

**PURPOSE:**

In January 2014, the Center for Medicaid and Medicare Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Service (HCBS) settings. The purpose of this Transition Plan is to ensure that individuals receiving Medicaid HCBS are integrated in and have full access to supports in the greater community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. Overall, the Transition Plan provides assurance that individuals receiving HCBS have the same degree of access in the community as individuals not receiving Medicaid HCBS. This Transition Plan outlines the proposed process that Indiana will be utilizing to ensure implementation of the new HCBS requirements. Stakeholders were asked to provide public input and comment in order to allow Indiana to develop a comprehensive assessment plan.

**OVERVIEW:**

The waiver being reviewed for compliance is the Family Supports Waiver (FSW) that is administered by the Family and Social Services Administration (FSSA) through the Division of Disability and Rehabilitative Services' (DDRS) and the Bureau of Developmental Disabilities Services (BDDS). The FSW waiver provides Medicaid HCBS waiver services to participants of any age residing in a range of community settings as an alternative to care in an intermediate care facility for persons with intellectual or developmental disabilities or related conditions. The waiver serves persons with a developmental disability, intellectual disability or any other qualifying condition who have substantial functional limitations, as defined in 42 CFR 435.1010. Participants may choose to live in their own home, family home, or community setting appropriate to their needs.

The comprehensive transition plan to CMS includes:

**1. Indiana's Assessment of Settings**

- a) Description of Indiana's Assessment process
- b) National Core Indicator (NCI) Data
- c) Review of Indiana's standards, rules, regulations, and/or other requirements
- d) Preliminary Settings Analysis
- e) Provider Survey
- f) Site Specific Assessment
- g) Comprehensive Settings Results

**2. Indiana's State and Provider Remedial Strategies**

- a) Description of Indiana's Remedial Strategies
- b) Revisions to Indiana Administrative Code
- c) Revisions to DDRS Waiver Manual
- d) Revisions to Internal Forms
- e) Participant Rights and Responsibilities Policy/Procedure Modifications
- f) Review and Revisions to Provider Enrollment
- g) Development of a Corrective Action Process and Plan
- h) Develop Process for Provider Sanctions and Dis-enrollments
- i) Ongoing Monitoring of Compliance
- j) Convene a Transition Taskforce**

**3. Public Comment**

- a) Description of Public Comment Process
- b) Initial Plan Development
- c) Provide assurance of Public Notice
- d) Public Input: summary of Comments and Modifications
- e) Public Relation and Education

**DESCRIPTION OF ASSESSMENT PROCESS**

The Division of Disability and Rehabilitative Services (DDRS) is working with various providers, participants, families, guardians, and other stakeholders involved in the waiver programs to gather the information needed to evaluate Indiana's current compliance with the HCBS regulations. The assessment process is being conducted utilizing National Core Indicator (NCI) data, internal quantitative data, a systematic review of rules, regulations, policies, and procedures, surveys, and site-specific assessments.

Currently, Indiana is still in the assessment phase, with a targeted completion date of April of 2017. Indiana has reviewed the NCI data, completed an initial review of rules, regulations, and policies/procedures, and developed a preliminary settings analysis. In order to provide a robust foundation for effective remedial strategies and high quality stakeholder input, Indiana has elected to complete additional assessment tasks. With an extended assessment timeframe, Indiana has confidence the assessment activities will yield a more comprehensive and valid compliance results document and will guide effective remedial strategies.

**ASSESSMENT OF HCBS REQUIREMENTS: NCI DATA REVIEW**

**Start Date: 6/2014**

**End Date: 8/2014- Completed**

*DESCRIPTION:* In order to ascertain the level of compliance with the HCBS requirements, Indiana has chosen to utilize the National Core Indicators (NCI) data to begin the process by which to evaluate compliance. The **core indicators** are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. This information was utilized as a starting point, only, to allow Indiana and its stakeholders to drill down to those areas of the requirement that are of concern. In addition, the programmatic surveys in Phase 2 and Phase 3 will provide a more detailed account of compliance/noncompliance in terms of HCBS settings. The data obtained from the National Core Indicators (NCI) was derived from a random sample of waiver participants across Indiana. A statistically valid sample was obtained and in person interviews were conducted with individuals and family members (as available) to gather information by asking the same questions of all participants. For the analysis of compliance with the HCBS requirements, a total of 353 participants on the FSW were interviewed in the 2012-2013 reporting year.

In reviewing NCI data, Indiana set a clear standard of 85% or greater compliance in each point reviewed in order to guide the analysis. In March 2014, CMS also issued modifications to Quality Measures and Reporting on 1915(c) Home and Community Based Waivers. Specific to Improvements in 1915c Waiver Quality Requirements (June 15, 2014), CMS issued guidance to the States indicating that any level of performance measuring "less than 86%" compliance indicated a need for improvement and further analysis to determine the cause(s) of the performance problem. DDRS chose to use that same percentage (less than 86%, or 85%) as the threshold for low level compliance within our National Core Indicator and 90-Day Checklist data findings. National Core Indicator findings, including those specific to Indiana, are available at <http://www.nationalcoreindicators.org/states/>

The initial NCI data has been reviewed and analyzed. Based on the NCI data, Indiana consistently demonstrated 85% and below in most HCBS requirement areas. Due to this consistent low level of compliance, Indiana was unable to drill down the data to focus on specific areas of concern. However, Indiana is able to utilize the breakdown of NCI data will as supplemental data in the preliminary settings analysis.

The NCI findings have been integrated into [Appendix A](#)

**ASSESSMENT OF HCBS REQUIREMENTS: REVIEW OF INDIANA'S STANDARDS, RULES, REGULATIONS, and REQUIREMENTS**

**Start Date: 9/2014**

**End Date: 10/2014-Completed**

In addition to the NCI data, Indiana has reviewed its current standards, rules, regulations, and requirements in order to ascertain Indiana's level of compliance with the HCBS requirements. Specifically, Indiana's Administrative Code (IAC 460), current BDDS' policies and procedures, provider forms, and waiver manuals were reviewed. The listings of items reviewed are below:

[460 IAC](#) sections 6-3-29.5, 6-3-32, 6-3-36, 6-3-38.5, 6-3-38.6, 6-3-54, 6-3-58, 6-4, 6-5-36, 6-8-2, 6-8-3, 6-9-3, 6-9-4, 6-9-6, 6-10-8, 6-14-2, 6-14-4, 6-17-3, 6-19-1, 6-20-2, 6-24-1, 6-24-3, 6-29-2, 6-29-3, 6-36-2, 7-3-12, 7-4-1, 7-4-3, 7-5-5, 7-5-6, 9-3-7, 13-3-12

[IC 12-27-4](#)

Individuals Rights and Responsibilities Policy, Transition Policy, BQIS Complaints: Supported Living Services and Supports Policy, Adverse Technics Policy, BMR-ANE Policy, Environmental Requirements Policy, Use of Restrictive Interventions, Including Restraint Policy, Human Rights Committee Policy, Incident Reporting and Management Policy, Annual Training on the Protection of Individual Rights and Respecting Dignity of Individual Policy, IST Policy, Pre-Post Transition Monitoring Policy, Provider Code of Ethics Policy, DDRS Policy: Personnel Policies and Manuals, DSP Training Policy, Professional Qualifications and Requirements Policy, Protection of Individuals Rights Policy, Transition Activities Policy, 90 Day Checklist Form, Pre-Post Monitoring Checklist Form, Individualized Support Plan Form, Part 4.5 and 4.6 of the DDRS Waiver Manual, Provider Agreement Checklist Form, and data from the 90 day check list.

A 90 day check list is completed by case managers quarterly through meeting with individuals and their individualized support teams as part of the ongoing monitoring of services. Questions are specifically related to individual needs, choice and rights, as well as other issues which may be identified in regard to the satisfaction, health and welfare of the participant. The 90 day check list data was extrapolated from the case management system.

