiles, analyzes, and reports on results
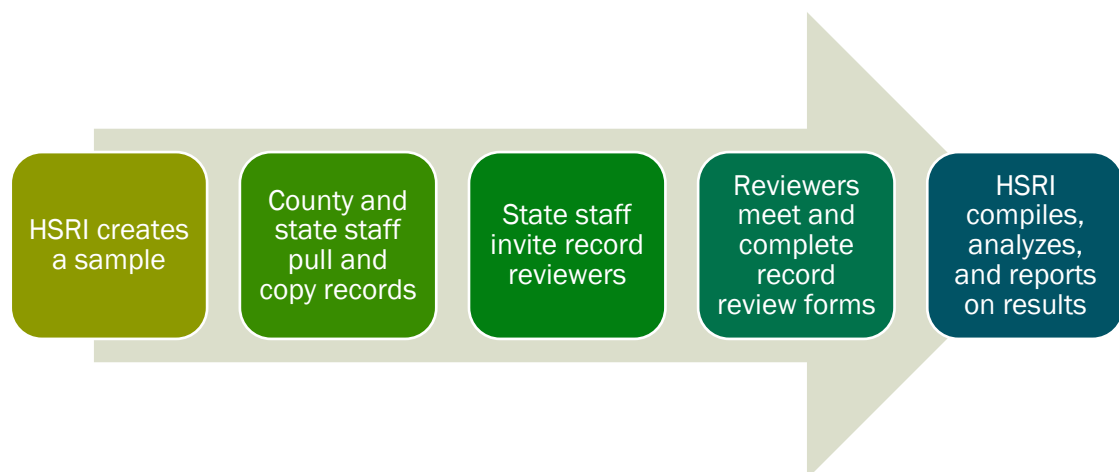
### Step 1: HSRI Creates a Sample

First, we will select the sample of individuals whose records will be reviewed. The sample size will be determined by considering the number of levels, divisions in the levels (e.g., adult or child), and other unique factors that should be accounted for. For example, we will likely want to ensure that there are enough individuals who use CDCS counted in the sample. We will send the list of individuals in the sample to DHS.

### Step 2: County and State Staff Pull and Copy Records

Next, we will coordinate with DHS to ensure that the relevant information is compiled for each individual included in the record review. The records that are compiled for each individual may include:

- Person-centered plan
- Assessment results
- Utilization records
- Diagnoses
- Medical information and plans
- Behavioral information and plans
- Other assessments
- Therapy assessments
- Incident reports or crisis notes
- Individual Education Plan

Much of this information is already included in MnCHOICES. All of the information will be printed out and pulled into a folder for each individual. To protect the privacy of individuals whose records are reviewed, DHS may consider redacting records or asking record reviewers to sign a confidentiality agreement. We will work with DHS to ensure confidentiality of the records.

### Step 3: State Staff Invite Record Reviewers

Next, we will work with DHS to select individuals to take part in reviewing records. The group will be comprised of experts and other key stakeholders familiar with service practices for people with IDD. Reviewers may include knowledgeable professionals, assessors, case managers, health professionals, therapists, behavioral support specialists, advocates, people with disabilities and others. The composition of the reviewer group should have a range of competencies and in-depth understanding of support needs. Reviewers will need to be able to critically evaluate support needs and available services.

### Step 4: Reviewers Meet and Complete Record Review Forms

We will lead the onsite record review, which will include a training for reviewers to efficiently and effectively complete the review. We will develop protocols and materials for the onsite review. The record review process will take 3 to 5 days depending on the sample size and number of reviewers.

The record review will take place by:

1. Determining the support need for each individual
2. Determining whether the level framework and model service mixes are adequate for each level

These will involve small groups. Initially, each reviewer will carefully read one record. Then, reviewers will take turns presenting the record to their small group and guiding the group through the first set of forms. See Appendix 4 for an example page of a Step 1 form used in a previous record review. The form asks questions about the support needs of the individual. The reviewer will record the group's responses to the form questions. This process repeats until all records are reviewed once, and some records are reviewed more than once between small groups to test interrater reliability.

