

Objective Based Allocation (OBA)

Assessment and Algo Development

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What is OBA?

Objective Based Allocation or “OBA” is the method used by the State to determine the level of support an individual needs in order to live in a community setting with Medicaid Waiver supports. This method of assessing the needs of individuals on the waiver program then corresponds to the allocated Medicaid Waiver budgets based on objective criteria.

Who receives an Objective Based Allocation?

Individuals on the Community Integration and Habilitation Waiver (CIH), formerly Developmental Disability and Autism waivers, will receive an Objective Based Allocation (OBA) prior to service planning with their case manager. Individuals on the Family Support Waiver, formerly Supports Services do not receive an OBA. As of January 2011, all individuals on the CIH Waiver were transitioned on their yearly anniversary date to the new OBA.

Why is the Objective Based Allocation so important?

The goal of the Objective Based Allocation (OBA) is to fairly and consistently allocate resources to individuals. Before this process was put in place, individuals with similar needs could have widely varying budgets. The OBA places individuals with like needs in the same budget category. The purpose is to provide an objective basis for the assessment of individuals’ needs and their corresponding budgets. It is important to note that this process includes an ability to seek adjustments and a review of the budget if the assessment of need does not appear to be appropriate.

What changes have been made to the Objective Based Allocation program?

Since the implementation of OBA, several changes have been made to the system that include: scoring changes for those with significant health needs, shared staffing and living arrangement clarifications, increased Residential Habilitation Support (RHS) hours for people receiving an Algo 3 or higher that live with family and a change to the way the daily rate is determined for Structured Family Caregiving. (Algo levels are explained further below).

Do I need to spend the entire Objective Based Allocation?

A Medicaid Waiver budget is broken into three areas; DAYS (what services you invest in to gain skills, maintain skills, work), RHS (or residential supports), and BMAN (behavior management). These budgets are based on the needs identified in the Inventory for Client and Agency Planning (ICAP) process. Just because an individual has this money available to him or her it does not mean it all has to be spent. If the budget is not spent in one year, the same budget will be available the following year and can be spent as needed.

What is the ICAP?

Each person's needs are determined by completing the Inventory for Client and Agency Planning (ICAP) process. This is a nationally recognized instrument to assess the status, adaptive functioning and service needs of individuals. The ICAP is important because it will identify needs and abilities. Through interviews with respondents, which can include parents, guardians, the person themselves and staff that work with the individual on a regular basis, the ICAP gathers data on significant areas related to an individual's skills and behaviors. This is translated into "the Algo score" an individual receives. Algo scores can range from an Algo 0 for those with the lowest needs, to Algo 5 or 6 for those with the highest needs. Each level Algo 0 – Algo 6 has a budget amount associated with it.

Components of the Objective Based Allocation

While this section may seem very technical, it provides an overview of how the needs of people receiving waiver services are considered.

The overall Algo score consists of four individual Algo scores derived from the ICAP and Health and Behavior Assessments.

The four individual scores are:

- General Maladaptive
- Broad Independence
- Health Frequency and Intensity
- Behavior Frequency and Intensity

General Maladaptive

The General Maladaptive scores are derived from the ICAP. There are eight problem behavior areas that are captured on the ICAP - those areas form the General Maladaptive score. Four of the ICAP adaptive behaviors areas include items from the Scales of Independent Behavior's subscales.

The eight areas that combine to develop the General Maladaptive score are:

1. Hurtful to self
2. Hurtful to others
3. Destructive to property
4. Disruptive behavior
5. Unusual or repetitive habits
6. Socially offensive behavior
7. Withdrawal or inattentive behavior
8. Uncooperative behavior

The information obtained from each of the areas under General Maladaptive is then scored which correlates to an Algo level (see chart below).

Raw Score Range General Maladaptive	Algo Level
0-10	0
(-1)-(-4)	1
(-5)-(-13)	2
(-14)-(-15)	3
(-16)-(-27)	4
(-27) and below	5

Broad Independence

The Broad Independence scores are derived from the ICAP. There are four major areas captured in this score to summarize an individual’s performance across a variety of tasks and circumstances. The following areas cover 77 adaptive behavior items:

1. Motor skills
2. Social and communication skills
3. Personal living skills
4. Community living skills

The information obtained from each of the areas under Broad Independence is then scored which correlates to an Algo level (see chart below).

Raw Score Range Broad Independence	Algo Level
600-500	0
499-468	1
467-376	2
375-360	3
359-1	4
0 and below	5

Health Frequency and Intensity

The Health Frequency and Intensity score is based upon targeted health concerns and high risk areas that are scored on a 1-5 scale for both frequency and intensity. These scores are combined to determine the overall Health Frequency and Intensity score.

The five levels of Intensity are broken down into the following types:

1. Individual does not have significant medical needs or utilizes non-prescription or topical treatments.
2. Individual has medical needs that include high risk medication or psychotropic medications that require detailed instruction for administration.
3. Individual may have risk plans that indicate medical intervention is required at times.
4. Individual has a condition that requires a specialized procedure or reaction plan to be enacted.
5. Individual has a risk plan that indicates events or circumstances that are so high risk in nature that an individual's life could be threatened if immediate action is not taken.

The information obtained from each of the areas under Health Frequency and Intensity is then scored which correlates to an Algo level (see chart below).

Raw Score Range Health Frequency and Intensity	Algo Level
0-2	0
3-4	1
5-6	2
7-8	3
9	4
10	5

Behavior Frequency and Intensity

The Behavior Frequency and Intensity score is based upon targeted behaviors that are scored on a 1-5 scale for both frequency and intensity. These scores are combined to determine the overall Behavior Frequency and Intensity score.

The five levels of Intensity are broken down into the following types:

1. Nuisance behaviors
2. Significant behaviors (primarily without harm to self or others; including property destruction)
3. Behaviors that cause harm or minor injury
4. Behaviors that cause significant injury (requires medical treatment)
5. Behaviors that cause grave injury

The information obtained from each of the areas under Behavior Frequency and Intensity is then scored which correlates to an Algo level (see chart below).

Raw Score Range Behavior Frequency and Intensity	Algo Level
0	0
1-2	1
3-4	2
5-6	3
7-8	4
9-10	5

Determining the Overall Algo

The four Algo scores created by the General Maladaptive, Broad Independence, Health Frequency and Intensity and Behavior Frequency and Intensity are reviewed to determine the overall Algo. The highest prevailing score will determine the Algo.

For example:

Category	Algo Level
General Maladaptive	2
Broad Independence	3
Health Frequency and Intensity	4
Behavior Frequency and Intensity	3
Overall Algo Level Determined	4

Translating Algo into a Budget Allocation

Based on the Algo, age, and living arrangement, building blocks will be established by taking a pre-determined baseline derived from actual service utilization from that Algo level group to calculate a dollar amount for each of the three budget buckets (RHS, BMAN, and DAYS). An example of a budget allocation for an individual over the age of 25 is listed below:

Living with family							
	Algo 0	Algo 1	Algo 2	Algo 3	Algo 4	Algo 5	Algo 6 *
RHS	\$ 1,696.52	\$ 16,965.20	\$ 25,447.80	\$ 42,413.00	\$ 49,873.60	\$ 56,998.40	\$ 56,998.40
BMAN	\$ -	\$ -	\$ 2,620.80	\$ 5,241.60	\$ 7,862.40	\$ 10,483.20	\$ 10,483.20
DAYS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 18,000.00	\$ 18,000.00
Total Allocation	\$ 12,196.52	\$ 27,465.20	\$ 38,568.60	\$ 58,154.60	\$ 68,236.00	\$ 85,481.60	\$ 85,481.60
Living with one housemate or sharing staff with one individual							
RHS	\$ 1,696.52	\$ 22,054.76	\$ 37,761.44	\$ 55,573.44	\$ 78,372.80	\$ 85,497.60	\$ 85,497.60
BMAN	\$ -	\$ -	\$ 2,620.80	\$ 5,241.60	\$ 7,862.40	\$ 10,483.20	\$ 10,483.20
DAYS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 18,000.00	\$ 18,000.00
Total Allocation	\$ 12,196.52	\$ 32,554.76	\$ 50,882.24	\$ 71,315.04	\$ 96,735.20	\$ 113,980.80	\$ 113,980.80
Living with two housemates or sharing staff with one individual							
RHS	\$ 1,696.52	\$ 22,054.76	\$ 47,502.56	\$ 55,573.44	\$ 71,960.48	\$ 78,372.80	\$ 78,372.80
BMAN	\$ -	\$ -	\$ 2,620.80	\$ 5,241.60	\$ 7,862.40	\$ 10,483.20	\$ 10,483.20
DAYS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 18,000.00	\$ 18,000.00
Total Allocation	\$ 12,196.52	\$ 32,554.76	\$ 60,623.36	\$ 71,315.04	\$ 90,322.88	\$ 106,856.00	\$ 106,856.00
Living with three housemates or sharing staff with three individuals							
RHS	\$ 1,696.52	\$ 20,358.24	\$ 36,475.18	\$ 52,011.04	\$ 66,973.12	\$ 71,248.00	\$ 71,248.00
BMAN	\$ -	\$ -	\$ 2,620.80	\$ 5,241.60	\$ 7,862.40	\$ 10,483.20	\$ 10,483.20
DAYS	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00	\$ 18,000.00	\$ 18,000.00
Total Allocation	\$ 12,196.52	\$ 30,858.24	\$ 49,595.98	\$ 67,752.64	\$ 85,335.52	\$ 99,731.20	\$ 99,731.20

Exceptions and Adjustments:

- Children and individuals still attending school shall receive \$5,500 in DAY block instead of \$10,500.
- Individuals age 19-24 shall receive \$13,000 to support transition to vocational goals in DAY block instead of \$10,500.
- Individuals who do not score above an Algo 0 on the Behavior Frequency and Intensity will not receive a Behavior Management (BMAN) allocation in that block.

*Algo 6 Designations

Individuals who receive an Algo 6 designation are calculated at an Algo 5 base allocation. Algo 6 indicates a significant behavior, high-risk event or health need that requires additional support in the form of additional funds for service needs and frequent interaction by agents of the State. Algo 6 individuals will receive monthly face to face interaction with their case managers. Their complete case files and budgets will also be reviewed by a High Needs Workgroup as frequently as needed but at minimum annually. The High Needs Workgroup will make recommendations for support or additional resources that the team can utilize to provide better outcomes to the individual.

Seeing the ICAP answers and scores

This process can be complicated, and the answers originally given to develop the ICAP scores along with the questions on health and behavior are important to understand. Individuals and families have the right to see these answers and scores and determine their accuracy. It is also important to note when the ICAP was done. It is only updated or reviewed at that time, so it is possible that the needs of the Medicaid waiver recipient have changed/gotten more or less significant over time. A request can be made to review the answers and scores and provide new information. The Medicaid waiver case manager can provide the ICAP questions and answers if asked. The case manager is also the person that can request a review of the ICAP and request any budget adjustments that may be needed.

For More information on this process

Please contact the Bureau of Developmental Disabilities Services (BDDS) Personal Allocation Review team at 317-233-1566. You can also contact a Family Advocate at The Arc of Indiana at 317-977-2375 or 800-382-9100 or the Medicaid Waiver Ombudsmen at 800-622-4484.