	iBudget Algorithm		
	Public Comments		
#	Comments	Reference	Questions/Suggestions
	Respondent		
	Nancy Wright on Behalf of the Arc of Florida		
1	**One of the primary functions of an algorithm is to try to equalize funding amounts among persons of similar need.**	In February 2010, APD presented a detailed analysis of individualized budgets to the Legislature. Report to the Legislature on the agency's Plan for Implementing Individual Budgeting "Ibudget Florida", February 1, 2010 (Report, p.4). The Report set out the algorithm that is currently in use today, but pointed out some of its drawbacks (like the lack of valid data on many variables that might be useful). The Report also described certain advantages and system changes that we believe need to be evaluated. One of those is the ability of an algorithm to result in more equitable cost plans among person who are similarly situated. (Report, p.4) The Legislature adopted this in the iBudget statute, requiring "a methodology and process that ensures that equitable allocation of available funds to each client is based on the client's level of need, as determined by the variables in the allocation algorithm." F.S. 393.0662(1)	How is equalization evaluated? Has an analysis been done to confirm this actually occurred? Is equalization more likely to occur if a greater number of variables are considered?
2	**Moving to an individualized budgeting process was intended to drastically alter the prior service authorization process so that reviewers would only need to look at whether health and safety would be negatively affected by a proposed shift in services or support.**	In the Report, APD went into some detail on how administrative burdens of support coordinators and APD staff would be reduced by the use of iBudgets. (Report, pp. 3, 6, 7). Currently, the system is not designed for this kind of flexibility and requests for most changes in funding-even those within the iBudget funding allocation - still require substantial support.	Has health and safety been negatively affected?
3	**Funding needs to be set aside for dental, DME, environmental adaptations and transportation.**	The Report recognized that the algorithm would not cover Dental, DME or environmental adaptations and stated that funding would be set aside for these services (Report, p.94). It does not appear that this happened. Instead, it seems that this funding was just lumped into whatever was considered as reserves for supplemental or extraordinary needs funding. These services, along with transportation (see discussion below), were intentionally left out of the algorithm and should not require the level of scrutiny as other requests for increased funding.	What is the policy on dental, DME, environmental adaptations and transportation?
4	**The statutory scheme for iBudget funding allocations requires a high degree of confidence in the algorithm.**	Currently, the statutory scheme for an individual's iBudget funding allocation requires APD to use an algorithm with "variables that have been determined by the agency to have a statistically validated relationship to the client's level of need for services" F.S. 393.0662(1)(a). The algorithm "determines the amount of funds allocated to a client's Ibudget," but the funding may be increased based on specific needs that can't be accommodated within the algorithm funding amount F.S. 393.0662(1)(b). ****For detailed information, please reference the six-page e-mail from the respondent to the iBudget Algorithm Public Meeting comment inbox dated on January 7, 2015**.**	Other states using an algorithm made allowances for the lack of reliability by setting aside large reserve funds to supplement the algorithm amount. This has not been the case for Florida. In addition, the "serious jeopardy to health and safety" standard seems to set a high bar for any additional funding. Taking this language to its logical extreme, a client who is "safe" staying at a group home watching TV all day would arguably not qualify for funds for meaningful day activity, although the client's welfare and quality of life would be very poor. This is surely not the result contemplated in formulating the iBudget program. To avoid this result, however, places a heavy burden on the reliability of the algorithm. This makes our task even more daunting.
5	**The current algorithm was devised without having data on variables that could have been helpful, like the age of the caregiver.**	As APD recognized in its 2010 report to the Legislature, no algorithm can take into account every possible variable impacting needs of services (Report, p, 9,29). In the case of the current algorithm, its predictability was hampered because "for most variables, APD did not have reliable and valid data available to test (stakeholder) suggestions since we did not have standardized process in place for collecting it". (Report, p. 30)	In the workshop, APD stated that it has been collecting some data over the course of the last several years, which should prove useful when evaluating the use of variables.
6	**APD has admitted that the current algorithm had a "harsh" impact on clients living in the family home.**	By giving no weight to the variable for the family home living setting, clients in the family home saw their algorithm amounts drastically reduced. Including caregiver variables may help this. It might also be possible that the model year (FY 2007-2008) included clients on the Family and Supported Living Waiver, which had an artificial threshold of slightly under $15,000 for annual funding.	Under funding those in the family home is only likely to result in the need for a higher level of funds for residential care or supported living, as caregivers burn out physically or mentally. By contrast, increasing support for caregivers (including sufficient respite to allow for emergency back-up and relief for recharge) could actually save money in the long term.
7	**Transportation was not used as a variable in the current algorithm, resulting in funding amounts that were consistently too low to cover transportation.**	Transportation is not a variable that is well-suited to a formula because the rate varies widely from region to region. In some areas of the state, a client may pay $6 for a trip; in others the cost may be as high as $30. Rates may also vary depending on the difficulty transportating the client, either due to behavioral or physical concerns of the distance of the trip.	It is recommended that transportation costs for any individual be added in after the algorithm is run. This should not be done as an"extraordinary need" or "supplemental funding" determination, which would unnecessarily put into motion a process that involves significant documentation and review requirements, resulting in the use of unnecessary administrative time and resources.