Next, we will provide each small group with the filled-out forms and associated records for every individual in one level. As a small group, they will compete the Step 2 form. This form asks about the overarching needs of the group, whether their needs are similar, and whether the service mix for that level is adequate for the individuals in the level.

### *Step 5: HSRI Compiles, Analyzes, and Reports on Results*

HSRI will take all completed forms and enter the data for analysis. We will examine interrater reliability among reviewers, and complete analyses to understand whether the record review showed support for the level framework and service mixes or if adjustment are necessary.

As an example of the type of findings that the record review will yield, the figure below displays a graph from a previous record review that we conducted in a jurisdiction with a 5-level system for an IDD waiver. The levels, also described in the level description in Appendix B, ranged from low support need (Level 1) to high support need (Level 5). In Step 1 of the record review, we ask to rate the amount of support the individual requires in various areas (indicated by color, key to the right of graph and specific questions displayed in example Step 1 form in Appendix 4) on a scale from 1 (low) to 5 (high). The graph shows the average scores on those items across the areas of support and by level. This graph shows that support for most areas increase incrementally with each level. The exception to this trend is support for behavioral challenges, which are handled in this jurisdiction separately from their 5-level system. Since the level system does not specifically include behavioral needs in any levels, we anticipated this finding.
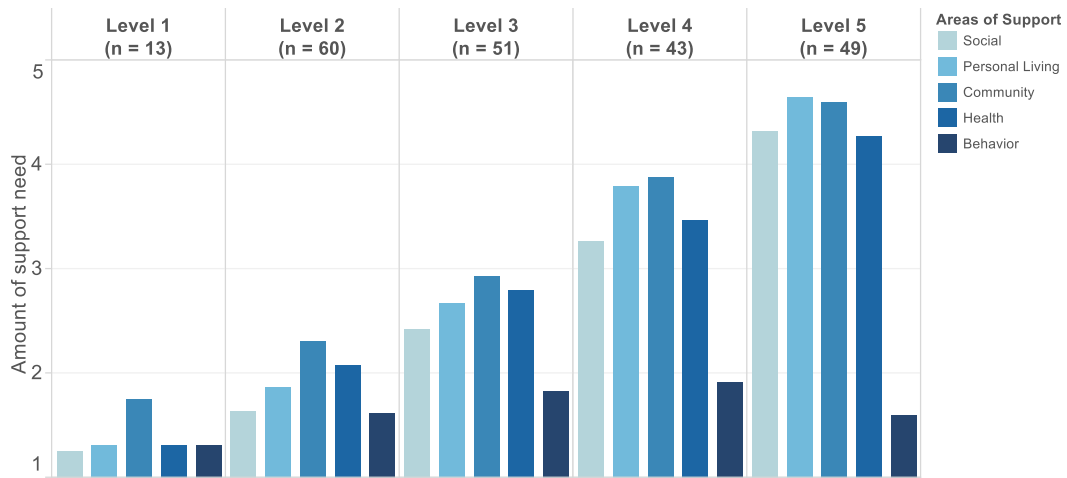
After we complete analysis of the record review data, we will prepare a presentation of this information to DHS. Record review findings may suggest additional adjustments to the model or suggest the need for further analysis to explore any concerns that may arise for the level framework or the service mixes. We will prepare those recommendations and present them to DHS with the record review findings.

## Task 9: Recalibration

The proposed tasks will yield a data-driven budget methodology that uses MnCHOICES data to assign individuals to a level, which is associated with a service mix and budget. We recommend recalibration of the methodology when major changes occur, such as MnCHOICES 2.0 is implemented or when impactful changes to rates or services occur. In addition to recalibration during substantial system changes, we recommend ongoing monitoring and evaluation of the budget methodology. DHS may choose to recalibrate or may feel confident in the methodology due to findings from analysis of ongoing monitoring and evaluation data. If areas of concern are evident, the data may point to specific aspects of the methodology that need additional adjustment or analysis.

We will provide suggestions and greater detail about determining the focus of recalibration (and associated methods) as well as specific information on recalibration when MnCHOICES 2.0 is implemented and if changes to the service mix are needed. These recommendations will be informed by the initial budget development process.

