



Comprehensive Waiver IBA Methodology

The Division of Healthcare Financing, Home and Community-Based Services Section (Division) uses a methodology for assessing participant need and determining individual budget amounts (IBAs) for participants of the Wyoming Comprehensive Waiver. This methodology provides a stable and equitable foundation on which to build a stronger, more person-centered waiver system that promotes greater community integration, employment support, and independence.

The current IBA methodology, which was established in 2014, calculates the IBA differently than previous IBA methodologies. When first implemented, these differences resulted in changes to participant IBAs up to a 7% increase or 7% decrease.

The current IBA methodology uses the nationally recognized Inventory for Client and Agency Planning (ICAP) assessment to determine a participant's assessed needs. For over 25 years, the ICAP has been applied to each individual participating in, or waiting for, Comprehensive Waiver services. The ICAP assessment determines an individual's level of functioning on both adaptive and general maladaptive factors. Adaptive factors are further broken down into functioning in the areas of social and communication skills, personal living skills, motor skills, and community living skills.

Once an IBA is assigned, a participant may choose to use that IBA for any waiver service for which they qualify.

A participant's IBA is determined by three (3) factors:

1. An assessed Level of Service (LOS) score assigned to a participant based on their ICAP scores;
2. The participant's living situation: family home, independently or semi-independently, or in community living services; and
3. The participant's age: over 21 or under 21 and in school.

Assessing the Level of Service Score

The LOS algorithm uses two (2) separate 'passes' to determine a participant's LOS score, which will be on a continuous scale between 1.0 and 6.0. LOS scores may include decimals; for example, someone may be assigned a LOS score of 3.5 instead of being assigned a LOS score that has been rounded to a discrete 3 or 4. Assigning IBAs based on fractions of a level ensures fairness by not penalizing participant whose LOS score falls close to a rounding point (e.g. a 3.4 being assessed as a Level 3, where a 3.5 is assessed as a Level 4).

- The first pass determines a level based on the overall ICAP Service Score. The equation that maps the ICAP Service score to Level of Service is:

$$\text{Level of Service} = (-0.0619 \times \text{ICAP Service Score}) + 6.827$$

- The second pass considers the ICAP sub-scores corresponding most closely to overall behavioral (ICAP General Maladaptive score) and medical (ICAP Personal Living Domain score) needs. The equation that maps the two (2) ICAP sub-scores to Level of Service is:

$$\text{Level of Service} = (-0.2232 \times \text{General Score}) + (-4.21 \times 10^{-8} \times \text{Personal Living}^3) + (-8.12 \times 10^{-10} \times \text{Personal Living}^3 \times \text{General Score}) + 7.2457$$

The LOS score is based on the higher score calculated by the first and second passes.

Methodology

The formulas that match ICAP scores and sub-scores to levels were determined by surveying 16 experts from the Division and the Wyoming Institute for Disabilities (WIND). WIND is Wyoming's University Center for Excellence in Developmental Disabilities, and serves as the contractor that administers the ICAP assessment. Using a calibration dataset of participants chosen from the entire waiver database, the experts assigned a Level of Service score to each individual based on their ICAP scores.

Half of the calibration dataset was comprised of participants with very high or very low-needs in order to 'anchor' both sides of the algorithm. The remainder of the dataset was randomly chosen from other waiver participants.

The survey results were aggregated to average the expert level ratings for each data point. Linear regression techniques were then used to predict these expert averages using various ICAP scores for the first two passes.

Results from the regression models are below.

First pass

Source	SS	df	MS			
Model	295.837208	1	295.837208	Number of obs =	140	
Residual	12.6228739	138	.091470101	F(1, 138) =	3234.25	
Total	308.460082	139	2.21913728	Prob > F =	0.0000	
				R-squared =	0.9591	
				Adj R-squared =	0.9588	
				Root MSE =	.30244	
level	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
service	-.0619004	.0010884	-56.87	0.000	-.0640526	-.0597482
_cons	6.827182	.0606684	112.53	0.000	6.707222	6.947142

Second pass

Source	SS	df	MS			
Model	287.901569	3	95.9671896	Number of obs =	140	
Residual	20.5585134	136	.151165539	F(3, 136) =	634.85	
Total	308.460082	139	2.21913728	Prob > F =	0.0000	
				R-squared =	0.9334	
				Adj R-squared =	0.9319	
				Root MSE =	.3888	
level	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
general	.0223222	.0148069	1.51	0.134	-.0069594	.0516039
personal3	-4.21e-08	1.16e-09	-36.33	0.000	-4.44e-08	-3.98e-08
genpers	-8.12e-10	1.52e-10	-5.34	0.000	-1.11e-09	-5.11e-10
_cons	7.245767	.1155979	62.68	0.000	7.017165	7.474369

Assigning Budget Amounts based on Level of Service Score

IBAs are assigned to discrete LOS scores (e.g. 1.0, 2.0, etc.). Dollar amounts in between these levels are based on the curve that connects the discrete levels. For example, if an IBA for a participant with a 2.0 LOS score is \$20,000, and the IBA for a participant with a 3.0 LOS score is \$30,000, then the IBA for a participant with a 2.5 LOS score will be close to \$25,000. Please note that the figures used in the example are not actual IBAs.

Assessing the Living Situation

The IBA assigned to a participant considers an assessed level of need based on where the participant lives and whether or not they are in school services. A participant with a Level of Service score of 3.2 who is receiving Community Living Services will have a higher IBA than a participant with a Level of Service score of 3.2 who lives at home with family.