8	**Three situations that consistently result in higher service needs are intensive behavior problems, poor ability to communicate and complex or chronic medical conditions. None of these seem to be addressed well by the algorithm.**	**For detailed information, please reference the six page e-mail from the respondent to the iBudget Algorithm Public Meeting comment inbox dated on January 7, 2015**.	3 Special Cases: (1) Behavioral, (2) Communication, and (3) Medical Condition . Some variables to consider that seem to have a bearing on intensive physical needs are the total number of medications, type of medication, and number of times of administration. This information may require some tweaking of the QSI.
9	**Because many of our consumers experience accelerated onset of aging, with more rapid decline. APD should consider a variable that takes these increased needs into account due to aging.**		First, QSI(s) need to be done more frequently when a consumer reaches the age of 45, with additional questions to better assess a decline in cognitive and physical functioning. This could be done as an alternate assessment to determine if "senescence" has begun. In the Down Syndrome population, the onset of Alzheimer's can take place as early as age 45, with 4 to 5 years from onset to death (as opposed to 12 to 15 years in the general population). The physical decline for someone with Cerebral Palsy can also be much more accelerated. Secondly, if age 50 is not a useful variable (Report p. 129), consider using a variable that takes into account a diagnosis of Alzheimer's or dementia or an assessment showing rapid decline in functionality.
10	**There are inherent problems in the ability to test a new algorithm to even figure out if it is "accurate" or "reliable."**	**For detailed information, please reference the six-page e-mail from the respondent to the iBudget Algorithm Public Meeting comment inbox dated on January 7, 2015**.	The algorithm was the "R-squared" factor, which is the "goodness-of-fit of the linear model." The R2 is just a way to explain how close the algorithm gets to the line created by a graphing of the cost plans from the "model year". We need to look closely at the line, the spread, and the model year that is used. Please use the next FY as the model. How is "reliability" determined?
11	**How are outliers determined?**	In the Report, it looks like the current algorithm was determined after taking 4.7% of the population (extreme low and high cost plans) before models were run, then another 5% afterwards.	Removing "outliers" after model is run seems counterintuitive, especially if we do not know the factors that resulted in the low or high cost plans. How do we determine who are the outliers and whether they have any common needs? More important, how do we assure that the outliers will receive adequate funding?

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12	**Due to complexity of devising and testing an algorithm, it would be beneficial to have access to one or more statistician unrelated to the developer or his institution.**		In addition to Dr. Niu, it would be helpful to have another point of view to help explain the issues or come up with solutions. In most issues involving our clients, we naturally have available an assortment of experts on autism, behavioral problems, rate structures, etc. In this case, few of us have statistical expertise. Relying on a single expert (or even two from the same institution) limits our ability to explore options.
	Respondent		
	Julie McNabb - Horizons of Okaloosa County, Inc.		
			Has there been any statistical analysis to see if a specific support coordinator or support coordinator agency is a predictor of cost?
			Has there been any statistical analysis related to expenditures for extraordinary needs by Area?
			Has there been any statistical analysis related to expenditures for extraordinary needs by Support Coordinator? This may be redundant to comment 1, but I am not sure how extraordinary needs are handled in the analysis that has occurred so far.
	Respondent		
	Diane Ciccarelli		
1	**Giving all individuals a one figure for living in a family home does not make sense. There are single family homes, family homes with parents that have medical issues, families with many sibilings that need attention, etc. The algorithm needs to include this data.**		There is only 1 QSI administer locally notifies me when the QSI has been completed. It would be a best practice if QSI administrators forwarded a copy of the QSI to the WSC to ensure that WSC is notified that a new QSI has been completed. I will not under any circumstances print a copy of the QSI if a parent wants a hard copy. APD needs to ensure the family receives the copy. My ink and printing expenses are already immense. The question should be asked at the interview by the administrator.
2	**Recommendations for 393 changes 1(b) - The agency may approve an increase in the amount of funds allocated, as determined by the algorithm, based on the client having one or more of the following needs that cannot be accommodated within the funding as determined by the algorithm and having no other resources, supports, or services available to meet the need.**		The majority of my clients have comorbid medical conditions, an example would be seizures and Autism. Because of the usage of "may" I do not get much cooperation to increase the funding. Additionally, individuals that need total physical assistance are not approved for the increase in funding unless there are behaviors attached. I do not believe this is how theLegislature intended implementation. The "may" needs to be removed from the statute so that increased funding can be approved to ensure the providers are paid adequately to meet the increased level of need for the individuals. The clients are our most vulnerable and we need to ensure they remain healthy and safe. Additionally, I feel there should be an increase in the oversight to ensure that providers are accountable for the increased level of care. A chronic comorbid condition, as used in this subparagraph, the term "comorbid condition" means a medical condition existing simultaneously but independently with another medical condition in a patient, or a need for total physical assistance with activiities such as eating, bathing, toileting, grooming, and personal hygiene.
