

Moderating the Impact of the Wisconsin IRIS (Include, Respect, I Self-Direct) Program Individual Budget Methodology

8/5/2008

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Background

Beginning in 2007 and early 2008 the Wisconsin Department of Health and Family Services, known as the Department of Health Services effective 7-1-08, Division of Disability and Elderly Services worked with Waterhouse and Price and developed an individual budget methodology for the new IRIS (Include Respect, I Self-Direct) Self-Determination 1915c Waiver. Individual budget models were built from predictive variables that were items in the Wisconsin Adult Long Term Care Functional Screen – Version 3, a screening acuity application used for three groups of individuals. These include people with developmental disabilities, or physical disabilities, or those who are frail elderly. A best fit model was built for each group based on relevant questions in the screening document that related to historical expenditures. The goal of these models is to provide the best explanation of expenditures using support needs and characteristics of each of the three groups as predictor variables to form the models.

The purpose of this Research Brief is to share the analysis performed by Wisconsin state staff and Waterhouse and Price consultants and layout relevant findings, issues and recommendations. Human Services Research Institute (HSRI) was involved in many phases of the development, modification, and implementation of this individual budget model and has acted as a third party consultant during May and June of 2008.

Wisconsin Makes Data Decisions Prior Building a Model

The consulting company Waterhouse and Price developed three predictive models for the three target groups which are the same target groups that used Family Care Services in 2006. The groups included individuals with developmental disabilities (DD), physical disabilities (PD), and those who were frail elderly (EP). A SDS waiver, now IRIS, work group staffed by DHS led the way in developing individual budget work on three working models for Wisconsin. This stakeholder group is composed of advocates, staff from the Wisconsin Board for persons with developmental disabilities, legal advocates, county staff, and self-advocates. The group studied literature related to the development of similar tools in other states. A joint review was conducted and a shared understanding of the base data to be used in developing the SDS individual budgets was developed.

The model was built to calculate a projected monthly budget allocation for each person who selects IRIS as the way he/she will receive and manage his/her publicly funded long-term care services and supports. Wisconsin long-term care reform replaces county based long-term care systems with managed care (Family Care). Effective July 1, 2008 both Family Care members and persons residing in counties beginning long-term care reform will be offered the choice to join Family Care or to use the new IRIS program. The IRIS Waiver emphasizes self-direction given individual budget allocations that are based mainly on their service and support needs and, to a much more limited degree, their clinical acuity in managed care terms. The state made a number of decisions about the database used to build the models and use CY 2006 Family Care cost history for the basis of comparison. Service costs that were not covered by IRIS, but were included in the Family Care program such as Personal Care, Speech and Language Therapy, Physical Therapy and Occupational Therapy for example) were excluded from the model. IRIS participants continue to receive such services through their Medical Assistance Card. In addition, the Family Care cost history of individuals residing in long-term, regulated living arrangements (individuals who live in Adult Family Homes (1-4 beds), Community Based Residential Facilities (CBRF), or a Residential Care/Apartment Complex (RCAC) represents approximately 25% of the Family Care members were also excluded. The

CMS approved IRIS Waiver specifically directed that the Family Care cost of these facilities would not be included in the data. So, the data included the decision to only include those services that were covered both by IRIS and Family Care, and also excluded the Family Care Services of regulated living arrangements. The model isolates infrequently used and sometimes high cost IRIS allowable services such as home modification or temporary use of a regulated residential care facility into a state Exceptional Expense Committee managed fund that participants will access with the help of the Independent Consultant Agency.

What about the idea that Wisconsin is actually achieving a cost savings versus simply achieving cost neutrality to Family Care when considering that regulated residential services are allowable living arrangements in the alternative IRIS waiver?

Two obvious answers remain. First, the financial uncertainty of adding these dollars threaten the Wisconsin required cost neutrality and importantly reduce the dollars that Wisconsin could use to soften the impact of the roll out of individual budget methodology. The IRIS waiver may well be challenged financially after the first couple years of operation. All waivers using individual budgets face this challenge, especially with the current challenges of fitting dollars to people in Wisconsin. However, at this stage of planning Wisconsin has planned fiscally to be able to assure that the IRIS waiver is cost-neutral compared to Family Care Services.

From the notes for discussion purposes only (on 2/28/2008 from the SDS Waiver Implementation Advisory Committee) there is a useful breakout ,though clearly labeled for purposes of illustration only of the Family Care expenditures for all services by blending all target groups per member per month, totaling \$2,350 which approximates the monthly managed care capitated payment amount.

Subtract 6% administration	(130)
Subtract 15% care management	(330)
Subtract Medicaid Covered Services provided within FC	(680)
Subtract Licensed Residential Service Costs	(700)
Subtract one time only funds	(20)
Total available for IRIS Services within the waiver	\$ 490

A number of members in the IRIS Budget work group felt that this resulted in an unintended saving to Wisconsin of \$700 on average per participant compared to the Family Care Waiver participant with the same acuity who is able to be placed in one of these various types of residential facilities.

Given these parameters, by the time the total dollars available are tallied, there is a total of \$490 dollars left from the monthly average total of \$2,340. This means that building individual budgets in a statistical model will be more challenging. While these decisions may have their own merit, the impact is to restrict the range of expenditures per person and so makes it more difficult to find effective predictive variables to explain the various expenditures.

Waterhouse and Price developed three predictive models for the three groups which used Family Care Services in 2008. The groups included individuals with developmental disabilities (DD), physical disabilities (PD), and those who were frail elderly (EP). Importantly, the budget development required that the solution be strictly cost-neutral to Family Care. Dollars were not shifted between the three different groups of individuals with different primary disabilities.

The best predictive models were designed using statistical regression and the dependent variable of paid Family Care claims in calendar year 2006. This model resulted in 25.5% of the variance being explained for people with developmental disabilities (n=1,000), 11.5% of the variance being explained for persons with physical disabilities (n=3,598), and 11.3% of variance being explained for the frail elderly (n=2,232). Each model was statistically significant at the .001 level and meaningful because the prior expenditure patterns did not relate to any predictor variables. The model used relevant items (16 for DD and PD and 14 for EP) that had face and content validity. Most of the powerful questions in all three models involved activities of daily living.

There are three special individual budget decisions that Wisconsin has made to augment with the IRIS waiver model.

- **Decision 1:** Substantial one-time costs like home modification or specialized equipment would be paid from pooled resources not included in the individual budget allocation and not be part of the dollars later used by the person with his or her approved individual budget. This decision has been mirrored in most states that use various forms of individual budgets.
- **Decision 2:** Maintain the current Medicaid Card covered personal care dollars and assessment process for people on the IRIS waiver (this service is one of those included in the Family Care benefit package). It has a sharper assessment tool and probably a higher explained variance linking those dollars to people's needs while providing a good safety net.
- **Decision 3:** Wisconsin is likely to add individuals residing in long-term, regulated living arrangements sometime in the first year of the IRIS waiver to the model. These living arrangements in Wisconsin included individuals who lived in Adult Family Homes (1-4 beds), Community Based Residential Facilities (CBRF), and Residential Care/Apartment Complex (RCAC). This would allow the state to begin the IRIS waiver by managing the uncertainty and risk of the alternative new self-directed individual budget waiver while monitoring actual and approved costs of real life roll out and implementation. While leadership may change their decision to specifically exclude these service's costs in their IRIS individual allocation model, but this will of course require a CMS approved amendment to the approved Waiver.

Overall, the long-term goal was to produce fair and equitable distribution of Wisconsin's state and federal CMS dollars that are not influenced by historical legacy, county residence (the model appropriately does use a location influencer however, e.g. if it costs \$30/hour in St Croix for Supportive Home care and \$8 in Milwaukee, the budget allocations do take this into account), membership in particular programs, or political or other influence. The dollars assigned had to be explained by needs and characteristics of the people served and supported and the methodology had to be the same for everyone in each of the three groups of waiver participants.

Outcome Report on the Impact of the Wisconsin SDS Individual Budgets on Historical Family Care Expenditures by Enrollees in Groups

The original Waterhouse and Price IRIS model has huge impacts on the current participants in CIP1, CIP II, COP-W and BIW waiver reimbursements. Displayed in Table 1 is the entire

population of individuals involved in Family Care Services who might use IRIS (SDS) individual budgets developed with the new methodology. Table 1 illustrates that:

- 31% of the waiver participants from the three groups would get new individual budget amounts that were less than the historical paid claims supporting their needs in calendar year 2006.
- 6% of people with developmental disabilities, 8% of people with physical disabilities and 9% of the frail elderly who would get similar amount in their new individual budgets to paid claims in 2006.
- 61% in the table have claims based on their needs and characteristics of more dollars in their new individual budgets than they have successfully claimed in the past.

The impact on individuals not in Family Care Services, but in Wisconsin's other long-term care waiver programs CIP1, CIP2, COP-W and BIW, has been presented by state staff as being similar to the breakouts reported above.

HSRI believes that Wisconsin's committee's past work meets the requirements of CMS noted by Reinhard, Crisp, Bemis, and Huhtala (2005) for setting individual budgets:

- States must describe the method for calculating individual budgets based on reliable costs or services utilization. By 2008, for example, several states have recently engaged in waiver cost studies to determine cost-based reimbursement for waivers for people with intellectual disabilities (i.e., IL, WY, OR, FL, MA, OH, FL, MT, RI, WA). Good cost and utilization data form the vital underpinnings of good individual budget development. This builds a base for the long-term goal of finding and delivering sustainable care in a statewide system.
- States must develop individual budget allocations using a consistent methodology for all involved participants, and should review and monitor the individual budgets regularly.
- From the perspective of consumers and advocates, a viable methodology should be open to public inspection, should allow the participant to move money around between services and supports listed on the participant plan with ease, and should define a process for making adjustments in the individual budget allocations and for informing participants of amount authorized or of changes to those authorizations.
- From the perspective of the state, the methodology should permit the state to evaluate over and under expenditures in the individual budget as well as to project system-wide expenditures through the fiscal year.
- States must provide prompt mechanisms to adjust funding in response to individual situations. The current five page draft policies of the Wisconsin Exceptional Expense Committee have adequate provision for this concern.

CMS encourages the use of individual budgets to help individuals using waiver services to exercise increased self-determination. Wisconsin has met these requirements but should continue to extensively refine their new model.

It is possible to develop policy that moves unused dollars to the exceptional care and cost committee to cover unmet needs of waiver participants. This will be vital to the economic viability of the IRIS waiver's individual budget model. Table 1 displays the dollars that go with the numbers of individuals reported in the table and describes the characteristics and needs of the people who are in the high and medium cost subgroups who would get an individual allocation amount that is at least as much as the comparison group than they had successfully claimed in 2006.

The most important test of the validity of the new IRIS individual budget allocation calculation model is whether the claims of people who are represented as needing more dollars or less can be explained by facts about their acuity, service and support needs, and other characteristics. CMS requires that the differences in funding not be based on their choice of county or provider or historical longevity of service and support. The Wisconsin IRIS individual budget allocation calculation models for each of the three groups meets this CMS requirement.

Table 1. Original Impacts for Existing Potential Participants

Target Group	Cost Group	Count of Individuals				Proportion of Individuals			
		Historical Costs Above Budget Amount	Historical Costs Equivalent to Budget Amount	Historical Costs Below Budget Amount	Total	Historical Costs Above Budget Amount	Historical Costs Equivalent to Budget Amount	Historical Costs Below Budget Amount	Total
Developmentally Disabled	Low \$0 - \$500	46	15	477	538	9%	3%	89%	100%
	Medium \$500 - \$2,400	209	44	170	423	49%	10%	40%	100%
	High \$2,400+	91	3	13	107	85%	3%	12%	100%
TOTAL		346	62	660	1,068	32%	6%	62%	100%
Physically Disabled	Low \$0 - \$500	564	277	2,641	3,482	16%	8%	76%	100%
	Medium \$500 - \$1,200	604	78	51	733	82%	11%	7%	100%
	High \$1,200+	198	2	-	200	99%	1%	0%	100%
TOTAL		1,366	357	2,692	4,415	31%	8%	61%	100%
Frail Elderly	Low \$0 - \$500	282	167	1,583	2,032	14%	8%	78%	100%
	Medium \$500 - \$1,200	354	53	35	442	80%	12%	8%	100%
	High \$1,200+	150	4	-	154	97%	3%	0%	100%
TOTAL		786	224	1,618	2,628	30%	9%	62%	100%
GRAND TOTALS		2,498	643	4,970	8,111	31%	8%	61%	100%

NOTES:

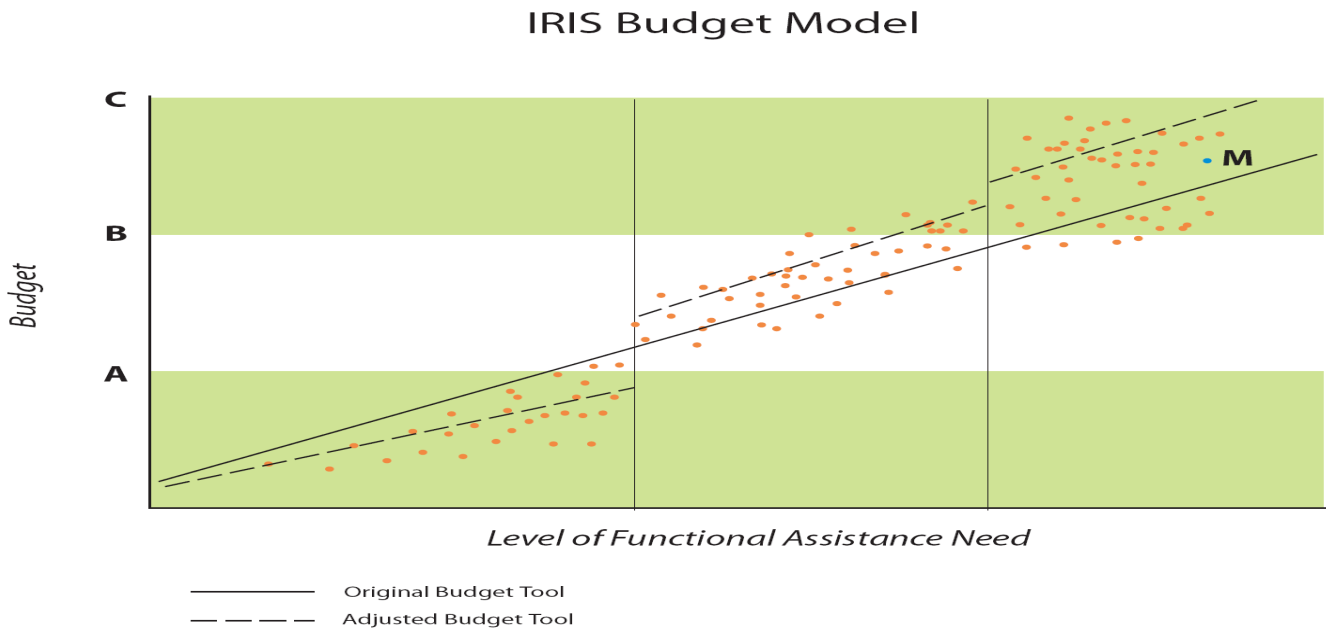
The population studied is the set of Family Care enrollees in CY 2006 who did not have long-term residential stays and the historical service costs used in the analysis included only IRIS covered services and were from CY 2006. The only exception to the included services is regulated residential care which is described earlier. The target group for an individual is defined by the appropriate checkbox on the Long-Term Care Functional Screen.

The Waterhouse and Price model, when using the service cost history of existing Family Care Services participants, leads to massive impacts causing 92% of the potential IRIS participants to be large winners or big losers. This is described well in Table 1 with yellow highlights used to emphasize the large percentages of change with each of the three groups. State staff members report that a very similar pattern of disruption exists for current other waiver participants across the state. However, the state has identified that the existing managed care expenditures for Family Care Services are appropriate and responsive to the necessary requirements of the participants.

New IRIS Budget Model for Existing Family Care Services Participants

As a result these massive impacts led Wisconsin leadership to explore and create a blended model that helps ameliorate the changes for the potential IRIS participants. Using a system of multipliers, state officials were able to adjust the IRIS Waterhouse and Price budget model as illustrated in this conceptual depiction of the new distribution using an adjusted budget tool.

The downside of the blended model is the fiscal risk to Wisconsin that this blended model may result in the risk of spending a half million dollars more than it should to maintain cost neutrality to Family Care and IRIS does lose some of the objective, rational and equitable distribution of dollars the unadjusted model excels in. The use of the adjusted model with existing cases also makes improving the explainability of the new IRIS individual budget model in the next two years very difficult. In the actual data using the budget allocation adjustment processes no individuals would fall outside of the three diagonal cells running from lower left corner cell to the center cell to the upper right corner cell, as shown in the following illustration of the IRIS budget allocation model:



The adjusted or blended model shows that the group of IRIS participants who would receive an individual budget allocation above the historical costs of the comparison group does not exceed 20% of the individuals in any one of the three models. The adjusted model has lessened impacts as shown in the following Table 2:

Table 2. Adjusted or Blended Model Shows Improved Impacts Limited to No More Than 20%

Target Group	Cost Group	Count of Individuals				Proportion of Individuals			
		Historical Costs Above Budget Amount	Historical Costs Equivalent to Budget Amount	Historical Costs Below Budget Amount	Total	Historical Costs Above Budget Amount	Historical Costs Equivalent to Budget Amount	Historical Costs Below Budget Amount	Total
Developmentally Disabled	Low \$0 - \$500	103	34	401	538	19%	6%	75%	100%
	Medium \$500 - \$2,400	91	35	297	423	22%	8%	70%	100%
	High \$2,400+	24	13	70	170	22%	12%	65%	100%
TOTAL		218	82	768	1,068	20%	8%	72%	100%
Physically Disabled	Low \$0 - \$500	633	274	2,575	3,482	18%	8%	74%	100%
	Medium \$500 - \$1,200	166	132	435	733	23%	18%	59%	100%
	High \$1,200+	51	36	133	200	26%	18%	57%	100%
TOTAL		850	442	3,123	4,415	19%	10%	71%	100%
Frail Elderly	Low \$0 - \$500	361	164	1,507	2,032	18%	8%	74%	100%
	Medium \$500 - \$1,200	117	88	237	442	26%	20%	54%	100%
	High \$1,200+	40	28	86	154	26%	18%	56%	100%
TOTAL		518	280	1,830	2,628	20%	11%	70%	100%
GRAND TOTALS		1,586	804	5,721	8,111	20%	10%	71%	100%

NOTES: The population studied is the set of Family Care enrollees in CY 2006 who did not have long-term residential stays and the historical service costs used in the analysis included only IRIS covered services and were from CY 2006

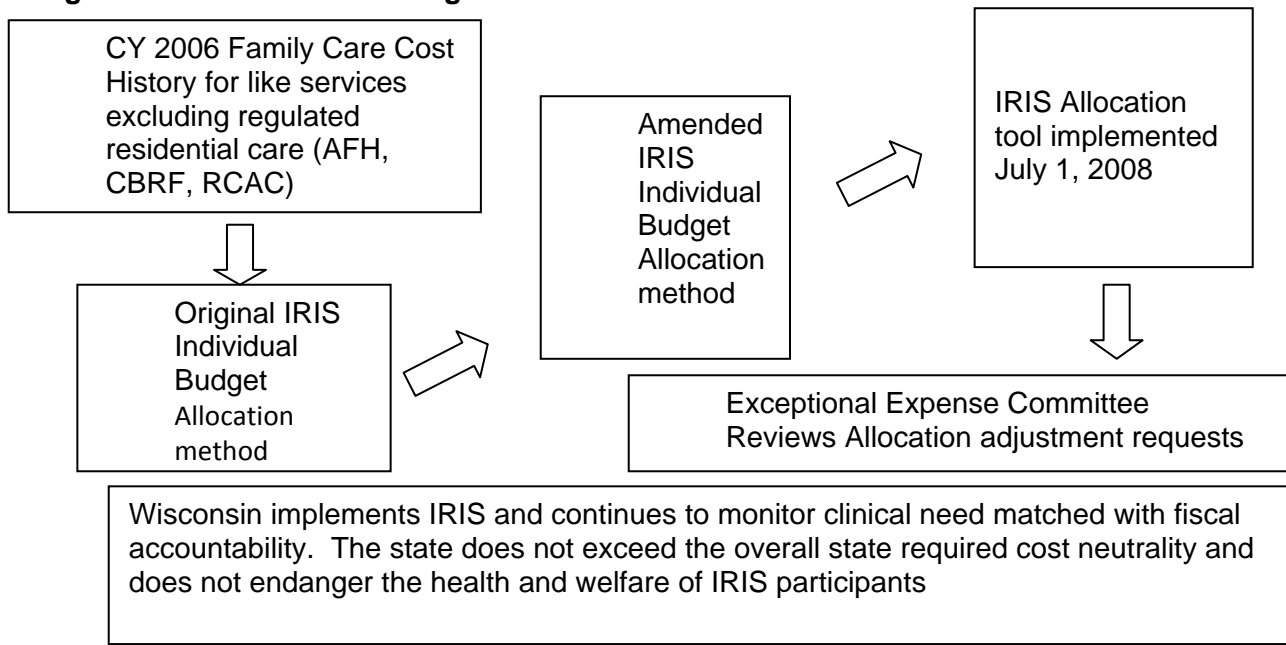
The only exception to the included services is regulated residential care which is described earlier. The target group for an individual is defined by the appropriate checkbox on the Long-Term Care Functional Screen.

Wisconsin Should Implement the New Blended Model

Ultimately, Wisconsin must quickly implement a rational and equitable way to allocate resources by individual. HSRI would suggest that this can be best achieved by the use of the newly developed IRIS individual budget allocation model beginning promptly in July 2008 accompanied with a rigorous and long-term plan for refining and improving this new, but solid, individual budget model during the next five years. The adjusted or blended model could be used to ameliorate and dampen the impacts on new IRIS participants. The downside of the blended model is the fiscal risk to Wisconsin. Again, this blended model might spend a half-million dollars more than it should to retain cost-neutrality based on estimates of state financial officials. The lessened impact of this model is illustrated by the detailed results described in Table 2. The adjusted model does lose, for existing cases, some of the hard won explainability and fairness provided by the successful predictor variables in the original Waterhouse and Price model. Importantly, the suggestion here is not that IRIS participants are going to waste dollars or not write imaginative and shrewd service plans that carefully target their unique needs and save potential dollars. The IRIS waiver management is in an environment of cost neutrality with a constant vigilance for the health and welfare needs of its IRIS participants.

In Figure 1 the IRIS individual budget allocation model has a flow to its evolution and was designed in the first stage to allow IRIS participants to self-direct their supports and services in a cost neutral fashion as compared to actual CY 2006 cost history of managed care participants. Then an adjusted or blended model was developed to lessen the impacts on people who might migrate from Family Care or other existing waiver programs (CIP1, CIP II, COP-W and BIW). This model softens the impacts but state staff members face the risk of potentially using a half-million more dollars than the original Family Care Services participants if everyone uses all of their dollars and the state faces at least a 7% exceptional care increase annually in overall approved dollars. The goal of retaining cost-neutrality is always a constant challenge. Unavoidably the state loses some of the explainability provided by the predictive variables. Because of this, the state will need to use an exceptional expense review process to carefully consider requests to add dollars to any of the original individual budget allocation.

Figure 1. IRIS Individual Budget Allocation Evolution



Should the decision to add the Family Care cost history of regulated residential care services, a new model or adaptation of the existing blended model might be the best fit for their support and service needs in hopes of softening the financial impacts. Wisconsin should strive to simply use the dollars it has, overall, for the IRIS participants' needs without making the new self-directed waiver ruinously expensive. A major cause of the concerns of some of the members of the work group is a tendency to believe that an individual budget model must be built from scratch the first time without including the actual cost history of individuals in the current CIP 1, CIP II and COP-W, BIW waiver programs. At the same time, the state has clearly required cost-neutrality. No state can do this without facing some necessary risk and uncertainties. The challenges posed by both IRIS and individual budget allocation technology applied in the context of a comparative cost-neutral managed care state environment are a necessary part of doing business using the latest ideas in person centered funding informed by assessment. The application of individual budgets for three groups in a state that is migrating to managed care has simply not been accomplished in a self-directed waiver before IRIS.

Recommendations:

- State staff should consider the use of the original IRIS individual budget method for people moving into services for the first time. This provides the most powerful explanation of their approved dollars and the new individuals in this group has no cost history which would be used to form the Amended IRSI Individual budget Allocation Method. This idea allows IRIS to gradually build a legacy of increased explainability of people's costs related to their needs.
- State staff should also consider adding or changing predictive items that provide the best fit solution to matching dollars spent to the needs and characteristics of waiver participants.
- Wisconsin should consider the use the exceptional care committee to adjust and verify changes in the dollars allocated. Overall, the committee should not approve overall expenditures in excess of 7% of the budget. The individual budget allocation should be a workable amount, not a base on which to stack unlimited additional funding requests.
- How might individual budgets help continue to contain costs, and so achieve policy goals pertaining to addressing waitlists and likely increases in service demand? The presentation of the individual budget allocation to the person served offers the individual and his/ her team the opportunity to have a budget allocation that is individual and provide a financial target for the resulting approved individual budget in the IRIS waiver service plan.
- What degree of self-direction is sought within a framework of individual budgets and what types of additional services can be purchased? For example, use of new services like vocational futures, customized goods and services, support brokers, are already included in the IRIS benefit package. People in licensed residential settings might be added in future model changes.
- Individual budgets can allow a great deal of self-direction. How does Wisconsin want to pursue this and does the cost neutrality requirements change as people enter IRIS from other waivers (not Family Care)?
- How might individual budgets help achieve policy goals pertaining to overall systems change? Such goals might involve creating new policy dynamics within the system that

encourage providers to alter the nature of the service they offer or to reorganize in ways to become more flexible and agile. In this regard, how willing is the state to encourage innovation and creation of new service agencies?

- In setting of future individual budget allocations it is very likely that some individuals will be allocated more or fewer resources than they presently use. While individuals may object, such resource shifting also affects providers, who may also object. How much resource shifting is the state willing to accept? Or might such shifting be managed over time to limit its effects? At the present time, the new IRIS individual budget model seems to offer the best current explanation for how to spend future dollars.
- What new roles must individuals, their families, and independent consultants play within a system of individual budgets? Is the ICA with its subcontract with the Center for Self Determination successfully preparing these parties to help them participate effectively in the new IRIS system?
- What risks to individuals, families, providers and workers result from an individual budgeting process and what must the state do to manage these risks? In this regard, what types of mechanisms must be put in place to assure service quality, as well as the health and well being of individuals?
- How can future implementation of an improved individual budget model be managed to avoid significant disruption to services or undue hardship to individuals and providers?
- What improvements in hardware or systems are needed to properly manage information in a system utilizing individual budgets? Fiscal monitoring will be essential for the IRIS waiver to routinely function without becoming laden with cost overruns and unnecessary expense.
- What impact reports on individuals and also providers, should the state routinely develop and use?
- A strong and active exceptional care and cost policies and procedures effort is a cornerstone of the rapid implementation of this new individual budget model. The committee has already drafted a policy and is working on the third overall policy revision.

Summary

Overall, Wisconsin will use individual budgets with the IRIS waiver. It has found a way to do so that moderates the impacts of the roll out of IRIS individual budget allocation methodology. The state has the opportunity work to continuously improve and sharpen the explainability, fairness, and equitability of future models. Now Wisconsin can use the individual budgeting process to help contain costs and ensure necessary health and welfare. The exceptional care committee plays a key role and requires both programmatic clinical guidance and fiscal monitoring from skillful state staff members. Wisconsin will need to continuously monitor IRIS to ensure that the dollars allocated are able to sustain the health and welfare of all IRIS participants. It will also be necessary to monitor the financial characteristics of the IRIS especially carefully for several years. The first two years will not tell the complete clinical or financial story of the new IRIS program. That story will unfold in the fullness of time. However, the first two years will secure for Wisconsin a beachhead on the use of individual budgets in a new waiver built on self-determination for three significant groups including the frail elderly, people with physical disabilities and individuals with developmental disabilities with a comprehensive state waiver backdrop of Family Care.

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