

CIHW IN.0378.R03.02 (Pending RAI for CMS Approval) - Revisions for 07.01.2016 RATE INCREASES

1. Request Information

- A. The **State of Indiana** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
- B. **Program Title:**
Community Integration and Habilitation Waiver
- C. **Waiver Number:IN.0378**
Original Base Waiver Number: IN.0378.
- D. **Amendment Number:IN.0378.R03.02**
- E. **Proposed Effective Date:** (mm/dd/yy)

07/01/16

Approved Effective Date of Waiver being Amended: 10/01/14

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

ADDENDUM:

An amendment is proposed effective 07.01.2016 to include information regarding provider rate increases. Pursuant to legislative mandate (Indiana House Enrolled Act 1001, effective July 1, 2015 - <https://iga.in.gov/static-documents/5/3/8/6/53861fe8/HB1001.05.ENRH.pdf> - section 137, page 169), a 2.5% provider rate increase, which may result in service changes for participants, is scheduled for the

following:

Community Based Habilitation – Individual
Residential Habilitation & Supports (Hourly & Daily)
Facility Based Habilitation – Individual
Respite

The CIH Waiver Case Management service is scheduled to incur a 5% rate increase, which will not have any impact to participants' budget allocation.

Main Module's Attachment #1 Transition Plan is updated to address potential impact of legislated rate increases

ORIGINAL AMENDMENT

The purpose of the second amendment is the transformation of the Community Integration and Habilitation waiver program. Having closed Indiana state institutions, Indiana has been evaluating what we want our community service systems to look like in the future. Based on public input to date, the proposed amendment is a reflection of the key priorities for program participants and other interested individuals for Indiana's community service systems moving forward. The CIH Transform (webpage address: <http://www.in.gov/fssa/ddrs/4988.htm>) is a multi-year effort to engage stakeholders and advance services for individuals with disabilities. The goal is building a sustainable and affordable support model which promotes employment, supports families, develops relationship-based living arrangements and explores technology while assuring participants are encouraged, valued, and engaged in community living.

Necessary revisions are planned to Title 460 of the Indiana Administrative Code. With the exception of the Main Module's "Attachment #2 Transition Plan" that is not updated by this amendment, the specific Indiana Administrative Code (IAC) citations from Title 460, Article 6 throughout the amendment have been replaced with "460 IAC 6" until revisions to the IAC are complete and specific reference revisions can be cited.

Due to the addition of Intensive Support Coordination services, references to Case Managers and Case Management were modified throughout the application to include Intensive Support Coordinators and Intensive Support Coordination as applicable. Specifically, these modifications were made in the Main Module, and in Appendices B, C, D, F, G, H, and I. These modifications were not made within the

Attachment #2 Transition Plan as it is not being updated by this amendment.

With the exception of the Attachment #2 Transition Plan that was not updated in this amendment, missing hyphens were added to the term "person-centered" throughout the application.

MAIN MODULE

- Item 3 Nature of Amendment – updated, inclusive of reference to legislated rate increases
- Item 6. Additional Requirements, I. Public Input – updated to reflect public input opportunities, inclusive of opportunities to address legislated rate increases
- Item 7. Contact Persons - updated
- Attachment #1 Transition Plan – completed due to proposed removal of RHS-Daily services
- Attachment #2: Home and Community-Based Settings Waiver Transition Plan - corrected a misspelling of the word "standards"

APPENDIX A

Due to internal restructuring, updates regarding the roles and responsibilities of the State Medicaid Agency are provided under the following items:

- A-2. Oversight of Performance
- A-5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities
- A-6. Assessment Methods and Frequency.

Quality Improvement - Included hyphen in "Re-approval" in Data Source field

APPENDIX A

- Items A-3, A-5, and A-7 are updated to indicate utilization of a contractor in the determination of level of care when prior evaluations of the individual's level of care have been unfavorable

APPENDIX B

- Appendix B-6-b, B-6-c, and B-6-d: Evaluation/Reevaluation of Level of Care - included references to the Level of Care contractor
- Appendix B-6-c: Qualifications of Individuals Performing Initial Evaluation: - clarified qualifications of individuals performing initial evaluations

APPENDIX C

Appendix C-1/C-3 Revised to reflect the following:

- Under all Provider Qualifications, Other Standards, modified required compliance to indicate FSSA/DDRS/BDDS service standards under all services, corrected requirement from compliance with "DDRS Waiver Manual" to compliance with "FSSA/DDRS HCBS Waiver Provider Manual" and added hyphen in the word "re-approval" under "Entity Responsible for Verification" and removed the service-specific provider qualification citations from 460 IAC 6
- Based Habilitation - Group & Individual - added hyphen in self-direction, self-advocacy, and self-control where missing and corrected spelling of "Initially" in provider Entity Responsible for Verification.
- Adult Family Living (AFL) – new service replacing Structured Family Caregiving (SFC) as of 10/01/2016
- Behavioral Support Services – updated to prohibit authorization as a standalone service for participants receiving “Intensive Residential Supports – Behavioral” and modified specifications for who may provide the service
- Case Management – service definition was modified to accommodate for consistency with a new service definition for Intensive Support Coordination, including removal of national accreditation requirements
 - o A new service has been added - Intensive Support Coordination which includes all services outlined in the Case Management service definition with additions to reflect enhanced services for individuals receiving Intensive Residential Support – Behavioral or Medical.
- Electronic Monitoring services – ending 09/30/2016 to be replaced by a new more comprehensive service, Remote Support Technology, and also corrected spelling error under "Other Standards"
- Enhanced Residential Living – newly added service to replace RHS-Daily
- Facility Based Habilitation - Group - added missing hyphens in self-advocacy, self-direction and self-control
- Facility Based Habilitation - Individual - added missing hyphens in self-advocacy, self-direction and self-control, corrected spelling error in "Provider Type"
- Intensive Behavioral Intervention - modified specifications for who may provide the service
- Intensive Residential Supports – Behavioral – newly added service
- Intensive Residential Supports – Medical – newly added service
- Occupational Therapy, Provider Requirements - corrected spelling of "requirements"
- Participant Assistance and Care (PAC) – previously offered only under the Family Supports Waiver but also added to the CIH Waiver as of 10/01/2016
- Personalized Emergency Response System services - ending 09/30/2016 to be incorporated into a more comprehensive new service, Remote Support Technology
- Psychological Therapy services - added prohibition against authorization on the participant’s plan of care as a separate service if receiving Intensive Residential Supports-Behavioral

- Rent and Food for Unrelated Live-In Caregiver - corrected spelling of "responsibility"
 - Remote Support Technology – new, more comprehensive service incorporating and replacing components of Electronic Monitoring services and Personalized Emergency Response System services as of 10/01/2016.
 - Residential Habilitation and Support – Daily (RHS Daily) – ending 09/30/2016
 - Residential Habilitation and Support (Hourly) – updated to incorporate staff training requirements and to clarify the service is designed to be used by individuals residing with family or in their own home
 - Respite - modified specifications for who may provide the service
 - Specialized Medical Equipment and Supplies - corrected spelling of "Initially" under Entity Responsible for Verification
 - Structured Family Caregiving (SFC) – ending 09/30/2016 to be replaced by Adult Family Living as of 10/01/2016, and corrected spelling error in "Provider Type"
 - Transportation (non-medical) – name changed to Non-Medical Transportation and now describes more accurately what the service is for
 - Transportation for Community Employment/Volunteerism – newly added service reserved for participants engaged in community employment and/or volunteer activities as specified in their support plan
 - Wellness Coordination – updated to prohibit authorization as a separate service for participants receiving “Intensive Residential Supports-Behavioral” or “Intensive Residential Supports-Medical Appendix C-4--a Additional Limits on Amount of Waiver Services - deleted one instance of a sentence shown in two paragraphs under "Budget Limits by Level of Support and updated references to reflect current service names under "Other Type of Limit"
 - Workplace Assistance - added hyphen to "off-site" under Activities Not Allowed
- QIS - corrected spelling of "calendar" under b. Methods for Remediation/Fixing Individual Problems

APPENDIX D

- References to Case Managers and Case Management were modified to include Intensive Support Coordinators and Intensive Support Coordination, but no other changes were made to Appendix D

APPENDIX F

- Appendix F-3-c - corrected language related to role of waiver ombudsman

APPENDIX G

- Appendix G-1-d Responsibility for Review of and Response to Critical Events or Incidents - removed

erroneous reference to the Family Supports Waiver.