	Respondent		
	Diane McCullough		
1	**Since it's been perceived for sometime now that the budget in place is individual, the iBudget sounded similar enough that the phrase statistically generated formula, that yourself and the APD Road Ahead referred to did not register until I began reading the iBudget draft and came to the word Algorithm. After looking up the term Algorithm in the dictionary it's not necessarily a common household word - I understand why page 24 of the iBudget draft refers to Algorithm as an intimidating word; it's a process accomplished through mathematical comparison.**	For detailed information, please reference the two-page e-mail from the respondent to the iBudget Algorithm public comment inbox dated December 22, 2014.	With the QSI having already been under scrutiny and a questionable tool in itself, how on earth can something like an Algorithm that compares credit scores, and sounds like the equivalent of the Gallup Polls or Nielsen Ratings, be considered a reliable source in determing the individual needs of people with DD? When an algorithm is used, what happens to the human factors that are so important in working with vulnerable people? If an algorithm performs better with less variables, won't the system again be jeopardizing individuality and familiarity, two critical components in the ability to oversee the health, safety, and well-being for people with DD?
2	**Common sense tells us that reliable and valid data is only as good as the integrity and discipline of the individual documenting or passing on the information. Accuracy is critical.**	For detailed information, please reference the two-page e-mail from the respondent to the iBudget Algorithm public comment inbox dated December 22, 2014.	When resources cannot be utilized, when needed services are being denied and there are repercussions from inappropriate placement in the Tiers , what accuracy can there be?
3	**Because controversy over provider rates, PCA hours, service reductions, Tiers, rebasing, postponement and/or denial of the Fair Hearing has kept us in a tumultuous and chaotic state since 2007.**	For detailed information, please reference the two-page e-mail from the respondent to the iBudget Algorithm public comment inbox dated December 22, 2014.	I question how it's possible any modeling of funding for an Algorithm, from the chosen fiscal period especially (any period really) would be capable of providing accurrate data/statistics?

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4	**During an interview on Face-to-Face you mentioned that the DD funding is not an entitlement. I don't mean to be vicious when I say whenever I've heard entitlement used in reference to DD, the context of this word seems to heed a warning rather than give the hint, that if there were an entitlement, it would provide a guarantee of benefits and help with the decision to do the right thing for people we certainly know will always need our assistance.**	For detailed information, please reference the two-page e-mail from the respondent to the iBudget Algorithm public comment inbox dated December 22, 2014.	What is your input on this idea? I would like to know the pluses or any negatives if there was an entitlement?
	Respondent		
	Tally Tribe		
1	**Looking at the revisions of the algorithm methodology, you will need to consider how to treat the 2,000 individuals enrolled in the CDC program since CDC enrollees have the ability to pay their service providers rates which are diffferent than the traditional waiver payment rates. The budgets for all CDC enrollees are reduced by 8 % as condition of participation in this program. Not sure if the existing algorithm takes this reduction into account.**	For detailed information, please reference the one-page e-mail from the respondent to the iBudget Algorithm public comment inbox dated December 19, 2014.	I am recommending that a different type of methodology be utilized in calculating the algorithm budget amounts for CDC participants. What about the 8% reduction?
	Respondent		
	Jared Dickerson, WSC		
1	**Many of the services are back logged pending area office review when they are not exceeding their budget. Please explain which service requests go to area office review and which do not? It was my understanding (when iBudget rolled out), that clients would receive a budget and be able to choose their services without the review process (be it Maximus, APS or the area office). Now it seems like we are back where we started.**		What do you mean when you say the algorithm has provider client choice of services?
	Respondent		
	Diana Flenard, Executive Director of MARC		
1	**The main issue that is incorrect with the algorithm has to do with age. The only age factor that is weighed is whether the person is 21 or older or younger than 21.**		There needs to be some weighted factors to people over 65 who are declining in health and do not have special behavior issues. As people age they decline in health and need more care and that is not factored into the equation.
	Respondent		
	Adriana Avila		
1	**As if you will actually come up with a fair algorithm. You will make sure that whatever comes out of it will reduce drastically everyone's funds, independent of needs.**		
	Respondent		
	Tricia A. Madden, Esq.		
1	**Dr. Niu's comments demonstrated strongly that he is not capable of completing this project without, at a minimum, assistance from another statistician or two with more long-term experience in working with this population served by APD. Another statistician from the same University is like having a copy, not a new and perhaps different approach that can be cross discussed an evaluated. I worked for a very large University and attended several small and large as I picked up degress. The academic pattern to similarity is inherent in the atmosphere of each department. If the agency cannot have the courage to give the Governor and the Legislature the facts of the reality of the population rather than just trying to meet the proposed budget of those two entities, then we have a political agency and not an advocate. The discussion by APD staff and Dr. Niu confirmed the ARC comments that this has become more of a cost containment device than a true effort to provide equitable funding to meet the needs of the clients.**	For detailed information, please reference the nine-page memo from the respondent dated January 15, 2015.	If APD is going to persist infusing Dr. Niu to try to fix the problems, I suggest that you bring in at least two more statisticians who have actual long-term experience in this field of disabilities. Those people do exist and have been used long before the Pennhurst case to demonstrate the real needs of persons with disabilities and the cost factors associated. The current approach over years has cost APD and a great deal of wasted funds that could have been better used to serve the needs of the population served or needing services.
