



## WYOMING LEGISLATIVE SERVICE OFFICE

# Memorandum

**DATE** June 6, 2025  
**TO** Members, Joint Appropriations Committee  
**FROM** Elizabeth Martineau, Senior Fiscal Analyst  
**SUBJECT** Interim Topic Priority #3, Developmentally Disabled Waivers

This memorandum relates to the Joint Appropriations Committee (Committee) Interim Topic #3:

The Committee will examine the rate structure, intensive care services, and costs associated with the provision of services to adults and children with developmental disabilities and acquired brain injuries through the comprehensive and supports waivers. This topic may result in the Committee sponsoring legislation for the 2026 Budget Session.

The Wyoming Department of Health (WDH), Home and Community-Based Services (HCBS) Section administers the Comprehensive Waiver and Supports Waiver (DD Waiver) programs. These programs provide services to individuals with intellectual or developmental disabilities (I/DD) from birth through all stages of life, as well as to eligible adults aged 21 years and older with an acquired brain injury (ABI). This memorandum provides an overview of the DD Waiver programs and is intended to supplement any information provided by the WDH. For reference, Attachment A is a list of commonly used acronyms and Attachment B is a set of definitions of frequently used terms created by the WDH.

### **I/DD Waiver Programs**

The U.S. Department of Health and Human Services, Center for Medicare and Medicaid Service (CMS) allows states to administer home and community-based Medicaid I/DD waivers, if approved by the federal government. These waiver programs are designed by states for I/DD participants who are at-risk for institutionalization. Under these waiver programs, the CMS “waives” the requirement for providing institutional care if the State finds, and CMS agrees, it is more cost effective to serve individuals in community settings (i.e., the least restrictive environment) by providing targeted health and support services. Funding for waiver programs follows the same cost-sharing levels as provided for states’ Medicaid programs, which for Wyoming is currently 50 percent state and 50 percent federal.

Until April 1, 2014, the WDH operated three I/DD waivers: the Adult Waiver; the Child Waiver; and the ABI Waiver. While the Adult and Child waivers originated in the early 1990s, the ABI Waiver was established in 2001. During the 2013 General Session, the Legislature passed targeted Medicaid reform and required the WDH to develop new waivers to offer more cost efficient and effective service delivery to I/DD waiver participants. ([2013 Wyoming Session Laws, Chapter 117](#))

The two new waivers include the Comprehensive Waiver and the Supports Waiver. Participants from the Adult Waiver began transitioning to the Comprehensive Waiver in April 2014, unless they chose instead to move to the Supports Waiver. The Adult Waiver officially ended September 30, 2014. Participants from the Child Waiver began transitioning to the Comprehensive Waiver in June 2014. The Child Waiver officially ended June 30, 2015. The ABI Waiver ended on March 31, 2018 and participants who were previously on the ABI Waiver are served by either the Comprehensive Waiver or Supports Waiver.

For both the Comprehensive and Supports waivers, the services available to participants varies based on the individual’s needs. Examples of DD Waiver services include case management; community living services; crisis intervention support; personal care; respite; specialized equipment; and transportation. Each service has a set rate and unit minimum, and some have pre-established caps and restrictions. As a note, the current fee schedule includes separate “agency” and “independent” rates as authorized by **2022 Wyoming Session Laws, Chapter 51, Section 048, Footnote 10**. However, WDH staff shared that they are currently working on definitions for the terms “agency provider” and “independent provider.” For the purposes of this memorandum, the WDH offered that an “agency provider” can best be understood as a larger organization that has responsibilities for employees, such as collecting payroll tax or worker’s compensation. Comparatively, independent providers do not have these responsibilities.

As an example, rates for *individual companion services* are set at 15 minute intervals and the “agency rate” is \$8.51 per unit and the “independent rate” is \$7.60 per unit. The *individual companion services* are only available to participants 18 years and older and is capped at an “Average 35 hours/week combined day services (if in Level 3-6 of community living services)” and has a restriction that “Service may be provided no more than nine (9) hours a day, except for special events/out of town trips.” Attachment C is a WDH table summarizing the current DD Waivers Fee Schedule, effective April 1, 2024.

Given the variety of services available to DD Waiver participants, it is important to note that not all providers offer all services. There are hundreds of DD Waiver providers in Wyoming. According to the WDH, 151 providers are considered larger, or agency providers, and 406 providers are considered smaller, or individual providers. The WDH maintains **a searchable database** to help participants identify providers and case managers. The database also include basic information on the services each provider offers.

**Comprehensive Waiver**

The Comprehensive Waiver is designed to meet specific funding needs of individual participants and offers expanded services, such as 24-hour residential support. Participants on the Comprehensive Waiver receive individualized budget amounts (IBA) that are developed based on a participant’s assessed functional capabilities. The current calculation for a participant’s IBA, established in 2014, is based on three factors:

- The participant’s Level of Service (LOS) score assigned based on their Inventory of Client and Agency Planning (ICAP) assessment and is on a continuous scale between 1.0 through 6.0;
- The participant’s living situation (i.e., family home, independently or semi-independently, or in a community living setting); and,
- The participant’s age (i.e., over 21 or under 21 and in school).

Table 1 provides examples of hypothetical participant IBAs based on these three factors. Attachment D is the WDH explanation regarding the specific IBA calculation and budget matrix effective October 1, 2023.

**Table 1. Comprehensive Waiver Individual Budget Amount Examples.**

Participants	LOS Score	Living Situation	Age	IBA
Participant A	LOS 1.0	Living with family	0-21	\$21,366.41
Participant B	LOS 3.3	Living in a group home or with roommates	21+	\$74,745.94
Participant C	LOS 5.7	Living independently	21+	\$99,118.04

Source: Legislative Service Office analysis of WDH information.

**Supports Waiver**

The purpose of the Supports Waiver is to promote independence and community integration by providing services to participants allowing them to live in their homes or community settings. The Supports Waiver is designed to provide more flexibility within a lower, set budget amount for waiver eligible participants when purchasing services and is typically used to provide more immediate services to individuals coming off the

waiting lists. If participants and guardians find that they need additional services, they can apply for the Comprehensive Waiver. Each Supports Waiver participant is allocated an approved maximum budget level, currently \$22,712 for participants aged birth through twenty-one (and currently in school, if school age applies) and \$26,511 for participants older than twenty-one years.

**Historical Appropriations and Rate Rebasing**

Funding for the DD Waiver programs occurs in two units within the WDH budget. The Comprehensive Waiver program is found in the Healthcare Finance Division as Unit 0485 and the Supports Waiver program is found as Unit 0486. All funds in Unit 0485 and Unit 0486 are expended from the 600 series, which is for grant and aid payments, or in this instance for payment of participant services.<sup>1</sup> Throughout periods of statewide budget reductions, including the 2017 and 2021 biennia, and during the global COVID-19 pandemic, the Legislature continued to appropriate funds in support of DD Waiver programs, participants, and providers.

Table 2 summarizes legislative appropriations to the Comprehensive Waiver, or Unit 0485, since the 2017 biennium and shows that funding has regularly increased. Table 3, on the next page, summarizes legislative appropriations to the Supports Waiver, or Unit 0486, since the 2017 biennium and shows that funding has remained increased through the FY 2025-2026 biennium (2025 biennium).

**Table 2. Unit 0485 Comprehensive Waiver Legislative Appropriations from BFY 2017 through 2025.**

Biennium	General Fund	Federal Fund	Other Fund	Total	Annual Change Percent
2017 <sup>1</sup>	\$95,979,011	\$101,271,094	\$1,000,000 TT	\$198,250,105	
2019 <sup>2</sup>	\$107,479,011	\$113,771,094	\$2,000,000 TT	\$223,250,105	12.6%
2021 <sup>3</sup>	\$106,572,049	\$117,490,600	\$1,450,000 TT \$6,076,470 S10	\$231,589,119	3.7%
2023 <sup>4, 5, 6</sup>	\$117,954,549	\$140,246,631	\$1,450,000 TT	\$259,651,180	12.1%
2025	\$136,198,842	\$158,864,857	\$1,450,000 TT	\$296,513,699	14.2%
<b>2017 to 2025 Biennial Change – Percentage</b>	41.9%	56.9%	45.0%	49.6%	

**Source:** Legislative Service Office analysis of WDH budget requests and legislative appropriations from the 2017 biennium through the 2025 biennium.

**Notes:** Table does not account for any increases, decreases, or transfers of legislative appropriations by the WDH.

- <sup>1</sup> Funding as specified in **2017 Wyoming Session Laws, Chapter 120, Section 048, Footnote 12 and 15.**
- <sup>2</sup> During the 2019 biennium, the Legislature appropriated an additional \$10,000,000 GF and \$10,000,000 FF for DD Waiver provider rate rebasing in **2018 Wyoming Session Laws, Chapter 134, Section 048, Footnote 4.**
- <sup>3</sup> During the 2021 biennium there were significant statewide budget reductions and the Legislature appropriated other funds to support the Comprehensive Waiver program as found in **2021 Wyoming Session Laws, Chapter 69, Section 048, Footnote 12.**
- <sup>4</sup> In **2022 Wyoming Session Laws, Chapter 51, Section 048, Footnote 10,** the Legislature appropriated \$3,221,343 GF and \$3,221,343 FF for “allocations to developmental disability agency providers.”
- <sup>5</sup> In **2023 Wyoming Session Laws, Chapter 94, Section 048, Footnote 15,** the Legislature appropriated \$3,755,639 GF and \$3,755,639 FF to reduce the DD Waiver program waitlists; \$3,164,536 GF and \$3,164,536 FF for provider reimbursement rates; and, \$6,300,000 GF and \$6,300,000 FF for agency providers.
- <sup>6</sup> In **2023 Wyoming Session Laws, Chapter 94, Section 048, Footnote 19,** the Legislature originally appropriated \$50,000 GF to revise the methodology for the IBA. However, the Governor vetoed a portion of the Footnote 19 and removed the reference to the revised methodology.

<sup>1</sup> In the 2025 biennium, changes to the statewide cost allocation methodology resulted in the need to appropriate and expend \$323,933 from the Comprehensive Waiver program budget out of the 300 series for cost allocation.

**Table 3. Unit 0486 Supports Waiver Legislative Appropriations from BFY 2017 through 2025.**

Biennium	General Fund	Federal Fund	Other Fund	Total	Annual Change Percent
2017	\$8,093,093	\$7,993,093		\$16,086,186	
2019	\$8,093,093	\$7,993,093		\$16,086,186	0%
2021 <sup>1</sup>	\$7,974,923	\$7,874,923		\$15,849,846	(1.5%)
2023	\$7,974,923	\$7,874,923		\$15,849,846	0%
2025	\$11,730,562	\$11,652,274		\$23,382,836	47.5%
<b>2017 to 2025 Biennial Change – Percentage</b>	44.9%	45.8%		45.4%	

**Source:** Legislative Service Office analysis of WDH budget requests and legislative appropriations from the 2017 biennium through the 2025 biennium.

**Notes:** Table does not account for any increases, decreases, or transfers of legislative appropriations by the WDH.

<sup>1</sup> During the 2021 biennium, the Governor recommended, and the Legislature adopted, a sustained Step 2 reduction of \$118,170 GF and \$118,170 FF from Unit 0486.

**DD Waiver Program Rate Rebasing**

In accordance with W.S. 42-4-120(g), the WDH is required to “establish by rule and regulation a cost based reimbursement system to pay providers of services and supplies under home and community based waiver programs for persons with developmental disabilities or acquired brain injury.” Under this statute and the WDH Chapter 46 rules, the WDH is responsible for reviewing the rates for the DD Waiver programs at least every four years, but not more than every two years. The purpose of the rate rebasing is to examine the current service rates and then use multiple data sources, input from stakeholders, including participants and providers, and objective analyses to calculate the appropriate rate for each service. After the study is complete, if the rate rebasing is accepted and recommended, then, historically, the WDH presents the updated services rates in an exception request for the Legislature to consider. In some instance, such as during the 2018 Budget Session, the Legislature may direct the WDH to conduct a rate rebasing study and may also appropriate funds at the same time in anticipation of the study results. **(2018 Wyoming Session Laws, Chapter 134, Section 048, Footnote 4)**

In 2024, the WDH contracted with Guidehouse Inc. to conduct the most recent DD Waiver programs rate rebasing study. The 2024 Guidehouse rebasing study “drew on a wide array of data sources to develop rate assumptions and benchmark rate recommendations for each of the individual services.” Additionally, the WDH sought participation and input from a provider working group, composed of small and large agency providers as well as case managers, and a steering committee composed of agency staff, legislators, and representatives of participants and providers. Once the 2024 Guidehouse rebasing study was complete, the Steering Committee “voted to issue the report with the rate analysis and model as presented, but to also recommend against funding the rate model [...] citing concerns regarding the limited cost survey data received. The Steering Committee discussed the need for a more robust response to the cost survey to better inform long-term financial commitments.”

The final 2024 Guidehouse rebasing study was published in September 2024. Attachment E is an excerpt from the final report including the executive summary and a table with the current rates effective April 1, 2024 as compared to the proposed benchmark rates.

**Historical Participant Enrollment, Waiting Lists And Emergency Cases**

To provide some additional context, Legislative Service Office (LSO) staff requested information from the WDH including DD Waiver programs enrollment, waiting lists, and emergency cases. For consistency with previously reported biennial statistics the WDH separated and converted the Comprehensive and Supports waivers information into the former AW, CW, and ABI Waiver categories.

**Waiver Enrollment**

The number of waiver participants is summarized in Table 4. As of April 30, 2025, the WDH has served 2,554 participants during the 2025 biennium, which ends June 30, 2026. As indicated in the table, participation in the DD Waiver programs has steadily increased since the 1997 biennium (or the 2001 biennium for the ABI Waiver). All waivers combined have increased by approximately five percent per biennium.

**Table 4. Number of Participants by Biennium with Aggregate and Average Annual Percentage Change, FY 1997-1998 biennium (1997) through FY 2025-2026 biennium (2025).<sup>1</sup>**

Biennium	Adults <sup>1</sup>	Children <sup>1</sup>	ABI <sup>2</sup>	All Waivers <sup>3</sup>
1997	955	318		1,273
1999	975	400		1,375
2001	1,009	516	0	1,525
2003	1,001	550	71	1,622
2005	1,128	709	106	1,943
2007	1,323	804	150	2,277
2009	1,349	794	162	2,305
2011	1,279	681	170	2,130
2013	1,448	801	184	2,433
2015 <sup>1, 4, 5</sup>	<b>Comp./Support</b>	<b>Comp./Support</b>	173	2,677
	1,641	863		
2017 <sup>1, 2, 3, 4, 5</sup>	1,628	632	178	2,438
2019 <sup>1, 3, 6</sup>	1,677	635	<b>Comp./Support</b>	2,484
			172	
2021 <sup>3, 6</sup>	1,744	585	166	2,495
2023 <sup>3, 6</sup>	1,809	626	166	2,601
2025 <sup>3, 6, 7</sup>	1,802	592	160	2,554
<b>1997 – 2025 Change – Number</b>	<b>847</b>	<b>274</b>	<b>160</b>	<b>1,281</b>
<b>1997 – 2025 Change – Percentage<sup>2</sup></b>	<b>88.69%</b>	<b>86.16%</b>	<b>125.35%</b>	<b>100.63%</b>
<b>Average Biennial Change – Percentage</b>	<b>4.32%</b>	<b>4.23%</b>	<b>7.01%</b>	<b>4.75%</b>

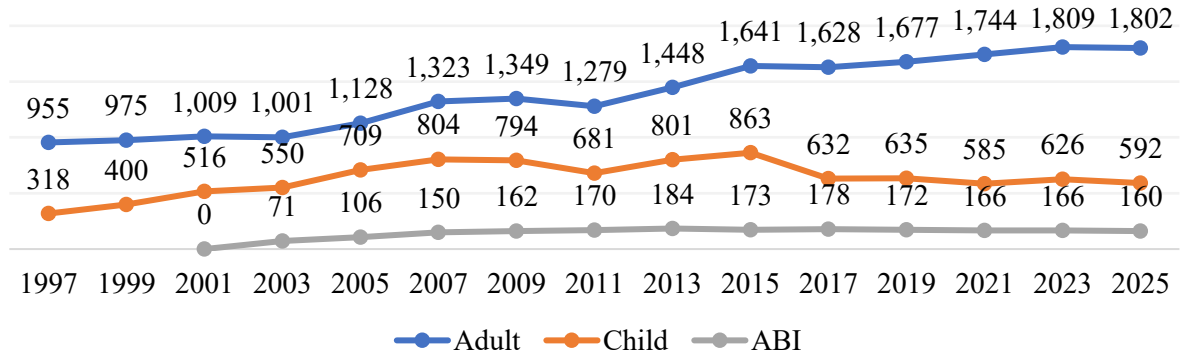
Source: Legislative Service Office analysis of Wyoming Department of Health information.

**Notes:**

- <sup>1</sup> In FY 2015, the process was modified to only tabulate Comprehensive and Supports waivers. For the purposes of consistency, the Comprehensive and Supports waivers have been separated into Adult and Child waivers.
- <sup>2</sup> The Acquired Brain Injury (ABI) Waiver began in BFY 2001 and ended March 31, 2018. The number and percentage change for this waiver is based on BFY 2003 – 2025 comparisons. Additionally, the individuals who were previously on the ABI Waiver will be served on the Comprehensive or Supports Waiver going forward.
- <sup>3</sup> Subtotals and totals are not unduplicated counts and includes participants who transitioned between waivers.
- <sup>4</sup> The totals for 2015 biennium and 2017 biennium have been updated to reflect the correct totals.
- <sup>5</sup> Data includes WDH reported count as of November 6, 2018.
- <sup>6</sup> Data was updated on May 7, 2025.
- <sup>7</sup> Data for the 2025-2026 biennium is as of April 30, 2025.

Figure 1 shows the trend in DD Waiver enrollment graphically for all waivers. The figure indicates that the adult population continues to increase while the child population has been mostly stable over the last three biennia. However, it is important to keep in mind that as some children are no longer eligible for child waiver services due to aging, they may transition and continue waiver services as adults.

**Figure 1. Number of Participants by Age Group, FY 1997-1998 biennium (1997) through FY 2025-2026 biennium (2025).**



Source: Legislative Service Office analysis of WDH information.

**Waiver Waiting List**

Table 5 summarize the number of eligible participants on waiver waiting lists since BFY 1999. As of April 30, 2025, the WDH has a total of 335 eligible participants waiting for services for the current biennium (2025).

**Table 5. Number of DD/ID Waiver Eligible Participants on Waiting Lists, FY 1999-2000 biennium (1999) through FY 2025-2026 biennium (2025).**

Biennium	Adult Waiver	Child Waiver	ABI Waiver <sup>1</sup>	All Waivers
1999	43	385		<b>428</b>
2001	56	144	80	<b>280</b>
2003	164	0	0	<b>164</b>
2005	77	48	39	<b>164</b>
2007	21	92	56	<b>169</b>
2009	115	131	38	<b>284</b>
2011	169	145	69	<b>383</b>
2013 <sup>4</sup>	236	277	79	<b>592</b>
2015 <sup>2, 4</sup>	<b>Comp./Support</b>	<b>Comp./Support</b>	20	<b>202</b>
	45	137		
2017 <sup>1, 2, 3, 4</sup>	66	193	20	<b>279</b>
2019 <sup>1, 3, 5</sup>	98	276	<b>Comp./Support</b>	<b>402</b>
			28	
2021 <sup>5</sup>	153	343	30	<b>526</b>
2023 <sup>5</sup>	75	200	7	<b>282</b>
2025 <sup>5, 6</sup>	68	263	4	<b>335</b>

Source: Legislative Service Office analysis of WDH information.

**Notes:**

- <sup>1</sup> The Acquired Brain Injury (ABI) Waiver began in BFY 2001 and ended March 31, 2018. The individuals who were previously on the ABI Waiver will be served on the Comprehensive or Supports Waiver going forward.
- <sup>2</sup> In FY 2015, the process was modified to only tabulate Comprehensive and Supports waivers. For the purposes of consistency, the Comprehensive and Supports waivers have been separated into Adult and Child waivers.
- <sup>3</sup> Data includes WDH reported count as of November 2018.
- <sup>4</sup> Subtotals and Totals are not unduplicated counts. It includes participants who transitioned between waivers.
- <sup>5</sup> Data was updated on May 7, 2025.
- <sup>6</sup> Data for the 2025-2026 biennium is as of April 30, 2025.

### Emergency Cases and Clients Discontinuing Services

Additional information provided by the WDH includes the number of emergency requests to either add participants to the waiver or to increase funding for a participant's IBA. Waiver program rules and policy authorizes the Extraordinary Care Committee (ECC) to approve participants for emergency waiver services under specified circumstances, including that a participant's health, safety, and welfare are at risk. Emergency waiver services include physical care and supervision allowed when necessary to maintain a person's functions and/or to prevent serious harm or death.

Through the ECC process, some individuals not enrolled in a waiver program have been added due to emergency circumstances. However, there are two important caveats that should be considered: 1) some of these individuals may already be on the waiver waiting list or they may be previously unknown to the WDH (i.e., when an individual's primary caregiver passes away, etc.); and 2) acceptance for emergency waiver services does not always lead an individual to permanently receiving those services. Also, waiver program rules allow the WDH to limit enrollment of additional participants due to program budget constraints.

Table 6 summarizes the number of individual waiver participants for which the ECC granted emergency waiver service status or provided additional funding to assist a participant in maintaining their living and/or functional status. The table also shows the number of waiver eligible participants that discontinued waiver services. Those that discontinue services may include individuals that left their home community, left the state, or those who passed away.

**Table 6. Number of WDH Accepted Emergency DD Waiver Service Cases or Funding Requests and the Number of Waiver Clients No Longer Enrolled for Waiver Services by Age Group, FY 2007-2008 biennium (2007) through FY 2025-2026 biennium (2025).**

Biennium	Emergency Cases Accepted				Clients No Longer Enrolled <sup>1</sup>			
	Adult	Child	ABI	Total	Adult	Child	ABI	Total
2007	37	17	4	<b>58</b>	-	-	-	-
2009	143	37	26	<b>206</b>	72	140	19	<b>231</b>
2011	28	16	6	<b>50</b>	80	146	11	<b>237</b>
2013	13	8	6	<b>27</b>	36	76	8	<b>120</b>
2015 <sup>2</sup>	5	11	6	<b>22</b>	99	173	12	<b>284</b>
2017	16	14	2	<b>32</b>	108	159	45	<b>312</b>
2019 <sup>3,4</sup>	177	70	13	<b>260</b>	116	124	19	<b>259</b>
2021	91	17	7	<b>115</b>	104	144	19	<b>267</b>
2023	57	23	8	<b>88</b>	127	152	18	<b>297</b>
2025	32	12	1	<b>45</b>	51	79	12	<b>142</b>
<b>Total</b>	<b>599</b>	<b>225</b>	<b>79</b>	<b>1,217</b>	<b>793</b>	<b>1,193</b>	<b>163</b>	<b>2,149</b>

**Source:** Legislative Service Office analysis of WDH information.

#### Notes

<sup>1</sup> Methodology for "No Longer Enrolled" was revised beginning BFY 2015 to increase accuracy.

<sup>2</sup> BFY 2015 does not show 6 supports and 10 comprehensive ECC cases as the WDH was unable to determine if they were child or adult cases.

<sup>3</sup> Data includes WDH reported count as of November 7, 2018 for Emergency Cases and November 8, 2018 for Clients No Longer Enrolled.

<sup>4</sup> The numbers provided are actual, but not complete as the biennium will not end until June 30, 2020.

# Commonly Used Acronyms - DD Waivers

<b>ABI:</b>	Acquired Brain Injury	<b>IR:</b>	Incident Report (Internal)
<b>ADL:</b>	Activities of Daily Living	<b>LAR:</b>	Legally Authorized Representative
<b>BMS:</b>	Benefit Management System	<b>LOS:</b>	Level of Service
<b>CAP:</b>	Corrective Action Plan	<b>LTC:</b>	Long Term Care
<b>CIR:</b>	Critical Incident Report (DD Critical Incident)	<b>MAR:</b>	Medication Assistance Record
<b>CM:</b>	Case Manager	<b>MFCU:</b>	Medicaid Fraud Control Unit
<b>CMMR:</b>	Case Management Monthly Review		
<b>CMS:</b>	Centers for Medicare & Medicaid Services	<b>NCI:</b>	National Core Indicators
<b>DD:</b>	Developmental Disabilities	<b>PA:</b>	Prior Authorization
<b>DFS:</b>	Department of Family Services	<b>PAL:</b>	Partnership Access Line
<b>DHCF:</b>	Division of Healthcare Financing, or the Division	<b>PBSP:</b>	Positive Behavior Support Plan
<b>DSP:</b>	Direct Support Professional	<b>PHI:</b>	Protected Health Information
<b>DVR:</b>	Division of Vocational Rehabilitation	<b>PRN:</b>	(Pro re nata) As Needed Medication
<b>ECC:</b>	Extraordinary Care Committee	<b>PSS:</b>	Participant Support Specialist
<b>EMWS:</b>	Electronic Medicaid Waiver System	<b>PVS:</b>	Provider Support Specialist
<b>FBA:</b>	Functional Behavior Analysis	<b>TBI:</b>	Traumatic Brain Injury
<b>HCBS:</b>	Home and Community-Based Services (Waiver Services)	<b>TCM:</b>	Targeted Case Management
<b>HIPAA:</b>	Health Insurance Portability and Accountability Act	<b>WDH:</b>	Wyoming Department of Health
<b>IBA:</b>	Individual Budgeted Amount	<b>WIND:</b>	Wyoming Institute for Disabilities
<b>ICAP:</b>	Inventory for Client and Agency Planning		
<b>ICF/IDD:</b>	Intermediate Care Facility for persons with Intellectual or Developmental Disabilities		
<b>IMPROV:</b>	Information Management for Providers		
<b>IPC:</b>	Individualized Plan of Care		
<b>IQ:</b>	Intelligence Quotient		

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## Waiver Participant Distinctions

### CA, CC, CABI

Adult, Child, or Person with an ABI on the Comprehensive Waiver

### SA, SC, SABI

Adult, Child, or Person with an ABI on the Supports Waiver

**Advocate** – A person, chosen by the participant or legal guardian, who supports and represents the rights and interests of the participant in order to ensure the participant’s full legal rights and access to services. The advocate can be a friend, a relative, or any other interested person. An advocate has no legal authority to make decisions on behalf of a participant.

**Adult** – A person who is twenty-one years of age or older.

### **Acquired Brain Injury (ABI)**

- I. Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above.
- II. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with gaining.
- III. It is an injury to the brain that has occurred since birth.
- IV. It may have been caused by an external physical force or by a metabolic disorder(s).
- V. These dysfunctions are not developmental or degenerative

**Applicant** – An individual who has applied for DD Waiver services

**Case Manager (CM)** – A service provider who helps an eligible person for the waiver to identify, select, obtain coordinate and use both paid services and natural supports, which enhance independence, productivity and integration consistent with his or her capacity and preference.

**Child** – For the purpose of the Comprehensive or Supports Waivers, a person under 21 years of age. Participants between the ages of 18 and 21 are considered to be an adult in the State of Wyoming, and shall sign their own documents unless they have a legal guardian.

**Circle of Support** – Specific persons an individual can contact for help or is a natural support. These may include family members. Friends, neighbors, advocates, providers, landlord, community members or agencies, or local emergency agencies.

**Claim** – A request by a provider for Medicaid payment for covered services provided to a participant.

### **Conflict of Interest**

- I. Specific to the plan of care, a conflict of interest is a situation in which a case manager has competing or conflicting interests or loyalties.
- II. A conflict of interest may exist for other reasons between members of the IPC team and the participant, such as a guardian who is related to providers on a person’s plan. NOTE: Providers shall be aware and stay in compliance with the Divisions rules for maintaining and adhering to conflict of interest policy requirements.

**Department of Family Services Central Registry** – Pursuant to W.S. § 35-20-115, The Central Registry of the Department of Family Services that includes substantiated reports of abuse, neglect, exploitation, or abandonment of vulnerable adults and children.

**Developmental Disability (DD)** – As defined in federal law (42 U.S.C. § 15002 (8)), a severe, chronic disability of an individual that:

- I. Is attributed to a mental or physical impairment or combination of mental and physical impairments.
- II. Is manifested before the individual attains age 22.

## Attachment B

- III. Is likely to continue indefinitely, and
- IV. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
  - a. Self-care
  - b. Receptive and expressive language
  - c. Learning
  - d. Mobility
  - e. Self-direction
  - f. Capacity for independent living, and
  - g. Economic self-sufficiency

**Direct Supervision** – Direct supervision means the supervisor shall be working the same shift, schedule, and proximity of the volunteer, individual under the age of 18, or new employee pending the results of the Department of Family Services Registry screening.

**Direct Support Professional (DSP)** – Person who works directly with people with developmental or intellectual disabilities or acquired brain injuries to provide waiver services and assist individuals to become integrated into their community.

**Division** – Division of Healthcare Financing

**Drug used as a restraint** – Any drug that:

- I. Is administered to manage a participant’s behavior in a way that reduces the safety risk to the participant or others, and
- II. Has the temporary effect of restricting the participant’s freedom of movement, and
- III. Is not a standard treatment for the participant’s medical or psychiatric condition.

Drugs used as a restraint shall not be approved in a participant’s plan of care.

**Employer of Record (EOR)** – In self-directed services, the individual responsible for hiring, training, and managing employees, and for and monitoring and working within the participant’s individual budget amount. The EOR had the budgetary authority to negotiate and set wages and payment terms for all self-directed services.

**Extraordinary Care Committee (ECC)** – A committee that has the authority to approve or deny individual plans of care, emergency funding, and funding due to a material change in circumstance or other condition justifying an increase in funding. Membership of the ECC shall include a representative of the Division, a representative of the State Medicaid Program, and a representative of the Department’s Fiscal Office.

**Functional Behavioral Analysis (FBA)** – An analysis used to ascertain the purpose or reasons for behaviors demonstrated by a participant.

**Functionally Necessary** – A waiver service that is:

- I. Required due to the diagnosis or condition of the participant, and
- II. Recognized as a prevailing standard or current practice among the provider's peer group, or
- III. Intended to make a reasonable accommodation for functional limitations of a participant, to increase a participant’s independence, or both.
- IV. Provided in the most efficient manner and/or setting consistent with appropriate care required by the participant’s condition.

## Attachment B

- V. For the purposes stated, utilization is not experimental or investigational and is generally accepted by the medical community.

**Guardian** – A person lawfully appointed as guardian to act on the behalf of the participant or applicant.

**Individual Budget Amount (IBA)** – The budget assigned to each waiver participant that is used to purchase waiver services.

**Individualized Plan of Care (IPC)** – A written plan of care for a participant that describes the type and frequency of services to be provided to the participant regardless of the funding source and that identifies the provider or provider types that furnish the described services. The IPC shall reflect the services and actual units that providers are agreeing to provide over the plan year.

**Intermediate Care Facility for persons with Intellectual or Developmental Disabilities (ICF/IDD)** – An intermediate care facility for people with mental retardation as defined in 42 U.S.C. 1396d(d).

**Inventory for Client and Agency Planning (ICAP)** – An instrument used by the Division to help determine the participant’s Level of Service score, available from Riverside Publishing, its successor, or designee.

**Legally Authorized Representative** – A person lawfully appointed to act on the behalf of the participant or applicant.

**Level of Service score** – An assigned number calculated by the Division used to indicate assessed need. This score is based on results from the Inventory for Client and Agency Planning (ICAP) assessment.

**Licensed Medical Professional** – Medical professional licensed to practice in the State of Wyoming and authorized to prescribe medication.

**LT-104** – Assessment tool completed by the case manager that outlines the qualifying diagnosis and services needed for an individual.

**Mechanical Restraint** – Any device attached or adjacent to a participant’s body that he or she cannot easily move or remove that restricts freedom of movement or normal access to the body.

**Medicaid** – Program that provides medical assistance and services pursuant to Title XIX of the Social Security Act and/or the Wyoming Medical Assistance and Services Act. Medicaid includes any successor or replacement program enacted by Congress and/or the Wyoming Legislature. Medicaid in Wyoming is a program under the Office of Healthcare Financing within the Wyoming Department of Health.

**Medicaid Fraud Control Unit (MFCU)** – The Medicaid Fraud Control Unit of the Wyoming Attorney General’s Office, its agent, designee, or successor.

**Medical Records** – All documents, in whatever form, in the possession of or subject to the control of a provider, which describe the participant’s diagnosis, condition, or treatment, including, but not limited to, the individual plan of care.

**Modification to Individualized Plan of Care** – A change to an IPC including the addition, substitution, or deletion of providers, covered services, or both.

**Neuropsychological Assessment** – A performance-based method to assess cognitive functioning. This method is used to examine the cognitive consequences of brain damage, brain disease, and severe mental illness.

**Objectives** – A specific, measurable, attainable, relevant, time-specific, and trackable skill that must be attained in order to accomplish a particular goal.

**Participant** – An individual who has been determined eligible for covered services on the Comprehensive or Supports Waiver.

## Attachment B

- Participant-Directed Services** – Service delivery process in which an employer of record is responsible for recruiting, hiring, scheduling, training, evaluating, and supervising employees.
- Participant Specific Training** – Training on a participant’s specific health, safety, behavioral, equipment, supervision and support needs of a participant that are described in the person's individual plan of care.
- Partnership Access Line (PAL)** – Supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, education adjustment, medication review, or treatment planning.
- Person-Centered Planning** – A process, directed by a participant, that identifies the participant’s strengths, capacities, preferences, needs, the services needed to meet the needs, and providers available to provide services. Person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the individual plan of care.
- Physical Restraint** – The application of physical force or physical presence without the use of any device, for the purposes of restraining the free movement of the body of the participant. The term personal restraint does not include briefly holding, without undue force, a participant in order to calm or comfort him or her, or holding a participant’s hand to safely escort him or her from one area to another.
- Plan of Care Team** – A group of persons who are knowledgeable about the person and are qualified, collectively, to assist in developing an individual plan of care for that person. Membership of the team shall include the participant, the guardian if applicable, the case manager, providers on the person’s individual plan of care, an advocate if applicable, and any other person chosen by the participant.
- Positive Behavior Support Plan (PBSP)** – A plan that assists the participant in developing positive behaviors to replace or reduce a challenging or dangerous behavior.
- Prior Authorization (PA)** – Gives a provider permission to provide services and bill for those services.
- Provider Operated Setting** – Settings that are owned, rented, leased, co-leased, controlled, or operated by the provider. This includes settings in which the provider has a direct or indirect financial relationship with the owner of the property.
- Psychological Assessment** – A process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities.
- Rate** – Dollar amount paid for a service
- Relative** – A participant’s biological, step, or adoptive parent.
- Targeted Case Management** – Service that allows case managers to get paid for their time spent working with a new applicant or eligible applicant on the waiting list.
- Traditional Services** – Service delivery process in which providers determine who will be hired, where staff will work, how much they will be paid, and how the services will be delivered overall.
- Transition Process** – Process of changing from one provider of services to another from one home and community based service to another, or from one residential location to another.
- Waiting List** – A list of persons who are eligible for covered services and who have submitted a completed application, but the services are unavailable because of limits imposed by funding for or on the waiver.

# Attachment C

## Comprehensive and Supports Waivers Fee Schedule - Effective April 1, 2024

	Code	Agency Rate	Independent Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Service Age Restriction (handled in EMWS not BMS)	Modifier & Multiplier	Service Cap	Service Restrictions
<b>Adult Day Services (Basic)</b>	S5100	\$2.78	\$2.58	15 Minute		Daily and 15 min unit cannot be billed on the same day	Age 21 +	UA=1.39130435	Average 35 hours/week (combined day services if in level 3-6 of community living services)	
<b>Adult Day Services (Intermediate)</b>	S5100 UA	\$3.91	\$3.59	15 Minute						
<b>Adult Day Services (High)</b>	S5108	\$6.73	\$6.18	15 Minute						
<b>Behavioral Support Services - BCBA</b>	97151	\$32.27		15 Minute		Applied behavioral analysis is only available to individuals 21+ with a diagnosis of autism.		Maximum of 120 units at BCBA/BCaBA level combined for initial assessment, completion of FBA, and PBSP development.	Must be prior approved by the Division	
<b>Behavioral Support Services - BCaBA</b>	97152	\$20.56		15 Minute						
<b>Behavioral Support Services - RBT</b>	97153	\$19.23		15 Minute						
<b>Case Management</b>	T1016	\$21.36		15 Minute		Monthly and 15 min unit cannot be billed in the same month - Case Management and Certificate Tier cannot be billed in the same month		Cap of 224 total 15-minute units per year		
<b>Case Management</b>	T2022	\$341.67		Monthly						Must provide minimum of 2 hours of documented service
<b>Case Management - Certificate Tier</b>	T1016 UB	\$22.43		15 Minute				Cap of 224 total 15-minute units per year		
<b>Case Management - Certificate Tier</b>	T2022 UB	\$358.75		Monthly				Must provide minimum of 2 hours of documented service		
<b>Case Management - Targeted (TCM)</b>	T2023	\$8.00		15 Minute				Cap of 120 units per 12 month period	Service should be used exclusively for case management services provided prior to the participant being funded off of the wait list.	
<b>Child Habilitation Services (Ages 0-12)</b>	T2027 HA	\$4.15	\$3.65	15 Minute	X		Ages 0-12	HA = 0.93472585	9400 units per year cap on the	May bill for up to 2 participants

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## Comprehensive and Supports Waivers Fee Schedule - Effective April 1, 2024

	Code	Agency Rate	Independent Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Service Age Restriction (handled in EMWS not BMS)	Modifier & Multiplier	Service Cap	Service Restrictions
<b>Child Habilitation Services (Ages 13-17)</b>	T2027	\$4.15	\$3.91	15 Minute	X		Ages 13-17		Comprehensive Waiver	in the same age range at a time
<b>Cognitive Retraining</b>	H2014	\$13.57		15 Minute			Age 21 +			For participants with an ABI diagnosis only
<b>Community Living Services (Basic Individual)</b>	T2017	\$9.41	\$8.84	15 Minute	X	Daily and 15 min unit cannot be billed on the same day	Age 18 +		Cap of 4,745 units per year	
<b>Community Living Services (Basic - Group of 2)</b>	T2017 UN	\$5.24	\$4.74	15 Minute	X			UN=0.53633218	Cap of 5,475 units per year	
<b>Community Living Services (Basic - Group of 3 or more)</b>	T2017 UP	\$3.86	\$3.52	15 Minute	X			UP=0.39792388	Cap of 5,475 units per year	
<b>Community Living Services (Basic)</b>	T2031	\$152.66	\$136.33	Daily						Must provide minimum of 4 hours of service in order to bill
<b>Community Living Services - Self-Directed Levels 3 - 6 (Comprehensive Waiver Only)</b>	T2017 UC			15 Minute	X					Daily rates cannot be billed for self-directed services
<b>Community Living Services - Level 3 (Comprehensive Waiver Only)</b>	T2016	\$161.71	\$144.41	Daily			Age 18 +		Must provide minimum of 8 hours of service in order to bill	
<b>Community Living Services - Level 4 (Comprehensive Waiver Only)</b>	T2016 U7	\$198.22	\$177.01	Daily				U7=1.2257381		
<b>Community Living Services - Level 5 (Comprehensive Waiver Only)</b>	T2016 U6	\$289.75	\$258.75	Daily				U6=1.7917785		
<b>Community Living Services - Level 6 (Comprehensive Waiver Only)</b>	T2016 U5	\$495.18	\$442.21	Daily				U5=3.06215568		

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## Comprehensive and Supports Waivers Fee Schedule - Effective April 1, 2024

	Code	Agency Rate	Independent Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Service Age Restriction (handled in EMWS not BMS)	Modifier & Multiplier	Service Cap	Service Restrictions
<b>Community Living Services - Host Home</b> <i>(Comprehensive Waiver Only)</i>	T2016 UD	\$295.82	\$260.11	Daily				UD=1.80117249		Must provide minimum of 8 hours of service in order to bill
<b>Community Support Services (Basic)</b>	T2021	\$3.06	\$2.83	15 Minute		Daily and 15 min unit cannot be billed on the same day	Age 18 +		Average 35 hours/week combined day services (if in level 3-6 of community living services)	
<b>Community Support Services (Intermediate)</b>	T2021 U1	\$4.60	\$4.25	15 Minute			Age 18 +	U1=1.50541517		
<b>Community Support Services (High)</b>	T2021 HB	\$9.11	\$9.11	15 Minute			Age 18 +	HB=3.22382672		
<b>Companion Services (Individual)</b>	S5135	\$8.51	\$7.60	15 Minute	X		Age 18 +		Average 35 hours/week combined day services (if in level 3-6 of community living services)	Service may be provided no more than nine (9) hours a day, except for special events/out of town trips
<b>Companion Services (Group up to 3)</b>	S5135 TT	\$3.49	\$3.20	15 Minute	X		Age 18 +	TT=0.42147652		
<b>Crisis Intervention Support</b>	H2011	\$8.99		15 Minute			Age 18 +			Must be in community living services level 3-6, or another habilitative service to use this service. Must be approved through ECC
<b>Dietician</b>	S9470	\$31.47		Per Session			Age 21+			A minimum of 30 minutes must be provided
<b>Environmental Modification (New)</b>	S5165 NU	PA		Per Event				NU=1	Lifetime cap of \$30,000 total for new or repair	
<b>Environmental Modification (Repair)</b>	S5165	PA		Per Event						
<b>Homemaker</b>	S5130	\$6.62	\$6.62	15 Minute	X				624 units a year per household, maximum of 12 units per week	Not available to participants in special family habilitation home, host home, or community living level 3-6 services
<b>Individual Habilitation Training</b>	T2038	\$8.34	\$7.49	15 Minute	X		Ages 0-20		Limit of 4 hours per day	

# Attachment C

## Comprehensive and Supports Waivers Fee Schedule - Effective April 1, 2024

	Code	Agency Rate	Independent Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Service Age Restriction (handled in EMWS not BMS)	Modifier & Multiplier	Service Cap	Service Restrictions	
Occupational Therapy (Individual)	97139	\$25.17		15 Minute			Age 21 +				
Personal Care	T1019	\$8.25	\$7.36	15 Minute	X				7280 units/year on the Comprehensive waiver	Relative providers may only provide up to 4 hours a day (5,840 units per year)	
Physical or Occupational Therapy (Group)	97150	\$18.80		Per Session			Age 21 +			A minimum of 30 minutes must be provided	
Physical Therapy (Individual)	97110	\$25.17		15 Minute			Age 21 +				
Respite (Individual)	T1005	\$8.39	\$7.50	15 Minute	X	Daily and 15 min unit cannot be billed on the same day			5,616 15 minute unit/year on Comp	Services provided in excess of 9 hours a day must use the daily unit. Cannot exceed an avg of 27 hours per week.	
Respite (Group of 2)	T1005 HQ	\$4.68	\$4.23	15 Minute	X			HQ=0.56462586			
Respite Daily (Individual)	S5151	\$302.30	\$269.96	Daily							Any use of Respite over 9 hours a day must be billed as a daily unit
Respite Daily (Group of 2)	S5151 U8	\$168.41	\$152.25	Daily				U8=0.56394756			
Skilled Nursing	T1002	\$19.77		15 Minute			Age 21 +		Services must be prior authorized by the Division Contractor that approves skilled nursing services		
Skilled Nursing Assessment	T1001	\$77.52		Session			Age 21+		1 unit annually		
Specialized Equipment (New)	T2029 NU	PA		Per Event				NU=1	\$4000 annual cap for service (new and repair). Some technology restrictions.		
Specialized Equipment (Repair)	T2029	PA		Per Event							

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## Comprehensive and Supports Waivers Fee Schedule - Effective April 1, 2024

	Code	Agency Rate	Independent Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Service Age Restriction (handled in EMWS not BMS)	Modifier & Multiplier	Service Cap	Service Restrictions
Speech, Language and Hearing Services (Individual)	92507	\$42.86		Per Session			Age 21 +			A minimum of 30 minutes must be provided
Speech, Language and Hearing Services (Group)	92508	\$16.04		Per Session			Age 21 +			
Supported Employment (Individual)	T2019	\$9.22	\$8.23	15 Minute	X		Age 18 +			
Supported Employment (Group)	T2019 UQ	\$3.09	\$2.85	15 Minute			Age 18 +	UQ=0.34572491		
Supported Employment Follow Along	T2019 TS	\$9.22	\$8.23	15 Minute	X		Age 18 +	TS=1.0000	100 units/year	
Transportation - Per 5 Mile Trip	A0090	\$14.77	\$13.57	Per 5 Mile Trip			Age 18 +		Cannot exceed \$2000/year	Cannot be billed in conjunction with services that have transportation built into rate, or if another resource is available to pay (such as medical transportation through Medicaid).
Transportation - Per 10 Mile Trip	T2001	\$18.25	\$17.04	Per 10 Mile Trip			Age 18 +			
Transportation - Multipass	T2003	Variable		Per Purch.			Age 18 +			
Psychological Assessments	T2024	Up to \$1000.00		Assessment						
Neuropsychological Assessments	T2024	Up To \$1400.00		Assessment						



# 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.

# Attachment D

## Comprehensive Waiver Level of Services (LOS)/Individual Budget Amount (IBA) Matrix Effective October 1, 2023

IBA amounts as of 10/2023												
Living Situation and Age	Age	LOS 1	LOS 1.1	LOS 1.2	LOS 1.3	LOS 1.4	LOS 1.5	LOS 1.6	LOS 1.7	LOS 1.8	LOS 1.9	LOS 2
Living with family participant age	Age 0-21	\$21,366.41	\$21,539.07	\$21,711.74	\$21,884.40	\$22,057.06	\$22,229.73	\$22,402.39	\$22,575.05	\$22,747.72	\$22,920.38	\$27,122.50
Living with family participant age	Age 21+	\$35,886.86	\$36,204.73	\$36,522.60	\$36,840.47	\$37,158.34	\$37,476.20	\$37,794.07	\$38,111.94	\$38,429.81	\$38,747.68	\$45,990.91
Living independently participant age	Age 18-20	\$22,031.27	\$22,210.59	\$22,389.90	\$22,569.21	\$22,748.52	\$22,927.83	\$23,107.15	\$23,286.46	\$23,465.77	\$23,645.08	\$28,770.80
Living independently participant age	Age 21+	\$56,526.84	\$57,051.11	\$57,575.37	\$58,099.64	\$58,623.91	\$59,148.18	\$59,672.45	\$60,196.71	\$60,720.98	\$61,245.25	\$64,456.40
Living in a group home or with roommates participant age	Age 18-20	\$48,050.11	\$48,489.61	\$48,929.11	\$49,368.61	\$49,808.11	\$50,247.61	\$50,687.11	\$51,126.61	\$51,566.11	\$52,005.61	\$53,860.49
Living in a group home or with roommates participant age	Age 21+	\$56,526.84	\$57,051.11	\$57,575.37	\$58,099.64	\$58,623.91	\$59,148.18	\$59,672.45	\$60,196.71	\$60,720.98	\$61,245.25	\$64,456.40
* LOS means Level of Service Score												

Living Situation and Age	Age	LOS 2.1	LOS 2.2	LOS 2.3	LOS 2.4	LOS 2.5	LOS 2.6	LOS 2.7	LOS 2.8	LOS 2.9	LOS 3
Living with family participant age	Age 0-21	\$27,352.73	\$27,582.95	\$27,813.18	\$28,043.40	\$28,273.63	\$28,503.85	\$28,734.08	\$28,964.30	\$29,194.52	\$32,878.60
Living with family participant age	Age 21+	\$46,409.82	\$46,828.73	\$47,247.64	\$47,666.54	\$48,085.45	\$48,504.36	\$48,923.27	\$49,342.18	\$49,761.09	\$47,486.33
Living independently participant age	Age 18-20	\$29,017.51	\$29,264.22	\$29,510.92	\$29,757.63	\$30,004.34	\$30,251.05	\$30,497.75	\$30,744.46	\$30,991.17	\$36,167.76
Living independently participant age	Age 21+	\$65,059.96	\$65,663.52	\$66,267.09	\$66,870.65	\$67,474.21	\$68,077.78	\$68,681.34	\$69,284.90	\$69,888.47	\$69,739.06
Living in a group home or with roommates participant age	Age 18-20	\$54,358.09	\$54,855.70	\$55,353.30	\$55,850.91	\$56,348.51	\$56,846.12	\$57,343.72	\$57,841.33	\$58,338.93	\$56,809.69
Living in a group home or with roommates participant age	Age 21+	\$65,059.96	\$65,663.52	\$66,267.09	\$66,870.65	\$67,474.21	\$68,077.78	\$68,681.34	\$69,284.90	\$69,888.47	\$72,688.26

Living Situation and Age	Age	LOS 3.1	LOS 3.2	LOS 3.3	LOS 3.4	LOS 3.5	LOS 3.6	LOS 3.7	LOS 3.8	LOS 3.9	LOS 4
Living with family participant age	Age 0-21	\$33,166.38	\$33,454.17	\$33,741.95	\$34,029.74	\$34,317.52	\$34,605.31	\$34,893.10	\$35,180.88	\$35,468.67	\$38,634.68
Living with family participant age	Age 21+	\$47,920.19	\$48,354.05	\$48,787.92	\$49,221.78	\$49,655.64	\$50,089.50	\$50,523.37	\$50,957.23	\$51,391.09	\$56,165.00
Living independently participant age	Age 18-20	\$36,488.44	\$36,809.11	\$37,129.79	\$37,450.47	\$37,771.14	\$38,091.82	\$38,412.50	\$38,733.18	\$39,053.85	\$41,512.37
Living independently participant age	Age 21+	\$70,395.45	\$71,051.84	\$71,708.23	\$72,364.62	\$73,021.01	\$73,677.40	\$74,333.79	\$74,990.18	\$75,646.57	\$73,080.32
Living in a group home or with roommates participant age	Age 18-20	\$57,336.79	\$57,863.88	\$58,390.98	\$58,918.08	\$59,445.17	\$59,972.27	\$60,499.37	\$61,026.46	\$61,553.56	\$68,708.69
Living in a group home or with roommates participant age	Age 21+	\$73,374.14	\$74,060.02	\$74,745.91	\$75,431.79	\$76,117.67	\$76,803.55	\$77,489.44	\$78,175.32	\$78,861.20	\$87,928.52

Living Situation and Age	Age	LOS 4.1	LOS 4.2	LOS 4.3	LOS 4.4	LOS 4.5	LOS 4.6	LOS 4.7	LOS 4.8	LOS 4.9	LOS 5
Living with family participant age	Age 0-21	\$38,980.03	\$39,325.38	\$39,670.72	\$40,016.07	\$40,361.42	\$40,706.76	\$41,052.11	\$41,397.46	\$41,742.80	\$47,076.71
Living with family participant age	Age 21+	\$56,685.65	\$57,206.30	\$57,726.95	\$58,247.60	\$58,768.25	\$59,288.90	\$59,809.55	\$60,330.20	\$60,850.85	\$62,373.57
Living independently participant age	Age 18-20	\$41,886.49	\$42,260.62	\$42,634.74	\$43,008.86	\$43,382.99	\$43,757.11	\$44,131.23	\$44,505.36	\$44,879.48	\$50,649.45
Living independently participant age	Age 21+	\$73,770.12	\$74,459.92	\$75,149.72	\$75,839.53	\$76,529.33	\$77,219.13	\$77,908.94	\$78,598.74	\$79,288.54	\$92,901.91
Living in a group home or with roommates participant age	Age 18-20	\$69,354.78	\$70,000.86	\$70,646.95	\$71,293.04	\$71,939.12	\$72,585.21	\$73,231.30	\$73,877.38	\$74,523.47	\$98,543.79
Living in a group home or with roommates participant age	Age 21+	\$88,766.80	\$89,605.09	\$90,443.37	\$91,281.66	\$92,119.94	\$92,958.22	\$93,796.51	\$94,634.79	\$95,473.08	\$137,585.21

Living Situation and Age	Age	LOS 5.1	LOS 5.2	LOS 5.3	LOS 5.4	LOS 5.5	LOS 5.6	LOS 5.7	LOS 5.8	LOS 5.9	LOS 6
Living with family participant age	Age 0-21	\$47,506.47	\$47,936.24	\$48,366.01	\$48,795.77	\$49,225.54	\$49,655.31	\$50,085.07	\$50,514.84	\$50,944.61	\$49,090.44
Living with family participant age	Age 21+	\$62,956.30	\$63,539.04	\$64,121.77	\$64,704.51	\$65,287.24	\$65,869.98	\$66,452.72	\$67,035.45	\$67,618.19	\$69,689.47
Living independently participant age	Age 18-20	\$51,114.94	\$51,580.43	\$52,045.93	\$52,511.42	\$52,976.92	\$53,442.41	\$53,907.91	\$54,373.40	\$54,838.89	\$55,304.39
Living independently participant age	Age 21+	\$93,789.93	\$94,677.95	\$95,565.97	\$96,453.99	\$97,342.00	\$98,230.02	\$99,118.04	\$100,006.06	\$100,894.08	\$101,782.10
Living in a group home or with roommates participant age	Age 18-20	\$99,488.23	\$100,432.67	\$101,377.10	\$102,321.54	\$103,265.98	\$104,210.42	\$105,154.85	\$106,099.29	\$107,043.73	\$165,506.69
Living in a group home or with roommates participant age	Age 21+	\$138,920.06	\$140,254.91	\$141,589.77	\$142,924.62	\$144,259.47	\$145,594.32	\$146,929.17	\$148,264.02	\$149,598.88	\$210,497.09

# Comprehensive and Supports Waivers SFY 2027 Provider Rate Study

Presented to:

**Wyoming Department of Health, Division of  
Healthcare Financing**

Presented by:

**Guidehouse Inc.**

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September 25, 2024

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## A. Executive Summary

In this report, Guidehouse Inc. presents the results of our 2024 rate study for the Comprehensive and Supports waiver programs in support of the Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF). WDH contracted with Guidehouse to conduct a rate study for Wyoming’s two home and community-based (HCBS) Medicaid 1915(c) waivers serving individuals with intellectual and developmental disabilities (I/DD) and acquired brain injuries (ABI). This rate study supports the requirement of *WY Stat § 42-4-120 (g)* that WDH rebase its rates every two to four years. This rate study will be used to inform discussion about rates for State Fiscal Year (SFY) 2027.

### Stakeholder Engagement

Guidehouse worked closely with WDH and key stakeholders through July 2024 to conduct the rate study and develop proposed service rates. Stakeholder involvement included two key workgroups:

- *Provider Workgroup* – Composed of small and large providers and case management agencies that reviewed the survey design and materials, gave input on rate component assumptions, and endorsed related recommendations for consideration by the Steering Committee.
- *Rate Rebasing Steering Committee (Steering Committee)* – Composed of key state agency staff, legislators, and participant and provider representatives who served in an advisory capacity to provide feedback on WDH’s rate methodology and proposed rates.

### Data and Methods

The rate study process drew on a wide array of data sources to develop rate assumptions and benchmark rate recommendations for each of the individual services. Guidehouse relied on objective, publicly available data sources, standard administrative cost reporting, as well as additional provider-reported costs specifically collected via provider cost and wage surveys. Guidehouse conducted the survey process to achieve the following goals:

- Collect data from I/DD service providers to identify actual costs and wages;
- Seek input on data not available through other sources;
- Receive uniform inputs across all providers to develop standardized rate model components where appropriate;
- Develop rate model inputs that are reflective of actual service delivery;

**Wyoming Statute 42-4-120 (g) Requirements Include:**

- Establish a cost-based reimbursement system to pay HCBS waiver providers for persons with I/DD using data sources including:
  - Provider cost data
  - Provider claims data
  - Participant needs assessment data
  - Other regional and national data
- Calculate new reimbursement rates for providers at least once every four years but not more than once in any two-year period.
- Develop rates in consultation with I/DD providers, waiver participants and families, and a waiver payment system expert.

- Solicit general feedback from providers to understand service “pain-points” that could be addressed in rate updates.

One objective of the study was to ensure an appropriate and transparent rate methodology that uses more current labor assumptions and incorporates publicly available information that could enhance provider-reported information and allow for the development of rates that could be sustainable into the future.

For each service, multiple data sources and calculations were used to define key cost assumptions. Cost assumptions (e.g., for base and overtime wages, benefits including health insurance, staffing and supervisory patterns, and administrative and program support cost factors) were obtained a combination of cost surveys, independent data sources, and validation by the Provider Workgroup. Guidehouse researched additional data points such as inflationary metrics and certain benefits allowances obtained from industry data collected by the federal Bureau of Labor Statistics (BLS).

**Rate Model Recommendations**

The approach used to establish the WDH’s benchmark rates is an “independent rate build-up” methodology commonly applied by states for setting rates for HCBS populations. It is an approach recognized as compliant with specific Centers for Medicare & Medicaid Services (CMS) regulations and guidelines and congruent with Medicaid rate setting principles more generally. The independent rate build-up methodology comprises direct care and indirect care components and the resulting rates are not modified to presume a predetermined budget impact.

Guidehouse developed various rate models for consideration by the Provider Workgroup and Steering Committee, who endorsed a recommendation of continued wage assumptions for direct care workers and other service practitioners, as reflected in this report. The estimated fiscal impact projects an increase of \$24 million dollars annually based on SFY 2023 utilization data, half of which would be “matched” by the federal government, as depicted in Table 1. The overall expected impact is subject to decrease if WDH distinguishes rates between “agency providers” and “independent providers,” whose organizational and operational structure feature slimmer expenses in some cost centers and whose rates are generally lower than those for agency providers. WDH is currently considering how to best move forward with a definition and rate structure for independent providers.

**Table 1. Summary of Annual Fiscal Impact Analysis and State Share**

Annual Expenditures for SFY23 Utilization	SFY23 Utilization Paid at SFY24 Rates	SFY23 Utilization Paid at SFY27 Rates	Annual Expected Increase, SFY24-27	Annual Expected State Share Inc., SFY24-27
\$101,535,461	\$125,937,473	\$149,980,066	\$24,042,593 (19.1%)	\$12,021,297

The Steering Committee determined that the rate study should be concluded and published, but recommended not funding the rate model displayed in the report and discussed a need for a more robust response to the cost survey to better inform long-term financial commitments.

incorporated as a separate factor in addition to the direct care, administrative, and program support costs for Transportation. The rate model for standalone transportation services incorporates a lower program support cost factor than rates for other services so as to remove any costs accounted for in the mileage reimbursement component.

### E.3. Benchmark Rates and Final Recommendations

Benchmark rates for each waiver service, outlined in Table 11, were developed using the independent rate build-up approach. **Appendix A** includes the rate models for each services.

**Table 11. Proposed Benchmark Rates**

Code	Service	Current Rate Eff. Apr. 1, 2024	Proposed Benchmark Rate	Percent Difference
S5100	Adult Day Services - Basic, 15 Minute	\$2.78	\$2.92	5%
S5100 UA	Adult Day Services - Intermediate, 15 Minute	\$3.91	\$5.25	34%
S5108	Adult Day Services - High, 15 Minute	\$6.73	\$8.75	30%
S5102	Adult Day Services - Basic, Daily	\$66.72	\$70.02	5%
S5102 UA	Adult Day Services - Intermediate, Daily	\$93.84	\$126.04	34%
S5105	Adult Day Services - High, Daily	\$161.52	\$210.06	30%
97151	Behavioral Support Services - BCBA Level, 15 Minute	\$32.27	\$36.85	14%
97152	Behavioral Support Services - BCaBA Level, 15 Minute	\$20.56	\$28.45	38%
97153	Behavioral Support Services - RBT Level, 15 Minute	\$19.23	\$21.14	10%
T2022	Case Management, Month	\$341.67	\$370.98	9%
T1016	Case Management, 15 Minute	\$21.36	\$23.19	9%
T2027 HA	Child Habilitation Services - Ages 0 – 12, 15 Minute	\$4.15	\$5.60	35%
T2027	Child Habilitation Services - Ages 13 – 17, 15 Minute	\$4.15	\$5.60	35%
H2014	Cognitive Retraining, 15 Minute	\$13.57	\$15.51	14%

# Attachment E



## SFY 2027 Comprehensive and Supports Waivers Rate Report

Code	Service	Current Rate Eff. Apr. 1, 2024	Proposed Benchmark Rate	Percent Difference
T2017	Community Living Services - Basic Individual, 15 Minute	\$9.41	\$11.31	20%
T2017 UN	Community Living Services - Basic – Group of two, 15 Minute	\$5.24	\$5.66	8%
T2017 UP	Community Living Services - Basic – Grp. of 3 or more, 15 Min.	\$3.86	\$3.77	-2%
T2031	Community Living Services - Basic, Daily	\$152.66	\$185.17	21%
T2016	Community Living Services - Level 3, Daily	\$161.71	\$198.39	23%
T2016 U7	Community Living Services - Level 4, Daily	\$198.22	\$243.18	23%
T2016 U6	Community Living Services - Level 5, Daily	\$289.75	\$350.69	21%
T2016 U5	Community Living Services - Level 6, Daily	\$495.18	\$594.84	20%
T2016 UD	Community Living Services - Host Home, Daily	\$295.82	\$395.91	34%
T2021	Community Support Services - Basic, 15 Minute	\$3.06	\$3.03	-1%
T2021 U1	Community Support Services - Intermediate, 15 Minute	\$4.60	\$5.45	18%
T2021 HB	Community Support Services - High, 15 Minute	\$9.11	\$9.09	0%
T2020	Community Support Services - Basic, Daily	\$73.44	\$72.73	-1%
T2020 U1	Community Support Services - Intermediate, Daily	\$110.40	\$130.91	19%
T2020 HB	Community Support Services - High, Daily	\$218.64	\$218.18	0%
S5135	Companion Services - Individual, 15 Minute	\$8.51	\$9.15	8%
S5135 TT	Companion Services - Group up to 3, 15 Minute	\$3.49	\$3.05	-13%
H2011	Crisis Intervention Support, 15 Minute	\$8.99	\$11.00	22%
S5130	Homemaker Services, 15 Minute	\$6.62	\$8.90	34%
T2038	Individual Habilitation Training, 15 Minute	\$8.34	\$11.25	35%

# Attachment E



## SFY 2027 Comprehensive and Supports Waivers Rate Report

Code	Service	Current Rate Eff. Apr. 1, 2024	Proposed Benchmark Rate	Percent Difference
T1019	Personal Care Services, 15 Minute	\$8.25	\$10.73	30%
T1005	Respite - Individual, 15 Minute	\$8.39	\$11.04	32%
T1005 HQ	Respite - Group, 15 Minute	\$4.68	\$5.52	18%
S5151	Respite - Individual, Daily	\$302.30	\$397.31	31%
S5151 HQ	Respite - Group, Daily	\$168.41	\$198.65	18%
T2019	Supported Employment Services - Individual, 15 Minute	\$9.22	\$11.13	21%
T2019 UQ	Supported Employment Services - Group, 15 Minute	\$3.09	\$2.78	-10%
T2019 TS	Supported Employment Services - SEFA, 15 Minute	\$9.22	\$11.13	21%
A0090	Transportation Services, 5 Mile Trip	\$14.77	\$16.71	13%
T2001	Transportation Services 10 Mile Trip	\$18.25	\$20.06	10%