



Developmental Disabilities & Autism Medicaid Waiver

Objective Based Allocations

Family & Consumer Guide

11/11

The process used to allocate funds to individuals who receive services under Developmental Disabilities (DD) and Autism Medicaid waivers is known as **Objective Based Allocations**. 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 (Algo) Level

Individuals receiving DD or Autism Medicaid waiver services will be assigned an assessment level, known as an “Algo level,” that is based upon their need for services as well as their health and behavior needs. It is called an “Algo” because it is created by an algorithm that factors in various information about the individual. 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 (Inventory for Client and Agency Planning) assessment and addendum questions to the ICAP on health and behavioral needs. 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 on health and behavioral needs – referred to as Health/Behavior Factors. Answers to the ICAP and Health/Behavior Factors 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 can request a copy of their ICAP and Health/Behavior Factors from their IPMG case manager. The information should be carefully reviewed to determine if the information is accurate.

It is also important to carefully review the description for the assessment level that has been assigned to the individual to make sure it accurately reflects his or her needs. Detailed descriptions of each level can be found in the following chart.

If the assessment level is correct, the next step will be developing the Individual Support Plan (ISP). If the assessment level does *not* seem to fit the individual’s needs and/or there is inaccurate information in the ICAP or Health/Behavior Factors, an IPMG case manager can request that the assessment level be reviewed and adjusted through a Budget Review Questionnaire (BRQ). More information on this is provided in the Frequently Asked Questions section of this fact sheet.

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.

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	Basic 1	Regular 2	Moderate 3	High 4	Intensive 5	High Intensive 6
0 hrs.	0 hrs.	36 hrs.	72 hrs.	108 hrs.	144 hrs.	Individual Plan for Hours

Residential Support – Funding for Residential Support is based upon an individual’s assessment level and living situation. The chart below indicates the Residential Habilitation Service (RHS) hours an individual will receive per day. Those hours will be combined with hours available to housemates to provide the total hours of residential supports. As an example, an individual with an 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.

Funds available for Residential Support are somewhat flexible and may be used toward services such as Day Services Support, Behavioral Support, Family and Caregiver Training and Electronic Monitoring (EM).

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

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

Individual Support Plan

Once an individual receives his or her total funding allocation, based on funding levels and hours of services for Day Services, Behavioral and Residential Supports, the Support Team will meet to create an Individual Support Plan (ISP). The ISP details the programs and services the individual will receive within each of the service areas. 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 recreation programs, volunteer work, and community activities.

Medicaid Prior Authorization (PA) & IHCP Services

To make Medicaid waiver dollars stretch as far as possible, It is important to utilize all available Medicaid Prior Authorization (PA) and Indiana Health Coverage Program (IHCP) services. PA and IHCP services include:

- Pharmacy Services
- Physician Services
- Dental Services
- Home Health Care
- Hospice Care
- Outpatient Mental Health Services
- Medical Supplies and Equipment
- Incontinence Supplies
- Transportation

Objective Based Allocations Frequently Asked Questions

Why did the state begin the Objective Based Allocations process?

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.

How is my Objective Based Allocation determined?

Individuals will be assigned an assessment level, known as an “Algo level,” that is based upon their need for services as well as their health and behavior needs. The assessment level is directly based upon an individual’s ICAP (Inventory for Client and Agency Planning) assessment and addendum questions to the ICAP on health and behavioral needs.

What is the ICAP and Addendum Questions on Health/Behavior Factors?

The ICAP (Inventory for Client and Agency Planning) 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 and behavioral needs. Answers to these questions have a significant impact on an individual’s assessment level.

How do a get a copy of my ICAP and answers to the Addendum Questions?

You can request a copy of your ICAP and answers to the addendum questions on Health/Behavior Factors from your IPMG case manager. Carefully review the results to be sure it accurately describes the individual being assessed.

What if there are errors in the ICAP or answers to the Health/Behavior Factors in the addendum questions, or the assessment (Algo) level that has been assigned does not reflect the individual's needs.

1. Contact your IPMG case manager.
2. Request that your case manager submit a Budget Review Questionnaire (BRQ) to the Bureau of Developmental Disabilities Services (BDDS).
3. The BRQ should carefully document any disputed information, including any health, behavioral or living situation changes that have occurred since the ICAP and addendum questions on Health/Behavior Factors were completed. Good documentation is essential to the review process.
4. A Personal Allocation Review Specialist (PARS) team will review the information that has been submitted and *may* create a new assessment (Algo) level based on information provided and/or phone interviews. This *may* lead to an increase in your Medicaid waiver budget allocation.

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. It is important that allocations provide sufficient staffing when two people need assistance with lifting, bathing, eating, transportation and safety. If you or your loved one would be affected by this, talk with your IPMG case manager.

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.

What can I spend the Day Services Support funding on?

Day Services Support funds should be focused on the individual's person centered plan and long term goals for community involvement, employment and having a meaningful day. Services can include:

- Facility Habilitation
- Community Habilitation
- Pre-vocational Services
- Supported Employment Follow Along (SEFA)
- Adult Day Services
- Facility Based Support Services
- Work Place Assistance
- Respite Services*
- Transportation
- Music Therapy
- Speech Therapy
- Occupational Therapy
- Recreational Therapy
- Psychological Therapy

** Electronic Monitoring (EM) can be used for adults age 18 or older for Respite Care. Approximately 1.7 hours of EM can be substituted for one hour of Respite Care.*

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, as listed above.

How can I use my Behavioral Support hours?

Behavioral 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.

Can funding allocated for Behavioral Support or Day Services Support be used for Residential Support, or can funding for Behavioral Supports be used for Day Services Support and vice versa?

DDRS has stated that funding allocations for Day Services Support and Behavioral Support can only be used for services defined specifically for these areas. Funds available for Residential Support are somewhat flexible and may be used toward services such as Day Services Support, Behavioral Support, Family and Caregiver Training and Electronic Monitoring (EM).

Is it possible to use my Residential Habilitation Service Hours for Electronic Monitoring?

Electronic Monitoring (EM) hours can be substituted for hours of Residential Habilitation Service (RHS). Because an hour of EM costs less than an hour of RHS, one hour of RHS can buy about 1.5 hours of EM. The more EM used in a service plan, the more hours of residential service can be provided in any particular day. EM can be used as a substitute for RHS for overnight hours, or time periods during the day or evening. Using EM in place of RHS *may* allow an individual to have fewer roommates or to schedule more on-site staff for a particular time period. Additional information can be found on The Arc of Indiana's website, www.arcind.org, click on "Help for Families," then click on "Helpful Resources and Links."

The Arc of Indiana
www.arcind.org

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