



Developmental Disabilities & Autism Medicaid Waiver

Objective Based Allocations Family & Consumer Guide

10/20/10

The Indiana Family and Social Services Administration (FSSA) has implemented a new process known as **Objective Based Allocations** to allocate funding for recipients of the Developmental Disabilities (DD) and Autism Medicaid waivers. This allocation process is designed to ensure that individuals with similar support needs, who are living in comparable situations, receive similar allocations of funds.

Overview of the Process

- Assessment (Algo) Level Assignment
- Budget Allocation Determination
- Individual Service Plan
- Frequently Asked Questions

Assessment Level

Individuals receiving DD or Autism Medicaid waiver services will be assigned an assessment level that is based upon their need for services as well as their health and behavior needs. The state and case managers may refer to this as an “Algo” level.

Assessment levels can range from a level of 0 for those with minimal needs, to a level of 6 for those with very intensive needs.

The assessment level is directly based upon an individual’s ICAP assessment. A company called Arbitre completed an assessment for each individual who has a DD or Autism Waiver within the last three years. The ICAP includes two sets of Addendum questions, one on health and medical needs and one on behavioral needs. Answers to the ICAP and Addendum questions are very important in determining the level of funding individuals will receive in their Medicaid waiver budget under the new allocation system.

Families and consumers should request that their IPMG case manager obtain a copy of their ICAP assessment and answers to the Addendum questions from Arbitre. The information should be carefully reviewed to determine if the information is accurate.

Once you know your assessment level it is important to review if the description for that level accurately reflects the needs of your loved one or you. Detailed descriptions of each level can be found in the following chart.

If the assessment level is correct, you are ready to move forward with developing your Individual Service Plan (ISP). If the assessment level does *not* seem to fit the individual’s needs and/or there is inaccurate information in the ICAP assessment or Addendum, ask your IPMG case manager to update the information and request that the assessment level be reviewed and adjusted.

Assessment (Algo) Level Scale Descriptions

Assessment (Algo) Level	Descriptor
0 - Low	High level of independence (Few Supports needed). No significant behavioral issues. Requires minimal Residential Habilitation Services.
1 - Basic	Moderately high level of independence (Limited supports needed). Behavioral needs, if any, can be met with medication or informal direction by caregivers (through the use of Medicaid state plan services). Although there is likely a need for day programming and light Residential Habilitation Services to assist with certain tasks, the client can be unsupervised for much of the day and night.
2 - Regular	Moderate level of independence (Frequent supports needed). Behavioral needs, if any, met through medication and/or light therapy (every one to two weeks). Does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day.
3 - Moderate	Requires full-time supervision (24/7 staff availability) for medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting
4 - High	Requires full-time supervision (24/7 frequent and regular staff interaction, require line of sight) for medical and/or behavioral needs. Needs are moderately intense, but can still generally be provided in a shared setting.
5 - Intensive	Requires full-time supervision (24/7 absolute line of sight support). Needs are intense and require the full attention of a caregiver (1:1 staff to individual ratio). Typically, this level of services is generally only needed by those with intense behaviors (not medical needs alone).
6 - High Intensive	Requires full-time supervision (24/7 more than 1:1). Needs are exceptional and for at least part of each day require more than one caregiver exclusively devoted to the client. There is imminent risk of individual harming self and/or others without vigilant supervision

Budget Allocation Determination

Once an individual's assessment level has been established, a budget allocation for services will be created based upon three "building blocks" of services. The three building blocks are: Day Services Support, Behavioral Support and Residential Support.

Day Services Support - Each individual receiving DD or Autism waiver services will receive a block of funding to be used for Day Services Support. These services can include Individual Habilitation, Community Habilitation, Facility Habilitation, Adult Day Services, Pre-vocational Services, Supported Employment Follow Along and therapies. The funding amounts for Day Services Support are: \$5,500 for children and those attending school, \$10,500 for adults with assessment levels 0-4, and \$18,000 for adults with assessment levels 5 & 6.

Day Services Support Yearly Funding Amount Based on Assessment (Algo) Level

	Low 0-1	Basic 1-2	Regular 2-3	Moderate 3-4	High 4-5	Intensive & High Intensive 5-6
Not Attending School	\$10,500	\$10,500	\$10,500	\$10,500	\$10,500	\$18,000
Attending School or under 19 yr.	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500

Behavioral Support - The second block of services is for Behavioral Support. No Behavior Supports are required for those who have assessment levels 0 or 1. Individuals with assessment levels 2 and above will have funding that must be used for Behavioral Support. The required hours of Behavioral Support increase as each assessment level increases. Behavioral Support hours can help individuals with any behavior that interferes with their full participation in any facet of their life, including specific behaviors that may need to decrease or increase.

