

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

December 2015

Newsletter, Issue 2

The Indiana Family and Social Services Administration 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 (SWTP).
2. To provide updates on the development of the HCBS SWTP 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 Transition Plan key elements



HCBS Transition Plan Overview

In March of 2014, the Centers for Medicare and Medicaid Services (CMS) established the final Home and Community-Based Services (HCBS) 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 the HCBS waiver programs operated by the State of Indiana receive services in the most integrated settings. The settings include both residential and non-residential settings where services through the waiver program are received. The end goal is to truly enhance the quality of HCBS and provide additional protections to individuals that receive services under these Medicaid authorities.

The plan includes a detailed description of how and what FSSA has done or will do to ensure compliance with the requirements of this new rule.

HCBS Transition Plan Updates

In October of 2015, CMS issued a letter to FSSA requesting that portions of the Statewide Transition Plan (SWTP) be updated to include more detail in order to meet the new HCBS settings rules. Each of the three divisions included in the SWTP (Aging, DDRS, DMHA) were issued feedback individually within the letter. In addition to the letter, CMS and FSSA met via conference call in November 2015 to discuss the compliance of the SWTP.

FSSA is currently working to address these concerns and re-submit the updated SWTP to CMS by the March 31, 2016, deadline. There will be a 30-day comment period in February 2016 where all stakeholders will be given an opportunity to share their thoughts on the updated SWTP.

A copy of the CMS letter can be found on [CMS' website here](#).



FSSA Division Updates



Division of Aging (DA)

States are required to review and analyze all settings, including all residential and day services, in which Medicaid HCBS are delivered and then report the results to CMS. As part of efforts by the Indiana Family and Social Services Administration (FSSA) to comply with the new federal HCBS rule, the Division of Aging (DA) is conducting a multi-faceted approach to ensure a comprehensive assessment of providers participating in the Aged & Disabled Waiver and Traumatic Brain Injury Waiver programs:

- The first phase will include collecting and reviewing documentation (policies, procedures, handbooks, etc.) from Assisted Living and Adult Day Service HCBS providers across the State to initially determine each site's level of compliance with the new HCBS requirements. This phase will be

conducted between January 2016 and February 2016.

The second phase will include two simultaneous assessments:

- Provider site visits to either validate initial compliance determinations from the documentation reviews (Assisted Living and Adult Day Services) or evaluate onsite compliance and gather information on policies, procedures, etc. to make subsequent compliance determinations (Adult Family Care). These visits will be conducted between February and June 2016.
- Individual participant experiences with HCBS services will be validated through an interview process. The interviews will be conducted between April and June 2016.

DA has contracted with Public Consulting Group, Inc. (PCG) to conduct the provider assessment activities described above. PCG will assist in the data collection and review, site visits and reporting to CMS. Indiana will use information gathered through these two phases to identify sites that fully comply with the federal regulations and sites that will need to implement remedial changes in order to become compliant. Additional evidence may be requested as needed to further assess and verify compliance with these rules.

To initially determine each site's level of compliance with the new HCBS requirements, DA is requesting documentation and evidence related to each HCBS standard from each Assisted Living and Adult Day Services provider site. Providers should provide as much information and documentation as possible to demonstrate how it is addressing each HCBS standard; examples of acceptable documentation include but are not limited to the following:

- Policies/Procedures
- Plan of Care templates (not for individuals)
- Resident handbook
- Lease/Residency agreements or template (for Residential settings only)
- Staff training curriculum and materials
- Staffing/Training schedules
- Site/program accreditation

Providers must submit materials for each site where HCBS services are provided; submitting one set of materials for an organization with multi-sites is not acceptable. Documentation submitted to the DA should not include any individual identifying information for residents or participants.

All documentation and supporting evidence must be submitted to DA and PCG to INaging@pcgus.com by January 15, 2016.



Division of Mental Health and Addiction (DMHA)

DMHA will be conducting resident and youth participant surveys in December 2015 for the following waivers:

- Psychiatric Residential Treatment Facility Transition Waiver (Youth Program)
- Child Mental Health Wraparound Program (Youth Program)
- Behavioral & Primary Healthcare Coordination Program (Adult Program)
- Adult Mental Health Habilitation Program (Adult Program)

Quality assurance site visits are ongoing. Provider surveys were released in August 2015 and data collection is ongoing. **All providers who have not**

yet completed the provider survey must do so by February 15, 2015.

Division of Disability and Rehabilitative Services (DDRS)

What is Included in the Indiana Statewide Transition Plan?

The plan includes a detailed description of how and what DDRS has done or will do to ensure compliance with the requirements of this new rule. The new rule applies to both residential and non-residential settings. In the plan submitted by DDRS, it includes the steps that DDRS has taken to review current services and the future plans for additional reviews.

The DDRS Transition Plan includes the following major activities:

- Assessment of all residential and non-residential settings
 - Comprehensive provider and participant survey
 - Site specific assessments
- Assembling a Transition Taskforce to provide technical assistance and support
- Revisions to DDRS Waiver Manual, forms and training process
- Policy modification and the revision of policies and procedures
- Development of a Corrective Action Process
- Revision to Indiana Code



Individual Experience Survey

The Individual Experience Survey (IES) was created to examine how people receiving services experience their day-to-day activities. The purpose of the IES is to learn how people receiving supports and services experience these elements in their communities. Case managers have been supporting DDRS by assisting individuals with completing the surveys. As of early December approximately 70 percent of all surveys have been completed. Due to some technical difficulties the **deadline for all surveys to be complete has been extended to January**. Upon completion of all surveys DDRS will review results and schedule ongoing quality assurance visits with providers.