

Comprehensive Waiver Individual Budget Amount (IBA)

Introduction

In March 2013, the Wyoming Legislature passed Senate Enrolled Act 82, a law that requires the Behavioral Health Division (BHD) to optimize the services provided to current clients and to extend services to persons currently on a waiting list within the current budget. The Behavioral Health Division adopted a new Individual Budget Amount (IBA) methodology in order to meet the requirements of this law. These changes affect all participants on the Adult and Child Developmental Disabilities (DD) waivers. BHD wants you to understand the new changes, how they will affect you and all other participants on the waiver.

Only Adult DD Waiver participants are being issued IBAs at this time. The Child DD waiver participants and ABI participants will receive their IBAs in April and May.

How does the new method determine my IBA?

The new method uses data from the *Inventory for Client and Agency Planning* (ICAP), which is a nationally recognized assessment. For over 20 years, an ICAP assessment has been administered to determine eligibility for DD waiver services. Previously, your ICAP score and other additional services used determined your former IBA. To provide a more fair and accurate IBA for all participants, BHD now uses these three factors determine your new IBA:

1. Age group (ages 0-21 and in school service, or ages 21+ and out of school services)
2. Living situation
3. Assessed Level of Service Need, which is based on information in the ICAP, past plans of care and other supplemental information.

Different living situations require different levels of funding. Participants with more assessed needs and residential services require more funding than participants living at home or living independently. There are three living situation options:

1. Independent or semi-independent living
2. Living with family
3. In residential habilitation

The ICAP helps figure your assessed Level of Service Need. BHD translates your ICAP assessment into a continuous scale from 1-6. People with fewer service needs are rated around 1-3 and people with higher needs are rated around 4-6. Continuous scale means scores may have fractions, such as 2.4 or 4.5.

BHD uses three (3) steps to translate the ICAP into your *assessed Level of Service Need*.

1. **The first pass** converts the ICAP *Service* sub-score into a 1-6 scale.
2. **The second pass** converts behavioral and medical domain subscores from the ICAP into a 1-6 scale.
 - Whichever score is the highest is assigned to you.
3. **The third pass** looks at some specific ICAP questions that indicate high levels of service need. Your IBA may increase based on these questions. This step also considers other information on your service needs from former plans of care, including previous service utilization.

BHD made equations that assign dollar amounts based on those three factors, which determines your final budget based on your assessed level of service need.

What are the next steps once I have my new IBA?

Once you have your letter from the Division with the new IBA for the Comprehensive Waiver, you need to meet with your Case Manager to choose the services, supports, units, and providers in order to develop an Individualized Plan of Care for the new waiver. If you choose the Supports Waiver instead, the case manager works with you to choose services providers and develop a plan of care for that waiver. The Case Manager should arrange to meet with you as soon as possible to schedule a meeting and review the new service opportunities. By starting a new plan in the Electronic Medicaid Waiver System and signing the IPC forms, you or your legal guardian are choosing the waiver in which you want to transition.

Reviews and Appeals

If you believe the assigned Level of Service Need or living situation incorrectly represents you, please contact your case manager who will get in touch with the Division. Your case manager may be able to assist you with submitting a request to the Division's Clinical Review Team (CRT) as long as the situation meets CRT criteria. CRT reviews additional assessments or documentation from you or your team that may supports the request. More information on the CRT process and criteria and the IBA methodology is posted to the Division's website: <http://health.wyo.gov/ddd/index.html>. The request must accompany additional information that the Plan of Care Team does not think the ICAP adequately captures. The CRT includes the Division's Clinical Psychologist, the Medicaid Medical Director, the Division's Psychiatrist, and other such specialists as needed. The CRT can request additional assessments, include a new ICAP, a Supports Intensity Scale, or other appropriate and standardized assessments, which are targeted for specific diagnoses or conditions. These provide CRT more detailed information about the person's support needs. The additional assessments and information CRT reviews may result in a budget increase, decrease, or no change.

How will this affect me?

The new method distributes funding in a more fair, accurate and legally defensible manner across the entire waiver population. BHD is also extending waiver services to new persons on the waiting list. Therefore, IBA funds are being redistributed across the waiver system and the waiver system is not losing any money. Some budgets are increasing in this process, and some are going down. However, BHD incorporated a cap on IBA changes for the Adult DD Waiver, so that no one is impacted on their current budget by more than 7%. This protects you and the whole waiver system from having large budget changes.

How does this affect me if I am waiting for waiver funding?

The new 2014 budget appropriation for persons on the DD waiver wait lists provides funding opportunities for those waiting more than 18 months as of September 30, 2013. This means about over 250 new eligible DD adults and children on the wait lists will receive a funding opportunity for waiver services after July 1, 2014.

Additionally, the redesign will allow BHD to extend services to new persons on the waiting list within current budget. Our target is to offer funding for the Supports Waiver each year to those who have been on the waitlist for more than 18 months or longer. Over 110 additional people are projected to receive a funding opportunity over the next two (2) years.