APPENDIX I

- Appendix I-1 Financial Integrity and Accountability - added hyphens as appropriate
- Appendix I-2-a Rate Determination Methods - updated to include information on new services and legislated rate increases

APPENDIX J

- Updated due to the modification and/or combining of some pre-existing services, inclusion of new services, and removal of services ending as of the effective date of this amendment

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

	Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/>	Waiver Application	urpose; Program
<input checked="" type="checkbox"/>	Appendix A – Waiver Administration and Operation	A-2-a; A-3; A-5; A-
<input checked="" type="checkbox"/>	Appendix B – Participant Access and Eligibility	B-6-b; B-6-c; B-6-
<input checked="" type="checkbox"/>	Appendix C – Participant Services	C-1/C-3; C-1-a;
<input checked="" type="checkbox"/>	Appendix D – Participant Centered Service Planning and Delivery	D-1-c; D-1-d; D-
<input type="checkbox"/>	Appendix E – Participant Direction of Services	
<input checked="" type="checkbox"/>	Appendix F – Participant Rights	F-1; F-2-b; F-3-c
<input checked="" type="checkbox"/>	Appendix G – Participant Safeguards	G-1-b; G-1-c; G-

	Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/>	Appendix H	H-1-a-i; H-1-b-i
<input checked="" type="checkbox"/>	Appendix I – Financial Accountability	I-1; I-2-a; I-2-d; C
<input checked="" type="checkbox"/>	Appendix J – Cost-Neutrality Demonstration	J-1; J-2-c; J-2-d

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

- Modify target group(s)**
- Modify Medicaid eligibility**
- Add/delete services**
- Revise service specifications**
- Revise provider qualifications**
- Increase/decrease number of participants**
- Revise cost neutrality demonstration**
- Add participant-direction of services**
- Other**
Specify:



Pursuant to legislative mandate (Indiana House Enrolled Act 1001, effective July 1, 2015 - <https://iga.in.gov/static-documents/5/3/8/6/53861fe8/HB1001.05.ENRH.pdf> - section 137, page 169) a 2.5% provider rate increase is scheduled for the following, which may result in service changes for participants:

Community Habilitation – Individual
 Facility Habilitation – Individual
 Respite

1. Request Information (1 of 3)

A. The **State of Indiana** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):

Community Integration and Habilitation Waiver

C. **Type of Request: amendment**

Requested Approval Period: (*For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.*)

3 years 5 years

Original Base Waiver Number: IN.0378

Waiver Number: IN.0378.R03.02

Draft ID: IN.006.03.02

D. **Type of Waiver** (*select only one*):

Regular Waiver

E. **Proposed Effective Date of Waiver being Amended: 10/01/14**

Approved Effective Date of Waiver being Amended: 10/01/14

6. Additional Requirements

Note: Item 6-I must be completed.

A. **Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are

furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

- B. **Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.
- C. **Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.
- D. **Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.
- E. **Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.
- F. **FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.
- G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
- H. **Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of

discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:



ADDENDUM

Public comment was sought 30 days in advance of the waiver amendment submission. Electronic notice was provided via the Indiana Register and DDRS listserv with paper copies distributed to participants/families by Case Management Companies. Paper copies of the amendment were made available to the general public upon request from BDDS field offices. Comments were accepted electronically and/or in hard copies mailed to respective electronic and USPS addresses.

SPECIFIC TO THE 2nd AMENDMENT, IN.0378.R03.02

Waiver participants were notified via the Division of Disability and Rehabilitative Services (“DDRS”) listserv as well as by hard copy letters (mailed via the U.S. Postal Service) of the planned Town Hall meetings hosted by DDRS. Following the completion of the September 2015 Town Hall activities, the questions from the sessions were posted online to allow those who were not able to attend the sessions to provide additional input. It was requested that stakeholders send their responses to questions and/or other comments to an email address specifically developed for this purpose. As development of the proposed modifications to service definitions was completed, the service definitions, and an outline of the changes, were posted to the Indiana CIH transform website (<http://www.in.gov/fssa/ddrs/4988.htm>) in the form of a matrix for review and comment by all stakeholders. These activities were conducted prior to the formal public comment period required by CMS regulations.

As part of the formal public comment of November 25, 2015 through December 28, 2015, DDRS generated notices through the use of the list server, which sends email notifications to individuals

receiving services, providers, and other registered stakeholders regarding important events. The public comment period was also posted to the DDRS website under the CIH waiver information.

Communication was given to all case management companies and case managers requiring that each case manager verbally inform participants of the public comment period. During the September 2015 Town Hall meetings, DDRS announced that hard copies of documents would be made available to participants and families upon request. Additionally, DDRS asked the Indiana Association of Rehabilitation Facilities (“INARF”) and the Arc of Indiana to send out information about the public comment period using their respective newsletters (produced on paper and electronically).

The November 25, 2015 public notice included a link to the draft amendment and summary of the proposed waiver content. Stakeholders were referred to the matrix for specific information on the proposed additions and revisions related to service definitions. The comment period time frame was stated in the notice as were addresses to which electronic and hard copy comments and clarifications of proposed modifications could be submitted. A second notice of November 25, 2015, announced 2015 webinars to discuss CIH waiver changes with dates of December 3rd and 17th (both at 10 AM) for providers and December 10th (5 PM) and December 19th (10 AM) for families and waiver participants. Also included were a web address for internet users and telephone numbers and instructions for callers who had no internet access. Callers were able to ask questions during the webinar. Thereafter, the State received electronic comments in addition to hard copy letters from stakeholders.

ONGOING AND SPECIFIC TO ALL AMENDMENTS AND RENEWALS

DDRS exercises transparency while discussing issues, concerns, ideas and suggestions with families, advocates, providers and other stakeholders.

DDRS obtains public input and collaborates with key stakeholders in the state through the following methods:

- DDRS' Executive Management Team accepts public input from nationally recognized organizations, professional trade associations, and leaders among the service providers, in addressing concerns and suggestions on behalf of the group and the participants each represents in regard to DDRS program policy and operations. This input is considered as policies are developed. With FSSA's approval, policies and updates are posted to DDRS' Website.

DDRS hosts Quarterly Provider Meetings (available in person or via WebEx) for statewide service providers announcing any waiver-related policy releases or updates authorized by FSSA, and meets with individual providers as needed or requested. DDRS also meets with small groups of parents and providers and intermittently attends other organized meetings of advocacy groups.

- The monthly Advisory Council meeting (established within IC 12-9-4) consisting of the Director of DDRS and ten other participants with knowledge of or interest in the programs administered by the Division. All ten are appointed by the Secretary of the Indiana Family and Social Services Administration, the State Medicaid Agency, and represent a wide and diverse membership including providers, parents, self-advocates, the Department of Education, and other Bureaus within the Division; including First Steps, Vocational Rehabilitation, and the Bureau of Quality Improvement Services. The Council's mission is to recommend strategies and actions that will ensure DDRS empowers people with disabilities to be independent and self-sufficient.

- DDRS maintains an electronic helpline available 24 hours daily, serving as a source of answering general questions surrounding programs, policies and procedures and as a receptor of suggestions and ideas from any interested party.

- Public forums and Webinars are held as needed toward the dissemination of program or operational changes.

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- Replacing an approved waiver with this waiver.**
- Combining waivers.**
- Splitting one waiver into two waivers.**
- Eliminating a service.** **Adding or decreasing an individual cost limit pertaining to eligibility.**
- Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- Reducing the unduplicated count of participants (Factor C).**
- Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

ADDENDUM FOR LEGISLATED RATE INCREASES

In 2015 FSSA/DDRS was legislatively mandated through Indiana House Enrolled Act 1001, (effective July 1, 2015 - <https://iga.in.gov/static-documents/5/3/8/6/53861fe8/HB1001.05.ENRH.pdf> - section 137, page 169) to implement a 2.5% provider rate increase on July 1, 2015 and an additional 2.5% rate increase on July 1, 2016. The rate increases may result in service changes for participants.

The July 1, 2016 rate increase applies to the following services: Community Habilitation – Individual; Facility Habilitation – Individual; Respite; Residential Habilitation & Supports (hourly & daily).

Case Management services for the CIHW are scheduled to incur a 5% rate increase but will not lead to any impact to participants' amount of services.

The rate increases will have no impact and result in no differences between services covered in the approved waiver and those covered in the amendment. The rate increase has no impact on the continuation of services covered in the current waiver and adds no specific limitation to the amount of any waiver service that may be utilized by a waiver participant.

The rate increase has no impact on which waiver participants served under the existing, approved waiver will be eligible to participate in the waiver program once amended. All participants will be notified of the legislated changes by their Case Manager and will be informed of the opportunity to request a Fair Hearing. As described in Appendix F-1, all State-issued decisions related to participant service plans contain an explanation of how to request a Fair Hearing.

ORIGINAL TRANSITION PLAN SUBMITTED 01.04.2016

As part of the modification of the CIH waiver, the State of Indiana has added, changed, eliminated or combined several service definitions. In order to ensure that participants receive the same level of services, many of the eliminated service definitions were incorporated into existing services definitions which were directly related.

For Behavioral Support Services (BSS), DDRS added clarification that the service would no longer be separately authorized for people receiving Intensive Residential Support – Behavioral (IRS-B) since these supports were included in the IRS-B service definition. The behavioral supports available under the IRS-B service are identical to BSS, and therefore will not affect the level of services to which a participant is entitled. The availability of IRS-B is based on a clinical review of the challenges associated with each participant's behavior. Individual Support Teams will meet to assess whether the individual being supported has a need for IRS-B services and, if the IST believes the service would benefit the individual, will submit to the Clinical Review Team (CRT) and request for this service.

For Personal Emergency Response System (PERS), the service definition was removed as a stand-alone service in the CIH waiver and components of PERS were included in the Remote Support Technology

service definition and will not limit the ability of participants to utilize the appropriate service. Those individuals receiving PERS services under the current iteration of the waiver will be notified through Case Managers/Intensive Support Coordinators that the service is no longer available and will have the opportunity to add Remote Support Technology to the ISP and CCB once the approved waiver amendment is implemented. As part of this service change, there will be no reduction in the level of services provided.

For Residential Habilitation and Support – Daily (RHS-D), the service definition and name have been changed to Enhanced Residential Living (ERL) and expanded to include additional participants who did not previously qualify for RHS-D. Clarification was added that this service is intended for individuals who share staffing in the residential setting. If an individual is not in a shared staffing home, they will have the option of Residential Habilitation and Support – Hourly (RHS-H).