Since we propose developing the budget methodology in distinct tasks that are not necessarily dependent on one another, recalibration may focus on just one or a few tasks rather than retesting the entire system. For example, change in assessment will not impact the overarching level framework or associated service mixes and budgets. It will only impact criteria for level assignment. Therefore, recalibration can focus only on level criteria analysis and data collection.

### MnCHOICES 2.0 Recalibration

MnCHOICES 2.0 will be replacing the current version of the assessment. We propose developing level criteria for the initial budget methodology through an analysis of MnCHOICES data as well as via a level assignment survey, which is then confirmed through record review. These activities rely on a valid and reliable assessment with precise measurement. The results cannot be transferred to another version of the assessment due to the precision of the statistical analysis. Therefore, recalibration will be necessary to implement a budget methodology using MnCHOICES 2.0.

As mentioned above, our approach includes tasks that do not rely completely on one another, unlike an individual budget methodology that calculates budget directly from assessment data (i.e., regression-based methodology). Due to this approach, when MnCHOICES 2.0 is implemented, level descriptions and service mixes can remain the same. The steps for recalibration will focus on determining the criteria on the new assessment that assign individuals to the accurate level.

The recalibration suggestions in the final report will likely include repeating initial analyses of MnCHOICES to ensure psychometric soundness, to create scale scores, to update the level assignment survey, or to complete a record review process depending on which specific changes are implemented. Also, since the initial budget methodology will yield valid and reliable level assignment, part of recalibration can involve examining differences between the current assessment level assignment and 2.0 level assignment.

### Service Mix and Budget Recalibration

DHS may also choose to make changes to the service mixes. Changes may include adding services, changing model service mix hours, or adjusting the budget based on cost of living. Depending on the change, the recalibration efforts may be simple to implement, though may have any number of expected and unexpected impact on the system. We will include in the final report a number of potential service mix and budget recalibration efforts, including what should inform the recalibration and how to consider impact of recalibration. For example, depending on the magnitude of changes, DHS may want to complete a new fiscal analysis to determine the impact of the changes to the service mix.

# Timeline

The timeline for this proposal is extremely aggressive and dependent on many key people. It will be imperative that all parties complete each step of the work in the time allotted and that all parties are adequately prepared to engage in each step of the work. Since so much of this timeline depends on efforts of DHS staff, we will discuss feasibility and make necessary adjustments.

## June

**4th-22nd**
Develop Preliminary Levels

**25th-29th**
Develop Level Descriptions

**25th**
Present Proposal to Stakeholders

## July

**2nd-12th**
Conduct Level Membership Survey

**12th-30th**
Conduct Level Membership Analysis

**31th**
Determine Level Framework Criteria

## August

**1st-10th**
Develop Model Service Mixes

**13th-16th**
Conduct Record Review

**31st**
Finalize Framework and Recommend Recalibration Methodology

# CONSIDERATIONS

Minnesota has been on an extended journey to develop an individual budget methodology. There are many elements that DHS has put into place that are conducive to the development of these budgets. DHS has:

- Established **principles and intentions** that are consistent with person-centered principles;

- Expanded the **services available** to offer a broad range of access to individuals across the four waivers;

- Established a **rates framework** through the Disability Waiver Rate System (DWRS) for agency-provided service; and

In this context, an individual budget methodology is being developed. In doing so, we will consider the following throughout the development of the budget methodology.

### *Impact of Subpopulation Differences on Methodology*

We are aware that the population served contains a number of subgroups with specific needs and differences. For example, a budget methodology for children must differ from that of adults due to their needs and what they do throughout the day. Also, the questions and responses for children differ in the assessment, from those of adults, posing difficulty in comparing the items across these age groups. As a result, in our initial analysis, we excluded children from the level development. Going forward we intend to include children and to develop a methodology that as closely as possible mimics the methodology used to assign adults a budget, albeit with different budgets.

In addition to age groups, other subpopulation differences may impact the budget methodology. At this point, we are aware of the following subpopulations that we will consider that may contribute to differences in the budget methodology:

### Subpopulations

- Age group
- Waiver
- Disability or diagnosis
- Residential type
- Use of CDCS
- Geographical region
- Race/ethnicity
- Gender

We will closely examine subpopulation differences throughout the process of developing the budget methodology to understand how we may reduce bias against

any group. We will also discuss issues of differences within the population with DHS, who may recommend additional groups to consider.