2	**APD should be advocating for the funds the agency needs to meet the needs and leave it to the elected politicians to make the decisions on how they are or are not going to meet the real needs of a very fragile population. The cost containment focus is in sharp contrast to what other states have done in trying to develop an algorithm. The lack of consistency on a base year in the workshop audience due to the fact that there is no good base year in 2007 or to the present that can be created to satisfy the cost containment or, more important, the question of needs. That is borne out by the admission by APD in the oral hearings and its briefs and in previous budget hearings before the Florida Legislature. APD has admitted that the current algorithm had a "harsh" impact on numerous clients. That eliminates any model base year used to date as being valid. It also projects that until the algorithm is adjusted as Dr. Niu said was to be done with new variables, there is nothing with which to compare any iBudget run.**	For detailed information, please reference the nine-page memo from the respondent dated January 15, 2015.	
3	**Transportation should not be excluded in the consideration of final budget figures, but more likely than not, does not provide a readily described variable that would fit into the iBudget algorithm.**	For detailed information, please reference the nine-page memo from the respondent dated January 15, 2015.	There is no reasonable cost factor considered in the final results of iBudget or the final cost plan for the real cost of safe transport in the Central Florida/Orlando area.

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4	**Aging of the client. I listened with some amusement to the discussion of the aging client in the workshop. Unfortunately, those spouting specific ages as the variable to enter were lacking seriously in the medical knowledge of aging as well as just not thinking with common sense. Dr. Niu kept harping on 55 or at least 50. I assume that is an age where altering his algorithm is easier to handle to produce cost containment results. One of the previous members of the "stakeholders group" hung on to his idea that the division at 21 solved all problems.**	For detailed information, please reference the nine-page memo from the respondent dated January 15, 2015.	There needs to be a factor in the QSI and in the algorithm. It requires more thought than just a numerical age. One side of the family all lived to their 90s. The other side never made it out their 70s. Which side will I follow? Which age will my husband reach? How much will we decline from the process of aging? How much will caring for a heavy disabled man/boy hasten our own physical issues? No one can put that into a numercial year much as Dr. Niu and some of the audience at the workshop wanted to do.
	Respondent		
	Gigi Rollini, Esq.		
1		On behalf of the Petitioners in *G.B., et al. v. Agency for Persons with Disabilities* , Case No. 1D13-4903 (Fla. 1st DCA 2014), and Case No. 13-1849RP (Fla. DOAH 20013), as well as The Autism Society of Florida, United Cerebral Palsy of South Florida, and the Macdonald Training Center, Inc., all of whom I represent as legal counsel, this letter serves to provide written comments on the iBudget algorithm proposed by APD and discussed at the workshop held January 16, 2015. ****For detailed information please reference the 210-page document from the respondent dated January 23, 2015**.**	Dr. McClave recommended a number of specific adjustments to the agency's proposed algorithm that should be incorporated and tested as a part of this rulemaking process. For your convenience, that testimony accompanies the email transmitting this letter.
2	**The agency should also review the attached Navigant report on Wyoming's DOORS model, and any more recent studies on that program, for recommended steps that can and should be taken to enhance an iBudget allocation model.**	For detailed information please reference the 210-page document from the respondent dated January 23, 2015.	Many of Navigant's recommendations—made in 2007—are equally applicable to Florida's iBudget program and should be adopted by Florida. Many of the stakeholder concerns reported by Navigant in that study closely mirror the concerns raised in the above litigation and the current rulemaking process. As recommended there, for example, we suggest that the agency take steps to include additional predictive variables (including, e.g., for cost of living based on client location, transportation costs, etc.), utilize continuous-variable models where appropriate (e.g., age), and perform more rigorous statistical validation of the algorithm based on comparisons of the algorithm outputs to individual needs instead of population averages. To the extent Florida can capture levels and gradations of need, it will only enhance the trustworthiness of the model and, therefore, the public's view of the model.
