

Date: May 12, 2010
To: All Children DD, Adult DD and Acquired Brain Injury Waiver Providers
From: Chris Newman, Administrator, Developmental Disabilities Division (CN)
Subject: Major Changes in Waivers and Waiver Funding for State Fiscal Year 2011
Ref: 10-126-CN

Overview of Waiver Changes

The Wyoming Department of Health, Developmental Disabilities Division (Division), is pleased to announce service rates for the Adult Developmental Disabilities Waiver, the Child Developmental Disabilities Waiver, and the Acquired Brain Injury Waiver will increase by 6% (96% of the original rate), effective July 1, 2010. This increase is the result of the Wyoming State Legislature approving \$5.6 million in general funds plus the associated federal funds in the 2011 – 2012 biennial budget for service rates. The intent of this increase is to partially offset the 10% reduction in rates that went into effect on July 1, 2009. The revised service rates are posted on the Division's website at <http://health.wyo.gov/ddd>.

The Division has also renewed the Child Developmental Disabilities (DD) Waiver effective July 1, 2010, and is aligning the determination of individual budget amounts (IBAs) for participants on the Child DD Waiver to mirror the determination of the individual budgets on the Adult DD Waiver and Acquired Brain Injury Waiver that went into effect July 1, 2009. The result is the methodology for determining the State Fiscal Year (SFY) 2011 Individualized Budgeted Amount (IBA) will be the same for all three waivers. Beginning with July 1, 2010 plans, the State Fiscal Year 2011 budget amount will be (=) the approved units times (x) posted rates – (minus) onetime expenses, such as subsequent assessments, specialized equipment, or environmental modifications.

Effective July 1, 2010 participants and their legal representatives on all three waivers will have the **option** to self-direct one or more of their support services. Participants can self-direct services using the Agency with Choice Financial Management Service, which is a waiver service funded through the individual budget amount, or the Fiscal/Employer Agent Financial Management Service through Public Partnerships, LLC, which is an administrative cost and is not funded through the individual budget amount. All participants self-directing services are required to choose one of the two types of Financial Management Services, and are required to have a Support Broker for the first year of self-direction.

Changes to Individual Budget Amounts for Participants Self-Directing Services

The Division recognizes the impact the Support Broker requirement and the Agency with Choice Financial Management Services per member per month fee has on participants' individual budgets. In order to offset this impact and to establish a fair and equitable system, the Division will increase self-

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directing participants' individual budgets to cover up to 80 hours of Support Brokerage Services for a full plan year, and to cover the Agency with Choice per member per month fee. Details on the amount of increase to the budgets are below:

- Participants self-directing under the Fiscal Employer Agent Financial Management Service (Public Partnerships, LLC) will receive an increase in the individual budget amount of up to \$3,060. This will cover up to 80 hours of Support Brokerage Services for a plan year. The actual increase to the individual budget amount will be determined based on the number of Support Broker units submitted on the plan of care. Participants can choose to have more than 80 hours of Support Broker services on a plan, but the Division will only increase the budgeted amount up to 80 hours.
- Participants self-directing under the Agency with Choice Financial Management Service will receive an increase in the individual budget amount of up to \$3,680, which includes up to 80 hours of Support Broker Services plus \$619.44 for the Agency with Choice per member per month service charge for a full plan year. Participants can choose to have more than 80 hours of Support Broker services on a plan but the Division will only increase the budgeted amount up to 80 hours based on the plan of care.
- If a participant or their legal representative chooses to add a self-directed service before the annual plan of care, these increases will be prorated as appropriate.
- If a participant or their legal representative discontinues self-directing services, the individual budget amount will be reduced by the amount the budget was increased to cover the Support Broker Services and, when applicable, the Agency with Choice Service.

Implementation of Other Waiver Changes

In order to implement the rate increase for all waivers effective July 1, 2010, the Division will be establishing an estimated Waiver Interim IBA and an Anniversary Waiver IBA for participants on all three waivers. The calculation of these IBAs does not include the increases described above for participants self-directing services.