### Ease of Implementation

While the budget methodology will necessarily dictate major components of the implementation process (e.g., level assignment process), we must also consider implications for implementation during the development. As we progress through the steps proposed, we will continually check in with DHS to ensure that we are recommending components of a budget methodology that will be impossible to implement.

### Transparency

During interviews with individuals from other states on their budget methodology for Study II Task 2.1, almost everyone emphasized the need for transparency in a budget methodology. An ongoing concern we hear from DHS, however, is that a transparent methodology may result in "gaming the system." While we have not seen specific evidence of this in jurisdictions we work with, we are aware of the concern and will consider how to balance transparency with a methodology that cannot be "gamed."

### Exceptions

We seek to create a budget methodology that is the best fit for the wide and varied population across the BI, CAC, CADI, and DD waivers. However, we understand that no methodology will perfectly assign a budget for every individual. Unique needs and circumstances merit exceptions. Throughout the process of the methodology development we will consider where and how exceptions may be built into the system.

## Next Steps

Throughout the work of this proposal, we will need to work closely with DHS to ensure that we keep abreast of the work and that we check-in so as to facilitate necessary decision-making along the way. To properly engage in the work of this proposal, we and DHS will need to complete the following activities.

**Meet with Stakeholders and the MRT** to present this proposal and to gain any needed feedback to continue towards fulfillment of the plan. We will also ask that stakeholders contribute to the body of work necessary to develop the final framework, and that the MRT consider the proposal and identify any misgivings.

**Review the implementation needs report** to begin considering which policy decisions are consistent with the aims and visions of the department in regard to the development of the budget methodology. In addition to the data analysis that informs the budget methodology, DHS will need to consider and decide on how it wants to implement the budget framework. Careful and early deliberation on each of these items can greatly enhance the work of this proposal.

**Review the service use analysis** to understand current service use, trends in service use, and service costs. Developing a broad and comprehensive knowledge of this data will ensure that DHS is prepared to imagine the future of service use, the areas where it looks similar, and conversely the areas where it will look different. Review of this information will ensure that DHS is prepared to make decisions regarding how it offers services in the budget.

## Appendix A: Stakeholder Meeting Activity Worksheet for "Support Level #1" and "Support Level H"

# Support Level #1

Lowest Support Need

First, think about daily activities that everyone needs to do:

| | | | | |
|---|---|---|---|---|
| Eating | Bathing | Dressing | Hygiene | Toileting |
| Mobility | Positioning | Transfers | Meal preparation | Transportation |
| Housework | Phone use | Shopping | Finances | |

Now answer these questions with your group with this support level in mind.

1. What types of support/assistance would people need?
2. Provide examples of a few things this person might need support for related to the daily activities above.
3. Do you think specific services would be helpful? Think about technology, too.
4. How are the support needs or services needed different for:
   a. Individuals with brain injury?
   b. Individuals with IDD?
   c. Individuals with chronic illness or who are medically fragile?
   d. Individuals with mental health challenges?
   e. Children versus adults?
5. Is there anything else that may be unique about this group that we should consider?

# Support Level H

Extraordinary Health Support Need

First, think about daily treatments, supports, or therapies individuals in this group may need (in addition to daily activities like other levels):

| | | | | |
|---|---|---|---|---|
| Cardiac | Elimination | Feeding and nutrition | Neurological | Bronchial Drainage |
| Suctioning | Ventilator | Vascular | IV Therapy | Wounds |
| | Skin Care | Other | Therapies | |

Now answer these questions with your group with this support level in mind.

1. What types of support/assistance would people need?
2. Provide examples of a few things this person might need support for related to the daily activities above.
3. Do you think specific services would be helpful? Think about technology, too.
4. How are the support needs or services needed different for:
   a. Individuals with brain injury?
   b. Individuals with IDD?
   c. Individuals with chronic illness or who are medically fragile?
   d. Individuals with mental health challenges?
   e. Children versus adults?
5. Is there anything else that may be unique about this group that we should consider?

