

**REGULAR ANNUAL KW BUDGET NOTICE – WAIVER AND NON WAIVER – PREVIOUS KW BUDGET IS THE HIGHEST THE PARTICIPANT HAS EVER RECEIVED**

DATE THAT THE NOTICE WILL BE MAILED

(Participant Name)  
(Mailing Address)  
(City, State, Zip)

Dear (Participant's Name):

You have qualified for developmental disability (state plan) (waiver) services for this year.

Effective \_\_\_\_\_ (insert plan year start date), your budget is \$\_\_\_\_\_ for the plan year period \_\_\_\_\_ (“Calculated Budget”). Your budget is \$\_\_\_\_\_ higher/lower than the budget calculated for you last year. You may ask for an appeal to review (or change) your Calculated Budget. However, because this Calculated Budget is lower than the highest budget amount that you have had since June 30, 2011, your Calculated Budget will be increased to that amount: \$\_\_\_\_\_. The increase is required by a court order in *K.W. v. Armstrong*, No. 1:12-cv-00022-BLW (D. Idaho).] You may ask for an appeal to review (or change) your Calculated Budget.

**At this point, you need to either submit a service plan or mail a completed Appeal Request Form.**

**If you agree with the Calculated Budget:**

**Submit a service plan to the Idaho Department of Health and Welfare (the “Department”) by \_\_\_\_\_ (insert deadline date). Your services must be no more than \$\_\_\_\_\_ (insert budget dollars).**

**If you disagree with the Calculated Budget:**

**You may appeal and request a hearing. To appeal and request a hearing at this time, fill-out and send the **Appeal Request Form** (the next page) **within 28 days of this Notice, by \_\_\_\_\_ (insert due date).** Send the Appeal Request Form to the Department at the address listed. **If you fill out and send the form by \_\_\_\_\_ (insert due date) your current services will stay the same until a decision is made about your Appeal.****

You may argue your case yourself, or have an attorney or another person of your choice to represent or help you. If you are not sure about how well you can argue your case, you should have an attorney or another person help you.

If the decision is that the calculation was correct the Department may try to recover the cost of any extra services provided. 42 CFR § 431.230(b).

**Instead of appealing your Calculated Budget within 28 days, you may also submit a service plan to the Department by \_\_\_\_\_ (insert deadline date).** If the cost of your requested services in your proposed plan exceeds the Calculated Budget, you may appeal and

request a hearing asking to change the amount of your Calculated Budget when you submit your plan to the Department.

If you have any questions regarding this Notice, please contact the Department at (208) 334-5747 or the Independent Assessment Provider at the number listed below.

Sincerely,

Independent Assessment Provider (insert telephone number)

cc: Guardian  
Plan Developer or Support Broker

**Appeal Request Form**

Fill-out this form completely and send it within **28 days** if you want to appeal your Budget.

I wish to appeal by requesting a hearing for (insert participant name) because (fill out extra pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Participant Signature

Date

**1. Check one box below if you want help with this appeal.**

I will handle the appeal on my own.

I want someone to help with my appeal. I want \_\_\_\_\_  
("Appeal Assistant") to help me through the appeal [include name and relationship to you]. His/her address and phone number is:

I want help with my appeal but do not have anyone to help me. Immediately contact:

Idaho Department of Health and Welfare: (208) \_\_\_\_\_

ACLU of Idaho: (208) 344-9750 extension 1202

*The ACLU of Idaho cannot directly help with you with your appeal. But they monitor to make sure everyone who wants help can get help.*

**2. If you have listed someone who will help you in this appeal, they must sign below to show that they agree to help you:**

Appeal Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Get training to help with the appeal.** Below is information about free training for you or your Appeal Assistant. The training is about how to handle an appeal. If you or your Appeal Assistant have questions about handling an appeal, call (208) \_\_\_\_\_. [training hotline number]

**4. Submit documents to show a health or safety need.** In order to get a higher budget, you must show that you have a health or safety need. The health and safety criteria for requesting a higher budget are on a separate sheet in this envelope. If you meet the criteria, submit your documentation to the Department at the address below within 20 days. Your Appeal Assistant can help you with this.

**5. Get more information. Check the boxes below for the information you want:**

I want copies of the Individualized *Budget Calculation* tool used to calculate my budget for the following budget years \_\_\_\_\_ (fill in budget years). *The Department may not have copies of the budget calculation tools prior to 2008.*

I want the Adult Developmental Disabilities Individualized Budget Model Analysis related to the Department's budget calculating methodology.

I want a copy of my Scales of Independent Behavior-Revised ("SIB-"R") materials.

I want copies of other documents related to this case or in my file, including but not limited to:

**Mail or fax the completed Appeal Request Form to:**

Administrative Procedures Section  
Department of Health and Welfare  
450 West State Street  
PO Box 83720-0036  
Boise, ID 93720-0036  
Phone: (208) 334-5564 FAX: (208) 334-6558

**Training to help with your appeal:**

**[INFORMATION ABOUT WHERE AND HOW TO ACCESS THE TRAINING WOULD GO HERE]**

**Why Your Budget Has Changed From Last Year**

Your budget has changed because of a combination of the following:

1. If the chart below is filled out, then there were changes in your *Scales of Independent Behavior* (“SIB-R”) score and/or changes in the responses to your *Inventory of Needs* (“IIN”) that changed your Calculated Budget. Your “Respondent” gave the answers for your SIB-R and IIN. Your Respondent this year was: \_\_\_\_\_.
2. For more information about these changes, see the Cover Sheet and other documents attached to this Notice. Or contact the Department at (208) 334-5747. The changes that affected your Calculated Budget were:

Question	Summary of Question	Last year's response	This year's response	How this change affected your Calculated Budget	The reason for this change is because:
					<input type="checkbox"/> Your answers to the IIN or SIB-R changed from last year to this year and (check one): <input type="checkbox"/> The assessor observed this change <input type="checkbox"/> Your assessor verified this change (if this box is checked, the assessor must provide an explanation) <input type="checkbox"/> Explanation of verification: _____ <hr/> <input type="checkbox"/> Other reasons (i.e., other than changes to the IIN and SIB-R) (if this box is checked, the assessor must provide an explanation at the bottom of this page)
					<input type="checkbox"/> Your answers to the IIN or SIB-R changed from last year to this year and (check one): <input type="checkbox"/> The assessor observed this change <input type="checkbox"/> Your assessor verified this change (if this box is checked, the assessor must provide an explanation) <input type="checkbox"/> Explanation of verification: _____ <hr/> <input type="checkbox"/> Other reasons (i.e., other than changes to the IIN and SIB-R) (if this box is checked, the assessor must provide an explanation at the bottom of this page)

3. This year, you received the \_\_\_\_\_ (upper, mid, or lower) level of your budget. But, last year you received the \_\_\_\_\_ (upper, mid, or lower) level of your budget. For a more in-depth explanation regarding how level changes happen, please see the attached Cover Sheet. (*Delete this part if no level change*)
4. Other reasons: (*assessor must explain if applicable*)

**Attached Documents:**

1. *Cover Sheet* - explanation of your budget calculation (1 page)
2. *Health and Safety criteria* - criteria for requesting a higher budget (3 pages)
3. Attachment 1 - This year's *Inventory of Needs* responses (2 pages) and *Individualized Budget Calculation* (3 pages)
4. Attachment 2 - Last year's *Inventory of Needs* responses (2 pages) and *Individualized Budget Calculation* (3 pages)
5. Attachment 3 - *Report of Adaptive Behavior Testing* from your most recent SIB-R test (4 pages)

**For More Information:**

The documents in this envelope include all the information that was used to calculate your Budget. More information, including citations to the laws and regulations affecting your Budget include:

1. Federal regulations about appeals, prompt and accurate responses: Code of Federal Regulations, Title 42, sections 431.200 through 431.246
2. Idaho laws related to disabilities:
  - a. Idaho Code sections 66-402(5) and 56-255(3)(e)(ii)
  - b. Intermediate Care Facilities for People with Intellectual Disabilities—Medicaid Enhanced Plan rules (Idaho Administrative Code 16.03.10.584)
3. Medicaid Enhanced Plan rules (Idaho Administrative Code 16.03.10)
4. Consumer-Directed Services HCBS Waiver rules (Idaho Administrative Code 16.03.13)
5. Annual Assessment and Calculated Budget Notification Regulations: Code of Federal Regulations, Title 42, section 441.302(c), and Idaho Administrative Code 16.03.10.514 and 16.03.13.190
6. Federal regulations about repayment of benefits: Code of Federal Regulations, Title 42, section 431.230(b)
7. A blank *Inventory of Needs* showing all of the possible responses or explanations in the Inventory is available for your review as well as the *Inventory of Needs* worksheet that was filled out by the assessor during this year's assessment.

Code of Federal Regulations: <http://www.ecfr.gov>

Idaho Code: <https://legislature.idaho.gov/idstat/TOC/IDStatutesTOC.htm>

Idaho Administrative Code ("IDAPA"): <https://adminrules.idaho.gov/rules/current/>

Help in understanding your budget calculation or these statutes or rules is always available through the Department of Health and Welfare, 3232 Elder Street, Boise, Idaho (208) 334-5564.

**COVER SHEET**  
**Understanding Your Individualized Budget Calculation**

Attached are documents that explain how we calculated your *Calculated Budget* for the upcoming plan year. An assessor met with you or your representative (called your “Respondent”) earlier this year. The assessor used the information from this meeting to complete the *Inventory of Needs*. The assessor used the *Inventory* to complete the *Budget Calculation*. This *Budget Calculation* uses a mathematical formula to create your *Calculated Budget* for the upcoming plan year. The Budget Tool Methodology uses a mathematical model including multiple variables. You can request more detailed information about the Department’s current Budget Tool Methodology.

**Steps Completed to Calculate Your Budget for the Upcoming Plan Year:**

1. Assessor met with you and your representative [family member(s), caregiver(s), provider(s), or other representative(s)]. Questions to your Respondent, observations and a review of your file were used to complete *Inventory of Needs*.
2. Assessor puts two results from *Scales of Independent Behavior-Revised* interview into *the budget tool*.
3. Assessor puts results of *Inventory of Needs* into the *Budget Calculation* formula that calculates your annual budget.
4. A formula calculated your budget level (Upper, Mid, or Lower)

Budget levels (Upper, Mid, or Lower) keep your budget from suddenly jumping too far up or down. If your budget jumps down a lot in one year, you will get the Upper level budget to lessen the decrease. If your budget jumps up a lot in one year, you get the Lower level budget to lessen the increase.

If you are on the Traditional Path, you will get an Upper level budget if your budget would have gone down by more than 25%, or the Lower level budget if your budget would have gone up by more than 25%. If you are on Self-Direction, you will get an Upper level budget if your budget would have gone down by more than 50% or the Lower level budget if your budget would have gone up by more than 50%.

To see how much your budget would have gone down, look for the Mid level budget amount on Attachment 1, your budget spreadsheet from this year. Subtract your Previous Year’s Budget (“PYB” on the spreadsheet) from your Mid level budget amount to calculate how much your budget would have gone down. Then divide that number by your Previous Year’s Budget (“PYB”) and multiply by 100 to see the percent increase or decrease.

Traditional Path Participants	Self-Direction Participants
<b>Upper Level</b> = Any percentage lower than -25% (negative 25%)	<b>Upper Level</b> = Any percentage lower than -50% (negative 50%)
<b>Mid Level</b> = -25% (negative 25%) up to 25% (positive 25%)	<b>Mid Level</b> = -50% (negative 50%) up to 50% (positive 50%)
<b>Lower Level</b> = Any percentage higher than 25% (positive 25%)	<b>Lower Level</b> = Any percentage higher than 50% (positive 50%)

If you have questions or concerns about your Budget Calculation or any other attached document you may contact the Department at (208) 334-5747.

**EXHIBIT 5**  
Order to Terminate