

Instructions for IRBI Effective with Services Provided 10/1/21

The Residential Budgeting Instrument assumes the most significant portion of residential cost is direct support. It allows you to tailor direct support hours to an individual's needs on a daily or a monthly basis. It also factors in staffing ratios. There is space for adding additional hours on weekends and it contains a standard addition for "relief staff" needed due to direct support workers taking leave or holidays. A cell for entering an absentee rate (the field is called "Home Visit Rate," but will work for any absence) allows a provider to bill the annual amount of the residential in a fewer number of days based on the individual's history of being out of the home overnight during the year.

There is a calculated add-on for supervision, based on a flat daily rate of \$4.00 plus 4.50% of the direct support cost. Space is provided to add hours for two types of professional service: LPN nursing and Dietitian. To clarify, LPN hours are for the delivery of direct service to an individual rather than for delegation oversight, and dietitian hours are only accepted if the person has a prescribed diet.

An additional \$10.00 is added for each day to cover, in the aggregate, nursing expenses associated with complying with the Alabama Nurse Practice Act, as it regards oversight from, and delegation of select medication assistance functions by, a nurse.

Space is provided for the addition of remote support services.

Indirect Support Costs include Administration, Non-Personnel Operating Costs (NPOC), and Transportation (a subset of NPOC). Administration is set at 15% to fit with the administrative code, the NPOC is set at \$15.75, and transportation is set at \$3.50. Indirect costs are summed, and then matched to a cap. The lower of the cost or the cap is added to the daily cost.

The worksheet uses all the entered data to derive a "Total Daily Cost."

ICAP service scores are used for rate setting on the Traditional IRBI and Specialized Medical IRBI in residential programs and to determine rates in day habilitation, and for initial and annual eligibility determinations and redeterminations for the waiver.

Space is included at the top of the form for a narrative explaining the numbers included in the IRBI, completion of this portion of the IRBI is required so that the regional office will be able to correctly understand your proposal.

All IRBIs must be signed by the person completing the form, any IRBIs missing signatures will be returned to provider.

The Department reserves the right to question the basis for your information and to modify the information if warranted before approving the rate for an individual.

How to Download the IRBI from the Website

Go to <https://mh.alabama.gov/individualized-residential-budgeting-instrument/>

Click on the Link and then choose the appropriate IRBI Excel Spreadsheet from the three tabs (Traditional, Specialized Medical or Behavioral).

Specialized Medical and Behavioral have criteria that must be met, the criteria are included on the IRBI.

Service requirements for the Specialized Medical and Behavioral IRBIs can be found in the Appendix C, Service Name: Residential portion of the 1915c ID Waiver.

How to Use the IRBI

The first thing to do when you open the worksheet in Excel is to save it with a different name.

Then notice at the top right corner of the Traditional and Specialized Medical IRBIs there is a blank into which you should enter the person's ICAP service score.

Continue to fill out the applicable unlocked fields.

The first field is labeled Home Visit Rate: enter the person's expected absentee rate as a percentage or decimal. Base this figure on documentation of absences such as daily logs or billing sheets. If you know the individual has no family or persons to visit, or no plans for vacation, do not enter a figure in this field.

The second section is DIRECT SUPPORT COST: You will need to enter data into Hrs. / Day and into People Served, and you may need to enter data into Hrs. / Month. The rates under Salary / Hr. are set to respond to the ICAP score entered above. Under Hrs. / Day you will need to enter the hours of staff time that is devoted to the person in a day. If more than one person is supported by the same staff during this time, the field labeled People Served will take care of it. There are multiple lines so that you can specify different intensities of staff support during a day (e.g., 1 staff at night when person-and two roommates-are asleep, then two staff for 10 hours the next morning and evening, assuming the person attends day habilitation for 6 hours). The staffing explanation at the top of the IRBI should explain what the person is doing when not in residential care.

Under People Served, on the same line(s) where you entered hours of support, enter the number of consumers being supported by those staff hours at the same time. For example, if three people are supported by two staff for a period of 6 hours, the Hrs. / Day entry would be 12 hours (2 staff times 6 hours), and the People Served entry would be 3 (3 people supported by the same 12 hours of staffing).

This and other fields on the spreadsheet contain notes for further instruction.

Hrs./Month is useful when the staffing is not daily. Where **the Hrs./Day field assumes 7 days per week**, the Hrs. / Month field lets you enter hours that are more sporadic. For instance, if someone needs an additional 4 hours of 1 to 1 staffing every other month to keep a doctor's appointment, you could enter 2 hours per month in the Hrs. / Month column, on a line by itself, and enter a 1 in the People Served column (1 person being supported with those staff hours).

A different example is a person who attends a day program only two days per week and spends the rest of the week in the care of the residential program. This person has 24 hours of staffing during three weekdays and two weekend days, but is out of the residential program for, say, five hours two days per week. The minimum staff hours, assuming one staff that are daily (every day) is 19 (24 hours less 5 hours). So, on one line you could enter 8 for night at one staff (assume two individuals in the home). Then on another line you would enter 11 hours ($19 - 8 = 11$), except that during the day, the staff is doubled, so you would enter 22 (2 staff x 11 hours). On the weekend, there will be 5 extra hours per day of staffing needed for both consumers, and we will assume two staff are needed, so you would enter 10 staff hours for each day (and two individuals being served in the corresponding People Served cells). At this point you need to enter the 5 extra hours our person is supported by the residential provider during three days of the week. To this point, you have completed the IRBI as though both individuals are attending day services 5 days per week – to enter the 15 hours (3 days x 5 hours) our client needs extra residential support; you go to the "Staff hours per month" column and enter 65 (15 hours per week x 52 weeks divided by 12 months). Assume the staffing for these hours will be 1 to 1 and enter a 1 in the People Served Column.

If the person needs to receive LPN services or those of a Dietitian, enter the hours in the appropriate field. The Hrs. / Month field will be useful with these professional staff whose work is often not daily. The staff Ratio will be 1 to 1. The LPN services can be added when an LPN is required to provide skilled care of a person with skilled nursing needs. These hours are not for coverage of the supervision required by the nurse practice act.

If an individual receives Remote Supports, the corresponding number of hours should be backed out of Direct Support Cost. For example, if an individual is receiving 8 hours per day of remote supports, 8 hours should be removed from the 24 hours per day accounted for in Direct Support Cost. Therefore, you would reflect 1 staff at 16 hours, and 8 hours of remote supports.