# Appendix B: Example Level Descriptions

| | |
|---|---|
| **1** | A person who falls into this level of support lives their life fairly independently. They may need intermittent support to complete personal living activities such as cooking meals and keeping their home clean. They can usually walk or move about independently with proper equipment in their home and their community. While people who fall into this level require minimal supports, they may need support to access medical services and/or require support to develop behavioral strategies in order to live their best life in the community. |
| **2** | People in this level need more support than those in Level 1. They need support in a number of areas in order to have a good life. They may require assistance getting ready for the day, cleaning their home or doing household chores. A person requiring this level of support may need assistance accessing places in their community and with completing activities such as purchasing groceries. They are generally able communicate their wants and needs to others to get things they desire. They may need support to access medical services and/or require support to develop behavioral strategies that help them remain at home and in the community. |
| **3** | People who require a moderate amount of support fall into this level of care. A person in this category requires more support in their personal life and activities than people in Levels 1 and 2. They require more support to handle their actions and medical concerns. They probably need assistance navigating stairs or carrying bags and other mobility activities. The person may need reminders to complete daily living activities such as bathing. They communicate their wants to others but may use means other than speaking with words. The person needs a moderate amount of support to live in their home successfully, access places in their community, and participate in activities. |
| **4** | People in this level require extensive support, probably including medical and behavioral support. They require physical assistance with completing life activities on a daily basis such as preparing food, eating, dressing, and bathing. They do not generally use words to communicate their wants and needs but rather use sounds or gestures. They may even require technological assistance to communicate. Support is necessary in accessing the community, buying things they need, and relating to others. |
| **5** | People in this level require constant support. They require significant or hands on assistance doing things throughout the day such as completing household chores, preparing meals, eating, dressing, bathing and getting prepared for the day. A person in this level may need significant amounts of support for activities that require fine motor skills and assistance moving about his or her home and in the community. They need support to communicate wants and needs and to maintain their health and safety. Supports are needed around taking medications and tending to other medical concerns. They may often and continually act in ways that are unhealthy or present a danger to themselves or others. |