For Structured Family Caregiving (SFC) the service definition and name have been changed to Adult Family Living (AFL) and clarification was added that this service is intended for individuals 18 years of age and older. Currently, it is not anticipated that any participants will be affected by the clarification of the required age. The transition to the new service will be communicated through Case Managers/Intensive Support Coordinators, and the new service will be added to the ISP and CCB unless the participant indicates that they would rather utilize a different residential service.

For both Wellness Coordination and Transportation services, clarification was added which does not allow the use of these services separately by individuals enrolled in Intensive Residential Supports-Behavioral (IRS-B), or Intensive Residential Supports – Medical (IRS-M). Wellness Coordination and Transportation services are included in the new services (IRS-B and IRS-M) and will not limit access to these services under the waiver amendment. All individuals qualifying for and choosing to participate in IRS-B or IRS-M services will be notified by the Case Manager/Intensive Support Coordinator of the need to remove Wellness Coordination and Transportation as separate services from the ISP and CCB since they are included in the newly selected service.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).



ADDENDUM

In 2015, FSSA/DDRS was legislatively mandated through Indiana House Enrolled Act 1001, (effective July 1, 2015 - <https://iga.in.gov/static-documents/5/3/8/6/53861fe8/HB1001.05.ENRH.pdf> - section 137, page 169) to implement a 2.5% provider rate increase on July 1, 2015 and an additional 2.5% rate increase on July 1, 2016.

The July 1, 2016 rate increase applies to the following services: Community Habilitation – Individual; Facility Habilitation – Individual; Respite; Residential Habilitation & Supports (hourly & daily) For participants utilizing the CIHW and receiving the non-residential services listed (Community Habilitation – Individual; Facility Habilitation – Individual; Respite) there could be an impact on their service plans for Days Services within the Objective Based Allocation. Changes to the amount of services could take place on any of the three of the impacted services based on individual allocation for Days Services, or result in participants choosing to make other service changes to their ISP (Individualized Support Plan). For the residential services listed (Residential Habilitation & Supports (hourly & daily)) there will be no impact on individual service plans or the level of services within the Objective Based Allocation. Residential allocations will increase to accommodate the rate increase for these services in accordance with Indiana Code **(460 IAC 13-5-2)**.

In addition, Case Management services are scheduled to incur a 5% rate increase on July 1, 2016, which will not have any impact to participants' budget allocation.

The rate determination methodology outlined below continues to be the one used to establish rates for this waiver and for the services mandated for the increases.

As part of the transformation of the CIH waiver, the State of Indiana has engaged stakeholders through multiple methods. The first opportunity stakeholders had to provide input into the transformation of this waiver was in late April of 2015 by which DDRS had national experts in from the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to give a statewide presentation on Indiana and the future of HCBS services. A smaller stakeholder group was then assimilated to outline broad changes that each stakeholder group would like to see moving forward. Those areas of improvement were then taken to use for small group discussion during a provider forum held in May of 2015. That feedback was utilized to develop a series of statewide Town Hall sessions conducted throughout the state of Indiana in September of 2015. There were sessions held to discuss topics which related to the individuals and their families, with separate sessions being held for the provider community to provide input. These two hour meetings covered the strengths and weakness of the current waiver design and allowed for meaningful discussion of the changes which would benefit the individuals served. In addition to these in-person meetings, DDRS created a webpage dedicated to this effort as a place to have information for stakeholders on an ongoing basis.

Following the completion of the Town Hall activities, the questions from the sessions were posted online to allow those who were not able to attend the sessions to provide additional input. It was requested that stakeholders send their responses to questions and/or other comments by US Postal Mail or to an email address specifically developed for this purpose.

As part of the formal public comment, DDRS generated notices through the use of the list server, which sends email notifications to individuals receiving services, providers, and other registered stakeholders regarding important events. The upcoming public comment period was also posted to the DDRS website under the CIH waiver information. Communication was given to all Case Management/Intensive Support Coordination companies and Case Managers/Intensive Support Coordinators through the State's case management system requiring that each Case Manager/Intensive Support Coordinator inform participants of the public comment period. Proposed waiver changes, including service definitions and rate determination methods, were posted at <http://www.in.gov/fssa/ddrs/4988.htm>, but paper copies were available upon request from DDRS, INARF, Indiana's provider trade association, and the Arc of Indiana. Additionally, DDRS asked that INARF and the Arc of Indiana send out information about the public comment period using their perspective newsletters, which they did. Webinars were also utilized to share and obtain public comment.

Enhanced Residential Living (ERL):

Throughout 2014 DDRS worked with a group of residential waiver services providers to develop a daily rate for residential habilitation and support services. The group focused on how to reduce the administrative burden of providing services on an hourly basis and thus enhance outcomes and community participation for individuals receiving this service. The conclusion of the group was that a residential habilitation service that utilized a daily rate would greatly benefit individuals who were living in shared households (shared staffing). The group collaboratively presented a summary of the costs of residential services within the industry that included salaries, benefits and administrative expenses. The group then developed a service definition and rate methodology that would fully address improved outcomes and community integration. Ultimately, the RHS Daily rate was built upon the same cost centers and cost factors that were used to build the existing RHS hourly rate.

In 2015 DDRS began an effort to further improve residential services to offer more comprehensive supports and enhance accountability. DDRS broadened the scope of the former RHS Daily service to include all individuals who were living in sharing housing/staffing situations. DDRS utilized the rate methodology developed in 2014 to establish rates for the individuals that will now be eligible to receive the new service, Enhanced Residential Living (ERL).

DDRS also included a 2.5% rate increase into the daily ERL rates based on legislation that was passed in 2015. The State reviewed these rates for cost effectiveness and cost neutrality and has found that they support the goals of increasing community participation and decreasing administrative burden. A final daily rate was derived after State and actuarial analysis of actual expenditures for these individuals.

Intensive Residential Supports – Behavioral and Medical

DDRS reviewed the increased needs of the small proportion of individuals on the waiver who had intensive needs either due to behavioral or medical issues and determined that there was a need for services that would allow these individuals to receive a higher level of service. DDRS worked with an actuary to develop rates for these individuals. The actuary reviewed the actual expenditures of individuals who have intensive needs who are currently living in a maximum 4 bed, specialized ICF/IID homes within communities, throughout Indiana. The ICF\IID homes are classified as Extensive Support Needs and Extensive Medical Needs homes and have previously established rates which reflect the greater needs of those living in these ICF\IID settings. In addition to reviewing these ICF\IID homes DDRS also did a comprehensive review of the individuals who may be eligible for this service to ensure it was establishing rates that would meet their needs.

In establishment of the rates, the actuary utilized the actual costs of the service within the ICF/IID homes, identifying those components of the service that were comparable to the HCBS Intensive Residential Supports service. The cost of those services were then compiled to develop a residential daily rate.

For Intensive Residential Supports – Behavioral, DDRS has included behavioral services that in the past have been provided as a separate service and built this service into the rate. For both Intensive Residential Supports – Behavioral and Medical services wellness coordination and transportation services will be included. In reviewing the needs of individuals that may qualify for this service DDRS has determined that their needs can be more completely met with these inclusive services. The actuary included these services in its review and recommendation of rates for these services.

The State then reviewed these rates for cost effectiveness and cost neutrality and has found that they support the goals of serving these individuals while still increasing community participation and decreasing administrative burden. A final daily rate was derived after State and actuarial analysis of actual expenditures for these individuals.

Intensive Support Coordination (ISC)

In order to more fully support individuals receiving Intensive Residential Supports – Behavioral and Medical DDRS has established an enhanced case management service, Intensive Support Coordination (ISC), for individuals receiving these services. In order to establish a rate for Intensive Support Coordination, DDRS reviewed the methodology utilized to establish rates for Wellness Coordination since many of the tasks of that service reflect those that the ISC will provide. DDRS then determined that increasing the current Case Management rate based on the Wellness rates would reflect an equitable rate for this service.

Transportation for Community Employment

This is a new Service Definition that will maintain the same rate structure as the existing transportation service.

SPECIFIC TO THE 1ST AMENDMENT OF THE 3RD RENEWAL CYCLE, IN.0378.R03.01:

EXTENDED SERVICES:

Indiana replaced Supported Employment Follow Along (SEFA) services with Extended Services. The rate for Extended Services is based on the pre-existing hourly rate for Supported Employment Follow Along

(SEFA) services within DDRS/BDDS and closely mirrors the recently announced rate for Supported Employment services available under the Rehabilitation Act of 1973 through the Vocational Rehabilitation Services program within DDRS' Bureau of Rehabilitation Services. SEFA under the current waiver will be replaced by Extended Services in the Renewal.

For the new service Extended Services, the Extended Services rate in question was built upon the same cost centers and cost factors that have been utilized by DDRS since 2007 in the development of the existing rate for SEFA.

This rate is based on a requirement that the provider meet certain minimal standards of accreditation and certification. In order to qualify to provide Extended Services a provider must be accredited through one (or more) of four national accrediting organizations. Providers must also meet the standards as a Community Rehabilitation Provider as outlined in Indiana Code which sets a higher standard of knowledge and competency than services with lower rates which are performed by non-certified providers.

RHS DAILY:

Over the past several months (2014), DDRS has been working with a group of residential waiver providers to develop a daily rate for residential habilitation and support services. The group focused on how to reduce the administrative burden of providing services on an hourly basis and thus enhance outcomes and community participation for individuals receiving this service. The conclusion of the group was that a residential habilitation service that utilized a daily rate would greatly benefit a specific subset of individuals who met certain criteria.