Annual Hours for Behavioral Supports Based on Assessment (Algo) Level

Low 0-1	Basic 1-2	Regular 2-3	Moderate 3-4	High 4-5	Intensive & High Intensive 5-6
0 hrs.	0 hrs.	36 hrs.	72 hrs.	108 hrs.	144 hrs.

Residential Support - The final block of funding is for Residential Habilitation Services (RHS). The number of RHS hours is based upon a person’s assessment level and living situation. The chart below indicates the number of hours of RHS per day an individual will receive. The assessment levels are listed across the top of the chart and the living situation is listed on the left side of the chart. For example, an individual whose assessment level is a 3 and who lives with two housemates is eligible for 7.8 hours of RHS per day. The state believes that the majority of people needing 24 hour residential supports will have a level 3 assessment and should have two housemates.

**Residential Habilitation Service (RHS) Service Hours
Based on Assessment (Algo) Level and Living Situation**

	Low 0-1	Basic 1-2	Regular 2-3	Moderate 3-4	High 4-5	Intensive & High Intensive 5-6
Living with Family	0.2 hrs.	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.
Living Alone	0.2 hrs.	2.6 hrs.	6 hrs.	9 hrs.	11.7 hrs.	21 hrs.
Living with One Housemate	0.2 hrs.	2.6 hrs.	5.3 hrs.	7.8 hrs.	11 hrs.	12 hrs.
Living with Two Housemates	0.2 hrs.	2.6 hrs.	4.6 hrs.	7.8 hrs.	10.1 hrs.	11 hrs.
Living with Three Housemates	0.2 hrs.	2.4 hrs.	4.3 hrs.	7.3 hrs.	9.4 hrs.	10 hrs.

Individual Service Plan

Once you receive your total funding allocation, based on funding levels and hours of services for Day Services, Behavioral and Residential Supports, your Support Team will meet to create an Individual Support Plan (ISP). The ISP details the programs and services you will receive within each of the funding blocks. The service plan should be based on the individual’s person centered plan, with the goal of creating a plan that focuses on achieving the individual’s goals for community involvement, employment and having a meaningful day. It is important to remember that part of the process of creating a plan may be to include activities in the plan that do not fall within the traditional funding process. This might include, for example, participation in local parks and rec. programs, volunteer work, and community activities.

**Objective Based Allocations
Frequently Asked Questions**

Why is the state moving to Objective Based Allocations?

The intent of an Objective Based Allocation process is to create more equitable allocations for individuals with similar support needs who live in similar situations. Each waiver recipient will receive funding allocations within three blocks of services, based on his or her assessment (Algo) level. The support team then creates an individual service plan, utilizing the funds available within each service block, to meet that individual’s needs and goals.

Is it really all about money?

Given current economic realities, the answer is, yes. Every decision that the state is making about programs and services for people with intellectual and other developmental disabilities is about how needs can be met with shrinking resources.

The Arc estimates that over \$255 million has already been cut in ID/DD spending over the current two-year budget. Experts predict that the state will face a **\$1.5 billion** shortfall when budget deliberations begin in January for the new budget that begins July 1, 2011. Every dollar will have to be used carefully and stretched as far as possible to avoid across the board cuts and even the elimination of services.

Without a doubt The Arc will fight as hard as ever to make sure people receive the services that they need, but we are also committed to bringing services to people on years long waiting lists and to making sure that the nearly \$1 billion in funding for ID/DD services and supports is spent wisely. That means addressing the issue of housemates, reviewing service plans of high cost people to assure their plans of care utilize funds as wisely as possible, and implementing system reforms that can save significant funds while serving people in more common sense ways.

The only way families who are waiting and those in crisis have any hope to receive services will be if those currently in services use every dollar wisely. This will not be easy or without problems, but it must be done.

What is the ICAP and Addendum questions?

The ICAP is an assessment tool used to describe the needs of an individual who receives waiver funding. Addendum questions are questions at the end of the assessment that provide information about an individual's health, medical and behavioral needs. Answers to these questions have a significant impact on an individual's assessment level. The ICAP and Addendum questions are conducted by a company called Arbitre. You should request that your IPMG case manager contact Arbitre and request a copy of your assessment and answers to the Addendum questions.

What do I do if there are errors or I don't agree with my ICAP assessment or Addendum questions?