**ASSESSMENT OF HCBS REQUIREMENTS: PRELIMINARY SETTING ANALYSIS BASED ON REQUIREMENTS**

**Start Date: 9/2014**

**End Date: 10/2014-Completed**

The preliminary settings analysis examines the HCBS requirements and Indiana's initial level of compliance with the HCBS requirements.

This initial settings analysis is general in nature and does not imply that any specific provider or location in non-compliant solely by classification in this analysis. Final determination will depend upon information gathered through all assessment activities outlined in the comprehensive transition plan, including but not limited to onsite reviews, provider annual self-assessments, internal programmatic data, and provider/participant surveys. The review was completed by DDRS/BDDS internal staff, OMPP, and the legal department. In addition, the initial assessment was presented to stakeholders through the public comment period.

**In addition to ascertaining Indiana's initial level of compliance with the HCBS rules, the preliminary setting analysis was also used with the goal of identifying specific policies requiring updates, documents and processes requiring modifications and areas requiring additional data tracking in order to more appropriately represent compliance .**

The outcome of the review indicated that while the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be need to be completed in order to determine full compliance. Potential areas of vulnerability identified in the setting analysis include: Controlling of personal resources; optimizing individual initiative, autonomy, and independence in making life choices; privacy in their unit; and individuals sharing units having a choice of roommates in that setting.

The preliminary settings can be found in [Appendix B](#)

**ASSESSMENT OF HCBS REQUIREMENTS: PROVIDER SURVEY**

**Anticipated Date of Completion: 4/2016**

The State assumed that the analysis of the NCI data might be sufficient to delineate the specific areas in which Indiana showed noncompliance with HCBS requirements. According to NCI data that Indiana was able to utilize, the State demonstrated non-compliance with several HCBS requirements.

In order to further identify areas of compliance and non-compliance, Indiana has developed a comprehensive survey targeting HCBS requirements that will provide further data for the State's assessment. Indiana has contracted with The Indiana Institute on Disability and Community (IIDC) to design, develop, and administer a survey to individuals receiving Home and Community Based Services in Indiana.

Prior to the implementation of a statewide survey, Indiana, in conjunction with the IIDC, will administer the survey using a pilot group in order to assess the validity and reliability of the survey. Once the survey has been validated IIDC will disseminate it electronically through the participant's provider to ensure all participants are reached. The survey will be completed by participants when able or the person who knows them best.

At the time of survey completion the contractor, in consultation with the state, will analyze the data and provide a comprehensive report on the survey results. The aggregate results will be disseminated to stakeholders throughout the system.

**ASSESSMENT OF HCBS REQUIREMENTS: SITE SPECIFIC ASSESSMENT**

**Anticipated Date of Completion: 9/2016**

Based on the results of the preliminary settings analysis and statewide provider survey, Indiana will identify specific sites that will need further review prior to the completion of the comprehensive settings results document to validate the results on the survey. Once specific sites have been identified for validation, Indiana will rely on the clear guidance that CMS has issued around settings. Specifically, Indiana will identify any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Indiana will utilize this guidance in developing and establishing criteria for engaging in site specific assessments.

During the site-specific assessments, Bureau of Developmental Disabilities (BDDS) staff and case management staff will review the results of the assessments in order to validate the results. Prior to the assessment review, Indiana will conduct a comprehensive training for all participants in order to ensure consistency of all reviews.

**ASSESSMENT OF HCBS REQUIREMENTS: COMPREHENSIVE SETTINGS RESULTS AND PUBLIC TRANSPARENCY**

**Anticipated Date of Completion: 4/2017**

Indiana will develop a comprehensive settings results document, which identifies Indiana's level of compliance with HCBS standards. This document will be disseminated to stakeholders throughout the system. The results document will encompass the results that have been garnered from the following sources:

- Stakeholder input
- NCI data
- Review of standards, rules, regulations, and requirements
- Provider Surveys
- Site Specific Assessment
- Onsite assessments (as warranted)

The data and the identified areas of noncompliance will be used to guide stakeholder groups to gather further qualitative feedback from providers, participants, and their families. This stakeholder input will be gathered through a variety of means that include but are not limited to:

- The Division of Disability and Rehabilitative Services (DDRS) advisory council
- Contractual partnerships with the Arc of Indiana to assist in gathering participant and family feedback
- Participant focus groups and/or surveys
- Focus groups with service providers, DDRS/BDDS staff, and Case Managers

Indiana will develop a comprehensive settings results document, which identifies and publically disseminates Indiana's level of compliance with HCBS settings. The document will identify and estimate the number of settings, that:

- Fully comply with the HCBS requirements
- Do not meet the HCBS requirements and will require modifications
- Cannot meet the HCBS requirements and require removal from the program and/or relocation of the individuals
- Are presumptively non-home and community-based but for which Indiana will provide justification/evidence to show that those settings do not have the characteristics of an institution and do have the qualities of home and community-based settings (CMS' heightened scrutiny process)

**DESCRIPTION OF INDIANA'S REMEDIAL STRATEGIES**

Based on the assessment activities and the development of the comprehensive settings results document, Indiana has developed both remedial strategies and an oversight process to ensure current and continuous compliance with HCBS requirements.

**REMEDIAL STRATEGIES: REVISIONS TO INDIANA ADMINISTRATIVE CODE**

**Anticipated Date of Completion: 5/2018**

Indiana will initiate the rule making process in order to revise Indiana's Administrative Code. Indiana will revise rules related to community integration, individual rights, and individual choice. As Indiana proceeds through the rule making process, the state will update the comprehensive plan in to reflect changes. As with all rulemaking, public comment and input will be mandatory.

**REMEDIAL STRATEGIES: REVISIONS TO DDRS WAIVER MANUAL**

**Anticipated Date of Completion: 12/2017**

In order to ensure current and ongoing compliance with the HCBS requirements, Indiana will review the DDRS Waiver Manual. Changes to the DDRS Waiver Manual may constitute changes to the FSW and CIH application. Amendments to the FSW and CIH application will be completed to maintain program consistency.

**REMEDIAL STRATEGIES: REVISIONS TO FORMS**

**Anticipated Date of Completion: 12/2017**

In order to ensure ongoing compliance and monitoring of HCBS requirements, Indiana will revise all applicable internal and external forms to meet HCBS regulations, administrative rules and policy and procedures.

**REMEDIAL STRATEGIES: PARTICIPANT RIGHTS AND RESPONSIBILITIES POLICY/PROCEDURE MODIFICATIONS**

**Anticipated Date of Completion: 12/2017**

Indiana will revise policies and procedures related to participant rights, due process, and procedural safeguards.

**REMEDIAL STRATEGIES: REVIEW AND REVISIONS TO PROVIDER ENROLLMENT/PROVIDER TRAINING**

**Anticipated Date of Completion: 4/2018**

Indiana will review and potentially revise the provider enrollment and recertification processes to address areas of non-compliance. Indiana will provide training to new and existing providers to educate them on the HCBS requirements.

**REMEDIAL STRATEGIES: DEVELOPMENT OF A COORECTIVE ACTION PROCESS AND PLAN**

**Anticipated Date of Completion: 4/2018**

The development of a provider corrective action process/plan is to ensure providers are in compliance with HCBS requirements. Once a provider has been identified as non-compliant, the state will work to develop a provider remediation process and framework of plans:

- outline and a comprehensive provider training on the HCBS requirements,
- deadlines for completion
- periodic status update requirements for significant remediation activities

**REMEDIAL STRATEGIES: DEVELOP PROCESS FOR PROVIDER SANCTION AND DIS-ENROLLMENTS**

**Anticipated Date of Completion: 6/2018**

In the event the provider has gone through remediation activities and continues to demonstrate noncompliance with HCBS requirements, the state will develop a specific process for issuing provider sanctions and dis-enrollments. The development of provider sanctions and dis-enrollment criterion is to ensure statewide compliance with HCBS requirements.

The state will formally disseminate the provider sanctions and disenrollment criterion during a public comment period.

In the event the HCBS settings are deemed noncompliant with HCBS requirements and remedial strategies were unsuccessful, a transition plan for the relocation of participants will be developed. Below are the requirements:

- Identify participants requiring transition;
- Provide reasonable notice to participants and the Individual Support Team regarding the noncompliance, action steps, and procedural safeguards;
- Provide the participant with the opportunity, information, and supports necessary to make an informed choice of an alternate setting that aligns, or will align with the regulation;
- Ensure the participants' services/supports are in place prior to the individual's transition; Identify timeline for participant transitions; and
- Provide training to local districts, case managers, and providers regarding participants requiring transition

**REMEDIAL STRATEGIES: ONGOING MONITORING OF COMPLIANCE**

**Anticipated Date of Completion: 3/2019**

Indiana will incorporate HCBS requirements into policy/procedure and internal reviews to identify areas of non-compliance. The state will also enforce ongoing program integrity and provider compliance audits.

**REMEDIAL STRATEGIES: CONVENE A TRANSITION TASKFORCE**

**Anticipated Date of Completion: 3/2017**

**DDRS will convene a Transition Taskforce to provide technical assistance and support for individuals identified as requiring significant changes, such as, relocation, adjustments to allocation, mediations to resolve internal conflicts and compliance issues.**

**DESCRIPTION OF PUBLIC COMMENT**

This Family Supports Waiver Transition Plan was open for public comment for **30 days, November 1, 2014 – December 1, 2014**. This comment period allowed all HCBS consumers, providers and stakeholders an opportunity to provide input to the plan. All public comments and dates of public notice for the statewide transition plan will be retained on record and available for review.

DDRS hosted a variety of events to generate public comments on the posted Transition Plans. Events included the DDRS Quarterly Provider Meeting attended by over 167 individuals, a meeting with the Arc Self Advocates Officers, three Webinars and phone conferences for families with over 400 participants, a presentation at Indiana Association of Rehabilitation Facilities, Inc. Quarterly Conference, a podcast by the Director of DDRS with the Arc of Indiana; the DDRS Advisory Council; Quarterly Case Management Meeting and multiple meetings and announcements by local provider and advocacy groups. During the public comment period, a variety of comments were received from individuals, family members, providers and advocacy groups.

In addition, a communication plan will be published which will further outline DDRS plans for gathering additional public comment and input from stakeholders. DDRS is committed to a high level of transparency and will publish the planned steps to ensure that all providers, families, participants, and potential participants are given meaningful opportunity for public input.

Below is an outline of the CMS rules Indiana followed regarding seeking public comment on significant changes to Indiana's waiver system.

- The State must seek input from the public for its proposed transition plan, which includes initial review and assessment of settings' compliance.
  - Provide assurance that a minimum 30-day advance notice of the State's Transition Plan has been provided to the public for its review and comment.
    - This assurance can be provided by identifying in this section the actual date of the public notice
    - Process used for providing the public notice (for example, publication in newspapers, announcement via websites, etc.).
  - CMS encourages states to seek input from a wide range of stakeholders and from impacted beneficiaries.
- Provide a summary of public comments, including comments that agree/disagree with the State's determinations about whether types of settings meet the HCBS requirements;
- Provide a summary of modifications to the Transition Plan made in response to public comment; and in the case where the State's determination differs significantly from public comment, the additional evidence the State used to confirm its determination (e.g. site visits to specific settings).
- The State must also provide in this section an assurance that the State's Transition Plan, with any modifications made as a result of public input, is posted for transparency no later than the date of submission to CMS and that all public comments on the transition plan are retained and available for review
- This Statewide Transition Plan is open for public comment for 30 days to allow all HCBS consumers, providers and stakeholders an opportunity to provide input to the plan.

Below is the summary of comments received throughout the 30 day public comment period:

**SUMMARY:**

On October 31, 2014, Indiana posted public notice of the Family Supports Waiver Comprehensive Transition Plan, the Community Integration Waiver Comprehensive Transition Plan and the Indiana Statewide Transition Plans to the FSSA/DDRS website and to all individuals on the Division of Disability and Rehabilitative Services (DDRS) listserv. The DDRS listserv has a total of 5,078 registered individuals. Letters were also sent to every individual who is currently utilizing waiver services inviting them to participate in a webinar and phone conference to educate them of the HCBS rules and transition plans.

In addition, throughout October and November, DDRS hosted a variety of events to generate public comments on the posted Transition Plans. Events included the DDRS Quarterly Provider Meeting attended by over 167 individuals, a meeting with the Arc Self Advocates Officers, three Webinars and phone conferences for families with over 400 participants, a presentation at Indiana Association of Rehabilitation Facilities, Inc. Quarterly Conference, a podcast by the Director of DDRS with the Arc of Indiana; the DDRS Advisory Council; Quarterly Case Management Meeting and multiple meetings and announcements by local provider and advocacy groups. During the public comment period, a variety of comments were received from individuals, family members, providers and advocacy groups.

The public comment received ranged from detailed suggestions regarding the various phases of the Transition Plan to long-term remedial strategies. Indiana noted many individuals reported an overall satisfaction with the Comprehensive Transition Plans, as it ensures that individuals receiving HCBS are integrated in and have access to supports in the community.

The DDRS revised the Transition plan to explain use of 85% as baseline for compliance, to clarify language and policy goals and explain the review and potential modification of documents and process as well as to include the addition of a Transition Taskforce based on public comment. **See pages 2, 3, and 7**

Below is a summary of various categories of public comment, a summary of the public comment received (with the exception of the specific system barrier comments received), and the State's responses to the comments. Anecdotal comments received about the specific system barriers affecting compliance will be utilized during the review of qualitative data in order to supplement the quantitative data review and identify potential remedial strategies.

**SUBJECT: Assessment of Settings**

**COMMENT:** Indiana identified 85% and below as the threshold for low level compliance with National Core Indicators. One commenter asked what the national standard is for compliance and how Indiana compares to other states across the country if the threshold of 85% compliance is met.

**COMMENT:** The Indiana demographics section of the 2013 National Core Indicators Report indicates that most interviewees resided with family. In this setting, rules and activities are generally determined by a parent or family member, making individual choice a matter of family dynamics. This situation may unintentionally skew the results related to self-determination, as well as potentially make remediation and compliance challenging. The commenter recommends that this be taken into consideration in further assessment activities and in the final determination of setting compliance.

**COMMENT:** One commenter was pleased with the use of NCI data to assess compliance. They felt the state's use of the NCI survey (National Core Indicators) is helpful because it demonstrates that there needs to be significant change in a broad range of topics. However, there is concern with the use of the 90-day checklist as an indicator of compliance given that in several instances the results were contradictory with the NCI data.

**RESPONSE:** While the State used NCI data as a preliminary assessment tool, the State acknowledges concern with contradictory data obtained by the 90 day checklist. For this reason, a more in-depth approach will be carried out through the individual experience surveys to determine HCBS compliance. The individual experience surveys will also allow for all participants settings to be analyzed, not just residential.

In March 2014, CMS also issued modifications to Quality Measures and Reporting on 1915(c) Home and Community Based Waivers. Specific to Improvements in 1915c Waiver Quality Requirements (June 15, 2014), CMS issued guidance to the States indicating that any level of performance measuring "less than 86%" compliance indicated a need for improvement and further analysis to determine the cause(s) of the performance problem. DDRS chose to use that same percentage (less than 86%, or 85%) as the threshold for low level compliance within our National Core Indicator and 90-Day Checklist data findings. National Core Indicator findings, including those specific to Indiana, are available at <http://www.nationalcoreindicators.org/states/>.

**COMMENT:** One commenter stated the transition plan read as though the assumption was everyone is out of compliance and requested language clarification, specifically how the site survey's will be assessed.

**RESPONSE:** Compliance cannot be assumed nor does Indiana assume that it is not in compliance. The transition plan was developed to clearly delineate Indiana's assessment and potential remediation activities.

**SUBJECT: Preliminary Settings Inventory/Analysis**

**COMMENT:** In the preliminary settings analysis, one commenter would like to see more substantive comments regarding how compliance will be determined in all instances where there is no NCI data and no 90-day checklist data.

**COMMENT:** Information reviewed and used for future data collection to manage accomplishment includes the 90 day checklist and pre/post transition documents, both of which are significantly in need of modification to more appropriately represent the current and future waiver recipients. It is concerning going forward if the intent is to continue to use these two documents as part of the transition process/plan. Perhaps part of the transition plan could speak to the necessary document changes in assuring they support what is being monitored and leading the team to successfully support the individual.

**COMMENT:** Standards, Rules, Regulations and/or Requirements should be broad in scope, being applicable to individuals of all ages. The average age of individuals served is decreasing as school age individuals are targeted, rather than deinstitutionalized individuals such as in previous decades.

**COMMENT:** Due to the fact that NCI data and 90 day checklists frequently contradicted each other, several areas of the initial assessment have been noted to require further study. This suggests the need to review the validity of the 90 day checklists and/or the NCI data collection process as it relates to determining compliance with CMS rules.

**COMMENT:** One commenter has concerns about the 90-day checklist process. Specifically, who responds to the questions; the case manager or the individual? It was recommended that a trained individual, outside of the case management team, to ensure that the data is truly person-centered, conduct Personal Outcome Measurement (POM) interviews. For the CMS Criteria that is not obtained through the 90 day checklist, it is recommended that the criteria be added to the checklist, and referenced in the individual's person-centered plan.

**RESPONSE:** The State will incorporate specific components of the above suggestions into the transition plan by clarifying language and policy goals. The review and potential modification of documents and process to support the changes will be incorporated into the transition plans. Currently, both the Case Manager and the individual waiver participant (consumer)/family or guardian are to respond to questions on the 90 Day Checklist during the 90-Day Meetings of the Individualized Support Team (IST), but the Case Manager is responsible for its completion and processing. At this time, it is the responsibility of the Individual Support Team to ensure the accuracy of the 90-Day Checklist responses and there are no immediate plans to bring in outside entities.

**COMMENT:** One commenter suggested policy specifics be a part of a later comment period around rules and regulation changes.

**COMMENT:** 90 – Day Checklist

1. I see that this is used to review many of the desired outcomes. With new policies being implemented and because this is one of the main pieces of information being used to measure current and future outcomes; will there be more accountability for all Case Managers to complete this documentation with the review of the IST team state wide?
2. A Focus of training on this documentation may need to be implemented through AdvoCare for all individual Case managers, as historically, many newer CMs have either overlooked this or completed it without the input of the IST.

**RESPONSE:** The State will review the suggestions listed above in order to identify areas of inadequacy or weakness within the 90 day check list and develop necessary modifications to assure the State's compliance with HCBS requirements. Case Managers will continue to be trained and held accountable for following proper procedure in the completion of this task. While the specific suggestions will not be incorporated into the high level Transition Plan, the State will ensure stakeholders have an opportunity to review any policy/process changes listed above and, to the greatest extent possible, the State will incorporate the suggestions within the specific processes.

**SUBJECT:** Validation of Preliminary Setting Inventory

**COMMENT:** One commenter felt that using the Indiana Institute on Disability and Community (IIDC) to complete the next phase of assessment is a wise decision. IIDC's expertise and reputation will reinforce the process as fair and credible. Further, by testing with a subgroup of individuals with disabilities, the assessment will have a high level of validity.

**COMMENT:** One commenter felt it was unclear if all waiver recipients will be surveyed or only Individuals receiving RHS services. They suggested DDRS should consider scaling down the implementation of a statewide survey for 17,000+ Individuals on the waiver. A large percentage of the Individuals receiving waiver services live in their family home, and these settings are considered to be site appropriate. If the goal of this survey is to identify specific sites that may need further review, it may be advantageous for DDRS to focus only upon Individuals receiving residential services or supported living services.

**COMMENT:** Once the survey tool is completed, the state should consider changing the implementation process. Right now, this plan outlines a provider-led process, with the provider responsible for ensuring the survey is completed for each Individual. The state will have difficulty getting full compliance with this process. Instead, the state should consider having Case Management facilitate the questions to the Individual and their support team as part of the 90 day process.

**COMMENT:** One commenter recommends that the Provider and Member Surveys are inclusive of individuals Receiving HCBS services, as well as those on the wait list.

**RESPONSE:** Final details on how, to whom, and by whom the site surveys should be administered for optimal results is still in the final planning stages and will be incorporated in future updates of the transition plan. The State will review the suggestions listed above in order to finalize the specific components and processes for the survey tool. DDRS appreciates the support expressed by various commenters. While the specific suggestions listed above will not be incorporated into the preliminary transition plan, the State will incorporate the suggestions within the specific processes to the greatest extent possible.

**SUBJECT: Proposed Remediation Strategies**

**COMMENT:** The Comprehensive Transition Plan states that a Comprehensive Provider Survey will be conducted and results analyzed. The plan does not specify if (or how) results will be made available to individual providers. It would be beneficial for providers to have timely access to survey results specific to their agency's compliance. This would allow providers to begin making systematic changes that facilitate compliance.

**COMMENT:** The Transition Plans call for assessment components to be completed by an individual or another person that "knows them best." It is understood that the State may likely look to providers to facilitate identifying an appropriate person to assist the individual through the assessment process. To that end, it is recommended that a single point of contact be established at each provider agency to coordinate with the support teams to determine who should be involved in individual surveys.

**COMMENT:** With regard to the survey tool being developed by the IIDC to target specific HCBS requirements, there is concern with vesting the administration of the survey through the residential provider. There is a concern that the provider could manipulate or influence resident responses. Due to the survey's importance, whereby its results will be used to determine sites for site specific assessments, the survey tool should be as free from bias and influence as possible. Commenter would also request that the key stakeholders be included in the survey design process. In that same vein, requests that the participant/resident survey be accessible and meaningful. For example, rather than asking generally whether the resident/participant has access to food, asking whether he or she can get a snack whenever they want.

**COMMENT:** The Participant Rights and Responsibilities Policy is not scheduled to be modified until 12/2017. Commenter would request that this be done earlier in the process – participants should be aware of their rights as early as possible so that they may better participate in the process going forward.

**COMMENT:** One commenter suggested a clearer process for sanctions and provider dis-enrollments. Specifically, timeframes for notice, action steps and procedural safe guards to ensure consumers and their teams are provided adequate notice.

**COMMENT:** One commenter suggested the remedial section of the plan is lacking. It appears to be primarily policy change or provider corrective action/sanctions. The state should realize that this is the most important part of the plan and should be afforded enough time for implementation. As noted previously, the state appears to be taking over half of the allowable time to identify the issues but the real work lies in correcting and taking action to make changes in Individuals' lives. Please allow enough time within this plan for the remedial work.

**COMMENT:** One commenter suggested a BDDS transition task force will need to be established for Individuals identified that will require major changes including relocation, adjustments to allocations, and mediation to resolve internal conflicts and compliance issues that cannot be handled by the Individual and their team. In addition, any system that is developed should allow for external support and consultation for situations that are too difficult for the Individual and their support team to handle without mediation or additional funding. It would be helpful for a process to be developed to request on-site consultations or team assistance.

**COMMENT:** These remedial strategies leave the Individual and the team out of this process entirely. For a true person-centered approach, most remedial issues, once identified, should be handled at the Individual and support team level.

**RESPONSE:** It is the State's intent to include the individual and team throughout the assessment and remediation process. Timelines allow for all settings to be assessed and remedial strategies to be addressed upon completion of identified issues. Final details on how, to whom, and by whom the site surveys will be administered and assessed, is still in the final planning stages and will be incorporated in future updates of the transition plan. The suggestion of a transition taskforce will be incorporated into the transition plan to allow for additional ongoing supports and consultation during the transition process. The State acknowledges that Remedial Strategies and processes may need to be altered based upon the pilot surveys as well as the actual survey findings, but assessments must be completed prior to determining how those strategies may need to change. While the process for sanctions and provider disenrollment's was not added to the high level Transition Plan, the State will incorporate the suggestions within specific policies and procedures.

The State will review the suggestions listed above in order to finalize the specific components and processes for the survey tool. DDRS fully intends the survey to be meaningful and free from bias. Additionally, policies and procedures will be updated timely and appropriately once the survey findings have been analyzed and compared to the HCBS requirements.

**SUBJECT: System Recommendations**

**COMMENT:** A few commenters provided specific suggestions regarding system recommendations. Specific suggestions are listed below:

- Ensure choice in living situations and staff
- Ensure meaningful employment opportunities for individuals
- Provide more options in services that are individualized
- Ensure control of personal resources
- Wider range of residential opportunities
- Address the shortage of qualified Direct Care Staff
- System constraints will need to be addressed
- Address the limited access to community
- Extra protections for individuals without Legal Guardians or advocates should be considered
- Ensure a more collaborative effort between Case Management and community disability organizations

**RESPONSE:** The State acknowledges the concern with the system issues listed above. Through the individual experience survey and subsequent review of the HCBS requirements, Indiana will gather data on the current status of the system and identify areas of noncompliance. To the greatest extent possible, the specific comments listed above will be incorporated within the survey(s) to assess the current status of Indiana's HCBS settings.

## Appendix A: SUMMARY OF NCI DATA ANALYSIS

Below is a summary of the assessment plan activities that Indiana utilized to develop a comprehensive transition plan upon approval from CMS:

HCBS Rule	Assessment Activity	Start Date	End Date
<p><b>REQUIREMENT: Is integrated in and supports access to the greater community</b></p>	<p>Data was analyzed from the National Core Indicators and responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If individual interacts with neighbors</li> <li>• Extent to which people do certain activities in the community</li> <li>• If individuals are supported to see friends and family when they want</li> <li>• If individual have a way to get places they want to go</li> <li>• Whether the individual has friends or relationships with persons other than paid staff or family</li> <li>• If individual participates in unpaid activity in a community based setting</li> <li>• If individual has a paid job in the community</li> </ul> <p>This initial analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold.</p> <ul style="list-style-type: none"> <li>• If individual interacts with neighbors</li> </ul>	<p>6/2014</p>	<p>8/2014</p>

	<ul style="list-style-type: none"> <li>• If individuals are supported to see friends and family when they want</li> <li>• Whether the individual has friends or relationships with persons other than paid staff or family</li> <li>• If individual participates in unpaid activity in a community based setting</li> <li>• If individual has a paid job in the community</li> </ul> <p>Based on the NCI data analysis, questions related to the requirement are in the process of being developed for the provider survey, participant focus groups, and/or for additional program surveys to gather more detailed information.</p> <p>Upon the completion of the surveys and additional programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT:</b> Provides opportunities to seek employment and work in competitive integrated settings</p>	<p>Data was analyzed from the National Core Indicators and responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If individual has a job in the community</li> <li>• If individual has a paid job in the community</li> <li>• If individual does not have a job in the community, do they want one</li> <li>• Of the individuals employed, if they like their job and if they want a different job</li> <li>• If individual has integrated employment as a goal in their service plan</li> <li>• If individual participates in unpaid activity in a community based setting</li> </ul> <p>This initial analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal,</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold.</p> <ul style="list-style-type: none"> <li>• If individual has a job in the community</li> <li>• If individual has a paid job in the community</li> <li>• If individual does not have a job in the community, do they want one</li> <li>• Of the individuals employed, if they like their job and if they want a different job</li> <li>• If individual has integrated employment as a goal in their service plan</li> </ul> <p>Based on the NCI data analysis, questions related to the requirement are in the process of being developed for the provider survey, participant focus groups, and/or for additional program surveys to gather more detailed information.</p> <p>Upon the completion of the surveys and additional programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Control personal resources</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If individual can decide how to spend his/her own money</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following question from the National Core Indicators was identified as 85% and below the low level of compliance threshold.</p> <ul style="list-style-type: none"> <li>• If individual can decide how to spend his/her own money</li> </ul> <p>Based on the NCI data analysis, questions related to the requirement are in the process of being developed for the provider survey, participant focus groups, and/or for additional program surveys to gather more detailed information.</p> <p>Due to the lack of NCI questions targeting this requirement, additional questions will be added to a provider and client survey to gather more detailed information about this requirement. Topics may include:</p> <ul style="list-style-type: none"> <li>• Participants’ ability to access money for recreational use</li> <li>• Participants’ ability to access money to meet their personal needs</li> <li>• Participants’ access to personal belongings</li> <li>• Participants’ access to phone and internet</li> </ul> <p>Upon the completion of the surveys and additional programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT:</b> Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid</p>	<p>This information cannot be assessed from the National Core Indicators and will be included in the provider survey, participant focus groups, and/or for additional program surveys.</p> <p>Upon the completion of the survey and</p>	<p>6/2014</p>	<p>8/2014</p>

<p>HCBS</p>	<p>programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Allows full access to the greater community/Engaged in community life</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• Extent to which individuals do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, etc.</li> <li>• If individual wants to go somewhere, do they always have a way to get there</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>• Extent to which individuals do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, etc.</li> <li>• If individual wants to go somewhere, do they always have a way to get there</li> </ul> <p>Due to the lack of NCI questions targeting this requirement, additional questions will be added to a provider and client survey to gather more detailed information about this requirement. Topics may include:</p> <ul style="list-style-type: none"> <li>• The type of community activities that individuals participate in</li> <li>• Who participates in the</li> </ul>	<p>6/2014</p>	<p>8/2014</p>

	<p>community activities with the individual</p> <ul style="list-style-type: none"> <li>• Barriers that stop the individual from participating in community activities</li> </ul> <p><b>Additional Data Analyzed:</b> In regards to transportation, the data will be analyzed on each provider by the State to determine how frequently individuals are accessing the greater community. In addition, the Community Habilitation data will be reviewed in order to determine the level of engagement/access to community activities.</p> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Setting is chosen among setting options including non-disability specific settings and options for a private unit in a residential settings.</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If individual chooses their residence, work and/or day services</li> <li>• Chose or had some input in choosing where they go during the day</li> <li>• Chose or were aware they could request to change the staff who help them at their home, job, or day program or activity</li> <li>• If individuals chose to live alone, or chose people they live with</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>• If individual chooses their residence, work and/or day services</li> <li>• If individuals chose to live alone, or chose people they live with</li> <li>• Chose or had some input in choosing where they go during the day</li> <li>• Chose or were aware they could request to change the staff who help them at their home, job, or day program or activity</li> </ul> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Ensures right to privacy, dignity and respect and freedom from coercion and restraint</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If individual has been treated with respect by paid provider/staff</li> <li>• Does individual have enough privacy; can be alone with guests, whether mail/email is read without permission, etc.</li> <li>• Does individual feel safe at home? At work/day program? In neighborhood? If person does not feel safe, is there someone to talk to</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>has identified 85% and below as the threshold for low level of compliance.</p> <p>All National Core Indicator questions were above the 85% threshold for this requirement.</p> <p><b>Additional Data Analyzed:</b> For this requirement data collected through Indiana’s Bureau of Quality Improvement Services has been utilized to assess Indiana’s level of compliance. This analysis will focus on Incident Reports (IRs) and rates of occurrence in the following areas:</p> <ul style="list-style-type: none"> <li>• Allegations of abuse, neglect, exploitation</li> <li>• % of those allegations substantiated</li> <li>• Prohibited Interventions</li> <li>• Physical Restraints</li> </ul> <p>This data has been analyzed at the State level to determine state level of compliance and at the provider level when assessing each individual provider.</p> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT:</b> Optimizes autonomy and independence in making life choices</p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• Did the individual make decisions or did others make decision about: where and with whom they live, where they work, what day program they attend, their daily schedule, how to spend free time, etc.</li> <li>• Self-direction queries suggest decision making competence building: Does the individual have help making decision re: budget and services; Can they changes budget or services if needed; etc.</li> <li>• Chose or were aware they could request to change the staff who</li> </ul>	<p>6/2014</p>	<p>8/2014</p>

	<p>help them at their home, job, or day program or activity</p> <ul style="list-style-type: none"> <li>• Did you help develop your service plan</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>• Did the individual make decisions or did others make decision about: where and with whom they live, where they work, what day program they attend, their daily schedule, how to spend free time, etc.</li> <li>• Self-direction queries suggest decision making competence building: Does the individual have help making decision re: budget and services; Can they changes budget or services if needed; etc.</li> <li>• Chose or were aware they could request to change the staff who help them at their home, job, or day program or activity</li> <li>• Did you help develop your service plan</li> </ul> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT:</b> Facilitates choice of services and who</p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p>	<p>6/2014</p>	<p>8/2014</p>

<p>provides them</p>	<ul style="list-style-type: none"> <li>• If individual would like to live somewhere else</li> <li>• If individual wants to work somewhere else</li> <li>• If individual wants to go somewhere else during day</li> <li>• If individual chose their case manager</li> <li>• If individual chose their home, job, and day program or activity staff</li> <li>• If individual chose their day/work support staff</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>• If individual would like to live somewhere else</li> <li>• If individual wants to work somewhere else</li> <li>• If individual wants to go somewhere else during day</li> <li>• If individual chose their case manager</li> <li>• If individual chose their home, job, and day program or activity staff</li> <li>• If individual chose their day/work support staff</li> </ul> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
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<p><b>REQUIREMENT: A lease or other legally enforceable agreement to protect from eviction</b></p>	<p>NCI data does not address this requirement. Information will be gathered through the State’s Case Management system and through the provider survey, focus groups, and/or additional program surveys to assess the level of compliance with this requirement.</p> <p>Information will be gathered utilizing the State’s Case Management System. State staff currently review and approve all lease agreements and individuals’ moves within the Case Management System. Indiana will analyze the data currently available in the system to ensure moves are approved by State Staff.</p> <p>Upon the completion of the survey/focus groups, analysis of the Case Management system, and additional programmatic data, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>	<p>6/2014</p>	<p>8/2014</p>
<p><b>REQUIREMENT: Privacy in their unit including entrances lockable by the individual</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• If others announce themselves before entering home</li> <li>• If others announce themselves before entering bedroom</li> <li>• If individual has enough privacy</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HBCS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following question from the National Core Indicators was identified as 85% and below the low level of compliance</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>threshold:</p> <ul style="list-style-type: none"> <li>• If others announce themselves before entering bedroom</li> </ul> <p>Due to NCI data not covering lockable entrances or control of keys, this information will be collected through the provider survey, focus groups, and/or additional program surveys to assess level of compliance with this requirement.</p> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Freedom to furnish and decorate their unit</b></p>	<p>NCI data does not address this requirement thus information will be collected through the provider survey to assess level of compliance with this requirement.</p> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>	<p>6/2014</p>	<p>8/2014</p>
<p><b>REQUIREMENT: Control of schedule and activities</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• Control of daily schedule</li> <li>• Control of free time use</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HCBS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following question from the National</p>	<p>6/2014</p>	<p>8/2014</p>

	<p>Core Indicators was identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>Control of daily schedule</li> </ul> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Access to food at any time</b></p>	<p>NCI data does not address this requirement thus information will be collected through the provider survey to assess level of compliance with this requirement.</p> <p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>	<p>6/2014</p>	<p>8/2014</p>
<p><b>REQUIREMENT: Visitors at any time</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>Whether individual can be alone with visitors or if there are some rules/restrictions</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HCBS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following question from the National Core Indicators was identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>Whether individual can be alone with visitors or if there are some rules/restrictions</li> </ul>	<p>6/2014</p>	<p>8/2014</p>

	<p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
<p><b>REQUIREMENT: Setting is physically accessible to the individual</b></p>	<p>NCI does not explicitly assess whether setting is fully accessible to person. Information will be collected through the provider survey, focus groups and/or additional program surveys to assess level of compliance.</p> <p>Upon the completion of the survey and programmatic data analysis Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>	<p>6/2014</p>	<p>8/2014</p>
<p><b>REQUIREMENT: Individuals sharing units have a choice of roommates in that setting.</b></p>	<p>Data analysis from the National Core Indicator responses were categorized into the following question areas:</p> <ul style="list-style-type: none"> <li>• Chose or had some input in choosing their roommates</li> <li>• If individuals chose to live alone, or chose people they live with</li> </ul> <p>This analysis was completed to determine Indiana’s level of compliance with this requirement. While 100% compliance with HCBS rules is the goal, Indiana utilized the NCI data as a starting point to identify the current status of the program and to identify barriers that may exist and impact our compliance with the HCBS requirements. In an effort to identify the larger programmatic restrictions, Indiana has identified 85% and below as the threshold for low level of compliance.</p> <p>The following questions from the National Core Indicators were identified as 85% and below the low level of compliance threshold:</p> <ul style="list-style-type: none"> <li>• Chose or had some input in choosing their roommates</li> <li>• If individuals chose to live alone, or chose people they live with</li> </ul>	<p>6/2014</p>	<p>8/2014</p>

	<p>Upon the completion of the survey and programmatic data analysis, Indiana will draw conclusions as to its level of compliance with this requirement and submit corrective action steps for approval of CMS.</p>		
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## Appendix B: PRELIMINARY SETTING ANALYSIS BASED ON REQUIREMENTS

CMS Criteria	<a href="#">NCI Data Analysis</a>	<a href="#">IAC/ IC Reviewed</a>	<a href="#">Policy and Procedures Reviewed</a>	<a href="#">Waiver Manual/ Forms Reviewed</a>	90 Day Check List Data Analysis	Outcome of Review
Is integrated in and supports access to the greater community	Identified as 85% and below the low level of compliance threshold.	<p>460 IAC 6-20-2                      “community-based employment services shall be provided in an integrated setting.”  <i>Needs to be modified in order to meet HCBS standards</i></p> <p>460 IAC 6-3-58                      “Transportation supports” means supports, such as tickets and passes to ride on public transportation systems, that enable an individual to have transportation for access to the community</p> <p>460 IAC 6-3-32                      ISP  <i>Needs to be modified in order to meet HCBS standards</i></p>	<p>Individual Rights and Responsibilities (NEW) (4600221014)  <i>In process of being updated to support CMS regulations</i></p> <p><a href="#">Transition Policy</a> (4600316031)</p>	<p><a href="#">90-day Checklist</a>                      Does the individuals’ routine outlined in ISP include participation in community activities and events?</p> <p><a href="#">Pre-Post Monitoring Checklist</a>                      Transportation available to meet all community access needs</p>	The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist	While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.

**[INDIANA TRANSITION PLAN FOR COMPLIANCE WITH MEDICAID HCBS FINAL  
RULE- FAMILY SUPPORTS WAIVER]**

December 1, 2014

<p>Provide opportunities to seek employment and work in competitive integrated settings</p>	<p>Identified as 85% and below the low level of compliance threshold.</p>	<p>460 IAC 6-20-2 (community-based employment services shall be provided in an integrated setting). <i>Needs to be modified in order to meet HCBS standards</i></p>	<p>Intentionally left blank.</p>	<p><a href="#">90-day Checklist</a> Is the employment section of the ISP still current and is it being routinely discussed?  -Confirm the individual is free from work without pay that benefits others?</p>	<p>The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist</p>	<p>While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.</p>
<p>Control Personal Resources</p>	<p>Identified as 85% and below the low level of compliance threshold.</p>	<p>460 IAC 6-17-3 Individuals Personal File  460 IAC 6-24-3 Management of Individuals Financial Resources <i>Needs to be modified in order to meet HCBS standards</i>  460 IAC 6-9-4 Personal Possessions and Clothing</p>	<p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p>	<p><a href="#">90-day Checklist</a> Unrestricted access to their personal possessions?  -Free to receive and open own mail?  -Free to receive and make phone calls without restrictions?  Fiscal Issues (money, accounts, etc.)  <a href="#">ISP</a> Are the Individuals' Property/Financial resources being properly managed?</p>	<p>The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist</p>	<p>While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.</p>
<p>Ensures the individual receives services in the community with the same degree of access as individuals not</p>	<p>No NCI data</p>	<p>460 IAC 7-3-12 AND 6-3-38.5 (PCP) (4) empowers an individual and the individual's family to create a life plan and corresponding ISP for the individual that:</p>	<p><a href="#">BQIS Complaints: Supported Living Services &amp; Supports</a> (BQIS 4600221005)  Individual Rights and Responsibilities</p>	<p><a href="#">90-day Checklist</a> Does the individual's routine outlined in the ISP include participation in community activities and events?</p>	<p>The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist</p>	<p>While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed</p>

<p>receiving Medicaid HCBS</p> <p>(continued)</p>		<p>(A) is based on the individual's preferences, dreams, and needs; (B) encourages and supports the individual's long term hopes and dreams; (C) is supported by a short term plan that is based on reasonable costs, given the individual's support needs; (D) includes individual responsibility; and</p> <p>(E) includes a range of supports, including funded, community, and natural supports.</p> <p>460 IAC 6-20-2 community-based employment services shall be provided in an integrated setting <i>Needs to be modified in order to meet HCBS standards</i></p>	<p>s (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p>			<p>in order to ensure full compliance.</p>
<p>Allow full access to the greater community/Engaged in community life</p> <p>(continued)</p>	<p>Identified as 85% and below the low level of compliance threshold.</p>	<p>460 IAC 6-9-4 System for protecting Individuals (h) A provider shall establish a system for providing an individual with the opportunity to participate in social, religious,</p>	<p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p>	<p><a href="#">ISP</a> Is adequate Transportation being provided?  <a href="#">90-day Checklist</a> Does the individual's routine outlined in the ISP include participation in community</p>	<p>The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist</p>	<p>While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to</p>

<p>(continued)</p>		<p>and community activities.</p> <p>ACCESS TO THE COMMUNITY 460 IAC 6-20-2 "community-based employment services shall be provided in an integrated setting." <i>Needs to be modified in order to meet HCBS standards</i></p> <p>460 IAC 6-3-58 "Transportation supports" means supports, such as tickets and passes to ride on public transportation systems, that enable an individual to have transportation for access to the community</p> <p>460 IAC 6-3-32 ISP <i>Needs to be modified in order to meet HCBS standards</i></p>		<p>activities and events?</p> <p><a href="#">Pre-Post Monitoring Checklist</a> Transportation</p>		<p>ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.</p>

**[INDIANA TRANSITION PLAN FOR COMPLIANCE WITH MEDICAID HCBS FINAL  
RULE- FAMILY SUPPORTS WAIVER]**

December 1, 2014

<p>Setting is chosen among setting options including non-disability specific settings and options for a private unit in residential settings</p> <p>(continued)</p>	<p>Identified as 85% and below the low level of compliance threshold.</p>	<p>460 IAC 6-4 Rule 4. Types of Supported Living Services and Supports</p> <p>460 IAC 6-29-3 Sec. 3. The provider designated in an individual's ISP as responsible for providing environmental and living arrangement support shall ensure that appropriate devices or home modifications, or both</p> <p>460 IAC 6-9-6 Transfer of individual's records upon change of provider</p>	<p>Intentionally left blank</p>	<p><a href="#">(Part 4.5 and 4.6 of Manual- FSW/CIH)</a></p> <p>Participants may choose to live in their own home, family home, or community setting appropriate to their needs. AND When priority access has been deemed appropriate and a priority waiver slot in the specific reserved capacity category met by the applicant remains open, participants may choose to live in their own home, family home, or community setting appropriate to their needs.</p>	<p>This information is not obtained through the 90 day checklist</p>	<p>A review of policies, procedures and data assume vulnerability in this area.</p>
<p>Ensures right to privacy, dignity, and respect and freedom from coercion and restraint</p> <p>(continued)</p>	<p>All National Core Indicator questions were above the 85% threshold for this requirement</p>	<p>460 IAC 13-3-12 (IST Membership)</p> <p>460 IAC 6-8-2 - Constitutional and statutory rights</p> <p>IC 12-27-4 – Seclusion and Restraint laws</p> <p>460 IAC 6-8-3 Promoting the exercise of rights</p> <p>460 IAC 7-5-6 - Statement of agreement section</p>	<p><a href="#">Aversive Techniques</a> (BDDS 4601207003)</p> <p><a href="#">BMR-ANE</a> (BDDS 4601207002)</p> <p><a href="#">Environmental Requirements</a> (BDDS 460 1216039)</p> <p><a href="#">Use of Restrictive Interventions, Including Restraint</a> (BDDS 460 0228 025)</p> <p><a href="#">Human Rights Committee</a> (BDDS 460 0221 012)</p> <p>Protection of</p>	<p><a href="#">Provider Agreement Checklist 12.</a> Prohibiting Violations of Individual Rights</p> <p><a href="#">Provider Agreement Checklist 14</a> Individual Freedoms</p> <p><a href="#">Provider Agreement Checklist 15</a> Personnel Policy- Safeguards that ensure compliance with HIPAA and all other Federal and State Privacy Laws.</p> <p><a href="#">90-day Checklist</a> Free from ANE?</p> <p>Informed and able to understand/exerci</p>	<p>The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist</p>	<p>A review of policies, procedures and data assume compliance in this area.</p>
<p>(continued)</p>		<p>460 IAC 6-10-8 - Resolution of disputes</p> <p>460 IAC 6-9-4 –</p>				

<p>(continued)</p>		<p>Systems for protecting individuals</p> <p>460 IAC 6-9-3 Prohibiting violations of individual rights</p>	<p>Individual Rights (4600228022)</p> <p>Incident Reporting and Management (BQIS 460 0301 008) – TRAINING IS REQUIRED FOR ALL DSPs (4600228027) – Annual Training on the protection of individual rights and respecting dignity of individual</p> <p>(4600228021- Professional Qualifications and Requirements )</p> <p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p> <p>IST (4600228016) Identifies other persons identified by the individual AND requires the individual to be present at all meetings</p> <p><a href="#">Pre-Post Transition Monitoring</a> (BDDS 4600530032) Health and</p>	<p>se their rights as individual receiving services?</p> <p>Is the individual being treated with respect by the support staff?</p> <p><a href="#">Pre-Post Monitoring Checklist</a> Transportation</p>		

			Welfare is protected  <a href="#">Provider Code of Ethics</a> Conduct all practice with honest, integrity and fairness  <a href="#">DDRS Policy: Personnel Policies and Manuals</a>			
The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board (taken from Federal Register)	No NCI data available	460 IAC 7-3-12 (PCP)  <i>Needs to be modified in order to meet HCBS standards</i>  460 IAC 7-4-1 (Development of ISP)  460 IAC 6-3-32 "Individualized support plan" or "ISP" defined  460 IAC 6-3-38.5 "Person centered planning" defined (A) based on the individual's preferences, dreams, and needs;  460 IAC 6-3-38.6 "Person centered planning facilitation services" defined  460 IAC 6-5-36 Person centered planning	<a href="#">DSP Training</a> (4600228027) Initial DSP training requires an approved core competency such as PSP -- Respect/Right s, Choice, Competence, and Community presence and participation  <a href="#">Professional Qualifications and Requirements</a> (4600228021) Provider shall ensure that services provided to individual meet the needs of the individual	<a href="#">(Part 4.5 and 4.6 of Manual- FSW/CIH)</a> Participants develop an Individual Service Plan (ISP) using a person centered planning process guided by an Individual Support Team (IST).  <a href="#">90-day Checklist</a> Does CCB/POC, ISP address the needs of the individual, implemented appropriately?	This information is not obtained through the 90 day checklist	Due to lack of data a more in-depth analysis will be completed in order to determine compliance in this area.

		<p>facilitation services provider qualifications</p> <p>460 IAC 6-14-4 Training</p>				
<p>Optimizes, but does not restrain, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>identified as 85% and below the low level of compliance threshold</p>	<p>IC 12-27 (Seclusion and Restraint)</p> <p>460 IAC 6-3-29.5 Independence assistance service</p> <p>460 IAC 6-24-1 Coordination of training services and training plan (be designed to enhance skill acquisition and increase independence).</p> <p>460 IAC 6-8-2 Constitutional and statutory rights</p> <p>460 IAC 6-8-3 promoting the exercise of rights</p> <p>460 IAC 6-36-2 Code of ethics</p> <p>460 IAC 6-3-54 "Support team" defined (1) are designated by the individual;</p>	<p><a href="#">Provider Code of Ethics</a></p> <p>A provider shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services.</p> <p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p>		<p>This information is not obtained through the 90 day checklist</p>	<p>A review of policies, procedures and data assume vulnerability in this area.</p>
<p>Facilitates choice</p>	<p>identified as 85% and below the low level of compliance threshold</p>	<p>460 IAC 7-4-3 Composition of the support team</p> <p>460 IAC 7-3-12 AND 6-3-38.5</p>	<p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated</i></p>	<p><a href="#">(Part 4.5 and 4.6 of Manual- FSW/CIH)</a></p> <p>The participant with the IST selects services, identifies service providers of their choice and</p>	<p>The data analysis indicated that 85% of the time or better this area is</p>	<p>While the state does have policies and procedures that support the HCBS</p>

<p>of services and who provides them</p> <p>(continued)</p>		<p>(PCP) (4) empowers an individual and the individual's family to create a life plan and corresponding ISP for the individual that: (A) is based on the individual's preferences, dreams, and needs; (B) encourages and supports the individual's long term hopes and dreams; (C) is supported by a short term plan that is based on reasonable costs, given the individual's support needs; (D) includes individual responsibility; and (E) includes a range of supports, including funded, community, and natural supports.</p> <p>460 IAC 7-5-5 (Outcome section) (4) Proposed strategies and activities for meeting and attaining the outcome, including the following: (5)The party or parties, paid or unpaid, responsible for assisting the individual in</p>	<p>to support CMS regulations</p> <p><a href="#">IST</a> (4600228016) Coordinate the provision and monitoring of needed supports for the individual</p>	<p>develops a Plan of Care/Cost Comparison Budget (CCB). Freedom of Choice Form Provider Pick List</p> <p><a href="#">90-day Checklist</a> Provided information on their right to choose and change providers and case managers?</p>	<p>checked yes on the 90 day checklist</p>	<p>rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.</p>
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		meeting the outcome. A responsible party cannot be changed unless the support team is reconvened and the ISP is amended to reflect a change in responsible party.				
A lease or other legally enforceable agreement to protect from eviction (Provider owned or controlled residential setting)	No NCI Data Available	460 IAC 6-24-3 Management of Individual's financial resources  460 IAC 6-9-4 Systems for protecting individuals	Intentionally left blank	<a href="#">90-day Checklist</a> Has the provider obtained a rental agreement in the individuals' name?  <a href="#">ISP</a> Are the Individuals' Property/Financial resources being properly managed?	Due to the majority of responses to this question on the 90 day check list being "n/a" validity of the data is unable to be determined	A more in-depth analysis will be completed in order to ensure full compliance.
Privacy in their unit including entrances lockable by the individual	identified as 85% and below the low level of compliance threshold	460 IAC 6-9-4 Systems for protecting individuals (e) A provider shall establish a system to ensure that an individual has the opportunity for personal privacy. (1) the opportunity to communicate, associate, and meet privately with persons of the individual's choosing; (2) the means to send and receive unopened mail; and	Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i>  Protection of Individual Rights (4600228022)	Intentionally left blank	This information is not obtained through the 90 day checklist	A review of policies, procedures and data assume vulnerability in this area.

		(3) access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense				
Freedom to furnish and decorate their unit	NO NCI Data Available	460 IAC 9-3-7 - Physical environment  460 IAC 6-9-4 Systems for protecting individuals	Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i>	Additional participant and family feedback is requested to measure this area.	This information is not obtained through the 90 day checklist	Due to lack of data a more in-depth analysis will be completed in order to determine compliance in this area.
Control of schedule and activities  (continued)	identified as 85% and below the low level of compliance threshold	460 IAC 6-3-38.5 "Person centered planning" defined  460 IAC 6-14-2 Requirement for qualified personnel Sec. 2. A provider shall ensure that services provided to an individual: (1)meet the needs of the individual;  460 IAC 6-19-1 Information concerning an individual Sec. 1. A provider of case management services shall have the following information about an individual receiving case management services from the provider:	Intentionally left blank.	<a href="#">90-day Checklist</a> Does the individual's routine outlined in the ISP include participation in community activities and events?	The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist	While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day checklist data.

		<p>(1) The wants and needs of an individual, including the health, safety and behavioral needs of an individual.</p> <p>460 IAC 6-36-2 Code of ethics (1) A provider shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services.</p>				
Access to food at any time	NO NCI Data Available	<p>460 IAC 6-3-36 (Neglect - "Neglect" means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>460 IAC 6-9-3 Prohibiting violations of individual rights (4) A practice that denies an individual any of the following without a physician's order (C) Food</p>	<p>Individual Rights and Responsibilities (NEW) (4600221014) <i>In process of being updated to support CMS regulations</i></p> <p>Protection of Individual Rights (4600228022)</p>	<a href="#">90-day Checklist</a> Individualized dining plan, does it include food restrictions?	The data analysis indicated that 85% of the time or better this area is checked yes on the 90 day checklist	While the state does have policies and procedures that support the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance.
Visitors at any time	identified as 85% and below the low level of compliance threshold	460 IAC 6-9-4 (1) the opportunity to communicate, associate, and	Intentionally left blank.	<a href="#">90-day Checklist</a> Free to receive visitors with no restrictions?	The data analysis indicated that 85% of the time or better this	While the state does have policies and procedures that support

		<p>meet privately with persons of the individual's choosing;</p> <p>460 IAC 6-9-3 Prohibiting violations of individual rights Sec. 3. (a) A provider shall not: (1) abuse, neglect, exploit, or mistreat an individual; or (2) violate an individual's rights.</p>			area is checked yes on the 90 day checklist	the HCBS rules, a more in-depth analysis will be completed in order to ensure full compliance due to inconsistencies between NCI data and 90 day check list data.
Setting is physically accessible to the individual	NO NCI Data available	<p>460 IAC 9-3-7 - Physical environment</p> <p>460 IAC 6-29-2 Safety of individuals environment</p> <p>460 IAC 6-29-3 Monitoring an individual's environment</p>	<p><a href="#">Environmental Requirements</a> (BDDS 460 1216039)</p> <p><a href="#">Transition Activities</a> (4600316031)</p>	<a href="#">Pre-Post Monitoring Checklist</a>	This information is not obtained through the 90 day checklist	While the state does have policies and procedures that support the HCBS rule, a more in-depth analysis will be completed in order to ensure full compliance due to lack of data.
Individuals sharing units have a choice of roommates in that setting	identified as 85% and below the low level of compliance threshold	Intentionally left blank	Intentionally left blank	Intentionally left blank	Intentionally left blank	A review of policies, procedures and data assume vulnerability in this area.