The group collaboratively presented a summary of the costs of residential services within the industry that included salaries, benefits and administrative expenses. The group then developed a service definition and rate methodology that would fully address improved outcomes and community integration.

The State then reviewed these rates for cost effectiveness and cost neutrality and has found that they support the goals of increasing community participation and decreasing administrative burden. A final daily rate was derived after State and actuarial analysis of actual expenditures for serving consumers at Algo levels 3, 4 and 5 on an hourly basis.

Ultimately, the RHS Daily rate is built upon the same cost centers and cost factors that were used to

build the existing RHS hourly rate.

b. Flow of Billings. Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Claims for waiver services flow directly from the providers to the Indiana Medicaid Management Information System and payments are made via Medicaid's contracted fiscal agent.

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: ICF/IID

Third Renewal (October 1, 2014 - September 30, 2019)							
Appendix J-1: Composite Overview and Demonstration of Cost Neutrality Formula							
Level of Care:		ICF/IID					
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8

Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	\$ 61,358.23	\$ 9,506.54	\$ 70,864.77	\$ 82,692.51	\$ 4,988.33	\$ 87,680.84	\$ 16,816.07
2	\$ 63,135.73	\$ 9,886.80	\$ 73,022.53	\$ 85,173.29	\$ 5,187.86	\$ 90,361.15	\$ 17,338.62
3	\$ 64,396.15	\$ 10,282.27	\$ 74,678.42	\$ 87,728.49	\$ 5,395.37	\$ 93,123.86	\$ 18,445.44
4	\$ 65,676.53	\$ 10,693.56	\$ 76,370.09	\$ 90,360.34	\$ 5,611.18	\$ 95,971.52	\$ 19,601.43
5	\$ 66,990.11	\$ 11,121.30	\$ 78,111.41	\$ 93,071.15	\$ 5,835.63	\$ 98,906.78	\$ 20,795.37

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Indiana Office of Medicaid Policy and Planning (OMPP) Division of Disability and Rehabilitative Services (DDRS)		
Third Renewal (October 1, 2014 - September 30, 2019)		
Appendix J-2-a: Unduplicated Recipients		
Waiver Year	Total Unduplicated Number of Participants (From Item B-3-a)	Distribution of Unduplicate d Participants by Level of Care (if applicable)

Year 1	9,244	9244	
Year 2	9,901	9901	
Year 3	10,499	10499	
Year 4	11,124	11124	
Year 5	11,776	11776	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.



The amendment does not reflect any changes in average length of stay.

Projected average length of stay has been updated for the third renewal to reflect actual experience during WY 5 and updated new entrant projections.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

- c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Base Year data was from Waiver Year 1 of the third renewal: October 1, 2014 - September 30, 2015.

Factor D for Waiver Year 3 of the third renewal was projected from WY 1 data in the following manner:

- Unduplicated users were projected to increase proportionately with total slots.
- Average units per user were adjusted based on average length of stay.
- Average cost per unit is based on WY 1 of the third renewal.
 - o For WY 2, average cost per unit was increased by 2% per year for services that were not impacted by rate restoration. For impacted services, please see the rate restoration section immediately below.
 - o For WY 3, average cost per unit was increased by 2% per year for services that were not impacted by the implementation of the IRS and ERL daily rates, please see the IRS/ERL implementation section
 - o For WY 4 through WY 5, average cost per unit was increased by 2% per year.

Rate Restoration: The following services were amended for approved rate increases (rate restoration).

Rate restoration provides for a 2.5% increase to be effective July 1, 2015 and a second increase to be effective July 1, 2016 for a total impact of 5.0% from the June 30, 2015 rates: This will restore rates to approximately their 2010 levels.

- Residential Habilitation
- Respite Care
- Individual Community Habilitation
- Individual Facility Habilitation

IRS/ERL Implementation: The following services are being implemented with October 1, 2016 effective date:

- o IRS provides a higher daily rate for high needs individuals:
 - Algo 4 or higher, and require living alone or additional supports
 - Must apply and be approved by a team of clinicians
 - Medical IRS (\$250/day) includes the following services: RHS, transportation, and wellness
 - Behavioral IRS (\$350/day) includes RHS, transportation, wellness, and behavioral services.
 - All IRS recipients will also receive intense service coordination (outside the bundle) at a cost of \$214.00 per month instead of \$131.25

- o ERL provides a rate based on Algo and number of housemates:
 - Proposed rate chart is in Appendix 1
 - Includes individuals living with housemates in a shared staffing model (excludes those living alone, with family, or in adult foster care)
 - Any Algo level
 - The daily rate includes RHS and electronic monitoring (does not include transportation or wellness) and the rates are detailed in
- o Hold harmless: under the IRS/ERL implementation, some budgets will go up and others will go down. To protect those who go down, DDRS intends to limit budget reduction to 20% of prior year expenditures: This is not reflected in Appendix J projections.

- Other Service Changes: The following services are being introduced or modified with October 1, 2016 effective date:
 - o Participant Assistance and Care – introduced as an alternative to RHS10 or RHS20 service.
 - Rate assumed to be the same as for the FSW users at \$23.24
 - PAC utilization is assumed to replace RHS utilization hour for hour
 - o Transportation Split – each of the following services will have a three tier rate structure in place:
 - Non-Medical Transportation
 - Transportation for Community Employment/Volunteerism

o Remote Support Technology – replaces Electronic Monitoring and Personal Emergency Response System services maintaining three separate rates for hourly services, installation and maintenance.

ii. Factor D' Derivation. The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Base Year data was updated to Waiver Year 1 of the third renewal: October 1, 2014 - September 30, 2015. Base year data was trended at 4.0% per year.

Estimates of Factor D' for each waiver year are illustrated in the cost neutrality summary in Table 1.

iii. Factor G Derivation. The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Base Year data was updated to Waiver Year 1 of the third renewal: October 1, 2014 - September 30, 2015.

Over the last twenty years, Indiana has closed its State ICF/ID facilities. As of SFY 1997, there were approximately 1,200 residents of State Facilities. To accommodate displaced residents of State Facilities, Indiana opened small group homes with special support: Extensive Support Needs (ESN) group homes and Medically Fragile group homes (MFGH). Combined, these homes serve approximately 160 residents. The remainder of displaced State Facility residents are being served in the community, primarily on the CIHW.

To recognize the large number of waiver participants with intense needs, the CIHW population was divided into two groups: those who had transitioned from State Facilities (Transitions) and those who were diverted from entering an ICF/ID facility through access to waiver services (Diversions).

Factor G for the Transition group was developed by trending the historical Factor G from the closed State Facility from which each participant had transitioned. Each Factor G was selected from a base time period that reflected the cost of care when the facility was at full capacity (i.e. prior to the impact of downsizing and closing the facility). Each Factor G was trended by 3% per year through the period of the second renewal and the first year of the third renewal.

Factor G for the Diversion group was developed from incurred experience during the base period. For this purpose, experience was limited to ICF/ID expenditures excluding residents of State Facilities, ESN homes, and MFGH facilities. This is intended to represent the cost of care for less complex ICF/ID residents.

The composite Factor G was developed as a weighted average (by base year waiver enrollment) of Factor G costs for the Transition Group (9.1%) and the Diversion Group (90.9%).

The composite Factor G from WY 1 was inflated forward by 3.75% to WY 2, and then at 3.0% per year for subsequent years. Inflation to WY 2 was lower to reflect a 1% rate increase that was implemented for only one quarter of the base year.

Estimates of Factor G for each waiver year are illustrated in the cost neutrality summary in Table 1.

iv. Factor G' Derivation. The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Base Year data was updated to Waiver Year 1 of the third renewal: October 1, 2014 - September 30, 2015. Base year data was trended at 4.0% per year. It remains consistent with the annual trend used for Factor D`.

Estimates of Factor G' for each waiver year are illustrated in the cost neutrality summary in Table 1.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services	
Adult Day Services	<u>manage components</u>
Case Management	<u>manage components</u>
Prevocational Services	<u>manage components</u>
Rent and Food for Unrelated Live-in Caregiver	<u>manage components</u>
Residential Habilitation and Support (Hourly)	<u>manage components</u>
Respite	<u>manage components</u>
Supported Employment Follow Along	<u>manage components</u>
Occupational Therapy	<u>manage components</u>
Physical Therapy	<u>manage components</u>

Waiver Services	
Psychological Therapy	<u>manage components</u>
Speech /Language Therapy	<u>manage components</u>
Adult Family Living (AFL)	<u>manage components</u>
Behavioral Support Services	<u>manage components</u>
Community Based Habilitation - Group	<u>manage components</u>
Community Based Habilitation - Individual	<u>manage components</u>
Community Transition	<u>manage components</u>
Electronic Monitoring	<u>manage components</u>
Enhanced Residential Living	<u>manage components</u>
Environmental Modifications	<u>manage components</u>
Extended Services	<u>manage components</u>
Facility Based Habilitation - Group	<u>manage components</u>
Facility Based Habilitation - Individual	<u>manage components</u>
Facility Based Support Services	<u>manage components</u>
Family and Caregiver Training	<u>manage</u>

Waiver Services	
	<u>components</u>
Intensive Behavioral Intervention	<u>manage components</u>
Intensive Residential Supports-Behavioral (IRS-B)	<u>manage components</u>
Intensive Residential Supports-Medical (IRS-M)	<u>manage components</u>
Intensive Support Coordination	<u>manage components</u>
Music Therapy	<u>manage components</u>
Non-Medical Transportation (previously known as "Transportation")	<u>manage components</u>
Participant Assistance and Care (PAC)	<u>manage components</u>
Personal Emergency Response System	<u>manage components</u>
Recreational Therapy	<u>manage components</u>
Remote Support Technology	<u>manage components</u>
Residential Habilitation and Support - Daily (RHS Daily)	<u>manage components</u>
Specialized Medical Equipment and Supplies	<u>manage components</u>
Structured Family Caregiving (previously known as Adult Foster Care)	<u>manage components</u>
Transportation for Community Employment/Volunteerism	<u>manage components</u>