As the LOS score increases, the estimated hours and days of service needed increase from approximately three (3) hours a day for three and three-quarter (3.75) days a week on the low end, to seven (7) hours a day for five (5) days a week on the high end. Based on the Division's provider reimbursement rate methodology, service rates for some services utilized by participants are lower than others. As a result, a participant may have more hours of service available to them, depending on how they would like to budget their waiver services. The use of the IBA is not limited to the hours listed in the assumption.

Participants living with family

The IBA for each LOS score is based on the following calculation:

- *15 minute day services rate for the corresponding day service and LOS score for each Level × estimated units of day services per year*

Participants living independently or semi-independently

The Community Living Services (CLS) portion of the IBA for each LOS score is based on the following calculation:

- *Daily CLS rate for the corresponding LOS score × estimated days each year that service is required*

The day service portion of the IBA (participants ages 21+) for each LOS score is based on the following calculation:

- *15 minute day services rate for the corresponding day service and LOS score for each Level × estimated units of day services per year*

Participants living in a group home and/or receiving Community Living Services in their residence

The Community Living Services (CLS) portion of the IBA for each LOS score is based on the following calculation:

- *Daily CLS rate for the corresponding LOS score × estimated days each year that service is required*

The day service portion of the IBA (participants ages 21+) for each LOS score is based on the following calculation:

- *15 minute day services rate for the corresponding day service and LOS score for each Level × estimated units of day services per year*

Assessing Age

IBAs for participants ages 21 and older who do not receive school services are increased to reflect the need for five (5) days a week of day services. The hours per day are still figured as before.

In order to assign a dollar amount to LOS scores, a polynomial curve was fitted to the set dollar amounts at each discrete level. These curves can be seen in the table below.

Table 1: Polynomial curves for IBAs based on living situation and age. In the equation, “y” represents the IBA dollar amount and “x” represents the assessed level.

Living Situation	Age	Budget	Equation
Family	Age 0-21	Full supports	$y = 346.52x^4 - 3977.2x^3 + 15776x^2 - 22004x + 18945$
	Age 21+	Full supports	$y = 267.02x^4 - 3144.7x^3 + 12726x^2 - 16462x + 18707$
CLS 1-3 (formerly Supported Living)	Age 18+	Home service	$y = 408.29x^5 - 5790.9x^4 + 30948x^3 - 77352x^2 + 95934x - 27372$
		Home service	$y = 408.29x^5 - 5790.9x^4 + 30948x^3 - 77352x^2 + 95934x - 27372$
	Age 21+	Day services	$y = 274.9x^4 - 3222.7x^3 + 13471x^2 - 19700x + 18038$
CLS 4-6 (formerly Residential Habilitation)	Age 18+	Home service	$y = 676.25x^4 - 7843.2x^3 + 32315x^2 - 45664x + 46496$
		Home service	$y = 676.25x^4 - 7843.2x^3 + 32315x^2 - 45664x + 46496$
	Age 21+	Day services	$y = 274.9x^4 - 3222.7x^3 + 13471x^2 - 19700x + 18038$

IBA Reviews and Appeals

If a participant’s plan of care team believes a participant’s IBA for the Comprehensive Waiver does not reflect their assessed needs, and their situation meets the criteria outlined in Chapter 46 of Wyoming Medicaid rules, they may request a review by the Division’s Extraordinary Care Committee (ECC), which is comprised of Division staff, the Medicaid Medical Director, the Division’s Psychiatrist, and other specialists as needed. The request must comply with Chapter 46 of Wyoming Medicaid rules.

If the ECC feels that the ICAP assessment did not capture the participant’s assessed needs, the ECC has the authority to request additional information and assessments, including a new ICAP assessment or another appropriate, standardized assessment targeted for a specific diagnosis or condition. The additional assessment may provide more detailed information on the participant’s support needs and assist the ECC in evaluating the need for a behavioral or medical condition indicator or “flag”. The additional assessments and information reviewed by the ECC may result in an increase, decrease, or no change to the participant’s IBA.

IBA adjustments may also occur when the participant has a qualifying life changing event. The participant’s plan of care team may request additional funding by following the ECC process if the situation meets ECC criteria outlined in Chapter 46 of Wyoming Medicaid rules. The participant may request a short term increase in funding beyond the IBA if specific conditions apply, all other resources available to the person have been accessed, and the plan of care team has explored all other options in the participant’s environment, circle of support, and community. Qualifying conditions are defined in Chapter 46 of Wyoming Medicaid rules, and consist of an onset of a medical or behavioral condition, an injury, or an emergency as defined by Chapter 46, Section 14.

Permanent adjustments to the participant’s IBA may be approved by the ECC if evidence demonstrates a change in the participant’s assessed needs as measured by the ICAP. After approving additional funding, the Division may complete follow-up monitoring to assure the funds are being utilized appropriately and the assessed need continues to exist for the participant.

Participant's Right to Fair Hearing

In most instances, funding requests that are modified or denied are eligible for a fair hearing. Participants are notified of their right to a fair hearing at the time that an ECC decision is rendered.

Participant Notification of Their Individual Budget Amount

Prior to an initial placement on the waiver or an annual IPC review, the case manager is notified of the participant's IBA through the Electronic Medicaid Waiver System (EMWS). The case manager is responsible for notifying the participant and legally authorized representative of the participant's IBA in order for them to plan for waiver services. Adjustments to IBAs based on legislative decisions or other factors follow the same notification process.