

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 2017

Newsletter, Issue 7

The Indiana Family and Social Services Administration (FSSA) produces a Home and Community-Based Services (HCBS) newsletter on a biannual 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 (STP).
2. To provide updates on the development of the HCBS Statewide Transition Plan rollout and the individual milestones reached by the Division of Aging (DA), the Division of Mental Health and Addiction (DMHA) and Division of Disability and Rehabilitative Services (DDRS).

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

Overview of the HCBS STP key elements



UPDATE: Statewide Transition Plan Receives Initial Approval

In March of 2014, the Centers for Medicare & Medicaid Services (CMS) established the HCBS Settings Final Rule, which set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The purpose of these regulations is to ensure that members receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree as individuals who do not receive HCBS. CMS expects all states to review current HCBS programs and to develop a transition plan providing an assessment, strategies and timelines for compliance with the HCBS Settings Final Rule. The FSSA has created a STP to assess compliance with the HCBS Settings Final Rule and identify strategies and timelines for coming into compliance with the new rule as it relates to all FSSA HCBS programs. Indiana's initial STP was submitted to CMS for review and approval in December 2014. Indiana submitted a second version, in April 2016, incorporating Indiana's systemic assessment of rules, codes, policies and licensure requirements. In September 2016, Indiana submitted a third version of the STP incorporating site-specific assessment results for Indiana's HCBS programs. A fourth version of the STP with technical corrections was submitted in October 2016. In response to requests from CMS, a fifth version with technical corrections was submitted to CMS which received initial approval on November 8, 2016. The technical corrections versions did not require public comment, but are available online at <https://www.in.gov/fssa/da/4917.htm>. Additionally, CMS requested further revisions to the site-specific assessments within Indiana's STP for final approval. On March 30, 2017, Indiana submitted version six of the STP to CMS for final approval. In May 2017, CMS extended the implementation date of the HCBS Settings Final Rule to March 17, 2022, to allow states additional time to come into full compliance. In August 2017, CMS requested technical corrections for Indiana's STP for consideration of final approval. CMS did not require this version to be submitted for public comment. Indiana submitted version seven of the STP to CMS on September 29, 2017. The technical corrections version is available at <http://www.in.gov/fssa/da/4917.htm>. On December 1, 2017, CMS requested technical corrections for consideration of final approval.

FSSA Division Updates

Division of Aging (DA)



Most assisted living and adult day service providers submitted their remediation plans to the Division of Aging (DA) by June of 2017. Since then CMS has issued an extension of the required compliance date from 2019 to 2022. These additional three years give states more time to complete changes to rules and waiver language. The additional time also allows greater opportunity to transition participants from settings that cannot or do not wish to remediate. That is good news for participants, providers, and the state.

Additionally states are having ongoing conversations with CMS now to clarify how heightened scrutiny will work for those providers that are “presumed institutional”. CMS appears to be committed to work with the states to provide additional flexibility in implementation of the rule, particularly in the area of heightened scrutiny.

DA staff have been reviewing all the plans submitted last spring and a couple of challenges have become obvious. As acknowledged previously, there was some inconsistency in the surveys that were done in spring 2016

for a variety of reasons. And that has caused the team to slow down reviews in order to validate information where possible, to avoid creating additional confusion. Also, the remediation plan template has proven to be confusing for providers and difficult to read and because of this the DA is developing a more user friendly template. When responses are sent back to providers, their plans will have been moved to the new template. Providers may also find that the DA asks some additional questions in the plan response to ensure good survey information is being used.

DA hopes to begin sending back remediation plans to providers during December 2017. Meanwhile, providers are encouraged to continue working on their remediation plans and moving towards compliance. However, since CMS has provided additional time and since the review of remediation plans has taken longer than anticipated, all plan completion dates can automatically be extended to December 31, 2018. Plans will be returned to all assisted living and adult day services providers. If corrections or changes are needed, providers will have 30 days to resubmit their plans. This includes presumed institutional providers. Any questions or concerns may be emailed to DA.HCBSsettingsrule@fssa.in.gov. Individual technical assistance calls can also be scheduled as necessary.