Waiver Services	
Wellness Coordination	<u>manage components</u>
Workplace Assistance	<u>manage components</u>

Community Integration and Habilitation Waiver

**State of Indiana Family and Social Services Administration (FSSA)
Indiana Office of Medicaid Policy and Planning (OMPP)
Division of Disability and Rehabilitative Services (DDRS)**

Third Renewal (October 1, 2014 - September 30, 2019)

Appendix J-2-d: Estimate of Factor D - Non-Concurrent Waiver

Waiver Year: Year 1					
	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
Waiver Service	Unit	#Users	Avg Units Per User	Avg. Cost/Unit	Total Cost
Adult Day Service - half day - Level 1	half day	60	195	\$ 21.93	\$ 256,581.00
Adult Day Service - half day - Level 2	half day	43	163	\$ 28.69	\$ 201,088.21
Adult Day Service - half day - Level 3	half day	115	187	\$ 34.27	\$ 736,976.35
Adult Day Service - 1/4 hour - Level 1	1/4 hour	60	1,033	\$ 1.38	\$ 85,532.40
Adult Day Service - 1/4 hour - Level 2	1/4 hour	43	840	\$ 1.86	\$ 67,183.20
Adult Day Service - 1/4 hour - Level 3	1/4 hour	115	997	\$ 2.14	\$ 245,361.70
Case Management	Month	9,239	11	\$ 124.99	\$ 12,702,608.71
Prevocational Services - Small Group	hour	1,491	64	\$ 8.29	\$ 791,064.96
Prevocational Services - Medium Group	hour	2,502	754	\$ 4.62	\$ 8,715,666.96
Prevocational Services - Large Group	hour	1,748	216	\$ 2.98	\$ 1,125,152.64
Rent and Food for Unrelated Live-in Caregiver	month	1	12	\$ 545.00	\$ 6,540.00
Level 1 Residential Habilitation and Support - 35 hours or less/week	hour	1,848	658	\$ 23.31	\$ 28,344,587.04
Level 2 Residential Habilitation and Support - more than 35 hours/week	hour	7,138	2,291	\$ 19.75	\$ 322,974,870.50
RHS Daily - Algo 3, 2 person	day	411	84	\$ 155.30	\$ 5,361,577.20
RHS Daily - Algo 3, 3 person	day	702	84	\$ 155.30	\$ 9,157,730.40
RHS Daily - Algo 3, 4 person	day	315	84	\$ 145.34	\$ 3,845,696.40
RHS Daily - Algo 4, 2 person	day	731	84	\$ 219.01	\$ 13,448,090.04

RHS Daily - Algo 4, 3 person	day	1,111	84	\$ 201.09	\$ 18,766,523.16
RHS Daily - Algo 4, 4 person	day	475	84	\$ 187.15	\$ 7,467,285.00
RHS Daily - Algo 5, 2 person	day	385	84	\$ 238.92	\$ 7,726,672.80
RHS Daily - Algo 5, 3 person	day	514	84	\$ 219.01	\$ 9,455,975.76
RHS Daily - Algo 5, 4 person	day	203	84	\$ 199.10	\$ 3,395,053.20
Respite Nursing Care (RN)	1/4 hour	19	1,313	\$ 7.19	\$ 179,368.93
Respite Nursing Care (LPN)	1/4 hour	15	2,163	\$ 5.49	\$ 178,123.05
Respite	hour	1,326	265	\$ 23.44	\$ 8,236,581.60
Supported Employment Follow Along - Tier 1	month	365	6	\$ 175.68	\$ 384,739.20
Supported Employment Follow Along - Tier 2	month	137	6	\$ 351.48	\$ 288,916.56
Supported Employment Follow Along - Tier 3	month	22	5	\$ 527.85	\$ 58,063.50
Supported Employment Follow Along - Tier 4	hour	54	44	\$ 35.05	\$ 83,278.80
Extended Services	hour	477	16	\$ 35.19	\$ 268,570.08
Occupational Therapy	1/4 hour	2	102	\$ 17.99	\$ 3,669.96
Physical Therapy	1/4 hour	1	1	\$ 18.12	\$ 18.12
Psychological Therapy - Family	1/4 hour	1	1	\$ 17.27	\$ 17.27
Psychological Therapy - Individual	1/4 hour	32	2	\$ 8.41	\$ 538.24
Psychological Therapy - Group	1/4 hour	24	2	\$ 3.03	\$ 145.44
Speech/Language Therapy	1/4 hour	19	221	\$ 18.10	\$ 76,001.90
Behavior Support Services - Level 1	1/4 hour	5,168	9	\$ 17.86	\$ 830,704.32
Behavior Support Services - Level 2	1/4 hour	6,149	287	\$ 17.68	\$ 31,201,009.84
Community Based Habilitation - Small Group	hour	1,862	153	\$ 8.19	\$ 2,333,216.34

Community Based Habilitation - Medium Group	hour	328	35	\$ 4.61	\$ 52,922.80
Community Based Habilitation - Individual	hour	5,364	198	\$ 22.14	\$ 23,514,274.08
Community Transition	unit	335	1	\$ 906.34	\$ 303,623.90
Electronic Monitoring	hour	113	1,499	\$ 8.37	\$ 1,417,769.19
Environmental Modifications - Install	unit	60	1	\$ 5,043.43	\$ 302,605.80
Environmental Modifications - Equipment/Assessment/Inspection	unit	1	1	\$ 17.99	\$ 17.99
Environmental Modifications - Maintain	unit	9	1	\$ 410.45	\$ 3,694.05
Facility Based Habilitation - Small Group	hour	3,149	360	\$ 8.33	\$ 9,443,221.20
Facility Based Habilitation - Medium Group	hour	2,245	446	\$ 4.66	\$ 4,665,918.20
Facility Based Habilitation - Large Group	hour	593	32	\$ 3.00	\$ 56,928.00
Facility Based Habilitation - Individual	hour	1,268	126	\$ 22.38	\$ 3,575,607.84
Facility Based Support Services	hour	14	586	\$ 1.83	\$ 15,013.32
Family and Caregiver Training	unit	9	1	\$ 466.00	\$ 4,194.00
Intensive Behavior Intervention - Level 1	hour	1	1	\$ 104.60	\$ 104.60
Intensive Behavior Intervention - Level 2 direct care staff	hour	1	1	\$ 25.00	\$ 25.00
Music Therapy	1/4 hour	1,327	184	\$ 10.75	\$ 2,624,806.00
Personal Emergency Response System - Install	unit	13	1	\$ 50.37	\$ 654.81
Personal Emergency Response System - Maintain	unit	202	10	\$ 41.75	\$ 84,335.00
Recreational Therapy	1/4 hour	469	281	\$ 10.76	\$ 1,418,049.64
Specialized Medical Equipment and Supplies	unit	26	1	\$ 2,461.25	\$ 63,992.50
Level 1 Structured Family Caregiving	day	36	248	\$ 51.87	\$ 463,095.36
Level 2 Structured Family Caregiving	day	93	318	\$ 75.65	\$ 2,237,273.10

Level 3 Structured Family Caregiving	day	148	290	\$ 102.82	\$ 4,413,034.40
Level 1 Transportation	trip	4,970	274	\$ 4.98	\$ 6,781,664.40
Level 2 Transportation	trip	662	164	\$ 18.92	\$ 2,054,106.56
Level 3 Transportation	trip	1	177	\$ 40.00	\$ 7,080.00
Wellness Coordination Tier 1	Month	959	11	\$ 49.03	\$ 517,217.47
Wellness Coordination Tier 2	Month	2,878	11	\$ 107.87	\$ 3,414,948.46
Wellness Coordination Tier 3	Month	334	11	\$ 191.92	\$ 705,114.08
Workplace Assistance	hour	11	185	\$ 26.25	\$ 53,418.75
GRAND TOTAL:					\$ 567,195,491.28
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					9,244
FACTOR D (Divide grand total by number of participants)					\$ 61,358.23
AVERAGE LENGTH OF STAY ON WAIVER					343

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. **Estimate of Factor D.**

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Community Integration and Habilitation Waiver					
State of Indiana Family and Social Services Administration (FSSA)					
Indiana Office of Medicaid Policy and Planning (OMPP)					
Division of Disability and Rehabilitative Services (DDRS)					
Third Renewal (October 1, 2014 - September 30, 2019)					
Appendix J-2-d: Estimate of Factor D - Non-Concurrent Waiver					
Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	#Users	Avg Units Per User	Avg. Cost/Unit	Total Cost
Adult Day Service - half day - Level 1	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 2	half day	-	-	\$ -	\$ -