	Respondent		
	Kathleen Adams		
1	**My staff and I attempted to "listen in" via the phone line to the last algorithm discussion. We found the questions asked by the participants very relevant. However, the presentation/answers were obscure. The APD speaker at one point was probably not the best choice to present this information. His knowledge seemed very technical and what he presented was done in such a way as to be, "probably too intellectual for the audience." He seemed very nice and we felt that he was trying very hard to speak clearly but because of his heavy accent we could not understand him. That, coupled with what sounded like a lot of feedback "whistling noise," was so disruptive that we could not hear/concentrate on the experience and really took very little away.**		**Our suggestions might be:** 1) Attempt to ensure that those asking the questions have gotten an understanding of their questions answered. This can be done by asking them if they are satisfied with such answer. Take note of their reply, so as to be able to follow up, if that is required to sufficiently address that question and perhaps communicate that to them before moving on. 2) Select speakers wisely. 3) Make sure the technical side of the phone line component is working properly prior to the event. Test it and make sure those in charge of manning it are able to do the job well. Perhaps some training needs to take place in these areas.
	Respondent		
	Kandance Penner, Gainesville, Florida		
1	**We have observed that the QSI does not do a very good job identifying physical disabilities that significantly affect a person's life but do not reach the point of needing a wheelchair, lifting to transfer, etc. Our foster daughter has an intellectual disability and cerebral palsy. She walks very slowly with crutches, has great difficulty getting in/out of cars/vans, cannot walk down ramp or any decline without hands-on assistance, needs some help with dressing, cannot carry a bag or plate of food for herself and she falls several times per week (falls that result in scrapes and bruises but do not require medical care.) She also cannot wake herself and walk or crawl to the bathroom at night. These disabilities make for a very compromised daily life. However, these disabilities are not reflected appropriately in the items in the functional portion of the QSI.**		The researchers talked about removing outliers from the data for our state; this raised the percentage of reliability for the FL data and therefore the FL data compared favorably with other states. Did the other states also remove outlier data? If they did not, doesn't that make the outcomes among other states not comparable to the outlier-removed FL data?
2	**We wonder why the QSI has a section called Physical Status which is comprised of questions of physical status such as over/underweight, seizures, skin breakdown, bowel function etc. which do reflect one's physical status and then a similar number of questions which would be more appropriate as part of the Behavior Status section since they are directly related to one's physical status in terms of the behaviors listed in that section. Our daughter for instance has weight problems, seizure history, bowel disfunction but they are unrelated to any of the behavior restraints listed in the section. We have experienced that the QSI questioner tends to lump these questions as one topic (Behavior) and therefore skim over the questions that are relevant for our daughter because she does not have behavior problems. The upshot of the two concerns above is that, because our daughter is lucky enough not to have developed behavior problems, her physical disabilities are largely passed over and not given proper consideration in the QSI. We would like to see improvements in the QSI in this area.**		In the design itself, you said the data used for iBudget success rate was the expended Cost Plan data. If some of the participants were consumers who filed for a fair hearing because their iBudget cost plan assignments reflected a reduction in their existing cost plans and if those participants had their cost plans frozen at the pre-iBudget level and therefore their expended Cost Plan amounts did not reflect their iBudget assignment, would this not be invalid data for the study?
3	**The concerns below are really questions that bothered us during the iBudget meeting last week. I asked two of them but unfortunately the professors from FSU were very difficult to understand over the phone. So we'd like to ask them now of you and your colleague:**		And finally, the two FSU professors at the meeting on January 16th did the study of the effectiveness/validity of the iBudget. However, we understand that they are the very same professors who designed the iBudget algorithm in the first place. Isn't the outcome weakened when the same parties who designed the iBudget algorithm are then permitted to validate the outcomes of that iBudget? Why wouldn't there be an independent assessment?

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	Suzanne Sewell		
1	**Recommendation 1: A Sound iBudget Framework: The iBudget algorithm and service system must support the assurances stated in section 393.062, F.S., which reads: *"Further, the greatest priority shall be given to the development and implementation of community-based services that will enable individuals with developmental disabilities to achieve their greatest potential for independent and productive living, enable them to live in their own homes or in residences located in their own communities, and permit them to be diverted or removed from unnecessary institutional placements. This goal cannot be met without ensuring the availability of community residential opportunities in the residential areas of this state . . ."* This priority is reflected in the current *Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook* (November 2010, Page 1-8, Purpose of the DD Waiver) which states: "*Recipients enrolled in the DD Waiver receive services that enable them to: Have a safe place to live; have a meaningful day activity; receive medically-necessary medical and dental services; receive medically-necessary supplies and equipment; and receive transportation required to access necessary services .*" However, the draft iBudget Handbook (Page 1-1) reads: *"This waiver reflects use of an individual budgeting approach and enhanced opportunities for self-determination. The purpose of this waiver is to: Promote and maintain the health of eligible individuals with developmental disabilities; Provide medically necessary supports and services to delay or prevent institutionalization; and, Foster the principles of self-determination as a foundation for services and supports.*	For detailed information please reference the eight-page document from the respondent dated February 19,2015	**Correction #1:** Incorporate "Purpose" language from current handbook, Pages 1-8 & 9, into the iBudget handbook, Page 1-1, to read as follows: Individuals enrolled in the HCBS Medicaid Waiver should receive services that enable them to: • Have a safe place to live • Have a meaningful day activity • Receive medically-necessary medical and dental services • Receive medically-necessary supplies and equipment • Receive transportation required to access necessary services. Delete Purpose/Introduction statement in the draft iBudget Handbook, Page 1-1, as follows: The purpose of this waiver is to: • Promote and maintain the health of eligible individuals with developmental disabilities. • Provide medically necessary supports and services to delay or prevent institutionalization. • Foster the principles of self-determination as a foundation for services and supports.