You should carefully review the results of the ICAP assessment and Addendum questions to be sure it accurately describes the individual being assessed. Answers to the ICAP addendum questions are an important part of the formula for determining your objective based allocation assessment level. If you don't agree with the ICAP assessment or answers to the Addendum questions, contact your IPMG case manager and ask to have the ICAP and assessment level reviewed and adjusted.

How will the new allocation system affect people with significant physical disabilities?

The Arc of Indiana is concerned about how the new allocation system will affect staffing for people with significant physical disabilities. Under the new system, people with significant physical support needs can only be assigned a level 3 assessment level, and individuals with this assessment level are required to live with two other people in a home with only one staff person. This will not provide sufficient staffing when two people need assistance with lifting, bathing, eating, transportation and safety – even when equipment such as a Hoyer lift is available. If you or your loved one would be affected by this, talk with your IPMG case manager and ask for this to be reviewed. The Arc is working with FSSA to address this problem in the allocation formula.

What are the building blocks of funding?

Each Medicaid waiver budget allocation will be composed of three building blocks: Day Services Support, Behavioral Support and Residential Support.

What can I spend the Day Services Support funding on?

Day Services Support funds can be spent on Individual Habilitation, Community Habilitation, Facility Habilitation, Adult Day Services, Pre-vocational Services, Supported Employment Follow Along and therapies. Services should be focused on the individual's person centered plan and long term goals for community involvement, employment and having a meaningful day.

Do I have to go to a workshop if I don't want to?

Individuals do NOT have to go to a workshop. The day services funding can be used for a variety of options including Individual Habilitation, Community Habilitation, Facility Habilitation, Adult Day Services, Pre-vocational Services, Supported Employment Follow Along and therapies.

Why do I need a housemate?

Residential Supports make up nearly 90% of the over \$500 million in Waiver spending. Significant savings can be achieved when two or three people share a home and direct support staff. The Objective Based Allocation system is designed to encourage individuals who have assessment levels of 3 & 4 to live with one or two housemates.

At this time, approximately 1,000 Medicaid waiver consumers who receive 24 supports, seven days a week live alone. If each of the 1,000 people currently living without a housemate began to share expenses with just one person, savings of approximately \$20 million could be achieved.

The Arc of Indiana worked with Self-Advocates of Indiana to develop a Housemates Guide to assist families with the process of finding housemates. The guide can be requested from The Arc of Indiana by calling 800-382-9100 or emailing thearc@arcind.org. In addition, The Arc of Indiana has worked in partnership with TheArcLink to develop a website, www.findmyroommate.org, that can assist people in finding a housemate.

How can I use my Behavioral Support hours?

Behavior Support hours can help individuals who have any behavior that interferes with their full participation in any facet of their life. Behavioral supports can help individuals with specific behaviors that may need to decrease or increase.

Through observations, team collaboration, and assessment a Functional Behavior Assessment (FBA) is completed. The FBA identifies behaviors and potential causes for those behaviors. With this information the team, facilitated by the Behavioral Consultant, will develop a Behavior Support Plan (BSP). The BSP will be used as a tool by all members of the team to effectively intervene with that individual in both proactive and reactive ways to reduce or eliminate challenging behaviors – while at the same time increasing and facilitating replacement behaviors that will help that person achieve better outcomes in their life.

Specific activities can include training of staff, family, roommates and other appropriate individuals in behavior plan implementation, assertiveness training, stress reduction techniques, development of socially acceptable behaviors, consultation with team members, and clinical consultation with a psychologist as needed and recommended by the team.

Why is funding for my services being reduced or increased?

Your Medicaid waiver budget may be reduced under the new Objective Based Allocation process, or it may be increased. Budgets may be decreased if an individual needs to move into a setting with housemates or because the previous allocation provided more supports than are indicated as being needed based on the assessment level. Some people will see an increase in their allocation because their assessment level indicates the need for a higher level of support.

What do I do if I have a significant reduction in my funding?

If you receive a significant reduction in your funding, first you need to carefully review the ICAP assessment and Addendum questions. Then contact your IPMG case manager to discuss the issue. The case manager can request a review with the PARS (Personal Allocation Review) team.

What do I do if I have an increase in my funding and I do not need to use all of the funding that is available?

If you receive an increase in your funding, but you do not want to utilize all of the funding that is available, use what you need, but no more than what you need. Given these difficult economic times, it is important for all of us to be wise stewards of government funding. Carefully develop your service plan, utilize those services and supports that you need, but do not feel compelled or pressured to use more than what you want or need.

The Arc of Indiana

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