			-	-	-
Adult Day Service - half day - Level 3	half day	-	-	\$	\$
Adult Day Service - 1/4 hour - Level 1	1/4 hour	64	4,168	\$ 1.41	\$ 376,120.32
Adult Day Service - 1/4 hour - Level 2	1/4 hour	46	3,391	\$ 1.90	\$ 296,373.40
Adult Day Service - 1/4 hour - Level 3	1/4 hour	123	4,022	\$ 2.18	\$ 1,078,459.08
Case Management	Month	9,895	11	\$ 127.49	\$ 13,876,649.05
Prevocational Services - Small Group	hour	1,597	65	\$ 8.46	\$ 878,190.30
Prevocational Services - Medium Group	hour	2,680	761	\$ 4.71	\$ 9,605,950.80
Prevocational Services - Large Group	hour	1,872	218	\$ 3.04	\$ 1,240,611.84
Rent and Food for Unrelated Live-in Caregiver	month	1	12	\$ 555.90	\$ 6,670.80
Level 1 Residential Habilitation and Support - 35 hours or less/week	hour	1,827	681	\$ 23.89	\$ 29,723,627.43
Level 2 Residential Habilitation and Support - more than 35 hours/week	hour	2,417	2,135	\$ 20.24	\$ 104,444,370.80
RHS Daily - Algo 3, 2 person	day	440	340	\$ 158.40	\$ 23,696,640.00
RHS Daily - Algo 3, 3 person	day	752	340	\$ 158.40	\$ 40,499,712.00
RHS Daily - Algo 3, 4 person	day	338	340	\$ 148.25	\$ 17,036,890.00
RHS Daily - Algo 4, 2 person	day	783	340	\$ 223.39	\$ 59,470,885.80
RHS Daily - Algo 4, 3 person	day	1,189	340	\$ 205.11	\$ 82,917,768.60
RHS Daily - Algo 4, 4 person	day	509	340	\$ 190.90	\$ 33,037,154.00
RHS Daily - Algo 5, 2 person	day	413	340	\$ 243.70	\$ 34,220,354.00
RHS Daily - Algo 5, 3 person	day	551	340	\$ 223.39	\$ 41,849,882.60
RHS Daily - Algo 5, 4 person	day	218	340	\$ 203.08	\$ 15,052,289.60
Respite Nursing Care (RN)	1/4 hour	21	1,324	\$ 7.33	\$ 203,803.32
Respite Nursing Care (LPN)	1/4 hour			\$	\$

		16	2,182	5.60	195,507.20
Respite	hour	1,420	267	\$ 24.02	\$ 9,106,942.80
Supported Employment Follow Along - Tier 1	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 2	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 3	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 4	hour	-	-	\$ -	\$ -
Extended Services	hour	511	66	\$ 35.89	\$ 1,210,426.14
Occupational Therapy	1/4 hour	2	103	\$ 18.35	\$ 3,780.10
Physical Therapy	1/4 hour	1	1	\$ 18.48	\$ 18.48
Psychological Therapy - Family	1/4 hour	1	1	\$ 17.62	\$ 17.62
Psychological Therapy - Individual	1/4 hour	35	2	\$ 8.58	\$ 600.60
Psychological Therapy - Group	1/4 hour	25	2	\$ 3.09	\$ 154.50
Speech/Language Therapy	1/4 hour	21	223	\$ 18.46	\$ 86,448.18
Behavior Support Services - Level 1	1/4 hour	5,535	9	\$ 18.22	\$ 907,629.30
Behavior Support Services - Level 2	1/4 hour	6,586	290	\$ 18.03	\$ 34,436,218.20
Community Based Habilitation - Small Group	hour	1,995	154	\$ 8.35	\$ 2,565,370.50
Community Based Habilitation - Medium Group	hour	351	36	\$ 4.70	\$ 59,389.20
Community Based Habilitation - Individual	hour	5,745	143	\$ 22.70	\$ 18,648,844.50
Community Transition	unit	359	1	\$ 924.47	\$ 331,884.73
Electronic Monitoring	hour	44	1,956	\$ 8.54	\$ 734,986.56
Environmental Modifications - Install	unit	64	1	\$ 5,144.30	\$ 329,235.20
Environmental Modifications - Equipment/Assessment/Inspection	unit	1	1	\$ 18.35	\$ 18.35
Environmental Modifications - Maintain	unit			\$	\$

		9	1	418.66	3,767.94
Facility Based Habilitation - Small Group	hour	3,373	364	\$ 8.50	\$ 10,436,062.00
Facility Based Habilitation - Medium Group	hour	2,405	450	\$ 4.75	\$ 5,140,687.50
Facility Based Habilitation - Large Group	hour	635	32	\$ 3.06	\$ 62,179.20
Facility Based Habilitation - Individual	hour	1,358	128	\$ 22.93	\$ 3,985,784.32
Facility Based Support Services	hour	15	591	\$ 1.87	\$ 16,577.55
Family and Caregiver Training	unit	9	1	\$ 475.32	\$ 4,277.88
Intensive Behavior Intervention - Level 1	hour	1	1	\$ 106.69	\$ 106.69
Intensive Behavior Intervention - Level 2 direct care staff	hour	1	1	\$ 25.50	\$ 25.50
Music Therapy	1/4 hour	1,421	185	\$ 10.97	\$ 2,883,848.45
Personal Emergency Response System - Install	unit	14	1	\$ 51.38	\$ 719.32
Personal Emergency Response System - Maintain	unit	217	10	\$ 42.59	\$ 92,420.30
Recreational Therapy	1/4 hour	502	283	\$ 10.98	\$ 1,559,884.68
Specialized Medical Equipment and Supplies	unit	28	1	\$ 2,510.48	\$ 70,293.44
Level 1 Structured Family Caregiving	day	38	251	\$ 52.91	\$ 504,655.58
Level 2 Structured Family Caregiving	day	100	321	\$ 77.16	\$ 2,476,836.00
Level 3 Structured Family Caregiving	day	159	292	\$ 104.88	\$ 4,869,368.64
Level 1 Transportation	trip	5,323	276	\$ 5.08	\$ 7,463,271.84
Level 2 Transportation	trip	709	166	\$ 19.30	\$ 2,271,494.20
Level 3 Transportation	trip	1	179	\$ 40.80	\$ 7,303.20
Wellness Coordination Tier 1	Month	1,027	11	\$ 50.01	\$ 564,962.97
Wellness Coordination Tier 2	Month	3,083	11	\$ 110.03	\$ 3,731,447.39
Wellness Coordination Tier 3	Month			\$	\$

		358	11	195.76	770,902.88
Workplace Assistance	hour	12	187	\$ 26.78	\$ 60,094.32
GRAND TOTAL:					\$ 625,106,847.69
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					9,901
FACTOR D (Divide grand total by number of participants)					\$ 63,135.73
AVERAGE LENGTH OF STAY ON WAIVER					346

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Community Integration and Habilitation Waiver State of Indiana Family and Social Services Administration (FSSA) Indiana Office of Medicaid Policy and Planning (OMPP) Division of Disability and Rehabilitative Services (DDRS) Third Renewal (October 1, 2014 - September 30, 2019) Appendix J-2-d: Estimate of Factor D - Non-Concurrent Waiver					
Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5

	Unit	#Users	Avg Units Per User	Avg. Cost/Unit	Total Cost
Adult Day Service - half day - Level 1	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 2	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 3	half day	-	-	\$ -	\$ -
Adult Day Service - 1/4 hour - Level 1	1/4 hour	68	4,168	\$ 1.44	\$ 408,130.56
Adult Day Service - 1/4 hour - Level 2	1/4 hour	49	3,391	\$ 1.94	\$ 322,348.46
Adult Day Service - 1/4 hour - Level 3	1/4 hour	130	4,022	\$ 2.23	\$ 1,165,977.80
Case Management	Month	10,493	11	\$ 130.04	\$ 15,009,606.92
Prevocational Services - Small Group	hour	1,694	65	\$ 8.62	\$ 949,148.20
Prevocational Services - Medium Group	hour	2,841	761	\$ 4.81	\$ 10,399,224.81
Prevocational Services - Large Group	hour	1,985	218	\$ 3.10	\$ 1,341,463.00
Rent and Food for Unrelated Live-in Caregiver	month	1	12	\$ 567.02	\$ 6,804.24
Level 1 Residential Habilitation and Support - 35 hours or less/week	hour	1,937	681	\$ 24.37	\$ 32,146,393.89
Level 2 Residential Habilitation and Support - more than 35 hours/week	hour	2,563	2,135	\$ 20.65	\$ 112,996,903.25
RHS Daily - Algo 3, 2 person	day	467	340	\$ 161.57	\$ 25,654,084.60
RHS Daily - Algo 3, 3 person	day	797	340	\$ 161.57	\$ 43,782,238.60
RHS Daily - Algo 3, 4 person	day	358	340	\$ 151.21	\$ 18,405,281.20
RHS Daily - Algo 4, 2 person	day	830	340	\$ 227.86	\$ 64,302,092.00
RHS Daily - Algo 4, 3 person	day	1,261	340	\$ 209.22	\$ 89,700,982.80
RHS Daily - Algo 4, 4 person	day	540	340	\$ 194.72	\$ 35,750,592.00
RHS Daily - Algo 5, 2 person	day	438	340	\$ 248.57	\$ 37,017,044.40
RHS Daily - Algo 5, 3 person	day	584	340	\$ 227.86	\$ 45,243,881.60