	The proposed language in the draft iBudget handbook is weaker than that in the current handbook and does not support the established values for services and supports as outlined in section 393.062, F.S. Any algorithm methodology built on the proposed, overly broad assumptions will not be responsive to individuals' needs. For example, transportation services were not included within the total dollar amounts for services that were to be included in clients' annualized cost plan sums when transition occurred; therefore, many individuals' cost plans were not funded adequately. Individuals lost meaningful day activities due to limited iBudget funding, or the inability to travel to services since transportation services were reduced or eliminated. Had the new iBudget System continued to address the same foundational supports and service options identified in the current handbook purpose of the waiver, many of the concerns being discussed today would have been avoided. This is a major concern to our members and the individuals/families they serve. Transportation services must be reinstated.		
2	**Recommendation 2: A Community-Based Service System. Any service system that serves individuals with intellectual and developmental disabilities must include the service options defined in the Medicaid waiver and state law. Section 393.066(1), F.S. states: "The agency shall plan, develop, organize, and implement its programs of services and treatment for persons with developmental disabilities to allow clients to live as independently as possible in their own homes or communities and to achieve productive lives as close to normal as possible. All elements of community-based services shall be made available, and eligibility for these services shall be consistent across the state." Further, Section 393.066(3), F.S. reads: "Community-based services that are medically necessary to prevent institutionalization shall, to the extent of available resources, include:**		Correction #2: Reinstatement of individuals' transportation services to their cost plans would keep the expenditures within the appropriation since the agency reported a $56 million surplus last year. Because transportation costs and services vary across the state, the algorithm may be incapable of predicting adequate funding for individual cost plans. Transportation services could be calculated as either supplemental for extraordinary need services within the algorithm methodology. This provision would need to be included within the iBudget rule (65G-4.027).

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	a) Adult day training services (b) Family care services (c) Guardian advocate referral services (d) Medical/dental services, except that medical services shall not be provided to clients with spina bifida except as specifically appropriated by the Legislature (e) Parent training (f) Personal care services (g) Recreation (h) Residential facility services (i) Respite services (j) Social services (k) Specialized therapies (l) Supported employment (m) Supported living (n) Training, including behavioral analysis services (o) Transportation (p) Other habilitative and rehabilitative services as needed."		
	At a February 16, 2015 meeting, APD indicated it is evaluating the impact of dependent variables on the algorithm and is reviewing inclusion or removal of services from the algorithm calculations based on FY 13-14 expenditure data. We reply that the algorithm must accurately predict needed funding to cover the cost of the array of medically necessary services allowed per statute and as needed by the recipient. During transition to the iBudget System, if a client's algorithm allocation generated an amount higher than the current cost plan, their allocation was reduced to the amount of the current cost plan <u>but</u> only certain services (15 of 27) were calculated in this exercise. Many individuals lost transportation or other services because the service was not one of the 15 priority services. This action negatively impacted the ability of many to receive medically necessary services and supports and is not consistent with the statutory references cited above. Loss of transportation services was the complaint we heard most frequently regarding iBudget implementation. Expenditures for transportation services totaled $34 million in FY 10-11 and decreased to $22.3 million by FY 13-14. The transportation reduction and/or elimination issue must be included as part of the iBudget methodology.		
3	**Recommendation 3: iBudget Service Packages: Per Section 393.0662, F.S., APD is to establish an iBudget for each person served in the HCBS Medicaid Waiver program. The iBudget System is to provide for:**		**Correction #3:** While implementation of this recommendation may not be achievable immediately, this recommendation would allow APD to manage the iBudget program versus attempting to manage 30,000 individual iBudget plans.
	• Enhanced client choice within a specified service package • Appropriate assessment strategies • Efficient consumer budgeting and billing process to include reconciliation and monitoring • Redefined role for Support Coordinators to avoid potential conflict of interest. • Flexible and streamlined review process • Methodology and process that ensures equitable allocation of available funds to each client based on level of need as determined by variables in the allocation algorithm.		
	Statutory language supports the concept of service packages. An iBudget service package for individuals requiring residential care should include funding for an appropriate place to live, meaningful day activity(s), and transportation to access needed services. The service package for individuals with intensive behavior needs should provide adequate funding to support Intensive Behavior Residential Habilitation Services - not just basic Residential Habilitation services. The service package for a child living at home and supported by the public school system and Medicaid State Plan would look very different from an adult in a home setting.		

