

Indiana Family and Social Services Administration

HCBS Statewide Transition Plan



Division of Aging | Division of Disability and Rehabilitative Services | Division of Mental Health and Addiction | Office of Medicaid Policy and Planning

IN FSSA Home and Community-Based Settings Statewide Transition Plan Newsletter

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Newsletter, Issue 4

The Indiana Family and Social Services Administration (FSSA) produces a Home and Community-Based Services (HCBS) newsletter on a quarterly basis. The newsletter's purpose is two-fold:

1. To provide a modest amount of background and some additional resources about the purpose of the HCBS Statewide Transition Plan.
2. To provide updates on the development of the HCBS Statewide Transition Plan (STP) rollout and the individual milestones reached by the Division of Aging (DA), the Division of Mental Health (DMHA) and Division of Disability and Rehabilitative Services (DDRS).

Please distribute this newsletter to your agencies, organizations, and networks.

Overview of the HCBS STP key elements



UPDATE: Statewide Transition Plan Public Comment Period

In March of 2014, the Centers for Medicare & Medicaid Services (CMS) established the HCBS Settings Final Rule, which set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The intent of the new rule is to ensure that people receiving services through HCBS programs operated by the state of Indiana receive services in the most integrated settings. The settings include both residential and non-residential where services through HCBS programs are received. The end goal is to truly enhance the quality of HCBS and provide additional protections to members that receive services under these Medicaid authorities. FSSA is working to maintain compliance through the development of the Statewide Transition Plan (STP), which will be shared for public comment prior to each submission to CMS. FSSA submitted a modified STP in April 2016 that focused on Indiana's systemic assessments for HCBS programs. FSSA plans to submit an amended STP again in September 2016 that focuses on Indiana's site-specific assessments of HCBS settings.

The public comment period for the amended Statewide Transition Plan (STP) with site-specific assessment results is scheduled for **July 27, 2016 through August 26, 2016**. FSSA is working with its contractor Public Consulting Group (PCG) to gather comments, provide responses and make recommended changes to the STP, as applicable. PCG is tracking and summarizing all comments before sending them to division leadership for review and response. Each comment will be reviewed individually. In cases in which the State's determination of service approach differs from recommendations provided through public comment, the additional evidence and rationale that the state used to confirm the determination will be added to the amended STP. The summary of comments, in addition to a summary of modifications made in response to the public comments will be added to the plan, and submitted to CMS. The STP will be submitted to CMS by September 30, 2016. Following submission, the updated plan will be posted on the [FSSA HCBS Final Rule webpage](#). The final version of each STP submission will remain posted to the FSSA website for the duration of the transition period, which will end March 17, 2019.

FSSA Division Updates



Division of Aging (DA)

Site Surveys

The Division of Aging (DA) engaged PCG to conduct site surveys of all of our waiver-certified provider-owned settings. This includes waiver-certified assisted living facilities, adult family care settings and adult day care settings.

During February and March, PCG conducted desk reviews of provider documentation. For the desk reviews, PCG provided information about the requirements of the Final Rule and asked that providers give them any documentation that they believed demonstrated compliance or non-compliance with the Final Rule. PCG made preliminary findings at that point, to be validated by the site surveys.

PCG began conducting onsite visits in March and completed these visits in June. PCG assessors visited 100 percent of the waiver-certified, provider-owned settings. The assessors had been trained in the requirements of the HCBS Rule, but were instructed to not make any findings about provider compliance; their job was simply to apply the survey instrument as they toured the facilities and report that information to the division.

The DA hosted a meeting on June 22, 2016, with representatives of the assisted living and nursing facility trade associations and several providers. Tim Connors, of PCG, presented PCG's report to the DA and meeting attendees. The detailed report will be incorporated in the division's waiver transition plan and posted for public comment at that time.

For the Adult Day Service (ADS) setting, 37 providers were surveyed to determine readiness for the HCBS Settings Rule transition activities. These settings were evaluated on the standard promulgated by CMS. There were certain standards related to residential settings that did not apply specifically to ADS and they were not specifically evaluated.

For Adult Family Care sites, there were 33 sites assessed. Since these sites are under a residential setting, the standards used to assess readiness for the HCBS Settings Rule were the same as in Assisted Living.

In total, 84 Assisted Living locations were surveyed as part of the site assessments. Following the visits, it was determined that:

1. 30 Assisted Living sites were presumed institutional on the basis of co-location but they did not house a secure memory care.
2. 15 Assisted Living sites were presumed institutional on the basis of both co-location and housing of a secure memory care.
3. 12 Assisted Living sites were presumed institutional on the basis of housing a secure memory care.
4. 24 sites did not display characteristics that would allow for a presumption of institutional qualities. Each site had some areas of non-compliance with HCBS characteristics that would have to be remediated.

There also seems to be a high degree of conflict between the requirements of the Indiana State Department of Health for long-term care facilities and the CMS setting rule which is meant to provide choice and independence to the individuals receiving services. In order to demonstrate readiness for the transition rule, a solution must be found to ensure that residential settings do not possess the characteristics of an institution, but are in fact, separate and distinct as home and community-based settings.

Division of Mental Health and Addiction (DMHA)



New email Inbox for DMHA Adult HCBS

The rapid growth of the operational elements of Indiana's HCBS Statewide Transition Plan (STP) has created the need for a dedicated HCBS email account. The DMHA Adult 1915(i) State Evaluation Team (SET) has established the e-mail account dmhaadulthcs@fssa.in.gov, specifically for AMHH and BPHC providers to address issues related to compliance with the CMS HCBS settings requirements. Questions, concerns, and comments regarding HCBS settings compliance may now be sent to this email. In addition, submission of required documents (for example, HCBS Setting Action Plans and HCBS Member Transition Plans, along with other supporting documentation) must now be sent to dmhaadulthcs@fssa.in.gov. Please be sure to add this email address to your Contacts list, to ensure your agency continues to receive important information regarding HCBS compliance.

DMHA-Adult's Ongoing Outreach and Training for HCBS Providers

The DMHA Adult SET continues to assist providers of home and community-based services with implementation of the HCBS Statewide Transition Plan.

- A program of technical assistance (TA) calls for individual agencies has begun, so that HCBS provider agencies and the DMHA Adult SET can address issues and concerns specific to each provider agency. DMHA hopes to complete TA calls with each provider agency during the next 3-4 months.
- An HCBS provider conference call was held June 11, 2016, where the major topic was the recently issued Preliminary Compliance Designation (PCD) reports for provider owned, controlled, or operated (POCO) residential settings. These provider conference calls will continue on a monthly basis for the foreseeable future, as a forum for providers to ask questions, share concerns and challenges, and exchange ideas for implementing modifications required to bring settings into full compliance with the HCBS Final Rule.
- An information session for provider agency CEOs and other involved staff was scheduled for August 2, 2016. The purpose of the information session was to provide high-level summaries of the requirements of the CMS HCBS Final Rule and STP, to educate providers on the impact of the Final Rule with regard to the AMHH and BPHC programs, and review the compliance timeline and action elements of the proposed transition plan. DMHA also planned to share examples of proposed remediation strategies and illustrate effective plans for achieving full compliance with the HCBS Final Rule.

STP Milestones and Next Steps

170 POCO residential settings were identified and assessed statewide, and the Preliminary Compliance Designation (PCD) reports issued to all agencies between May 27 and June 22, 2016. The breakdown of POCO residential settings by preliminary compliance category is:

- Fully compliant with HCBS settings requirements: 1
- Needs Modifications to become fully compliant: 130
- Potential Presumed Institutional: 39

DMHA is in the process of reviewing those HCBS Setting Action Plans received thus far, and will provide feedback to provider agencies on the proposed remediation activities. DMHA is also in the process of analyzing provider self-assessment data for POCO non-residential settings. These are provider-operated settings (other than a member's residence) where AMHH or BPHC services are or may be delivered, typically outpatient clinics, day service sites, office spaces, and so forth.

On-Site Visits Will Begin July 2016

DMHA will begin on-site visits of settings affected by the HCBS Final Rule requirements in late July 2016. Priority will be given to those POCO settings (residential and non-residential) which were preliminarily designated Potential Presumed Institutional. The purpose of the on-site visit is twofold: (1) to determine definitively whether the setting has qualities of an institution, and (2) to determine whether DMHA, in conjunction with the provider agency, will submit evidence to CMS for heightened scrutiny, to overcome the institutional presumption and have the setting deemed home and community-based. On-site visits will take place in conjunction with regularly scheduled 1915(i) SET QA/QI site visits for most agencies. Other agencies, because of the compressed timeframe for completing on-site assessments for Potential Presumed Institutional settings, will be scheduled for independent site assessments.

Division of Disability and Rehabilitative Services (DDRS)

DDRS STP Assessment

As part of the assessment process outlined in the STP, DDRS contracted with the Indiana Institute on Disability and Community (IIDC) at Indiana University to carry out a comprehensive survey called the Individual Experience Survey (IES). The IES was designed to better understand the experiences and choices individuals with intellectual and developmental disabilities have in their daily lives. The [IES Final Report](#) was released on June 28, 2016 outlining the results of the survey, the methodology behind the survey, as well as a summary of the outcomes.

The IES was a starting point to understanding individual's experiences in the system and provided DDRS with critical information to develop the next steps in ensuring compliance with the HCBS Final Rule by March 2019, as required by CMS.

DDRS encourages all providers, families and individuals to read and review the results of the IES to better understand how individuals living in the community utilize the supports that are available to them. The division greatly appreciates the efforts of case managers who implemented the survey, as well as the participation of the individuals in waiver services who agreed to be a part of this project.



Continuing with the next assessment phase of the STP, DDRS will begin reviewing non-residential HCB day services settings by utilizing an online self-assessment that will provide a means for providers to upload documentation to support compliance with the HCBS Final Rule such as provider specific policies and procedures. This self-assessment will also identify any areas not in compliance that will require modifications and allow DDRS to work with providers to create provider specific plans to bring each setting into full compliance.

Webinar trainings will be provided in August to instruct day services providers on how to complete the assessment and answer any questions on the process. It is anticipated the assessments will begin in the fall and all providers of HCB day services will be required to participate.

The next update to the STP is planned to be submitted to CMS in September 2016. DDRS updates will include a summary of the intent of the IES as well as an analysis of approximate settings identified that currently meet HCBS requirements, those that will meet with some modifications, as well as those presumed to not meet that may require Heightened Scrutiny. An explanation of the site specific validation process will also be included as well as DDRS remediation strategies and timelines. DDRS is on target to meet the timelines currently outlined in the STP to ensure full compliance by March 2019.