Division of Mental Health and Addiction (DMHA)

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



The DMHA Adult 1915(i) State Evaluation Team (SET) continues to assist providers of home and community-based services with implementation of the HCBS Statewide Transition Plan. As CMHC providers open new provider owned, controlled, and/or operated (POCO) residential and non-residential settings, DMHA will review the assessment paperwork and make compliance determinations. In October 2017, DMHA presented an HCBS webinar to the Indiana Council of Community Mental Health Centers (ICCMHC) that provided continuing education on, as well as the status of, the implementation of the HCBS Final Settings Rule. DMHA also provided an update regarding smoking restrictions within provider owned, controlled, and/or operated settings: A lease may be used to restrict tobacco use within the building. However, the provider must still provide a designated area on the property for clients to smoke.

POCO settings

As of November 2017, 21 of the 25 CMHCs are fully compliant for their POCO residential settings. Out of the 189 POCO residential settings that have been identified and assessed by DMHA-approved CMHCs, 141 are fully compliant with the HCBS Final Settings Rule. DMHA has completed the on-site specific assessments for CMHC POCO residential settings. Seventeen CMHC POCO residential and non-residential settings are designated as presumed institutional. Heightened scrutiny evidence packets will be submitted to CMS for further review to support the setting does not have institutional qualities and is fully integrated into the community.

Non-POCO residential settings

In August 2017, DMHA received feedback from CMS to reevaluate how the term non-POCO residential settings is defined and based on their feedback, DMHA has updated the term and definition. A non-POCO setting is now divided into non-POCO and non-CMHC POCO settings. Non-CMHC POCO settings are under the authority of the Division of Aging (DA) and/or Division of Disability and Rehabilitative Services (DDRS), and assessment and compliance determinations are made by DA and/or DDRS. For settings that are neither a CMHC POCO nor a non-CMHC POCO, these settings are defined as non-POCO settings. The local CMHC works with the setting operating authority (SOA) to assess the setting for HCBS compliance and address any non-compliant findings in order for the setting to come into compliance with the HCBS Final Settings Rule. DMHA makes the final compliance determinations for non-POCO residential settings.

On-going monitoring

For State Fiscal Year 2018, DMHA began the on-going monitoring process for POCO residential and non-residential settings that required remediation of physical changes to the setting in order to be deemed fully compliant. The on-going monitoring process consists of site visits to ensure ongoing compliance as described in the approved Setting Action Plans. Most of these site visits will occur in conjunction with regularly scheduled Adult 1915(i) Quality Assurance visits.

Please continue to contact the DMHA Adult 1915(i) State Evaluation Team at dmhaadulthcbs@fssa.in.gov for all matters related to compliance with the CMS HCBS Settings Final Rule requirements.

Division of Disability and Rehabilitative Services (DDRS)

Site-Specific Assessments

DDRS has completed the assessment phase of non-residential settings as outlined in the STP. All Non-Residential Day Service sites completed an online self-assessment in October. The self-assessment was designed to identify areas where a day service site is HCBS compliant as well as to identify any gaps that would require modifications to become compliant. Waiver participants were not required to participate in the non-residential self-assessment.

In preparation for the assessment, DDRS hosted a webinar presented to all day service providers the second week of August. The recorded webinar can be located at [FSSA Webinars](#) titled *Non-Residential Self-Assessment HCBS Statewide Transition Plan*. There is also a Q&A, F.A.Q and resource document posted on the [Home and Community Based Services Final Rule Statewide Transition Plan](#) to supplement the webinar. A tutorial describing how to complete the non-residential self-assessment as well as a PDF version of the assessment have also been posted. In addition, two technical assistance webinars were conducted in September to assist providers in completion of the survey.



Since completion of the assessment, the results were analyzed. The Division then completed validation activities for these settings. Validation efforts for the non-residential settings were initiated in 2017 and completed at the end of September 2017. DDRS will soon be participating in a taskforce that was authorized under House Bill 1102. This bill establishes a group of stakeholders to convene and develop a plan to submit to the Indiana legislature by November of 2018 outlining the needs and supports Indiana has prioritized to effectively administer home and community based

services to Medicaid waiver participants.

DDRS has also hosted family listening sessions throughout the state in 2016. These sessions allowed families an open forum to share their desired service needs for both the Community Integration and Habilitation and Family Supports waivers for input into any new HCBS services. Additionally, DDRS hosted specific trainings focused on person-centered planning concepts for case managers in the fall of 2017.