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	One of the proposals identified at the February 16th meeting is to break residential settings into four groups based on level of support needs (descriptors). This grouping would more accurately identify adequate funding for residential settings based on the needs of the individuals rather than using only one variable to cover all residential living options. This approach appears to be a positive step forward for individuals with more intense intervention needs, but the rates for residential levels of supports must be funded appropriately. APD should use the highest rate within the residential grouping for the initial allocation. If a lower support level and rate is determined to be appropriate based on an individual's needs, modifications and adjustments to the funding to more accurately cover the appropriate residential rate could be made during the individual review of the iBudget cost plan.		
	Several concerns regarding the funding of behavior services within the iBudget System could be resolved through the service package concept. APD staff are reporting intent to conduct utilization reviews to reduce Behavior Focus/IB Levels, fade Behavior Analysis services, and eliminate Behavior Assistant services in group homes. At the same time, providers are being expected to staff homes to address foreseeable scenarios, but the level of approved care does not support the cost. APD is asking providers to admit very difficult clients as Behavior Focus Moderate or Extensive levels when the clients are often in need of Intensive Behavior services. If a serious incident occurs, providers are found to be negligent, and if it is believed that a staff member could have prevented the critical incident, the provider will receive findings substantiating neglect/lack of supervision. The service package concept would ensure funding of service models that meet the needs of individuals with similar behaviors. The service package concept can be developed within the iBudget system. Implementation of this recommendation would assist APD with cost forecasting.		
4	**Recommendation 4: Improve the Client Assessment Tool: The QSI contains probes and questions intended to assess individual service needs, including extensive needs. The results should indicate the types of interventions needed to cover needed treatment and supports. The tool must accurately identify individuals' specific behaviors and the supports necessary to appropriately treat and intervene. Florida's QSI does not appear to accurately reflect extensive need and required treatments. For example, the current weighting of whether a person is on medication for certain behaviors may not be the best indicator of the type and cost of supports and interventions that are needed; instead, the assessment tool and corresponding weighting within the algorithm should generate budgets that cover the additional supports and interventions needed to address the behaviors being treated.**		**Correction #4:** Amend the QSI instrument to more accurately assess individual client needs, or purchase an assessment tool that has proven inter-rater reliability such as the Supports Intensity Scale (SIS) developed by the American Association on Intellectual and Developmental Disabilities if APD cannot rely on its assessment tool to accurately predict statistically valid algorithm allocations. If the QSI (Questionnaire Situational Information) tool remains in use, it needs to more accurately assess needs of individuals with severe behavioral and functional challenges.
	We support APD's intent to include residential living settings as a variable within its allocation methodology. If applied correctly, the definitions and guidelines in handbook and rate structures for individuals requiring Behavior Focus or Intensive Behavior levels of Residential Habilitation services should be reflected in the QSI questions, and the results should ultimately be reflected within the iBudget algorithm. This is not happening using the current algorithm		
	The assessment tool probes currently address individuals' living status as family home, independent living, or residential care. More weighting is needed to reflect the levels of assistance and supervision needed in residential living settings as well as in supported living. For example, children in residential care will require more residential supports than those living in the family home. Providers indicate the Residential Habilitation levels their clients receive are often based on cost containment pressures rather than service needs. This is a key concern when assessing service needs of individuals with severe behavioral or functional needs. The QSI and algorithm do not pick up the need for one-on-one staffing, either for residential or day service settings. How are providers to address staffing needs to meet the behavior needs of individuals with severe behaviors when the assessment tool does not distinguish between levels of supervision needed?		

	iBudget Algorithm		
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	Another weakness within the QSI is that individuals with intellectual and developmental disabilities tend to age more rapidly and many are more prone to age related conditions such as Alzheimer's. These individuals often require specialized supports and additional health interventions. The assessment process should reflect the additional care needs of older individuals who are showing early onset of dementia, or who simply need more hands-on support and supervision to manage daily routines. The assessment process is not occurring every three years as intended, and some individuals have not been assessed for five years. It is noted that APD is evaluating an expanded use of the QSI information and specific questions used in the algorithm. These changes should improve the predictability of the algorithm.		
5	**Recommendation 5: Amend iBudget Algorithm Legislation Statutory Language. The agency should seek legislative amendments to 393.0662, F.S., to clarify the algorithm methodology and to incorporate an individual client review process as part of the methodology. Section 393.0662, F.S., (1) (a) reads: In developing each client's iBudget, the agency shall use an allocation algorithm and methodology. The algorithm shall use variables that have been determined by the agency to have a statistically validated relationship to the client's level of need for services provided through the home and community-based services Medicaid waiver program. The algorithm and methodology may consider individual characteristics, including, but not limited to, a client's age and living situation, information from a formal assessment instrument that the agency determines is valid and reliable, and information from other assessment processes.**		**Correction #5:** Amend Section 393.0662, F.S., (1) (a): … The algorithm and methodology may consider individual characteristics, including, but not limited to, a client's age and living situation, information from a formal assessment instrument that the agency determines is valid and reliable, and information from other assessment processes to include an individual client review process. Amend Section 393.0662, F.S., (1) (b): The allocation methodology shall provide the algorithm that determines the amount of funds allocated to a client's iBudget. The agency may approve an increase in the amount of funds allocated, as determined by the algorithm methodology, based on the client having one or more …Amend Section 393.0662, F.S., (1)(c): A client's iBudget shall be the total of the amount determined by the algorithm methodology to include and any additional funding provided pursuant to paragraph (b) (as amended).