RHS Daily - Algo 5, 4 person	day	231	340	\$ 207.14	\$ 16,268,775.60
Respite Nursing Care (RN)	1/4 hour	22	1,324	\$ 7.48	\$ 217,877.44
Respite Nursing Care (LPN)	1/4 hour	17	2,182	\$ 5.71	\$ 211,806.74
Respite	hour	1,505	267	\$ 24.50	\$ 9,844,957.50
Supported Employment Follow Along - Tier 1	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 2	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 3	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 4	hour	-	-	\$ -	\$ -
Extended Services	hour	542	66	\$ 36.61	\$ 1,309,612.92
Occupational Therapy	1/4 hour	2	103	\$ 18.72	\$ 3,856.32
Physical Therapy	1/4 hour	1	1	\$ 18.85	\$ 18.85
Psychological Therapy - Family	1/4 hour	1	1	\$ 17.97	\$ 17.97
Psychological Therapy - Individual	1/4 hour	37	2	\$ 8.75	\$ 647.50
Psychological Therapy - Group	1/4 hour	27	2	\$ 3.15	\$ 170.10
Speech/Language Therapy	1/4 hour	22	223	\$ 18.83	\$ 92,379.98
Behavior Support Services - Level 1	1/4 hour	5,870	9	\$ 18.58	\$ 981,581.40
Behavior Support Services - Level 2	1/4 hour	6,984	290	\$ 18.39	\$ 37,246,370.40
Community Based Habilitation - Small Group	hour	2,115	154	\$ 8.52	\$ 2,775,049.20
Community Based Habilitation - Medium Group	hour	372	36	\$ 4.80	\$ 64,281.60
Community Based Habilitation - Individual	hour	6,092	143	\$ 23.15	\$ 20,167,261.40
Community Transition	unit	381	1	\$ 942.96	\$ 359,267.76
Electronic Monitoring	hour	47	1,956	\$ 8.71	\$ 800,727.72

Environmental Modifications - Install	unit	68	1	\$ 5,247.18	\$ 356,808.24
Environmental Modifications - Equipment/Assessment/Inspection	unit	1	1	\$ 18.72	\$ 18.72
Environmental Modifications - Maintain	unit	10	1	\$ 427.03	\$ 4,270.30
Facility Based Habilitation - Small Group	hour	3,576	364	\$ 8.67	\$ 11,285,426.88
Facility Based Habilitation - Medium Group	hour	2,550	450	\$ 4.85	\$ 5,565,375.00
Facility Based Habilitation - Large Group	hour	673	32	\$ 3.12	\$ 67,192.32
Facility Based Habilitation - Individual	hour	1,440	128	\$ 23.39	\$ 4,311,244.80
Facility Based Support Services	hour	16	591	\$ 1.90	\$ 17,966.40
Family and Caregiver Training	unit	10	1	\$ 484.83	\$ 4,848.30
Intensive Behavior Intervention - Level 1	hour	1	1	\$ 108.83	\$ 108.83
Intensive Behavior Intervention - Level 2 direct care staff	hour	1	1	\$ 26.01	\$ 26.01
Music Therapy	1/4 hour	1,507	185	\$ 11.18	\$ 3,116,928.10
Personal Emergency Response System - Install	unit	15	1	\$ 52.40	\$ 786.00
Personal Emergency Response System - Maintain	unit	230	10	\$ 43.44	\$ 99,912.00
Recreational Therapy	1/4 hour	532	283	\$ 11.19	\$ 1,684,721.64
Specialized Medical Equipment and Supplies	unit	29	1	\$ 2,560.68	\$ 74,259.72
Level 1 Structured Family Caregiving	day	41	251	\$ 53.97	\$ 555,405.27
Level 2 Structured Family Caregiving	day	106	321	\$ 78.71	\$ 2,678,186.46
Level 3 Structured Family Caregiving	day	168	292	\$ 106.97	\$ 5,247,520.32
Level 1 Transportation	trip	5,645	276	\$ 5.18	\$ 8,070,543.60
Level 2 Transportation	trip	752	166	\$ 19.68	\$ 2,456,693.76
Level 3 Transportation	trip	1	179	\$ 41.62	\$ 7,449.98

Wellness Coordination Tier 1	Month	1,089	11	\$ 51.01	\$ 611,048.79
Wellness Coordination Tier 2	Month	3,269	11	\$ 112.23	\$ 4,035,678.57
Wellness Coordination Tier 3	Month	380	11	\$ 199.67	\$ 834,620.60
Workplace Assistance	hour	12	187	\$ 27.31	\$ 61,283.64
GRAND TOTAL:					\$ 676,095,182.98
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					10,499
FACTOR D (Divide grand total by number of participants)					\$ 64,396.15
AVERAGE LENGTH OF STAY ON WAIVER					346

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Community Integration and Habilitation Waiver

State of Indiana Family and Social Services Administration (FSSA)
Indiana Office of Medicaid Policy and Planning (OMPP)
Division of Disability and Rehabilitative Services (DDRS)

Third Renewal (October 1, 2014 - September 30, 2019)

Appendix J-2-d: Estimate of Factor D - Non-Concurrent Waiver

Waiver Year: Year 4					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	#Users	Avg Units Per User	Avg. Cost/Unit	Total Cost
Adult Day Service - half day - Level 1	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 2	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 3	half day	-	-	\$ -	\$ -
Adult Day Service - 1/4 hour - Level 1	1/4 hour	72	4,168	\$ 1.46	\$ 438,140.16
Adult Day Service - 1/4 hour - Level 2	1/4 hour	52	3,391	\$ 1.97	\$ 347,374.04
Adult Day Service - 1/4 hour - Level 3	1/4 hour	138	4,022	\$ 2.27	\$ 1,259,931.72
Case Management	Month	11,117	11	\$ 132.64	\$ 16,220,147.68
Prevocational Services - Small Group	hour	1,794	65	\$ 8.80	\$ 1,026,168.00
Prevocational Services - Medium Group	hour	3,010	761	\$ 4.90	\$ 11,223,989.00
Prevocational Services - Large Group	hour	2,103	218	\$ 3.16	\$ 1,448,714.64
Rent and Food for Unrelated Live-in Caregiver	month	1	12	\$ 578.36	\$ 6,940.32
Level 1 Residential Habilitation and Support - 35 hours or less/week	hour	2,053	681	\$ 24.85	\$ 34,742,611.05
Level 2 Residential Habilitation and Support - more than 35 hours/week	hour	2,715	2,135	\$ 21.06	\$ 122,074,816.50
RHS Daily - Algo 3, 2 person	day	494	340	\$ 164.80	\$ 27,679,808.00
RHS Daily - Algo 3, 3 person	day	845	340	\$ 164.80	\$ 47,347,040.00
RHS Daily - Algo 3, 4 person	day	380	340	\$ 154.24	\$ 19,927,808.00
RHS Daily - Algo 4, 2 person	day	879	340	\$ 232.42	\$ 69,461,041.20
RHS Daily - Algo 4, 3 person	day			\$	\$

		1,336	340	213.40	96,934,816.00
RHS Daily - Algo 4, 4 person	day	572	340	\$ 198.61	\$ 38,625,672.80
RHS Daily - Algo 5, 2 person	day	464	340	\$ 253.54	\$ 39,998,470.40
RHS Daily - Algo 5, 3 person	day	619	340	\$ 232.42	\$ 48,915,113.20
RHS Daily - Algo 5, 4 person	day	245	340	\$ 211.29	\$ 17,600,457.00
Respite Nursing Care (RN)	1/4 hour	23	1,324	\$ 7.63	\$ 232,348.76
Respite Nursing Care (LPN)	1/4 hour	18	2,182	\$ 5.83	\$ 228,979.08
Respite	hour	1,595	267	\$ 24.99	\$ 10,642,366.35
Supported Employment Follow Along - Tier 1	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 2	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 3	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 4	hour	-	-	\$ -	\$ -
Extended Services	hour	574	66	\$ 37.34	\$ 1,414,588.56
Occupational Therapy	1/4 hour	3	103	\$ 19.09	\$ 5,898.81
Physical Therapy	1/4 hour	1	1	\$ 19.23	\$ 19.23
Psychological Therapy - Family	1/4 hour	1	1	\$ 18.33	\$ 18.33
Psychological Therapy - Individual	1/4 hour	39	2	\$ 8.92	\$ 695.76
Psychological Therapy - Group	1/4 hour	29	2	\$ 3.22	\$ 186.76
Speech/Language Therapy	1/4 hour	23	223	\$ 19.21	\$ 98,528.09
Behavior Support Services - Level 1	1/4 hour	6,219	9	\$ 18.95	\$ 1,060,650.45
Behavior Support Services - Level 2	1/4 hour	7,400	290	\$ 18.76	\$ 40,258,960.00
Community Based Habilitation - Small Group	hour	2,241	154	\$ 8.69	\$ 2,999,040.66
Community Based Habilitation - Medium Group	hour			\$	\$

		395	36	4.89	69,535.80
Community Based Habilitation - Individual	hour	6,455	143	\$ 23.61	\$ 21,793,564.65
Community Transition	unit	404	1	\$ 961.82	\$ 388,575.28
Electronic Monitoring	hour	49	1,956	\$ 8.88	\$ 851,094.72
Environmental Modifications - Install	unit	72	1	\$ 5,352.13	\$ 385,353.36
Environmental Modifications - Equipment/Assessment/Inspection	unit	1	1	\$ 19.09	\$ 19.09
Environmental Modifications - Maintain	unit	10	1	\$ 435.57	\$ 4,355.70
Facility Based Habilitation - Small Group	hour	3,789	364	\$ 8.84	\$ 12,192,092.64
Facility Based Habilitation - Medium Group	hour	2,702	450	\$ 4.95	\$ 6,018,705.00
Facility Based Habilitation - Large Group	hour	714	32	\$ 3.18	\$ 72,656.64
Facility Based Habilitation - Individual	hour	1,526	128	\$ 23.86	\$ 4,660,526.08
Facility Based Support Services	hour	17	591	\$ 1.94	\$ 19,491.18
Family and Caregiver Training	unit	10	1	\$ 494.52	\$ 4,945.20
Intensive Behavior Intervention - Level 1	hour	1	1	\$ 111.00	\$ 111.00
Intensive Behavior Intervention - Level 2 direct care staff	hour	1	1	\$ 26.53	\$ 26.53
Music Therapy	1/4 hour	1,596	185	\$ 11.41	\$ 3,368,916.60
Personal Emergency Response System - Install	unit	16	1	\$ 53.45	\$ 855.20
Personal Emergency Response System - Maintain	unit	243	10	\$ 44.31	\$ 107,673.30
Recreational Therapy	1/4 hour	564	283	\$ 11.42	\$ 1,822,769.04
Specialized Medical Equipment and Supplies	unit	31	1	\$ 2,611.90	\$ 80,968.90
Level 1 Structured Family Caregiving	day	43	251	\$ 55.04	\$ 594,046.72
Level 2 Structured Family Caregiving	day	112	321	\$ 80.28	\$ 2,886,226.56
Level 3 Structured Family Caregiving	day			\$	\$