Estimated Waiver Interim IBA:

For those active plans of care that have a plan of care start date before July 1, 2010, an estimated interim IBA will be determined. The basis for this interim IBA is the number of calendar days before July 1, 2010 and the number of calendar days after July 1, 2010, multiplied by the respective rate. The pre-July 1, 2010 rate is the current rate for each service and the July 1, 2010, rate is the current rate plus the 6% increase. Please note that this is an estimated waiver interim IBA since the actual number of units used before July 1, 2010, is unknown at the time of this memo. Therefore, adjustments may be necessary.

Anniversary Waiver IBA:

Beginning with July 1, 2010 plans, the IBA is the total units from State Fiscal Year (SFY) 2010 (July 1, 2009-June 30, 2010) approved plans multiplied by posted service rates (which include the 6% increase) – less one-time expenses, such as subsequent assessments, specialized equipment, or environmental modifications.

The Division will be sending case managers the complete list of participants on their caseloads and the corresponding individual budget amounts by June 1, 2010. The Division's Participant Support Specialists will work directly with case managers who have already submitted plans of care with effective dates of July 1, 2010 or later to make the necessary adjustments to the plans.

Adjustments to the Individual Budget Amounts

In addition to the changes in the individual budget amounts described above, the Division may adjust IBAs for the following reasons:

- If a participant's plan of care used to compute the IBA represents under-utilized services in the past due to lack of availability of providers, participant new to the waiver, or other extreme circumstances that can be verified by the Division, the IBA can be adjusted accordingly following the standards below:
 - Child DD Waiver - Individual budget amount will be based upon the median historical plan cost for like individuals based upon the combination of the age of the individual and his/her developmental age taken from the Inventory for Client and Agency Planning (ICAP) assessment.
 - Adult DD/ABI Waiver - Individual budget amount will be based upon the median historical plan cost for like individuals based upon the service score taken from the Inventory for Client and Agency Planning (ICAP) assessment.
- If a subsequent psychological assessment is required for continued waiver eligibility, the cost may be added to the plan for ONE YEAR ONLY, not to exceed \$1,000.
- If the participant has had a transition last plan year resulting from a substantial change in the person's health, safety or service needs.
- If significant changes in the participant's functioning occurs, and it can be substantiated by documentation provided by the case manager, the Participant Support Program Manager may calculate a new IBA based on this substantiated information or may forward the request to the Extraordinary Care Committee (ECC).
- If the living situation changes to a less restrictive environment or if waiver services are reduced, the IBA may be adjusted accordingly, unless the historical units of service are understated.
- Any request for an out-of home placement must meet the Waiver's targeting criteria and be reviewed by the ECC.

The Division also has the authority to limit individual budget amounts based upon budget projections.

Billing New Rates

Below is more detailed information on how providers should bill under the new rates effective July 1, 2010:

- Case managers **do not** need to submit modifications to plans of care in order for providers to receive the rate increase.
 - However, Intervention for Residential Habilitation, Day Habilitation and Cognitive Retraining services will require a modification due to the change in unit type or procedure code.
- Services provided before July 1, 2010, will be reimbursed at the current rates.

- Providers should bill using the new service rates for services that are provided on or after July 1, 2010.
 - When submitting claims for services provided after July 1, 2010, providers must include the new rates on the claims.
 - If a provider bills for services under the old rates for services provided on or after July 1, 2010, the claim will be processed and paid under the old rate. Providers will then need to complete a claims adjustment to receive the new rate.

The Division appreciates the Legislature approving an increase in the rates and appreciates providers' continued dedication to provide quality services during these challenging times. The Division Management Team and the Participant Support Specialists will continue to work directly with case managers and providers as we implement these changes. If you have any questions about these changes please contact me at (307) 777-8763 or by email at chris.newman@health.wyo.gov.