	Section 393.0662, F.S., (1) (b) reads: The allocation methodology shall provide the algorithm that determines the amount of funds allocated to a client's iBudget. The agency may approve an increase in the amount of funds allocated, as determined by the algorithm, based on the client having one or more of the following needs that cannot be accommodated within the funding as determined by the algorithm and having no other resources, supports, or services available to meet the need, and if one of the following occurs: Extraordinary need; Significant need for one-time or temporary (<12 months) supports or services; Significant increase in need for services after the beginning of the service plan year that creates health and safety concerns. Section 393.0662, F.S., (1) (c) reads: A client's iBudget shall be the total of the amount determined by the algorithm and any additional funding provided pursuant to paragraph (b). Court rulings opined that iBudgets are to be developed in strict accordance with this section. The reference to "Information from other assessment processes," in paragraph (a), appears to have been vacated by paragraph (c). Section 393.0662, (4) F.S., reads: A client must use all available services authorized under the state Medicaid plan, school-based services, private insurance and other benefits, and any other resources that may be available to the client before using funds from his or her iBudget to pay for support and services. The iBudget rule (65G-4.020) includes this provision and assumes use of natural supports, or services or supports available from the individual's family members, neighbors, or friends and for which no payment for the service or support is provided to reduce cost plans but, again, paragraph (c) appears to negate this provision.		
6	**Recommendation 6: Fund an Extraordinary Need Pool . The agency should seek legislative approval to reserve surplus dollars to fund an extraordinary need pool for subsequent years. Section 393.0662, F.S., (9) reads: The agency and the Agency for Health Care Administration may adopt rules specifying the allocation algorithm and methodology; criteria and processes for clients to access reserved for funds for extraordinary needs. APD has reverted surplus iBudget waiver dollars that have been re-appropriated in the "Back of the Bill" of the General Appropriations Act to cover deficit spending. Such funds could be used to fund an extraordinary need pool for unanticipated client needs.**		**Correction #6:** APD should pursue proviso language within the General Appropriations Act to allow use of surplus iBudget funding to create an Extraordinary Need Pool.

	iBudget Algorithm		
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7	**Recommendation 7: Ensure a Strong Provider Network. An across the board 14.17% rate reinstatement is required to stabilize the iBudget service system; stakeholders recommend the reinstatement be phased in over a two-year period, with a 7% reinstatement in FY 15-16 followed by 7.17% the following year. In July 2003 the State of Florida adopted a rate system that established uniform rates for most of the waiver services. The rate system was based on direct care wages funded at the 25th percentile compared to national averages for wages. Overall, iBudget waiver rates are 14.17% lower than in FY 2003-2004. While some incremental increases occurred, there has not been a systematic rate adjustment to address the increased operational costs providers face. Since 2003, the Florida Minimum Wage has increased from $5.15 per hour to $8.05 per hour - for a 56% increase; the Consumer Price Index has increased 32.13%; and, costs continue to rise for employee health care, workers' compensation and liability/property insurance coverage. Further, multiple unfunded mandates have been added in the form of billing requirements, background screening of staff, new licensure standards, staff training and experience requirements, and now additional residential and community integration standards.**		**Correction #7:** A year one investment of $26.4 million in General Revenue funds, supplemented by $39.2 million in federal matching funds, for a total increase of $65.6 million, will strengthen the provider network and will reduce the number of providers who are having to close their doors or reduce the number of services provided. APD needs a strong and vibrant provider network in order to meet the needs of the large and diverse consumer population in Florida.
8	**Recommendation 8: Implement an Electronic Data System. APD must have a data driven system that allows it to accurately develop service plans and track expenditures. Per Section 393.0662, F.S., APD is to establish an iBudget for each person served in the HCBS Medicaid Waiver program.**		**Correction #8:** Immediately implement a reliable system that supports both agency and provider needs for data input, tracking, and billing. Thank you for the opportunity to provide input on the iBudget system and the algorithm. As mentioned, we are pleased the agency is pursuing improvements in the algorithm methodology, and we appreciate being part of the discussions on systems improvements. If you have questions regarding our remarks, feel free to contact me at 850-942-3500.
	• Enhanced client choice within a specified service package • Appropriate assessment strategies • Efficient consumer budgeting and billing process to include reconciliation and monitoring • Redefined role for Support Coordinators to avoid potential conflict of interest. • Flexible and streamlined review process • Methodology and process that ensures equitable allocation of available funds to each client based on level of need as determined by variables in the allocation algorithm. The above statutory reference clearly indicates the iBudget System is to feature an efficient consumer budgeting and billing process.		