# Appendix C: Example Model Service Mix

| Service Category | Unit | | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|---|---|
| **Adults Receiving Residential Services (Supervised Living, Shared Supported Living, and Host Home)** | | | | | | | |
| Day Activities | Hours / Week | Supported Employment (Hours/ Year) | 10 | 10 | 10 | 5 | 5 |
| | | Proposed Rate (Converted to Hour)[2] | $33.40 | $33.40 | $33.40 | $33.40 | $33.40 |
| | | Day Services (Hours/ Year) | 20 | 20 | 20 | 25 | 25 |
| | | Proposed Rate (Converted to Hour)[3] | $15.12 | $15.12 | $16.40 | $18.64 | $18.64 |
| | | **Subtotal-Day Activities** | **$33,093** | **$33,093** | **$34,424** | **$32,916** | **$32,916** |
| | | **Total Base Budget** | **$33,093** | **$33,093** | **$34,424** | **$32,916** | **$32,916** |
| **Adults Living at Home with Family** | | | | | | | |
| Home and Community Supports | Hours / Month | Hours / Month | 30 | 30 | 45 | 55 | 55 |
| | | Proposed Rate (Converted to Hour)[4] | $24.72 | $24.72 | $24.72 | $24.72 | $24.72 |
| | | **Subtotal-Home and Community Supports** | **$8,899** | **$8,899** | **$13,349** | **$16,315** | **$16,315** |
| Day Activities | Hours / Week | Supported Employment (Hours/ Year) | 10 | 10 | 10 | 5 | 5 |
| | | Proposed Rate (Converted to Hour)[2] | $33.40 | $33.40 | $33.40 | $33.40 | $33.40 |
| | | Day Services (Hours/ Year) | 20 | 20 | 20 | 25 | 25 |
| | | Proposed Rate (Converted to Hour)[3] | $15.12 | $15.12 | $16.40 | $18.64 | $18.64 |
| | | **Subtotal-Day Activities** | **$33,093** | **$33,093** | **$34,424** | **$32,916** | **$32,916** |
| In-Home Respite | Hours / Month | Hours / Month | 30 | 30 | 45 | 55 | 55 |
| | | Proposed Rate (Converted to Hour)[5] | $21.32 | $21.32 | $21.32 | $21.32 | $21.32 |
| | | **Subtotal-Respite** | **$7,675** | **$7,675** | **$11,513** | **$14,071** | **$14,071** |
| | | **Total Base Budget** | **$49,667** | **$49,667** | **$59,286** | **$63,302** | **$63,302** |
| **Youth Living at Home with Family** | | | | | | | |
| Home and Community Supports | Hours / Month | Hours / Month | 30 | 30 | 45 | 55 | 55 |
| | | Proposed Rate (Converted to Hour)[4] | $24.72 | $24.72 | $24.72 | $24.72 | $24.72 |
| | | **Subtotal-Home and Community Supports** | **$8,899** | **$8,899** | **$13,349** | **$16,315** | **$16,315** |
| In-Home Respite | Hours / Month | Hours / Month | 30 | 30 | 45 | 55 | 55 |
| | | Proposed Rate (Converted to Hour)[5] | $21.32 | $21.32 | $21.32 | $21.32 | $21.32 |
| | | **Subtotal-Respite** | **$7,675** | **$7,675** | **$11,513** | **$14,071** | **$14,071** |
| Community Respite | Hours / Year | Hours / Year | 480 | 480 | 480 | 480 | 480 |
| | | Proposed Rate (Converted to Hour)[5] | $10.52 | $10.52 | $10.52 | $10.52 | $10.52 |
| | | **Subtotal-Respite** | **$5,050** | **$5,050** | **$5,050** | **$5,050** | **$5,050** |
| | | **Total Base Budget** | **$21,624** | **$21,624** | **$29,911** | **$35,436** | **$35,436** |
| **Adults Living Independently [6]** | | | | | | | |
| Supported Living | Hours / Month | Hours / Month | 60 | 80 | 100 | | |
| | | Proposed Rate (Converted to Hour)[7] | $25.36 | $25.36 | $25.36 | | |
| | | **Subtotal-Supported Living** | **$18,259** | **$24,346** | **$30,432** | | |
| Day Activities | Hours / Week | Supported Employment (Hours/ Year) | 10 | 10 | 10 | | |
| | | Proposed Rate (Converted to Hour)[2] | $33.40 | $33.40 | $33.40 | | |
| | | Day Services (Hours/ Year) | 20 | 20 | 20 | | |
| | | Proposed Rate (Converted to Hour)[3] | $15.12 | $15.12 | $16.40 | | |
| | | **Subtotal-Day Activities** | **$33,093** | **$33,093** | **$34,424** | | |
| | | **Total Base Budget** | **$51,352** | **$57,438** | **$64,856** | | |

Notes:

[1] The individual budget limits apply to all Home and Community Supports, Intermittent Supported Living, Supported Employment, Day Services, Prevocational, and Respite; other services are authorized outside of the budgets

[2] Supported Employment is priced at the one-to-one Job Maintenance Rate

[3] Day Services are priced at the appropriate rate 'tier'

[4] Home and Community Supports are priced at the one-to-one, short-term in-home rate

[5] Respite is priced at the one-to-one, short-term in-home rate

[6] The independent living option is not available to members assigned to Levels 4 and 5

[7] Supported Living is priced at the one-to-one, short-term in-home rate

# Appendix D: Example Record Review Step 1 Form (Page 2)

........................................................................................................

Complete as a team

## B. Support Level Assignment
Answer the following questions as a team about the person's level of support need.

........................................................................................................

7. How much support does this person need in the following areas (circle one per area of support need)?

| Areas of support need | Frequency of Support | | | | |
|---|---|---|---|---|---|
| | Infrequent | Limited | Moderate | Extensive | Constant |
| Social and communication (e.g., appropriate responses to people and situations, speaks or communicates with new people, asks questions and for help) | 1 | 2 | 3 | 4 | 5 |
| Personal living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home) | 1 | 2 | 3 | 4 | 5 |
| Community living (e.g., visiting friends, shopping, recreating, getting from place to place) | 1 | 2 | 3 | 4 | 5 |
| Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care) | 1 | 2 | 3 | 4 | 5 |
| Challenging behaviors (e.g., hurting self, hurting others, destructive to property, breaking laws) | 1 | 2 | 3 | 4 | 5 |

Notes: