

Medicaid Waivers for People with Intellectual/Developmental Disabilities

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Joint Appropriations
Interim Committee Meeting



Wyoming
Department
of Health

June 24th, 2025

What are “Waivers”?

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- Home and Community Based Services (HCBS) Waivers are an **optional** way for States to pay for **long-term** and **habilitative** services in a **home or community setting**.
- Prior to 1981, Medicaid only paid for these services in an institutional setting.
- Wyoming Medicaid operates the following waivers:
 - The **Comprehensive** and **Supports Waivers** for Individuals with Intellectual and Developmental Disabilities (I/DD) and Acquired Brain Injuries (ABI);
 - The **Community Choices Waiver** for seniors and individuals with disabilities who require institutional levels of care; and,
 - The **Children’s Mental Health Waiver** for higher-income children with significant behavioral health needs.

Why “Waivers”?

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- Individuals **generally prefer** receiving services at home or in the community.
- Community-based services generally **cost the State less** than institutional alternatives.
- **Legal obligation** under *Olmstead v. L.C.* (US Supreme Court) and Chris S. and Weston settlements (Wyoming)
 - Treatment professionals determine that community placement is appropriate;
 - The individual does not oppose being served in the community; and
 - Placement is a reasonable accommodation.

Weston Settlement (1990)

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- **Wyoming State Training School** established in 1907, opened in 1912, named as such 1921.
 - At peak in 1960s, over 700 clients on campus.
 - Wave of de-institutionalization for individuals with I/DD in the 1960s-70s, growth of community-based alternatives.
- **Weston et. al vs Wyoming State Training School (1990)** sought “improvement of conditions at [the Wyoming Life Resource Center], expansion of community resources and support services and transfer of class members to community programs.”
 - WLRC census has dropped from ~ 132 in 1999 to ~48 today.
 - Facility remissioned during Facilities Task Force to focus on safety-net population.

Eligibility - Comprehensive/Supports Waiver

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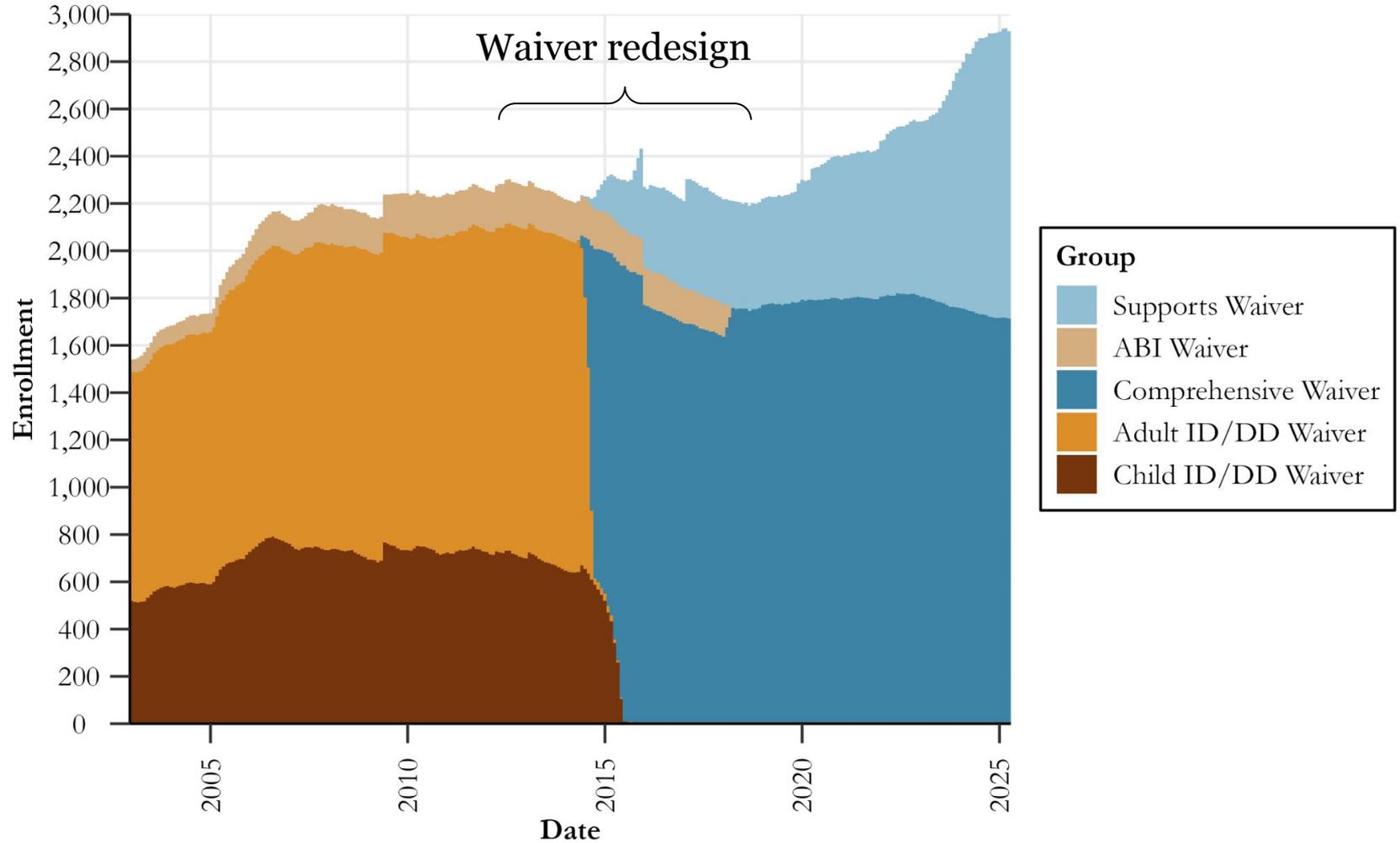
- Comprehensive/Supports Waiver eligibility based on:
 - **Age** - All ages (I/DD), or 19+ (ABI)
 - **Income** - No more than \$2,349/month (300% SSI)
 - **Assets** - No more than \$2,000, excluding vehicle and primary home.
 - Requiring care, as determined by **LT-104** assessment (I/DD) or **LT-101** assessment (acquired brain injury)
 - Diagnosis of an **intellectual or developmental disability** or
 - Diagnosis of **acquired brain injury** and age between 21 and 64.

Eligibility - Comprehensive/Supports Waiver

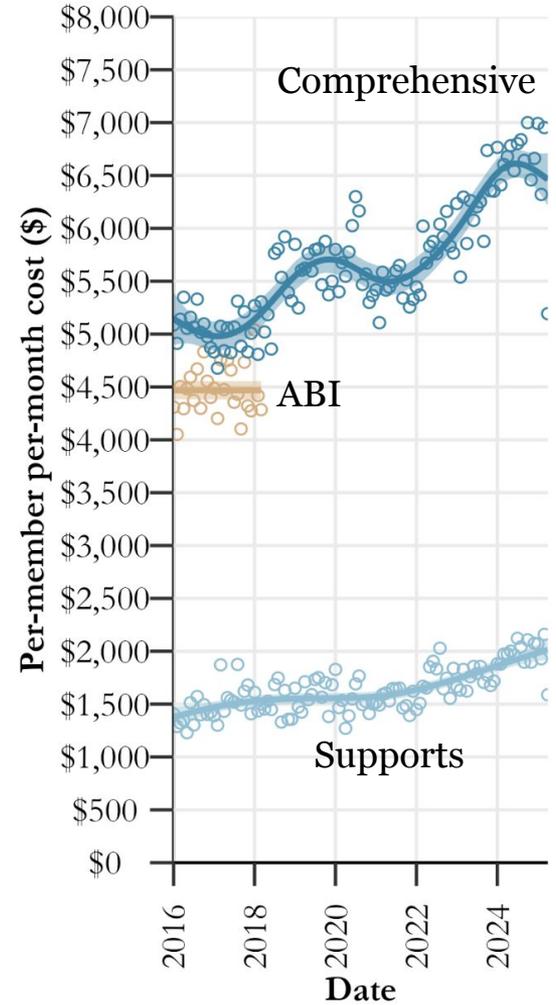
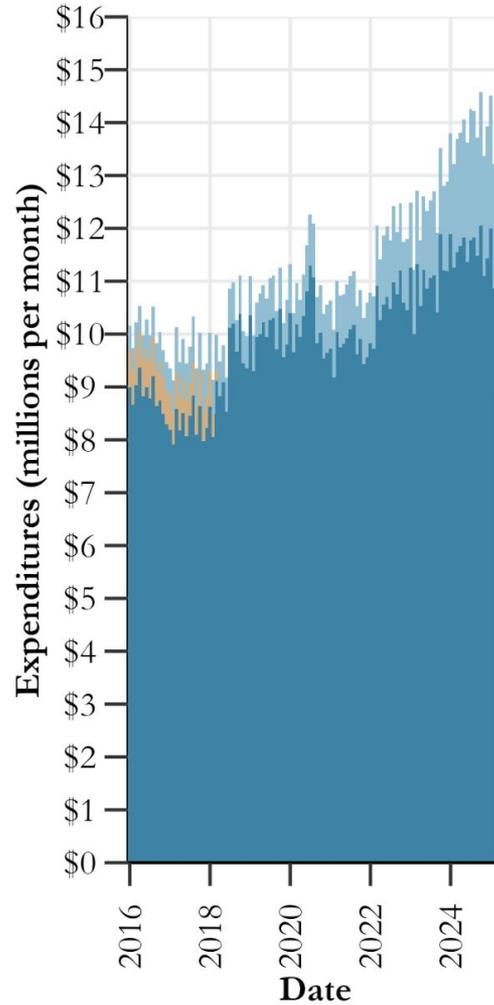
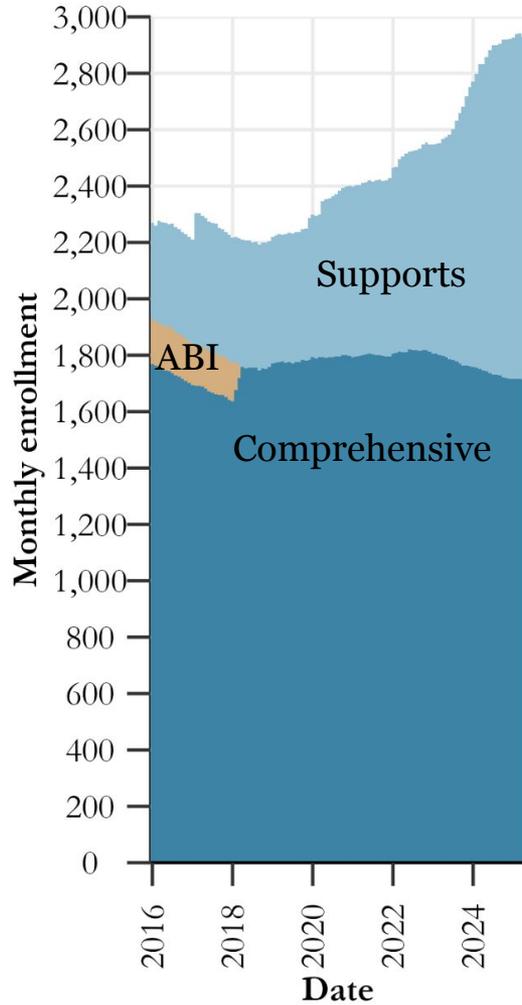
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- Supports Waiver budget is **capped** at \$27,000 / year
- Comprehensive Waiver members have **Individualized Budget Amounts (IBAs)** set by formula (though some are grandfathered). Formula takes into account:
 - **Needs** as assessed by Inventory for Client Action and Planning (ICAP)
 - **Living situation** (living independently or with family)

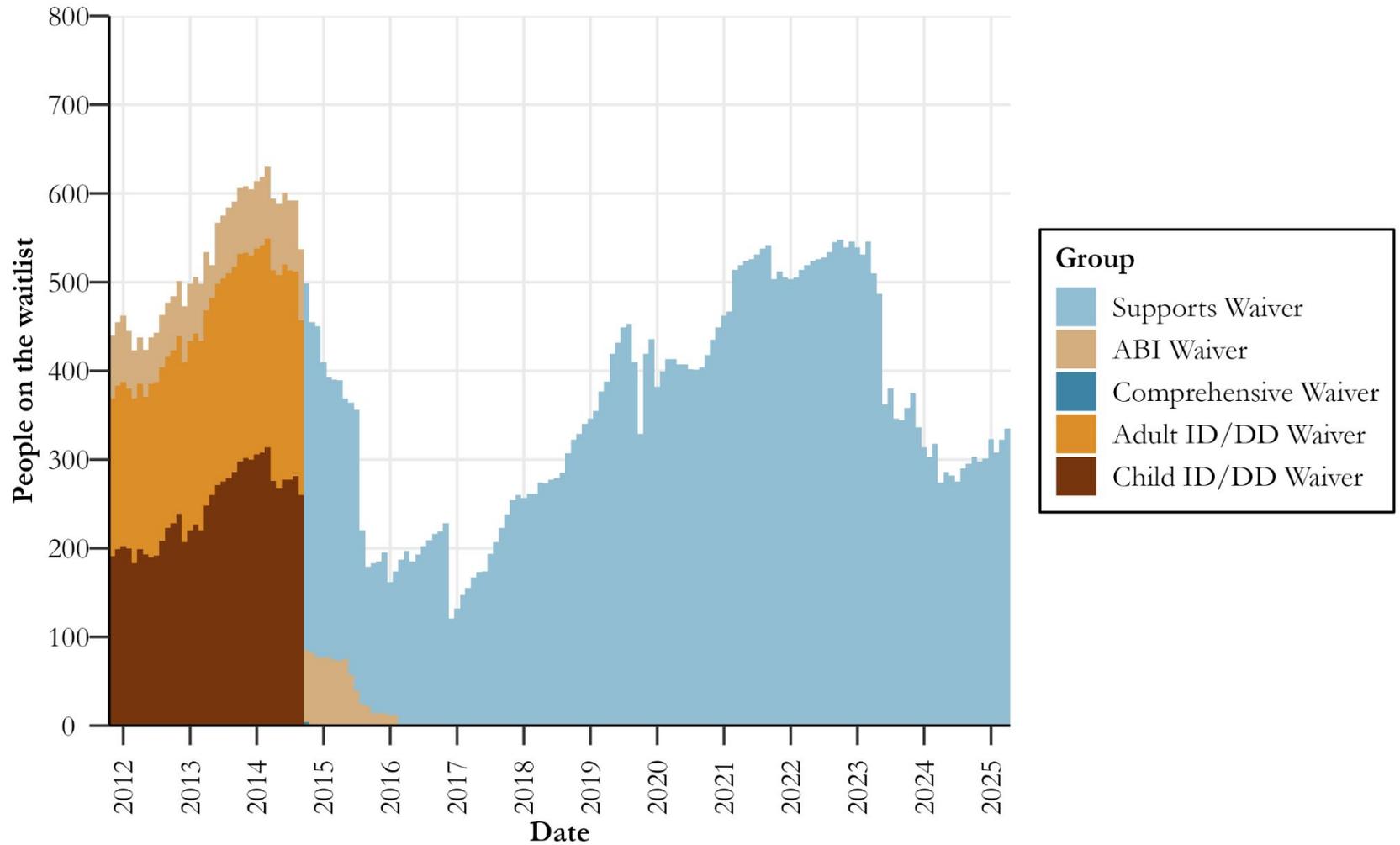
I/DD Waivers - 20-year enrollment trends



I/DD Waivers - Enrollment, cost, PMPM



I/DD Waiver Wait Lists



Provider rate rebasings

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- Study **required** every two to four years per W.S. 42-4-120(g)
- Last rate study completed **September 2024**
 - Resulted in \$12 mil SGF projected annual budget impact
 - Steering Committee **did not recommend** funding due to low provider survey response rate
- The **rate model** includes:
 - **Wage input** (what hourly wage should be paid) of \$20.28 for direct service professionals
 - Other **direct** and **indirect expenses** experienced by providers