
CHAPTER 6

Conclusion

This report recommends how the Division could make the Adult Waiver more accountable and cost-effective.

In less than a decade, Wyoming's method of providing services to developmentally disabled adults has shifted from a largely institutional focus to a community-based system. Many more adults now receive services in community settings that they and their guardians prefer to institutionalization. To accomplish this goal rapidly and effectively, it appears much of the decision-making has been done by Division officials moving quickly and with great flexibility to make the changes they deemed necessary.

This report focuses on the current system, and makes recommendations as to how the Division could make the Adult Waiver more accountable and cost-effective. The Division needs to update rules so that basic processes such as eligibility determination are made accessible to the public. Further, the Division should demonstrate the validity of the assumptions used in the formula that determines clients' individual budgets. Also, we recommend that the Division develop procedures to monitor and justify the cost for the waiver's most expensive services.

With costs and demand for services increasing, the state might reconsider offering a single, comprehensive waiver.

Medicaid gives states great flexibility to design home and community-based service waivers. States can fashion waivers in ways that best meet their needs for serving people with developmental disabilities who would otherwise need institutional care. To this point, the Division has made the policy decisions about who will be served and with what services through the Wyoming Adult Waiver, the single option for Division services.

With costs for existing waiver participants increasing, and with ongoing demand for services from new applicants, there is need for more open policy discussion. For example, the Division could initiate a policy discussion of who should be covered on the Adult Waiver, with what services, and at what cost to the state. This might lead to a consideration of whether using one waiver is the most effective and economical means of serving an increasingly diverse adult population. Medicaid allows states to

operate multiple HCBS waiver programs for the same target population – with different cost limitations for each program, based on participant needs, living situations, or other factors. Nebraska, for example, has three different waivers to serve developmentally disabled adults who qualify for institutional care.

Additional waiver programs may more effectively target services to participants with different needs.

As the Division has broadened eligibility requirements, the range of health and safety needs of participants has also widened. A single waiver can be stretched to provide services to each of these participants, but it may be time for the state to consider one or more additional waivers that could more effectively target services to particular sub-groups.

The state could also consider offering a wider variety of residential placement services, or providing a state-only funded program with limited service options. Currently, all surrounding states we surveyed had state-only funded programs to complement their waivers. Policy decisions such as these need to be made in the most open and participatory of environments. Further, it is essential that the Division provide reliable and valid cost and clinical information on which to base discussions and decisions.