		178	292	109.11	5,671,101.36
Level 1 Transportation	trip	5,981	276	\$ 5.28	\$ 8,715,991.68
Level 2 Transportation	trip	797	166	\$ 20.08	\$ 2,656,624.16
Level 3 Transportation	trip	1	179	\$ 42.45	\$ 7,598.55
Wellness Coordination Tier 1	Month	1,154	11	\$ 52.03	\$ 660,468.82
Wellness Coordination Tier 2	Month	3,464	11	\$ 114.47	\$ 4,361,764.88
Wellness Coordination Tier 3	Month	402	11	\$ 203.67	\$ 900,628.74
Workplace Assistance	hour	13	187	\$ 27.86	\$ 67,727.66
GRAND TOTAL:					\$ 730,585,755.59
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					11,124
FACTOR D (Divide grand total by number of participants)					\$ 65,676.53
AVERAGE LENGTH OF STAY ON WAIVER					346

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Community Integration and Habilitation Waiver

State of Indiana Family and Social Services Administration (FSSA)
Indiana Office of Medicaid Policy and Planning (OMPP)
Division of Disability and Rehabilitative Services (DDRS)

Third Renewal (October 1, 2014 - September 30, 2019)

Appendix J-2-d: Estimate of Factor D - Non-Concurrent Waiver

Waiver Year: Year 5					
	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
Waiver Service	Unit	#Users	Avg Units Per User	Avg. Cost/Unit	Total Cost
Adult Day Service - half day - Level 1	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 2	half day	-	-	\$ -	\$ -
Adult Day Service - half day - Level 3	half day	-	-	\$ -	\$ -
Adult Day Service - 1/4 hour - Level 1	1/4 hour	76	4,168	\$ 1.49	\$ 471,984.32
Adult Day Service - 1/4 hour - Level 2	1/4 hour	55	3,391	\$ 2.01	\$ 374,875.05
Adult Day Service - 1/4 hour - Level 3	1/4 hour	146	4,022	\$ 2.32	\$ 1,362,331.84
Case Management	Month	11,769	11	\$ 135.29	\$ 17,514,508.11
Prevocational Services - Small Group	hour	1,899	65	\$ 8.97	\$ 1,107,211.95
Prevocational Services - Medium Group	hour	3,187	761	\$ 5.00	\$ 12,126,535.00
Prevocational Services - Large Group	hour	2,226	218	\$ 3.23	\$ 1,567,415.64
Rent and Food for Unrelated Live-in Caregiver	month	1	12	\$ 589.93	\$ 7,079.16
Level 1 Residential Habilitation and Support - 35 hours or less/week	hour	2,173	681	\$ 25.35	\$ 37,513,259.55
Level 2 Residential Habilitation and Support - more than 35 hours/week	hour	2,874	2,135	\$ 21.48	\$ 131,801,065.20
RHS Daily - Algo 3, 2 person	day	523	340	\$ 168.10	\$ 29,891,542.00

RHS Daily - Algo 3, 3 person	day	894	340	\$ 168.10	\$ 51,095,676.00
RHS Daily - Algo 3, 4 person	day	402	340	\$ 157.32	\$ 21,502,497.60
RHS Daily - Algo 4, 2 person	day	931	340	\$ 237.06	\$ 75,038,972.40
RHS Daily - Algo 4, 3 person	day	1,415	340	\$ 217.67	\$ 104,721,037.00
RHS Daily - Algo 4, 4 person	day	605	340	\$ 202.58	\$ 41,670,706.00
RHS Daily - Algo 5, 2 person	day	491	340	\$ 258.61	\$ 43,172,353.40
RHS Daily - Algo 5, 3 person	day	655	340	\$ 237.06	\$ 52,793,262.00
RHS Daily - Algo 5, 4 person	day	259	340	\$ 215.51	\$ 18,977,810.60
Respite Nursing Care (RN)	1/4 hour	25	1,324	\$ 7.78	\$ 257,518.00
Respite Nursing Care (LPN)	1/4 hour	19	2,182	\$ 5.94	\$ 246,260.52
Respite	hour	1,689	267	\$ 25.49	\$ 11,495,046.87
Supported Employment Follow Along - Tier 1	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 2	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 3	month	-	-	\$ -	\$ -
Supported Employment Follow Along - Tier 4	hour	-	-	\$ -	\$ -
Extended Services	hour	608	66	\$ 38.09	\$ 1,528,475.52
Occupational Therapy	1/4 hour	3	103	\$ 19.47	\$ 6,016.23
Physical Therapy	1/4 hour	1	1	\$ 19.61	\$ 19.61
Psychological Therapy - Family	1/4 hour	1	1	\$ 18.69	\$ 18.69
Psychological Therapy - Individual	1/4 hour	41	2	\$ 9.10	\$ 746.20
Psychological Therapy - Group	1/4 hour	30	2	\$ 3.28	\$ 196.80
Speech/Language Therapy	1/4 hour	25	223	\$ 19.59	\$ 109,214.25

Behavior Support Services - Level 1	1/4 hour	6,583	9	\$ 19.33	\$ 1,145,244.51
Behavior Support Services - Level 2	1/4 hour	7,834	290	\$ 19.14	\$ 43,483,400.40
Community Based Habilitation - Small Group	hour	2,372	154	\$ 8.87	\$ 3,240,104.56
Community Based Habilitation - Medium Group	hour	418	36	\$ 4.99	\$ 75,089.52
Community Based Habilitation - Individual	hour	6,833	143	\$ 24.09	\$ 23,538,796.71
Community Transition	unit	427	1	\$ 981.05	\$ 418,908.35
Electronic Monitoring	hour	52	1,956	\$ 9.06	\$ 921,510.72
Environmental Modifications - Install	unit	76	1	\$ 5,459.17	\$ 414,896.92
Environmental Modifications - Equipment/Assessment/Inspection	unit	1	1	\$ 19.47	\$ 19.47
Environmental Modifications - Maintain	unit	11	1	\$ 444.28	\$ 4,887.08
Facility Based Habilitation - Small Group	hour	4,011	364	\$ 9.02	\$ 13,169,236.08
Facility Based Habilitation - Medium Group	hour	2,860	450	\$ 5.04	\$ 6,486,480.00
Facility Based Habilitation - Large Group	hour	755	32	\$ 3.25	\$ 78,520.00
Facility Based Habilitation - Individual	hour	1,616	128	\$ 24.34	\$ 5,034,680.32
Facility Based Support Services	hour	18	591	\$ 1.98	\$ 21,063.24
Family and Caregiver Training	unit	11	1	\$ 504.41	\$ 5,548.51
Intensive Behavior Intervention - Level 1	hour	1	1	\$ 113.22	\$ 113.22
Intensive Behavior Intervention - Level 2 direct care staff	hour	1	1	\$ 27.06	\$ 27.06
Music Therapy	1/4 hour	1,690	185	\$ 11.64	\$ 3,639,246.00
Personal Emergency Response System - Install	unit	17	1	\$ 54.52	\$ 926.84
Personal Emergency Response System - Maintain	unit	258	10	\$ 45.19	\$ 116,590.20
Recreational Therapy	1/4 hour	597	283	\$ 11.65	\$ 1,968,279.15

Specialized Medical Equipment and Supplies	unit	33	1	\$ 2,664.14	\$ 87,916.62
Level 1 Structured Family Caregiving	day	45	251	\$ 56.15	\$ 634,214.25
Level 2 Structured Family Caregiving	day	119	321	\$ 81.89	\$ 3,128,116.11
Level 3 Structured Family Caregiving	day	189	292	\$ 111.30	\$ 6,142,424.40
Level 1 Transportation	trip	6,331	276	\$ 5.39	\$ 9,418,248.84
Level 2 Transportation	trip	844	166	\$ 20.48	\$ 2,869,329.92
Level 3 Transportation	trip	1	179	\$ 43.30	\$ 7,750.70
Wellness Coordination Tier 1	Month	1,221	11	\$ 53.07	\$ 712,783.17
Wellness Coordination Tier 2	Month	3,667	11	\$ 116.76	\$ 4,709,748.12
Wellness Coordination Tier 3	Month	426	11	\$ 207.74	\$ 973,469.64
Workplace Assistance	hour	14	187	\$ 28.41	\$ 74,377.38
GRAND TOTAL:					\$ 788,875,583.52
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					11,776
FACTOR D (Divide grand total by number of participants)					\$ 66,990.11
AVERAGE LENGTH OF STAY ON WAIVER					346